DZIKIR CAN REDUCE LABOR PAIN LEVEL

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Abstract

Labor pain is a physiological condition that began at the first stage of labor (laten and active phase). Pain comes from uterine contractions and cervical dilation in an attempt to pave the way for birth and encourage babies to be born. Experts find pharmacological and non-pharmacological ways to reduce pain in labor, one of them is *Dzikir* guided by childbirth helper (midwife). The purpose of this study was to analyze the differences of labor pain level on mother in latent phase before and after applying *Dzikir*. Subjects were 15 accidentally selected mothers in labor latent phase on March - April in PMB "S" Puger Jember. The design of this study uses a quasi-experimental one group pre-posttest. Results showed significant decreased pain level of mothers after doing *Dzikir* significantly ($Z=-3,578$, $p \leq 0.001$). In conclusions, there are differences of labor pain level on mother in latent phase before and after applying *Dzikir*.

Keywords: *Dzikir*, Labor Pain Level

1. INTRODUCTION

Pregnant women commonly worry about the pain they will experience during labor and birth and how they will react to and deal with that pain. Many physiologic, emotional, psychosocial, and environmental factors influence the nature and degree of pain experienced by the laboring woman and how she will respond to and cope with the pain.(Lowdermilk et al., 2013). Pain is a stressor that can cause stress and tension where individuals can respond biologically and behaviorally that causes physical and psychological responses, which if excessive can cause anxiety, fear, and tension so as to stimulate the production of prostaglandin hormones that can reduce the body's ability to withstand pain(Corwin, 2009)

A variety of nonpharmacologic and pharmacologic methods can help the woman or the couple cope with the discomfort of labor. The methods selescted depend on the situation, availability, and the preferences of the woman and her health care provider.[1] Many nonpharmacological techniques for pain relief in Labor have been used over the centuries, including both psychological and physical methods. Unfortunately, there is minimal evidence for the efficacy of any of these methods, one of them is *Dzikir* (Olsen, 2017). *Dzikir* is a care with the approach of spiritual belief in Islam, namely by the technique of remembering Alloh SWT. That is a series of sentences spoken as a servant of Alloh's

creation who has a sound mind to always remember God in a state of pleasure and sadness and health and pain, done with a heart full of sincerity so as to show that he got guidance from Allah SWT(Saleh, 2018). The job of a health worker including a midwife is to help meet the bio-psycho-social-spiritual needs of the clients we care for, including childbirth midwifery care in reducing labor pain. *Dzikir* gives balance to keep the body comfortable, foster calmness, patience, and encourage in the self in passing the pain suffered. In surah Ar-Ra'd: 28 is explained "Who have believed and whose hearts have rest in the remembrance of Allah. Verily in the remembrance of Allah do hearts find rest"(Idris, 2016). Studies have shown that people who are religious, devout in worship, praying and praying are much less likely to experience stress, anxiety, and depression than non-religious ones. While Herrbert Benson's research shows that *Dzikir* words can be one of the focus phrases (words that become the focal point of attention) in the process of healing patients from anxiety, fear, even physical complaints such as headaches(Sanusi, 2012). Based on the above background, the researcher is interested in conducting research on the effect of *Dzikir* therapy on first stage labor pain.

2. METHODS

This research uses a pre-exprimental research design of one group pretest-posttest. The subject group is observed before intervention, then observed again after intervention. The population of this study is all maternity mothers at PMB S Puger Jember, with accidental sampling in March-April. Analysis conducted after data collected before and after using *Dzikir* intervention to determine differences in pain levels used Wilcoxon Signed Ranks Test analysis(Notoatmodjo, 2012).

3. RESULTS

Data collection using 15 respondents measured pain scale before and after dhikr intervention includes general data and specific data described in the following table:

Table 1. Characteristics of Research Subjects

Karakteristik	Jumlah	Persentase
Usia:		
<20 th	1	7%
20 – 35 th	12	80%
>35 th	2	13%
Pekerjaan:		
IRT	11	73%
Swasta	3	20%
PNS	1	7%

Table 1 shows the majority of respondents (80%) are at reproductive age (20-35 years), although there is still a risk age too young (<20 years) 7% and too old (>35 years) 13%. While the majority of respondents' occupations are housewives (73%).

Table 2. Pain levels before and after *Dzikir* intervention

Pain Levels	Subjects		P Value
	Pretest	Posttest	
Mean	5.73	1.47	
Median	6	1	<0.001*
Std. Deviation	0.458	0.516	

*nilai p didapatkan dari uji *Wilcoxon*

Based on table 2 above, shows before intervention the average pain level was on a scale of 6 and after the intervention *Dzikir* pain levels decreased on average on a scale of 1. After a statistical test Wilcoxon Z value calculate -3.40 was greater than Z table 1.96 (negative value is not taken into account because of the absolute price) with a value of p <0.001. Thus *Dzikir* affects the decrease in in the mother during childbirth.

4. DISCUSSION

Pain according to the International Association for Study of Pain is subjective sensory and emotional unpleasant related to actual or potential tissue damage and causes the individual to react to relieve pain. Pain is an integral part of childbirth due to emotional tension, pressure on nerve endings, tension in tissues and joints and hypoxia of the uterine muscles during and after long and painful contractions(Mary, 2015).

Experts found a way to reduce pain in childbirth, which is a pharmacological and non-pharmacological way. Pharmacological means are by administering analgesic drugs, but there are some analgesic drugs that have an adverse effect on the fetus. Therefore, many developed non-pharmacological ways to overcome pain in childbirth. *Dzikir* can be a non-pharmacological method from the spiritual side to reduce the anxiety felt during childbirth due to labor pain. The anxiety of giving birth in this study was reduced after *Dzikir*, marked by the absence of hysterical screaming reactions in the mother giving birth. This can facilitate the delivery process because there is no muscle tension so that cervical dilation occurs and facilitates the decline of the baby's head(Mander, 2010).

The meaning contained in the *Dzikir; Allah, Subhanallah, Alhamdulilah, Allahu Akbar, Lahaula wala quwwata illa billah,* and *Asmaul Husna* among others: a form of submission to Alloh SWT, thus giving peace of mind; a form of repentance request to Alloh SWT so that it will strengthen a person in the face of challenges that will occur such as death and complications due to illness experienced; a form of gratitude to God, thus giving positive meaning to each event, and being patient with difficulties(Newberg. A., & Waldman, 2013). When someone always says positive sentences in *Dzikir*, positive emotions will arise which can stimulate limbic work to produce endorphines. *Dzikir* can provide benefits to reduce the secretion of the hormone cortisol, balance the work of the brain and reduce the down-regulator of GABA receptors, as well as harmony in the body and releasing endorphin hormones. Endorphines are able to cause feelings of euphoria, happiness, comfort, create calm and improve one's mood so that a person energizes through pain(Suryani, 2013).

Based on table 2 in the results, it states that the pain level of mothers in labor who apply *Dzikir*, the pain scale is immediately reduced from a scale of 6 to a scale of 1This is

in line with research conducted by (Fadlilah, 2013), (Rahmawati, 2017), (Mualimah et al., 2020) which stated that the pain scale based on the first measurement before intervention and the second measurement after intervention there is a significant difference between the pain scale before intervention with the pain scale after intervention. *Dzikir* intervention to reduce maternity pain is very relevant to the role of midwives in carrying midwifery care for labor by looking at all aspects that patients have including biological, psychological, social, and spiritual aspects.

5. CONCLUSION

There was a significant decrease in the level of pain in maternity mothers after applying *Dzikir*. However, there has not been a percentage analyzed how much decline can be achieved, therefore it is necessary to further research with a greater number of research subjects and there is a comparison group.

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