



PARTICIPATION IN PREGNANCY EXERCISES OF MOTHERS WITH CHILDREN AT 0-2 AGE IN THEIR PREGNANCY PERIOD

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Abstract:

The aim of this study is to determine the level of participation in pregnancy exercise of mothers with children between the ages of 0-2 in their pregnancy period. The study is a descriptive study and is limited to mothers with children between the ages of 0-2. The random sampling method was used in this study and the sample group consisted of 213 mothers ($X_{age} = 29.33 \pm 4.78$). In this study, the face-to-face method and standard questionnaire form consisting of two parts were used as a data collection tool. There were questions about the demographic information of mothers in the first part and questions questioning the mothers' pre-pregnancy, pregnancy period and postpartum status in the second part. The questionnaire was applied to mothers who were waiting at the pediatric outpatient clinics of Akdeniz University, Faculty of Medicine and Antalya Training and Research Hospital, and who voluntarily participated in the study, in stores selling baby/child supplies in the city center of Antalya between the dates 1st October-15th December 2019. In the evaluation of the data, besides descriptive statistics, Independent-Samples T Test were used to determine between which groups the difference was. The results were questioned at the 0.01 and 0.05 significance level. According to the results of the research, although a significant portion of the mothers are married, most of them have one child, well educated, have 'low' personal and family income, and some are public and private sector employees, they work 'partially' in the second and third periods of pregnancy even though they work 'continuously' in the first period of pregnancy. It has been found that the number of participants in activities such as, pregnant pilates, pregnant swimming, pregnant yoga, maternity gymnastics, walking in parks, nature

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walks, squats, breathing exercises, kegel exercises, dance/zumba is very low and although most of them are aware of these activities, they do not participate. In addition to the above findings, compared to the first period of pregnancy, while there was no significant change in the recreational life, social life, relationship with spouse, relationship with other family members, economic life, and physical health of the mothers, their emotional health, diet, sleep patterns and work life were negatively affected. Comparing the first, second and third periods of pregnancy with pre-pregnancy, while there is no significant change in the recreational life, social life, relationship with spouse, relationship with other family members, economic life, and physical health of the mothers, their emotional health, diet, sleep patterns and work life are negatively affected. Comparing the postpartum and pre-pregnancy and pregnancy periods, there was no significant change in mothers' recreational life, their relationship with their spouse, their relationship with other family members, but their social life, emotional health, economic life, diet, sleep patterns, physical health and work life were negatively affected. As a result, it can be said that women's recreational life and recreational awareness level is too low. Women must be informed and given satisfactory education from childhood to be pregnant about the meaning and the process of being a mother and things must be done during pregnancy should be added to the curriculum at every education level.

Keywords: pregnancy, recreational life, mother, pregnancy exercise

1. Introduction

Motherhood is a holistic structure that has both physiological, cognitive and emotional dimensions. To be a mother requires a woman to be physiologically, cognitively and emotionally ready.

The mother or the main concept is the woman who gives birth to the baby, undertakes the postnatal care and education, even in some cases, adopts a child that she did not give birth to, takes care and education. The concept of motherhood is handled in three different ways: real mother, surrogate mother, and stepmother. A real mother is a woman who got pregnant with her own egg cell and gave birth to her own child. A surrogate mother is a woman who conceives and gives birth with an embryo formed by someone else's egg cell. A stepmother is a woman who is a mother to a child born by someone else or to a child from her husband's previous spouse (Akşit, 2017).

The motherhood period is the totality of social roles and behaviors starting in the prenatal period and continuing after birth. In this process, the woman learns the role of motherhood by seeing, experiencing, and preparing herself for motherhood, especially from her own mother, as well as other mothers she encounters in her close and distant environment (Koç et al., 2016).

The period of pregnancy is the period when motherhood begins biologically and emotionally. In the pre-pregnancy period, the woman naturally prepares herself for motherhood psychologically. This process becomes more evident after marriage.

Especially the society, close family and friends expect children from married couples following their marriage. This is a possible and expected situation. The pregnancy period is the first time that motherhood begins. The pregnancy period can be divided into three parts. The first period of pregnancy is the period when the pregnancy is first learned in 0-3rd month, where surprise, joy and support in the family are seen, and the expectant mother lived without a major change in her previous life. The second period of pregnancy is a period in which the mother's hormones change, the baby is felt, the mother begins to gain weight physically, and is partially distanced from her previous life in 3rd-6th month. The third period of pregnancy is the period until the 6th month to postpartum. In this period, the woman has gained weight and has been away from her previous social and recreational life.

The special adherence between mother and child is the process where the psychological preparation of a woman for motherhood turns into reality. Motherhood is a life-long process of change that begins with the learning of pregnancy and integrates with the birth and cuddle of the baby after an average of 40 weeks. Motherhood is the physiological, psychological and emotional change that begins during pregnancy. The woman has entered an irreversible period with the difficult moment of birth that protects both her own health and the health of the child, continues by adapting to the change process (Koç et al., 2016). When the motherhood role is added, the role of the woman in the family will increase greatly. In particular, it is a change in which the mother takes on another role, apart from the role of a businesswoman if she is working, and perhaps the child is at the center of the mother's life. This change causes the woman to have conflicts between multiple roles and to need the support of many people around her, especially her husband, with her own emotional intensity. Receiving this support alleviates the motherhood burden of the woman and positively affects the physiological and emotional health of the mother and child. The child is also directly affected by the anxiety, worry, joy and excitement experienced by the mother during this period (Karamustafalıoğlu and Tomruk, 2000).

The psychological and physiological preparation of a woman for motherhood requires the formation of a conscious awareness. This process starts before becoming pregnant and prepares women for motherhood with training on nutrition, exercise, physical physiology and psychology of the woman during pregnancy. Even before the child, it is important for the mother to be educated in childcare to avoid surprises in the future. It has been found in many studies that, with the exercises prescribed for the person before and during pregnancy, the mother can overcome this process much healthier and without any problems, and even the birth is easier (Akbarak and Kaya, 2008; Ağaoğlu, 2015).

Exercises that are frequently done and recommended during pregnancy are pregnant pilates, pregnant swimming, pregnant yoga, pregnant gymnastics, walks in parks, light walks in nature, squats and breathing exercises. Of course, it is important for the mother to have the time and budget to do these exercises, the circle of friends to

motivate her, when necessary, family relations, and alternatives to facilitate transportation.

Some events that take place in a positive life can cause stress, anxiety and depression if they require adaptation. Moving to a new house or city, being promoted at work, being a mother or father is a process that requires adaptation, even if it is a desired and desired event for the person, so the person may have difficulty in this period. Pregnancy may have taken place for women, sometimes unwanted or desired. While unwanted pregnancies pose a higher risk, the woman is also at risk for depression in the pregnancy and postpartum period that the woman will go through as a process she wishes to experience. During these periods, ensuring the mother's biopsychosocial well-being is also very important for the development of her child (Johnson et al., 2013; Bick et al., 2016; Fiş and Berker, 2009).

World Health Organization (WHO) and UNICEF develop and declare many strategies for the protection of maternal and infant health. Maternal support and social welfare; community-based pregnant and nursing mother support, and information supporting systems were called "Baby Friendly Society and Communities" have been created in Turkey last decades. First, studies were carried out to make health institutions "Baby Friendly", and then studies were carried out to ensure the well-being of the mother and child with the concepts of "Baby-friendly province", "Golden baby-friendly province" and "Baby-friendly workplace" and tried to establish minimum standards. Baby-friendly healthcare organizations have been encouraged to open "Pregnant Schools", where prenatal, delivery and postnatal health services, education and consultancy services can be provided, and activity and exercise rooms are available to ensure biopsychosocial well-being. With the concepts of 'baby friendly province', 'golden baby friendly province' and 'baby friendly workplace', it is aimed to provide social support suitable for mother and child and to present facilitating factors for the mother to continue her postpartum life (Yalçın, 2017). In another saying, a baby-friendly province means a city where all public places including sidewalks, parks, public transport are designed for mothers with babies to give priority to babies including breastfeeding, child care, and putting the child to sleep. Similarly, a baby-friendly workplace means a workplace where mothers with babies are designed with the priority of babies, including breastfeeding, childcare, and putting the child to sleep.

Various studies have shown that recreation allows people to understand themselves better and improve their level of consciousness and can be an important factor in reducing anxiety and coping with stress. Some of the important risk factors for postpartum depression are stressful life events, social isolation, and inadequate social support. For this reason, for mothers to have information about recreational activities and to transform this information into behavior, it is necessary to provide awareness training to both mother and father, to enrich these trainings in terms of content and to provide a suitable environment for the mother (Ardahan et al., 2016).

2. Material and Methods

The aim of this study is to determine the level of participation in pregnancy exercise of mothers with children between the ages of 0-2 in their pregnancy period.

The study is a descriptive study and is limited to mothers with children between the ages of 0-2. The random sampling method was used in this study and the sample group consisted of 213 mothers ($X_{age} = 29.33 \pm 4.78$). In this study, the face-to-face method and standard questionnaire form consisting of two parts were used as a data collection tool. There were questions about the demographic information of mothers in the first part and questions questioning the mothers' pre-pregnancy, pregnancy period and postpartum status in the second part. The questionnaire was applied to mothers who were waiting at the pediatric outpatient clinics of Akdeniz University, Faculty of Medicine and Antalya Training and Research Hospital, and who voluntarily participated in the study, in stores selling baby/child supplies in the city center of Antalya between the dates 1th October-15th December 2019.

In the evaluation of the data, besides descriptive statistics, Independent-Samples T Test were used to determine between which groups the difference was. The results were questioned at the 0.01 and 0.05 significance level.

3. Findings

Table 1: Demographic Variables

Age	n	%	Place of Work	n	%
Age 25 and younger	42	19.7	Public Sector	44	20.7
Between 26-30	93	43.7	Private Sector	43	20.2
Between 31-35	56	26.3	My own business / Self-employment	11	5.1
Age 36 and older	22	10.3	House-wife / Student / Unemployed	115	54.0
Education Level			Family Income		
Primary education	23	10.8	700\$ and less	99	46.5
High school and equivalent	49	23.0	701 - 1400\$	67	31.5
College and above graduate	141	66.2	1401 - 1700\$	29	13.6
Personal Income			1701\$ and more	18	8.5
450 \$ and less	103	48.4	Number of Children		
451-900 \$	43	20.2	One	131	61,5
901\$ or more	67	31.5	Two	56	26,3
Marital Status			Three	26	12,2
Married	207	97.2	Total	213	100,0
Single	6	2.8			
Total	213	100,0			

Ps: Currency rate of 1\$= 5,6560 TL in 1st October 2019

Distribution of mothers by demographics variables are given in Table 1. As can be seen from the table, the majority of mothers (63.4%) are 30 years old or younger, 97.2% of them are married and 2.8% are single, the majority of them (66.2%) have a university or higher

education level, 54.0% of them are housewives/students/unemployed, 20.7% work in the public sector and 20.2% in the private sector, the majority of them (48.4%) have a personal income of 450\$ or less, 46.5% of the total family income of mothers is 700\$ and below, the majority of them (61,5%) have one children.

The distribution of mothers according to their employment status during pregnancy is given in Table 2. As can be seen from the table, the working rate for the first period of pregnancy is 48.8%, the second period of pregnancy is 41.8% and the third period of pregnancy is 23.5%. It has been observed that the working rate of mothers has decreased in the last period of pregnancy.

Table 2: Distribution by Working in Pregnancy Periods

	n	%
First Period; working in 0-3 months		
I worked	104	48.8
I didn't work	11	5.2
I worked partially	98	46.0
Second Period; working in 3-6 months		
I worked	89	41.8
I didn't work	11	5.2
I worked partially	113	53.1
Third Period; working in 6-9 months		
I worked	50	23.5
I didn't work	25	11.7
I worked partially	138	64.8
Total	213	100.0

The participation of mothers in the exercises during pregnancy period is given in Table 3. As can be seen from the table; it is observed that 55.4% of the mothers were aware of pregnancy pilates, but 32.4% did not know about the pregnant pilates exercise, and a small portion of them did this exercise during pregnancy.

It is observed that 53.1% of the mothers do not do it although they are aware of pregnancy swimming, 35.7% of them do not know about the pregnant swimming exercise, and some of them do this exercise during their pregnancy period.

It is observed that 62% of the mothers are aware of pregnancy yoga, but 34.3% do not know about the pregnant yoga exercise, and very few of them do this exercise during pregnancy.

It is observed that 59.6% of mothers do not do it even though they are aware of pregnancy gymnastics, and a small portion of them, 31.9% of whom are not aware of the pregnant gymnastics exercise, perform this exercise during pregnancy.

It is observed that 19.7% of the mothers do not do it although they are aware of the walk in the parks, and the majority of them do not know about the walking exercise performed in the parks, and the majority of them do this exercise during pregnancy.

It is observed that 28.2% of the mothers do not do it although they are aware of walking in nature, 15% do not know about the walking exercise performed in nature, and most of them do this exercise during pregnancy.

It is observed that 47.4% of the mothers do not do it although they are aware of the squat exercise, 40.4% do not know about the squat exercise, and very few of them do this exercise during pregnancy.

It is observed that 39% of the mothers were not aware of breathing exercises, 22.1% were not aware of breathing exercises, and some of them did this exercise during pregnancy.

It is observed that 51.6% of the mothers were not aware of the dance/zumba exercise, 33.3% did not know about the dance/zumba exercise, and very few of them did this exercise during their pregnancy period.

It is seen that 44.6% of the mothers did not do it although they were aware of Kegel exercises, 37.6% did not know about the Kegel exercise, and some of them did this exercise during their pregnancy period.

Table 3: Participation in Pregnancy Exercises by Mothers with Children at 0-2 age

Exercises and Participation	I was unaware of it		I was aware of it but I didn't do		Pregnancy Period-1		Pregnancy Period-2		Pregnancy Period-3	
	n	%	n	%	n	%	n	%	n	%
Pregnancy pilates	69	32.4	118	55.4	13	6.1	15	7.0	15	7.0
Pregnancy swimming	76	35.7	113	53.1	14	6.6	14	6.6	14	6.6
Pregnancy yoga	73	34.3	132	62.0	6	2.8	5	2.3	1	0.5
Pregnancy gym	68	31.9	127	59.6	10	4.7	13	6.1	11	5.2
Walking in park	25	11.7	42	19.7	97	45.5	98	46.0	103	48.4
Walking in nature	32	15.0	60	28.2	79	37.1	83	39.0	77	36.2
Squat	86	40.4	101	47.4	14	6.6	11	5.2	16	7.5
Breathing exercises	47	22.1	83	39.0	42	19.7	40	18.8	62	29.1
Dance / zumba	71	33.3	110	51.6	22	10.3	14	6.6	18	8.5
Kegel exercises	80	37.6	95	44.6	18	8.5	15	7.0	29	13.6

Table 4: Comparison on Before Pregnancy and First Period of Pregnancy

According to Comparison on Before Pregnancy and First Period of Pregnancy	Affected negatively		Unchanged		Affected positively	
	n	%	n	%	n	%
My recreational life	53	24.9	133	62.4	27	12.7
My social life	60	28.2	119	55.9	34	16.0
My relationship with my husband	32	15.0	109	51.2	72	33.8
My relationship with other family members	18	8.5	128	60.1	67	31.5
My / our economic status	34	16.0	162	76.1	17	8.0
My physical health	94	44.1	100	46.9	19	8.9
My emotional health	90	42.3	82	38.5	41	19.2
My diet pattern	82	38.5	64	30.0	67	31.5
My sleeping pattern	110	51.6	72	33.8	31	14.6
My work life	63	29.6	133	62.4	17	8.0

The comparison results of mothers before pregnancy and the first period of pregnancy is given in Table 4. As can be seen from the table; comparing the pre-pregnancy with the first period of pregnancy, mothers declare that while their recreational life, social life, relationship with their husband, relationship with other family members, her/their economic status, her physical health, and her work life were unchanged, their emotional health, diet pattern and sleeping pattern were affected negatively.

The comparison results of mothers before pregnancy with the second period of pregnancy is given in Table 5. As can be seen from the table, comparing the pre-pregnancy and the second period of pregnancy, mothers declare that while their recreational life, social life, relationship with their husband, relationship with other family members, her/their economic status, her physical health, diet pattern, and her work life were unchanged, their emotional health, and sleeping pattern were affected negatively.

Table 5: Comparison on Before Pregnancy and Second Period of Pregnancy

Comparison on Before Pregnancy and Second Period of Pregnancy	Affected negatively		Unchanged		Affected positively	
	n	%	n	%	n	%
My recreational life	42	19.7	147	69.0	24	11.3
My social life	53	24.9	129	60.6	31	14.6
My relationship with my husband	24	11.3	119	55.9	70	32.9
My relationship with other family members	14	6.6	137	64.3	62	29.1
My / our economic status	45	21.1	150	70.4	18	8.5
My physical health	92	43.2	96	45.1	25	11.7
My emotional health	89	41.8	80	37.6	44	20.7
My diet pattern	69	32.4	74	34.7	70	32.9
My sleeping pattern	108	50.7	75	35.2	30	14.1
My work life	64	30.0	136	63.8	13	6.1

Table 6: Comparison on Before Pregnancy and Third Period of Pregnancy

According to Comparison on Before Pregnancy and Third Period of Pregnancy	Affected negatively		Unchanged		Affected positively	
	n	%	n	%	n	%
My recreational life	68	31.9	123	57.7	22	10.3
My social life	80	37.6	104	48.8	29	13.6
My relationship with my husband	39	18.3	111	52.1	63	29.6
My relationship with other family members	19	8.9	130	61.0	64	30.0
My / our economic status	71	33.3	125	58.7	17	8.0
My physical health	113	53.1	79	37.1	21	9.9
My emotional health	103	48.4	71	33.3	39	18.3
My diet pattern	76	35.7	78	36.6	59	27.7
My sleeping pattern	133	62.4	59	27.7	21	9.9
My work life	88	41.3	115	54.0	10	4.7

The comparison results of mothers before pregnancy with the third period of pregnancy is given in Table 6. As can be seen from the table; comparing the pre-pregnancy and the third period of pregnancy, mothers declare that while their recreational life, social life, relationship with their husband, relationship with other family members, her/their economic status, diet pattern, and her work life were unchanged, their physical health, emotional health, and sleeping pattern were affected negatively.

The comparison of recreational lives, social lives, relationships with spouse, relations with other family members, economic status, emotional health, diet, sleep patterns and changes in work life of mothers before pregnancy (BP) and the first period of pregnancy (FPP), second period of pregnancy (SPP) and third periods of pregnancy (TPP) comparisons are given in Table 7. As can be seen from the table; there was no statistically significant change in the changes in the mentioned variables of the mother in the First Period of Pregnancy and the Second Period of Pregnancy. However, in the first period of pregnancy and the third period of pregnancy, there was a statistically significant negative change in the recreational lives, social lives, relations with her spouse, economic status and business life of the mother in the changes in the mentioned variables. In addition, during the Second Period of Pregnancy and the Third Period of Pregnancy, there was a statistically significant negative change in the recreational lives, social lives, relations with her spouse, economic status, emotional health, diet patterns, sleep patterns and work life in the changes in the mentioned variables of the mother.

Table 7: Comparison on Before Pregnancy, First Period of Pregnancy, Second Period of Pregnancy and Third Period of Pregnancy

Comparison on Before Pregnancy, First Period of Pregnancy, Second Period of Pregnancy and Third Period of Pregnancy	BP-FPP Mean±SD	BP-SPP Mean±SD	BP-TPP Mean±SD	BP-FPP BP-SPP	BP-FPP BP-TPP	BP-SPP BP-TPP
My recreational life	1,88±0,60	1,92±0,55	1,78±0,61	t:-0,441 p:0,660	t: 2.126 p: 0.035	t: 3.539 p: 0.000
My social life	1,88±0,65	1,90±0,62	1,76±0,67	t:-0,727 p:0,468	t: 2.493 p: 0.013	t: 3.703 p: 0.000
My relationship with my husband	2,19±0,67	2,22±0,63	2,11±0,68	t:0,146 p:0,884	t: 1.983 p: 0.049	t: 3.398 p: 0.001
My relationship with other family members	2,23±0,59	2,23±0,55	2,21±0,58	t:1,628 p:0,105	t: 0.507 p: 0.613	t: 0.492 p: 0.623
My / our economic status	1,92±0,48	1,87±0,53	1,75±0,59	t:-1,051 p:0,295	t: 4.997 p: 0.000	t: 3.905 p: 0.000
My physical health	1,65±0,63	1,69±0,67	1,57±0,66	t:-0,407 p:0,684	t: 1.900 p: 0.059	t: 2.860 p: 0.005
My emotional health	1,77±0,75	1,79±0,76	1,70±0,76	t:-0,441 p:0,660	t: 1.561 p: 0.120	t: 2.245 p: 0.026
My diet pattern	1,93±0,83	2,00±0,81	1,92±0,79	t:-1,821 p:0,070	t: 0.200 p: 0.842	t: 2.236 p: 0.026
My sleeping pattern	1,63±0,72	1,63±0,71	1,47±0,67	t:-0,110 p:0,913	t: 3.230 p: 0.001	t: 3.688 p: 0.000
My work life	1,78±0,57	1,76±0,55	1,63±0,57	t:0,928 p:0,354	t: 3.838 p: 0.000	t: 3.751 p: 0.000

Note: 1- Affected Negatively, 2 – Unchanged; 3 - Affected Positively

The comparison results of the Postpartum Period and the Pre-Pregnancy Period for mothers with 0-2 years old children are given in Table 8. As can be seen from the table; When the Postpartum Period and the Pre-Pregnancy Period are compared, mothers declare that while their recreational life, relationship with their husbands, relationship with other family members, and her work life were unchanged, their social life, her/their economic status, her physical health, emotional health, diet pattern and sleeping pattern were affected negatively.

Table 8: Comparison of the Postpartum Period and the Pre-Pregnancy Period

Comparison on Postpartum Period and Before Pregnancy Period	Affected negatively		Unchanged		Affected positively	
	n	%	n	%	n	%
My recreational life	90	42.3	96	45.1	27	12.7
My social life	123	57.7	55	25.8	35	16.4
My relationship with my husband	67	31.5	91	42.7	55	25.8
My relationship with other family members	43	20.2	111	52.1	59	27.7
My / our economic status	104	48.8	95	44.6	14	6.6
My physical health	107	50.2	82	38.5	24	11.3
My emotional health	113	53.1	51	23.9	49	23.0
My diet pattern	84	39.4	77	36.2	52	24.4
My sleeping pattern	163	76.5	35	16.4	15	7.0
My work life	98	46.0	101	47.4	14	6.6

The comparison results of the Postpartum Period and Pregnancy Period for mothers are given in Table 9. As can be seen from the table, when the Postpartum Period and Pregnancy Period are compared, mothers declare that while their recreational life, relationship with their husband, relationship with other family members, and her work life were unchanged, their social life, her/their economic status, her physical health, emotional health, diet pattern and sleeping pattern were affected negatively.

Table 9: Comparison on Postpartum and Pregnancy Period

According to Comparison on Postpartum and Pregnancy Period	Affected negatively		Unchanged		Affected positively	
	n	%	n	%	n	%
My recreational life	78	36.6	116	54.5	19	8.9
My social life	108	50.7	76	35.7	29	13.6
My relationship with my husband	59	27.7	105	49.3	49	23.0
My relationship with other family members	44	20.7	120	56.3	49	23.0
My / our economic status	101	47.4	98	46.0	14	6.6
My physical health	112	52.6	79	37.1	22	10.3
My emotional health	120	56.3	56	26.3	37	17.4
My diet pattern	89	41.8	79	37.1	45	21.1
My sleeping pattern	154	72.3	44	20.7	15	7.0
My work life	99	46.5	104	48.8	10	4.7

Comparison of the recreational lives, social lives, relations with spouse, relations with other family members, economic status, emotional health, diet patterns, sleep patterns and work life dimensions of mothers with the postpartum period with pre-pregnancy (PO-PRP) and pregnancy period (PO-PP). It is given in Table 10. As can be seen from the table, in the comparison of the postnatal conditions of the mothers before and during pregnancy, only a statistically significant negative change was observed in their Emotional Health. Accordingly, it can be said that mothers are saved from many troubles caused by pregnancy by giving birth. In addition, as can be seen from Table 10a, the support of the fathers in childcare for mothers reduces the negative effects of mothers on their physical and emotional health in the postpartum period.

Table 10: Comparison of the Postpartum Period with Pre-Pregnancy (PO-PRP) and Pregnancy Period (PO-PP)

Comparison of the Postpartum Period with Pre-Pregnancy and Pregnancy Period	PO-PRP Mean±SD	PO-PP Mean±SD	Comparison
My recreational life	1,70±0,68	1,72±0,61	t: -0,458 p: 0.647
My social life	1,59±0,75	1,63±0,71	t: -0,988 p: 0.324
My relationship with my husband	1,94±0,75	1,95±0,71	t: -0,288 p: 0.774
My relationship with other family members	2,08±0,69	2,02±0,66	t: 1,770 p: 0.078
My / our economic status	1,58±0,61	1,59±0,61	t: -0,457 p: 0.648
My physical health	1,61±0,68	1,58±0,67	t: 0,741 p: 0.459
My emotional health	1,70±0,82	1,61±0,76	t: 1,984 p: 0.049
My diet pattern	1,85±0,78	1,79±0,76	t: 1,379 p: 0.169
My sleeping pattern	1,31±0,59	1,35±0,60	t: -1,215 p: 0.226
My work life	1,61±0,61	1,58±0,58	t: 0,962 p: 0.337

Note: 1 - Affected Negatively, 2 - Unchanged 3 - Affected Positively

Table 10a: Comparison of the Postpartum Period (PSP) with the Pre-Pregnancy Period (PRP), Postpartum Period and the Pregnancy Period (PP) of the Situations where Only the Mother Care for the Child and the Parents Caring for the Child Together

Comparison on who giving care to child	Mother gives care alone				Mother and Father give care together			
	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p
My recreational life	1,64±0,67	1,73±0,64	-1.180	,242	1,78±0,65	1,84±0,6	-,814	,419
My social life	1,52±0,70	1,58±0,70	-,851	,398	1,76±0,81	1,76±0,73	,000	1.000
My relationship with my husband	1,88±0,71	1,91±0,69	-,574	,568	2,06±0,78	2,05±0,75	,299	,766

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PARTICIPATION IN PREGNANCY EXERCISES OF MOTHERS
WITH CHILDREN AT 0-2 AGE IN THEIR PREGNANCY PERIOD

My relationship with other family members	2,06±0,65	2,00±0,65	1.271	,208	2,11±0,69	2,08±0,65	,814	,419
My / our economic status	1,59±0,58	1,61±0,60	-,375	,709	1,65±0,65	1,68±0,61	-,531	,597
My physical health	1,62±0,69	1,48±0,61	2.009	,049	1,6±0,68	1,68±0,71	-,820	,415
My emotional health	1,67±0,77	1,45±0,68	2.777	,007	1,78±0,87	1,75±0,8	,322	,748
My diet pattern	1,70±0,72	1,61±0,67	1.515	,135	2,03±0,82	2,03±0,8	,000	1.000
My sleeping pattern	1,36±0,54	1,33±0,56	,532	,597	1,25±0,59	1,41±0,63	-2.449	,017
My work life	1,59±0,58	1,58±0,55	,299	,766	1,79±0,67	1,75±0,62	1.000	,321

How the working of mothers with children affects mothers' lives is given in Table 10b. As can be seen from the table, although the working of mothers makes her life difficult when compared the postpartum period before pregnancy and the pregnancy period, there is no statistically significant difference in the comparison of both periods. On the contrary, mothers not working during this period cause them to have less difficulties in their relationships with family members and emotional health.

Table 10b: Comparison of Working or Not Working Situations of the Mother with the Postpartum Period (PSP) and the Pre-Pregnancy Period (PRP) and the Postpartum Period with the Pregnancy Period (PP)

The case of mothers working or not	Working Mother				Non-Working Mother			
	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p
My recreational life	1,71±0,64	1,67±0,61	,652	,517	1,70±0,70	1,75±0,62	-,944	,347
My social life	1,55±0,71	1,65±0,70	-1.154	,253	1,60±0,77	1,62±0,71	-,294	,769
My relationship with my husband	1,84±0,74	1,88±0,69	-,686	,495	1,99±0,76	1,99±0,71	,185	,853
My relationship with other family members	1,97±0,70	1,97±0,66	,000	1.000	2,13±0,67	2,05±0,66	2.329	,021
My / our economic status	1,51±0,58	1,55±0,65	-,652	,517	1,61±0,62	1,61±0,59	,000	1.000
My physical health	1,54±0,63	1,52±0,65	,184	,854	1,65±0,70	1,60±0,68	,774	,440
My emotional health	1,65±0,81	1,68±0,81	-,406	,686	1,72±0,82	1,58±0,74	2.577	,011
My diet pattern	1,75±0,73	1,77±0,78	-,199	,843	1,90±0,80	1,81±0,76	1.835	,069
My sleeping pattern	1,29±0,62	1,32±0,60	-,445	,658	1,31±0,58	1,36±0,61	-1.185	,238
My work life	1,59±0,64	1,55±0,63	,830	,409	1,61±0,59	1,60±0,55	,533	,595

Note: Current Employees, Those Using Maternity Leave, Those Using Milk Leave are included in the working mother group. Non-working mothers were included those who were not currently working, those with a report, those who took unpaid leave.

4. Results and Discussion

According to the results of the research, mothers are the individuals that 63.4% are under the age of 30 (young mothers), 97.2% are still married, 61,5% have their first child, 66.2% have a university or higher education, 54.0% of them have not yet started to work (in the role of housewife) because of children or could not find a job, 48.4% mainly have a personal income of 450\$ or less, and 78.0% have a family income of 700\$ or less.

At the time of the survey, the working rate for the first period of pregnancy is 48.8%, the second period of pregnancy is 41.8% and the third period of pregnancy is

23.5%. It has been observed that the working rate of mothers has decreased in the last period of pregnancy.

In this study, when the prenatal and postpartum periods were compared in women whose childcare was undertaken only by the mother, the emotional health of these mothers was affected more negatively. There is no statistically significant difference between these periods in terms of affecting emotional health in families where fathers support childcare. At the same time, it was found that the emotional change scores of the mothers in families where the father supported the child's care were higher than the group where only the mother gave care.

In the study, a statistically significant difference was found in the emotional health perceptions of working mothers compared to the prenatal and postpartum periods. In contrast, the non-working mothers' perceptions of emotional health were affected more negatively for the same periods. Mothers who did not work stated a statistically significant adverse change in their relationships with family members in the same period. When these results are evaluated, mothers taking care of the child alone after birth and not working can be considered a significant risk factor for their emotional health. Returning to working life or creating a social space outside the home for mothers after using maternity leave, which is necessary for mother and child health, can be considered a protective factor in protecting emotional health. When the mother returns to her business life, it is necessary to take the necessary precautions for her and the baby's health. The most important of these is to increase the number of "Baby-Friendly Workplaces" and increase the quality of existing workplaces and monitor their efficiency constantly.

In this study, it was found that the mothers' education level and working status did not make a statistically significant difference in the change in their recreational lives. According to this result, mothers generally lack information about recreational activities, and mothers cannot turn recreational activities into a lifestyle. In our country, the most critical opportunity for mothers to socialize outside of the home is business life. In the journey of self-realization, considering that not only business life but also recreational activities are essential for the protection and development of biopsychosocial well-being, it is essential to emphasize the quality and effective presentation of "baby and mother-friendly" business and social areas where these results can be with mothers with their children.

Pregnancy is the first period of physical motherhood begins. While there is no significant change in female physiology in the first pregnancy period, this does not prevent working except for particular circumstances. While changes in the mother's physiology become evident in the second period of pregnancy, the bodyweight of the mother increases, and fatigue begins in the third stage of pregnancy. According to the study results, a significant portion of the mothers in the sample work in the first period of pregnancy. At the same time, this ratio decreases significantly in the second and third periods of pregnancy, and partially employment increases.

A significant portion of expectant mothers have knowledge about the exercises performed during pregnancy, but have not done so, is due to mothers not having sufficient awareness on this issue or their recreational barriers. On the other hand, one-third of women are not aware of pregnancy exercises shows that they are not prepared for conscious motherhood. It is entirely meaningful that a significant number of mothers cannot reach this consciousness even though they have received a university education. Of course, although this situation is an educational problem, it also shows that women should be subjected to institutional training to prepare for motherhood and men to prepare for fatherhood. These results coincide with Akbayrak and Kaya's (2008) and Ağaoğlu's (2015) studies. The most crucial step for protecting maternal and child health is the practical and widespread provision of preventive health services. In our country, within the scope of "Baby-Friendly Health Institutions," parents are educated about the things that need to be known in the process of childbirth, healthy nutrition, and child care. At the same time, mothers are also given training in recreational activities, but the content of the training may be insufficient. Midwives and nurses usually give training. It is essential to offer more comprehensive recreational activities for pregnant women and mothers by increasing their competence with in-service training, especially in Pregnant Schools where training is given.

Pregnancy is a change process that describes the transition from woman to motherhood. The present study found that the mother's recreational life, social life, relationships with her husband, relations with other family members, economic status, physical and emotional health, diet, sleep patterns, and work-life brought about many positive/negative changes. This result is similar to Apter et al.'s (2011) and Demirhan's (2014) studies. While there was no significant change in mothers' lives when compared with the pre-pregnancy period and the first period of pregnancy, the recreational life, social life, relations with their spouse, relations with other family members, economic status, physical and emotional health, diet, sleep patterns and There are statistically significant differences in work-life parameters.

Pregnancy is a period in which women experience rapid physiological, psychological, and social changes. Adapting to changes during this period is a stressful process. In the first pregnancy period, physiological changes such as nausea, vomiting, and weakness may be accompanied by ambivalent affections with the acceptance of pregnancy. Although nausea and vomiting are less in the second period of pregnancy, the bond between mother and baby becomes more potent with the beginning of the feeling of the baby. With the finding of solutions for the acceptance process of pregnancy, the stress level may decrease compared to the first period. In the third pregnancy period, concerns about the difficulties encountered during and after birth increase, and the stress level may increase again. In a study about the pregnancy periods of mothers, it was reported that the quality of life of pregnant women decreased in the first and last periods (Karataylı, 2007). In this study, it was found that the changes in the perception of recreational life, social life, and emotional health before and during the first, second, and third periods of pregnancy were more damaging in the first and last periods of pregnancy

and were statistically better in the second period compared to other periods. According to this result, it was thought that providing more support to mothers in the first and last periods of pregnancy and creating recreational activities suitable for these periods will contribute to the biopsychosocial well-being of the mother.

In addition to these, when comparing the pre-pregnancy period and the pregnancy period with the postpartum period, mothers observed that there was no change in their recreational life, relations with their spouse and other family members, and work relations, but in their social life, economic status, physical and emotional health, nutrition and sleep patterns, they stated that they experienced negative changes. These are the negativities that the motherhood role brings to the mother, such as feeding the child and taking care of the child closely and alone.

The support of fathers in childcare makes the mother's life easier. At the same time, although working makes it difficult for mothers to fulfill their maternal roles, it is observed that many difficulties experienced by unemployed mothers disappear when appropriate working hours and conditions are established and when mothers are supported in their work and baby care.

In addition, there is a lack of awareness and knowledge about the recreational activities that mothers can experience and do before, during, and after pregnancy. The important thing in almost every part of life is the age, education, working status, working place, income, having a profession that changes with increasing age and is loaded on the individual, finishing school, working, marriage, being a parent, transition from living individually to living together, having a personal income, In addition, to have a total family income, to be a parent, to manage and fulfill all social roles such as big brother, sister, aunt, uncle and uncle more effectively, it is necessary to be raised in recreational life, recreation awareness, leadership, seeking better and Kaizen. As the future mothers of both men and women, they should be provided with a training and certification program to be a mother and father including in high school or before marriage without exception, and they should walk the path to marriage.

5. Recommendations

The main thing is to raise individuals who are equipped to be happy, lead a quality life, design and realize all personalized life stages, control the positive and negative deviations between the planned and the realization, lead themselves, someone else, and be open to the leadership of someone else.

This change requires individuals of both genders to be prepared for professional and social roles afterlife, starting from childhood. Of course, this is not a process that can be achieved alone. In this process, essential roles/obligations are imposed on grandparents, parents, all education units from kindergarten to high school affiliated to the Ministry of National Education, all units providing university education affiliated with Higher Education Institutions, local administrations, Public Education Centers, Youth, and Sports Ministry and Units, non-governmental organizations. In addition to

formal and non-formal education, these roles are to design recreational activities at a level where the barriers of individuals with recreational disabilities can be overcome and to ensure the participation of everyone.

In order to provide a solution to all these on a macro scale, it is necessary to redesign all public spaces, including squares, beaches, neighborhoods, parks, streets, and public transportation at the level of all individuals with special needs, including children, mothers, and pregnant women. It should be ensured that the design of the enterprises producing recreational products must be designed according to the mothers with children, and the businesses in the city center should take a critical role in meeting the physical and child-related breastfeeding and care needs of pregnant women and mothers with children in public spaces.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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