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JURNAL NERS DAN KEBIDANAN  
(JOURNAL OF NERS AND MIDWIFERY)

<https://ojs.phb.ac.id/index.php/jnk>



## The Combined Impact of Sholawat Syifa and Oxytocin Massage in Lowering Postpartum Mothers' Anxiety Levels



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### Article Information

### Abstract

#### History Article:

Received, 12/02/2026

Accepted, 10/08/2026

Published, 15/08/2026

#### Keyword:

Anxiety, Complementary  
Medicine, Oxytocin Massage,  
Postpartum Care, Sholawat Syifa

Mothers frequently experience anxiety during the postpartum period due to physical and psychological changes after childbirth and the demands of adapting to a new maternal role. If left unmanaged, postpartum anxiety may impair maternal mental health, interfere with breastfeeding, and delay recovery. Non-pharmacological interventions, such as oxytocin massage and reciting the Syifa' prayer, have been proposed as safe and supportive approaches to reducing anxiety. This study aimed to evaluate the effectiveness of combining oxytocin massage and Syifa' prayer in reducing anxiety among postpartum mothers. A quasi-experimental study with a two-group pretest-posttest design was conducted. Thirty respondents were selected using simple random sampling and assigned to either an intervention group or a control group. Anxiety levels were measured using the PASS questionnaire. The intervention group received oxytocin massage combined with Syifa' prayer following a standardized protocol for 12 consecutive days. Data were analyzed using the Wilcoxon signed-rank test to compare pre- and post-intervention anxiety levels within each group, while the Mann-Whitney test was used to compare post-intervention anxiety levels between groups. The results showed a descriptive reduction in anxiety scores among mothers in the intervention group; however, no statistically significant difference was found between the intervention and control groups ( $p = 0.389$ ;  $p > 0.05$ ). Although the combined intervention did not demonstrate a significant effect during the short intervention period, it remains a safe, simple, and culturally acceptable complementary therapy that supports holistic midwifery care. Future studies should involve larger samples, longer intervention periods, and control potential confounding variables, such as socioeconomic status, family support, and religious commitment, to better evaluate the intervention's effectiveness.

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DOI: <https://doi.org/10.26699/jnk.v13i2.ART.p173-182>

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P-ISSN : 2355-052X

E-ISSN : 2548-3811

## INTRODUCTION

After giving delivery, moms frequently feel anxiety, a psychiatric illness ([Araji et al., 2020](#)). Hormonal changes ([Modak et al., 2023](#)), the strain of a new role ([Pasha et al., 2023](#)), and the mental instability that follows childbirth ([Aifa et al., 2025](#)) are frequently the causes of this disease ([Ningsih & Sakinah, 2021](#)). If anxiety is not adequately managed, it can interfere with breastfeeding ([Monica et al., 2023](#)), exacerbate mother-child interactions ([Hartiningtiyaswati et al., 2025](#)), and increase the likelihood that it will progress into more serious mental illnesses like postpartum depression ([Chanora & Surjaningrum, 2022](#)) or baby blues ([Pratiwi et al., 2020](#)). Postpartum moms who experience anxiety have physiological ([Hairah et al., 2025](#)) effects as well as psychological ones ([Irmaya & Chairiyah, 2024](#)), particularly with regard to the production of breast milk ([Ningsih, Fitria, et al., 2024](#)). The hormone oxytocin, which is crucial for the let-down or breast milk ejection reflex, can be inhibited by ongoing emotional stress ([Hesti et al., 2017](#)). This barrier subsequently interferes with exclusive breastfeeding, which may ultimately impact the baby's healthy growth and development ([Ningsih, Andini, Aisyah, et al., 2024](#)).

World Health Organization ([WHO, 2024](#)), Up to a year after giving birth and throughout pregnancy, one in five women suffer from mental health disorders. Perinatal mental illnesses, including as sadness and anxiety, are 19.8% common in developing nations. According to a meta-analysis research, between 13% to 40% of women have postpartum anxiety ([Dennis et al., 2017](#)). According to the *World Health Organization* ([WHO, 2018](#)), In order to meet the global nutrition targets, the coverage of exclusive breastfeeding is expected to rise to at least 50% by 2025 and 60% by 2030. Global coverage, however, has only reached 48% as of 2023, suggesting that breastfeeding women still require assistance, particularly in the psychological domain.

The difficulties in attaining exclusive breastfeeding coverage in 2020 are also

demonstrated by this condition. The breastfeeding coverage rate was 49.3% at the Panarukan Community Health Center and 88.4% at the Banyuputih Community Health Center ([Dinkes, 2023](#)). This shows that without sufficient psychological care for postpartum moms, high accomplishments are not always stable. Several postpartum moms who had recently given birth reported suffering varied degrees of anxiety, with 30% reporting mild anxiety, 20% reporting moderate anxiety, and 50% reporting severe anxiety, according to preliminary research conducted in the Banyuputih Community Health Center operating area. This high percentage of anxiety makes it difficult to maintain exclusive breastfeeding coverage and enhance moms' postpartum physical and mental health ([Andini & Ningsih, 2026](#)).

Pharmacological or non-pharmacological therapy can be used to help postpartum moms feel less anxious ([Ningsih, Sakinah, & Hikmah, 2024](#)). Non-pharmacological therapy, however, is seen to be safer and more successful in lowering postpartum moms' anxiety ([Zappas et al., 2021](#)). Based on ([Karyati et al., 2023](#)), oxytocin massage is one of them; it is known to promote the release of oxytocin hormones and have a calming impact. Furthermore, through a religious approach that touches on spiritual themes, spiritual therapies like listening to sholawat syifa' have also been shown to bring inner calm ([Retni et al., 2024](#)).

Psychoreligious treatment, another name for spiritual therapy, incorporates religious themes that are said to boost faith, confidence, and hope ([Ningsih & Oktavia, 2025](#)). This method is thought to naturally boost the body's immune system, which speeds up the healing process for people with illnesses ([Nofiah et al., 2019](#)). Penelitian sebelumnya telah membuktikan bahwa pijat oksitosin efektif menurunkan tingkat kecemasan pada ibu nifas melalui stimulasi hormon oksitosin dan endorfin, sehingga ibu menjadi lebih rileks ([Susanti et al., 2025](#)). According to earlier studies, oxytocin massage helps postpartum moms relax by inducing the production of endorphins and oxytocin, which

lowers anxiety levels ([Susanti et al., 2025](#)). However, it has also been demonstrated that dzikir therapy and sholawat syifa' can successfully lower anxiety in a number of populations, including preoperative patients and expectant mothers ([Kamila, 2020](#)). However, no research examining the efficacy of combining oxytocin massage with sholawat syifa' in lowering anxiety levels in postpartum moms have been found, according to a study of the literature encompassing the years 2020–2025. The two techniques are still being studied independently or in conjunction with additional therapies including hypnobreastfeeding and Quran recitation ([Lestari & Ayuningrum, 2021](#)). Therefore, this study aims to determine the effect of the combination of oxytocin massage and Sholawat Syifa in reducing anxiety levels in postpartum mothers in the Banyuputih Community Health Center work area. Previous studies have examined oxytocin massage independently to promote postpartum relaxation through the stimulation of oxytocin and endorphin release ([Susanti et al., 2025](#)). Other studies have explored dzikir therapy separately to reduce anxiety in preoperative patients and pregnant women ([Paramaasri et al., 2023](#)). Furthermore, this study provides population-specific contribution by targeting postpartum mothers, a group that is particularly vulnerable to postpartum anxiety ([Susanti et al., 2025](#)). In terms of the spiritual component, this study differs from prior research that used general dhikr by specifically employing sholawat syifa, a prayer whose effectiveness in the field of obstetrics has not yet been investigated ([Hamiizatullabiibah, 2023](#)). The novelty of this study lies in the implementation of a combined bio-spiritual intervention: oxytocin massage integrated with sholawat syifa. This combination has not been previously examined in the literature.

## METHODS

This study used a quantitative approach with a quasi-experimental design, using two groups pre-test and post-test, namely two groups, one intervention group and one control group. This

study sought to ascertain whether postpartum moms' anxiety levels had decreased following a combination of oxytocin massage and sholawat syifa's intervention. The decrease in postpartum moms' anxiety levels is the dependent variable. The combination of oxytocin massage and sholawat syifa' is the study's independent variable. Before and after therapy, the Postpartum Specific Anxiety Scale (PSAS) questionnaire was used to measure anxiety. The PSAS questionnaire was developed by Fallon et al. in their research. Validity and reliability testing were first conducted on 30 respondents who were not part of the research sample because the original instrument was written in English. With a determined  $r$  value of 0.361, which was higher than the crucial value, 31 items were found to be valid in the validity test using the product-moment correlation. The reliability test yielded a Cronbach's alpha rating of 0.92, which is classified as "highly reliable." As a result, the device is suitable for this research (Somerville et al., 2014). At the time of the study, it has 51 questions and is scored according to the following criteria: Score: 0–20: not worried 21–26: moderate anxiety Moderate anxiety is scored 27–40; severe anxiety is scored 41–93. Over the course of 12 days, a variety of oxytocin massage and Sholawat Syifa' were administered for 5–10 minutes while Sholawat Syifa' was being played. A measuring sheet was employed by the device, and the results showed that 0 = oxytocin massage intervention with Sholawat Syifa' and 1 = no Sholawat Syifa' intervention. The study population consisted of all postpartum mothers who met the study criteria at the research site during the study period. Thirty respondents who met the criteria in this research were recruited using simple random sampling techniques, then distributed into the intervention group ( $n=15$ ) and control group ( $n=15$ ). The sample criteria for this study included postpartum mothers who are willing to participate in the survey, those who gave birth normally, those who are between the ages of 19 and 35, those who have completed high school or college, primiparous postpartum mothers, and postpartum mothers who are housewives are all eligible to participate. Postpartum women who are not Muslims and those

who do not take anxiety-reducing medications are excluded. A questionnaire served as the study's tool. The Postpartum Specific Anxiety Scale (PSAS) was employed in this study to gauge postpartum moms' anxiety levels. Fallon, Halford, Bennett, Harrold, and Hall created the PSAS in 2016 as part of a study named The Postpartum Specific Anxiety Scale (PSAS). 51 statement items make up this test, which is separated into four primary factors: 1. Maternal Competence and Anxiety, 2. Baby safety and well-being concerns, 3. Practical baby care anxiety, and 4. Psychosocial adjustment to motherhood. The overall score on a 4-point Likert rating scale, which ranges from 0 to 3, indicates the degree of postpartum anxiety in particular (Fallon et al., 2016). SOP for Sholawat Syifa with Oxytocin Massage. Respondent Identity Sheet SOP is a process or guideline for performing an action in order to provide respondents with an intervention that is standardized, effective, and consistent. In accordance with the inclusion and exclusion criteria as well as the Informed Consent Sheet, the respondent identity sheet comprises the respondent's name, age, education level, parity, and full address. Observations are made utilizing an identity sheet about the week of the postpartum period and a questionnaire about anxiety as part of the data collecting process. By choosing participants in accordance with the intended inclusion criteria, beginning with completing the provided informed

consent form, providing instructions on how to complete the questionnaire, and initiating observations by completing the questionnaire and administering the prescribed treatment—that is, a combination of oxytocin massage and sholawat syifa'. In order to determine the average results of the independent variable—specifically, the combination of oxytocin massage and sholawat syifa'—from the pre-test and post-test results in the intervention and control groups, data analysis employs univariate analysis to view the frequency distribution of each independent and dependent variable. Analysis of Bivariates The purpose of this analysis is to compare the intervention group to the control group following the administration of sholawat syifa' and oxytocin massage. Each group's anxiety levels before and after the intervention are analyzed using the Wilcoxon test, and the difference between the intervention group's and the control group's anxiety levels following treatment is examined using the Mann-Whitney test. By offering an informed consent form to make sure participants understood and consented to participate in the study, research ethics were evaluated. The Health Research Ethics Committee of STIKES Banyuwangi granted ethical permission for this study (number 142/03/KEPK-STIKESBWI/II/2024-2025) on February 12, 2025, guaranteeing that all procedures were conducted in compliance with research ethics guidelines.

## RESULTS

**Table 1.** Features of respondents who were postpartum mothers

| Characteristics | Frequency | %   |
|-----------------|-----------|-----|
| Age Group       |           |     |
| 19-25 age       | 21        | 70  |
| 26-30 age       | 5         | 17  |
| 31-35 age       | 4         | 13  |
| Total           | 30        | 100 |

[Table 1](#) shows that 70% of the study participants were between the ages of 19 and 25. This suggests that the majority of new mothers are still young and susceptible to postpartum depression.

**Table 2.** Shows the frequency distribution of anxiety levels in both groups of postpartum moms before and after intervention in 2025.

| Category         | Intervention Group |     |           |     |         | Control Group |     |           |     |         |
|------------------|--------------------|-----|-----------|-----|---------|---------------|-----|-----------|-----|---------|
|                  | Pre-test           |     | Post-test |     | P-value | Pre-test      |     | Post-test |     | P-value |
|                  | F                  | %   | F         | %   |         | F             | %   | F         | %   |         |
| No worries       | 0                  | 0   | 3         | 20  | 0,015   | 0             | 0   | 0         | 0   | 0,034   |
| Mild anxiety     | 3                  | 20  | 5         | 33  |         | 5             | 33  | 5         | 33  |         |
| Moderate anxiety | 5                  | 33  | 3         | 20  |         | 5             | 33  | 6         | 40  |         |
| Severe anxiety   | 7                  | 47  | 4         | 27  |         | 5             | 33  | 4         | 27  |         |
| Total            | 15                 | 100 | 15        | 100 |         | 15            | 100 | 15        | 100 |         |

The changes in postpartum maternal anxiety levels in two groups in the Banyuputih Community Health Center work area in 2025 before and after the intervention are shown in [Table 2](#). Prior to therapy, none of the moms in the intervention group were anxiety-free, and nearly half (47%) had severe anxiety. Following the session, 20% of moms reported feeling less nervous, and 27% fewer mothers reported having severe anxiety. With a p value of 0.015, this shift was statistically significant, suggesting that the intervention was successful in lowering postpartum

anxiety levels in mothers. In contrast, the percentage of women in the control group who did not experience anxiety remained constant at zero. Mildly anxious mothers stayed at 33%, moderately anxious mothers rose from 33% to 40%, and severely anxious mothers fell somewhat from 33% to 27%. Changes did occur, although they were less pronounced and smaller than in the intervention group, according to the p-value of 0.034. Therefore, it was demonstrated that the intervention was more successful than the no-intervention group in lowering postpartum moms' anxiety levels.

**Table 3.** Compares the anxiety levels of the intervention and control groups following treatment.

| Category         | Group        |     |         |     | P-Value |
|------------------|--------------|-----|---------|-----|---------|
|                  | Intervension |     | Control |     |         |
|                  | F            | %   | F       | %   |         |
| no worries       | 3            | 20  | 0       | 0   | <0,389  |
| mild anxiety     | 5            | 33  | 5       | 33  |         |
| moderate anxiety | 3            | 20  | 6       | 40  |         |
| very anxious     | 4            | 27  | 4       | 27  |         |
| Total            | 15           | 100 | 15      | 100 |         |

[Table 3](#) demonstrates that, following therapy, 20% of moms in the intervention group were not apprehensive, compared to none in the control group. However, with a p value of <0.389 and >0.005, the anxiety level difference between the two groups was not statistically significant.

## DISCUSSION

### Comparison of the intervention and control groups' pretest and posttest results

Following labor, there are notable physical and psychological changes that occur throughout the postpartum period ([Tonasih et al., 2023](#)). According to ([Illahi et al., 2024](#)), these changes may

cause worry that affects the health of the mother and results in symptoms including nausea, sleeplessness, and difficulty concentrating. Theoretically, oxytocin massage promotes the release of the hormone oxytocin, which lowers tension and promotes feelings of comfort and relaxation ([Karyati et al., 2023](#)). As a kind of spiritual treatment, saying the sholawat syifa' (prayer for the mother) promotes inner calm, fortifies faith, and supports the mother's psychological healing from a religious perspective ([Retni et al., 2024](#)). This to research done in 2025 at the Banyuputih Community Health Center (Puskesmas), the majority of postpartum moms had

moderate to severe anxiety prior to the intervention, with psychological changes to parenthood accounting for the majority of anxiety (50%). Prior to treatment, 47% of respondents in the intervention group reported having severe anxiety, and none fell into the non-anxious category. Following a 12-day course of oxytocin massage and the Syifa prayer, 20% of moms reported no anxiety, while 27% reported significant anxiety. With a p-value of 0.015, this change was statistically significant. With a p-value of 0.034, the control group showed a less significant shift than the intervention group, with the proportion of women with no anxiety staying at 0%, moderate anxiety rising from 33% to 40%, and severe anxiety declining just marginally.

Implications of this research these results, anxiety is more likely to occur during the postpartum phase, which calls for timely and effective care ([Ningsih, Sakinah, Nur Aisyah, et al., 2024](#)). Effective, simple, and culturally appropriate interventions that integrate physical and spiritual elements—like oxytocin massage and the recitation of the sholawat syifa' (prayer chanting)—can help mothers feel more at ease, preserve emotional stability, improve the mother-infant bond, and facilitate successful breastfeeding. The researchers noted that postpartum mothers and family members are more open to using non-pharmacological therapies such as oxytocin massage and listening to sholawat as a means of relaxation at home. This study indicates that the highest levels of anxiety stem from psychosocial adjustment factors associated with motherhood, such as difficulty sleeping, relationship stress, and the burden of new responsibilities. Therefore, these simple relaxation techniques that can be easily practiced at home can help mothers feel calmer, less overwhelmed, and better prepared to embrace their new role. Emotional support from family is essential to ensure mothers do not feel alone during the postpartum period.

### **The impact of Sholawat Syifa' and oxytocin massage on postpartum moms' anxiety levels**

The physical, emotional, and spiritual aspects of anxiety can all be addressed at the same

time, according to Peplau's view ([Klana & Ramlis, 2026](#)). Consequently, this method is well suited for adjunct interventions like massage and prayer chanting ([Ningsih, Yunarsih, Sakinah, et al., 2024](#)). Sound, such as prayer chants or religious music, can affect brainwave activity ([Viktowot et al., 2025](#)), especially alpha waves, which are linked to relaxation. Soft, rhythmic music exposure can raise dopamine and serotonin levels while lowering stress hormones like cortisol ([Reybrouck & Van Dyck, 2024](#)). From an Islamic perspective, the recitation of the sholawat holds a special place as a practice that brings inner peace ([Waliullah, 2025](#)), forgiveness of sins, and blessings in life. ([Rofiq, 2023](#)) citing a number of hadiths regarding the benefits of prayer, such as the Prophet Muhammad's account from Abu Hurairah r.a., in which he states:

مَنْ صَلَّى عَلَيَّ صَلَاةً وَاحِدَةً صَلَّى اللَّهُ عَلَيْهِ عَشَرَ

Meaning: "Whoever prays to me once, Allah will surely pray to him ten times." (H.R. Muslim).

Every prayer that is read truly will elevate the reader, increase goodness, and erase mistakes, according to another hadith that was related by Ahmad, Al-Nasa'i, and Ibn Hibban from Abu Burdah Ibn Niyar and Abu Thalhah. Through Rasulullah SAW, the most honorable middleman to approach Allah SWT, Sholawat also serves as a kind of tawassul to Him. Reading it is thought to soothe the heart, increase faith, expedite the completion of prayers, and win Allah's approbation ([Azizah et al., 2024](#)).

Justification from researcher reciting or hearing prayers might help postpartum moms remember that Allah SWT is always there to support them. During the postpartum recovery time, moms may feel more at ease and their souls may be soothed by the melodic sounds of prayers ([Vitrisrila et al., 2026](#)). However, the only difference between the two groups in this study was the Syifa' prayers; both received oxytocin massages. This indicates that oxytocin massage considerably reduced anxiety, whereas Syifa's prayers had no discernible impact in this trial. The implications of this research bivariate analysis's results, which show  $p < 0.389$ , clearly demonstrate this. Additionally, the study's intervention lasted only 12 days and involved

listening to the Syifa' prayer for 5 to 10 minutes. This amount of time is probably not long enough to get the best possible psychological reaction. According to (Nofiah et al., 2019), the prayer music therapy intervention, which was administered during four sessions of 15 minutes each and at regular intervals, demonstrated a substantial reduction in anxiety ( $p=0.000$ ). This suggests that, in contrast to short-term therapies like those in this study, prayer therapy that is longer and more methodically structured in both frequency and duration tends to have a higher therapeutic effect.

## CONCLUSION

The findings of the investigation, postpartum moms who received oxytocin massage and Sholawat Syifa' (Syifa' prayer) experienced a greater descriptive decrease in anxiety in the intervention group than in the control group. Statistical testing, however, revealed a value ( $p > 0.05$ ), suggesting that there was no discernible difference between the two groups. Consequently,  $H_a$  was rejected and  $H_0$  was accepted.

## SUGGESTION

To improve the accuracy of the results, control variables like family support and socioeconomic status should be taken into account.

## ACKNOWLEDGEMENT

Our sincere appreciation goes out to Ibrahimy University's Faculty of Health Sciences and the Institute for Community Empowerment and Community Empowerment (LP2M) for their unwavering assistance during our study. We also like to express our gratitude to all of the respondents for their dedication and participation in this study.

## FUNDING

The entire expense of this study, from the research phase to publication, was covered by private funding.

## CONFLICTS OF INTEREST

The authors attest that this study does not involve any conflicts of interest.

## AUTHOR CONTRIBUTIONS

The study concept, data management, formal analysis, research techniques, and validation were all under the purview of Dewi Andariya Ningsih. The first draft was written by Hayatul Rahimah, who was also in charge of editing and reviewing it. Dwi Margareta Andini helped with the approach, data gathering, verification, and inquiry. Ika Lailatul F was in charge of supplying the required materials.

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