

## Stress Management (Repetitive Prayer: Al-Fatihah) on Stress Levels in Pregnant Women

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### Abstract

*Stress in third-trimester pregnant women is often experienced due to physical and psychological changes. A spiritual intervention that can be applied is the Repetitive Prayer: Al-Fatihah therapy for stress levels in pregnant women. The purpose of this study was to determine the effect of stress management (Repetitive Prayer Al-Fatihah) on stress levels in pregnant women at Pare health center, Kediri Regency. Pre Experimental research design (One Group Pre-Post Test Design). The sample size was 14 respondents using accidental sampling. Data were analyzed using the Wilcoxon Test. The results obtained before the intervention showed that most respondents (64.3%) had moderate stress levels. Meanwhile, after the intervention showed that most of the respondents (64.3%) experienced a decrease in stress levels in the mild stress category. The results of the Wilcoxon Test show the effect of stress management (repetitive prayer: Al-Fatihah) on the stress level of pregnant women at pare health center Kediri Regency with  $p\text{-value} = 0.002 < \alpha = 0.05$ . This intervention contains asy-syafiyah (healer), asy-syukr (gratitude), and ar-ruqyah (incantation) which sound waves transmitted to the cerebral through the primary visual cortex transmitted to the left angular gyrus, Wernicke's area, Broca's area, and motor cortex thereby increasing production of endorphins which reduce stress in third-trimester pregnant women. It is recommended that third trimester pregnant women perform this non-pharmacological therapy to reduce stress regularly experienced during worship and leisure time.*

*Keywords: Stress Management, Repetitive Prayer, Surah Al-Fatihah, Stress Levels, Pregnant Women*

### BACKGROUND

Pregnancy is a condition where the fetus is conceived in a woman's body which previously began with the fertilization process and then ended by the labor process. The process of pregnancy will cause changes in all body systems. Pregnant women stressed about what they experience during their pregnancy that causes anxiety. Anxiety is a reaction of stress to the dangers of instincts during pregnancy, such as waiting for a birth full of uncertainty and imagining about scary things during labor so that pregnant women experience stress so that they can lose control and will produce something unexpected<sup>2</sup>.

Stress is an uncomfortable condition defined as an imbalance for pregnant women to resist various changes or feel capable in the process of adapting to pregnancy. Stress can be caused by physical stress or pesicosocial stress and can be caused by two factors, namely, external factors (external) and internal factors (internal)<sup>2,3</sup>.

Stress in pregnant women can be related to itself such as physiological and psychological changes in the body of pregnant women as a form of adaptation to physical changes, organ function, changes in hormonal systems, metabolism, physiological and psychological conditions. Disorders in pregnant women in the first trimester

of uterine enlargement due to increased vascularity, hypervascularization of the vagina and vulva, increased frequency of urination, nausea vomiting due to a reaction to a sudden increase in hormone levels. Psychologically, pregnant women in the first trimester of estrogen and progesterone in the body increase so that fatigue, fatigue and feelings of nausea vomiting, prospective mothers feel unwell and depressed. Disorders in the second trimester of pregnant women there is tingling in enlarged breasts, skin pigmentation occurs in the form of linea nigra on the abdomen, the second trimester often occurs muscle cramps and increased frequency of urination. Disorders in pregnant women in the third trimester of colostrum discharge, leg cramps, pain in the back of the body, difficulty breathing, edema in extremity. The third trimester experiences increasing discomfort, the fetus is getting bigger, feels ugly, strange, unattractive, afraid of pain and physical danger that will arise during childbirth, worried for the safety of herself and her baby.

Stress can be related to the baby in the womb which can be influenced by the ability and readiness of the family, the experience of pregnancy before, the mother's shadow of the baby's miscarriage, baby disability, twins, premature pregnancy, maternal health, and matters surrounding pregnancy<sup>4,5</sup>.

The incidence of stress in pregnant women in Indonesia reaches 373,000,000. As many as 107,000,000 or 28.7% of them are stressed because of anxiety in pregnant women before delivery. Research Primigravida mothers 22.5% experienced mild anxiety, 30% experienced moderate anxiety, 27.5% experienced severe anxiety, 20% experienced very severe anxiety<sup>6</sup>.

Meanwhile, according to the Kediri Regency Health Office, there is no data on stress in pregnant women in Kediri Regency, there is no official data related to this. From the overall data of third trimester pregnant women at the Pare Health Center, Kediri Regency, there were 179 pregnant women. From the results of preliminary studies, pregnant women say that experiencing fear before delivery, there are also those who cannot sleep, worry about themselves and their babies, and some say that the previous examination was breech so that it was stressful for pregnant women. While the 4 mothers (29%) said they had given birth several times before so they were not so afraid of childbirth but still worried about their babies.

Excessive worry in pregnant women will experience an anxiety and cause stress if left untreated can have a worse impact and influence on physiological and psychological both on the mother and on the fetus. For that it can be prevented by managing stress in various ways such as deep breath relaxation, distraction or stress diversion by listening to music, reading, watching tv, yoga etc.

Stress management is more than just coping with problems, it's learning to cope adaptively and effectively. Stress management means making in the way of thinking and feeling, in the way of behaving and very possibly in the environment of each individual<sup>7</sup>.

Interventions that can be used to reduce stress in third trimester pregnant women can be with Religious coping such as Repetitive Prayer (praying continuously) Repetitive Prayer can form perceptions other than fear or anxiety with other

perceptions, namely the belief that any stressor will be dealt with properly with God's help, and make calm and relax so that it can suppress the sympathetic nervous system and activate the parasympathetic work system<sup>8</sup>

From the description above, it can be seen how Repetitive Prayer therapy can have a positive influence in the form of feelings of optimism, more self-mastery, and feelings of calm and relaxation. Therefore Repetitive Prayer can help to reduce stress or anxiety. In this study Repetitive Prayer was used as stress management in pregnant women.

**RESEARCH METHOD**

This study used the type of Pre-Experiment research with a Pre-post test design in one group (One group pre-post test design). The population in this study was 37 respondents in 3rd trimester pregnant women at the Pare Health Center, Kediri Regency. The sampling technique used is Accidental Sampling with a sample of 14 people. Respondents were given an intervention in the form of a repetitive prayer and measured stress levels before and after the intervention. The type of data collection instrument in this study was using the Pregnancy Stress Rating Scale (PSRS) questionnaire sheet from Fen Zhou 2015. This research was analyzed using Wilcoxon's statistical test<sup>9,10,11</sup>.

**RESULT AND DISCUSS**

Table 1 Table of distribution of maternal age, child age, occupation, education, income, place of residence, what pregnancy, birth history, disease history, pregnancy distance were respondents at the Pare Health Center, Kediri Regency in 2022

Characteristic	Group	
	Intervention	Repetitive Prayer
	F	%

<b>Mother's Age :</b>		
1. 21-25 y.o	7	50.0
2. 26-30 y.o	4	28.6
3. 31-35 y.o	2	14.3
4. >35 y.o	1	7.1
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Child's Age :</b>		
1. 0-12 month	-	-
2. 13-24 month	-	-
3. 25-26 month	5	35.7
4. Primigravida (first pregnant)	9	64.3
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Jobs :</b>		
1. Civil servant	-	-
2. Self employed	5	35.7
3. Housewife	9	64.3
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Education :</b>		
1. Elementary School	-	-
2. Junior High School	2	14.3
3. Senior High School	9	64.3
4. Undergraduate degree	3	21.4
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Income :</b>		
1. < 500.000	10	71.4
2. 500.000 - 1.500.000	4	28.6
3. > 1.500.000	-	-
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Residence with :</b>		
1. With parent	-	-
2. With parent in law	8	38.1
3. Own House	13	61.9
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Pregnancy order :</b>		
1. First Pregnant	9	64.3
2. Second pregnant	2	14.3
3. More > 2	3	21.4
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>History of previous pregnant :</b>		
1. None	8	57.1
2. Normal	2	14.3
3. Caesar	4	28.6
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Disease History</b>		
1. Yes	3	21.4
2. None	11	78.6
<b>Total</b>	<b>14</b>	<b>100,0</b>
<b>Pregnancy interval</b>		
1. 3-4 y.o	3	21.4
2. 5-6 y.o	1	7.1
3. > 6 y.o	1	7.1
4. None (primigravida)	9	64.3

<b>Total</b>	14	100,0
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Table 2 Frequency Distribution of Stress Level Before Stress Management (Repetitive Prayer Alfatihah) to Pregnant Women at Pare Health Center, Kediri Regency in 2022.

Stress Level	Before intervention	
	F	%
1. Mild	4	28.6
2. Moderate	9	64.3
3. Severe	1	7.1
Total	14	100

Table 3 Frequency Distribution of Stress Level After Stress Management (Repetitive Prayer Alfatihah) to Pregnant Women at Pare Health Center, Kediri Regency in 2022.

Stress level	After intervention	
	F	%
1. None	2	14.3
2. Mild	9	64.3
3. Moderate	3	21.4
Total	14	100

Table 4 Distribution of Analysis of the Effect of Stress Management (Repetitive Prayer Alfatihah) on Stress Level in Pregnant Women at the Pare Health Center, Kediri Regency in 2022.

Stress Level	Before		After	
	F	%	F	%
1. None	-	-	2	14.3
2. Mild	4	28.6	9	64.3
3. Moderate	9	64.3	3	21.4
4. Severe	1	7.1	-	-
Total	14	100	14	100
Mean	42.71		29.00	
<i>Uji Wilcoxon</i>	<i>P-value</i> = 0.002 < $\alpha$ (0.05)			

### Identify stress levels before stress management (repetitive prayer alfatihah)

Based on the results of the study, it is known that the level of stress before stress management (repetitive prayer Al fatihah) was carried out for pregnant women at the Pare Health Center, Kediri Regency showed that most respondents (64.3%) had moderate stress levels.

Based on data from the Pregnancy Stress Rating Scale (PSRS) questionnaire,

respondents on the pretest mostly experienced moderate stress. Moderate stress indicators include factor 1 (identifying the role of the mother), namely worry about the child's future, difficulty naming the prospective child, difficulty determining the puerperal place, difficulty arranging physical space for the prospective child, and worry about the child's unacceptance by others. Factor 2 (maternal and child safety health concerns) is fear of safe delivery for herself, fear of the possibility of abnormal delivery or cesarean section, and fear of pain or bad feelings during labor. Factor 3 (changes in body shape and physical activity) is worry about dark brown spots that appear on the face, perception of inability to control a rigid body, and worry about changes in body appearance<sup>12</sup>.

The results of filling out the Pregnancy Stress Rating Scale (PSRS) questionnaire by respondents on the pretest obtained a minimum score of 26 (in the mild stress category) and a maximum score of 68 (in the severe stress category).

Pregnancy gives happiness to married couples, because they will get offspring as a complement and refinement as women, but also disturbing because it is full of feelings of fear, anxiety, stress arises about the possibility of bad things or stressors that can befall her, especially when approaching the labor process that is often experienced by 3rd trimester pregnant women. The 3rd trimester gestation period is 7-9 months gestation or 25-40 weeks<sup>13</sup>.

Problems that are often experienced by 3rd trimester pregnant women are physical changes that affect body systems and psychological changes. Physical and

psychological pregnant women are interrelated holistically, that when the physical condition of pregnant women is disturbed, it will affect this psychological disorder and vice versa if the mother experiences emotional (psychic) disorders it will affect the body system. Psychological changes experienced by pregnant women in the 3rd trimester include: experiencing periods of discouragement, increasing discomfort because the fetus they are carrying is getting bigger, feeling ugly, strange, unattractive, afraid of pain and physical dangers that will arise during childbirth, worrying about her safety and her baby, feeling unpleasant if the baby is not born on time and waiting too long so that pregnant women are very emotional in an effort to prepare or be aware of everything that might happen and must be faced<sup>14</sup>. This is what becomes a stressor so that pregnant women in the 3rd trimester experience a lot of stress during pregnancy<sup>12</sup>.

Stress in pregnancy is a dynamic condition with tension and anxiety in individuals or pregnant women due to an imbalance between demands and response abilities faced with desired opportunities and limits characterized by emotional tension that affects mental and physical conditions so as to affect hormonal increases in the body and also has an impact on the incidence of MMR (Maternal Mortality Rate) and AKB (Infant Mortality Rate)<sup>15,16</sup>. During pregnancy there is a ninefold increase in the hormone estrogen and progesterone as much as twenty times produced throughout the normal menstrual cycle. The existence of these hormonal changes causes women's emotions during pregnancy tend to change, so that for no

apparent reason a pregnant woman easily feels sad, irritable, angry or just the opposite feels very happy<sup>17</sup>. The mother's attitude during pregnancy can affect her unborn baby. This is due to endocrine changes that can occur if the mother-to-be suffers from severe stress for a long time. The pleasant and unpleasant influence does not depend on one family member alone, but the attitude of all family members<sup>2</sup>. The heavier the burden of the womb and the increasing number of physical discomfort, the psychological condition of pregnant women is also disturbed, so they can experience stress. The process of pregnancy brings considerable changes both in terms of psychological and physical pregnant women. These changes require adjustments to pregnant women. States that life changes become a source of stress if the life changes demand to adjust. Life changes that can be a source of stress are not just limited to negative changes<sup>18</sup>. Not infrequently changes that bring happiness actually become a source of stress and anxiety for individuals, such as marriage or pregnancy. Pregnancy generally adds to the intensity of emotions and inner pressures on the psychological life of pregnant women. When pregnant, mothers often feel stress such as stressors on economic difficulties, emotional difficulties, various diseases, death in the family, disharmonious relationships with husbands and other family members, the neighborhood environment, and myths derived from stories passed down in society<sup>19</sup>.

Based on data obtained at the research site. Demographic factors of respondents (general data) that have a correlation with stress levels in 3rd trimester pregnant women before the

intervention are given, including: maternal age, child age, education, income. This demographic factor will be explained in the discussion below.

The maternal age characteristics of half of respondents (50%) aged 21-25 years showed that the results of the stress level pretest showed that a small percentage of respondents (7.1%) experienced mild stress category, almost half of respondents (35.7%) experienced moderate stress and a small percentage of respondents (7.1%) experienced severe stress. Stated that pregnancy that occurs in young pregnant women (<25 years) tends to cause anxiety and stress higher than pregnant women with sufficient age (25-35 years). Loneliness at the age of < 25 years and even a dozen years will add to the pressure of the soul. Medical problems that will occur are anemia, high blood pressure, preterm labor and cesarean section when delivering the baby. Unpreparedness of the process of pregnancy until childbirth and fulfilling her role as a mother will be problematic also for mothers who are pregnant at this age<sup>20</sup>. Conversely, pregnancy over the age of 35 years can pose a high risk to the life of the mother and child who will be born. Increased maternal mortality (MMR), childbirth difficulties, chromosomal defects and psychological stress are at high risk. The results of Rahmita Nurul's research (2017) are not much different, namely the young age group (teenagers - <25 years) experience more severe anxiety at 13.5%, sufficient age (25-35 years) more mild anxiety at 29.7%, and old age (>35 years) do not experience anxiety at 2.7%. The stress felt by

pregnant women is related to the age of the mother.

Researchers argue that young mothers (<25 years) will experience higher levels of stress when compared to moderately aged mothers. There are differences in the stress level of pregnant women based on the age of the mother. The difference is due to the mother who Young age has many factors that can cause him to experience stress, ranging from his immature reproductive system and the mother's psychological readiness to face childbirth. The stress felt is in the form of questions about her condition and what she will go through during labor later. Mothers are afraid of the pain of labor, tearing of the vagina and possible complications that occur when facing labor. Neighbors' stories about childbirth make mothers feel more stressed. The more mature the mother's age, the lower the level of stress she will feel because mothers with sufficient age / mature (25-35 years) will be better prepared both mentally and physically. Mothers with old age (>35 years) also have high levels of stress. The stress occurred because the mother was worried about her condition. Will she be able to go through the labor process considering her age has entered old age and is prone to complications during pregnancy and before delivery.

The age characteristics of the child, most respondents (64.3%) are mothers who are pregnant with their first child (primigravida) show the level of stress on the pretest, namely a small percentage of respondents (7.1%) experienced mild stress, half of respondents (50%) experienced moderate stress and a small number of respondents (7.1%)

experienced severe stress. The first pregnancy for a mother is one of the crisis periods in her life that involves deep psychological factors, which occur due to major somatic changes<sup>18</sup>. The first pregnancy for a mother-to-be is a new journey marked by physical and psychological changes resulting in various psychological problems<sup>21</sup>.

In addition to physical factors, psychosocial factors can also add stress to primigravida pregnant women<sup>7</sup>. A crisis is a psychological imbalance during a disorder, as well as changes in roles and identities that can cause anxiety. First pregnant women often have intrusive thoughts, as the development of anxiety reactions to the anxiety they acquire<sup>22</sup>. The educational characteristics of mothers of a small percentage (14.3%) of mothers having a recent junior high school education showed from the results of the pretest stress score experiencing mild stress. Education for a person is a dynamic influence in the development of the body, soul, feelings, so different levels of education will give different types of experiences as well. Low education status in a person will cause the person to experience stress easily while high education will cause the person to more easily cope with stress. Education about psychological and physiological changes from pregnancy to childbirth can reduce stress and anxiety, thereby improving coping and emotional maturity of pregnant women, besides that it is also influenced by readiness to give birth, cultural background, and the support of the closest people, both husband and family<sup>23</sup>.

Education can affect the anxiety of pregnant women during pregnancy, because education can affect a person's perception, way of

thinking in managing information and making decisions. The higher a person's education, the more qualified his knowledge will be and the more mature his intellect. Anxiety and stress in pregnant women are influenced by factors of knowledge of pregnant women about the processes experienced during pregnancy. Pregnant women who have good knowledge about pregnancy allow themselves to anticipate themselves in the face of anxiety during pregnancy. Conversely, low education will cause a person to experience anxiety that occurs due to the lack of information obtained by the person<sup>24</sup>.

According to researchers, the educational status of pregnant women is related to the level of knowledge and proficiency of mothers in using information media in this 4.0 era. Knowledge about pregnancy and childbirth is very important for pregnant women. You can get the information you need when you make antenatal care visits at health services, social media and other electronic devices.

Mothers who have low educational status with mothers who have a high educational background based on knowledge about pregnancy are very different because they are influenced by interest in learning, comprehension, concentration, proficiency in using electronic media, and related to the motivation for the importance of antenatal care visits. If the mother lacks knowledge about her pregnancy, she is at risk of experiencing AKI and / or AKB if in her pregnancy she experiences complicating factors or comorbidities that are not known to the mother.

The characteristics of family income, most respondents (71.4%) have an income of

<500,000 / month, showing that from the results of the pretest stress score, almost half of respondents (21.4%) experienced mild stress, almost half of respondents (42.9%) experienced moderate stress and a small number of respondents (7.1%) experienced severe stress. Pregnant women need an adequate family economy because, pregnancy requires a special budget such as ANC (antenatal care) costs, nutritious food for mother and fetus, maternity clothes, childbirth costs and baby needs after birth (Ingewati, 2014). Someone with low economic status tends to be more tense and someone with high economic status tends to be more relaxed. Worries and anxieties in pregnant women if not treated seriously will have an impact and influence on the physical and psychic, both on the mother and fetus<sup>25</sup>.

Researchers argue that a sufficient level of family income in meeting the needs of pregnant women will minimize stressors and conflicts in the family. Every activity related to the examination of pregnant women always costs money or costs are fairly high. Pregnant women will undergo antenatal care, pregnancy ultrasound, consultation about excessive signs and symptoms experienced by mothers who affects the health status of the mother, in addition, if the signs and symptoms are getting worse, usually the mother needs to be hospitalized or just outpatient. Bad possibilities experienced during pregnancy often occur if the mother's immunity is not good, so the mother is often sick so it needs more treatment costs. So the financial condition of the family is closely related to the needs of pregnant women. Especially if pregnant women have a history

of comorbidities such as preeclampsia, gestational diabetes and other diseases that are at high risk during pregnancy to childbirth need extra care and high costs. This is done for the health of the mother and fetus.

### **Identify stress levels after stress management (repetitive prayer al-fatihah) for pregnant women**

Based on the results of the study, it is known that the level of stress after stress management (repetitive prayer alfatihah) was carried out to pregnant women at the Pare Health Center, Kediri Regency showed that most respondents (64.3%) experienced a decrease in stress levels in the mild stress category.

Based on data from the Pregnancy Stress Rating Scale (PSRS) questionnaire, respondents on the posttest mostly experienced mild stress. The results of filling out the Pregnancy Stress Rating Scale (PSRS) questionnaire by respondents on the posttest obtained a minimum score of 19 (in the no stress category) and a maximum score of 45 (in the moderate stress category).

Stress in pregnant women can be related to itself such as physiological and psychological changes in the body of pregnant women as a form of adaptation to physical changes, organ function, changes in hormonal systems, metabolism, physiological and psychological conditions. Disorders in pregnant women in the third trimester of colostrum discharge, leg cramps, pain in the back of the body, difficulty breathing, edema in extremity. The third trimester experiences increasing discomfort,

the fetus is getting bigger, feels ugly, strange, unattractive, afraid of pain and physical danger that will arise during childbirth, worried for the safety of herself and her baby<sup>27</sup>.

Treatment with psychopharmaceutical drugs for anxiety during pregnancy should be considered very carefully, because it is thought to be teratogenic, especially in the first trimester, because there is a process of organ formation, also in the second and third trimesters which are expected to cause labor complications and side effects after birth<sup>28</sup>. In order to provide security for 3rd trimester pregnant women, researchers provide intervention in the form of stress management therapy in the spiritual direction, namely Repetitive Prayer.

Repetitive Prayer can form perceptions other than fear or anxiety with other perceptions, namely the belief that any stressor will be well dealt with God's help, as well as make calm and relaxed so that it can suppress the sympathetic nervous system and activate the parasympathetic work system. Repetitive Prayer can be called dhikr. That this reading is chanted repeatedly even though the type of reading chosen by the researcher is Surah Al-Fatihah.

In the Quran there are many value contents such as about faith, worship, science, about certain stories, philosophy, and also exist as a system of human relations as individual beings and social beings. The content in the Quran can be expected to be a motivation and encouragement for 3rd trimester pregnant women who are experiencing stress or emotional disorders in the face of psychological stressors, can be represented in Surah Al-Fatihah. Surah Al-Fatihah is the

most popular and most memorized verse among Muslims. Even reading Al-Fatihah is a legal requirement for prayer for Muslims. This shows how high the position of Surah Al-Fatihah<sup>29</sup>. This position can be seen from other names of Surah Al-Fatihah such as Fatihatul Kitab and Ummul Kitab or Ummul Quran. Fatihatul Kitab refers to the placement of Surah Al-Fatihah as the first surah in the preparation of the Quran. Al-Fatihah has a title as Ummul Kitab which means the mother of the entire Quran. This is because in Surah Al-Fatihah contained all the main teachings and values contained in the Quran<sup>29</sup>.

Researchers provide Al-Fatihah Repetitive Prayer therapy (continuous prayer) 2x every week to 3rd trimester pregnant women who are active in pregnancy check-up visits at the Pare Health Center, Kediri Regency. This administration was carried out for 2 weeks so that the total intervention for 4x.

Results were obtained after being given the Al-Fatihah Repetitive Prayer intervention, the category of stress levels before being given the intervention decreased after being given this intervention. In the pretest, it was found that most respondents (64.3%) experienced moderate stress, namely 9 respondents. Meanwhile, after Al-Fatihah Repetitive Prayer therapy was carried out on pregnant women, it showed that most respondents (64.3%) experienced mild stress, namely 9 respondents, so that with the intervention of Al-Fatihah Repetitive Prayer can reduce stress levels in 3rd trimester pregnant women. Reading Al-Fatihah continuously which means reading aloud accompanied by living and understanding every meaning read repeatedly will affect the sensory system and

cerebral system. When reading, sound vibrations will be processed by the senses according to the characteristics of learning information processing. Where the sound goes through the stages of recording the senses. After the sound is recognized by the senses by storing the recording through receptor cells. Then there is a pattern recognition process by arranging incoming information according to its type. The sound can be processed further if there is attention, because in this process involves concentrating the mind and ignoring unrelated stimuli<sup>30</sup>. Sound waves are captured by the brain, through therapy reading the Qur'an the body's cells become active so that there is an increased absorption process of enterochromaffin cells which are able to increase the hormone serotonin in the dorsal parietal gray matter. This increase causes a state of relaxation so that it can inhibit fear, anxiety and other psychosomatic disorders. In addition, through the activation of the cells of the body sound waves also the contents received by the primary visual cortex are transmitted to the left angular gyrus, which translates the visual form of the word into an audiotoric code and transmits to Wernicke's area then triggers the appropriate response of each arcuate fasciculus, Broca's area, motor cortex area then affects the endocrine system where the body's endorphin hormone is produced so as to reduce stress<sup>29,31</sup>.

Reading Al-Fatihah is one of the suras of the Quran that has so many privileges in it. When reading Al-Fatihah wholeheartedly there will be a process of meaning / meaning of each content of the verses. Surah Al-Fatihah was

read, because the meaning contains optimism in action, so that the process of meaning someone will feel calm through what is read. Meaning itself is one of the processes found in Tazkiyatun Nafs. It is Tazkiyatun Nafs who certainly creates a sense of calm in those who read the Quran in this case Al-Fatihah<sup>29</sup>. The feeling of calm will affect our mood, with the presence of a sense of calm will cause a decrease in stress levels in pregnant women. In addition, respondents' demographic factors (general data) also contributed or correlated in supporting the results of research on the Repetitive Prayer intervention (praying continuously), including: occupation, how many pregnancies, and disease history. Almost half of respondents (35.7%) work as self-employed people showing a stress score on the posttest, which is almost half of respondents (28.6%) experienced mild stress and a small percentage of respondents (7.1%) experienced severe stress. Work can divert feelings of anxiety for pregnant women, because work is a time-consuming activity and pregnant women will focus on their work. Working pregnant women can interact with the community so that they can increase knowledge, besides that work can increase family income to meet the needs during pregnancy<sup>32</sup>. But it should be noted that mothers who forbid their work will cause work stress. So it is very necessary for pregnant women to limit heavy work and force the mind. Pregnant women may work but still in a corridor that will not have a bad impact on the health condition of their baby.

The characteristics of pregnancy found that a small percentage of respondents (14.3%) were experiencing a second pregnancy and a

small percentage of respondents (21.4%) were experiencing multigravida. The differences in anxiety levels in the face of childbirth between primigravida and multigravida, from the results of the Wilcoxon Mann–Whitney U statistical test the significance value is 0.006 ( $p < 0.05$ ). It is stated that there is a difference in the level of anxiety in the face of childbirth between primigravida and multigravida in the face of labor. This shows that primigravida has a higher level of anxiety compared to multigravida<sup>33</sup>.

The first pregnancy (primigravida) the majority of pregnant women do not know various ways to overcome pregnancy until the delivery process smoothly and easily, so this affects the anxiety of primigravida pregnant women in facing childbirth. Therefore, in the face of childbirth it is necessary to overcome the anxiety felt<sup>33</sup>. To overcome wife anxiety in the third trimester accompanied by the husband is also very influential on maternal anxiety.

Proven by the husband's assistance given to prospective mothers, pregnant women feel calmer and have a strong mentality to face childbirth, so that the psychological stress factor in is minimized and certainly the health status of 3rd trimester pregnant women is in good condition<sup>34</sup>.

The characteristics of respondents' disease history showed that almost all respondents (78.6%) had no history of illness, found a small percentage of respondents (7.1%) experienced no stress, most respondents (57.1%) experienced mild stress and a small number of respondents (14.3%) experienced moderate stress. Some studies related to

psychological stress and supporting diseases include research explained that chronic stressors in pregnant women who are not accompanied by good stress management skills are associated with the birth of babies with low body weight, this is due to decreased blood flow to the uterus which can significantly affect fetal growth and development<sup>35</sup>. In premature birth there is an increase in the production of corticotropin-releasing hormone (CRH) by the placenta. This hormone is in charge of regulating the duration of pregnancy, if levels increase it will accelerate the duration of pregnancy, so that the baby is at risk of premature birth and low birthweight<sup>36</sup>. Pregnant women who do not have a history of comorbidities are at minimal risk of experiencing diseases during pregnancy. Health status in pregnancy is quite good.

### **Analyzing the Effect of Stress Management (Repetitive Prayer Alfatihah) on Stress Levels**

Based on the results of the study, it is known that before the Al-fatihah Repetitive Prayer therapy was carried out in 3rd trimester pregnant women, it showed that most respondents (64.3%) experienced moderate stress. Meanwhile, after Al-Fatihah Repetitive Prayer therapy was carried out on pregnant women, it showed that most respondents (64.3%) experienced mild stress. The mean pretest result shows 42.71 and mean posttest showed a decrease in stress level score in 3rd trimester pregnant women by 29.00 with a decrease in both scores of 19.38. Wilcoxon test result  $p$ -value = 0.002. This means that

the p-value  $< \alpha = 0.05$ , because the p-value is  $< \alpha$ , H1 is accepted, namely there is an influence of stress management (Repetitive Prayer Al Fatihah) on stress levels in pregnant women.

Physiologically, stress in the body is responded by activating the hypothalamus, then will control the neuroendocrine system, namely the sympathetic system and adrenal cortex system and is associated with the activity of the hypothalamic - pituitary - adrenal axis (HPA). Sympathetic nerves respond to nerve impulses from the hypothalamus by activating various organs and smooth muscles under their control. Sympathetic nerves signal to the adrenal medulla to release epinephrine and norepinephrine into the bloodstream. Active hypothalamus-pituitary-adrenal axis (HPA), causing conditioning stimuli in the limbic-hypothalamic-pituitary adrenal axis (LHPA axis), then stimulating the hypothalamus and causing secretion of corticotrophin releasing hormone (CRH) stimulating the hypothalamus to secrete ACTH hormone (adrenocorticotrophic hormone), It is then carried through the bloodstream to the adrenal cortex. Increased secretion of ACTH (adrenocorticotrophic hormone), leading to increased secretion of cortisol.

The secretion of ACTH (adrenocorticotrophic hormone) occurs because the adrenal cortex system activates when the hypothalamus secretes CRF (corticotropin-releasing factor), a chemical that acts on the pituitary gland, located below the hypothalamus. Then, it will stimulate the release of cortisol to regulate blood sugar levels. HPA signals the adrenal

glands to produce more cortisol and adrenaline. The HPA axis increases the production and release of glucocorticoids, including the main stress hormone cortisol. Furthermore, the hormone cortisol mobilizes the activity of almost all homeostasis systems in preparation for the fight or flight reaction. The HPA axis releases catecholamine hormones which also act as neurotransmitters, namely dopamine (DA), adrenaline (A), and noradrenaline (NA). Catecholamines activate the amygdala nucleus (causing fear) which triggers emotional responses to stressors, such as fear of earthquakes, or anger at enemies. The brain releases neuropeptides, a microprotein that modulates stress by suppressing sleep, increasing alertness and feelings of worry. As a result, there is an urgent desire for fight or flight behavior.

The provision of Repetitive Prayer (Al Fatihah) intervention is an alternative nonpharmacological therapy solution that can be applied to 3rd trimester pregnant women who experience stress. Praying is a request or request with an attitude of surrender to Allah SWT. Praying continuously is believed to have an effect on the body compared to meaningless words. Praying with the remembrance of Allah SWT will help form perceptions other than fear, anxiety i.e. the belief that any stressor will be able to be dealt with properly with the help of Allah SWT. Muslims believe that praying continuously and remembering Allah SWT can heal the soul and cure various diseases and when a Muslim habitually prays and stings Allah SWT. The person will feel close to Allah SWT is in His

care and protection, which will then awaken confidence, strength, feelings of security, peace, and happiness<sup>8</sup>.

Repetitive Prayer (Al-Fatihah) procedures in the book *Stress Management* Jerrold S include: the first step, calm the mind in a calm environment do it casually and relax releasing all tension and including stress; the second step, dropping the respondent's head to the chest and taking a breath and while exhaling and releasing the feeling of tension felt; and the third step, doing repetitive prayer surah Al-Fatihah. This intervention was carried out 2x in 1 week for 2 weeks of giving to pregnant women who experienced stress. The choice of repetitive prayer intervention surah Al-Fatihah is based on the call of psychologists stating that spiritual healing is very important in overcoming psychological disorders, one of which is stress in the medical world<sup>31</sup>. This is based on the assumption that "God exists and man is God's creation." Man is indeed a material created by God to worship Him, who is given the potential of life (fitrah) and the potential of reason, and in the area he controls is given freedom in determining or choosing his behavior through his qalbu function<sup>38,39</sup>. The lack of knowledge of God as "The ultimate source" who provides guidance, relief, protection, support and survival, can make humans vulnerable to anxiety, depression, stress and other psychological disorders<sup>40</sup>. Repetitive Prayer surah Al-Fatihah became one of the cognitive-behavioral psychotherapists to help clients change dysfunctional thoughts and beliefs into functional. This method can be categorized under religious intervention,

which has been contained in the Indonesian Nursing Intervention Standard book.

In the holy book of the Quran there is a short letter which is the mother of the Quran which is often read every day and almost every Muslim knows its meaning. Al-Fatihah has been embedded in the minds of Muslims every day so that the process of understanding, meaning, and thinking is much better. Surah Al-Fatihah as Assab'ul Matsani (seven verses of praise that are always repeated) by every Muslim at least 17 times a day and a night, in fardhu prayer. This surah is also called Al-Qur'anul Adzim because it is the greatest surah in the Qur'an. Surah Al-Fatihah as ash-shafiyah (healer), ash-syukr (gratitude), and ar-ruqyah (incantation) it can be said that Surah Al-Fatihah has therapeutic potential<sup>38,39</sup>.

The reflection of the verse in Surat Al-Fatihah which is intervened through Repetitive prayer can reduce stress levels in pregnant women including<sup>38</sup>: "Bismillahirrahmanirrahim" affects the mind that I start this action in the name of Allah with the power of Allah SWT and His help, my life problems can be reduced. While in influencing feelings this verse gives peace, calm and confidence. "Alhamdulillahilabbil'amin" affects the mind that all praise is only to Allah who has bestowed His gifts to help his people, everything has been prepared by Allah SWT, I am in an outpouring of mercy and affection of Allah SWT, he does not let me be alone in facing the problems of this life, the trials and calamities are not again means compared to the magnitude and abundance of Allah's gifts so far, and there is

wisdom behind this trial. While affecting feelings that are calm, delicious and optimistic. "Arrahmanirrahim" influenced the mind that how great mercy there is in Allah SWT, I did not give up from the paradise of Allah SWT. While affecting the feeling is airy (relieved) and calm. "Maliki yau maddin" influences the mind that he will give every soul in return and rewards according to deeds. While affecting feelings is calm. "Iyyakana'budu wa iyya kanasta'in" influences the mind that I worship, feel, fear, and hope, O Lord there is nothing else so make it easy The problems I experience, I ask You to help to obey and achieve all my needs, I have been endowed with the ability of science and the ability to think in creating causes that lead to success. While affecting feelings is a sense of surrender to Allah SWT. "Ihdinash shirathal mustaqim" influences the mind i.e. may Allah SWT grant me the ability through instinct, five senses, reason and religion to achieve the straight path. While affecting feelings is happy. "Shirathalladzina an'amta alaihim, ghairil maghdubi'alahim waladh dhallin" influences the mind that is the path that has been taken by those who have been given favor by Allah SWT From the prophets, shiddiqin, martyrs and salihin, I will look for the cause (fault) in myself that caused this problem to befall me and think more positively. While influencing feelings is favor, not envious and not discouraged in the face of life's problems.

Surah Al-Fatihah contains tadabur of gratitude. Gratitude is one factor that plays a role in creating a calm and happy mood. Gratitude is a factor that can bring out

psychological well-being or peace because he is able to overcome the vulnerability of individual emotions, where when entering pregnancy individuals who have high gratitude must have accepted and understood his situation maturely. This is because gratitude will produce well-being through a combination of reflection, positive emotions and adaptive social behavior<sup>12</sup>. Gratitude is thanking God, relief, pleasure, and mentioning the blessings given to him where the pleasure and relief is manifested in oral, heart, and behavior and obedience to Allah with various taqarrub, outward and mental and thanks to Allah for all the blessings He bestows<sup>41</sup>. Fitzgerald in R. A. Emmons and M.E. McCullough in psychology of gratitude identify three components of gratitude: a warm sense of appreciation, a sense of goodwill, and a disposition to act<sup>41</sup>.

According to researchers, individuals who have gratitude always have good wishes. Good wishes come from positive thinking and a heart that always thinks well (huznuzhon) of everything the individual faces. Furthermore, it will also make individuals have a tendency to act positively. Positive psychological pregnant women will keep away from negative psychological conditions. Gratitude will lead the individual to use all blessings in obedience. Using favors in obedience will lead individuals to always behave positively and adaptively. Thus it will present a positive psychological atmosphere as well. In addition to pregnancy is a gift, if the individual has these criteria of gratitude, of course the stress experienced will be overcome.

Research that supports the results of research on the effect of stress management (repetitive prayer: Al-Fatihah) on stress levels in pregnant women at the Pare Health Center, Kediri Regency includes Julianto's research, states that reading Al-Fatihah is reflective intuitively and repetitive an decrease emotional disturbances and boost immunity. Research shows that intuitive reflective reading of Al-Fatihah can change a subject's perception of problems in his life<sup>29</sup>. There is a relationship between repeated prayer through dhikr in Self Instruction Training in reducing the level of pregnancy anxiety in primigravida mothers. This therapy is one of the cognitive-behavior methods that has the advantage of being able to replace an individual's negative view into a positive one, and can direct individuals to change their condition in order

to obtain effective consequences from the environment.

Research by Usdati, et al., on dhikr training to reduce anxiety in pregnant women first showed the results of the Wilcoxon Signed-Rank Test with a value of p-value = 0.034. So it can be concluded that dhikr training can reduce anxiety in the first pregnant woman. In the Islamic view, dhikr is one of the rituals that has therapeutic elements. The effect obtained from remembrance is that it can eliminate anxiety, anxiety and anxiety in the heart. Emotional dhikr can bring up positive emotions, such as feelings of love, happiness, and pleasure, providing calm, tranquility, not anxiety, stress, and depression (a state of well being)<sup>18</sup>.

## SIMPULAN DAN SARAN

In this study, it can be concluded that there is an effect of stress management (repetitive prayer al-fatihah) on stress levels in pregnant women at the Pare Health Center, Kediri Regency. The results of this study can be used as one of the non-pharmacological therapies towards spirituality that can be intervened in pregnant women who experience stress or anxiety before childbirth which can be applied by health workers to pregnant women in the 3rd trimester to reduce stress levels.

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