



THE EFFECT OF MUROTTAL AND DZIKIR THERAPY ON ANXIETY LEVELS OF CERVICAL CANCER PATIENTS

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ABSTRACT

Patients diagnosed with Stage IIb cervical cancer will undergo chemotherapy treatment. The initial course of chemotherapy for individuals with cervical cancer is associated with both physical and psychological side effects. Physical side effects include fatigue, nausea, vomiting, oral ulcers, hair loss, and disorders affecting the nervous and muscular systems, as well as psychological effects such as anxiety, feelings of helplessness, shame, and diminished self-esteem. Cervical cancer undergoing the first chemotherapy will experience impaired anxiety levels, resulting in aggressive behavior and self-isolation. The application of Murottal therapy and dhikr before undergoing the first chemotherapy has a positive effect on patients. Objective: This research aimed to assess the degree of anxiety experienced by cervical cancer patients undergoing first-line chemotherapy treatment, with the incorporation of Murottal therapy and dhikr before the chemotherapy session. Method: The study employed a quasi-experimental design utilizing a one-group pre-test and post-test approach. The sample comprised 52 cervical cancer patients participating in the first chemotherapy program, selected using a total sampling method. Exclusion criteria included patients who were on anxiety-reducing medications, those in emergency medical situations, and individuals with impaired consciousness. An evaluation of anxiety levels utilized the Hamilton Rating Scale for Anxiety (HARS). The intervention consisted of Murottal therapy and dhikr for 22 minutes and 03 seconds before the commencement of chemotherapy. Results: The Wilcoxon Signed Rank Test results yielded a statistically significant p-value of $0.000 < 0.005$, indicating a notable effect of Murottal therapy and dhikr before chemotherapy. Conclusions: Therefore, Murottal therapy and dhikr are effective in alleviating anxiety levels among cervical cancer patients undergoing first-line chemotherapy treatment at Dr. Moewardi Hospital.

Keywords: anxiety level; cervical cancer; first-line chemotherapy; murottal therapy and dhikr

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INTRODUCTION

According to the World Health Organization (WHO, 2020), cancer is the leading cause of morbidity and mortality in the world. And currently there are 604,127 cases of cervical cancer detected worldwide. One of the treatments for cervical cancer patients is chemotherapy (WHO 2020; Ministry of Health, 2021; Lestari et al., 2020; Ginevra et al., 2022). Treatment of cervical cancer with chemotherapy is a systemic therapy and causes side effects for sufferers (Nugrahaeni, 2023). The side effects caused by chemotherapy are physical disorders (fatigue, nausea, vomiting, mouth ulcers, hair loss, nerve and muscle disorders) and psychological disorders (helplessness, anxiety, shame, self-esteem) (Syukuriyah et al. 2023 and Hafsah 2020). Anxiety disorders experienced by cancer patients undergoing chemotherapy are mostly moderate anxiety and (Sitepu et al., 2023 and Mulidah et al., 2021).

According to Simanulang et al, (2020) patients receiving chemotherapy for the first time are often at risk of experiencing high levels of anxiety disorders and weakening individual abilities. Common anxiety conditions experienced are insomnia, difficulty concentrating, loss of appetite, extreme hopelessness, and lack of enthusiasm for life (Bosire et al., 2020). All of these things experienced will affect the process and effectiveness of chemotherapy undergone by patients. Management of anxiety disorders is very important. One form of non-pharmacological therapy that is effective in overcoming anxiety problems is murottal and dhikr therapy (Nurhaeti et al., 2022). In Islamic teachings, murottal and dhikr are often done by Muslims to get closer to Allah, avoid psychosocial stressors and provide a relaxing effect (Bassalamah, 2021). Murottal and dhikr also have a positive influence on patients to divert fear, anxiety, and tension (Syolihan et al., 2024; Isran, et al, 2023; Liska, 2023; Taha, 2023).

The results of a literature search regarding research on the management of anxiety disorders in cervical cancer patients undergoing chemotherapy using murottal and dhikr therapy already exist and have also been carried out in other cases (hemodialysis). However, no management has been found that uses a combined Mind-Body Therapy approach, namely the use of murottal and dhikr therapy before the first chemotherapy in cervical cancer patients. This study aims to reduce the level of anxiety in cervical cancer patients undergoing the first chemotherapy with murottal and dhikr therapy before undergoing chemotherapy.

METHOD

This study is a quantitative study. The design of this study used a Quasi-experiment with one group pre-test and post-test design. The research location was in the Tulip Room of Dr. Moewardi Hospital. The population in this study were all cervical cancer patients undergoing the first chemotherapy program undergoing chemotherapy at Dr. Moewardi Hospital, totaling 52 people. The sample selection in this study used the total sampling technique. The inclusion criteria in this study were cervical cancer respondents undergoing their first chemotherapy with mild to severe anxiety, mentally healthy or fully conscious, not experiencing hearing loss, Muslim, and communicating well (reading and writing). The exclusion criteria in this study were respondents who were taking anxiety-reducing drugs and emergency conditions (shortness of breath and decreased consciousness). The number of respondents who met the intervention group was 52 respondents. The study was conducted from March 25 to April 17, 2024 in Tulip Rooms 4, 5, and 6 of Dr. Moewardi Hospital. The first instrument used in this study was the Hamilton Rating Scale For Anxiety (HARS) to assess the level of anxiety of respondents. HARS assessment is given with a range of values 0 - 4 (0: no symptoms, 1: mild / one of the symptoms, 2: moderate / half of the symptoms, 3: severe / more than half of the symptoms, and 4: all symptoms present). Determination of the degree of anxiety by adding up the score values of 14 questions. namely

1. No anxiety: < 14
2. Mild anxiety: 14 - 20
3. Moderate anxiety: 21 - 27
4. Severe anxiety: 28 - 41
5. Very severe anxiety / panic: 42 - 56

The second instrument uses murottal Al-Qur'an and dhikr with a calibration value of 65-80 Db stored in 66BT headphones. The intervention of providing murottal and dhikr therapy is given before chemotherapy is carried out in the form of washing hands with handrub, wearing a mask, positioning as comfortably as possible, sitting or lying down. The next activity is to activate or listen to the MP3 player murottal Al-Qur'an (Al-Ihlas, Al-Falag, An-Nas, and Ayat Kursi) repeated 2x for 16 minutes 03 seconds. Continued with dhikr (tasbih, tahmid, and takbir) each

33x for 6 minutes while looking at the leaflet. After finishing, rub both hands on the face or body. Murottal and dhikr therapy interventions were carried out 30 minutes before undergoing chemotherapy and were evaluated after 15 minutes from the completion of treatment for each respondent. Carried out independently or with assistance if the respondent had limited mobility. The researcher provided input to the respondents for the next program, namely murottal and dhikr in addition to being carried out in the hospital, could be continued at home in order to obtain maximum results in overcoming anxiety problems. Data analysis was used to assess the effect of providing murottal and dhikr therapy interventions on the level of anxiety in cervical cancer patients in the first chemotherapy program using the Wilcoxon Signed Rank Test.

RESULTS

Table 1.
Respondent characteristics (n= 52)

| Characteristic | f | % |
|--------------------|----|------|
| Age | | |
| < 40 | 5 | 9,6 |
| 41-50 | 13 | 25 |
| 51-60 | 18 | 34,6 |
| > 60 | 16 | 30,7 |
| Education | | |
| Elementary School | 26 | 50 |
| Junior High School | 5 | 9,6 |
| Senior High School | 15 | 28,8 |
| Diploma | 1 | 1,9 |
| Undergraduate | 5 | 9,6 |
| Occupation | | |
| Housewife | 29 | 55,8 |
| Private Employees | 1 | 1,9 |
| PNS | 5 | 9,6 |
| Self-employed | 17 | 32,7 |

Table 2.
Anxiety Level Before Giving Murottal and Dhikr (n=52)

| Anxiety Level | f | % |
|--------------------|----|-------|
| Not anxious | 0 | 0 |
| Mildly anxious | 25 | 48,07 |
| Moderately anxious | 15 | 28,8 |
| Severely anxious | 7 | 13,5 |
| Very severe/panic | 5 | 9,6 |

Table 3.
Anxiety Level After Giving Murottal and Dhikr (n=52)

| Anxiety Level | f | % |
|--------------------|----|------|
| Not anxious | 1 | 1,9 |
| Mildly anxious | 34 | 65,4 |
| Moderately anxious | 17 | 32,7 |
| Severely anxious | 0 | 0 |
| Very severe/panic | 0 | 0 |

Table 4.
Results of Analysis of Anxiety Levels Before and After Murottal and Dhikr Therapy (n=52)

| | Median (Minimum-Maksimum) | P-Value |
|---|------------------------------|---------|
| Anxiety Levels Before Murottal and Dhikr Therapy (n=52) | 23,00 (14-46) | 0,000 |
| Anxiety Levels After Murottal and Dhikr Therapy (n=52) | 18,00 (13-27) | |

DISCUSSION

Age

This study shows that the majority of respondents' ages are in the range of 51-60 years with 18 respondents (34.6% of the total respondents). This is in line with the research of Cahyaningrum et al., (2020), women who are at risk of cervical cancer are over 30 years old, with the most common peak age being 45-54 years with a history of multiparity. Supported by Yolanda's research (2020), one of the triggers for cervical cancer is age. The older a woman gets, the more exposure to the hormones estrogen and progesterone will be. Exposure to estrogen and progesterone can be through contraceptives either in the form of pills or injections. Exposure to these hormones will affect the body's system in carrying out cell regeneration and division (Novalia, 2023 and Khabibah, et al., 2022). Age factors will also have a significant influence on a woman in resolving health problems experienced and cause 35% of anxiety problems (Wati, 2020). According to the researcher's analysis, the age factor of a woman who has cervical cancer is in the range of 51-60 years. Age makes a woman susceptible to cervical cancer due to the length of exposure to carcinogens, estrogen and progesterone hormones, and decreased body immunity. On the other hand, with increasing age of a woman, the cell regeneration process will decrease which has an impact on the body's resistance. Increasing age of a woman will affect every resolution of health problems and have an impact on the emergence of psychological disorders in the form of anxiety.

Education

The results of this study show that the majority of respondents who have cervical cancer have elementary school education (26 respondents or 50% of the total respondents). In line with Prastio's research (2023), the education factor is something fundamental for everyone. That education will give someone broader insight in taking attitudes and assessments of individual health. Someone who does not have sufficient education is unlikely to be sensitive to changes in their health. So that cervical cancer patients are often detected at an advanced stage. This happens because there is no early screening for cervical cancer (Nugraheni, 2023). In line with Notoatmojo (2020), that education is important in order to provide assistance for the development of the whole individual. Higher education is expected to improve the understanding of communication, information, and education. And education is an external factor that affects the level of anxiety in each individual regarding the health problems faced. In this case, the higher a person's education, the better the individual's coping with a problem will be (Nipriyanti, 2020 and Winnie Dozie et al., 2023). According to the researcher's opinion with the results of the study, the majority of respondents who experienced cervical cancer had elementary school education, so education is fundamental to an individual's health status. This is indicated by a high educational status, the understanding of communication, information, and education will be more perfect. With a high educational status, a person will be more sensitive to changes that occur in themselves and vice versa. Education also plays an important role in solving sustainable health problems. If an individual's educational status is lacking, they tend to neglect their health, so that cervical cancer is often found in advanced stages in them. In other cases, if an individual's educational status is lacking, it will impact on the acceptance of information and education, so that anxiety problems will arise when undergoing a chemotherapy program.

Occupation

Based on the results of this study, the majority of respondents work as housewives (IRT) as many as 29 respondents (55.8% of the total respondents). This result is in line with the research of Cahyaningrum (2020) and Nurulina (2023), stating that women who are detected early with cervical cancer through IVA are housewives (IRT) or women who do not work. An

individual or woman who works is closely related to the income that will be obtained. With that income, it will also determine a person's health level. Supported by Notoatmojo (2020), the type of work is closely related to the level of family income and the work environment. If the income is high, access to health services and disease prevention will also increase and vice versa. Work or income will determine the lifestyle of each individual. With a good employment status, nutritional and health status automatically increases (Suryani, 2020). In line with Syukuriyah (2023), that work has positive and negative impacts on health status. Good workload and work environment will make someone more productive while bad workload and work environment will cause gaps and health problems. According to the researcher's opinion regarding the results of the study which showed that the majority of respondents work as housewives (IRT), work is closely related to income. The better a person's employment status will affect their health status. With a good job, access to health services and disease prevention will be easier. If someone does not work or is a housewife, access to health is very limited and tends to cause health problems both physically and mentally.

Anxiety levels before and after murottal and dhikr therapy

The results of this study show that the level of anxiety before giving murottal and dhikr therapy was mostly mild anxiety with 25 respondents (48.07%). This is indicated by the criteria experienced by respondents including: anxiety, feeling tense, afraid of being left alone, difficulty concentrating, reduced enjoyment of hobbies, frequent urination, and headaches. Meanwhile, the level of anxiety after giving murottal and dhikr therapy was mostly mild anxiety with 34 respondents (65.4%) or experiencing an increase in the number of respondents because at moderate, severe, and very severe/panic anxiety levels there was a decrease in anxiety levels. This is indicated by the criteria experienced by respondents including: fear of one's own thoughts, lethargy, difficulty sleeping, sadness, loss of interest, dizziness, headaches, and a tense face. These results are in line with research by Lestari, et al., (2023), that giving combination therapy (murottal and dhikr) can provide calm, have a positive effect on mental health and healing. This therapy will increase blood flow to the brain, improve mood, reduce pain, and reduce anxiety. This is supported by research by Suprati (2023), that physiologically spiritual therapy of murottal and dhikr causes the brain to work. The brain (pituitary gland) will produce endorphins which will provide a sense of comfort to a person. The endorphin hormone will be used by the body and then provide a response in the form of calm that makes the body relax (Gunawan, 2020). Research by Taha et al., (2023), states that the provision of combination therapy of murottal and dhikr is significantly effective in reducing the level of anxiety in hemodialysis patients. Strengthened by Hafiza (2023), that anxiety is an unpleasant feeling as a manifestation of various emotional feelings that occur when an individual is experiencing emotional stress and inner conflict. Combination therapy of murottal and dhikr is a psychotherapy that has a positive effect on overcoming anxiety. According to the researcher's opinion, anxiety is an emotional reaction to the subjective assessment of an individual that is influenced by the subconscious and the cause is not specifically known. Anxiety is an emotional response to an assessment that describes a state of worry, anxiety, fear and insecurity accompanied by various life situations that are considered a disturbance. All respondents are Muslim, so religious psychotherapy that is very effective in overcoming anxiety levels is murottal and dhikr therapy.

The effect of giving murottal and dhikr therapy on anxiety of cervical cancer patients in the first chemotherapy program

The results of the Wilcoxon Signed Rank Test analysis showed a significant value (p value) of $0.000 < 0.05$, so there was an effect of giving murottal and dhikr therapy on the anxiety

level of cervical cancer patients in the first chemotherapy program at Dr. Moewardi Hospital. In line with the research of Syukuriyah (2023) and Supratih et al, (2023), that there was an effect of giving murottal and dhikr interventions on reducing anxiety levels significantly ($p = 0.015$) < 0.05 . Supported by Somana's research (2020), that the results of the study showed a difference in the average value of the pre-test and post-test anxiety levels significantly ($p = 0.008$) < 0.05 . According to Lestari's research (2020), there was a difference in anxiety scores before and after in the intervention group and the control group with a significant value ($p = 0.000$). And the research results of Haris (2023) and Izza et al., (2023), showed the effect of combination therapy (murottal and dhikr) on reducing anxiety in cancer patients undergoing chemotherapy with a significant value ($p = 0.001$) < 0.05 .

This is reinforced by Ispiantari (2020), that when your ears receive sound stimulation (murottal and dhikr), sound waves will be received by the earlobe. Then the sound waves flow into the ear canal and vibrate the tympanic membrane. When the tympanic membrane vibrates, the arrangement of bones in the ear cavity (malleus, incus, stapes) also vibrates. So that the sound will enter the cochlea through the oval window. The cochlea is a system consisting of 3 tubes, namely the vestibule, media, and tympani. On the basilar membrane as a separator between the media and tympani scales, there is an organ of Corti which contains electromechanical sensitive cells that will generate nerve impulses in response to sound that is transmitted to the central nervous system. The hypothalamus will regulate vegetative and endocrine functions giving a comprehensive effect on behavior and emotions. In the limbic system (hypothalamus) it will inhibit the neurotransmitter Gamma Aminobutyric Acid (GABA) and release endorphins so that it causes a feeling of relaxation. As well as stimulation of the ventromedial nuclei area of the hypothalamus will cause calm. According to the researcher's opinion, anxiety is an individual's response to a problem faced. Anxiety is a person's psychological response in facing health problems suffered. Management of anxiety problems with a religious psychotherapy approach murottal and dhikr is very effective in overcoming these problems. Murottal and dhikr therapy will provide a calm for patients who will undergo chemotherapy. Patients who will undergo chemotherapy feel more relaxed so that the chemotherapy process will run more effectively and optimally. In addition to being done in the hospital, Murottal and dhikr can also be done at home so that maximum results will be obtained in overcoming anxiety problems.

CONCLUSION

There is an effect of giving murottal and dhikr therapy on reducing the anxiety level of cervical cancer patients in the first chemotherapy program at Dr. Moewardi Regional Hospital.

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