

A Cross-Sectional Study to Assess Knowledge and Practice Regarding Management of Minor Ailments During Pregnancy Among Third-Trimester Antenatal Mothers in a Selected Hospital, Shillong, Meghalaya

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Abstract

Minor ailments are prevalent physiological discomforts experienced by mothers during pregnancy and can adversely affect the welfare of pregnant women. Knowledge and appropriate practices for managing these ailments play an important role in reducing discomfort and promoting maternal health. Adequate awareness and proper self-care measures can help antenatal mothers effectively manage minor ailments and improve their quality of life during pregnancy.

This cross-sectional, non-experimental study evaluated knowledge and practices for managing minor ailments during pregnancy among third-trimester mothers attending the Antenatal Out-Patient and In-Patient Departments of Ganesh Das Government Maternal and Child Hospital, Lawmali, Shillong, Meghalaya. The study was carried out among 116 third-trimester antenatal mothers. Data were collected from 27th April to 2nd May 2026 using a structured tool to evaluate the levels of knowledge and practice of the study participants on how to manage minor ailments in pregnancy.

The findings revealed that out of 116 respondents, 61(52.59%) demonstrated good knowledge, 50 (43.10%) demonstrated average knowledge, and 5 (4.31%) demonstrated poor knowledge regarding the management of minor ailments during pregnancy, with a mean knowledge score of 11.47 ± 1.94 . Concerning practice, 65 (56.03%) respondents had good practice, 47 (40.52%) had average practice, and 4 (3.45%) had poor practice, with a mean practice score of 17.75 ± 2.87 . There was a statistically significant association between the knowledge level of the respondents and the number of ANC visits ($\chi^2 = 18.18$, df = 6, p = 0.017). A statistically significant association was also found between the level of

practice and the number of ANC visits ($\chi^2 = 36.90$, $df = 6$, $p < 0.001$). However, no significant association was found between the selected maternal variables and the knowledge and practice levels of the respondents.

The findings suggest that more than half of the third-trimester antenatal mothers possessed good knowledge and good practices regarding the management of minor ailments during pregnancy. The study further indicates that increased ANC visits contribute positively to improving the knowledge and practices of antenatal mothers. Therefore, strengthening antenatal care services and encouraging regular ANC visits may enhance mothers' awareness and behaviours on how to manage minor ailments in pregnancy.

Keywords: Minor ailments, pregnancy, knowledge, practice, antenatal mothers, third trimester, antenatal care.

1. Introduction

1.1 Background of the study

Pregnancy is a natural physiological process which includes several hormonal and physical changes that may lead to some discomforts such as nausea and vomiting, heartburn, constipation, backache, headache, dizziness, swelling, frequent urination, and sleeplessness [1]. These discomforts are usually not serious but may interfere with the normal activities of pregnant women. However, the World Health Organization (WHO) considers the management of these minor physiological complaints an integral part of antenatal care.

In the third trimester, frequent urination and fatigue were the most frequent discomforts reported by the respondents. As pregnancy progresses, these complications become more severe due to pressure exerted by the enlarged uterus on other organs. A study carried out among 368 third-trimester antenatal mothers who attended antenatal clinics at AIIMS, Jodhpur, reported that 61% of the respondents had a fair level of knowledge about the management of minor discomforts during pregnancy. Moreover, almost all the respondents used at least one common home remedy for the management of the minor discomforts [2].

Appropriate and adequate knowledge and practices such as exercise, adequate fluid and roughage intake, diet adjustment, rest, and other non-pharmacological measures can play a significant role in the management of minor pregnancy discomforts. For instance, WHO recommends the above interventions for the management of heartburn, constipation, lower back pain, edema, and other related discomforts. Therefore, the study on the knowledge and practice of third-trimester antenatal mothers is necessary to identify gaps in antenatal care, which could provide inputs for bridging the gaps through relevant programmes and activities.

1.2 Need of the study

Minor ailments are prevalent in the antenatal period and, though physiological, sometimes cause discomfort if not managed properly. The study conducted at AIIMS, Jodhpur, concluded that nearly 61% of the third-trimester mothers had a good or fair level of knowledge about the management of minor ailments, and various home practices were followed by the mothers [2].

Inadequate or poor knowledge may result in mothers using improper self-care practices or delaying medical consultation. Antenatal care provides an opportunity for nurses to educate mothers about managing minor ailments and symptoms that require medical attention. The World Health Organization recommends counselling mothers and providing appropriate interventions for common physiological symptoms during antenatal care.

Therefore, there is a need to evaluate the knowledge and practice about the management of minor ailments among third-trimester antenatal mothers. The present study attempts to assess the knowledge and practices of third-trimester antenatal mothers regarding the management of minor ailments attending a selected hospital in Shillong, Meghalaya. The findings of the study could help identify gaps in knowledge and practices and provide a basis for improving antenatal health education.

2. Objectives of the study

2.1 Primary Objectives

To assess the knowledge and practice regarding management of minor ailments during pregnancy among third-trimester antenatal mothers attending a selected hospital in Shillong, Meghalaya.

2.2 Secondary Objectives

To determine the association between knowledge and practice regarding the management of minor ailments during pregnancy among third-trimester antenatal mothers attending a selected hospital in Shillong, Meghalaya, and selected demographic variables.

3. Materials and methods

3.1 Research Approach

A quantitative research approach was selected for the present study.

3.2 Research Design

A cross-sectional research design was selected for the present study.

3.3 Variables

- a) Independent variables:** Socio-demographic variables: Age, gravida, place of residence, educational qualification, occupation, religion, number of ANC visits, and previous history of illness
- b) Outcome variables:** Knowledge and practice on minor ailments among third-trimester antenatal mothers.

3.4 Study Setting

For the present study, the pilot study was carried out in the Obstetrics and Gynaecology OPD of NEIGRIHMS, Shillong, Meghalaya.

The final study was conducted at the Antenatal Inpatient Department and Antenatal OPD of Ganesh Das Government Maternal and Child Hospital, Lawmali, Shillong, Meghalaya.

These settings were selected because they provided access to the required population of third-trimester antenatal mothers for data collection.

3.5 Ethical Considerations

For the conduct of the present study, permissions were obtained from the following: NEIGRIHMS Scientific Advisory Committee (NSAC), Institutional Ethics Committee (IEC), Medical Education and Research (DME), Department of Obstetrics and Gynaecology, NEIGRIHMS, Medical Superintendent and Nursing Superintendent, Ganesh Das Maternal and Child Health Hospital, Shillong, and informed consent from participants.

3.6 Study Population

In this study, the study population included third-trimester antenatal mothers attending a selected hospital in Shillong, Meghalaya.

3.7 Sampling Technique

This study used convenience sampling to select participants.

3.8 Sample Size

Sample size signifies the total number of distinct subjects, events, behaviour, or phenomena that were observed and examined within a study.

The sample size was calculated using the following formula.

$$n = \frac{\left\{ \left(Z_{\{1-\frac{\alpha}{2}\}} \right)^2 P(1 - P) \right\}}{\{d^2\}}$$

Where,

Z_{1- α /2}: Critical value of the normal distribution at $\alpha/2$ (for a confidence level of 95%, α is 0.05 and the critical value is 1.96)

n: Sample size

P: Percentage category for which we are computing the sample size

1-P: Proportion of the population not having the characteristic under study

d: Confidence interval/error allowance, i.e., 8% (0.08)

Z: 1.96, which is the standard normal deviate for a 95% confidence level

P: 22.5% (0.225), considering the percentage of knowledge on self-management of minor ailments among antenatal mothers¹⁵

1-P: 1-0.225 = 0.775

Attrition rate = 10% of n

Hence, 10% of 105 = 10.5

Total sample size = 105 + 10.5 = 115.5

≈ **116 participants (approx.)**

3.9 Inclusion Criteria

- Antenatal mothers during their third trimester attending a selected hospital in Shillong, Meghalaya, who are available at the time of data collection.
- Antenatal mothers who are willing to participate in the study.
- Antenatal mothers who can understand Khasi, Hindi, or English.
- Antenatal mothers who have experienced minor ailments like physiological ankle edema, leg cramps, back pain, frequent urination, heartburn, constipation, piles, and fatigue occurring only during the pregnancy period.

3.10 Exclusion Criteria

- Women having a high-risk pregnancy.
- Women in labour pain during data collection.

3.11 Development of Data Collection Tool

The following steps were adopted before the development of the tool: An extensive review of literature obtained from research journals, online resources, and books related to the research subjects; suggestions from experts; professional experiences as interns in the maternity ward; and preliminary consultation with academic peers.

3.12 Description of Data Collection Tool

The tool used for data collection for the present research is a structured interview. It consists of three sections.

Section A: This section comprises demographic data of the participants, seeking specific information such as age, gravida, place of residence, educational qualification, occupation, religion, number of ANC visits, and previous history of illness.

Section B: This section contains 16 items designed to evaluate the levels of knowledge of the participants on management of minor ailments during the third trimester.

Section C: A 3-point LIKERT scale is used in this section to evaluate the practices of the participants regarding the management of minor ailments during the third trimester.

3.13 Validity

The tool for data collection on knowledge and practice for managing minor ailments during the third trimester among antenatal mothers was validated by experts from different health departments, such as the Department of Obstetrics and Gynaecology, Department of Community Medicine, Medical Social Services Unit, and Department of Midwifery and Obstetrical Nursing. Further, the tool was also given for validation and translation to Khasi and Hindi language experts.

3.14 Data Collection Procedure

The pilot study was conducted on 20 third-trimester antenatal mothers at the Obstetrics and Gynaecology OPD, NEIGRIHMS, Shillong, Meghalaya, after receiving prior approvals from the Medical Superintendent, NEIGRIHMS, and the HOD, Obstetrics and Gynaecology Department, NEIGRIHMS, Shillong, Meghalaya. The study was conducted from 30th March to 4th April, 2026.

The pilot study revealed that the tool was reliable and that it was feasible to carry out the main study as proposed.

The final data collection was carried out from 27th April to 2nd May 2026 at the Antenatal Out-patient Department and Antenatal In-patient Department, Ganesh Das Government Maternal and Child Hospital, Lawmali, Shillong, Meghalaya.

Prior to data collection, ethical clearance was obtained from the Institute Ethical Committee, NEIGRIHMS. Permission was obtained from the Directorate of Health Services, Meghalaya, the Medical Superintendent, and the Nursing Superintendent of Ganesh Das Government Maternal and Child Hospital to perform the study. Informed consent was received from the study subjects. The informed consent explicitly outlined the research problem, study purpose, and the data collection protocols. It also assured the participants that confidentiality of their details and the anonymity of the results would be maintained. On the day of data collection, a short introduction to the study was provided to the participants, and thereafter, the structured interview schedule was administered individually to the participants by the researchers, and the responses were recorded accordingly. Each participant took approximately 15-20 minutes to complete the interview schedule.

3.15 Scoring of the Tool

Section A: It consists of socio-demographic characteristics and was not scored.

Section B: It consists of 16 knowledge-based questions/items to assess the level of knowledge on the management of minor ailments during the third trimester of pregnancy of the participants. '1' mark was awarded for each correct response and '0' for every incorrect response, except for the first question (No. 2). The maximum score is 15, and the minimum score is zero.

Section C: It consists of 12 practice-based statements to assess the level of practice of participants on the management of minor ailments during the third trimester of pregnancy. 6 of these practice-based statements are positive statements where the score of 2, 1, 0 was awarded for the responses 'always', 'sometimes', and 'never', respectively. The maximum score is 24, and the minimum score is zero.

3.14 Interpretation of Score

Section B: Knowledge Level

Category	Range Of Score
Poor	<8
Average	8-11
Good	>11

The maximum score is 16

Section C: Practice Level

LEVEL OF PRACTICE	RANGE OF SCORE
Poor	0-11
Average	12-17
Good	18-24

The maximum score is 24

3.15 Statistical Analysis

The statistical analysis used to assess the knowledge and practice regarding management of minor ailments during pregnancy among third-trimester antenatal mothers is descriptive analysis (frequency, percentage, mean, and standard deviation), and to determine the association between knowledge and practice level with selected variables is inferential analysis (Chi-square).

4. Results

Section – I

Table 1: Frequency and Percentage Distribution of Antenatal Mothers as Per the Selected Demographic Variables (n = 116)

VARIABLES	CATEGORY	FREQUENCY (F)	PERCENTAGE (%)
Age (in years)	≤20 years	8	6.9
	21–34 years	94	81.0
	≥35 years	14	12.1
Gravida	Primigravida	33	28.4
	Multigravida	83	71.6
Residence	Urban	50	43.1
	Rural	66	56.9
Education Qualification	No Formal Education	7	6.0
	Primary Education	18	15.5
	Secondary Education	63	54.3
	Higher Secondary Education	16	13.8
	Graduate and above	12	10.3
Occupation	Non-working	92	79.3
	Working	24	20.7
Religion	Christian	77	66.4
	Hindu	26	22.4

	Islam	4	3.4
	Niam Khasi	9	7.8
Number of ANC Visits	1 visit	5	4.3
	2 visits	9	7.8
	3 visits	16	13.8
	4 or more visits	86	74.1
Previous History of Illness	Absent	113	97.4
	Present	3	2.6

Table 1 revealed that the majority of antenatal mothers (81%) belonged to the age group of 21–34 years, while 12.1% were aged ≥ 35 years. More than half of the respondents (71.6%) were multigravida. Regarding place of residence, 56.9% of the antenatal mothers were from rural areas, whereas 43.1% belonged to urban areas. In terms of educational qualification, the majority (54.3%) had secondary education, followed by 15.5% with primary education and 13.8% with higher secondary education. The majority of participants (79.3%) were non-working, while 20.7% were working mothers. Most respondents (66.4%) identified as Christians.

With regard to antenatal visits, the majority of antenatal mothers (74.1%) had attended four or more ANC visits, indicating good utilization of antenatal services. Most of the respondents (97.4%) had no previous history of illness, whereas only 2.6% reported a previous illness.

Section – II

Figure 1: Frequency and percentage distribution of knowledge score obtained by the participants.
(n=116)

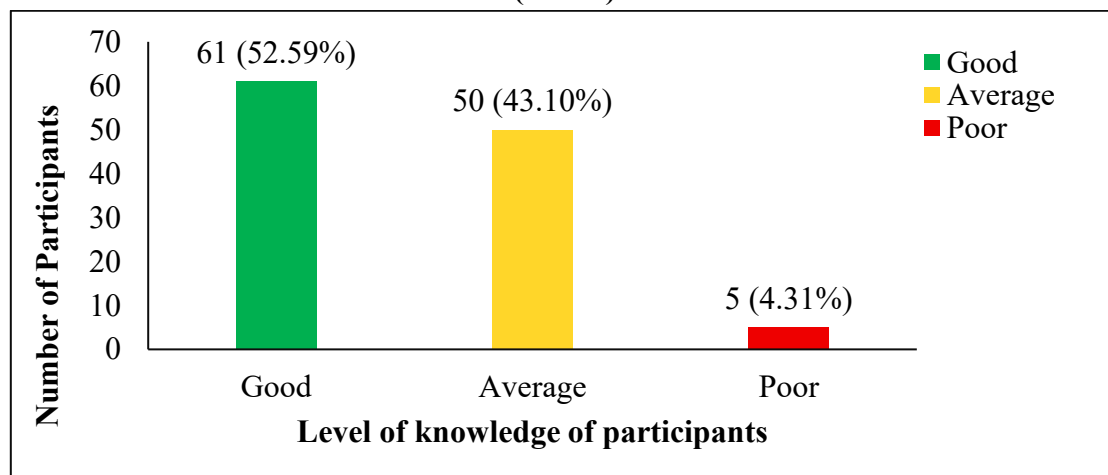


Figure 1 reveals that out of 116 participants, more than half of the antenatal mothers, 61 (52.59%), had good knowledge, followed by 50 (43.10%) who had average knowledge and 5 (4.31%) who had poor knowledge on how to manage minor ailments in pregnancy.

FIGURE 2: Bar diagram depicting percentage distribution of knowledge of participants regarding management of minor ailments during pregnancy based on domains (n=116)

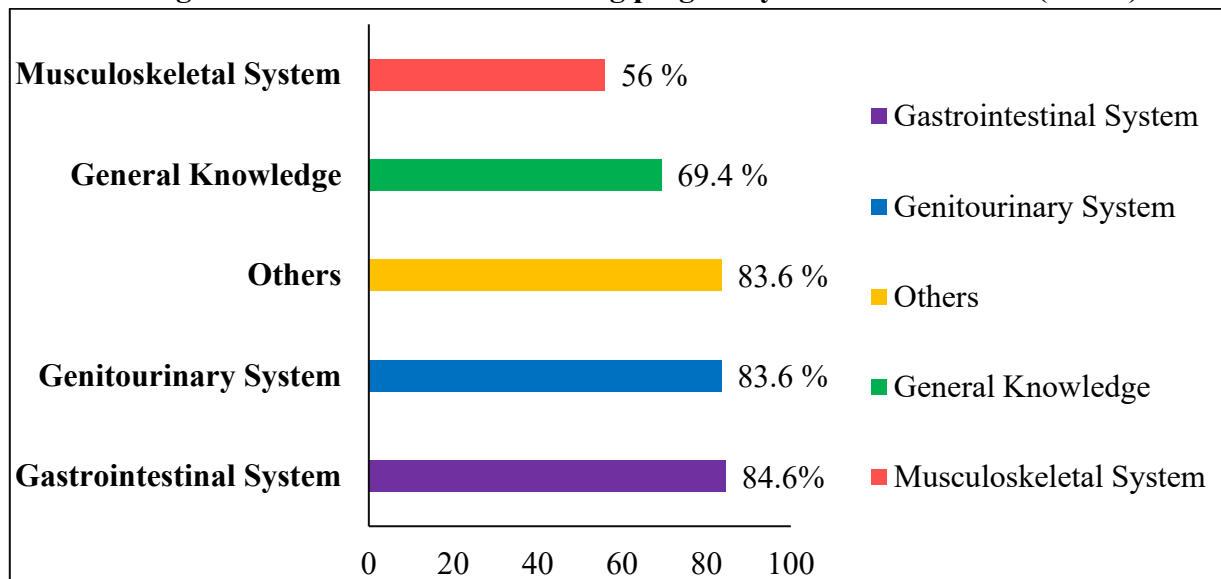


Figure 2 depicts the domain-wise distribution of knowledge scores regarding the management of minor ailments during the third trimester of pregnancy among antenatal mothers. The highest percentage score was observed in the gastrointestinal system domain (84.6%), followed by the genitourinary system (83.6%) and the other domains (83.6%). The general knowledge domain demonstrated a percentage score of 69.4%. In comparison, the musculoskeletal system domain recorded the lowest percentage score (56.0%), indicating comparatively lower knowledge in this area.

Section – III

Figure 3: Frequency and percentage distribution of practice score obtained by the participants. (n=116)

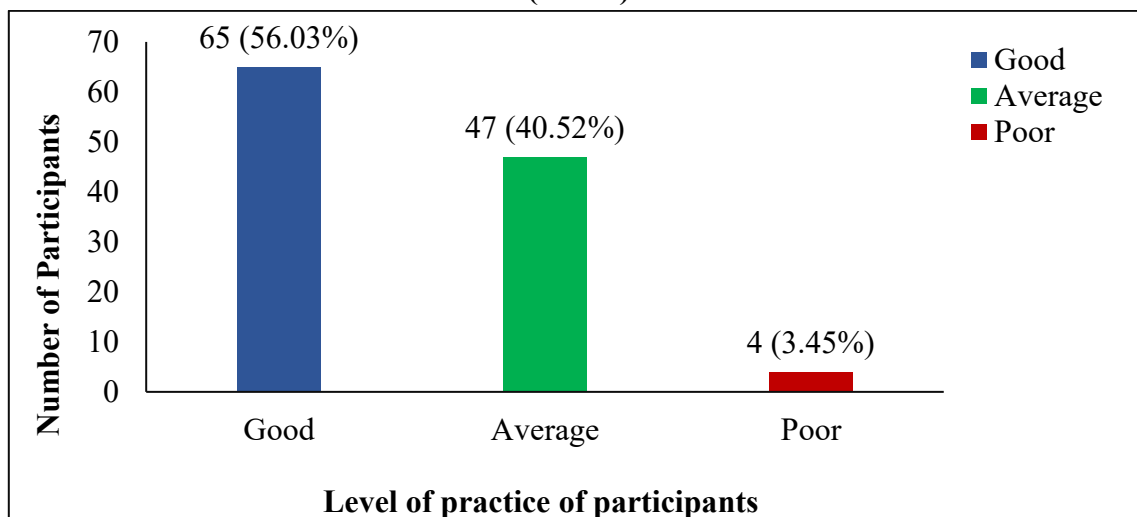


Figure 3 reveals that more than half of the antenatal mothers (56.03%) had good practice, followed by 40.52% with average practice and 3.45% with poor practice on how to manage minor ailments in pregnancy.

Section – IV

Table 2: Association between Levels of Knowledge and Selected Demographic Variables among Antenatal Mothers (n = 116)

Demographic Variables	Knowledge			p-value
	Poor	Average	Good	
Age				0.893
≤20 years	-	3	5	
21–34 years	5	41	48	
≥35 years	-	6	8	
Gravida				0.935
Primigravida	1	15	17	
Multigravida	4	35	44	
Occupation				0.919
Non-working	4	39	49	
Working	1	11	12	
Religion				0.201
Christian	3	33	41	
Hindu	-	12	14	
Muslim	-	2	2	
Khasi	2	3	4	
ANC Visits				0.017*
1 visit	1	3	1	
2 visits	2	4	3	
3 visits	2	6	8	
4 or more visits	-	37	49	
Residence				0.652
Urban	2	19	29	
Rural	3	31	32	
Educational Qualification				0.279
No Formal Education	1	4	2	
Primary Education	-	11	7	
Secondary Education	4	25	34	
Higher Secondary Education	-	7	9	
Graduate and above	-	3	9	
Previous History of Illness				0.637
Absent	5	48	60	
Present	-	2	1	

*Significant at $p < 0.05$ level

Table 2 depicts a statistically significant association between knowledge level and number of ANC visits ($\chi^2 = 18.18$, $df = 6$, $p = 0.017$), indicating that the number of ANC visits may influence the mother's level of knowledge.

Table 3: Association between Level of Practice and Selected Demographic Variables among Antenatal Mothers (n = 116)

Demographic Variables	Practice			p-value
	Poor	Average	Good	
Age				0.966
≤20 years	-	3	5	
21–34 years	4	38	52	
≥35 years	-	6	8	
Gravida				0.865
Primigravida	1	12	20	
Multigravida	3	35	45	
Occupation				0.552
Non-working	4	38	50	
Working	-	9	15	
Religion				0.163
Christian	1	30	46	
Hindu	3	13	10	
Muslim	-	1	3	
Khasi	-	3	6	
ANC Visits				<0.001*
1 visit	1	3	1	
2 visits	3	5	1	
3 visits	-	6	10	
4 or more visits	-	33	53	
Residence				0.798
Urban	2	22	26	
Rural	2	25	39	
Educational Qualification				0.136
No Formal Education	1	5	1	
Primary Education	-	7	11	
Secondary Education	1	24	38	
Higher Secondary Education	2	6	8	
Graduate and above	-	5	7	
Previous History of Illness				1.000
Absent	4	46	63	
Present	-	1	2	

*Significant at $p < 0.05$ level

Table 3 depicts a statistically significant association between practice level and number of ANC visits ($\chi^2 = 36.90$, $df = 6$, $p < 0.001$), indicating that the number of ANC visits may influence the mother's level of practice.

5. Discussion

In the present study, among the 116 third-trimester antenatal mothers, 61 (52.59%) had good knowledge, 50 (43.10%) had average knowledge, and 5 (4.31%) had poor knowledge regarding the management of minor ailments during pregnancy. A similar pattern was reported by Priya P. D. et al. (2021) in their study among primigravida mothers in Tamil Nadu, where 50% of participants had good knowledge, 48.3% had average knowledge, and 1.7% had excellent knowledge [14].

The findings of the present study also revealed a statistically significant association between the mothers' level of knowledge and the number of ANC visits ($\chi^2 = 18.18$, $df = 6$, $p = 0.017$). This may indicate that mothers who attend antenatal care more regularly have greater opportunities to receive health information and guidance on managing minor ailments during pregnancy. This observation is supported by Kumari K. V. et al. (2019), who highlighted the importance of providing effective health education to mothers when they come for antenatal visits to improve their knowledge and promote safe pregnancy outcomes [26]. Similarly, Devkate P. et al. (2022) suggested that structured antenatal education may enhance mothers' knowledge and skills in the self-management of minor ailments on their own during pregnancy [15].

With regard to practice, the present study found that more than half of the antenatal mothers followed good practices in managing minor ailments during pregnancy. Good practice, which was observed in the present study, was comparatively higher than that reported by Abera et al. (2022) among pregnant women in Ethiopia, where only 29.3% of the participants had good self-management practices for minor pregnancy disorders [22].

A statistically significant relationship was also found between the mothers' practice level and the number of ANC visits ($\chi^2 = 36.90$, $df = 6$, $p < 0.001$). The association between the number of ANC visits and practice suggests that regular antenatal visits may provide mothers with repeated opportunities to receive counselling, clarify their doubts, and learn appropriate ways of managing common discomforts during pregnancy. This is in line with the findings of Abera et al. (2022), who emphasized the role of antenatal counselling in promoting appropriate self-management practices and recommended including education on minor ailments as part of routine antenatal care [22]. Such education could help mothers manage common pregnancy-related discomforts safely and may contribute to better maternal well-being and pregnancy outcomes.

6. Recommendations

- A similar study could be conducted with a larger sample size to enhance the generalizability of the findings to a broader population across different settings.
- A planned health education programme on the importance of regular ANC visits and health check-ups during pregnancy could be conducted annually at various health centres and communities to improve knowledge and practice on the management of minor ailments during pregnancy.
- A comparative study could be done to assess the knowledge and practice on the management of minor ailments during pregnancy between pregnant women residing in rural and urban areas.
- A similar study could be conducted to assess the prevalence of minor ailments among pregnant women.

7. Implications of the Study

Nursing services:

Nurses play a key role in health promotion and disease prevention. The study findings revealed the need

for nurses to assess the knowledge and practices of antenatal mothers regarding the management of minor ailments during each antenatal visit.

Nursing education:

The study findings could be used in nursing education to improve the nursing curriculum in areas such as ANC visits in rural and urban areas, as well as in hospitals. Continuing nursing education (CNE) programmes should be organised to update nurses on current recommendations for managing minor ailments during pregnancy. They should be encouraged to develop communication skills to address myths, fears, and misconceptions related to pregnancy and ANC visits. The study findings highlight the need to prepare nurses to also serve as health educators.

Nursing research:

The study findings could be used as a basis for future research on minor ailments during pregnancy. Intervention-based studies could be conducted that will evaluate the impact of structured teaching programmes, information booklets, or video-assisted education on improving knowledge and practice.

Nursing administration:

Nursing administration could use the findings of this study to plan and implement appropriate policies and programmes and, guided by the findings, to encourage nurses to allocate sufficient time for counselling antenatal mothers during routine ANC visits. Nursing administration could also arrange training programs and workshops for nurses. Further, allocation of resources such as teaching materials, models, and time for health education could also be recommended and extended using the findings as a basis.

8. Conclusion

The study shows that more than half of the third-trimester antenatal mothers have good knowledge and practice regarding management of minor ailments during pregnancy. The study also reveals that the number of ANC visits may influence the level of knowledge and practice regarding management of minor ailments during pregnancy.

9. References

1. Lhamu S. et al. A study to assess the knowledge regarding management of minor ailments during pregnancy among antenatal mothers in selected areas of Aizawl, Mizoram. *Int J Res Appl Sci Eng Technol.* 2026;14(6):3025-31. Available from: <https://doi.org/10.22214/ijraset.2026.83940>
2. Sharma A. et. al. Knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers: a descriptive study from Rajasthan. *Int J Community Med Public Health.* 2020;7(10):4010-4016, Available from: <http://dx.doi.org/10.18203/2394-6040.ijcmph20204369>
3. Soanes C, Oxford English Mini Dictionary. 7th edition, New Delhi: Oxford University Press; 2007, pg. no. 29
4. Soanes C, Oxford English Mini Dictionary. 7th edition, New Delhi: Oxford University Press; 2007, pg. no. 309
5. Soanes C, Oxford English Mini Dictionary. 7th edition, New Delhi: Oxford University Press; 2007, pg. no. 430
6. Cunningham FG, Leveno KJ, Dashe JS, Hoffman BL, Casey BM, Spong CY, Sheffield JS. Williams Obstetrics. 26th edition, New York: McGraw-Hill; 2022. Available from: <https://accessmedicine.mhmedical.com/book.aspx?bookid=2977#249763085>

7. Konar H. DC Dutta's Textbook of Obstetrics: Including Perinatology and Contraception. 9th edition. New Delhi: Jaypee Brothers Medical Publishers; 2020. Available from: <https://books.google.je/books?id=SoJXDwAAQBAJ&lpg=PR4&pg=PR4#v=onepage&q&f=false>
8. Deori E, Kharbynnang L. A study to assess the knowledge on minor disorders of pregnancy and its management among antenatal mothers of selected hospitals of Tinsukia District, Assam. Int J Sci Res (IJSR). 2023 Jun 5;12(6):132–6. Available from: <https://www.ijsr.net/archive/v12i6/SR23623121332.pdf>
9. Rosy M. A study to assess the knowledge and practice regarding minor disorders of pregnancy and the incidence among the antenatal mothers who attend OPD at a selected hospital, Kolar. Asian J Nurs Educ Res. 2014;4(3):284–287. Available from: <https://www.ajner.com/AbstractView.aspx?PID=2014-4-3-5>
10. Vincent S. et. al., A study on knowledge of Primi mothers on self-management of minor discomforts of pregnancy. Nitte University Journal of Health Science. 2013;3(3). Available from: https://www.researchgate.net/publication/342508408_A_STUDY_ON_KNOWLEDGE_OF_PRIMI_MOTHERS_ON_SELF_MANAGEMENT_OF_MINOR_DISCOMFORTS_OF_PREGNANCY
11. Karnati S. et. al., A Study to Assess the Knowledge Regarding Home Management of Minor Ailments in Pregnancy Among Rural Women. International Journal of Recent Scientific Research Vol. 6, Issue, 6, pp.4593-4596, June, 2015, Available from: <https://www.recentscientific.com/sites/default/files/2629.pdf>
12. Kaur A et. al., Assessment of the knowledge and expressed practices regarding self-management of minor ailments among antenatal mothers. IOSR Journal of Nursing and Health Science (IOSR-JNHS). 2017 Jan–Feb;6(1):49-54. Available from: <http://iosrjournals.org/iosr-jnhs/papers/vol6-issue1/Version-1/G0601014954.pdf>
13. Alageswari A. et. al., Assessment of Knowledge and Expressed Practice Regarding Self-Management of Minor Ailments among Antenatal Mothers. EC Gynaecology 8.1 (2019): 21-28. Available from: <http://ecronicon.net/assets/ecgy/pdf/ECGY-08-00277.pdf>
14. Priya PD, Subhasri K. A descriptive study to assess the level of knowledge on management of minor ailments among Primigravida Mothers. Int J Midwifery Nurs Pract. 2021;4(2):11–13. Available from: <https://www.nursingpractice.net/archives/2021/vol4issue2/PartA/4-1-10-762.pdf>
15. Devkate P. et al. A study to assess the knowledge regarding self-management of minor ailments in pregnancy among antenatal mothers. Asian J Nurs Educ Res. 2022;12(1):21–4. Available from: <https://doi.org/10.52711/2349-2996.2022.00004>
16. Arya N et. al., To assess the level of knowledge regarding selected minor ailments of pregnancy and its remedial measures among antenatal women attending antenatal OPD at Doon Medical College and Hospital, Dehradun. International Journal of Advanced Research. 2022;10(5):763-770. Available from: <http://dx.doi.org/10.21474/IJAR01/14767>
17. Sangelkar G et. al., Knowledge regarding minor disorders of pregnancy and its management among antenatal mothers. International Journal of Pharmacy Research & Technology. 2025 Jul–Dec;15(2). Available from: <https://ijprt.org/index.php/pub/article/download/1004/819>
18. Agampodi SB et. al., Minor Ailments in Pregnancy Are Not a Minor Concern for Pregnant Women: A Morbidity Assessment Survey in Rural Sri Lanka. PLoS ONE 8(5): e64214. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0064214>

19. Aziz KF et. al., Self-management of pregnant women regarding minor discomforts in primary health care centers in Erbil City. *Med J Babylon*. 2016;13(2):284-293. Available from: <https://iasj.rdd.edu.iq/journals/uploads/2024/12/06/59772f3df528421b03d3e75c7e95cae7.pdf>
20. Khalil, Haroon M. et. al., Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City. *Polytechnic Journal*: Vol. 9: Issue. 2, Article 4. DOI: <https://doi.org/10.25156/ptj.v9n2y2019.pp20-24>
21. Samarakoon S.K.S.N. et. al., Knowledge and Practices Regarding Self-Management of Minor Ailments among Pregnant Mothers. *J Matern Child Health*. 05(03): 303-312. Available from: <https://thejmch.com/index.php/thejmch/article/view/371>
22. Abera M et. al., Self-management practice of minor pregnancy disorders and associated factors among pregnant women attending antenatal clinics at Tulu Bolo General Hospital, Ethiopia. *SAGE Open Nurs*. 2025; 11:23779608251345324. Available from: <https://doi.org/10.1177/23779608251345324>
23. Maharjan, M., Awareness on Minor Disorders of Pregnancy Among Pregnant Women of a Hospital. *Journal of Manmohan Memorial Institute of Health Sciences*, 8(2), 43–50. Available from: <https://doi.org/10.3126/jmmihs.v8i2.59750>
24. Hassan KS, Fahmy NM, Ahmed AFM, Said NE. Pregnant women's knowledge and practice regarding minor discomfort during the third trimester. *Egypt J Health Care*. 2024 Dec;15(4): (pages no.: 432-436). Available from: https://ejhc.journals.ekb.eg/article_387455_64f8066d627b1863ddea6b5fd77a7b9.pdf
25. Lin L et. al., Frontiers | Knowledge, attitude and practice regarding constipation in pregnancy among pregnant women in Shanghai: a cross-sectional study [Internet]. *Frontiers*; 2024 [cited 2025 July 6]. Available from: <https://doi.org/10.3389/fpubh.2024.1378301>
26. Kumari KV, et. al., Knowledge on management of minor ailments during pregnancy among antenatal mothers in NMCH, Nellore. *Int J Obstet Gynaecol Nurs* 2019;1(2):1-4. Available from: <https://doi.org/10.33545/26642298.2019.v1.i2a.14>
27. Aldossary AD, et. al., A cross-sectional study about knowledge and practices of primigravida women: Minor and common pregnancy discomforts. *Res Rev J Nurs Health Sci*. 2018;4(1):32-45. Available from: <https://www.rroij.com/open-access/a-cross-sectional-study-about-knowledge-and-practices-of-primigravida-women-minor-and-common-pregnancy-discomforts.pdf>
28. Dr. Suresh K Sharma. *Nursing Research and Statistics*. Third Edition. Haryana: Elsevier Publication; 2018. Page no. 44, 80, 163,164, 595.