

Proceedings of The International Convention

EXPLORING THE ROLE OF PSYCHOLOGY IN CREATING HEALTHY SOCIETY

June 25-26, 2008

Mercure grand Mirama Hotel Surabaya, Indonesia



ISBN: 978-979-17880-0-7



FOREWORD

The Faculty of Psychology Widya Mandala Catholic University conducts an International Convention with the theme “**Exploring The Role of Psychology in Creating Healthy Society**” from June 25-26, 2008 in Mercure Grand Mirama Hotel Surabaya. The theme of this convention is chosen to reflect the vision of Indonesian Government “Healthy Indonesia 2010”. The convention consists of seminar, paper presentations and workshops which discuss the role of psychology in creating Indonesian healthy society both theoretically and practically. Refer to the importance of ideas and opinions in all papers presented in this convention, this volume of proceedings is published to give us insights about the implementation of psychology to develop healthy Indonesian society.

This volume of proceedings contains 4 keynote speakers' papers and 33 presented papers in the parallel sessions. The keynote speakers' papers discuss the issues of community art and health promotion; promoting maternal health; mental health & road safety; and prospect of Engineering Psychology in Indonesia where as presented papers discuss issues related to healthy community and healthy behaviour. Refer to the similar in setting, subject and theme of all presented papers, the paper presentations are categorized in six issues, namely: child and adolescent safety (e.g. the role of parents and teachers in child safety), mental health in industrial settings (e.g. the coping strategy applied by bag-entrepreneurs in Tanggulangin during the time of uncertainty), quality of life of the Indonesian community (e.g. quality of life and sense of community of people who lives in flooding area in Jakarta, Indonesia), mental health in school settings (e.g. a study of teacher's self efficacy in inclusive school in Jakarta), parenting & child mental health (e.g. parenting education program to overcome child abuse in Indonesia) and addiction behaviour (e.g. creating healthier society in Jakarta: rehabilitation centers from drug user's perspective). These presented papers show us various ideas of psychology that have been implemented in Indonesian context.

We appreciate the contribution of all keynote speakers and all paper presenters to this volume of proceedings. Hopefully, the discussion of ideas to develop Indonesian healthy society during the plenary sessions, parallel sessions and workshop during this convention will continue to the real implementation to achieve the vision of “Healthy Indonesia 2010”. We hope that this volume of proceedings will contribute to the development of mental health in Indonesia.

Surabaya, June 2008

Ermida Simanjuntak
F. Dessi Christanti

Editors



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Psychological Intervention and Exercise to Promote Maternal and Fetal Health during Labor in Yogyakarta

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The major causes of maternal death in Indonesia are bacterial infection, toxemia, obstetrical hemorrhage, ectopic pregnancy, puerperal sepsis, amniotic fluid embolism, and complications of abortions. Various effort have been done to overcome this matter one of them is psychological intervention and exercise Research target is to see the effect of psychological intervention and exercise during pregnancy in first stage and second stage. Research method, this rsearch have the character of retrospective and data taken from normal pregnancy following pregnant exercise in one of the hospital in Yogyakarta since January until May 2005. Result or research from 56 moither normal pregnancy, Moderate exercise is recommended at least three times a week during pregnancy to enhance maternal fitness and well-being (reduce stress and anxiety, interventions focused on strength, flexibility, and fitness, and included warming up, stretching, and relaxation. The results suggest clear advantages of psychological intervention and exercise in helping to overcome stress and pain associated with pregnancy.

Keywords: exercise, psychological intervention, stress

INTRODUCTION

Maternal mortality in South-East Asia accounts for about 40% of global deaths. Over 50 per cent of infant deaths in the Region occur during the neonatal period; nearly two-thirds within the first week of birth, mostly due to prenatal causes.

The South-East Asia Region is home to nearly half of the world's poor, and women are especially affected by poverty. Globally, women from the poorest households, with a daily income of less than US\$1, are at least 300 times more likely to die due to pregnancy-related causes than their better-off counterparts. Despite the establishment of an impressive health infrastructure, countries of South-East Asia are often not able to provide life-saving emergency obstetric care. A large majority of women, particularly the poor and the marginalized, do not have easy access to such life-saving technologies.

There is a complex interplay of socioeconomic, environmental, and cultural factors that contribute to this situation in reproductive ill-health. The low social status of women, the historical gender bias against women, their lack of decision-making power in the family, poverty, ignorance, illiteracy and malnutrition, unequal access to resources, and, in some settings, harmful traditional practices militate against survival.



Health systems in many countries have failed not only in addressing these issues, but also in providing the basic minimum requirements of skilled attendance at delivery and rapid access to quality care in the event of an emergency.

LITERATURE REVIEW

Characteristics of Maternal problems

Research shows that most of the obstetric complications cannot be predicted. Obstetric complications develop in 15 to 20 percent of pregnancies. A major portion of these deaths occur either at home or in transit. A pregnant adolescent (10 to 19 years old) is two to five times more likely to die than a woman between 20 and 25 years of age. In some countries of the Region, 40 to 50 per cent of girls are married and become pregnant before they reach the age of 20.

Causes of Maternal and Infant deaths

Globally, 80% of maternal deaths are due to direct obstetric complications: haemorrhage (25%), sepsis (15%), unsafe abortion (13%), hypertensive disorders of pregnancy, eclampsia (12%) and obstructed labour (8%), other direct causes like ectopic pregnancy, embolism, and anaesthetic-related (8%) and indirect causes like malaria, anaemia and heart disease⁹(8%).

Information about the causes of maternal and neonatal deaths are not available in all Member Countries. Anaemia during pregnancy is a major contributor to maternal death and low birth weight. More than 70% of pregnant women in South-East Asia Region suffer from nutritional anaemia¹. Death of newborns during the first week of life is largely the result of inadequate or inappropriate care during pregnancy, child-birth, or the first critical hours after birth. The major causes of neonatal mortality are neonatal infections, birth asphyxia and trauma, preterm birth and/or low birth-weight and congenital anomalies. Anaemia may also contribute to prenatal morbidity and mortality by increasing the likelihood of intrauterine growth retardation and the pre-term delivery.

The prevalence of low birth weight varies from 1% (DPR Korea) to 50% (Bangladesh) in countries of the SEA Region. It is 50 in Bangladesh, 23 in Bhutan, 1 in DPR Korea, 30 in India, 11 in Indonesia, 20 in Maldives, 23 in Myanmar, 25 in Nepal, 18 in Sri Lanka and 8 in Thailand⁶.

Exercise

Benefits of Exercising During Pregnancy

- **To feel better.** At a time when mother wonder if this strange body can possibly be hers, exercise can increase her sense of control and boost her energy level. Not only does it make mother feel better by releasing endorphins (naturally occurring chemicals in her brain), appropriate exercise can:
 - relieve backaches and improve her posture by strengthening and toning muscles in her back, butt, and thighs
 - reduce constipation by accelerating movement in her intestine
 - prevent wear and tear on her joints (which become loosened during pregnancy due to normal hormonal changes) by activating the lubricating fluid in her joints



- help mother sleep better by relieving the stress and anxiety that might make mother restless at night
- **To look better.** Exercise increases the blood flow to her skin, giving mother a healthy glow.
- **To prepare mother and her body for birth.** Strong muscles and a fit heart can greatly ease labor and delivery. Gaining control over her breathing can help mother manage pain. And in the event of a lengthy labor, increased endurance can be a real help.
- **To regain her pre-pregnancy body more quickly.** Mother will gain less fat weight during her pregnancy if mother continue to exercise (assuming mother exercised before becoming pregnant). But don't expect or try to lose weight by exercising while mother is pregnant. For most women, the goal is to maintain their fitness level throughout pregnancy.

Kegel Exercises

Although the effects of Kegel exercises can't be seen from the outside, some women use them to reduce incontinence (the leakage of urine) caused by the weight of the baby on their bladder. Kegel helps to strengthen the "pelvic floor muscles" (the muscles that aid in controlling urination). Kegel is easy, and mother can do it any time mother have a few seconds sitting in her car, at her desk, or standing in line at the store. No one will even know mother is doing them!

To find the correct muscles, pretend mother is trying to stop urinating. Squeeze those muscles for a few seconds, and then relax. Mother is using the correct muscles if mother feel a pull. Or place a finger inside her vagina and feel it tighten when mother squeeze. Her doctor can also help mother identify the correct muscles.

METHOD

Population and sample

All of the pregnant mothers in a private hospital in Yogyakarta 2005 from January up to May, 2005.

- a. mothers who joined exercise
- b. the birth at 37 weeks up to 40 weeks
- c. the elevation of weight during pregnancy is 10-16 kg
- d. the weight of the babies are about 2500-4000 gram
- e. has the complete medical record
- f. not being inducted
- g. mothers don't have any pregnancy complications.



RESULTS AND DISCUSSION

Data description

Table 1 : The Distribution of Subjects' Frequencies Exercise

	The frequency of exercise each week	Subject	%
1	Not Good (1-6 times)	19	33,93
2	Enough (7-12 times)	29	51,78
3	Good (13-20 times)	8	14,29
		56	100

Table 2. : The Weight of the Babies

	The weight of the baby	Frequency	%
1	2500-3000 gram	27	48,2
2	3000-3700 gram	29	51,8
		56	100

Table 3. : The Frequency Distribution of the First Stage

	The frequency follow the exercise each week	The duration of labor First stage		
		Normal	Abnormal	
1	Not Good (1-6 times)	15	4	19
2	Moderate (7-12 times)	11	18	29
3	Good (13-20 times)	7	1	8
		33	23	56

Table 4. : The Distribution of the Second Stage

	The frequency of the exercise each week	the duration of labor at the second stage		
		Normal	Abnormal	
1	Not Good (1-6 times)	12	7	19
2	Moderate (7-12 times)	20	9	29
3	Good (13-20 times)	7	1	8
		33	23	56

CONCLUSION AND IMPLICATION

From the tables it can be said that exercise make the duration of the first stage and second stage shorter. That means that mothers who conducted exercises in proper ways healthier, and have healthier babies. The exercises also relieve tension, stress and increase mothers' general strength, improving mothers' ability to carry mothers' large belly. It reduces



pregnancy related discomforts such as backache, fatigue, edema (swelling) and increases mothers' self-esteem.

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