

THE EFFECT OF PRAYER AND DHIKR TO REDUCING POST CAESAREAN PAIN AT KLATEN ISLAMIC HOSPITAL

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Abstract

Background: Prayer according to the language "ad-du'aa" means calling, asking for help, or begging for something. While dhikr reviewed etymologically begins with the word "dzakara" which is interpreted as mentioning, purifying, combining, maintaining, understanding, studying, giving and advice. Handling post-CS pain can be done with a pharmacological or non-pharmacological approach. Pharmacologically with analgesic drugs such as nonsteroidal drugs (NSAIDs), (OPIOIDS) morphine, benzodiazepines, ketamine. Non-pharmacological pain management consists of pain treatment based on physical stimulation and cognitive behavior. **Research Objective:** To determine the effect of prayer and dhikr intervention on reducing Post SC pain at RSU Islam Klaten. **Research Method:** This study used Pre-Experiment Design with a one group pre-test and post-test design. The sample used was 50 people. Data processing was carried out using computing, with data processing steps using univariate and bivariate analysis. **Research Results:** The pain score before the prayer and dhikr intervention in post-SC patients obtained the highest pain level of 8 with an average of 5.36. The pain score after the prayer and dhikr intervention in post-SC patients obtained the highest pain level of 7 with an average of 4.22. the results of the t-test calculation using the paired sample t-test obtained a p value = 0.00 <0.05. **Conclusion:** Based on the results of the study, it can be concluded that there is an influence of prayer and dhikr to reducing post-SC pain at the Klaten Islamic Hospital.

Keywords: Prayer, Dhikr, Pain, Post Sectio Caesarea

1. METHODOLOGY

This research design uses Pre-Experiment Design with one group pre-test and post-test design. The research was conducted in the Siti Hajar Room, Klaten Islamic Hospital in March - June 2024. The study population was all mothers who gave birth by Cesarean in the Siti Hajar Room, Klaten Islamic Hospital in January 2024, totaling 100 with the number of samples taken according to Slovin as many as 50 mothers giving birth. The sampling technique used purposive sampling with inclusion criteria: Muslim, have not taken analgesics, Cesarean with lumbar anesthesia or SAB, fully conscious, the effects of the anesthetic have disappeared and feel pain or appear to be enduring pain.

The research instrument used a Numeric Rating Scale (NRS) to measure pain before and after being given treatment in the form of dhikr. The collected data was edited until

tabulated, then a test was carried out whether the data was normally distributed by looking at the results of skewness and kurtosis which turned out to be between -2 and 2, so the data was normally distributed. The hypothesis that there is an influence of Prayer and Dhikr Intervention on reducing pain in Post Sectio Caesarea patients at the Klaten Islamic Hospital was tested using a paired sample t-test, at a significance level of 0.05%.

2. RESULTS

The study used independent variables, namely prayer and dhikr interventions, while the dependent variable was post-Cesarean pain. The results of the study were presented starting with the characteristics of the respondents as follows:

1. The Characteristic Respondens

Table 1: characteristics of the respondents.

characteristic	n	%
Age		
20 – 35 year	45	90
>35 year	5	10
Total	50	100%
Education		
Primary school	2	4
Middle school	28	56
College	20	40
Total	50	100%
Occupation		
Not working	23	46
Private	19	38
Self-employed	2	4
Government employee	6	12
Total	50	100%
Parity		
Primipara	31	62
Multipara	19	38
Total	50	100%

The distribution table shows the characteristics of post-SC mothers who were used as respondents in the study. With the description of the age of the most respondents, between 20-35 years as many as 45 people (90%). The highest education level category is high school as many as 28 people (56%). In the highest job category is Unemployed as many as 23 people (46%). In the highest primiparous parity category as many as 31 people (62%).

2. Pain before and after Prayers and Dhikr

The descriptive results between before and after prayers and dhikr are presented in the following table:

Pain					
	Min	Max	Mean	Mean Difference	Standar deviation
Pre	4	8	5,36	5,360	0,942
Post	3	7	4,22	4,220	0,887

The hypothesis stating that there is an effect of providing prayer and dhikr intervention on reducing post-caesarean pain at the Klaten Islamic Hospital was tested using a paired sample t-test 13,293 with p value of 0.00 ($p < 0.05$), so H_0 was rejected and H_a was accepted. Statistically using paired t-test obtained significant results of pain reduction, the resulting value is $p = 0.00$ ($p < 0.05$), meaning that there is a decrease in post-cesarean pain between before and after prayer and dhikr interventions are given to patients. Prayer and dhikr make a person feel calm, then relax the sympathetic nervous system and also activate the parasympathetic nervous system. Relaxation and prayer are a combination that makes the body and soul healthy, in the sense of calming the mind by training the parasympathetic nerves by starting natural repairs to reduce metabolism in the body, pulse rate, breathing rate, blood pressure and also muscle nerves to normal again so that it will trigger yourself to become relaxed and calm (Lloyd & Dunn, 2007 cit. Kuswandari, 2016).

Pharmacological procedures are carried out by administering Non-opioids including acetaminophen and anti-inflammatory drugs/NSAIDs, Opioids: traditionally known as narcotics and coanalgesics (adjuvants) or analgesics, namely to reduce or eliminate pain. While non-pharmacologically it can be done by means of relaxation, distraction, cutaneous stimulation and herbs. One type of relaxation is meditation and dhikr. Currently, non-pharmacological therapy has been developed based on Islam, namely dhikr. Dhikr is a series of sentences spoken in order to remember Allah, as well as an effort to always carry out all His commands and avoid all His prohibitions (Winarko, 2014). Physiologically, dhikr will produce several medical and psychological effects, namely balancing serotonin and norepinephrine levels in the body. This is a natural morphine that works in the brain that can make the heart and mind feel calm after dhikr (Hidayat, 2014).

3. CONCLUSIONS

The study was conducted on 50 respondents with the most age of 20-35 years as many as 45 people (90%), the highest education is high school as many as 28 people (56%), most of whom are unemployed as many as 23 people (46%) and the most parity is primipara 31 people (62%). Post-cesarean pain before the intervention of prayer and dhikr measured by NRS averaged 5.36 and after the intervention of prayer and dhikr averaged 4.22. The difference in post-cesarean pain before and after the intervention of prayer and dhikr was carried out by paired sample t-test with the result of $p = 0.00$ ($p < 0.05$) meaning that there is an effect of prayer and dhikr intervention on reducing post-cesarean pain in the Siti Hajar room of the Klaten Islamic Hospital.

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