



KNOWLEDGE REGARDING MINOR DISORDER DURING PREGNANCY AND ITS HOME REMEDIES AMONG ANTENATAL WOMEN

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ABSTRACT

Introduction: Minor elements like heartburn, backaches, nausea, and edema are just a few of the unpleasant physiological changes those pregnant women encounter. Home remedies are used by people in accordance with their traditions and beliefs. The majority of minor issues disappear as the pregnancy goes on. One of the finest areas to discover this kind of therapy and natural cures is India. However, use of these therapies is not generally acknowledged due to a lack of understanding among expectant pregnant women in the community. Researchers concluded that it was necessary to provide health education regarding minor disorders and their home care, and that an information booklet would help people learn about these topics.

Aim: To determine the level of knowledge among pregnant women regarding minor disorders and their home remedies, and based on that knowledge level, to provide informational materials to advance her understanding.

Methodology: The study used a descriptive cross-sectional research design. Data was collected from 50 antenatal mothers in selected community areas of CHC Bhagwanpur Haridwar District, Uttarakhand, using a self-structured knowledge questionnaire. The samples were chosen using a convenient and purposive sampling technique.

Result: According to the current study, 64.7% of moms are over the poverty level, 41.2% of mothers have completed their primary school, and 56.9% of mothers are in the 15- to 25-year-old age range. 60.6% of mothers received information about minor disorders during pregnancy from health professionals, and 64.7% of mothers received treatment for minor disorders from a health centre during pregnancy. Only 13% of expectant mothers had strong understanding of mild illnesses and self-care throughout pregnancy, with 81% of expectant mothers having mediocre knowledge. There is no significant correlation between the demographic variable and knowledge score regarding minor ailments and their home remedies, according to Fisher test and Chi square with Yates correction test results that were used to determine significance at the 0.05 level.

Conclusion: This study found that the majority of women in urban areas had insufficient knowledge of minor disorders and their home remedies. The findings of this study will assist nurses & midwives working in the community and in hospitals in understanding the factors that impede mothers' knowledge during pregnancy.

INTRODUCTION

The female reproductive system's organs and structures allow women to bear children. The condition in which the products of conception implant normally or abnormally in the uterus is known as pregnancy. A pregnant woman may go through a number of physiological changes that affect every organ system in her body.¹

Pregnant women go through a number of physiological changes that are uncomfortable and are referred to as mild maladies, such as heartburn, backache, nausea, and edema. These typically do not risk a woman's life, but if ignored, they can cause a severe problem. Because these mild illnesses are frequently present throughout pregnancy. People utilize home medicines in accordance with custom and belief. Most minor disorders gradually disappear as the pregnancy progresses. Therefore, prenatal mothers' knowledge of how to treat small illnesses is crucial for preserving their health.²

MMR is defined by the World Health Organization (WHO) as "the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes," regardless of the length or location of the pregnancy. India had a Maternal Mortality Ratio (MMR) of 130 for every 100,000 live births in 2016. 7India has maternal mortality rate id 130,and uttarakhgand has 201 .In 2014-2016.³

A study conducted at the AIMS, Kochi Gynecology OPD supports this. According to the research, the most common mild complaints among pregnant women were leg cramps (55%) and frequent urination (80%), followed by nausea and vomiting (80%), fatigue (80%), and back discomfort (70%).⁴

The expectant woman experiences minor pregnancy complications. For the correct management of diverse symptoms, individualized therapy and observation are necessary. specific expertise in a range of management

techniques or home cures Minor illnesses should be treated right away since they could develop into life-threatening conditions and may be brought on by hormonal changes and alterations in every system of the body. To manage the prior pregnancy, the mother needs information. ²

The researchers found that expectant mothers in rural areas have little awareness about minor diseases and their home cures based on previous research findings and their personal experience while working in a community hospital. Most women ignore their health because they are not aware of it. Because of this, researchers decided to examine pregnant women's awareness of mild diseases and teach them how to manage them at home.

REVIEW OF LITERATURE

- 1.P.Latha and Dr.S.Indira** " (2016) conducted a descriptive study on "the effectiveness of an IEC package on knowledge about minor pregnancy ailments and their home management among antenatal mothers). In this study the total sample including 60 antenatal mothers using non- probability purposive sampling technique. According to the findings, in the pretest, the majority of antenatal mothers had inadequate knowledge, the least 40% had moderate knowledge, and in the posttest, the majority of antenatal mothers had moderate knowledge, the least 28% had adequate knowledge, and the very least 2% had inadequate knowledge. According to the study, the post-test knowledge core is higher than the pretest. The study concluded that the IEC package was effective in increasing women's knowledge of minor pregnancy ailments. ⁵
- 2. Samah Abdelhaliam, Rehababdelhady, and Aziza Ibrahim Mohamed** (2018) conducted a quasi experimental study on "the use of self-care practise guidelines for relieving minor discomfort (aliment) in new pregnant women." A purposive sample of 280 prime pregnant women with normal pregnancy and a single uterine foetus in the first trimester of pregnancy was used in this study. According to the findings, 55% of mothers had correct knowledge, and 54% of mothers had a positive attitude toward utilisation measures. According to the findings of the study, more than half of the sample had correct knowledge about minor discomforts and measures to alleviate minor discomfort. ⁶
- 3. Kaur Amandeep and Gagandeep** (2017), a descriptive study on "assessment of antenatal mothers' knowledge and expressed practises regarding self-management of minor ailments. The convenience sampling technique was used to select 100 antenatal mothers from Patiala hospitals for this study. The study shows that majority (76%) antenatal mothers had average knowledge, less (22%) antenatal mothers had poor knowledge and very least (2%) had good knowledge regarding minor ailments of pregnancy and their home remedies. It was concluded that the majority of antenatal mothers had average knowledge, with a few having below average knowledge. ⁷
- 4. Gururani Lata and Kumar Atul**, (2015) conducted a quasi experimental study on "minor disorder of pregnancy and its home management" (2015). A quasi-experimental technique was used to study 100 antenatal mothers. According to the study findings, the mean knowledge score (37+/-2.93) about minor disorders and their home management was significantly higher than the mean pretest knowledge score. The study concluded that educating mothers about minor pregnancy disorders and their minor disorders at home allows them to continue their pregnancy more comfortably and securely. ⁸
- 5. Kumar Laxmi** (2014) conducted a pre-experimental study on the "effectiveness of self-instructional modules (SIM) on the knowledge of selected minor ailments and their remedial measures among pregnant women" (2014). This study included a total sample of 60 antenatal women who were chosen at random. According to the findings, the majority of women (74.3%) had moderate knowledge of pregnant women, while the remaining 0.7% had insufficient knowledge. To increase the interest. The study concluded that

the 'Self Instructional Module' (SIM) was effective in increasing primigravida mothers' knowledge of minor ailments and their treatment options⁹

6. **Fatemeh Bazarganipour, Hamid Mahmoodi, Beheshteh Shamsaee** (2015) conducted a study on "The Frequency and Severity of Nausea and Vomiting During Pregnancy and its Association with Psychosocial Health" (2015). The ANOVA and Kruskal Wallis tests were used to include a total of 200 women in this study. According to the findings of the study, the majority of women (45.5%) had moderate frequency, the minority (19%) had mild frequency, and the minority (7%) had severe frequency of nausea and vomiting. The study concluded that people with more severe NVP had a higher level of depression than others.¹⁰

METHODOLOGY

A descriptive cross-sectional, community-based study was conducted in CHC Bhagwanpur, district Haridwar, Uttarakhand among antenatal mothers. Study was conducted from 26 July 2018 to 7 August 2018. For conduction of the study necessary permission was taken from the chief medical officer Dr. Vikrant Sirohi of PHC Bhagwanpur Haridwar Uttarakhand. According to the objectives a predesigned and pretested self-responding questionnaire close-ended questions was prepared with the opinion of experts of Departments of Gynecology and Community medicine. The questionnaire was translated into Hindi language and the translation was validated after retranslation with the help of language experts. The translation was found to be valid. Hindi version of the tool was administered to five women who fulfilled the sample criteria in Shantarshah Roorkee. In the result of pre testing sample size tool was sample and they have understand of each items of the tool and reliability of the tool was established by testing the stability by using inter-rater method and internal consistency assessed by using split half technique. Reliability was 0.92.

Before commencing the study, all mothers were explained about the purpose of the study. The confidentiality of the study was assured to them and written consent was obtained. A total fifty (50) antenatal mother age group between 15 to 45 year, were taken in study. After explaining nature and purpose of study return consent was taken from the each participant. Data were collected by **Purposive Sampling Technique** is used in this research. Approx 3-5 antenatal mothers were taken per day 15-20 min utilized for each sample. Information were collected regarding minor disorder during pregnancy and its home remedies.

RESULT

SCECTION -1

Description of the socio demographic variables of the antenatal mothers

This section deal with frequency and percentage distribution of selected demographical varianles of the antenatal mother i.e. age, educational status of mother, occupation of mother, poverty index, educational status of father, income, parity, source of information, source of treatment

Table no 1-Frequency (F) and percentage (%) distribution of antenatal mothers according to their selected demographic characteristics.

Demographical variables	Age	Frequency (f)	Percentage (%)
Age	15-25	29	56.9
	26-35	21	41.2
Mother education	No education	14	27.5
	Primary education	21	41.2
	Secondary education	11	21.6
	Graduation and above	4	7.8
Marital status	Married	48	94.1
	widow	2	3.9
Husband education	No education	10	19.6
	Primary education	19	37.3
	Secondary education	13	25.5
	Graduation and above	8	15.7
Mother occupation	House wife	47	92.2
	Government employment	1	2.0
	Private employment	2	3.9
Parity	1	22	43.1
	2	20	39.2
	3	5	9.8
	4 and above	3	5.9
Monthly income	Below 5000/-	13	25.5
	5001/- to 10,000/-	22	43.1

	10,001/- to 15,000/-	9	17.6
	15,001/- and above	6	11.1
Poverty index	Above poverty line	33	64.7
	Below poverty line	17	33.3
Type of family	Nuclear	31	60.8
	Joint	19	37.3
Religion	Hindu	27	52.9
	Muslim	23	45.1
Previous knowledge	Yes	44	86.3
	No	6	11.8
Source of information	Mass communication	2	3.9
	Friends	13	25.5
	Health workers	35	60.6
Source of treatment	Health centers	33	64.7
	Home remedies	14	27.5
	Nothing	3	5.9

According to the frequency and percentage wise distribution of age, 56.9% of moms were between the ages of 15 and 25 years old, and 41.2% of mothers were between the ages of 23 and 35. In terms of frequency and proportion, the distribution of mothers' educational status shows that less than half (41.2%) have completed their primary school. Equally as many moms (27.5%) had no formal education, 21.6% had only a secondary education, and only 8.8% had a bachelor's degree or more. The majority of moms (94.1%) were married, while the least amount (3.9%) were widows, according to the frequency and percentage-wise distribution of marital status. According to frequency and percentage-wise distribution status, 37.3% of the husband had only an elementary education. and Only 19.6% of husbands had a high school diploma, while 25.7% had one, 15.7% had a graduate degree, and 25.7% were illiterate. The majority (92.2%) of mothers were housewives, the least (3.9%) worked in the private sector, and the most (2.0%) worked in the government, according to frequency and percentage distributions of mothers' occupations. According to the frequency and parity distribution in percentage terms, the majority of mothers (43.1%) fell below the half-line in the first parity, followed by the second parity (39.2%), the third parity (9.8%), and the fourth parity and above (5.9%), which had the fewest mothers (5.9%).

The frequency and percentage-wise distribution of monthly family income showed that the bottom half of mothers (43.1%) had monthly family income between (\$5,001–\$10,000), the middle half (25.5%) had monthly family income below (\$5,000), the bottom half (17.6%) had monthly family income between (\$10,000–\$15,000), and the top half (11.1%) had monthly family income above (\$10,000). (15,000).

In terms of frequency and percentage, the distribution of poverty shows that more than half of mothers (64.7%) live above the poverty line and that the least number of moms (33.3%) do.

Mothers are more likely to belong to nuclear families (60.8%) than joint families (19%), according to frequency and percentage distributions of family types. Frequency and percentage wise distribution of Religion revealed that above half line (52.9%) of mothers was Hindu and below half line (45.1%) of mothers was Muslim.

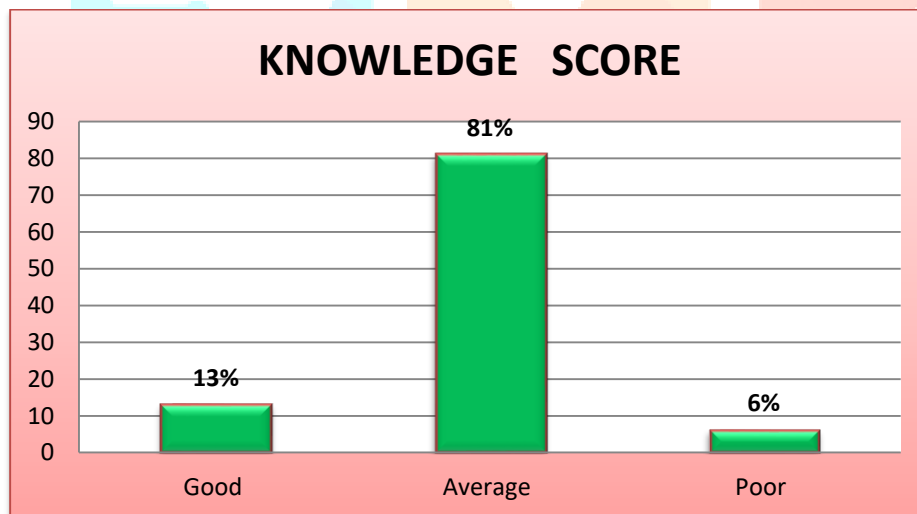
The majority of moms (86.3%) had prior knowledge, while the least amount of mothers (11.8%) did not, according to the frequency and percentage-wise distribution of prior knowledge. The frequency and percentage wise distribution of information sources shows that more than half of mothers (60.6%) received their information from health professionals, fewer women (25.5%) received it from friends, and the fewest moms (3.9%) received it through mass media. In terms of frequency and proportion, the distribution of treatment sources reveals that the majority of mothers (64.7%) received their care from a health facility, a smaller percentage (27.5%) received it from home remedies, and the smallest percentage (5.9%) received no care at all.

SECTION-II

Knowledge among the antenatal mothers regarding the minor disorder and their home remedies among antenatal mothers

Table no 2-Frequency (F) and percentage (%) of knowledge regarding the minor ailments and its home remedies among the antenatal mothers.

This table conclude that antenatal mother having average knowledge regarding minor disorder and home remedies during pregnancy.



In this table, the majority (81%) of expectant mothers have average knowledge of minor disorders and home remedies during pregnancy, followed by a smaller percentage (13%) of expectant mothers who have good knowledge and a smaller percentage (3%) of expectant mothers who have poor knowledge of minor disorders and home remedies during pregnancy.

SECTION-IV

Association between the knowledge regarding the minor ailments and its home remedies during pregnancy and socio demographic variable of antenatal mothers.

H1- there would be significant association between knowledge regarding the minor ailments and its home remedies during pregnancy and socio demographic variable of antenatal mothers.

S.NO	Sociodemographic variable	Above mean (≥ 25)	Below mean (≤ 24)	X^2	df	P value = <0.05	Significant association
1.	Age 15- 25= 29 26-35=21	5(10) 1(2)	24(48) 20(40)	1.7963	1	0.180	NS
2.	Mother education No education= 14 Primary education=21 Secondary education=11 Graduation above=4 and	1(2) 2(4) 1(2) 2(4)	13(26) 19(38) 10(20) 2(4)	5.9926	1	0.111973	NS
3.	Marital status Married=48 Divorce and widow=2	6(12) 1(2)	42(84) 1(2)	0.209	1	0.647	NS
4.	Husband education No education=10 Primary education=19 Secondary education=13 Graduation above=8 and	1(2) 1(2) 3(6) 2(4)	9(18) 18(36) 10(20) 6(12)	3.031	1	0.3868	NS
5.	Mother occupation Non working=47 Working=3	6(12) 1(2)	41(82) 2(4)	0.019	1	0.890	NS
6.	Parity 1=22 2=20 3=8	4(8) 1(2) 1(2)	18(36) 19(38) 7(14)	1.7261	1	0.42188	NS
7.	Monthly income >5000=13 5001-10000=22 10001-15000=9 150001-20000=6	1(2) 1(2) 2(4) 2(4)	12(24) 21(42) 7(14) 4(8)	4.8626	1	0.182141	NS
8.	Poverty Above poverty line=33	4(8)	29(58)	0.01	1	1	NS

	Below poverty line =17	2(4)	15(30)				
9.	Type of family Nuclear=33 Joint=17	4(8) 2(4)	29(58) 15(30)	0.01	1	1	NS
10.	Religion Hindu=31 Muslim=19	3(6) 3(6)	28(56) 16(32)	0.039	1	0.417	NS
11.	Previous knowledge Yes=44 No=16	5(10) 1(2)	39(78) 5(10)	0.141	1	0.707 ^y	NS
12.	Source of information Multimedia and friends=15 Health worker=35	1(2) 5(10)	14(28) 30(60)	0.081	1	0.7757 ^y	NS
13.	Source of treatment Health centers=33 Home remedies=14 Nothing=3	4(8) 1(2) 1(2)	29(58) 13(26) 2(4)	1.6062	1	0.4479	NS

^y=chi square with yeast correlation

^f= fisher's exact test

The description association between antenatal mothers' knowledge of minor ailments and home remedies during pregnancy and sociodemographic variables is depicted in the table above. Because all of the data were categorical, the Fisher test and the Chi square with Yates correction test were used to determine whether there was a significant relationship between the demographical variables, with p values 0.05 of age (0.1), mother education (0.1), marital status (0.60), husband education (0.38), mother occupation (0.89), parity (0.4), monthly income (0.18), poverty (1), family type (1), religion (0.41), previous knowledge (0.70), source of information (0.70), source of information (0.44). As a result of this, the null hypothesis was accepted and revealed that sociodemographic characteristics had no effect on knowledge of minor disorders and home remedies during pregnancy.

DISCUSSION

SECTION 1:

Description of the socio demographic variables of the antenatal mothers

In the current study, half of the mothers (52%) were between the ages of 15 and 25, while 42% were between the ages of 26 and 35. It was supported by Aziz Fattah Kareem Maqsood sames shayma, in which half (51% of mothers) are between the ages of 18 and 25, with 38% between the ages of 26 and 33.

According to the current study findings, (38%) of women have primary education, (26% have secondary education), and the remaining (16%) have graduated. According to the study, E.Sangeetha, R.Shanghai, and D.Revathy, 30% of women have a primary education and 47% have a graduate education.

According to the current study findings, the vast majority (96%) of mothers are married, with only 4% being widowed. It was supported by Usman Ibrahim Mustapha, Abubkar Kabir Muhammad, Muhammad Shamsudden, Rabiyya Ayyuba, and Garba Ibrahim and shows that the majority of mothers (96.8%) are married, while the remainder (1%) are divorced and the remaining (9%) are single.

In the current study findings, 20% of the husband had no education, least (8%) of the husband had primary education, 26% of the husband had secondary education, 16% of the husband are graduate and above, and Kumar Lakshmi found a similar result, that 20% of husband had primary education, 30% had higher school, 31.7% were intermediate, and 18.3% were graduate and above.

According to the current study findings, the majority (92.2%) of mothers were housewives, while the minority (7.8%) of mothers worked. Gururani Lata, Kumar Atul, Mahalingam, and Gomathi all agreed that the majority of respondents (93%), followed by 7.0% of working women, were housewives. Bala Madhu reported a similar finding: 93% of rural women were homemakers. According to Pinto Delma, Dilshad, Emily, Jeethy, and Prem Archa, the majority of women (93%) were housewives, with the remaining 7% working.

According to the current study findings, 44% of women are primipara and half (54%) of mothers are multipara. According to Agampodi Buddhika, Wickramasingh, Horton Jenifer, Agampodi Chanchala, and Jhiline, 41% of mothers are primipara and the remaining 58% are multipara.

According to the current study findings, 26% of mothers had a monthly family income of more than \$5,000, and 44% of mothers had a monthly family income of \$5001-10000.

30% of women earn more than \$150,000 per month. According to Vincent Sharon, N Sabitha, and Paul Shiney, 11% of mothers have a monthly family income of less than \$5,000, 59% of women have a monthly family income of \$5001-10000, and 30% of women have a monthly family income of more than \$15,000.

According to the current study findings, 66% of mothers are above the poverty line and 34% are below the poverty line. According to Bimla, LG Patil, and Shriden AS, 72% of mothers are above the poverty line, while 28% are below the poverty line.

According to the current findings, 62% of mothers belong to a joint family and 38% belong to a joint family. Aziz Fattah Kareem Maqsood Samir Shyma supported it, with 55% of mothers belonging to nuclear families and 44% belonging to joint or extended families.

According to the current study findings, the majority (96%) of mothers use friends and health care personnel as a source of information, while the minority (4%) use mass communication. According to Gururani Lata, Kumar Atul, Mahalingam, and Gomathi, only 4% of mothers use social media, while 96% of mothers get information from family members or health care personnel.

According to a recent study, only a small percentage of antenatal mothers (28%) use home remedies, while the remaining 66% use hospital care and the remaining 6% do nothing. According to Bala Madhu, only 23% of people use home remedies, while the remaining 77% use health care services.

Association between the knowledge regarding the minor ailment and its home remedies during pregnancy and socio demographic variable of antenatal mothers.

The current findings show that knowledge of antenatal mothers was not statistically associated with the demographic variables. This is supported by Gururani Lata, Kumar Atul, Mahalingam, and Gomathi, who state that there was no significant correlation and association between the knowledge score and the demographic variables of the mother. It is also supported by Pinto Delma, Dilshad, Emily, Jeethy, and Prem Archa, who show that the demographic variables do not affect the knowledge. Kur Amandeep and Ggandeeep's study yielded a similar result of nonassociation and relationship between knowledge and variables among antenatal mothers.

CONCLUSION –

This study shows that knowledge about minor disorders and home remedies is lacking in urban areas, despite the fact that major maternal health is influenced by inadequate knowledge during the 10 days preceding the survey. The majority (81%) of the study sample had average knowledge of minor pregnancy disorders and home remedies.

The current study found that the majority of study participants were between the ages of 18 and 25, had a primary education, were housewives, belonged to the first and second parities, and came from nuclear families. Minor ailments were poorly managed by pregnant women on their own. There was no correlation between demographic variables and overall knowledge of minor discomforts and home remedies among antenatal mothers.

The main reason given by individual women for average knowledge was that they did not use home remedies during pregnancy.

If the mother will not utilize the knowledge regarding in or disorder ant its home remedies then many obstetrical could become a life threatening condition for both mother and baby by time these were diagnosed. Home remedies is a prevention management for the minor discomforts during pregnancy. The maternal health services need to continuously sensitize the community ,so that the number of the mothers were utilized knowledge to prevent minor discomfort for increase to attend the national target.

SUMMARY

The analyzed data were interpreted justified by the investigator personal experience / assumptions and literature support. Considering the strength of the study outcome investigation was proposing finding to implement in various field of nursing like administration, education, practice, and research. Further recommendation was suggested to update the contain according to the future demand.

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