

A Descriptive Study to Assess the Knowledge of Antenatal Mothers Regarding the Self Management of Minor Ailments During Pregnancy in Selected Hospital of Jalandhar, Punjab, India

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ABSTRACT

Pregnancy is mostly viewed from a physiological perspective because of the dramatic physical changes that occurs throughout the pregnancy. Due to lack of knowledge regarding pregnancy related health problems, women often tends to ignore disorders that are not very serious during pregnancy.

Objectives: To assess the knowledge regarding minor ailments among antenatal mothers, to associate knowledge level on management of minor ailments during pregnancy with socio-demographic variables like age, parity, qualification, residence and occupation, to prepare and distribute the information booklet to antenatal mothers regarding self management of minor ailments during pregnancy.

Methodology: The descriptive approach was used for the study, it was conducted on 100 antenatal mothers attending gynecology outpatient department and admitted in maternity ward at Military Hospital, Jalandhar Cantt, Punjab. The data was collected using non- probability convenience sampling technique. The tool used for gathering data was self structured interview questionnaire on self management of minor ailments during pregnancy.

Results: The study revealed 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 socio-demographic variable proved to be significant.

Conclusion: The study concluded that the antenatal mothers had little knowledge regarding minor ailments during pregnancy.

Key Words: Antenatal mothers, knowledge, self management, minor ailments during pregnancy.

BACKGROUND

“Maternal health is nation’s wealth. There is chance for the welfare of the world only when the conditions of the women improve” - Swami Vivekananda^[1]

Pregnancy is a wonderful milestone in the life of a woman. It is the origin of human life. Pregnancy is a time of physical and hormonal changes and of emotional and

psychological preparation for motherhood.^[2] Pregnancy is creative and productive period in the life of a woman. It is one of the vital events, which needs special care from conception to postnatal period. Every mother wants to enjoy nine month period with the baby inside her; the joyful experience of pregnancy is not always joyful.^[3] Minor disorders are common in

pregnant mothers like, nausea, vomiting, back ache, leg cramps, acidity and heartburn, varicose veins, ankle edema, vaginal discharge and constipation and also the pregnancy is a period of drastic change in the women's body these minor disorders are the signs that the body is naturally preparing itself for new life. Many women experience some minor disorders during pregnancy; these disorders should be treated adequately as they become more serious. Minor disorders may occur due to hormonal changes, metabolic and postural changes. The women need to cope with knowledge & cope with the experience of pregnancy. She also needs knowledge when she presents with discomforting or worrying symptoms. [4] The nine months of pregnancy is a special time of course, but its demands place the body of pregnant body under the great deal of stress and certain amount of discomfort is almost inevitable. Throughout pregnancy, she must be very cautious about using anything with a powerful pharmacological action that could have unknown effects on the body. She has to stick to very gentle remedies. She should always seek advice of her midwife or health visitor before treating any of the ailments herself. She should always consult doctor for the treatment of serious problems. [5] While working in the community the investigator found that women during pregnancy are suffering from different minor ailments and are using various remedial measures among pregnant women. However, there had been many varied tradition and home remedies to relieve minor ailments of pregnancy existing in our culture but again literature is deficit in this regard. Therefore the study is planned to identify minor ailments and their remedial measures to manage pregnant women in our scenario. According to census 1991, adolescent girls constitute 20.7% of total female population in India. More than 31% of women aged 15-19 year are married. The married adolescent girls are more prone to expose to minor ailments of pregnancy. [6] The majority of pregnant women will experience the symptoms of morning

sickness, heart burn, pica, common cold, lower backache, lower abdominal pain, constipation oedema and various skin changes during the course of their pregnancy. Today nurses and midwives have an important role in health promotion, being the health care manufactures, the mid wife is passed to a unique function of identifying and providing high standard of antenatal care that contribute to the maintenance of good health and minimize the severity of disease one of the factor that contribute maternal mortality and morbidity is lack of recognition of danger signals by women. [7]

PROBLEM STATEMENT

A descriptive study to assess the knowledge of antenatal mothers regarding the self management of minor ailments during pregnancy in selected hospital of Jalandhar, Punjab.

OBJECTIVES

1. To assess the knowledge of antenatal mothers regarding the self management of minor ailments during pregnancy.
2. To associate the knowledge level on the self management of minor ailments during pregnancy with demographic variables like age, parity, trimester, per capita income, residence and occupation.
3. To prepare and distribute the information booklet to antenatal mothers regarding the self management of minor ailments during pregnancy.

ASSUMPTIONS

There will be little knowledge to antenatal mothers regarding the self management of minor ailments during pregnancy

METHODOLOGY

Research approach: Descriptive approach was selected as the study was designed to assess the knowledge regarding the self management of minor ailments during pregnancy in Military Hospital, Jalandhar Cantt. Non-experimental and Quantitative

research approach has been adopted for the study.

Research design: The research design selected for the study was descriptive research design.

Research setting: The study was conducted in Gynecology outpatient department and maternity ward of Military Hospital, Jalandhar Cantt, Punjab

Study population: Antenatal mothers who were fulfilling the inclusion criteria and were present at the time of data collection.

Sample and sampling technique: A total of 100 antenatal mothers were taken as the sample of the study and non- probability convenient sampling technique was employed to collect the data.

Criteria for sample selection

Inclusion criteria:

1. All antenatal mothers who are :-
2. Primigravida and multigravida mothers attending the Gynecology OPD and admitted in Maternity Ward of Military Hospital, Jalandhar Cantt.
3. Willing to participate in the study.
4. Available at the time of data collection and selected as a part of non-probability convenient sampling technique.

Exclusion criteria

1. Antenatal mothers who are :-
2. Not willing to participate during the data collection.
3. Attending gynecology outpatient department and admitted to maternity ward with labor pain.

Variables: The socio-demographic variables- age, education, parity, occupation, residence and per capita income of the antenatal mothers.

Study tool: Self-structured knowledge questionnaire was designed to assess the knowledge of antenatal mothers regarding the self management of minor ailments during pregnancy.

The tool is divided into three sections:

Section a: Socio-demographic data including the personal characteristics of the variables of study such as - age, education,

parity, occupation, residence and per capita income of antenatal mothers.

Section b: This section comprises of some questions to assess the past experiences of antenatal mothers regarding the minor ailments during pregnancy.

Section c: This section comprises of self-structured knowledge questionnaire:

Criterion measure for self structured knowledge questionnaire as:-

Total questions -20

Maximum marks -20

Each correct answer will carry 1 mark.

Each wrong answer will carry 0 mark.

No attemptation will carry 0 mark.

Criterion measure for self structured knowledge questionnaire

LEVEL OF KNOWLEDGE	SCORES	PERCENTAGE
Excellent	17-20	01
Good	13-16	06
Average	09-12	73
Below average	05-08	16
Poor	<5	04

Data Collection: In this study self structured interview questionnaire method was selected for the data collection.

Data Analysis: Data was analyzed by descriptive statistics (Karl Pearson's coefficient of correlation, frequency, percentage, mean and standard deviation) and inferential statistics (Chi-square)

RESULTS

Table 1: frequency distribution of socio-demographic variables (N=100)

S.no	Socio-demographic variables	Frequency (n)
1.	AGE (IN YEARS)	
	18-21	12
	22-25	34
	26-29	39
	30-33	15
	2.	PARITY
	Primipara	46
	Multipara	54
3.	TRIMESTER	
	First	29
	Second	29
	Third	42
4.	OCCUPATION	
	Homemaker	91
	Working	09
5.	RESIDENCE	
	Rural	47
	Urban	53
6.	PER CAPITA INCOME	
	1000-5000	16
	5001-10,000	21
	>10,000	63

Table 1 depicts the distribution of subjects as per the socio-demographic variables.

According to the Age majority of antenatal mothers were in the group of 26-29 years that is 39 and minimum number of antenatal mothers were in the group of 18-21 years that is 12.

According to the parity majority of antenatal mothers were multipara that is 54 where as minimum number of antenatal mother were primipara that is 46.

According to trimester majority of antenatal mothers were of third trimester that is 42 where as minimum numbers of antenatal mothers were of first and second trimester that is 29 respectively.

According to the occupation majority of antenatal mothers were homemaker that is 91 where as minimum number of antenatal mothers were working women that is 9.

According to the residence of antenatal mothers majority of antenatal mothers were from urban that is 53 where as minimum numbers of antenatal mothers were from rural that is 47.

According to per capita income majority of antenatal mothers having greater than Rs.10, 000 were 63 whereas minimum

numbers of antenatal mothers had Rs.1000-5000 that is 16.

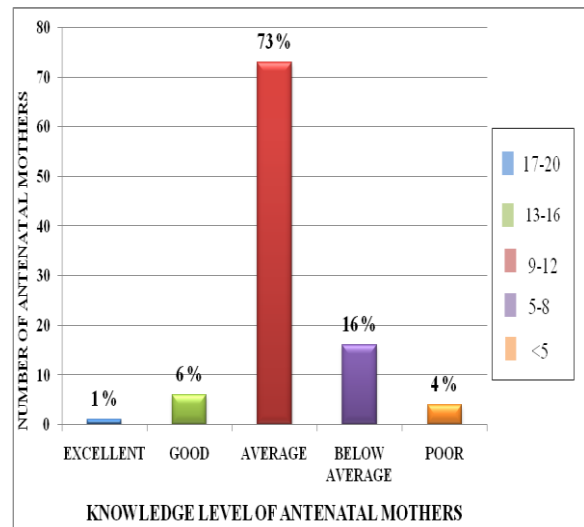


Figure 1: knowledge level of antenatal mothers (N=100)

Figure 1 shows the knowledge scores of the antenatal mothers. According to the knowledge level majority of the antenatal mothers that is 73 have secured average score, 16 antenatal mothers have secured below average score, 6 antenatal mothers have secured good score, 4 antenatal mothers have secured poor score and 1 antenatal mother has secured excellent score.

Table 2 : Association of knowledge with the sociodemographic variables (N=100)

CHARACTERISTICS	TOTAL	CHI-SQUARE VALUE	TABLE VALUE (P<0.01)	SIGNIFICANT/ NON SIGNIFICANT
AGE				
18-21	12	15.78	26.22 df=12	Non significant
22-25	34			
26-29	39			
30-33	15			
PARITY				
Primipara	46	2.14	13.28 df=04	Non significant
Multipara	54			
TRIMESTER				
First	29	6.22	20.09 df=08	Non significant
Second	29			
Third	42			
OCCUPATION				
Homemaker	91	13.35	13.28 df=04	Significant
Working	09			
RESIDENCE				
Rural	47	3.67	13.28 df=04	Non significant
Urban	53			
PER CAPITA INCOME				
1000-5000	16	10.33	20.09 df=08	Non significant
5001-10,000	21			
>10,000	63			

Table 2 shows the association of knowledge level with socio-demographic variable

AGE: Calculated value of Chi- square is 15.78 and table value is 26.22. Essential of age group 18-21 years (12) i.e. excellent zero, good zero, average 07, below average 05 and poor zero. Age group 22-25 years (34) i.e. excellent zero, good 01, average 26, below average 05 and poor 02. Age group 26-29 years (39) i.e. excellent 01, good 02, average 31, below average 04 and poor 01. Age group 30-33 years (15) i.e. excellent 11, good 03, average 09, below average 02 and poor 01. It seems that age of mothers is not having significant impact on knowledge level of antenatal mothers.

PARITY: The knowledge level of antenatal mothers regarding self management of minor ailments with parity depicts that parity was not having significant impact on knowledge of mothers. The calculated value of Chi- square is 2.14 and table value is 13.28. Essentials of parity include primipara (46) i.e. excellent zero, good 02, average 35, below average 08 and poor 01. Multipara (54) i.e. excellent 01, good 04, average 38, below average 08 and poor 03.

TRIMESTER: The knowledge level of antenatal mothers regarding self management of minor ailments with trimester depicts that the trimester do not have significant impact on knowledge of mothers. The calculated value of Chi-square is 6.22 and table value is 20.09. Essential of trimester includes first trimester (29) i.e. excellent 01, good 01, average 20, below average 05 and poor 02. Second trimester (29) i.e. excellent zero, good 03, average 22, below average 04 and poor zero. Third trimester (42) i.e. excellent zero, good 02, average 31, below average 07 and poor 02

OCCUPATION: The knowledge level of antenatal mothers regarding self management of minor ailments with occupation depicts that the occupation is having significant impact on knowledge of antenatal mothers. The calculated value of Chi- square is 13.35 and table value is 13.28. Essential of occupation includes

homemaker (91) i.e. excellent zero, good 06, average 68 below average 13 and poor 04 Working (09) i.e. excellent 01, good zero, average 05, below average 03 and poor zero.

RESIDENCE: The knowledge level of antenatal mothers regarding self management of minor ailments with residence depicts that the residence is not having significant impact on knowledge of antenatal mothers. The calculated value of Chi- square is 3.67 and table value is 13.28. Essential of residence includes rural (47) i.e. excellent 01, good 02, average 35, below average 06 and poor 01 Urban (53) i.e. excellent zero, good 04, average 38, below average 10 and poor 01.

PER CAPITA INCOME: The knowledge level of antenatal mothers regarding self management of minor ailments with per capita income depicts that the per capita income is not having significant impact on knowledge of antenatal mothers. The calculated value of Chi - square is 10.33 and table value is 20.09. It seems that per capita income has no significant impact on knowledge of antenatal mother. Per capita income 1000-5000 (16) i.e. excellent zero, good zero, average 10, below average 06 and poor zero. Per capita income 5001-10,000 (21) i.e. excellent zero, good 02, average 17, below average 06 and poor zero. Per capita income >10,000 (63) i.e. excellent 01, good 04, average 46, below average 08 and poor 04

Figure 2 & 3: Illustrate the mean and standard deviation of knowledge scores of antenatal mothers in which mean is 9.96 and standard deviation is ± 2.3 .

CHI -SQUARE TEST: In the present study CHI-SQUARE TEST was used to test the association between two qualitative characters or attribute.

If the calculated value of CHI-SQUARE is > table CHI-SQUARE value at degree of freedom with a level of significance then the difference is real.

If the calculated value of CHI-SQUARE is < table CHI-SQUARE value at degree of freedom with a level of

significance then the difference is per chance.

In the present study only the occupational variable is significant with the value of calculated CHI-SQUARE that is 13.35 which is greater than table CHI-SQUARE which is 13.28 at degree of freedom 04. Thus the difference is real.

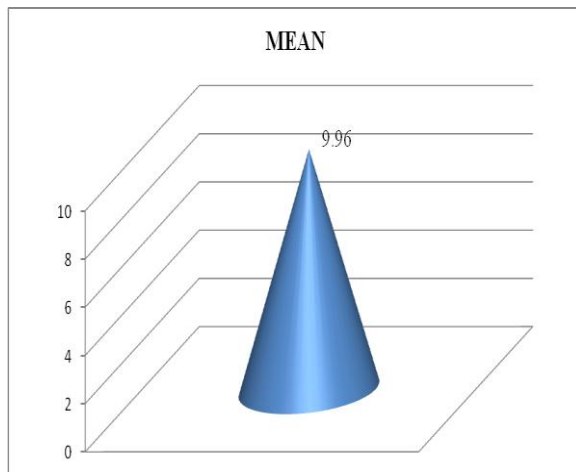


FIGURE 2: SHOWING MEAN OF THE KNOWLEDGE SCORES

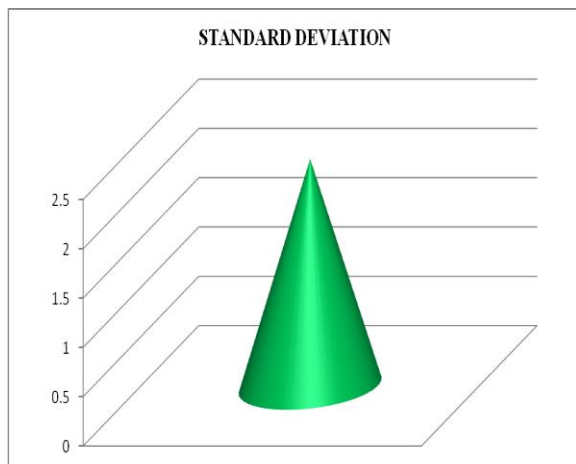


FIGURE 3: SHOWING STANDARD DEVIATION OF THE KNOWLEDGE SCORES

MAJOR FINDINGS OF THE STUDY

Maximum number of antenatal mothers that is 39 belongs to the age group 26-29 years and minimum number of antenatal mothers belongs to the age group 18-21 yrs.

Maximum number of antenatal mothers that is 42 belongs to the third trimester and minimum number of antenatal mothers belongs to first and second trimester that is 29.

Maximum number of antenatal mothers that is 63 was having per capita income greater than Rs.10, 000 and minimum number of antenatal mothers having 1000-5000 that is 16.

Among 100 antenatal mothers 54 are multipara while 46 are primipara.

Among 100 antenatal mothers 91 are homemaker and 9 are working.

Among 100 antenatal mothers 53 resides in the urban area and 47 resides in the rural area.

The socio-demographic variable occupation is having significant impact on knowledge of antenatal mothers. For this, the calculated value of Chi-square is 13.35 and the table value is 13.28 at degree of freedom 04 ($P < 0.01$) and is interpreted as significant at 1% level. Mean knowledge score is 9.96 and Standard deviation of the knowledge score is ± 2.37 .

DISCUSSION

The present study revealed that 01% of the antenatal mothers had excellent knowledge, 06% of the antenatal mothers had good knowledge, 73% of the antenatal mothers had average knowledge, 16% of the antenatal mothers had below average knowledge and 04% of the antenatal mothers had poor knowledge regarding the self management of minor ailments during pregnancy. The study also concluded that the knowledge of antenatal mothers was not adequate regarding the self management of minor ailments during pregnancy and hence there was need to educate the mothers regarding minor ailments during pregnancy and so prepared the information booklets and distributed them.

CONCLUSION

The study was undertaken by the investigator with the main purpose to assess the knowledge of antenatal mothers regarding the self-management of minor ailments during pregnancy in selected hospital of Jalandhar. It is concluded from the findings of the study that the antenatal mothers had little knowledge regarding the

self management of minor ailments during pregnancy. Nursing plays an important role in the awareness of antenatal mothers regarding the self management of minor ailments during pregnancy. It can be done by educating them through planned teaching programmes. Health education should be imparted to improve the knowledge level of antenatal mothers in hospitals and community setting.

STUDY LIMITATIONS

This study was not without limitations; only 100 samples were taken to collect the data. In addition this study was conducted in one military hospital in one city which limits the generalizability of the obtained results to all antenatal mothers in country.

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Conflict of Interest- Nil

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