

Assessment of Knowledge and Expressed Practice Regarding Self-Management of Minor Ailments among Antenatal Mothers

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Abstract

Introduction: Pregnancy is a unique, exciting and often joyous time in a women's life, as it highlights the women's amazing creative and nurturing powers while providing a bridge to the future.

Objectives: To assess the knowledge and practice regarding minor ailments and to associate it with the selected demographic variables.

Methodology: Research design: Nonexperimental descriptive design.

Research settings: Rajiv Gandhi Government Women and Children hospital, Pondicherry.

Sample size: 100 antenatal mothers by Non-probability convenience sampling technique.

Data collection: Data was collected by interview method by using questionnaire.

Results: Data shows that majority of antenatal mothers (62%) had moderately adequate knowledge, whereas (38%) of mothers had poor knowledge of minor ailments. The data represent that frequency of urination is commonly prevalent in maximum number 31% in 1st and 53% 3rd trimester. Similarly the almost equal that is 25% nausea/vomiting, 28% vaginal discharge and fatigue 24%. On the other hand majority of mothers 41% had nausea/vomiting extended upto in 2nd trimester and some had 25% leg cramps in 2nd trimester; similarly 32% backache and 27% ankle oedema in 3rd trimester and only 4% subjects suffered from haemorrhoids. Many of the people followed hospital remedies than home remedies in discomforts and 2 were got admitted for nausea/vomiting and vaginal discharge. From the chi square value, gravida alone significant association with the knowledge of antenatal mothers on minor ailments ($p < 0.05$), remaining all variables showed non-significant association ($p < 0.05$).

Keywords: Knowledge; Practice of Self-Management; Minor Ailments; Pregnancy

Introduction

Pregnancy is a sole, thrilling and often excitement moment in a women's life, and it highlights that women are amazing creative and nurturing powers while providing a bridge to the future [1,2]. Pregnancy also known as gestation, which means it is the time during which one or more offspring develops inside a woman [3]. When women got pregnancy, she will undergo various anatomical, physiological and biochemical changes. Due to these changes women may suffer from various minor discomforts. These discomforts are called minor ailments of pregnancy [1]. There are various minor ailments of pregnancy, those are nausea and vomiting, backache, frequency of micturition, heartburn, varicose veins, haemorrhoids, constipation, leg cramps and leg oedema, etc. The major systems like endocrine, circulatory, integumentary, urinary, gastro and musculoskeletal, etc are affected due to pregnancy [1,3].

The minor discomforts are the present difficulties for the health providers to manage the pregnant women as well as for the pregnant women by herself to manage. Management of various symptoms require unique observations and knowledge of variety of treatment options. So it allows the practitioners to collaborate with their patients for the best therapeutic approach for the specific situation. The majority of discomforts due to either hormonal or physical changes that is related to growing uterus [2]. One of the minor disorders seen is nausea and vomiting which occurs about 80% of pregnancies due to increase in the hcG during the first trimester. Along with this the mother will experience the frequent of urination, sometimes constipation and haemorrhoids, leg cramps, ankle oedema, fatigue, backache and vaginal discharge [3].

Self-management is the process whereby the mothers and the family members use their knowledge and beliefs to promote the positive outcome and restore the healthy life style during the pregnancy. However, many of the mothers experienced the minor discomforts during the pregnancy, instead of using the hospital management or medication, non-pharmacological therapies or home remedies are the first-line treatment. It mainly prevents the adverse effects to the fetus as well as the mother.

Most of pregnant women believe that these minor ailments happen in pregnancy and they have to tolerate but knowledge about remedial measures is insufficient among these women. To increase awareness of knowledge as well as the practice of home remedies on minor disorders of pregnancy, the investigator planned to conduct this study.

Objective of the Study

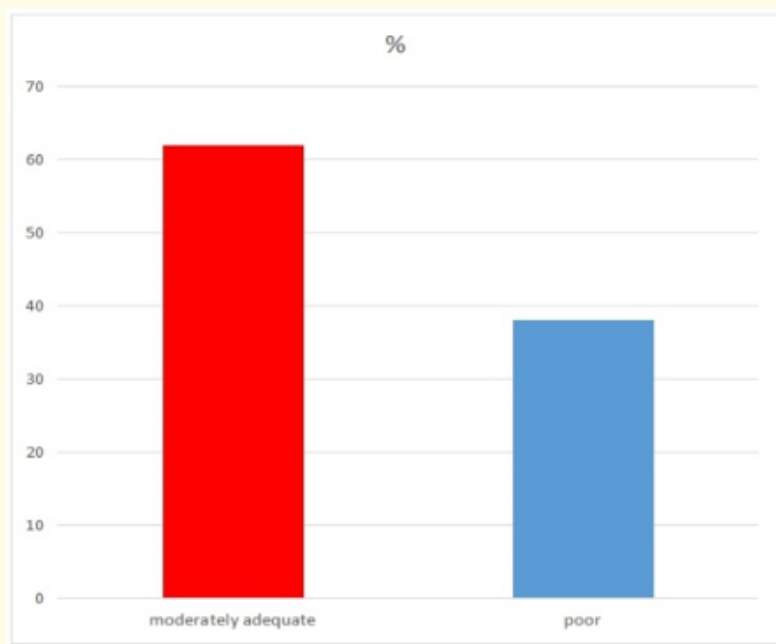
- To assess the knowledge regarding minor ailments among antenatal mothers.
- To assess the practice on self-management of minor ailments among antenatal mothers.
- To associate the knowledge and practice on self-management of minor ailments with demographic variables.

Methodology

The quantitative descriptive research design was conducted at selected Hospital, Puducherry. A total of 100 antenatal mothers who met the inclusion criteria especially 20 - 40 weeks were selected from antenatal ward and antenatal OPD of that hospital by using the convenient purposive sampling technique. High risk mothers are excluded from the study. The structured interview schedule method was used to collect data. The questionnaire consisted two parts that is part-1 was demographic and obstetric variables and part-2 consisted that knowledge and practices on self-management regarding minor ailments, the items were nausea, vomiting, backache, heartburn, frequency of urination, leg oedema and cramps, constipation, haemorrhoids and vaginal discharge. The data obtained from the study participants after getting informed consent and were analysed by using the descriptive and inferential statistics.

Results

The results describe that majority of 50 (50%) the mothers were in the age group of 20 - 25 years, 95 (95%) of the mothers were Hindu religion, 51 (51%) of the mothers were dwelled in rural areas, 48 (48%) of the mothers were graduate, 58 (58%) of the mothers were 1st gravida, and 60 (60%) of the mothers were in 35 - 40 weeks of gestations (Table 1). Then 62 (62%) of mothers had moderately adequate knowledge and 38 (38%) of mothers had poor knowledge on minor ailments (Figure 1).



Figures 1: Frequency and percentage distribution of level of knowledge on minor ailments among the antenatal mothers.

S. no	Demographic Variables	Frequency	%
1.	Age		
	20 - 25	50	50
	26 - 30	40	40
	31 - 35	10	10
2.	Religion		
	Hindu	95	95
	Christian	3	3
	Muslim	2	2
3.	Residence		
	Rural	51	51
	Urban	49	49
4.	Type of Family		
	Joint family	68	68
	Nuclear family	32	32
5.	Education status		
	10	32	32
	12	20	20
	Graduate	48	48
6.	Occupation status		
	Working	8	8
	Home maker	92	92
7.	Socio economic status		
	Lower	23	23
	Middle	70	70
	Higher	7	7
8.	Gravida		
	1	58	58
	2	28	28
	3	14	14
9.	Gestational weeks		
	20 - 25	13	13
	26 - 30	10	10
	31 - 35	17	17
	35 - 40	60	60

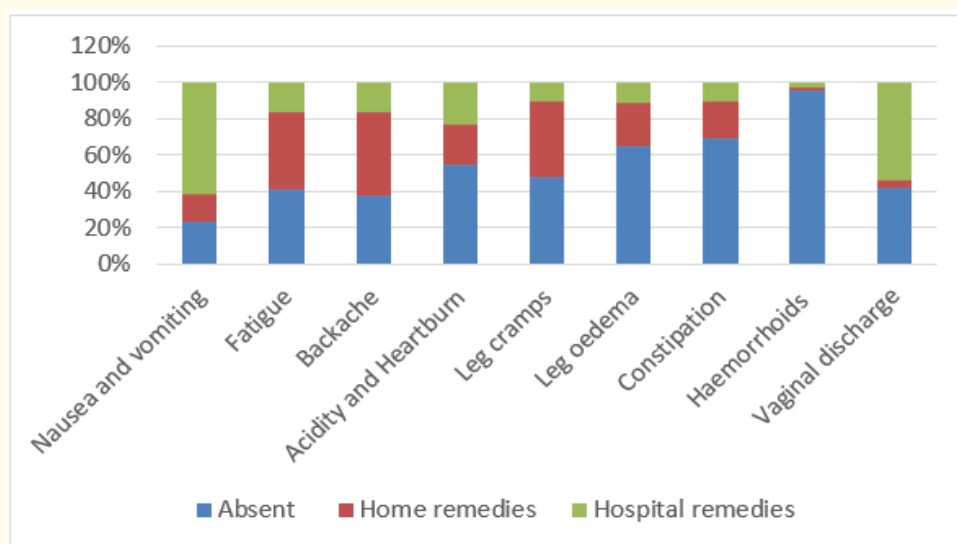
Table 1: Frequency and % distribution of demographic variables of the antenatal mothers.

The different minor ailments are prevalent among antenatal mothers with regard to their gestational age. Among all minor ailments frequency of urination is commonly prevalent in maximum number 31% in 1st trimester. Similarly this almost equal to the number of antenatal mothers 25% had nausea/vomiting and 28% had vaginal discharge in 1st trimester. On the other hand majority of mothers 41% had nausea/vomiting extended upto in 2nd trimester and as like 1st trimester, the maximum number of mothers 53% had frequency of urination and only 4% subjects suffered from haemorrhoids (Table 2).

Minor Ailments	Absent	1 st trimester	2 nd trimester	3 rd trimester
Nausea/Vomiting	23%	25%	41%	11%
Fatigue	41%	24%	31%	4%
Backache	38%	7%	23%	32%
Heart burn	55%	8%	19%	18%
Frequency of urination	3%	31%	13%	53%
Leg cramps	48%	3%	25%	24%
Ankle oedema	65%	-----	8%	27%
Constipation	69%	15%	4%	12%
Haemorrhoids	96%	2%	1%	1%
Vaginal discharge	42%	28%	7%	23%

Table 2: Percentage distribution of prevalence of minor ailments in each trimester among the antenatal mothers.

The practice of self-management on minor ailments. The results showed that majority of mothers followed home remedies of 46% for backache, 43% for fatigue and 42% for leg cramps. Regarding hospital remedies, 61% of antenatal mothers for nausea/vomiting and 1% got admitted due to excessive vomiting, 54% of mothers for vaginal discharge in that 1% of mother got admitted due to blood per vagina (Figure 2).



Figures 2: Practice of self-management on minor ailments among the antenatal mothers.

In self-management of minor ailments, 16% of mothers had followed home remedies like 6% of drinking fluids, 5% of eat fruits for nausea/vomiting. 43% of mothers had taken rest for fatigue, among 46% of mothers 23% of them had hot application for backache. In 22% of mothers 17% had warm water for heartburn. In 42% of mothers 21% of them had massage for leg cramps and among 24% of mothers 10 had followed the leg elevation for ankle oedema. In 21% of mothers, 9 of them had more waters and 8 of them had more fruits, vegetables for constipation (Table 3).

S. No	Minor ailments	Nil	Self-management	N = 100		Mean	SD
				No. of subject	%		
1.	Nausea/vomiting	84	Fruits like mango, alpakoda and orange	5	5%	3.2	2.17
			Ginger tea	1	1%		
			Lemon juice	2	2%		
			Fluids like warm water	6	6%		
			Sour taste food like tamarind rice	2	2%		
2.	Fatigue	57	Rest	43	43%	-	-
3.	Backache	54	Hot application	23	23%	9.2	9.5
			Kasayam	2	2%		
			Massage	5	5%		
			Positioning	1	1%		
			Rest	15	15%		
4.	Heart burn	78	Fluids like warm water, milk and juice	17	17%	4.4	7.06
			Diet change like avoid spicy	2	2%		
			Semi fowler Position	1	1%		
			Wear loose dress	1	1%		
			Fruits	1	1%		
5.	Leg cramps	58	Hot application	10	10%	10.5	7.42
			Massage	21	21%		
			Rest	7	7%		
			Thailam application	4	4%		
6.	Ankle oedema	76	Hot application	2	2%	4.8	3.27
			Leg elevation	10	10%		
			Sukkukasayam	5	5%		
			Vegetables -bottle gourd and drumstick leaves, etc	5	5%		
			Rest	2	2%		
7.	Constipation	79	Fruits like banana	8	8%	5.25	3.86
			Fluids	9	9%		
			Vegetables-greens and drumstick leaves	3	3%		
			Oil bath	1	1%		
8.	Haemorrhoids	99	Sitz bath	1	1%	-	-
9.	Vaginal discharge	96	Tender coconut water	2	2%	1.3	0.57
			Frequent wash	1	1%		
			Karisalangani juice	1	1%		

Table 3: Percentage distribution of expressed practice on self-management of minor ailments among the antenatal mothers.

The association of knowledge with demographic variables showed no significant relationship with age, religion, residence, type of family, education, occupation status and weeks of gestation ($p > 0.05$). But gravida showed significant relationship with the knowledge of mothers ($p < 0.05$) (Table 4).

Discussion

The result of the present study showed that majority of the study participants in the age group of 20 - 25 years, nuclear family type, Hindu religion, rural residence, middleclass socio economic status and primipara. The present study result supported with the study conducted by Amandeep Kaur, Gagandeep, in Patiala, India, who reported that most of pregnant women in the age group of 20 - 25 years, house wife, and primi mothers. The majority of mothers were moderately adequate knowledge on minor ailments [1].

S. No	Demographic variables	Knowledge		Df	χ^2 and P- value
		Adequate	Poor		
1.	Age				
	20 - 25 years	29	21	18	17.57
	26 - 30 years	28	12		.485
31 - 35 years	5	5	(NS)		
2.	Religion				
	Hindu	59	36	2	2.273
	Muslim	2	0		.321
Christian	1	2	(NS)		
3.	Residence				3.258
	Urban	26	23	1	.071
Rural	36	15	(NS)		
4.	Type of family				0.005
	Joint	42	26	1	.944
Nuclear	20	12	(NS)		
5.	Education status				3.58
	10 th	16	16	2	.167
	12 th	12	8		(NS)
Graduate	34	14			
6.	Occupation status				.624
	Working	6	2	1	.430
House wife	56	36	(NS)		
7.	Economic status				
	Lower	10	13	2	4.702
	Middle	48	22		.095
High	4	3	(NS)		
8.	Gravida				
	1	28	30	2	11.242
	2	22	6		0.004
3	12	2	(S)		
9.	Weeks of gestation				
	20 - 25 weeks	7	6	15	14.236
	26 - 30 weeks	6	4		.508
	31 - 35 weeks	12	5		(NS)
36 - 40 weeks	37	23			

Table 4: Association of socio demographic variables with the knowledge and practice on minor ailments.

The present study result supported with the study conducted by Sharon V, *et al.* who reported that most of the mothers were in the age group of 21 - 30 years, Hindu religion, middle class socioeconomic status and 29 - 40 weeks of gestational age [2]. The present study supported with the study conducted by Sangeetha E., *et al.* showed that the majority of mothers had the average knowledge on minor ailments during pregnancy period [4].

The present study result supported with the study findings of Agampodi SM., *et al.* who reported that leading cause of hospitalization was nausea and vomiting which is accounted in this present but only less number of people got hospitalization [6].

The present study result supported with the study findings of Aziz KF, *et al.* who reported that the mothers had home remedies for nausea and vomiting which was avoid spicy and fried foods, drink more fluids, juices, and eat several small meal throughout the day. Most of the study participants in that study, able to follow the self-management for fatigue, back pain, frequency of urination and leg cramps rather than to practice the hospital medicines to safeguard themselves as well as for healthy baby [7].

When association of demographic variables with knowledge score agreed with findings of supporting studies who reported that no significant relations with age, type of family, education, weeks of gestation, religion and socioeconomic variables [9-12]. But in this study results showed that significant relationship with gravida variables.

The researcher collected the data from three trimesters were the limitation of this study.

Conclusion

The study revealed that the knowledge on minor ailments among antenatal mothers 62 (62%) were moderately adequate and 38 (38%) had poor knowledge. Among all minor ailments is commonly prevalent in maximum number 66% of mothers had nausea/vomiting in 1st trimester. Similarly almost all equal number 31% frequency of urination, and 28% vaginal discharge the antenatal mothers had in first trimester. As like the maximum number of mothers 53% had frequency of urination and similarly 32% of mothers had backache and 27% had ankle oedema in 3rd trimester and only 4% subjects had haemorrhoids. On the other hand the practice of home remedies were very less than hospital remedies. There was non-significant association of knowledge among antenatal mothers with demographic variables such as age, religion, residence, type of family, economic status and socioeconomic status, but there is significant association of knowledge with obstetric variables that is gravida ($P < 0.05$).

Recommendation

Based on the study findings and personal experience of the investigator during the study, the following recommendations are made.

- A similar study may be under taken by increasing the sample size to generalize the findings.
- A comparative study may be conducted with different age groups.
- A similar study can be conducted by using probability sampling technique to generalize the findings.

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