

The Effect of Audio Therapy Using Qur'an Recitation on Stress Reduction in Elderly People at the Harapan Kita Social Welfare Institution for the Elderly in Palembang

Afdallah¹, Riko Sandra Putra¹

¹STIKes Mitra Adiguna, Palembang, Indonesia

Article Info

Keywords :

Stress Levels, Audio Therapy of Qur'an Recitation, Stress Reduction

Corresponding Author :

Afdallah

E-mail : afdallah2003@gmail.com

ABSTRACT

Background & Objective: An elderly person is someone who has reached the age of 60 or above. The WHO classifies the elderly into four categories: middle age between 45 and 59 years old, elderly between 60 and 74 years old, old between 75 and 90 years old, and very old above 90 years old. Living arrangements can cause stress for the elderly, as is the case for those in nursing homes. This study aims to determine the effect of audio therapy using recitations from the Qur'an on reducing stress levels among the elderly at the Harapan Kita Social Welfare Home for the Elderly in Palembang. **Method:** This study used a pre-experimental design with a one-group pre-post-test design. In this study, the sample was given a pretest (initial observation) before the intervention, followed by the intervention, and then a posttest (final observation). The population in this study was all elderly people at the Harapan Kita Palembang Social Welfare Home for the Elderly in 2024, with a sample size of 35 respondents. Sampling was conducted using purposive sampling. **Result:** The results of the study showed that there was an effect of audio murottal Qur'an therapy on reducing stress levels in the elderly (p.value = 0.001). **Conclusion:** Audio murottal Qur'an therapy is effective in reducing stress levels in the elderly. It is hoped that this therapy can be applied as a non-pharmacological intervention in social institutions and nursing services.

DOI: <https://doi.org/10.56359/igj.v5i1.867>



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

Introduction

Stress is a physical and psychological response that occurs when an individual perceives an imbalance between life demands and their ability to meet those demands. Stress can therefore be regarded as a symptom of modern societal conditions that influence the pace of change and development, requiring individuals to rapidly adapt. Difficulties, problems, obstacles, and failure to keep up with change may result in various complaints (Kaunang et al., 2019).

Stress is a non-specific response of the body to any demand placed upon it. It may also be defined as the life changes and demands that generate physical and psychological strain, which are closely related to environmental conditions and an individual's attitude toward those conditions (Ismail, 2020).

Living arrangements may contribute to stress in older adults, particularly those residing in nursing homes. Several factors may trigger stress, including limited family contact due to infrequent visits, incompatibility with other residents, and feelings of being neglected by family members. However, it is also important to note that some older adults may prefer living independently rather than adapting to a new environment (Selo & Candrawati, 2017).

Physical and cognitive decline associated with aging can create significant challenges for older adults. Psychological problems commonly experienced by the elderly include stress, anxiety, and depression, which are influenced by physical, mental, and social changes. Common symptoms include emotional instability, irritability, hopelessness, depression, loss of motivation, and feelings of helplessness. Although these psychological conditions are not always clearly differentiated, it is evident that age-related changes often lead to psychological problems accompanied by altered self-esteem (Kaunang et al., 2019).

If stress in older adults is not adequately managed, it may lead to physical deterioration. This physical decline occurs as older adults develop negative perceptions of the changes taking place within themselves, ultimately affecting their overall quality of life (Ambarwati et al., 2019).

Management of stress in older adults can be conducted through non-pharmacological interventions, such as audio therapy using Qur'anic murottal recitation. Qur'anic murottal refers to recorded or live recitation of verses from the Holy Qur'an delivered with rhythmic intonation and listened to by individuals. Listening to murottal recitation has unique characteristics, including the formation of harmonious rhythmic patterns, which may exert effects on specific areas of the brain similar to those produced by music (Yunus et al., 2021).

Qur'an Surah Yunus (10:57) states that the Qur'an is a lesson and a healing for diseases of the heart, as well as guidance and mercy for believers. Research conducted in Florida, United States, examined the therapeutic effects of Qur'anic recitation on individuals with mental disorders, including both those who understood and those who did not understand the Arabic language. The participants, all non-Muslims, demonstrated gradual improvement, with more pronounced effects among those who understood the Qur'anic language. This indicates that merely listening to Qur'anic recitation can exert a significant therapeutic influence, particularly for individuals experiencing psychological disturbances (Moh. Saifudin, 2019).

Recitation of Qur'anic verses with proper tajwid and tartil is believed to induce calmness and improve mental well-being. Surah Ar-Rahman, one of the chapters of the Qur'an, is often regarded as effective in reducing stress levels due to the beauty

and tranquility inherent in both its recitation and meaning, which are expected to produce positive emotional effects on listeners. Listening to Qur'anic murottal is considered a safe, non-invasive, and easily implemented stress-reduction method without adverse effects (Ramadan et al., 2024).

A study by Moh. Saifudin (2019), entitled *The Effect of Qur'anic Murottal Therapy on Stress Reduction in Adolescent Girls (Aged 12–15 Years) at the Pancasila Orphanage of the Sumber Pendidikan Mental Agama Allah Foundation (SPMAA), Lamongan Regency*, reported that prior to intervention, 40% of participants experienced moderate stress, while after intervention, more than 75% were classified as having normal stress levels.

Nurhayati et al. (2021), in a study entitled *The Effect of Qur'anic Murottal Therapy on Stress in Individuals with Hypertension in Kasihan, Bantul, Yogyakarta*, found that prior to intervention, 50% of respondents experienced moderate stress, whereas after intervention, most respondents (53.125%) experienced mild stress. Paired t-test analysis demonstrated a significant effect of Qur'anic murottal therapy on stress reduction in older adults ($t = -9.841$; $p = 0.000$).

Yunus et al. (2021), in their study *The Effect of Listening to Qur'anic Murottal on Stress Levels in Adults*, demonstrated that listening to Qur'anic murottal reduced stress levels, as evidenced by decreased stress hormone levels and increased alpha brain wave activity. Furthermore, alpha wave magnitude was higher during Qur'anic recitation compared to music listening. Overall, listening to Qur'anic murottal was shown to shift emotional valence from negative to positive, similar to the effects of relaxation music.

Based on a preliminary study conducted at Harapan Kita Elderly Social Institution in Palembang on October 10, 2024, among a population of 62 older adults (30 women and 32 men), five participants were randomly selected and assessed using a stress questionnaire through guided interviews. The results indicated that three respondents experienced mild stress, one experienced moderate stress, and one experienced severe stress. The stressors reported included feelings of being neglected by family members, incompatibility with fellow residents, social isolation, and decreased interest in previously enjoyed activities.

Objective

Previous studies have shown the effectiveness of reciting the Qur'an in reducing stress levels in various groups. However, specific studies on elderly people in social institutions are still limited. Therefore, this study was conducted to examine the effect of audio therapy reciting the Qur'an on reducing stress levels in elderly people at the Harapan Kita Social Institution in Palembang.

Method

This study used a pre-experimental design with a one-group pretest-posttest design. The study was conducted at the Harapan Kita Social Welfare Home for the Elderly in Palembang from December 2024 to January 2025. The research population consisted of all elderly people living in the home, totaling 62 people. From this population, 35 respondents were selected based on inclusion criteria, namely elderly people aged ≥ 60 years, able to communicate, and experiencing stress. Sample selection was carried out using purposive sampling.

The instrument used in the study was a stress level questionnaire compiled based on the classification of the American Psychological Association (APA). The intervention given was audio therapy of the Qur'an Surah Ar-Rahman with a duration of 15 minutes per session, given once a day for four consecutive days.

The data were analyzed through several stages, namely the normality test using Shapiro-Wilk. If the data was not normally distributed, the Wilcoxon test was used to determine the difference in stress levels before and after the intervention.

Results

Univariate Analysis

The univariate analysis in this study used frequency distribution and percentages of respondent characteristics consisting of age and stress levels measured before and after the audio murottal Qur'an therapy intervention.

Table 1. Frequency Distribution of Elderly People Suffering from Stress According to WHO (2013)

No	Age Group	Frequency	Percentage
1.	Middle age	18	51.43
2.	Elderly	14	40.00
3.	Old	3	8.57
Total		35	100

Based on Table 1, the characteristics of the elderly age group according to the WHO (2013) show that 35 respondents were in the middle age group, 18 respondents (51.43%) were in the elderly group, and 14 respondents (40.00%) were in the old age group.

Table 2. Frequency Distribution of Pre-test Stress Level Categories According to the American Psychological Association (APA)

No	Stress Level	Frequency	Percentage
1.	Mild Stress	0	0
2.	Moderate Stress	4	11.43
3.	Severe Stress	25	71.43
4.	Critical Stress	6	17.14
Total		35	100

Based on Table 2, the characteristics of stress levels according to the American Psychological Association (APA) pre-test frequency showed that 35 respondents had moderate stress (11.43%), 25 respondents had severe stress (71.43%), and 6 respondents had critical stress (17.14%).

Table 3. Frequency Distribution of Post-test Stress Levels According to the American Psychological Association (APA)

No	Stress Level	Frequency	Percentage
1.	Mild Stress	20	57.14
2.	Moderate Stress	10	28.57
3.	Severe Stress	4	11.43
4.	Critical Stress	1	2.86
Total		35	100

Based on Table 3, the characteristics of stress levels according to the American Psychological Association (APA) post-test category frequency showed that 35 respondents had mild stress, 20 respondents (57.14%) had moderate stress, 10 respondents (28.57%) had severe stress, and 1 respondent (2.86%) had critical stress.

Table 4. Frequency Distribution of Stress Level Categories on Days 1, 2, and 3 According to the American Psychological Association (APA)

No	Stress Level	Day 1		Day 2		Day 3	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Mild stress	0	0	10	28.57	20	57.14
2.	Moderate stress	4	11.43	7	20.00	10	28.57
3.	Severe stress	25	71.43	14	40.00	4	11.43
4.	Critical stress	6	17.14	4	11.43	1	2.86
Total		35	100	35	100	35	100

Based on Table 4, the characteristics of stress levels according to the American Psychological Association (APA) show that on day 1, 35 respondents had moderate stress levels (4 respondents or 11.43%), 25 respondents had severe stress levels (71.43%), and 6 respondents had critical stress levels (17.14%). The frequency of stress level categories on day 2 showed that 35 respondents had mild stress levels (10 respondents or 28.57%), moderate stress levels (7 respondents or 20.00%), severe stress levels (14 respondents or 40.00%), and critical stress levels (4 respondents or 11.43%). The frequency of stress level categories on day 3 was known for 35 respondents with 20 respondents (57.14%) experiencing mild stress, 10 respondents (28.57%) experiencing moderate stress, 4 respondents (11.43%) experiencing severe stress, and 1 respondent (2.86%) experiencing critical stress.

Normality Test Results

Before conducting bivariate analysis, a normality test was performed using the Shapiro Wilk test because the sample size was less than 50 respondents, with the condition that if the p value was > 0.05 , the data was normally distributed, and if the p value was < 0.05 , the data was not normally distributed.

Table 5. Shapiro-Wilk Data Normality Test Results

No	Stress Level Variable	Shapiro-Wilk		Status
		Statistic	p value	
1.	Pre-Posttest	,869	.001	Tidak normal

Based on Table 5, the results of the normality test in the Shapiro-Wilk table for the pre-posttest stress level data after audio murottal Qur'an therapy is $.001 < 0.05$, which is declared to be normally distributed. Therefore, bivariate analysis was used to determine the effect of audio murottal Qur'an therapy on reducing stress levels in the elderly using the Wilcoxon test.

Bivariate Test Results

If the p-value is < 0.05 , then there is an effect of audio murottal Qur'an therapy on stress level reduction, and if the p-value is > 0.05 , then there is no effect of audio murottal Qur'an therapy on stress level reduction.

Table 6. Wilcoxon Test Results

No	Stress Level	N	Mean	SD	p-value
1.	Pretest	35	13,06	2,869	0,001
2.	Posttest	35	6,83	3,745	

Based on Table 6 above, it is known that the mean (average) stress level before being given the audio murottal qur'an therapy was 13.06 and after being given the audio murottal qur'an therapy was 6.83, so it can be concluded that the audio murottal qur'an therapy can reduce stress levels in the elderly. From the results of the Wilcoxon test, a p-value of $0.001 < 0.05$ was obtained, indicating that the audio murottal Qur'an therapy has an effect.

Discussion

Univariate Analysis

Based on the results of the univariate analysis of the frequency of stress levels on day 1, it was found that 35 respondents had moderate stress levels (4 respondents, 11.43%), 25 respondents had severe stress levels (71.43%), and 6 respondents had critical stress levels (17.14%).

Bivariate Analysis

Based on the results of the bivariate analysis, it can be seen that the significant value of the non-parametric statistical test (Wilcoxon) is 0.001 (p value $0.001 < 0.05$), which means that there is an effect of audio murottal qur'an therapy on reducing stress levels in the elderly.

The researcher's analysis on day 1 showed that there were 6 respondents experiencing critical stress, 25 respondents experiencing severe stress, and 4 respondents experiencing moderate stress, while on day 2, there were 4 respondents experiencing critical stress, 14 respondents experiencing severe stress, 7 respondents experiencing moderate stress, and 10 respondents experiencing mild stress. On day 3, there was 1 respondent experiencing critical stress, 4 respondents experiencing severe stress, 10 respondents experiencing moderate stress, and 20 respondents experiencing mild stress. From the above results, it can be concluded that there is an "effect of audio therapy using Quran recitation on reducing stress levels in the elderly."

Based on the results of research by Bahrir & Komariah (2020), before the Al-Qur'an murottal therapy was carried out, many elderly people experienced severe stress (26 elderly people), moderate stress (14 elderly people), and none experienced mild stress. After the Al-Qur'an murottal therapy, no elderly experienced severe stress, 40 elderly experienced moderate stress, and none experienced mild stress. The hypothesis test using the Wilcoxon Signed Rank Test showed significant results with a p-value = 0.000, which means p-value < 0.05 , so the alternative hypothesis was accepted. The conclusion of this study is that Al-Qur'an recitation therapy can reduce stress in the elderly.

Based on the results of the study by Nurhayati et al (2021), the results showed that before treatment, many respondents experienced moderate stress (50%), and after the intervention, most respondents experienced mild stress (53.125%). Hypothesis testing with a paired t-test showed that there was an effect of Al-Qur'an murottal therapy on reducing stress in the elderly, with a t-value of -9.841 and a significance of 0.000, which is less than 0.05.

Based on the results of research by Sulistyowati & Daniel Hasibuan (2021), the results showed that Al-Qur'an murottal therapy can reduce anxiety in patients treated in the ICU at Aminah Hospital. The Wilcoxon Signed Rank Test on pre- and post-test anxiety levels yielded a p-value < 0.05, indicating a significant effect between anxiety levels before and after the administration of Al-Qur'an recitation therapy.

Conclusion

The majority of respondents experienced severe stress before the audio murottal Al-Qur'an therapy, whereas after the intervention most respondents were in the mild stress category, with only a small proportion remaining in the critical level. Normality testing using Shapiro-Wilk indicated non-normal data distribution; therefore, the Wilcoxon test was applied to analyze pre-post differences. The results showed a significant decrease in mean stress scores from 13.06 to 6.83 ($p = 0.001 < 0.05$), demonstrating that audio murottal Al-Qur'an therapy effectively reduced stress levels among the elderly.

References

- Ambarwati, P. D., Pinilih, S. S., & Astuti, R. T. (2019). Gambaran Tingkat Stres Mahasiswa. *Jurnal Keperawatan Jiwa*, 5(1), 40. <https://doi.org/10.26714/jkj.5.1.2017.40-47>
- Bahrir, I. N., & Komariah, S. (2020). Pengaruh Terapi Murottal Al-Qur'an Terhadap Stres Pada Lansia. *Jurnal Keperawatan Profesional*, 8(1), 17-25. <https://doi.org/10.33650/jkp.v8i1.1017>
- Ismail, W. M. (2020). *the Effect of Classical Music and Reading Al-Qur'an on Stress in the Thesis of Fk-Uisu Students*. 9(1), 33-42. <https://bit.ly/OJSIbnuNafis>
- Kaunang, V. D., Buanasari, A., & Kallo, V. (2019). Gambaran Tingkat Stres Pada Lansia. *Jurnal Keperawatan*, 7(2). <https://doi.org/10.35790/jkp.v7i2.24475>
- Mochammad Saiqul Ulum, Ahmad Ikhlasul Amal, & Indah Sri Wahyuningsih. (2022). Pengaruh Terapi Murottal terhadap Tingkat Depresi pada Orang dengan HIV/AIDS di Balai Kesehatan Masyarakat Wilayah Semarang. *Jurnal Keperawatan 'Aisyiyah*, 9(2), 187-195. <https://doi.org/10.33867/jka.v9i2.345>
- Moh. Saifudin, I. F. H. A. (2019). Pengaruh Terapi Murottal Al-Qur'an terhadap Penurunan Tingkat Stres Pada Remaja Putri (Usia 12-15 Tahun) di Panti Asuhan Pancasila Yayasan Sumber Pendidikan Mental Agama Allah (SPMAA) Desa Turi Kecamatan Turi Kabupaten Lamongan. *Media Komunikasi Ilmu Kesehatan*, 11(03), 70-76.
- Nurhayati, P., Nur Hartiningsih, S., & Surya Global Yogyakarta, Stik. (2021). *Pengaruh Terapi Murottal Al-Qur'an Terhadap Stress Pada Yang Mengalami Hipertensi Di Kasihan Bantul Yogyakarta the Effect of Murottal Al-Qur'an Therapy on Stress in Those With Hypertension in Kasihan Bantul Yogyakarta*. 206-210.
- Ramadan, D., Royansyah, D. A., Adhatiya, M., & Habassauda, H. (2024). *Terapi Murottal Qur'an Surah Ar-Rahman Terhadap Penurunan Tingkat Amarah Pada Mahasiswa*. 3(1), 151-159.
- Selo, J., & Erlisa Candrawati, R. M. P. (2017). the Differnces in the Level of Stress in the Elderly Within and Outside the Istitution Werdha Pangesti Lawang. *Nursing News*, 2.
- WHO. (2023). *Kesehatan Mental Orang Lanjut Usia*. <https://g.co/kgs/suy7HH7>
- Yunus, E. S., Arismunandar, P. A., & Rukanta, D. (2021). Scoping Review: Pengaruh

Mendengarkan Murottal Al-Quran terhadap Tingkat Stres Orang Dewasa. *Jurnal Integrasi Kesehatan & Sains*, 3(1), 110–116.
<https://doi.org/10.29313/jiks.v3i1.7503>