Original Research Article

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Knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers: a descriptive study from Rajasthan

Ankita Sharma¹, Raj Rani¹, Mamta Nebhinani^{1*}, Pratibha Singh²

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*Correspondence: Mrs. Mamta Nebhinani,

E-mail: mamta@aiimsjodhpur.edu.in

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ABSTRACT

Background: Pregnancy is considered as one of the most beautiful events in every female life which brings a lot of physiological and hormonal changes to prepare women for motherhood. Even though these changes are not dangerous, still they are bothersome. Women use number of homemade remedies to alleviate these discomforts. **Objective:** The objective of this study was to assess knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers.

Methods: This study was conducted at obstetrics OPD of All India Institute of Medical Sciences, Jodhpur, Rajasthan. 368, 3rd trimester pregnant mothers were recruited by convenient sampling technique. Self- structured knowledge questionnaire, checklist for practice were used for data collection using face to face interview method.

Results: Most common health problems as reported by pregnant women were increased urine frequency and fatigue. Nearly 61% of mothers had fair knowledge levels. Majority of the antenatal mothers used one or another home remedy to alleviate their symptoms. 86.6% at small and frequent meals followed by 74.3% avoided strong odors to prevent nausea and vomiting.

Conclusion: Increased urine frequency is the most evident minor ailment faced during pregnancy. Overall antenatal mothers had fair knowledge regarding management of minor ailments and varied practices have been performed by antenatal mothers to relieve their problems. There is a need to conduct aggressive and comprehensive health promotion and awareness sessions for the expectant mothers so as to manage these ailments and prevent further complications.

Keywords: Knowledge, Minor ailments of pregnancy, Practices, Antenatal mothers

INTRODUCTION

Pregnancy is considered as a natural phenomenon; it is a crises situation and a transition phase in every women life towards motherhood which is associated with hormonal and physical changes to prepare women for motherhood. Pregnancy consists of three trimesters marked by specific foetal developments. Whole pregnancy period is associated with number of ailments which are otherwise easily manageable at home. Some of common ailments of pregnancy during 1st trimester

includes nausea and vomiting, fatigue, increased micturition. $2^{\rm nd}$ trimester is marked by backache, Leg cramps, constipation, hurt burn while $3^{\rm rd}$ trimester by varicosities, sleep disturbance, haemorrhoids etc. $^{3\text{-}5}$ According to WHO in low income settings about 70% of women report signs and symptoms of one or other minor ailments throughout whole period of pregnancy. 6

Healthy pregnancy outcome depends upon the awareness level and the kind of practices women and family are performing to manage health issues during pregnancy but

¹College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India

²Department of Obstetrics and Gynecology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India

despite of this it has been reported in various studies that knowledge among antenatal mothers is inadequate. Vincent S et al observed poor level of knowledge among primigravida antenatal mother regarding self-management of minor discomforts of pregnancy. These minor ailments can be easily manageable at home. Different practices are opted by women such as consumption of herbal medications, use of self-medications, holding urge to urinate, skipping meals and decreasing their fluid intake in nausea and vomiting, use of paraffin oil as lubricant etc. 8-10

Pregnancy is a very important, demanding phase for women and family. The adequate and proper information regarding management of ailments leads to healthy pregnancy outcome and healthy baby. Lack of knowledge can lead to poor pregnancy outcomes. These knowledge and practices are always associated with each other, if knowledge is good practices will also improve. Inherent nature of women further makes the situation more challenging as females feel shy to ask and discuss about these ailments which can be efficiently managed. Research on the minor ailments of pregnancy from western part of Rajasthan remains quite limited and there is paucity of data. With this view in mind the need was felt to undertake a study to assess knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers at selected hospital of Jodhpur.

METHODS

This cross-sectional study was conducted at Obstetric OPD of All India Institute of Medical Sciences Jodhpur. Data was collected from October 2019 to December 2019. About 368 pregnant females of 3rd trimester who were available at time of data collection and were willing to participate were recruited for study by non-probability (Convenient) sampling technique. Sample size was calculated using Daniels' formula-11

$$\frac{Z^{2(1-\alpha/2)}\;P(1\text{-}P)}{d^2}$$

z=level of confidence is 1.96, p=prevalence rate (60%) ¹², d=precision (0.05).

Women with complications in pregnancy such as pregnancy induced hypertension, preeclampsia, eclampsia, gestational diabetes mellitus, heart disease in pregnancy, epilepsy, thyroid dysfunction, infection in pregnancy HIV, malaria, hepatitis. were excluded from study. The study was approved by institutional ethics committee, All India Institute of Medical Sciences, Jodhpur. Informed written consent was taken from the subjects and they were assured of confidentiality with autonomy to withdraw self from the study at any time of data collection. Data was collected through face to face interview method with help of self-structured validated tools. The sociodemographic details were collected using

sociodemographic data sheet. Knowledge questionnaire was used to collect knowledge of antenatal women regarding minor ailments of pregnancy. The various of knowledge questionnaire subdomains introduction, minor ailments, signs and symptoms, prevention and management etc. The knowledge levels were categorized as good (score ≥21), fair (score 14-20) and poor (score ≤13). Practices regarding management of these ailments were assessed using practice checklist. The tools were pilot tested and found to have good reliability (>0.75). Collected data were analysed using SPSS 16.0 (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp). Descriptive statistics were calculated to summarize demographics and key variables. Inferential statistics was applied (Chi-square) to determine the association of knowledge levels with selected demographic variables. For all associations P < 0.05 was considered statistically significant.

RESULTS

Table1 depicts the demographic profile of the subjects. About 47.6% of subjects were from age group 21-25 years. Nearly 42% of subjects had studied till graduation and above. Nearly half of women (52%) were married for last three years. About 53% of mothers were primigravida. Nearly 43% of antenatal mothers were from 9 months of gestation period. As far as source of information is considered 38% of women gained information regarding minor ailments and management from relatives (Figure 1).

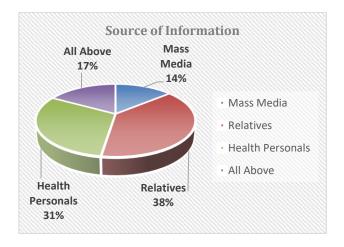


Figure 1: Source of information on minor ailments of pregnancy (N=368).

Minor ailments of pregnancy

Majority (94%) of the antenatal mothers reported increased urine frequency and increased fatigue followed by nausea and vomiting (83%), backache (82%), heartburn (75%), leg cramps (73%), sleep disturbance (71%). The least reported ailments were constipation (56%) and increased vaginal secretions (31%) (Figure 2).

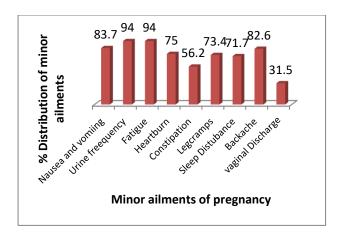


Figure 2: Percentage distribution of minor ailments of pregnancy among antenatal mothers (*Multiple responses).

Knowledge status among mothers regarding minor ailments of pregnancy

Almost 61% of antenatal mothers had fair knowledge followed by 37% had poor knowledge and only 2.4% women reported to have good knowledge (Figure 3). Mean knowledge score was 14.6±3.6 which means that overall women had fair level of knowledge regarding management of minor ailments of pregnancy at home.

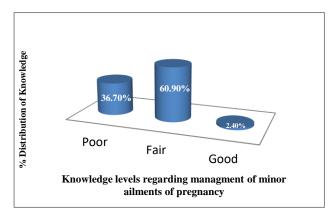


Figure 3: Level of knowledge regarding management of minor ailments of pregnancy (n=368).

Practices regarding management of minor ailments of pregnancy

Table 2 illustrates the various practices being performed by antenatal mothers regarding management of minor ailments of pregnancy at home. Majority (86%) of mothers ate frequent meals followed by 74% of women avoided strong odours and smell in order to manage nausea and vomiting. Almost 80% of women opted for small frequent meals and 71% of women preferred cold milk or water to relieve hurt burn whereas $1/3^{\rm rd}$ of sample ignored this ailment and did not do anything to relieve it. Constipation being another minor ailment faced by women during pregnancy was also managed at home by

women. About 94% of women ate fruits and vegetables followed by 76% of women take plenty of water (8 glasses/day). Leg massage (63%), rest and elevating foot with pillow (58%) were practiced by women to relieve discomfort of leg cramps respectively. Backache was managed by taking rest (95%). Around 80% of women complained of disturbed sleep less than 6 hours and nearly 85% women reported to have rest in afternoon for fulfilment of sleep.

Association of knowledge levels with demographic variables

Table 3 depicts that knowledge regarding management of minor ailments of pregnancy was found to have significant association with age (p=0.00), occupation (p=0.00), Education (p=0.00), type of family (p=0.00) and Source of information (p value=0.00).

Table 1: Socio-demographic profile of subjects (n=368).

S.	Variables	f (%)
no.		
1.	Age (completed years)	
	16-20	43 (11.7)
	21-25	175 (47.6)
	26-30	129 (35.0)
	31-35	21 (5.7)
2.	Education	
	Up to primary	40 (10.8)
	Up to 10	83 (22.6)
	11-12	90 (24.5)
	Graduation and above	155 (42.1)
3.	Occupation	
	Govt. Job	24 (6.5)
	Private employee	45 (12.2)
	Housewife	270 (73.4)
	Self employed	29 (7.9)
4.	Duration of marriage (years)	
	0-3	193 (52.5)
	4-6	125 (34)
	7-10	43 (11.6)
	11-15	7 (1.9)
5.	Place of living	
	Rural	101 (27.4)
	Urban	267 (72.6)
6.	Obstetric history	
	Primigravida	194 (52.7)
	Multigravida	174 (47.3)
7.	Gestational age in months	
	7 Months	83 (23.6)
	8 Months	122 (33.2)
	9 Months	163 (43.2)
8.	Type of family	
	Nuclear	99 (26.9)
	Joint	269 (73.1)

Table 2: Practices regarding management of minor ailments of pregnancy at home.

Management ailments	F (%)
Nausea and vomiting*	(n=308)
Avoid strong odours and smell	229 (74.3)
Avoid taking fried / greasy food	110 (35.7)
Eat frequent meals	267 (86.6)
Ignore	172 (55.8)
Do home management	(====)
(such as taking nibu pani, prescribed medicine, ORS, juice, fresh air kiwi, Ajwain, peppermint toffee, chocolates)	149 (48.3)
Urine frequency*	(n=346)
Drinking less water	116 (33.5)
Try to hold urge	65 (18.7)
Drink plenty of water and void when urge	218 (63)
Like and take enough caffeinated drinks	87 (25)
Ignore	125 (36.1)
Fatigue in pregnancy*	(n=346)
Rest in between work	326 (94.2)
IFA tablets	316 (91.3)
Ignore tiredness	188 (54.3)
Heart burn in pregnancy*	(n=277)
Avoid spicy food, coffee, soft drinks	88 (31.7)
Take antacids	51 (18.4)
Take cold milk or water	197 (71.1)
Lie down immediately after taking meal	118 (42.5)
Take meal in bulk at a time	47 (16.9)
Take walk	174 (62.8)
Eat frequently instead of in bulk	217 (78.3)
Ignore	90 (32.4)
Constipation during pregnancy *	(n=207)
Take walk, move and exercise daily	133 (64.2)
Take plenty of water /8 glasses	158 (76.3)
Eat fruits and vegetables	196 (94.6)
Take stool softeners	35 (16.9)
Ignore	87 (42.0)
Leg cramps in pregnancy *	(n=270)
Apply hot application on legs	55 (20.3)
Massage the calf Muscles	171 (63.3)
Take rest, elevate foot with pillow	158 (58.5)
Try to ignore	101 (37.4)
Backache in pregnancy*	(n=304)
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Take rest	287 (94.4)
Lift and do heavy work	24 (7.8)
Apply hot application	35 (11.5)
Take analgesics like PCM, ibuprofen on your own	21 (6.9)
Ignore	121 (39.8)
Sleep disturbance in pregnancy*	(n=264)
Sleep <6 hours	212 (80.3)
Take rest in afternoon	226 (85.6)
Drink glass of water milk in night /shower before going to bed	176 (66.6)
Take a pillow under abdomen when lying in lateral position	113 (42.8)
Try to ignore faultiple response questions.	90 (34)

Table 3: Association of knowledge level with socio-demographic variables.

S. no.	Variables	Knowle	Knowledge levels			df	P value
		Poor	Fair	Good			
1.	Age (years)						
	16-20	29	13	1			
	21-25	75	98	2	41.908	6	0.00*s
	26-30	29	94	6			
	31-35	2	19	0			
2.	Education						
	Up to primary	30	10	0			
	Upto10	44	38	1	54.774	8	0.00*s
	11-12	30	58	2			
	Graduation and above	31	118	6			
3.	Occupation						
	Govt. employee	4	17	3			
	Private employee	9	36	0	24.485	6	$0.00*^{s}$
	Housewife	107	156	7			
	Self employed	15	13	1			
4.	Monthly Income (Rs.)						
	≥15,000	46	36	3			
	15001-30,000	51	76	3	25.485	6	0.00*s
	30,000-50,000	29	71	3			
	<50,000	9	41	0			
5.	Source of information						
	Mass media	10	38	3			
	Relatives	71	67	4	24.83	6	0.00
	Health personals	37	74	2			
	All of them	17	45	0			

Note: Significance at p level <0.05, NS at p value >0.05.

Based on the results of study findings, a booklet in Hindi on management of minor ailments of pregnancy: healthy and happy motherhood was prepared by the authors. This booklet was validated for content by Nursing, Public health and OBG health professionals. The booklet was also validated for its language by Hindi experts. This information booklet was be circulated in hospital and community health settings to spread awareness regarding minor ailments of pregnancy and their management.

DISCUSSION

Each pregnancy is a new and different experience to mother providing a bridge to future generation. Throughout the period of pregnancy women experience number of minor health problems which result from numerous physiological, biochemical changes to provide environment for foetus growth. These ailments if not managed properly can affect the pregnancy outcome. The current study was conducted to assess knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers at selected hospital of Jodhpur

The results of present study shows that nearly half of women were from age group 21-25 years. About 42% of

women were graduate. Nearly half of the women were multigravida. This nearly agrees with the findings of a study conducted by Algeswari et al where 50% of female under study were from age group 20-25 years, 48% were graduate and 42% of females were multigravida. 13

Minor ailments of pregnancy are results of various ongoing physiological and hormonal changes to prepare women body for motherhood. In current study increased urine frequency, fatigue, nausea vomiting, backache, leg cramps were some of the most common minor ailments whereas minor ailments like constipation and increased vaginal secretions were least reported. Similar findings were reported by Kaur et al where in about 60% of antenatal women reported to have constipation.¹² Results of present study also nearly agrees with the findings of the study conducted by Agampodi where 77% subjects reported increased nausea and vomiting.8 Results of another study conducted by Madhubala were also found consistent with the current study findings where 77% reported to have morning sickness and 73% of mothers complained about leg cramps.¹⁴

Knowledge and awareness regarding minor ailments of pregnancy is helpful in managing them. Current study findings shows that overall antenatal mothers were aware

about minor ailments and management. About 61% of the mothers had fair knowledge. Very scanty proportion of mothers had good knowledge. The results are in line with the findings of a study conducted by D'souza et al wherein 60% of antenatal mothers had moderate knowledge, 35% of antenatal mothers had inadequate knowledge and 5% of them had adequate knowledge. About 1/3rd of antenatal mothers under study conducted by Pinto et al had poor awareness regarding minor ailments of pregnancy and its management. ¹⁶

As far as practices are concerned antenatal mothers were performing wide range of home practices to manage different minor ailments of pregnancy such as eating small and frequent meals, avoiding strong odours to manage nausea and vomiting, Void when urge is felt and drinking plenty of liquids for frequent urination. Whereas in case of constipation eating fruits and vegetables followed by drinking plenty of water and walking were evidently performed by women. For backache and sleep disturbance, rest was the most common practice. Consistent results were found from study conducted by Aldossary et al where results revealed that avoiding odours, eating small several meals are preferred choices for nausea and vomiting, void when urge is felt and increase fluid intake during day are practiced by women for increase urine frequency. Planning a time for nap or rest period daily were also chosen for fatigue. Increase intake of foods high in fibre, drinking more water for constipation were some preferred choices. ¹⁷ The results are also in agreement with the results of a study conducted by Hassan EH and researchers where study subjects used to eat more fresh vegetables, fruits, increased fluid intake and took yogurt respectively for relieving constipation. 10

Knowledge about minor ailments can vary with changing socio demographic profile. In present study knowledge levels were found to be significantly associated with age, education, occupation, monthly income and source of information which is similar to the study conducted by Vincet et al where knowledge had significant association with age and education.⁷ Consistent results were found from study conducted by Aziz et al where knowledge was found to be associated with age and education.¹⁸

Several limitations should be considered. The results may not be generalized as the study was conducted at a single setting among sample chosen by convenient sampling technique.

CONCLUSION

It is shown from study findings that antenatal mothers had fair knowledge regarding minor ailments and based on their knowledge they performed varied practices to manage their ailments. Since minor ailments are common during pregnancy and most of these ailments can be simply managed by home remedies only. A due consideration should be given to minor ailments because

these are quite bothersome to women and affects quality of life which later affects outcomes of pregnancy. There is need to plan and implement aggressive awareness program for the mothers and family so as to provide them healthy pregnancy experience.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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