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Islamic Sleep Ritual Activity (ISRA) Intervention Improving Sleep Quality, Physical and Psychological Comfort for Pregnant Women in the Third Trimester

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ABSTRACT

Psychological changes in the third trimester are increasingly complex due to the growing condition of pregnancy, physical discomfort, worry, fear, indecision, and doubt about the condition of the pregnancy before childbirth so pregnant women need psychosocial support from husbands, families, and health workers. The study aimed to analyze the differences in Islamic Sleep Ritual Activity (ISRA) Intervention to Improve Sleep Quality and Physical and Psychological Comfort of Pregnant Women in Time Three. The research method of the non-equivalent control group design, the population is pregnant women in the third trimester in the working area of Alas Kembang Bangkalan village in 2024 as many as 48 people. Physiological pregnancy inclusion criteria, and exclusion criteria: Pregnant women who refuse to be researched and pregnant women who experience complications, use simple random sampling. The instrument used is a questionnaire using a value scale. Statistical tests use the paired t-test and the Wilcoxon test. The ISRA intervention p 0.001 or <0.05. The implementation of ISRA in the pregnant women's care program in the third trimester is highly recommended to provide a sense of comfort and quality of sleep to all pregnant women, and it needs to be continued for all pregnant women.

Keywords: Islamic Sleep Ritual Activity; Physical comfort; psychic; sleep quality; pregnant mother.

Introduction

Pregnancy is a normal process that produces physiological and psychological changes in women [1]. Pregnancy involves various changes, both physical and psychological, that are interconnected. The changes that occur during pregnancy generally cause discomfort. One form of disturbance in physical comfort, fatigue, aches, and psychological discomfort is anxiety, changes in mood, and becoming more sensitive. With low physical discomfort, it is hoped that pregnant women will remain physically active in carrying out daily activities. Pregnancy accompanied by discomfort makes it difficult for pregnant women to carry out very simple activities [2]. One thing that often happens to pregnant women is that the quality of sleep is often disrupted, often waking up at night because of frequent urination and discomfort in the body. Sleep quality in pregnant women decreases during pregnancy, and this sleep quality worsens in pregnant women who already have poor sleep quality [3].

One of the complaints that most often arises in pregnant women, especially in the third trimester, is experiencing sleep disorders, such as insomnia, frequent waking up at night, intense sleepiness during the day, mood swings, and unusual feelings while sleeping [4]. In one study, more than 80% of pregnant women experienced sleep disorders [5]. A person's ability to fall asleep and positive feelings after waking up indicate ideal sleep quality [6]. Sleep quality varies in each trimester of pregnancy. Sleep disturbances during pregnancy can cause unexpected disorders, such as preeclampsia, premature labor, miscarriage, cesarean section, gestational diabetes, and postpartum depression [7].

Sleep is important for a person's general wellbeing, and most sleep experts recommend at least seven to 8 hours of sleep each night. However, the duration of sleep required varies from individual to individual, and it is impossible to determine a specific cut-off point for sleep deprivation [8]. However, the reality is that many pregnant women experience sleep disturbances, especially in the third trimester of pregnancy, with increasing gestational age, resulting in many complaints such as frequent urination at night, body aches, and a feeling of tightness or discomfort, thus disrupting the quality of sleep [9].

Sleep quality disorders in pregnant women are often felt during the second and third trimesters of pregnancy, this occurs due to changes in physiological and psychological adaptation, physiological changes experienced by pregnant women, to increasing gestational age, such as abdominal enlargement, anatomical changes, and hormonal changes. The psychological changes experienced by pregnant women are caused by excessive anxiety, worry, and fear for no reason, which ultimately leads to depression so that the quality of sleep is disturbed. This stressful condition causes the body's muscles to tighten, especially the muscles in the birth canal which become stiff and hard, thus disrupting the process of opening the birth canal. Apart from that, pregnant women who experience sleep disorders will be slower to deal with stimuli and have difficulty concentrating [10], [11].

It is known that decreased sleep quality in adults is associated with cerebrovascular disease and hypertension. Epidemiological investigations have been carried out to determine the decrease in sleep quality during pregnancy, including its association with small for gestational age (SGA) and premature birth [12]. There is a lot of research and complementary therapies given to pregnant women to improve sleep quality, such as aroma therapy, pregnancy exercises, and yoga exercises. Breathing exercises, thinking, and therapy provide many benefits and are very significant for sleep quality, but there has been no research on Islamic sleep. Until now, several studies have been conducted on Islamic procedures before going to bed, some of which discuss the effect of ablution before going to bed and listening to murrotal to overcome insomnia in the elderly. Meanwhile,

guidelines for bedtime rituals according to Islam to overcome the problem of physical and psychological discomfort in third-trimester pregnant women have not yet been found. So research needs to be carried out, the aim of this research is to the influence of Islamic Sleep Ritual Activity (ISRA) intervention on sleep quality in third-trimester pregnant women.

Methods

The research method is the non-equivalent control group design, the population is 48 pregnant women in the third trimester in the Alas Kembang Bangkalan village work area in 2024. Inclusion criteria for physiological pregnancy, exclusion criteria: Pregnant women who refuse to carry out research and pregnant women who experience complications,

Determine two groups to be used as research samples. Sample determination was carried out using a simple random technique (simple random sampling). Sampling was carried out by drawing lots from a list of third-trimester pregnant women and dividing them into two groups: a control group and an experimental group. The two groups were then randomized to determine the experimental and control groups.

After the experimental and control group were formed, a pretest was given to all subjects so that the level of the subject's condition related to the dependent variable was known. Independent variables were only given to the experimental group. Researchers simulated the Islamic Sleep Ritual Activity (ISRA) model to improve sleep quality to overcome comfort disturbances (fatigue) for pregnant women in the third trimester of pregnant women (experiment). ISRA's intervention consists of; sleeping at the beginning of the month, cleaning the bed, performing ablution, with prayer, turning off the lights, sleeping position, and turning off the lights. Pregnant women selected for the simulation are assessed for preventive measures first (pre-test) and then carried out afterward (post-test). The control group was given information first (pretest) and then carried out (post-test). The control group was given health education. Statistical tests use paired T-test and Wilcoxon test. This ethical feasibility test was carried out by the KEPK STIKes Ngudia Husada Madura Institute with No.2022/KEPK/STIKES-NHM/EC/II/2024

Results and Discussion

No. Respondent	Pretest	Pretest Category	Posttest	Posttest Category
1	6	bad	10	bad
2	10	bad	10	bad
3	14	bad	11	bad
4	10	bad	9	bad
5	8	bad	8	bad
6	11	bad	9	bad
7	16	bad	10	bad
8	11	bad	11	bad
9	12	bad	10	bad
10	10	bad	11	bad
11	7	bad	7	bad
12	8	bad	7	bad
13	8	bad	8	bad
14	11	bad	10	bad
15	9	bad	7	bad
16	12	bad	9	bad

Table 1. Sleep Quality in the Control Group

Based on the table above, it is known that in the pretest assessment, all 16 respondents had poor sleep quality. At the posttest, it was also discovered that all respondents remained in the poor sleep quality category.

Table 2 Paired	T-Test	Test fo	r Differences	in Slee	p Oualit	v in the	Control (Group
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Variable	Pretest	Posttest	t	p-value		CI
	(Mean ± STDev)	(Mean ± STDev)			Lower	Upper
Sleep Quality	$14.125 \pm 2.63$	$14.187 \pm 2.07$	-0.102	0.920	-1,374	1,249

Based on the table above, it is known that the p-value of the paired t-test is 0.920 or > 0.05 so it can be concluded that there is no difference in the

sleep quality of pregnant women in the control group.

No. Respondent	Pretest	Pretest Category	Posttest	Posttest Category
1	8	bad	3	Good
2	11	bad	6	bad
3	14	bad	3	Good
4	11	bad	7	bad
5	8	bad	6	bad
6	12	bad	5	Good
7	13	bad	6	bad
8	10	bad	6	bad
9	11	bad	4	Good
10	12	bad	6	bad
11	11	bad	4	Good
12	11	bad	4	Good
13	7	bad	7	bad
14	8	bad	6	bad
15	8	bad	5	Good
16	8	bad	5	Good

Based on the table above, it is known that in the pretest assessment, all 16 respondents or all pregnant women in the experimental group had poor sleep quality. Meanwhile, during the posttest, it was discovered that the sleep quality of pregnant women had improved, where there were 9 pregnant women in the fairly poor category, and 7 others already had good sleep quality.

Table 4 Paired 1-1e	st Test for Differe	ences in Sleep Qu	anty in th	ie Experime	ental Group	
Variable	Pretest	Posttest	t	p-value		
	(Mean ± STDev)	(Mean ± STDev)			Lower	Upper
Sleep Quality	$15.125 \pm 2.15$	8.687 ± 1.25	8,817	0,000	4,881	7,993

Table 4 Paired T-1	Fest Test for	Differences in	Sleen Ouz	ality in the F	xperimental	Group
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Based on the table above, it is known that the p-value of the paired t-test is 0.000 or <0.05, so it can be concluded that there is a difference in the

sleep quality of pregnant women before and after ISRA therapy. In other words, ISRA intervention can significantly influence maternal sleep quality.

Table 5 Physical Comfort in the Control Group	Ta	ble	5	Physic	al C	omfort	in	the	Control	Group
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Variable	Pretest	Posttest	t	p-value	CI	
	$(Mean \pm STDev)$	(Mean ± STDev)			Lower	Upper
Physical Comfort	4.75 ± 1.34	4.94 ± 1.61	-0.324	0.751	-1,421	1,046

Based on the table above, it is known that the pvalue of the paired t-test is 0.751 or >0.05, so it can be concluded that there is no difference in the physical comfort of pregnant women in the control group.

#### Table 6 Physical Comfort in the Experimental Group

Variable	Pretest (Mean ± STDev)	Posttest (Mean ± STDev)	Z	p-value (Wilcoxon)
Physical Comfort	$4.75 \pm 1.77$	$7.5\pm1.09$	-3,192	0.001

Based on the table above, it is known that the pvalue of the Wilcoxon test is 0.001 or <0.05, so it can be concluded that there is a significant difference between the physical comfort of pregnant women before and after being given the ISRA intervention.

Providing the Islamic Sleep Ritual Activity (ISRA) intervention to pregnant women in the third trimester had a significant impact on sleep quality, there was a significant decrease in the average sleep quality score from 15.125 to 8.687, using the PSQI score. This decrease in score indicates an increase in the sleep quality of pregnant women because the lower the PSQI score, the better the sleep quality [13]. Meanwhile, in the control group, which was given health education alone, it did not significantly affect sleep quality. Providing ISRA sleep interventions in an Islamic manner will provide a sense of calm and comfort to pregnant women so that sleep disturbances are slightly reduced. Several studies reveal that spiritual attitudes fundamentally contribute to mental health, which can be a useful strategy for adaptation to stressful situations, especially those that require calm.[14]According to the study, spiritual practices improve a person's ability to adapt to stressful situations and significantly improve mental health [15], [16]. Spiritual intervention can change a person's mind to be calm and relaxed, help a person overcome illness and gain social support, as well as gain a

deeper understanding of their existence. Spiritual intervention can also grow a person's confidence and faith, which can influence them in a better and happier direction [17].

Other research reveals that sleep disorders, spiritual care, and spiritual health are complex, multidimensional, and interconnected theoretical concepts that have implications for the well-being of individuals and populations. However, the nature and mechanisms of this relationship are not well understood. Some possible ways to understand this relationship are: Spiritual care can improve sleep quality by improving spiritual health and reducing psychological distress. In this area, a study found that a spiritual care intervention improved sleep quality and spiritual well-being in patients with advanced cancer [18]. Spiritual health can influence sleep quality which influences perceptions of sleep problems. Thus, one study found that higher levels of spirituality were associated with lower insomnia severity and greater use of positive coping skills [19]. Additionally, sleep disorders can impact spiritual health by reducing the ability to cope with stress, find meaning in life, or experience positive emotions. For example, one study found that insomnia was associated with lower levels of spirituality and higher levels of depression [20]. These are some examples of how sleep disorders, spiritual care, and spiritual health are interrelated.

Previous research on the efficacy of spiritual content counseling in improving sleep quality and insomnia severity in pregnant women. The results of this study indicate that counseling with spiritual content is effective in improving sleep quality in pregnant women. The efficacy of the intervention continued into the second and third trimesters. Although no studies are showing the effect of spiritual content counseling on sleep quality during pregnancy, the positive effect of spiritual counseling in improving sleep quality has been reported in the non-pregnant research community [5]. In line with this research, religious activities can be a social determining factor in sleep conditions. So those who engage in religious activities are more likely to have healthy sleep than those who don't

The results of this study also reveal that apart from significantly influencing sleep quality, ISRA intervention also significantly influences physical and psychological comfort. Religiosity and spirituality have previously been found to have a significant impact on mental and physical health [21]. It can be said that some of the cognitive patterns, psychological characteristics, and behavioral patterns created by spiritually oriented methods lead to improved health and improved physiological functions of the body, followed by high psychological resistance in inappropriate physical and social situations. Thus, religious and spiritual practices lead to increased tolerance, patience, self-control, positivism, contentment, emotional control, optimism, self-efficacy (based on belief in God's blessings), altruism, kindness, and love [5].

Previous research conducted on experimental groups showed improvements in sleep quality and

dimensions after receiving a spiritual care program, compared to a control group [17]. This is by the findings of Motavakel et al., who reported that spiritual care improved sleep quality in multiple sclerosis patients.[22]Similarly, Hill et

al. found that religious interventions were effective in improving patients' sleep quality, indicating that certain activities, such as believing in divine support and attending rituals and places, have both direct and indirect effects on sleep.[23].

The limitation of this research is that it was only carried out on pregnant women in the third trimester and further research can be carried out on pregnant women in all trimesters. Further research was carried out with modifications to other spiritual or religious interventions.

#### Conclusion

*Islamic Sleep Ritual Activity (ISRA)* )intervention can affect the quality of maternal sleep, and physical comfort of pregnant women before and after intervention significantly. Implementation of ISRA in the program of care for pregnant women in the third trimester is highly recommended to provide comfort and quality of sleep to all pregnant women. It needs to be continued on all pregnant women.

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