## **Research Article**

# "Knowledge Regarding Minor Disorders of Pregnancy and Its Management among Antenatal Mothers"

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#### **ABSTRACT**

**Background and Objectives:** Understanding the common disorders of pregnancy in order to advice the womenon strategies that help her to cope up with the condition and minimize the effects sheexperiences. Although such disorders are termed as "minor disorders" they are far fromminor for the woman, who is experiencing them.

The researcher aims to assess the knowledge regarding minor disorders of pregnancy and its management among antenatal mothers attending antenatal clinics at selected PHC. The study seeks to understand the knowledge of minor disorders of pregnancy and how the antenatal mothers can handle it.

Objectives: The objectives are as follows,

- 1. To assess the existing level of knowledge of antennal mothers regarding minor disorders of pregnancy.
- 2. To find out an association between the level of knowledge scores of the antenatal mothers regarding minor disorders of pregnancy and its management with their selected socio-demographic variables.

**Methods:** A quantitative approach was used, with a non-experimental descriptive research design. A sample of 80 antenatal mothers was selected using non-probability purposive sampling technique. The socio demographic data, structured knowledge questionnaire was used to collect the data on level of knowledge scores of the antenatal mothers regarding minor disorders of pregnancy and its management with their selected socio-demographic variables.

**Result:** In this study the maximum number of antenatal mothers 45 had average knowledge (56.25%), while antenatal mothers 11 had poor knowledge (13.75%)whereas 24 antenatal mothers has good knowledge (30%).

**Interpretation and conclusion:** The study concludes that the Level of knowledge regarding minor disorders of pregnancy and its management among antenatal mothers attending antenatal clinics at selected PHC, Kolhapur. Majority of antenatal mothers (56.25%) had average knowledge and (13.75%) had poor knowledge. There is a need for healthcare professionals to assess the knowledge regarding minor disorders of pregnancy and its management among antenatal mothers. The findings have implications for nursing practice, education, administration, and research, as well as general education in PHC.

**Keywords:** Knowledge, Minor Disorders and its Management, Antenatal Mothers, Antenatal Clinics, PHC.

### INTRODUCTION

Pregnancy is a special feeling for mother to be women suddenly realize the power of being a women able to make a human out of her body. Being a special time pregnancy is also a time where the mother to be should like special care for her body as every action of her will affected her body. During as every action

of pregnancy the way mother move every day is a important as any special exercise that mother can perform daily to avoid the complication during pregnancy. Women has to go for regular antenatal check up and admit for institutional delivery<sup>1</sup>

A study revealed that minor ailment/disorder are only minor in as much as they are not life

threatening. As soon as a women become pregnant and experience that fatigue of early pregnancy coupled with nausea and vomiting.<sup>2</sup> A minor ailment may escalate and become a serious complication of pregnancy. Minor ailments are heart burn, excessive salivation, pica, constipation, back ache, cramps, frequency of micturition, leucorrhea, fainting and insomnia.<sup>1</sup>

Causes of minor ailments can be divided into hormonal changes and accommodation changes, metabolic changes and postural changes everybody system of the body adjust and it's affected by pregnancy<sup>1</sup>

WHO finds that the risk of death from pregnancy or child birth related causes is1in 20 in developing countries compared to 1in 10,000 in developed countries. The ratio of mortality and morbidity is 1:15. According to report o registrar general of India sample registration system (2007-2009), India has a MMR of 212 per 1,00,000 live births. A report of voluntary Health Association of India 2001 showed that India contributes to 18% of total births globally and 20% of total maternal majority of discomforts deaths. The experienced during pregnancy can be related to either hormonalchanges or the physical changes related to the growing uterus. Professionals involved n the care of antenatal mothers have a role to offer advice and reassurance regardingthe nature of these symptoms. People have taken pleasure in using traditional beliefsand practices for a long time manage the minor disorders during pregnancy. Beliefsspecific to pregnancy lead to specific practices to treat the minor discomforts ofpregnancy, some practices are safe where as others may be unsafe or harm to themothers and fetus these practices are linked to environment, culture and the informationfrom faith healers and elders. The healthy mother brings forth the healthy child. Somany of the minor disorders can be controlled and prevented using existing knowledgeand affordable tools to the Primi gravid mothers<sup>1</sup>.

## **METHODS**

A quantitative descriptive approach was used, with a non-experimental descriptive research design. A sample of 80 antenatal mothers was selected using non-probability purposive sampling technique. The reliability of the tool was established and thesocio demographic data, structured knowledge questionnaire was used to collect the data on level of knowledge scores of the antenatal mothers regarding minor disorders of pregnancy and its management with their selected socio-demographic variables.

#### **RESULTS**

# Part I: Description of demographic variables of caregivers

This part deals with distribution of participants according to their demographic characteristics. Data was analyzed using descriptive statistics and summarized in terms of percentage.

Table 1: Frequency and percentage distribution of sample according to demographic characteristics n=80

Selected Socio-demographic variable	Frequency	Percentage
<b>1.</b> Age in years		
18 to 25	39	48.75%
26 to 30	33	41.25%
31 to 35	8	10%
<b>2.</b> Religion		
Hindu	47	58.75%
Muslim	23	28.75%
Christian	10	12.5%
<b>3.</b> Educational Status		
No formal education	3	3.75%
Primary education	25	31.25%
Secondary education	36	45%
Higher secondary	13	16.25%
Graduate or above	3	3.75%
<b>4.</b> Type of family		
Joint	29	36.25%
Nuclear	51	63.75%

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Selected Socio-demographic variable	Frequency	Percentage
<b>5.</b> Occupation		
Housewife	72	90%
Employed	8	10%
<b>6.</b> Number of Gravida		
Primigravida (firstpregnancy)	38	47.5%
Multigravida (two or more pregnancies)	42	52.5%
<b>7.</b> Gestational Age		
First trimester (0-12 weeks)	14	17.5%
Second trimester (13-26 weeks)	35	43.75%
Third trimester (27-40 weeks)	31	38.75%

The data presented in Table 1 shows thatmajority of samples 39 (48.75%) belonged to the age group of 18-25 years andminimum 0 (0%) belonged to the age of 36 and above. Majority of samples 47 (58.75%) belonged to Hindu religion and minimum10 (12.5%) belonged to Christin religion. Majority of samples 36 (45%) belonged tosecondary education and minimum 3 (3.75%) belonged to no formal education andgraduate or above. Majority of samples 51 (63.75%) belonged to nuclear family and minimum29 (36.25%) belonged to joint family.

Majority of samples 72 (90%) belonged to Housewife and minimum 90%) belonged to self-employed, student and other. Majority of samples 42 (52.5%) belongedto multigravida and minimum 38 (47.5%) belonged to primigravida.

Majority of samples 35 (43.75%) belonged to second trimester and minimum14 (17.5%) belonged to first trimester.

**Section 2:** Finding related to knowledge regarding minor disorders of pregnancy and itsmanagement among antenatal mothers.

Table 2: Frequency and percentage (%) distribution of knowledgeregarding minor disorders of pregnancy and its management among antenatal mothers.

$n = {$	30
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Knowledge scores	Range of score	Frequency	Percentage
Good	18 - 25	24	30%
Average	9 – 17	45	56.25%
Poor	0 - 8	11	13.75%

Table no.2 indicates that, The maximum number of antenatal mothers 45 had average knowledge (56.25%), while antenatal mothers 11 had poor knowledge (13.75%) whereas24 antenatal mothershas good knowledge (30%).

# Part III: Association between Knowledge Scores of Subjects with Their Selected Socio-Demographic Variables.

The calculated Chi-square values were lesser than tabulated value at 0.05 level of significance for all the demographic variables. It has proved that there is no association between knowledge scores of subjects regarding minor disorders of pregnancy and its management with the selected socio demographic variables among antenatal mothers. So, the hypothesis (H<sub>1</sub>) was not accepted.

**Ho:** There is no any association between knowledge scores of subjects regarding minor disorders of pregnancy and its management

with their selected socio demographic variables among antenatal mothers.

#### DISCUSSION

# 1. Demographic Characteristics

The data presented in Table 1 shows that the majority of samples 48.75% belonged to the age group of 18-25 years andminimum 0% belonged to the age of 36 and above. Majority of samples 58.75% belonged to Hindu religion and minimum12.5% belonged to Christin religion. Majority of samples 45% belonged tosecondary education and minimum 3.75% belonged to no formal education and graduate above.Majority of samples 63.75% belonged to nuclear family and minimum36.25% belonged to joint family. Majority of samples 90% belonged to Housewife and minimum 90% belonged to selfemployed, student and other. Majority of samples 52.55% belonged to multigravida and minimum 47.5% belonged to primigravida. Majority of samples 43.75%

belonged to second trimester minimum17.5% belonged to first trimester. A study with similar finding was conducted to theknowledge assess regarding disorders of pregnancy and its management among antenatal mothers. The non probability purposive sampling method was used to select 30 samples. The tool consisted of two sections: Section A – demographic variables and Section B - standardized questionnaire. The study result reveals that the majority of respondents (47%) were in the age group of 20-30 years.

# 2. Assessment Of Knowledge Regarding Minor Disorder Of Pregnancy And Its Management Among Antenatal Mothers

The maximum number of antenatal mothers 45 had average knowledge 56.25%, while antenatal mothers 11 had poor knowledge 13.75%whereas24 antenatal mothershas good knowledge 30%.

A study with similar finding was conducted to assess the knowledge. The majority of women 70 (46.7%) were having moderate knowledge, 55 (36.7%) women have inadequate and 25 (16.6%) have adequate knowledge regarding minor ailments of pregnancy and their remedial measures. Area wise knowledge score shows that majority of mothers having adequate knowledge regarding backache, followed by fatigue and sleeplessness with Mean 10.68%, Mean percentage 44.5% and Standard deviation 5.125. The chi-square test done at 0.05 level of significance revealed association of knowledge score with all demographic variables

A study with contradictory findings was reveals that 01% of antenatal mother has excellent knowledge,06% of antenatal mothers had good knowledge, 73% of antenatal mothers had averageknowledge,16% of antenatal mothers had below average knowledge and 04% of antenatalmothers had poor knowledge regarding the self-management of minor ailments duringpregnancy.

# 3. Association between Minor Disorders of Pregnancy with Selected Demographic Variables among Antenatal Mothers.

The present study finding reveals that there was no any significant association between the knowledge of minor disorders of pregnancy and its management among antenatal mothers with Age, Religion, Educational status, type of family, occupation, number of gravida and gestational age.

A similar study conducted to assess the association between demographic variables and minor disorders of pregnancy. Thereis no between significant correlation demographic knowledge variable and scoreregarding minor ailments and their home remedies, according to Fisher test and Chi squarewith Yates correction test results that were used to determine significance at the 0.05 level. The study concludes that This study found that the majority of women in urban areas hadinsufficient knowledge of minor disorders and their home remedies.

A study with contradictory findings was conducted to assess the knowledge regarding minor disorders of pregnancy and its management. The study result reveals that 01% of antenatal mother has excellent knowledge, 06% of antenatal mothers had good knowledge, 73% of antenatal mothers had average knowledge, 16% of antenatal mothers had below average knowledge and 04% of antenatal mothers had poor knowledge regarding the self-management of minor ailments during pregnancy. The CHI -SQUARE test was used to test the association between quantitative characters or attributes for which occupation as a sociodemographic variable proved to be significant.

# CONCLUSION

In this study the maximum number of antenatal mothershas averageknowledge, while minimum number of antenatal mothershas poor knowledge whereas some antenatalmothers hasgood knowledge. The data was collected by no-probability purposive sampling technique.

# Implications of the Study

The findings of the present study have several implications which are discussed in the following area.

- 1. Nursing Practice
- 2. Nursing Education
- 3. Nursing Administration
- 4. Nursing research

# **Nursing Practice**

Constant updating and growth are essential to keep abreast of scientificand technological change within the nursing profession. Inservice education programsare designed to upgrade theknowledge of employees The findings of the study couldbe constant awareness and clear understanding may be created regarding minordisorders of pregnancy

and its management. This will increase the knowledge andimprove the knowledge of staff and student nurses regarding minor disorders ofpregnancy and its management.

# **Nursing Education**

Nursing education help the student nurses with adequate knowledge, skills andknowledge tofull-fill their duties and responsibilities in the nursing field. The findingsof the study can be usedby nurse educator to educate the student nurses, which helpthem to provide an adequateawareness and knowledge about minor disorders ofpregnancy and its management.

The nurse educator have the responsibility to update the knowledge ofstaff nurses during clinical teaching and thereby improve their knowledgethrough various educational programs.

# **Nursing Administration**

Nurses are challenged to play the role of efficient administrators as wellas practitioners, Administration in both private and government sectors shouldtake initiative action to update knowledge of health personnel regardingminor disorders of pregnancy and its management methods by in-serviceeducation. Administrators must provide adequate supply of audio-visual aids forconducting awareness programs. After training, the student nurses should be provided with adequate supervision to maintain the standards of knowledgeminor disorders of pregnancy and its management.

## **Nursing Research**

The importance of research in nursing is to build the body of knowledge and theimportance of research in nursing is to build the body of knowledge and practice to improve client care and enhance scientific knowledge base of nursing. The study throwslight on the areas of nurse's knowledge regarding minor disorders of pregnancy and its management. The findings of the present study serve as the basis for the professionals and the students to conduct further evaluation on implementation of these programs.

# Limitations

 The study lacked control group that did not receive any specific teaching to allow testing for an increase in samples knowledge without the use of learning package. 2. No broad generalizations could be made due to small size of samples and limited area of research setting.

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