



A Descriptive Quantitative Study of Physical Activity Levels Among Drug Rehabilitation Residents Using IPAQ

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Abstract

Study Purpose. This study aimed to describe the physical activity levels of nine residents at the Rumah Damai Drug Rehabilitation Center in Semarang who participated in a community engagement based structured exercise program.

Materials and Methods. A descriptive quantitative design was employed. Physical activity levels were assessed using the International Physical Activity Questionnaire (IPAQ). Data included walking, moderate, and vigorous activities expressed in MET-minutes per week and categorized into low, moderate, and high activity levels.

Results. All nine residents (100%) were categorized as having low physical activity levels, with no participants reaching moderate or high categories. The recorded MET-minutes per week were below the recommended threshold for moderate physical activity. These findings indicate that the participants' overall physical activity levels were limited during the assessment period.

Conclusion. The results provide baseline data on the physical activity levels of rehabilitation residents. The findings may inform the development and implementation of structured physical activity programs within rehabilitation settings to support residents' physical fitness and overall well being.

Keywords: Physical Activity, IPAQ, Rehabilitation Residents, Structured Exercise, Social Reintegration.

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Introduction

The issue of drug abuse and addiction remains a complex global health challenge, with repercussions that extend beyond physical dependence to encompass psychological, social, and economic dimensions, including in Indonesia. Individuals recovering from substance use disorders (SUD) often face significant barriers to reintegration into society due to stigma, loss of social roles, diminished physical fitness, and impaired self-confidence (Medina et al., 2022). Rehabilitation, therefore, should not only focus on medical detoxification and psychological counseling but also address the broader determinants of recovery, including physical health,

motivation, and social reintegration skills. One emerging approach that integrates these components is the inclusion of structured physical activity programs within rehabilitation settings. Exercise is increasingly recognized as an effective complementary therapy that can improve physiological function, mental health, and social adaptation among individuals undergoing drug rehabilitation (Zheng et al., 2024).

Physical activity, as defined by the World Health Organization (WHO), includes any bodily movement produced by skeletal muscles that results in energy expenditure. According to the 2020 WHO Guidelines on Physical Activity and Sedentary Behaviour, adults should engage in at least 150–300 minutes of moderate-intensity or 75–150 minutes of vigorous-intensity activity per week for substantial health benefits (Iacobucci, 2021). However, research shows that many individuals in rehabilitation facilities fail to meet these recommendations due to a lack of access, guidance, or motivation to participate in physical activity (Wade, 2025). In the context of drug rehabilitation, structured exercise programs those that are planned, supervised, and conducted with specific health and behavioral objectives can play a vital role not only in restoring physical health but also in improving emotional stability, self-esteem, and social engagement (Song et al., 2024). Rather than assuming causal mechanisms, existing literature suggests that physical activity may serve as a constructive behavioral alternative for individuals in recovery by providing structured routines and opportunities for positive social interaction (Thompson et al., 2020).

Prior to this study, an initial observation was conducted at the Rumah Damai Drug Rehabilitation Center in Semarang, Indonesia, in early 2025. This observation involved nine residents currently undergoing rehabilitation and focused on understanding their physical activity habits, perceived fitness, and readiness for social participation. The observation indicated that most residents did not engage in regular physical activity and demonstrated limited understanding of appropriate exercise types for their physical condition. Residents also reported low motivation to participate in physical or group based activities. These findings suggest the absence of systematic physical activity integration within the rehabilitation routine.

Recent research has reinforced the link between physical activity and positive outcomes in drug rehabilitation. A systematic review by (Zhang & Liu, 2022) analyzing 14 randomized controlled trials found that aerobic and combined aerobic-anaerobic exercise interventions reduced craving, improved sleep quality, enhanced mood, and increased cardiorespiratory fitness among individuals with substance dependence. Similarly, a broader meta-analysis by (Piché et al., 2023) involving 43 studies reported that 75 percent of interventions incorporating physical activity led to measurable reductions in substance use and improvements in physical health. However, results varied considerably regarding intervention design, intensity, and duration, underscoring ongoing uncertainty about optimal exercise prescriptions in rehabilitation settings.

Despite growing evidence on exercise outcomes, many studies emphasize psychological or clinical endpoints without systematically quantifying participants' actual physical activity levels using standardized measurement tools. As a result, it remains unclear whether individuals in rehabilitation achieve sufficient activity levels to meet established health guidelines.

The International Physical Activity Questionnaire (IPAQ) provides a standardized framework for categorizing activity into three levels: low, moderate, and high based on frequency, duration, and intensity (Sember et al., 2020). Although IPAQ has been widely applied in population-based research, its use within drug rehabilitation settings particularly in low and middle income countries remains limited, constraining cross-contextual comparison across rehabilitation populations. Moreover, while physical activity is frequently associated with improved social functioning, the relationship between objectively measured activity levels and social reintegration outcomes remains insufficiently explored. Existing studies often rely

on self-reported psychosocial indicators, such as perceived self-efficacy or group cohesion, without first establishing baseline physical activity levels using standardized metrics.

Similar structural limitations in rehabilitation services have been reported in other low- and middle-income countries, where programs tend to prioritize counseling and detoxification while underutilizing structured physical activity as a therapeutic component (Dewabhrata et al., 2023). Observations at Rumah Damai reflect this broader pattern, with daily activities largely centered on sedentary group sessions and limited opportunities for physical engagement. The theoretical foundation for incorporating exercise into rehabilitation can be framed within the biopsychosocial model of recovery, which posits that biological, psychological, and social factors interact to determine overall health outcomes (Komáromi et al., 2025). Biologically, regular exercise enhances cardiovascular efficiency, strengthens muscles, regulates metabolic processes, and modulates neurobiological pathways involved in addiction such as dopamine signaling and brain-derived neurotrophic factor (BDNF) production (Marrero-Cristobal et al., 2022). Psychologically, exercise promotes mood stabilization through endorphin release, reduces anxiety and depression, and fosters a sense of accomplishment and self-efficacy. Socially, group exercise fosters interaction, teamwork, and mutual support helping participants develop new social identities disconnected from prior substance-use behaviors (Hossain et al., 2024). These combined effects make exercise a uniquely integrative intervention for SUD rehabilitation.

Accordingly, this study addresses the following research question: What is the level of physical activity among residents of the Rumah Damai Drug Rehabilitation Center in Semarang, as measured using the International Physical Activity Questionnaire (IPAQ)?.

The purpose of this study is to describe and categorize the physical activity levels of rehabilitation residents using a standardized measurement framework. Rather than evaluating intervention effects, this study contributes to the international literature by providing a descriptive baseline of physical activity levels in a rehabilitation population, thereby enabling cross-setting comparison and informing the design of future structured exercise programs.

Materials and methods

Study participants

The study involved 9 male residents of the Rumah Damai Drug Rehabilitation Center in Semarang, who were undergoing an active rehabilitation program during the data collection period in 2025. Participants were selected using a purposive sampling approach, based on their eligibility and willingness to participate. The inclusion criteria were:

1. participants aged between 20 and 65 years
2. currently enrolled in the rehabilitation program for at least 3 months
3. physically and mentally capable of engaging in light to moderate physical activity based on the medical assessment provided by the rehabilitation center
4. willing to participate voluntarily after being informed of the study's purpose and procedures.

Exclusion criteria included residents who had acute medical conditions, severe psychiatric disorders, or mobility limitations that prevented safe participation in physical activity assessments. Residents who failed to complete the questionnaire or provided incomplete responses were also excluded from the analysis. All participants were informed about confidentiality and their right to withdraw at any time without any consequence to their rehabilitation process. The overall research procedure, from participant selection to data analysis, is summarized in [Figure 1](#);

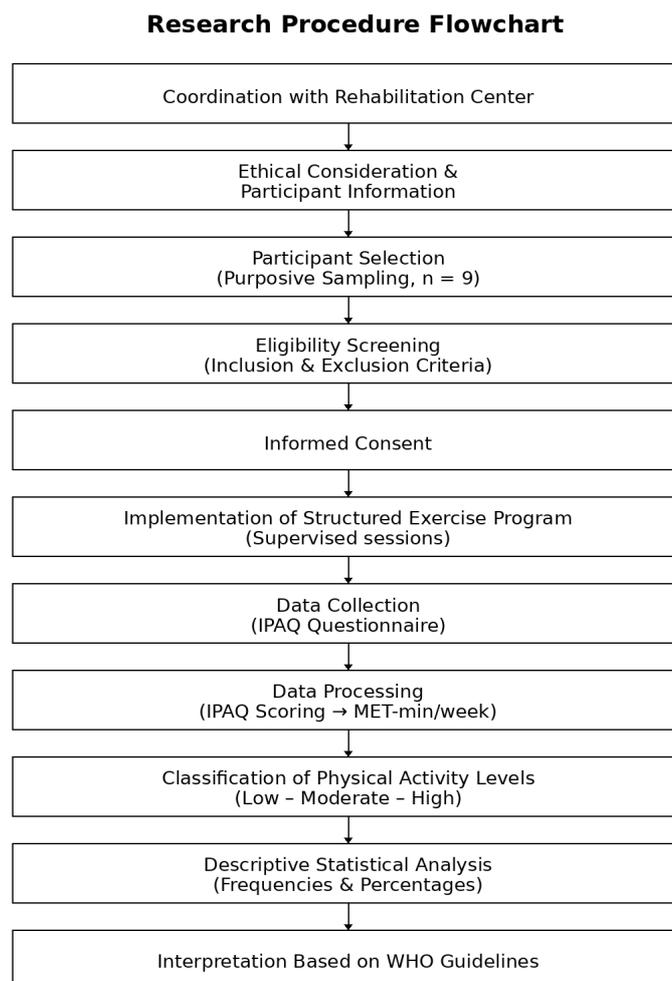


Figure 1. Research Procedure Flowchart

Study organization

This study adopted a descriptive quantitative design and was conducted as part of a community engagement initiative aimed at enhancing social reintegration through structured physical activity participation. The primary objective was to assess and classify the physical activity levels of rehabilitation residents involved in a structured exercise program, using the International Physical Activity Questionnaire (IPAQ) as the main research instrument.

The study was organized in collaboration with the management of Rumah Damai Rehabilitation Center to ensure smooth coordination and participant compliance. Prior to data collection, coordination meetings were held with the rehabilitation staff to explain the research objectives, procedures, and ethical considerations. The structured exercise program implemented at the center consisted of supervised sessions including basic aerobic exercises, stretching activities, and light to moderate strength components tailored to the residents' conditions. Data collection was conducted in a controlled and supportive environment to minimize participant discomfort and ensure validity of responses.

Statistical analysis

Data analysis was conducted using JASP for iOS. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant demographic characteristics such as age and duration of rehabilitation (Morrison & Stuijbergen, 2014). Physical activity data obtained from the IPAQ were processed according to the

standardized IPAQ scoring protocol (Wanner et al., 2016). Each reported walking, moderate, and vigorous activity was converted into Metabolic Equivalent Task (MET) minutes per week, and the total physical activity score for each participant was computed.

Based on these total scores, participants were categorized into one of three physical activity levels: low, moderate, or high, following the official IPAQ cutoff criteria (Healey et al., 2020). The proportion of participants in each category was then presented descriptively to illustrate the distribution of physical activity levels among rehabilitation residents. The results were interpreted in relation to WHO physical activity recommendations to determine whether participants achieved sufficient activity levels to obtain health benefits.

Results

A total of nine male residents participated in the study, all of whom met the inclusion criteria regarding age (20-65 years) and rehabilitation duration (≥ 3 months). Most participants had been enrolled in the rehabilitation program for three to six months, while a smaller proportion had attended for more than six months.

Physical activity level classification based on IPAQ criteria is presented in Table 1.

Table 1. The level of physical activity of rehabilitation residents

No	Level of physical activity	Number of people	Percentage (%)
1	Low	9	100
2	Moderate	0	0
3	High	0	0
	Total	9	100.00

Further descriptive analysis of physical activity components showed consistently low energy expenditure across all activity domains. The mean total physical activity level among participants was 412.6 ± 138.4 MET-minutes per week, indicating limited engagement in physical activity with relatively small variability across residents. Walking activity contributed the largest proportion of total MET-minutes, however, the mean walking-related energy expenditure remained low (286.7 ± 102.3 MET-minutes/week) and primarily reflected short duration movements within the rehabilitation facility. Moderate intensity physical activity was minimal (125.9 ± 74.6 MET-minutes/week), while no vigorous intensity physical activity was reported by any participant. Although some participants reported limited moderate-intensity activities, the frequency and duration were insufficient to meet IPAQ criteria for moderate or high physical activity classification.

Sedentary behavior analysis indicated that participants spent a considerable portion of their daily time in seated activities, including group counseling sessions and indoor social interactions. The mean self-reported sitting time was 452.3 ± 86.5 minutes per day, reflecting a predominantly sedentary daily routine.

When physical activity levels were compared with World Health Organization (WHO) recommendations, none of the participants met the minimum threshold of 150-300 minutes of moderate-intensity or 75-150 minutes of vigorous intensity physical activity per week. Overall, these results provide a quantitative description of low physical activity levels among rehabilitation residents and highlight the limited variability in activity patterns within the sample.

Discussion

This study aimed to describe the physical activity levels of residents at the Rumah Damai Drug Rehabilitation Center using the International Physical Activity Questionnaire

(IPAQ). The findings indicate uniformly low physical activity levels among participants, with a mean total physical activity of 412.6 ± 138.4 MET-minutes per week and no residents meeting the criteria for moderate or high IPAQ categories. In addition, participants reported a high amount of sedentary time, averaging 452.3 ± 86.5 minutes per day, suggesting a predominantly inactive daily routine.

These findings are strongly aligned with research over the past decade, which has consistently shown that individuals in rehabilitation environments tend to engage in very limited physical activity. Several recent studies indicate that many rehabilitation facilities do not prioritize structured exercise as a core element of treatment, resulting in residents experiencing prolonged inactivity and insufficient movement stimulation (Daniels et al., 2023). Similar to the participants in this study, individuals in other rehabilitation settings have reported a lack of structured guidance, inadequate facilities, limited encouragement, and uncertainty about appropriate exercise intensity.

Although some participants reported limited engagement in moderate intensity activities, the frequency and duration were insufficient to meet IPAQ thresholds for higher physical activity classification. This finding highlights the importance of distinguishing between isolated activity episodes and overall activity patterns when interpreting IPAQ based assessments. The present study contributes by providing a standardized descriptive baseline of physical activity levels, which can facilitate comparison with other rehabilitation populations using similar measurement approaches.

The high level of sedentary behavior observed in this study aligns with earlier research indicating that rehabilitation residents often spend substantial portions of the day in seated or low-movement activities (Kolanowski & Buettner, 2008). While prior studies have suggested that factors such as motivation, self-efficacy, and social support may influence exercise participation among individuals with substance use disorders (Meng et al., 2024), the current study was not designed to examine determinants or causal mechanisms underlying physical inactivity.

The current study supports this perspective, suggesting that without these enabling factors, residents are unlikely to voluntarily increase their physical activity levels. From a broader perspective, this study positions Rumah Damai residents as a high risk group for physical inactivity, highlighting a critical area requiring attention in Indonesian rehabilitation programs. Much of the existing research on physical activity in rehabilitation contexts comes from western and high income countries, whereas studies in Southeast Asia, and particularly Indonesia, remain limited. National reports indicate that rehabilitation services in Indonesia still emphasize counselling, detoxification, and psychological support, with physical rehabilitation receiving less structured attention (Dewabhrata et al., 2023).

Also physical activity participation in Indonesian populations is largely shaped by environmental support and program structure rather than individual motivation alone. Accordingly, this study extends national evidence by emphasizing the importance of structured physical activity within rehabilitation settings, an area that remains underexplored in Indonesia (Putra et al., 2025).

By providing empirical evidence using standardized IPAQ measurement, this study adds an important contribution to the Indonesian research landscape and supports the call for integrating physical activity as a fundamental component of rehabilitation. Positioned within current research, the present findings strengthen two key arguments. First, they reinforce existing evidence that physical inactivity remains a prevalent issue in rehabilitation settings, particularly where structured programs are not strongly emphasized or systematically supported. Second, they highlight that simply providing a structured exercise label is not sufficient, program design must be intentional, progressive, and supported by guidance, motivation, monitoring, and relevance to participants physical and psychological conditions.

This is in line with (Kohzuki, 2025), who concluded that the effectiveness of exercise interventions depends not only on frequency and intensity but also on how well programs are integrated into the rehabilitation environment and supported by trained facilitators.

In conclusion, this study demonstrates that residents at Rumah Damai currently experience very low levels of physical activity despite being engaged in a rehabilitation program. These findings align with broader international research highlighting persistent inactivity among rehabilitation populations, while also contrasting with studies showing the benefits of well designed exercise interventions. This positions the Rumah Damai population as an important target group for enhanced physical activity strategies. Strengthening structured exercise programs, improving supervision quality, and incorporating motivational support will be essential steps towards ensuring residents achieve healthier levels of physical activity, thereby supporting both physical recovery and broader rehabilitation outcomes.

Conclusions

This study demonstrated that residents at the Rumah Damai Drug Rehabilitation Center in Semarang exhibited uniformly low levels of physical activity based on the International Physical Activity Questionnaire (IPAQ). All participants were classified in the low physical activity category, and none met the criteria for moderate or high activity levels. These findings indicate limited engagement in physical activity and a predominance of sedentary behavior within the rehabilitation setting.

Several limitations of this study should be acknowledged. First, the small sample size ($n = 9$) limits the generalizability of the findings. Second, the study was conducted at a single rehabilitation center, which may not represent conditions in other rehabilitation settings. Third, the descriptive study design does not allow for causal inference regarding factors influencing physical activity levels. Finally, physical activity was assessed using a self-reported questionnaire (IPAQ), which may be subject to recall and reporting bias.

Despite these limitations, the study provides a standardized descriptive baseline of physical activity levels among rehabilitation residents using a widely accepted measurement tool. The findings contribute to the limited empirical evidence on physical activity patterns in rehabilitation contexts in Indonesia and comparable settings.

Future research is recommended to involve larger and more diverse samples, include multiple rehabilitation sites, and apply longitudinal or intervention-based designs to examine changes in physical activity over time. The use of objective measurement tools, such as accelerometers, may also help reduce self-report bias and provide more accurate estimates of physical activity behavior.

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Conflict of interest

The authors have no conflicts of interest to declare.

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