



A DESCRIPTIVE STUDY TO ASSESS THE INCIDENCE AND LEVEL OF KNOWLEDGE ON MINOR AILMENTS OF PREGNANCY AMONG ANTENATAL WOMEN DURING FIRST AND SECOND TRIMESTER IN SELECTED HOSPITALS OF SRINAGAR KASHMIR

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INTRODUCTION

“The life of mother is life of child

They are two blossoms of a single branch”

(Karen Maezen Miller)

Pregnancy is a period where the mother tends to take care of herself so as to prepare herself for delivery. During pregnancy, the rapidly rising hormones such as oestrogen, progesterone and prolactin change the maternal body into a suitable environment for the foetus and may cause symptoms (minor ailments). During pregnancy there is progressive anatomical, physiological and biochemical change not only to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaptations to the increasing demands of growing fetus.¹ Women experience a variety of psychological and physiological symptoms such as nausea, vomiting, heartburn, increased micturation, constipation, backache, leg cramps, varicose veins, vaginal discharge, pica etc. These are termed as minor ailments or discomforts of pregnancy.

Minor ailments during pregnancy do not endanger the life of women but if left unattended can lead to serious complications.² Minor ailments of pregnancy are a series of commonly experienced symptoms related to the effects of pregnancy hormones and the consequences of enlargement of the uterus as the foetus grows during pregnancy.³ Studies on minor acute illness during pregnancy suggests that despite being not life threatening, the high prevalence of these conditions has a major effect on productivity and may have profound impact on the lives of pregnant women and their families.⁴

NEED FOR THE STUDY

According to WHO 5, 85,000 women die each year from pregnancy related causes, 99% of whom are from developing countries.⁵ Nausea and vomiting of pregnancy affects approximately 75% pregnancies. In India, more than one lakh women die annually for reasons related to pregnancy [Eapen Nita]. Yet surveillance of so called minor ailments during pregnancy is virtually nonexistent in developing countries. The lack of reliable data impedes proper assessment of the disease burden and is a barrier to effective planning of control and preventive activities.⁶ Pregnancy is considered as a normal physiological process during the reproductive age, but stands for morbidity and mortality of the mother and child if not cared properly during pregnancy. Hence the investigator felt the need to study the incidence and level of knowledge on minor ailments in pregnancy among antenatal women.

STATEMENT OF THE PROBLEM

A descriptive study to assess the incidence and level of knowledge on minor ailments in pregnancy among antenatal women during first trimester and second trimester in selected hospitals of Srinagar Kashmir.

RESEARCH OBJECTIVES

1. To investigate the incidence on minor ailments in pregnancy among antenatal women during first and second trimester.
2. To compare the incidence of minor ailments in pregnancy among primigravida and multigravida.
3. To assess the knowledge on minor ailments in pregnancy among antenatal women during first and second trimester.
4. To determine the association of knowledge level on minor ailments during pregnancy with selected demographic variables.

Demographic Variables;-Age (In Years), Gravida, Education, Trimester, Place of Residence

Hypothesis:

H₀-there is no significant association between knowledge on minor ailments in pregnancy among antenatal women with their demographic variables

H₁-There is significant association between knowledge on minor ailments in pregnancy among antenatal women with their demographic variables.

REVIEW OF LITRATURE

Sharon Vincent, Sabitha Nayak and Shiney Paul (2015) conducted a study on knowledge of primi mothers on self management of minor discomforts of pregnancy with a view to develop information carried out in justice k.s Hedge charitable Hospital on 100 primigravida mothers by using purposive sampling technique. The findings of the study showed that 87% of the primi mothers were in the age group of 21 -30 years ,37% of the women had high school education ,70% of the subjects were Hindus ,77% belonged to joint families and 53% were in the gestational age group of 29-40 weeks .Most (59%) of the primigravida mothers had poor knowledge ,29% had average knowledge and 12% had good knowledge and 12% had good knowledge regarding minor discomforts of pregnancy and its self management.⁷

Verginia D Souza, Preethi, Priyanka et al (2019) conducted a descriptive study on 60 antenatal women to assess the knowledge on minor ailments of pregnancy among primi mothers at selected hospital Hanavar Uttar kannada Karnataka. It was found that 35% of respondents had inadequate knowledge (<- 50%), 60% had moderate knowledge (51-75%) and 5% of them had the adequate (>75%).The mean percentage of knowledge scores was 57.5%.There is significant association between knowledge of minor ailments during pregnancy with their demographic variables (age, group, religion, education, family income).⁸

METHODOLOGY

RESEARCH DESIGN: Non Experimental Research Design was used.

RESEARCH SETTING: Our research study was conducted at Sheikh Ul Alam hospital Karan Nagar and Noora hospital HMT Srinagar.

TARGET POPULATION: The Target population in our study was the antenatal women in First trimester and Second Trimester.

VARIABLES:

Research Variables

- Incidence of Minor ailments of pregnancy during first trimester and second Trimester.
- Knowledge of minor ailments of pregnancy during first trimester and second Trimester

Sampling technique and Sample Size: Non probability convenient sampling technique was used and sample size was 60

Inclusion Criteria:

- Antenatal women are who are able to speak and understand Urdu, Kashmiri, and English. .Antenatal women are willing to participate in the study. .
- Antenatal women are who are available at the time of data collection.

Exclusion criteria:

- Antenatal women are who are not cooperative.
- Antenatal women are who are in Third trimester.
- Antenatal women's having pregnancy related complications at the time of data Collection.
- High Risk mothers.

Description of Tool:- The interview schedule was used for data collection, it had two parts:

Part-01 DEMOGRAPHIC DATA: This part included subject's information including: Age, Gravid, Education, trimester and place of residence

Part -02 INTERVIEW SCHEDULE : Included questions which covered all the aspects of knowledge regarding minor ailments in pregnancy.

ANALYSIS AND INTERPRETATION OF DATA

Section-I

Table No (1): Frequency and Percentage distribution of respondents as per Age.

Age (years)	Frequency (f)	Percentage %
<20 Years	1	2%
20-30 Years	36	60%
30-40 Years	23	38%
>40 Years	0	0%

Table 1 shows that 60% of the subjects were from the age group of 20-30 years, 38% were from the age group of 30-40 years, 2% were from the age group of < 20 years , and none of the subjects were from the age group Of >40 years.

Table No (2): Frequency and Percentage of distribution of respondents as per Gravida.

GRAVIDA	Frequency (f)	Percentage (%)
Primigravida	30	50%
Multigravida	30	50%

Table 2 shows that 50% of the Antenatal women were Primigravida and 50% were Multigravida.

Table No (3): Frequency and Percentage distribution of respondents as per Education.

Education	Frequency(f)	Percentage (%)
No formal education	6	10%
Primary School	6	10%
Middle School	9	15%
High School	13	22%
Graduate	16	27%
Post Graduate	10	17%

Table 3 shows that 27% of the Subjects had completed their graduation, 22% had completed high school education, 17% were post graduated, 15% had completed their middle school education, 10% completed their primary school education and another 10% had no formal education/uneducated.

Table No (4): Frequency and Percentage distribution of respondents as per Trimester.

TRIMESTER	Frequency (f)	Percentage %
First Trimester	29	48%
Second Trimester	31	52%

Table 4 shows that 52% of the Antenatal women were in the second trimester and only 48% of antenatal women were in first trimester of pregnancy.

Table (5): Frequency and Percentage distribution of respondents as per Place of Residence.

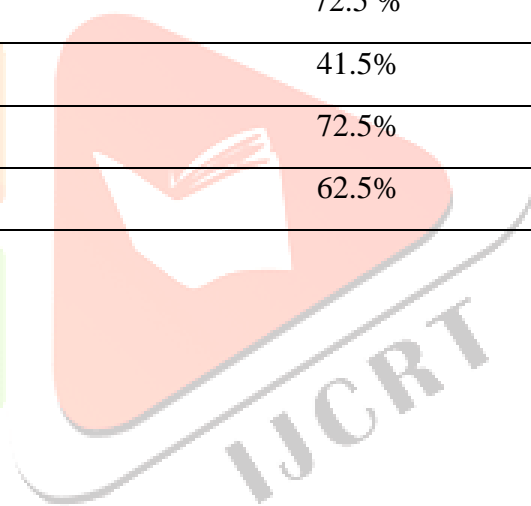
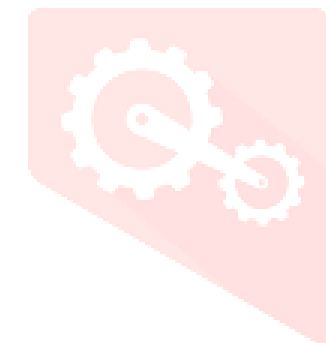
Place of Residence	Frequency(f)	Percentage (%)
Rural	36	60%
Urban	24	40%

Table (5) shows that 60% of the subjects were from rural areas and 40% were from urban areas.

Section-II

Table (06): Incidence of Minor ailments of pregnancy among antenatal women.

S.No.	Minor Ailments	Incidence Percentage
1	Nausea and vomiting	72.5 %
2	Constipation	41.5%
3	Heartburn	72.5%
4	Increased micturition	62.5%



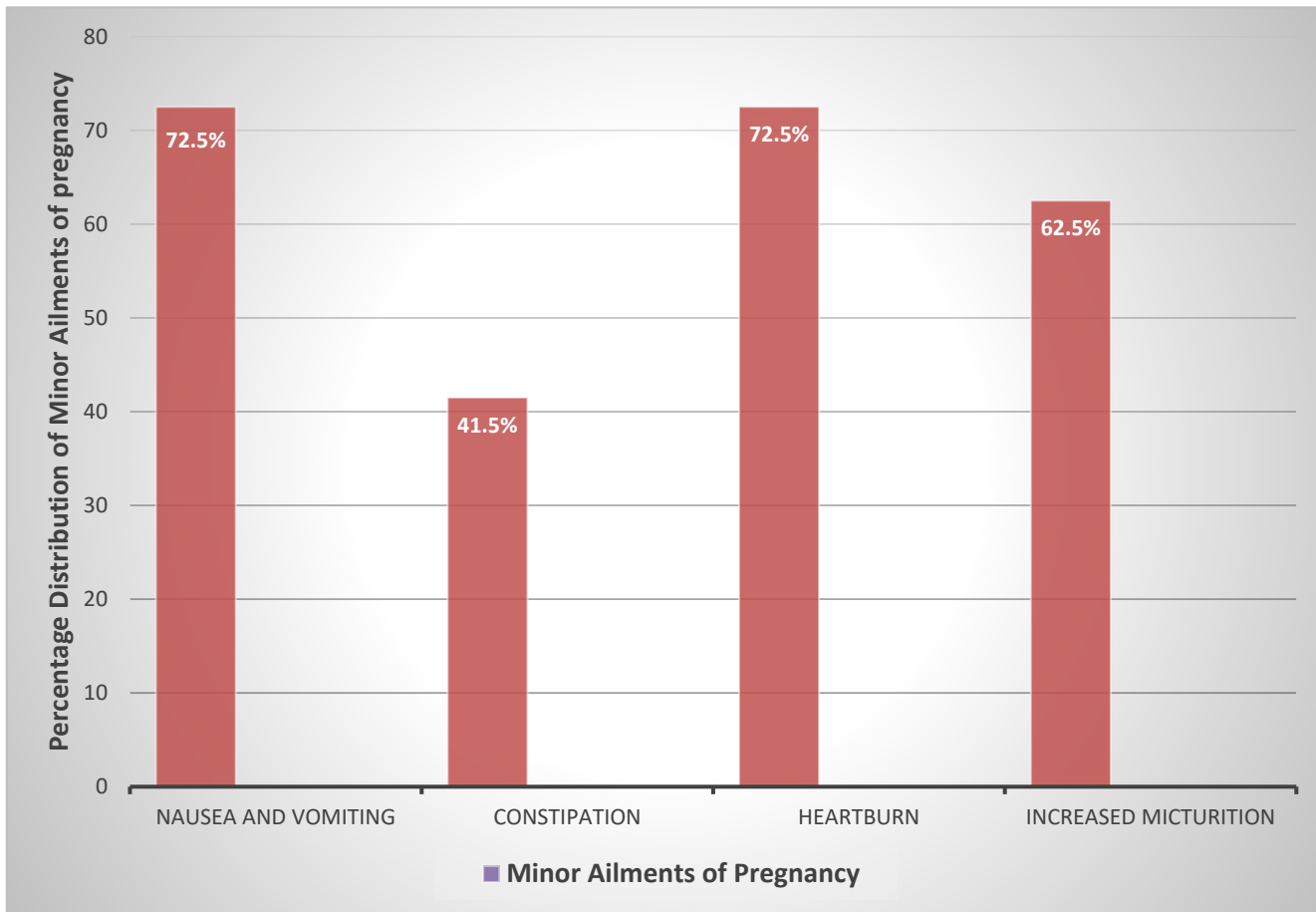


Figure 06 depicts that the incidence of Nausea and vomiting was 72.5%, Heartburn 72.5%, Increased Micturition 62.5% and Constipation 41.5%. Hence the most common reported minor ailments were Nausea/Vomiting and Heartburn followed by, Increased Micturition (62.5%) and the least common reported minor ailment was Constipation (41.5%).

Table (07): Comparison of incidence of minor ailments of pregnancy among antenatal women.

S.No	Minor Ailments	Primigravida Percentage (%)	Multigravida Percentage (%)
1	Nausea and vomiting	70%	70%
2	Heartburn	66.5%	78%
3	Constipation	38.5%	45%
4	Increased Micturition	63.5%	61.5%

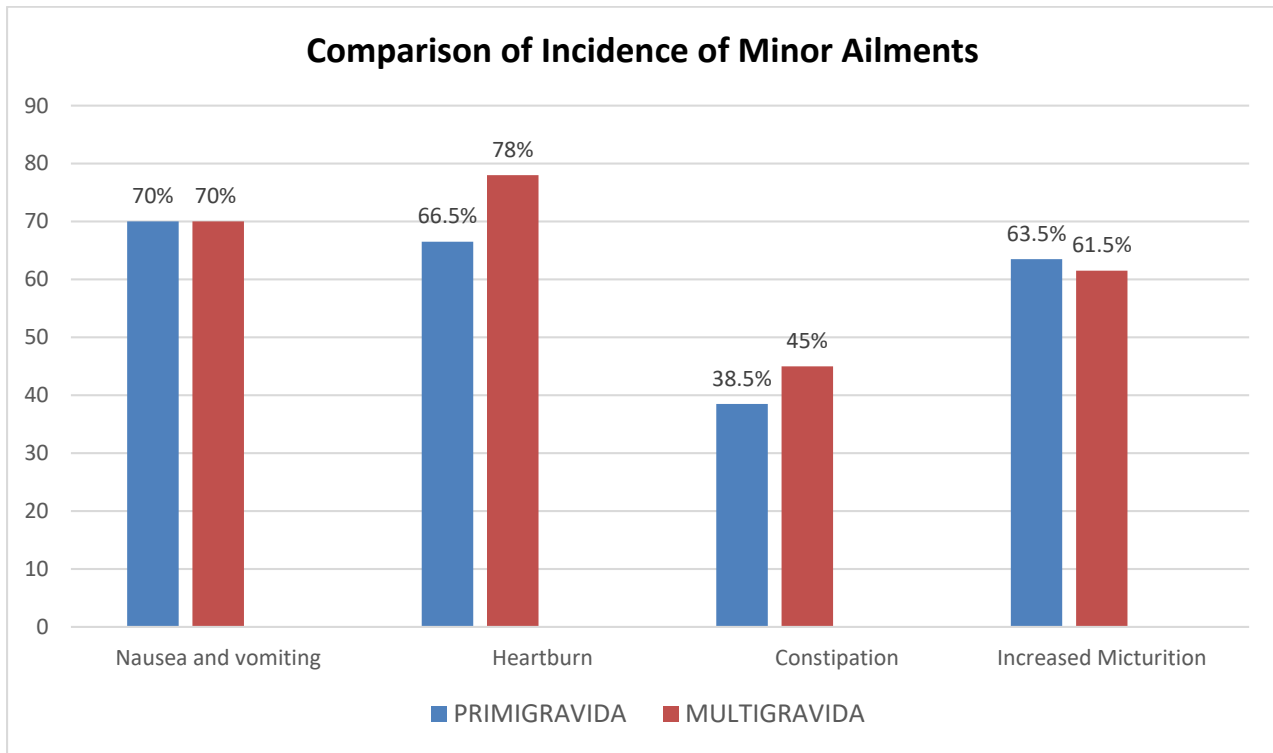


Figure 07 depicts the incidence of Nausea/vomiting was same in both Primigravida (70%) and Multigravida (70%), the incidence of Heartburn was more in Multigravida (78%) than Primigravida (66.5%), the incidence of Constipation was more in Multigravida (45%) than Primigravida (38.5%) and the incidence of Increased Micturition was more in Primigravida (63.5%) than Multigravida(61.5%).

Section-III

Table (08): Frequency and percentage distribution of knowledge score of respondents.

Level of Scores	Frequency (F)	Percentage (%)
Good Knowledge.(17-24)	8	13%
Average Knowledge.(9-16)	4	82%
Poor Knowledge.(0-8)	3	5%

Maximum =24 Minimum=0

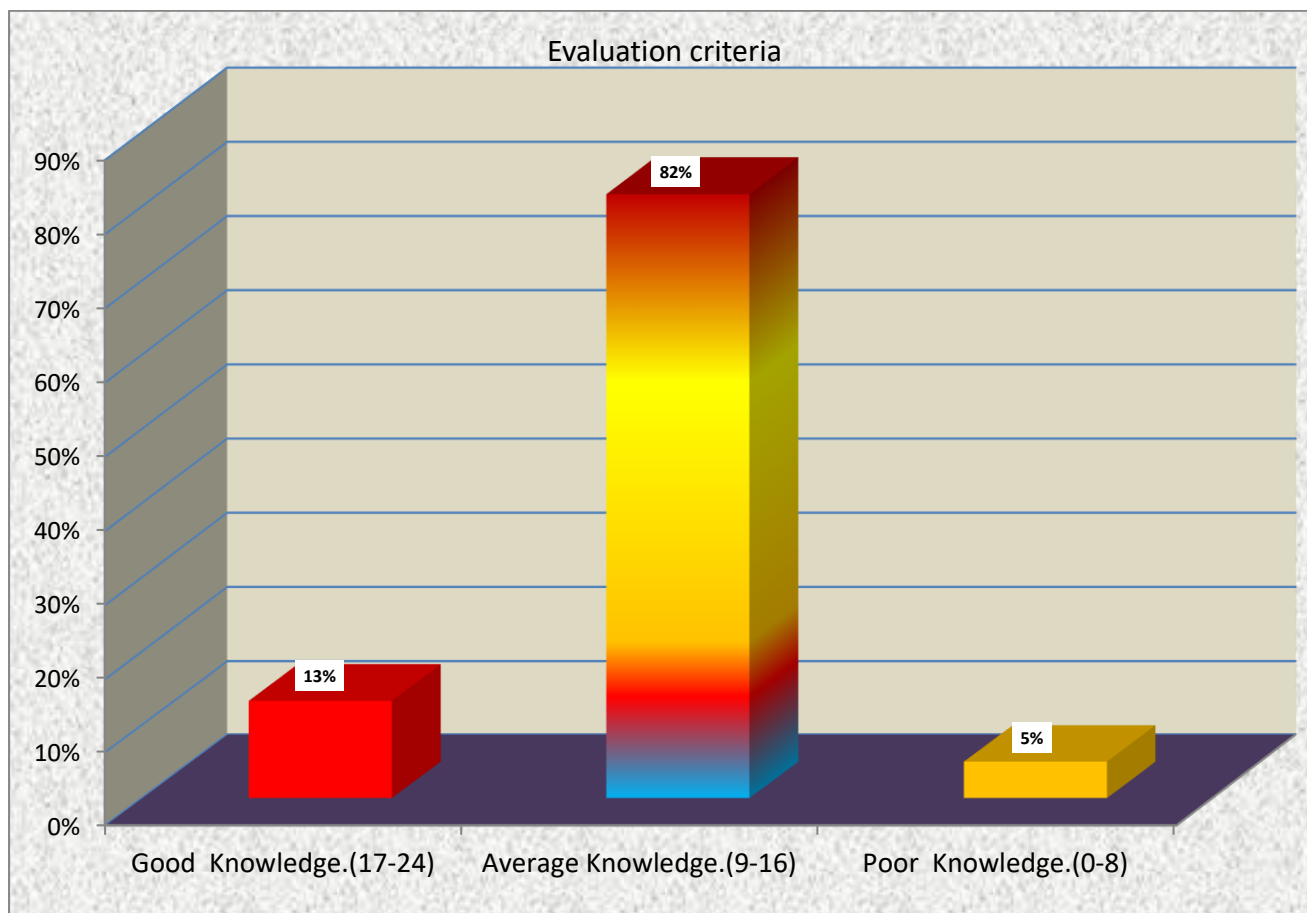


Figure 8 depicts that majority of respondents 49 (82%) had average knowledge, 8 (13%) had good knowledge and 3(5%) of them had poor knowledge.

Table (09): Mean Median, SD, Range, Mean percentage of knowledge score of respondents.

N= 60

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
KNOWLEDGE Score	13.80	14	2.81	19	6	13	57.50

Maximum=24 Minimum=0

Section-IV

Table (10): Association between knowledge score of respondents on minor ailments of pregnancy with the selected demographic variables i.e., Age, Gravida, Education, Trimester and Place of Residence.

Variables	Opts	Mean %	Mean	SD	N	DF	T/F Test	P Value	Result
AGE	<20 YEARS	58.33	14.00		1	3/56	0.017	0.997	Not Significant
	20-30 YEARS	57.52	13.81	2.86	36				
	30-40 YEARS	57.43	13.78	2.86	23				
	>40 YEARS	0.00			0				
GRAVIDA	PRIMIGRAVIDA	48.89	11.73	2.08	30	58	8.471	<0.001	Significant
	MULTIGRAVIDA	66.11	15.87	1.70	30				
EDUCATION	NO FORMAL EDUCATION	35.42	8.50	1.87	6	5/54	70.199	<0.001	Significant
	PRIMARY SCHOOL	56.25	13.50	0.55	6				
	MIDDLE SCHOOL	51.39	12.33	1.58	9				
	HIGH SCHOOL	51.92	12.46	0.66	13				
	GRADUATE	64.06	15.38	0.62	16				
	POST GRADUATE	73.75	17.70	1.16	10				
TRIMESTER	FIRST TRIMESTER	56.18	13.48	2.94	29	58	0.844	0.402	Not Significant
	SECOND TRIMESTER	58.74	14.10	2.70	31				
PLACE OF RESIDENCE	RURAL	55.44	13.31	2.72	36	58	1.697	0.095	Not Significant
	URBAN	60.59	14.54	2.83	24				

Figure 10 shows that using Chi Square test there is significant association between knowledge score with Gravida and Education. There is no significant association between knowledge score with Age, Trimester, and Place of Residence. Hence both null hypothesis (H_0) and research hypothesis (H_1) are partially accepted and partially rejected.

DISCUSSION

The findings of the study showed that the incidence of Nausea and vomiting was 72.5%, Heartburn 72.5%, Increased Micturition 62.5% and Constipation 41.5%. Hence the most common reported minor ailments were Nausea/Vomiting and Heartburn followed by Increased Micturition (62.5%) and the least common reported minor ailment was Constipation (41.5%). The findings of the study are supported by a study conducted by **A Alageswari and Manju Bala Dash** (2018) on assessment of knowledge and expressed practice regarding self management of minor ailments among antenatal mothers at Rajiv Gandhi Government Women and Children Hospital, Pondicherry. The study revealed that majority (62%) of antenatal mothers had moderately adequate knowledge, whereas 38% of mothers had poor knowledge on minor ailments. The data represented that frequency of urination is commonly prevalent in maximum number (31%) in first trimester and 53% in third trimester. On the other hand majority of mothers (41%) had nausea vomiting extended up to in second trimester, similarly backache (32%) and ankle oedema (27%) in third trimester and only 4% subjects suffer from haemorrhoids. From the chi square value, gravid alone had significant association ($p > 0.05$) with the knowledge of antenatal mothers on minor ailments, remaining all variables (age, religion, residence, type of family) show no significant association ($p, 0.05$).⁹

In the present study the incidence of minor ailments of pregnancy between primigravida and multigravida was calculated. The incidence of Nausea/vomiting was same in both Primigravida (70%) and Multigravida (70%), the incidence of Heartburn was more in Multigravida (78%) than Primigravida (66.5%), the incidence of Constipation was more in Multigravida (45%) than Primigravida (38.5%) and the incidence of Increased Micturition was more in Primigravida (63.5%) than Multigravida (61.5%). The findings of the study are supported by the study conducted by **A Alageswari and Manju Bala Dash** (2018) on assessment of knowledge and expressed practice regarding self management of minor ailments among antenatal mothers at Rajiv Gandhi Government Women and Children Hospital, Pondicherry. The study revealed that majority (62%) of antenatal mothers had moderately adequate knowledge, whereas 38% of mothers had poor knowledge on minor ailments. The data represented that frequency of urination is commonly prevalent in maximum number (31%) in first trimester and 53% in third trimester. On the other hand majority of mothers (41%) had nausea vomiting extended up to in second trimester, similarly backache (32%) and ankle oedema (27%) in third trimester and only 4% subjects suffer from haemorrhoids. From the chi square value, gravid alone had significant.⁹

The findings of this study also showed that majority of respondents 49 (82%) had average knowledge, 8 (13%) had good knowledge and 3(5%) of them had poor knowledge. These findings are supported by a study conducted by **Lata Gururani ,Atul Kumar, Gomathi Mahalingam**(2016) on 100 antenatal mothers at selected tertiary hospital uttrakhand to assess the effectiveness of structured teaching program on the minor disorders of pregnancy and their home management. It was found that the majority (85%) of the mothers were aged between 21 -25 years and most (65%) of them were in the second trimester of pregnancy. Only 13% of the study participants possessed no formal education, while one third (34%) of them were graduate and above. Three fourth (74%) of mothers were residing in the rural area and 80% of the mothers belonged to joint family. The majority (93%) was homemakers and belonged to Hindu (86%) religion. Nearly one third (29%)of the participants monthly income was below rupees 3,000.The mean pre test knowledge score (19.5+-6.68)regarding minor disorders and home+ management was significantly lower than the mean post test knowledge score(37.58+-2.93),which significantly improved with the difference of (18.02+-0.742),revealing the importance of planned teaching program.¹⁰

RECOMMENDATIONS:

- A similar study can be conducted on a large sample of antenatal women of all the three trimesters to generalize the results.
- A similar study can be conducted in community with illiterate and literate women.
- A similar study can be conducted by planned health teaching on minor ailments of pregnancy.
- Health education should be imparted on the very first antenatal visit.
- Education regarding minor ailments of pregnancy should be imparted at community level.

NURSINGIMPLICATIONS:

1:-NURSINGEDUCATION:

- The present study emphasize enhancement in the knowledge of antenatal women regarding minor ailments of pregnancy. In order to achieve this, antenatal women should be educated about the minor ailments of pregnancy at the first visit.
- Nursing students should also learn regarding minor ailments of pregnancy so that they can come forward and impart this knowledge to antenatal women in their respective posting areas.

2:- NURSING ADMINISTRATION:

- The present study revealed the adequacy of knowledge of antenatal women regarding minor ailments of pregnancy which can be best imparted by nursing staff and nursing students.
- The in-service education programs, continuous education, orientation influence the knowledge of students and staff nurses so that they can in turn impart this knowledge to antenatal women.

- Hence, it is the responsibility of nurse leader to organize and make arrangements in the hospital or community setting.
- Arrangements for supervision and evaluation of knowledge of students and staff nurses on regular basis are essential for nursing administration.

3:- NURSING SERVICE:

Nurses are the key persons of the health team who play a major role in the health promotion and maintenance. Nurses should be adequately prepared for identifying the minor ailments of pregnancy through assessment during antenatal visits.

- Reassure and support those who are suffering with minor ailments and educate non therapeutic measures. The nurse administrator should organize more workshops, panel discussion, short term refresher courses and health education program for nurses.

4:- NURSING RESEARCH:

There is a need for extended and intensive nursing research in the area of upgrading knowledge and skills of midwives in providing care during pregnancy. The research enables the nurses to provide evidence based care.

- A nurse forms an important cadre of health professional and should take initiative to conduct research of various aspects on factors determining minor ailments and their home remedies.

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