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DESCRIPTION OF PHYSICAL ACTIVITIES AND ANXIETY DISORDERS IN POLLING WOMEN IN THE DKI JAKARTA AND DEPOK REGIONS

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ABSTRACT:
In developing countries and low-income countries, it is reported that an average of 25% of postpartum mothers experience postpartum depression, meaning that 2 out of 10 women experience postpartum depression. Postpartum depression is a major health problem for many women, the disorder often persists, undiagnosed and therefore untreated. Postpartum mothers tend to experience anxiety, stress, insomnia and lead to depression. Anxiety disorders are more commonly experienced by postpartum mothers at the beginning before then progressing to the depression stage. The research carried out was descriptive research. With a sample of 120 respondents. The samples were postpartum mothers aged 0 – 6 months who did not have infectious diseases. Samples were taken in two places with 60 respondents each. The data taken were the results of analysis at two maternity clinics, namely the Najwa Medika Clinic, Depok and PMB Sri Muryani, Jakarta. Measurements were carried out once using a physical activity questionnaire, namely the World Health Organization (WHO) Global Physical Activity Questionnaire (GPAQ) and an anxiety detection questionnaire using the Overall Anxiety Severity and Impairment Scale (OASIS). This study used univariate analysis to look at the characteristics of respondents, physical activity by classifying light, moderate and heavy activity scales and looking at the level of anxiety in postpartum mothers. The conclusion of this study was that 43.3% of postpartum mothers did light physical activity, 45% of respondents did not feel anxious during the postpartum period.

Keywords: *Physical Activity, Anxiety, postpartum mothers*

INTRODUCTION

Postpartum mothers are a group that is vulnerable to experiencing mental health problems due to physical and psychological changes during pregnancy, and then have new responsibilities and roles in their lives. A number of countries report the incidence of depression in postpartum mothers (Mogos et al., 2013). In developing countries and low-income countries, it is reported that an average of 25% of postpartum mothers experience postpartum depression, meaning that 2 out of 10 women experience postpartum depression (Muñoz et al., 2007). A meta-analysis in developing countries shows that children of mothers with postpartum depression are at greater risk of being underweight and stunted. Moreover, more depressed mothers do not breastfeed their babies and do not pay maximum attention to baby health care. In other research, it was stated that postpartum mothers with depression would have psychological harm on their children up to 10 years later (WHO, 2018).

Postpartum depression is a major health problem for many women, the disorder often persists, undiagnosed and therefore untreated. This disorder is not diagnosed because the complaints that appear usually last for a long time and are not noticed by people around them, and there is a lack of detection early in the postpartum period (Upadhyay et al., 2017).

Postpartum mothers tend to experience anxiety, stress, insomnia and lead to depression. Anxiety disorders are more commonly experienced by postpartum mothers at the beginning before then progressing to the depression stage (Kendig et al., 2017). Anxiety is related to decreased physical activity, feeling weak, feeling alone, being dissatisfied with oneself and worsening quality of life (Karlsson et al., 2000). This will affect the relationship between mother and baby and have an impact on the baby's growth and development. If this continues, the problems mentioned above will occur (DiPietro et al., 2019).

Anxiety can be prevented by doing proper physical activity. Several studies say that physical activity can reduce anxiety and prevent depression in postpartum mothers. For this reason, it is necessary to monitor and detect early the occurrence of anxiety in postpartum mothers, as well as pay attention to the physical activity they do.

RESEARCH METHODS

The research carried out was descriptive research. With a sample of 120 respondents. The samples were postpartum mothers aged 0 – 6 months who did not have infectious diseases. Samples were taken in two places with 60 respondents each.

Ethic approval

This research ethics was published in October 2021. Number: 511/SK.KEPK/UNR/X/2021.

Intervention

Respondent identification was taken when visiting the clinic to check the baby and himself at clinics in the Depok and DKI Jakarta areas.

Measurement

Measurements were carried out once using a physical activity questionnaire, namely the World Health Organization (WHO) Global Physical Activity Questionnaire (GPAQ) (Rivière et al., 2018) and an anxiety detection questionnaire using the Overall Anxiety Severity and Impairment Scale (OASIS) (Sandora et al., 2021).

Data Analysis

This study used univariate analysis to look at the characteristics of respondents, physical activity by classifying light, moderate and heavy activity scales and looking at the level of anxiety in postpartum mothers.

RESULTS AND DISCUSSION

The data taken was the result of analysis at two maternity clinics, namely the Najwa Medika Clinic, Depok and TPMB Sri Muryani, Jakarta. By using the GPAQ and OASIS questionnaires. On one measurement.

Table 1

Distribution of Respondent Characteristics Based on Age, Weight and Height of Postpartum Mothers in Independent Practice Midwives in the DKI Jakarta and Depok City Regions in 2021

Variable	Mean	Min-Max	SD
Age	30.70	20-48	6.747
Body weight	66.53	44-83	9.035
body height	161.61	148-180	7.212

In the table above, it can be seen that the average age of respondents is 30.70 with a minimum age of 20 years and a maximum age of 48 years. For weight characteristics, respondents have an average body weight of 66.53 with a minimum body weight of 44 Kg and a maximum body weight of 83 Kg, for height characteristics. Respondents have an average height of 161 cm with a minimum

height of 148 cm and a maximum height of 170 cm.

Table 2

Distribution of Respondent Characteristics Based on Education, Occupation, Menstrual History, Childbirth History among Postpartum Women in Independent Practice Midwives in the DKI Jakarta and Depok City Regions 2021

characterization	Frequency (n=120A)	%
Type of education		
- SD	6	5
- JUNIOR HIGH SCHOOL -	14	11,7
- SMA	68	56,7
- College	32	26,7
Work		
- Doesn't work	92	76,7
- Work	28	23,3
History of breastfeeding		
- Not breastfeeding	27	22,5
- Breast-feed	93	77.5
Birth history		
- Normal	78	65
- Caesarean section operation	42	35

In table 2, it can be seen that the highest education was high school level, 68 respondents (56.7%), most of the respondents in this study did not work, 92 respondents (76.7%). For breastfeeding history, 93 respondents (77.5%) breastfed their babies, and for birth history, 78 respondents (65%) had a normal birth history.

Table 3
Frequency Distribution of Physical Activity among Postpartum Women in Independent Practice Midwives in the DKI Jakarta and Depok City Regions in 2021

Physical Activity	Frequency	Present
Light	52	43.3
Currently	26	21.7
Heavy	42	35.0
Total	120	100.0

In the table above, it can be seen that as many as 52 respondents (43.3%) carried out light physical activity and as many as 42 respondents (35%) carried out heavy physical activity.

Table 4
Frequency Distribution of Anxiety Levels in Postpartum Women in BI and Independent Practices in the DKI Jakarta and Depok City Regions in 2021

Emergency level	Frequency	Percent
Don't worry	54	45
Quite Anxious	43	35.8
Anxious	23	19.2
Total	79	100.0

In the table above, it can be seen that as many as 47 respondents (45%) postpartum mothers felt not anxious and as many as 23 respondents (19.2%) postpartum mothers felt anxious.

Based on the research results in Table 1, regarding the frequency distribution of characteristics of postpartum mothers in the Jakarta and Depok areas based on age, weight and height, the average age of respondents is 30.70 with a minimum age of 20 years and a maximum age of 48 years. For the characteristics of body weight, respondents have an average weight body weight is 66.53 with a minimum body weight of 44 Kg and a maximum body weight of 83 Kg, for the height characteristics of respondents, the average body height is 161 cm with a minimum body height of 148 cm and a maximum height of 170 cm. Based on the healthy reproductive age range, the process of giving birth during this age period is a minimum condition for risk to occur. At this age, the reproductive organs mature, which is followed by the maturity of emotional and social conditions. Reproductive age increases physical and mental readiness in caring for children so that this affects the quality of life (Van den Bosch et al., 2018).

In Table 2. The highest level of education was high school level, 68 respondents (56.7%), most of the respondents in this study did not work, 92 respondents (76.7%). For breastfeeding history, 93 respondents (77.5%) breastfed their babies, and for birth history, 78 respondents (65%) had a normal birth history.

A person's level of education will influence a person's abilities and the knowledge they have. Apart from that, the research results still found mothers who had elementary school education, because the respondents' limitations regarding costs were an obstacle in continuing their education, 10 so that respondents did not continue to a higher level of education. Formal education will gain knowledge, where higher education will expand knowledge and make it easier to receive information so that it will influence their knowledge. In this case, especially knowledge about physical activity of postpartum mothers (Wulandaru, 2019).

Work is a series of tasks or activities that must be carried out or completed by someone according to their respective position or profession. The characteristics of the job as a housewife mean that respondents have more time to pay attention to their health condition during pregnancy and prepare things related to their pregnancy. The freer time that housewives have should help mothers to more easily obtain information about the physical activity of postpartum mothers by reading books or asking village midwives. In other research, housewives have a lot of free time to interact with the surrounding environment, looking for information from

neighbors, friends, relatives who have given birth or other media.[8]

In Table 3, it can be seen that as many as 52 respondents (43.3%) carried out light physical activity and as many as 42 respondents (35%) carried out heavy physical activity.

Doing sufficient physical activity is one of the many things that are categorized as non-pharmacological treatment. Adequate and regular physical activity has been proven to help lower blood pressure. Nowadays, various conveniences make people reluctant to do physical activities in their daily activities (Thomas & Daley, 2020). This is the reason why hypertension is more common in urban communities than in rural communities. The large number of transportation facilities and various other facilities for urban communities has caused a decrease in their physical activity. In fact, physical activity is very important for controlling blood pressure. Adequate physical activity can help strengthen the heart. A stronger heart can pump more blood with less effort. The lighter the heart works, the less pressure there is on the arteries so that blood pressure will decrease (Bahadoran et al., 2015).

In Table 4, it can be seen that as many as 47 respondents (45%) postpartum mothers felt not anxious and as many as 23 respondents (19.2%) postpartum mothers felt anxious.

Anxiety in postpartum mothers often arises because they feel unable to carry out their new role, especially during their first experience of becoming a mother (Rohmana et al., 2020).

CONCLUSION

Based on the results of research that has been conducted, it can be concluded that 43.3% of postpartum mothers who do light physical activity, 45% of respondents do not feel anxious during the postpartum period.

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