

Assess the Knowledge on Minor Ailments and Its Home Management During Pregnancy

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ABSTRACT:

“A study to assess the knowledge on minor ailments and its home management during pregnancy among antenatal mothers at selected antenatal clinic of Lucknow. U.P with a view to develop an information booklet.”

Introduction: Pregnancy is a precious time for all pregnant women. Pregnant women need to be aware of full of excitement and anticipation of various events of pregnancy as minor discomforts during pregnancy. The minor discomforts are also known as minor ailments. Minor ailments are only minor 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. A minor ailment may escalate and become a serious complication of pregnancy. Minor ailment are heart burn, excessive sweating, pica, constipation, back ache, muscles and leg cramps, frequency of micturition, leucorrhoea, fainting and insomnia and these minor ailments can be effectively managed at home.

Objectives: 1. To assess the knowledge on minor ailments and its home management during pregnancy among antenatal mothers. 2. To find out the association between knowledge on minor ailments and its home management during pregnancy among antenatal mothers with their selected socio demographic variables.

Research methodology: This study was conducted using Quantitative approach at Community Health Centre, Sarojini Nagar, Lucknow, Uttar Pradesh. Descriptive research design was adopted. The conceptual framework utilised in the study was Irwin M. Rosenstock, “Health Belief Model”. 100 antenatal mothers were taken for data collection. Non-probability purposive sampling technique was used to select sample. Data collection was done by using self-structured knowledge questionnaire regarding minor ailments and its home management during pregnancy. Before conducting the study, consent was obtained by the samples.

Result: The finding shows that majority of 68% antenatal mothers had adequate knowledge and 32% had inadequate knowledge regarding minor ailments and its home management during pregnancy. The mean score was 16.81 and SD was 6.026.

Conclusion: The study was done to assess the knowledge regarding minor ailment and its home management during pregnancy. The present study concluded that most antenatal mothers had adequate knowledge. There was association of knowledge score with their selected demographic variables. The researcher observed that the antenatal mothers had adequate knowledge regarding minor ailments and its home management.

Keywords: Antenatal mothers, Antenatal clinic, Information booklet, Knowledge, Home management, Minor ailments, Pregnancy.

INTRODUCTION

“The life of mother is life of child; they are two blossoms of single branch.”

-[Karen Maezen Miller]

Background of the study: The female reproductive system's organs and structures allow women to bear children. The condition in which the products of conception implant normally in the uterus is known as pregnancy.[1] Pregnancy is a wonderful time in every woman's life. Giving birth should be a greatest achievement and life changing event. Pregnancy is the most significant event in a woman's life, which requires unique care from the time of conception to the postnatal period. [2] Pregnancy is a period where the mother tends to take care of herself so as to prepare herself for safe delivery. [3] According to WHO, pregnancy is defined as the state of carrying a developing embryo or foetus within the female uterus. [4] During pregnancy there is progressive anatomical, physiological and biochemical change take place not only in genital organs but also to all systems of the body. This is a phenomenon of maternal adaptations to the increasing demands of growing foetus. The average length of pregnancy is 280days or 40 weeks from time of conception. During this time women undergo many changes to accommodate the growing foetus.[5] As pregnancy progresses there is increase size of the foetus which produces physical stress on mothers' body and this stress may lead further complication 2 in mothers. The majority of complication and discomfort experienced during pregnancy, they are associated to either hormonal changes or the physical changes related to growing foetus.[6] Women experience a variety of physiological and psychological symptoms such as morning sickness, heartburn, constipation, pica, leg cramps, backache, increased urinary frequency, fatigue, breast tenderness, increased vaginal discharge, varicose vein, and skin changes, etc. These are termed as minor ailments or discomfort of pregnancy. [7] Minor ailments of pregnancy is a series of commonly experienced symptoms related to the effects of pregnancy hormones and the consequences of enlargement of the uterus as the foetus grows during pregnancy. About half of pregnant women experience nausea, vomiting in the first trimester. This is also called morning sickness because symptoms are more severe in morning. It is caused due to high HCG (Human Chorionic Gonadotrophin) hormone. The women may start feeling nauseous somewhere around the sixth week of pregnancy. Morning sickness can range from a mild aversion to certain smells or foods, to persistent nausea to vomiting in severe cases. Morning sickness usually peaks between 8 weeks to 11 weeks and typically fades by the end of first trimester. However, some women can experience it well into second and even in third trimester." If vomiting is severe, causing a woman to lose fluids and weight, it may be a sign of "hyperemesis gravidarum" that can lead to dehydration.[8] Increased pressure from the gravid uterus on the rectum and intestines can interfere with digestion and subsequent bowel movements, which results in constipation. It may also be caused due to minimal physical exercise, relaxation of intestinal muscle, consumption of iron containing prenatal vitamins. Heartburn and indigestion are caused by relaxation of oesophageal sphincter, decreased frequency of stomach contraction making digestion sluggish and leading to acidity. Enlarged uterus can crowd the abdomen, pushing stomach 3 acid upward leading to heartburn. If this condition is ignored, it may cause recurrent irritation and inflammation of oesophagus and lead to ulcers. Frequency of urination is caused by increase in blood flow to kidneys by 50%. Common minor ailments during pregnancy do not endanger the life of women but severity of symptoms may lead to loss of productivity of the pregnant women. These minor ailments become complicated and affect the health of the mother and foetus if it is not managed properly. Minor ailment can be effectively managed at home. Home remedies and other non-pharmacological methods may be considered as the Firstline treatment. Most of the minor ailments during pregnancy can be minimized or treated at home by using home remedies

at the time of their primary onset. Successful management of these minor ailments requires adequate knowledge. Effective antenatal care will enhance and promote the pregnancy experience among mothers and improve maternal and child survival. [9] If minor ailments are not taken care on time they may convert into major ailments. Therefore, it is important that health care providers should educate antenatal mothers regarding minor ailments. Mothers should educate regarding difference between physiological and pathological ailments and their home management.

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Results:

The evident was shown below in table no.1 that majority 69% of antenatal mothers were between the age group 18years -24 years and least 3% were found the age group between 32years -37years. Majority 55% participants were having gravida 1 and least 45% were having gravida 2. Professional qualification of antenatal mothers found that 31% were having primary education and least 6% were having graduation. Majority 81% antenatal mothers were Hindu and least 6% were Christian. Majority of occupation found that 69% antenatal mothers were home maker and least 4% were having government job. Majority of 34% family income of antenatal mothers were between Rs. 11000-Rs.15000 and least 16% were having Rs.21000 and above. Majority 55% of antenatal mothers belong to nuclear family and least 45% were having joint family. Majority 74% were having 1 year duration of marriage and least 1% were having 3years. Majority shows that 60% participants were having no previous knowledge regarding minor ailments during pregnancy and its management and least 40% participants were having previous knowledge. Majority 74% were having knowledge from internet and least 1% were having knowledge from books.

**Table No.1- Shows the Frequency, percentage distribution of selected demographic variables.
(N=100)**

S. No.	Demographic variables	Frequency (f)	Percentage (%)
1.	Age in year		
1.1	18-24	69	69
1.2	25-31	28	28
1.3	32-37	3	3
1.4	Above 38	0	0

2.	Gravida		
2.1	Gravida-1	55	55
2.2	Gravida-2	45	45
3.	Educational qualification		
3.1	No formal education	28	28
3.2	Primary education	31	31
3.3	Matriculation	17	17
3.4	Higher secondary	18	18
3.5	Graduation and above	6	6
4.	Religion		
4.1	Hindu	81	81
4.2	Muslim	13	13
4.3	Christian	6	6
4.4	Others	0	0
5.	Occupation		
5.1	Home maker	69	69
5.2	Private job	12	12
5.3	Government job	4	4
5.4	Business	15	15
6.	Family Income (In Rs.)		
6.1	5000-10000	30	30
6.2	11000-15000	34	34
6.3	16000- 20000	20	20
6.4	21000above	16	16
7.	Family type		
7.1	Nuclear family	55	55
7.2	Joint family	45	45
8.	Duration of marriage		
8.1	1year	74	74
8.2	2years	20	20
8.3	3years	5	5
8.4	3years and above	1	1
9.	Previous knowledge regarding minor ailments during pregnancy and its management.		
9.1	Yes	40	40
9.2	No	60	60
10.	Source of knowledge		
10.1	Friends and neighbors	5	5
10.2	Internet	74	74
10.3	Book	1	1

10.4	Health personnel	20	20
	Total	100	100

The majority of 68% antenatal mothers had adequate knowledge, and 32% had inadequate knowledge regarding minor ailments and its home management during pregnancy. Mean and standard deviation is 16.81±6.026 respectively. The

Table no..2- Knowledge scores of antenatal mothers regarding minor ailments and its home management during pregnancy. (N=100)

Knowledge regarding minor ailments and its home during pregnancy	Frequency (f)	Percentage (%)	Mean ±SD
Adequate knowledge (16-30)	68	68	16.81±6.026
Inadequate knowledge (0-15)	32	32	

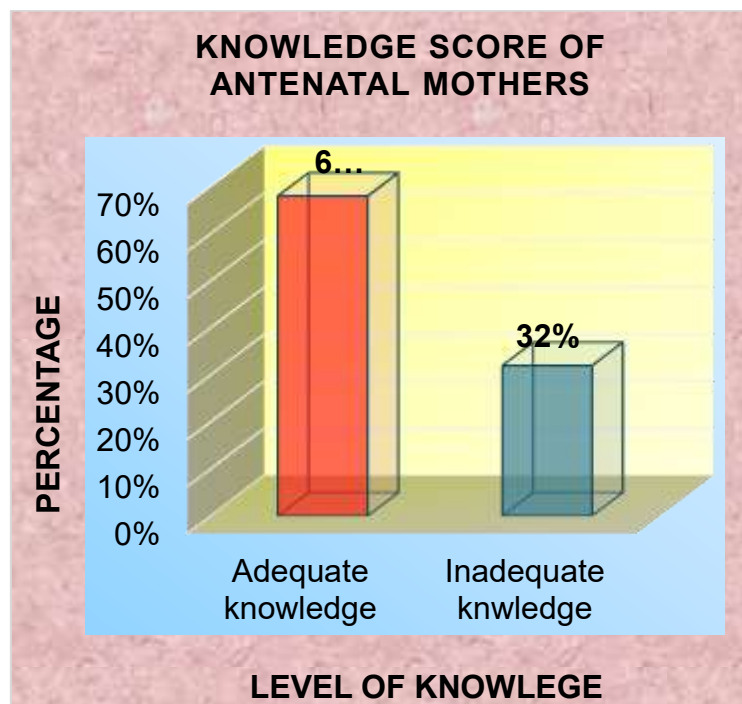


Figure-1:- Bar diagram showing knowledge score of antenatal mothers

The data in the table no.3 indicates that a significant relationship exists between the level of knowledge regarding minor ailments and its home management during pregnancy in antenatal mothers with respect to gravida, educational qualification, religion, occupation, source of knowledge and family income. Level of knowledge regarding minor ailments and its home management during pregnancy in antenatal mothers is independent of age, duration of marriage, family type and previous knowledge regarding minor ailments and its home management during pregnancy.

Table no.3: Associate the knowledge level score on minor ailments and its home management during pregnancy among antenatal mothers with their selected demographic variables.

(N=100)

S. N	Demo-graphic Variables	Inadequate Knowledge score≤15	Adequate Knowledge score≥15	Total	df	χ^2	P	Inference
1	Age in year							
1.1	18-24	40	29	69	2	1.098	0.57	*NS
1.2	25-31	14	14	28				
1.3	32-37	1	2	3				
1.4	Above 38	0	0	0				
		55	45	100				
2.	Gravida							
2.1	Gravida-1	28	27	55	1	5.231	0.02	*S
2.2	Gravida-2	33	12	45				
		61	39	100				
3.	Educational qualification							
3.1	No formal education	13	15	28	4	25.38	0.001	*S
3.2	Primary education	20	11	31				
3.3	Matriculation	7	10	17				
3.4	Higher secondary	18	0	18				
3.5	Graduation and above	0	6	6				
		58	42	100				
4.	Religion							
4.1	Hindu	38	43	81	2	5.231	0.01	*S
4.2	Muslim	9	4	13				
4.3	Christian	6	0	6				
4.4	Others	0	0	0				
		53	47	100				
5.	Occupation							
5.1	Home maker	48	21	69	3	16.38	0.001	*S
5.2	Private job	9	3	12				
5.3	Government job	0	4	4				
5.4	Business	15	0	15				

		72	28	100				
6.	Family Income (in Rs.)							
6.1	5000-10000	10	20	30	3	17.04	0.001	*S
6.2	11000-15000	12	22	34				
6.3	16000-20000	17	3	20				
6.4	21000 above	10	6	16				
		49	51	100				
7.	Family type							
7.1	Nuclear family	35	20	55	1	0.139	0.07	*NS
7.2	Joint family	27	18	45				
		62	38	100				
8.	Duration of marriage							
8.1	1year	36	38	74	3	5.715	0.12	*NS
8.2	2years	6	14	20				
8.3	3years	4	1	5				
8.4	3years and above	1	0	1				
		47	53	100				
9.	Previous knowledge regarding minor ailments during pregnancy and its management.							
9.1	Yes	15	25	40	1	0.063	0.80	*NS
9.2	No	24	36	60				
		39	61	100				
10.	Source of knowledge							
10.1	Friends and neighbors	1	4	5	3	10.54	0.01	*S
10.2	Internet	60	14	74				
10.3	Book	1	0	1				
10.4	Health personnel	16	4	20				
		78	22	100				

Discussion

The results of the finding shows that majority of 68% antenatal mothers had adequate knowledge, and least 32% had inadequate knowledge regarding minor ailments and its home management during pregnancy. Mean and standard deviation was 16.81±6.026. The study findings are supported by Jincy H.J. (October 2023), a descriptive study was conducted on home remedies for minor ailments in pregnancy, to

assess knowledge and practice assessment among antenatal mothers at selected health centres in Coimbatore, Tamil Nadu. Total 60 antenatal mothers were selected by using convenient sampling technique. Structured knowledge questionnaires were used for data collection.

The study revealed that 65% had adequate knowledge, 35% had inadequate knowledge about home remedies. Indeed, the study successfully accomplished its objective i.e. to assess the knowledge on minor ailments and its home management during pregnancy among antenatal mothers.[10]

The study revealed that there is significant association was found between gravida, educational qualification, religion, occupation, source of knowledge 53 and family income but no significant association between age, duration of marriage, family type and previous knowledge regarding minor ailments during pregnancy. The findings of study were supported by Deori E., and Das K.L. (June 2023), A descriptive (survey research design) study was conducted to assess the knowledge on minor disorders of pregnancy and its management among antenatal mothers of selected Hospitals of Tinsukia District, Assam, India. 100 antenatal mothers were selected by using convenient sampling technique. Structured interview schedule was used for data collection. The result of the study revealed that 51% had moderate knowledge, 24% had adequate knowledge and 22% had inadequate knowledge on minor disorders of pregnancy. And in terms of management 50% had adequate knowledge, 28% had moderate knowledge and 22% a had inadequate knowledge on management of minor disorders of pregnancy. There is significant association between knowledge of antenatal mothers on minor disorders of pregnancy and its management with demographic variables age, religion, education, occupation, family income, type of family, parity, gravida and area of residence.[11] Therefore, the present study indicates that six demographical variables i.e. gravida, educational qualification, religion, occupation, source of knowledge and family income had significant association between level of knowledge. Hence the objective to find out the association between knowledge on minor ailments and its home management during pregnancy among antenatal mothers with their selected socio demographic variables is fulfilled.

Conclusion:

From the result of the study, it was found that the study regarding minor ailments and its home management can improve the knowledge and it will help the nurses to develop appropriate teaching material.

Recommendations:

It is recommended to conducted with large number of samples for better generalizability. And self-instructional module can be used to improve the knowledge. A comparative study can be done between multigravida and primigravida women. Similar study can be done as an experimental study. And study can be done to investigate the occurrence of minor disorders of pregnancy and its home management.

Limitations:

The study sample was limited because larger sample size would have helped to extrapolate the data to the population. The study was confined only to 100 antenatal mothers.

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