**EFFECTIVENESS OF MUROTTAL THERAPY**

**ON BABIES’ WEIGHT CHANGES**

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***ABSTRACT***

Murottal is a recording of the sound of the Qur'an which is sung by a qori (reader of the Qur'an). Murotal therapy performed for several minutes or hours in a voice that sounds good can give a sense of comfort for the body to move up to be able to raise the baby's weight. The Purpose Of This Research Is To Know The Murottal Effects Of Changes In Baby Weight. This Research Type Is Quasi Experiment Design Using Randomized Pre-Test Design Post-Test Control Group Design. Samples in this study A total of 44 newborn babies, divided into two groups consisting of 22 respondents, namely the Intervention Group and the Control Group. The Intervention Group received treatment hearing murottal therapy and the control group did not receive treatment. Using the Mann Whitney statistical test.

 The results of the study with the Mann Whitney Statistical Test p: 0.630> 0.05. This means that there is no average difference between the weight of infants in the intervention group and the control group. However, it only gave a change, by showing that the weight of the intervention group infants after being given a treatment was lower in body weight compared to the control group which was 2,577 grams, whereas in the control group without being treated there was more weight loss than the intervention group which was 2,750 grams.

 Conclusion Murottal Therapy has an Effect on Changes in Baby's Weight and It is recommended that nursing mothers apply Murottal therapy during the breastfeeding process.

***Keywords: Baby Weight, Murottal therapy***

**Introduction**

Murottal is a recording of Quran recitation which is recited by a qori’ (Quran reciter). The recitation of Al-Quran physically contains the material of human voice. And a human voice is a magical healing instrument and most affordable tool (Siswantinah, 2011)

A voice which sounds good can decrease the stress hormones, activate the endorphin hormone naturally, increase relaxed feeling, distract the attention from fear, anxiety, and tension, improve the chemical system of body so that the blood pressure is decreased, slow the breath down, the heartbeat, the pulse and the brainwave activity as well. The flow of breath which is deeper and slower is very good in producing peace, emotional control, a deeper way of thought, and a better metabolism. (Siswantinah, 2011)

Basically almost all types of music can be used as musical therapies. But we need to know the influence of every type of music to the brain. As the types of traditional music, jazz, natural, there are not many exploration and development studies yet upon Murottal song. Murottal or the recitation of the Quran verses is the melodious of Quran recitation which can make people drown and make the heart peaceful. The Murottal therapy and the education of health upon mother’s milk can increase the prolactine hormones so that the production of mother’s milk can be increased. Listening to the music is an alternative option to reach relaxed situation so it can reduce stress and depression naturally. Music will stimulate hyphothalamus that it can produce relaxed feeling which later will be influential to the production of endorphin, cortisone, and catecholamine as well in the mechanism organization of body’s organ (Djohan, 2006).

Murottal is also frequently used to reduce the level of stress/anxiety. Research showed that the level of anxiety in average before having Murottal therapy to the giving birth mother in one active phase was 26.67 and was decreased to 20.52 after the Murottal therapy was given. Some other researches showed that during 2 decades, Al-Quran has been used in the medical science. Some of them revealed, the level of anxiety in average before the Murottal therapy was applied to the giving birth mother in one active phase is 26.67, after the Murottal therapy was applied it was reduced to 20,52 (Handayani et al., 2014). Hear the recitation of the koran verses whith tartil can give peace of mind.(Mahjoob et al., 2016).

Zahrofi et al. (2014) state that Quranic murottal therapy is a therapy of Quranic reading which is a religious therapy where someone is read verses of Al-Quran upon for a few minutes or hours so that it gives a positive impact to one’s body. According to the research that was conducted by Fitriatun (2014) about the Murottal of Al-Quran, it was found that the time given for the murottal AlQuran was 11-15 minutes.

**MATERIALS AND METHOD**

This research is true experimental design applying randomized pre-test post-test controlled group design. The research was tobe conducted within 12 months starting January 2018- December 2018. The duration of data collection/intervention was conducted within three months. The research was conducted in the North Polobangkeng and South Polobangkeng districts, Takalar Regency.

The population of this research was all of breastfeeding in the North Polobangkeng district and south Polongbangkeng distric, Takalar Regency. The samples are 44 breastfeeding as the research subjects that next were divided into 2 groups, one was given the treatment of Murottal therapy and health education as the intervention group and another was not given the treatment as the controlled group. The research subjects were given intervention of Murottal therapy within 15 minutes before breastfeeding by the recitation of Surah Ar-Rahman which lasted 25.54 minutes long, every twice a day.

**RESULT**

The subjects of this research was breastfeeding who live in the district of North Polobangkeng and South Polobangkeng, Takalar Regency. The result of this research gained were as follow.

**Table 1. Characteristics of Breastfeeding Mothers based on**

**Intervention and Control Groups**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristics | Intervention | Control |  |
| Age: | **Frequency****( n=44)** | **Percentage****%** | **Frequency** **( n=44)** | **Percentage****%** |
| 20-35 | 15 | 68,18 | 20 | 90,90 |
|  |  |  |  |  |
| ≥36 | 7 | 31,81 | 2 | 9,09 |
| Education:  |  |  |  |  |
| Elementary School-Junior High School | 14 | 63,63 | 16 | 72,72 |
| Senior High School- Undergraduate | 8 | 36,36 | 6 | 17,27 |
| Working: |  |  |  |  |
| Not working | 20 | 90,9 | 21 | 95,5 |
| Working  | 2 | 9,1 | 1 | 4,5 |
| Parity: |  |  |  |  |
| 2-4 | 19 | 86,36 | 22 | 100 |
| 5-6 | 3 | 13,63 | 0 | 0 |
| Total | 22 | 100 | 22 | 100 |

Source: Primary Data, 2019

 Based on table 1 it can be seen that the ages of 20-35 years in the intervention group were 15 people (68.18%) and those aged ≥ 36 years were 7 people (31.8%). While the age of 20-35 years in the control group was 20 people (90.90%) and aged ≥ 36 years 2 people (9.09%)

 Elementary school and junior high school education in the intervention group were 14 people (63.63%), high school education and undurgraduate were 8 people (36.36%). While the education level of elementary school and junior high school in the control group were 16 people (72.72%) high school and undergraduate were 6 people (27.27%).

 20 people (90.9%) did not work in the intervention group, and only 2 people worked (9.1%) and 21 people (95.5%) did not work in the control group, and 1 person worked ( 4.5%).

Parity 2-4 in the intervention group were 19 people (86.36%) and parity 5-6 were 3 people (13.63%). While parity 2-4 in the control group were 22 people (100%).

**Table 2. The Difference of Respondent’s Babies’ Weight Based**

**on Intervention and Controlled Group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable |  Intervention |  | Control |  |
| Babies’ Weight (gr) | **Frequency****( n=44)** | **Percentage %** | **Frequency** **( n=44)** | **Percentage %** |
| <2500  | 3 | 13,63 | 2 | 9,01 |
| 2500-3800  | 19 | 86,36 | 20 | 90,90 |
| Total | 22 | 100,0 | 22 | 100,0 |

Source: Primary Data, 2019

 Based on table 2 it can be seen that the babies’ weight of 2500-3800 grams in the intervention group were 19 people (86.36%) while the babies’ weight <2500 grams were 3 people (13.63%). Birth weight 2500-3800 grams in the control group were 20 people (90.90%), and babies’ weight <2500 grams were 2 people (9.01%)

**Table 3. Differences of babies’ weight before and after treatment in the intervention and control groups in Takalar Regency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Variable |  Before Intervention (Mean±SD) | After Intervention (Mean±SD) | Wilcoxon | Change (Mean±SD) | Mann Whitney |
| Babies’ Weight (gr)Control | 3.318 ± 348,62 | 6.068 ± 765,56 | p:0.000 | 2750±760,16 | p: 0,63 |
| Babies’ Weight (gr)Intervention | 3.213 ± 559,16 | 5.790 ± 941,58 | p:0.000 | 2577±661,83 |

 Table 3 above shows the babies’ weight of in the intervention group before the intervention was given showed an average value of 3.213 ± 559.16 and after the intervention was given there was an increase in babies’ weight with an average value of 5790 ± 941.58.

 The babies’ weight of the control group before being given treatment showed a mean value of 3,318, 62 ± 348, 62 and after being given the treatment the baby's weight increased to a mean value of 6,068 ± 765.56. Wilcoxon statistical test results with p: 0.00, meaning that there are differences in the average treatment before and after treatment in the control group.

 The results of the Mann Whitney statistical test showed p: 0.63> 0.05, which means that statistically there were no differences in the mean babies’ weight in the control group and the intervention group before and after given murottal. But only gives a change in the mean and standard deviation of the intervention group and the control group.

 In the Babies’ weight of the intervention group there was an average decrease of body weight of 2,577 ± 661.83 grams in the first 3 months, and the control group had an average decrease of 2,750 ± 760.16 grams. This means that in the control group there was more weight loss compared to weight loss in the intervention group.

 The baby's weight in the control group before being given a higher treatment than the intervention group, but after the post test without being given treatment in the control group there was more weight loss compared to the intervention group that was 2750 grams. While the weight of infants in the intervention group before being treated was lower than in the control group, but after being given murottal therapy less weight loss compared to the control group was 2577 grams.

**DISCUSSION**

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 This study is statistically insignificant but provides changes in babies’ weight after being given murottal therapy interventions while breastfeeding. When babies hear murottal therapy appropriately and correctly according to recitation and purpose, they will get peace of mind. And directly stimulates the nerves of the baby's brain. One of the functions of neurons to regulate basic life such as heart rate and breathing in a stable state. (Adiwangsa). If the baby is calm while breastfeeding, the need for adequate milk is met and the baby's weight can increase.

 With baby sucking on the nipples, it stimulates sensory nerve as mechanical receptors, the stimulation is followed by the hypothalamus and then the anterior pituitary to secrete the hormone prolactin into the bloodstream. This hormone stimulates alveoli cells to make milk. The more prolactin hormone the more milk production and the adequacy of milk needs are met, and the baby's weight increases. (Roesli Utami, 2008).

 With murotal therapy the quality of one's awareness of God will increase, whether that person knows the meaning of the Qur’an or not. This awareness will cause surrender to the totality of God, in this state the brain is in alpha waves, brain waves at a frequency of 7-14 Hz. This is an optimal state of brain energy and can get rid of stress (Arruum, 2015).

**CONCLUSION AND SUGGESTION**

Conclusion therapy of murottal gave changes in babies weight and it is recommended that mothers apply Murottal therapy during the breasfeeding process.

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