



Assess the Knowledge Regarding Home Management of Minor Ailments in Pregnancy among Urban Women

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Abstract

Mothers and children are the basic foundation of a society and its wealth. Pregnancy is a crucial period where the Mother tends to take care of herself for safe delivery and to have a healthy baby.

Objectives: *The aim of the present study is to assess the level of knowledge regarding home management of minor ailments during pregnancy.*

Materials & Methods: *Quantitative research approach with descriptive research design was adopted for the study which was conducted in Saraswathinagar at Nellore. 30 pregnant women were recruited in the study by non probability convenience sampling technique. Knowledge questionnaire was used to collect the data. Data was analyzed by using descriptive and inferential statistics. Percentages of categorical variables were computed.*

Results: *In the present study, with regard to level of knowledge on home management of minor ailments among pregnant women, 9 (30%) had good knowledge, 11(36.67%) had average knowledge and 10(33.33%) had poor knowledge. The mean is 15.83 and standard deviation is 3.9. There is a significant association between the level of knowledge regarding home management of minor ailments with socio demographic variables like religion, educational status and income and has no significant association with age, occupation and type of family.*

Conclusion: *Assessment of knowledge is very helpful for improving the knowledge on home management of minor ailments among pregnant women.*

Key Words: *Knowledge, home management, minor ailments and pregnant women*

INTRODUCTION

Pregnancy is the normal healthy state, changes that occur in an expectant mother's body can produce a range of relatively minor but troublesome illness that is not very serious. As the

pregnancy progresses the increasing size of the fetus produces physical stress on the body that can also give rise to uncomfortable symptoms. It is a proud moment and emotional experience for women to become a mother in her life. It is a

special period that brings joys and pains. A common term used to describe pregnancy and child birth is very lucky. Nothing can compare to wonder of feeling a new life growing inside her yet with the wonder comes number of minor but distressing health complaints also accompany, such a morning sickness, heart burn, constipation, ankle edema, backache and giddiness. What can the expectant mother use that is safe for her unborn child as well as for herself. Wise woman believes that most of the problems of pregnancy can be prevented by attention to nutrition. Morning sickness and mood swings are connected to low blood sugar, backache and severe labor pain after results from insufficient calcium, varicose veins, hemorrhoids, constipation, skin discoloration and anemia are also related to lack of specified nutrition. Nausea and vomiting in pregnancy often termed pregnancy sickness, occurs up to 80% of pregnancies. Recently nausea and vomiting in pregnancy is more likely to occur in individuals with high pre-conceptual Body Mass Index (BMI). The most common minor ailments is morning sickness, probably due to change in hormonal levels. Morning sickness is present in 50-80% of pregnant women.

OBJECTIVES

To assess the level of knowledge regarding home management of minor ailments during pregnancy. To find out the association between the level of knowledge regarding home management of minor ailments during pregnancy with socio demographic variables.

ASSUMPTIONS

The pregnant women may have the knowledge regarding home management of minor ailments in pregnancy.

MATERIALS & METHODS

The present study was conducted among 30 pregnant women residing in urban area of saraswathinagar at Nellore. Pregnant women were selected by non probability convenience sampling

technique. In this study includes who are willing to participate in the study and who can read and write Telugu or English. The pregnant women allergic to some of home remedies like hypertension, prior still birth, preterm labor and multiple pregnancy were excluded from the study.

DESCRIPTION OF THE TOOL

Home management of minor ailments assessed by knowledge questionnaire which has 3 items the score interpretation was 0-10 as poor knowledge, 11-20 as average knowledge and 21-30 as good knowledge.

DATA COLLECTION PROCEDURE

The data collection was carried out from December 2013 to May 2014. The permission was obtained to conduct the study from Institutional ethical committee, Medical officer, H.O.D of Community department. Pregnant women were informed about nature and purpose of study and informed consent was obtained. Data was collected by using knowledge questionnaire. It took 15-20 minutes to collect the data from each pregnant women. Pregnant women who fulfilled the inclusion criteria were recruited for the study.

Table-1 Data Analysis

S.NO	Data analysis	Method	Remarks
1.	Descriptive	Frequency and percentage	To describe the distribution of demographic variables
		Mean, median and standard deviation	To determine the knowledge of pregnant women residing in the urban areas.
2.	Inferential	Chi-Square	To find out the association between the level of knowledge regarding home management of minor ailments in pregnant women

RESULTS

FINDINGS RELATED TO DEMOGRAPHIC VARIABLES.

Table-2 Frequency and percentage distribution of Age (N=30)

Age	F	%
a)Below 20 yrs	20	66.67
b)26-30yrs	9	30
c)31-35yrs	1	3.33
d)Above 36yrs	-	-
Total	30	100%

Represents that with regard to age ,20(66.67%) were below 20 yrs,9(30%) were between 26-30 yrs and 1(3.33%) were between 31-35 yrs.

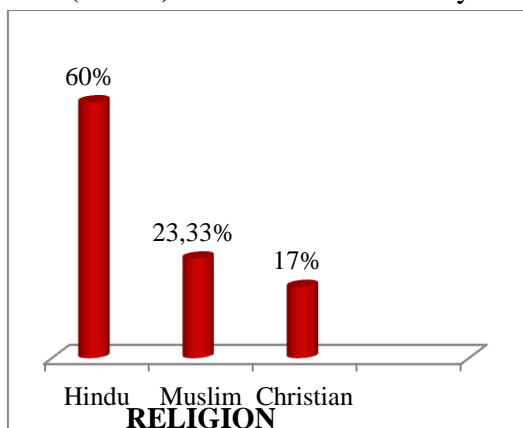


Figure:1 percentage distribution of Religion (N=30).

Table-3: Frequency and percentage distribution of educational status (N=30).

Educational status	F	%
a)Illiterate	3	10
b)Primary education	6	20
c)Intermediate	15	50
d)Graduate &above	6	20
Total	30	100

With regard to educational status among pregnant women 3(10%) were Illiterates, 6(20%) had primary education, 15(50%) were completed intermediate and 6(20%) were graduate and above.

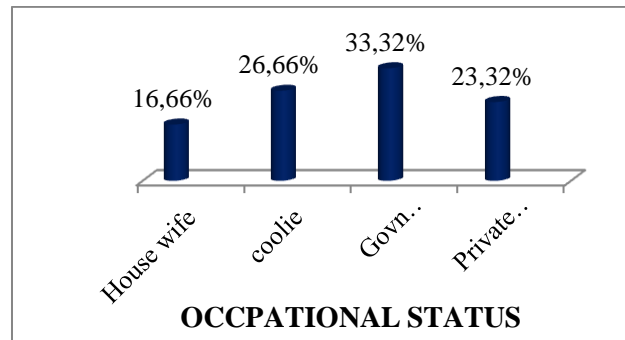


Figure:2 Percentage distribution of occupational status

Table-4 Frequency and percentage distribution of type of the family

Typeof the family	F	%
a)Nuclear family	10	33.34
b)Joint family	13	43.33
c)Single family	3	10
d)Extended family	4	13.33
Total	30	100

With regard to type of the family among pregnant women 10 (33.34%) were nuclear family, 13 (43.33%) were joint family ,3(10%) were single family and 4(13.33%) were extended family.

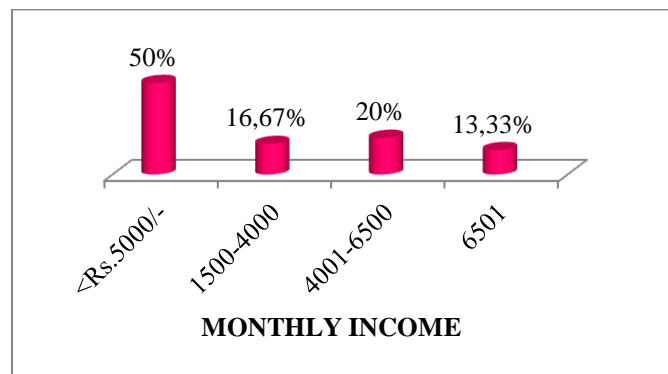


Figure-3: Percentage distribution of monthly income (N=60)

Table 5: Distribution of level of knowledge among home management of minor ailments(N=30)

Knowledge Level based on score	Knowledge regarding home management of minor ailments	
	(f)	%
Good(21-30)	9	30
Average(11-20)	11	36.67
Poor(0-10)	10	33.33

Table 6: Mean & S.D of home management of minor ailments among pregnant women (N=30)

S.no	Knowledge among home management of minor ailments	
1.	Mean	15.83
2.	Standard deviation	3.9

Table 4: Association between the level of knowledge among home management of minor ailments of pregnant women with their socio demographic variables.(N=30)

S.No	Socio demographic variables	Good		Average		Poor		Chi-Square value
		f	%	f	%	f	%	
1.	Age							C=9.6 T-16.9 NS
	a)Below 20 yrs	6	20	8	26.67	6	20	
	b)26-30	2	6.67	3	10	3	10	
	c)31-35	1	3.33	-	-	1	3.33	
2.	Religion							
	a)Hindu	6	20	7	23.33	5	16.67	C-17.8 T-16.9 S*
	b) Muslim	2	6.67	3	10	2	6.67	
	c) Christian	1	3.33	1	3.33	3	10	
	Educational status							
	a)Illiterate	5	16.66	4	13.33	3	10	C- 23.60 T-21.0 S*
	b)Primary education	1	3.33	2	6.67	2	6.67	
	c)Intermediate	1	3.33	2	6.67	3	10	
	d)Graduate &above	2	6.67	3	10	2	6.67	
4.	Occupation							
	a)House wife	3	10	1	3.33	3	10	C-15.6 T-21.0 NS
	b).Coolie	2	6.67	7	23.33	2	6.67	
	C)Govt. employee	1	3.33	2	6.67	1	3.33	
	d)Private employee	3	10	1	3.33	4	13.34	
5.	Type of the family							
	a)Nuclear family	3	10	3	10	3	10	C- 18.7 T-21.0 NS
	b)Joint family	4	13.33	5	16.67	2	6.67	
	c)Single family	1	3.33	1	3.33	1	3.33	
	d)Extended family	1	3.33	2	6.67	4	13.34	
6.	Income							
	a.)Rs.<5000/-	4	13.34	6	20	5	16.67	C-23.0 T-21.0 S*
	b)1500-6500	1	3.33	1	3.33	3	10	
	c)4001-6500	1	3.33	2	6.67	1	3.33	
	d)6501	3	10	2	6.67	1	3.33	

P < 0.05 level of significance,C: calculated value,T: tabulated value,NS: No Significant,S: Significant

DISCUSSION

Findings related to level of knowledge among urban pregnant women regarding home management of minor ailments.

In urban represents out of 30 pregnant women 9 (30%) had good knowledge, 11(36.67%) had average knowledge and 10(33.33%) had poor knowledge among home management of minor ailments of pregnancy. The results indicates that home management of minor ailments among pregnant women the mean is 15.83 and the standard deviation is 3.9.

A randomized, double - blind, controlled study conducted on nausea and vomiting of pregnancy by Jeffery D, Aahley H, in Naval Hospital Jacksonville, Florida. Results shows that 33 found no hospital readmission for recurrent vomiting in women with hyperemesis gravidarum who were treated with orally administered methyl prednisolone compared with five re admissions in those who received oral promethazine therapy. The author of study suggested that methyl prednisolone, in a dosage of 16 mg three times daily followed by tapering over 2 weeks, is a worthwhile treatment for women with refractory hyper emesis gravidarum.

Findings related to association between the level of knowledge among home management of minor ailments in pregnant women with their selected socio demographic variables

The results indicates that there is a significant association between the home management of minor ailments among pregnant women with their socio demographic variables like religion, educational status and income and no significant association with age, occupation and type of family.

RECOMMENDATIONS FOR FURTHER RESEARCH

□□A similar study can be replicated on large sample size, in different settings with different population as longitudinal study.

□□A similar study can be done by using experimental and control group

CONCLUSION

Based on the findings of the study the following conclusions were drawn. The actual gain score was consistently high in all the areas included in the study after the assessing the knowledge questionnaire. Thus it is concluded that the Self instructional module (SIM) on minor ailments of pregnancy and its home remedies was more effective than health education. The study indicates that all the primipara mothers did not have 100% knowledge. They require teaching to promote their knowledge and skills during their pregnancy. Enough knowledge helps them to cope with the minor ailments of pregnancy. Demographic variables do not play an important role in improving knowledge. But if the mothers are educated they can read the books on the pregnancy care available in the markets this will help them to learn about pregnancy and manage the minor ailments.

LIMITATIONS

The study is limited to

1. A sample size of 60 samples with pregnant women
2. Pregnant women available at data collection period only.

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