

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

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Proceedings of The International Convention
EXPLORING THE ROLE OF PSYCHOLOGY IN CREATING HEALTHY SOCIETY
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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 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 an insight about the implementation of psychology to develop healthy Indonesian society.

This volume of proceedings contains 4 keynote speakers’ 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. 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 Simanjutak

F.Dessi Christiani

Editors

TABLE OF CONTENTS

Opening Remark Dean of The Faculty of Pscychology

Foreword

Table of Contents

Keynote Speaker-Papers

Community Art and Health Promotion

Heather Gridley

Victoria University Australia

Contributions From Psychology To safe Motherhood

Margaretha Sih Stija Utami

Soegijapranata Catholic University Semarang

Mental Health and Road Safety

Rozmi Ismail

Universiti Kebangsaan Malaysia

The prospect of Engineering Psychology in Indonesia

Yohan Kurniawan

Widya Mandala Catholic University Surabaya

Presented Papers

Character Building: Prevention to Corruption Proliferation in the Young Generation in Makassar

Asniar Khumas, Hasniar A.R., Irma Harun

Makassar State University

Body Image Dissatisfaction Among The Adolescents: What Can Psychologist Do?

Monique Elizabeth Sukamto

University of Surabaya

Aggression Exposure and Internalization of Aggression Value on Male Teenager Committing Murder

Wahyuni Krisnawati

Satya Wacana Christian University

Predicting Adolescent Dyadic Sexual Behavior

A.Rachmad Djati Winarno

Soegijapranata Catholic University Semarang

Methods of Character Building for Children in Family

Naftalia Kusumawardhani

Widya Mandala Catholic University Surabaya

Challenges in Community Promotion Health: Intergenerational Instant Noodle Eating Habit

Soerjantini Rahaju & Sri Wahyuningsih

University of Surabaya

Parenting Education Program to Overcome Child Abuse is Indonesia

Irwan Nuryana Kurniawan

Indonesian Islamic University Yogyakarta

The Role of Behaviour Modification as Single Therapy in Handling of the behaviour Children with Attention Deficit and Hyperactive Disorder

Nanik

University of Surabaya

The Emotion Process on Motor Riding of Youngster: A Dscriptive Study Based on Theory of Emotion Process

Bernadeta Dhaniswara Widyaningsih

Widya Mandala Catholic University Madiun

The Role of Parents and Teachers in Child Safety

Agnes Maria Sumargi & Ermida Simanjuntak

Widya Mandala Catholic University Surabaya

The Effect of Fire Safety Training on The Safety Comprehension toward Kindergarten Students

Agnes Maria Sumargi, Ermida Simanjutak, Diana Chandra

Widya Mandala Catholic University Surabaya

Awareness of Safety Riding of Motorcyclists in Jakarta

Engelina T. Bonang, Tommy, Whisnutomo N.P. Tjahjono

Atma Jaya Catholic University Jakarta

Creating Healthier Society in Jakarta: Rehabilitation Canters from Drug User's Perspective

7

Eunike Sri Tyas Suci

Atma Jaya Catholic University Jakarta

Adolescents Smoking Behavior: A Comparison Study of Indonesian and The Netherlands

Devi Wulandari

Paramadina University Jakarta

Tendency of Adolescent Substance Abuse Evaluated by The Level of Religiosity, Emotions Regulation, Need of Achievement, Self Esteem, Harmonius Family and Negatives Peer-Groups Influences

Triantoro Safaria

Ahmad Dahlan University Yogyakarta

The use of The Social Cognition Models in preventing and Stopping Smoking Behaviour in Young People

Diana Elfida

The State Islamic University Sultan Syarif Kasium Riau

Understanding the Mass Trance Phenomenon in Indonesia: Between Traditional Beliefs and Community Mental Health

Lidia Laksana Hidayat

Atma Jaya Catholic University Jakarta

Quality of Life and sense of community of people who lives in flooding area in Jkarta, Indonesia

Fireda Mangusong & Edesia Sekarwiri

University of Indonesia

The Effect of Social Support and Level of Hope on Well-Being: A Case Study of Urban Poor Society In Surabaya

F. Dessi Christanti, J. Dicky Susilo, Ilham Nur Alfian

Widya Mandala Catholic University Surabaya &

Airlangga University Surabaya

Race and Multicultural-Clinical Psychology: Understanding Ethnic Relationship in Urban Area Chinese Kampong in Surabaya East Java, Indonesia

Sylvia Kurniawati Ngonde

Widya Mandala Catholic University Surabaya

The Impact of Retirement Preparation Training toward the Positive Attitude of Employee in Facing the Retirement Period

F. Yuni Apsari & Johannes Dicky Susilo

Widya Mandala Catholic University Surabaya

The Coping Strategy Applied by Bag-ENTrapreneurs in Tanggulangin during the Time of Time Of Uncertainty

Domnina Rania Puna Rengganis & F. Yuni Apsari

Widya Mandala Catholic University Surabaya

Type A-B Personality, Locus of Control and Employee Integrity

Retno Triani

Atma Kaya Catholic University Jakarta

The Application of Cognitive Behaviour Therapy (CBT) To A Depressed Female Employee

Rtan Yudhawati

Widya Mandala Catholic University Surabaya

Psychological Well-Being Profile among Different Professions

Benedicta Prihatin Dwi Riyanti

Atma Jaya Catholic University Jakarta

The Increase of School Readiness And Self-Concept Forming Trough “The Hearing, Writing, And Counting Game” For Early Age Children In Marginal Community, At Semarang

Kartika Sari Dewi & Prasetyo Budi Widodo

Diponegoro University Semarang

Reality Therapy For Increasing Self Efficacy in Health Behaviour

Christian Wibhowo

Soegijapranata Catholic University Semarang

A Study of Teacher’s Self Efficacy in Inclusive School in Jakarta

Yapina Widyawati

Atma Jaya Catholic University Jakarta

Academic Procrastination of University Students

Ermida Simanjutak

Widya Mandala Catholic University Surabaya

The Effect of Color on the Process of Counseling

Yessyca Diana Gabrielle

Widya Mandala Catholic University Surabaya

Health Communication: Understanding between Patients and Health Professionals

Rayini Dahesihsari

Atma Jaya Catholic University Jakarta

Husband's Support, Gender Role, and Self-Esteem as Predictors of Marital Satisfaction among Working Filipino Wives

Berta Esti Ari Prasetya

Satya Wacana Christian University

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3

The major causes of maternal death in Indonesia are bacterial infection, toxemia, obstetrical haemorrhage, 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 research 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 mother 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 account for about 40% of global deaths. Over 50 per cent of infant deaths in the Region occur during 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 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 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 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 and rapid access to quality care in the event of an emergency.

LITERATURE REVIEW

Characteristic of Maternal Problems

Research shows that most of the obstetric complications cannot be predicted. Obstetric complications develop in 15 to 20 percent pregnancies. A major portion of these deaths occur either at home or in transit. A pregnant adolescent (10 to 29 years old) is two to five times more likely to die than women 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%), hypersensitive disorder of pregnancy, eclampsia (12%) and obstructed labour (8%) and indirect cause like malaria, anaemia and heart disease⁹ (8%).

Information about the causes of maternal and neonatal death are not available in all Member Countries, Anaemia during pregnancy is major contributor to maternal death and low birth weight. More than 70% of pregnant women in South-East Asia Region suffer from nutritional anaemia⁸. 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, 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 joint (which become loosened during pregnancy due 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 real help.
- To regain her 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 Exercise

Although the effects 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 second, and then relax. Mother is using 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 form January up to May, 2005.

- Mothers who joined exercise
- The birth at 37 week up to 40 weeks
- The elevation of weight during pregnancy is 10-16 kg
- the weight of the babies are about 2500-4000 gram
- has the complete medical record
- not being induced
- mothers don't have any pregnancy complications.

RESULT AND DISCUSSION

Data description

Table 1 : The Distribution of subject' 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 pf 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 exercise in proper ways healthier and have healthier babies. The exercise also relieve tension, stress, and increase mothers general strength, improving mothers' ability to carry mothers' large belly. It reduces pregnancy related discomfort such as backache, fatigue, edema (swelling) and increases mothers' self-esteem.

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