

RESEARCH ARTICLE

Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City

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ABSTRACT

A lot of pregnant women experience some common discomforts during their pregnancy which may occur due to hormonal, anatomical, and metabolic changes. Although common discomforts may make the pregnant woman feel ill, pregnancy is a normal physiologic process. The common discomforts include backache, leg cramps, constipation, fatigue, nausea and vomiting, sleep disturbance, heartburn, and increased urinary frequency. To assess the pregnant knowledge of minor discomforts happening during pregnancy, it is planned to conduct the present study. A descriptive study design was carried out from December 2017 to June 2018, using non-probability convenience sampling technique for the selection of 150 mothers attended maternal and pediatric hospital in Soran City during antenatal visits. Data were collected through the use of a specially designed questionnaire for the purpose of the study. The findings of the study show that 34% of samples were in the age group of 20–25 years, 42% illiterate and mostly (90%) housewife. Most of women (70%) were in the 3rd trimester of their pregnancy and 66% of them had not history of the previous abortion. More than half of the participants (56%) had poor knowledge of minor discomforts during pregnancy. Our results show statistically significant association between knowledge levels with pregnant education level, and high significant association with age, husbands' education level, and occupation. In addition, significant associations were found between pregnant mothers' knowledge and their reproductive variables of gravida, abortion, and type of pregnancy. The major conclusion drawn on the basis of the findings of the present study was that there was inadequate knowledge of discomforts during pregnancy among participants. The study results revealed that women knowledge level was significantly associated with age, educational level, occupation, gravida, abortion, and type of pregnancy.

Keywords: Knowledge; Minor discomforts; Pregnancy; Pregnant women

INTRODUCTION

Pregnancy is creative and productive period in the life of a woman. It is one of the vital events, which needs special care from conception to postnatal period (Karnati and Kumari, 2015).

Pregnancy defined as the state of carrying a developing embryo or fetus within the female uterus.

During pregnancy, many physiologic and psychological changes occur that can positively or negatively affect the woman, her fetus, and her family (Gamel et al., 2017). A woman experiences remarkable change as a new human life is conceived and grows, occupying space within her uterus. Her anatomy and physiology adapt to sustain, nurture, and then finally birth the baby (Pierce, 2010).

There are some common problems or discomforts that a woman might experience during pregnancy but are not

threatening their life, they are called minor discomforts (Hanif, 2006). Minor discomforts are slight ailments of pregnancy that leads to lack of comfort rather than disabling the pregnant woman. Although they are not serious, their presence detracts from the mothers feeling of comfort and well-being, especially if they occur daily and make her wonder if she will ever feel like herself again (El-Khayat, 2007).

As the pregnancy progresses the increasing size of the fetus produces physical stress on mothers' body and these pressure can also cause further uncomfortable symptoms. The majority of discomforts experienced during pregnancy can be associated to either hormonal changes or the physical changes related to growing fetus (Fraser and Copper, 2004).

In addition, Latha and Indira (2016), in another study, revealed that minor disorder may occur due to hormonal changes, accommodation changes, metabolic changes, and

postural changes. Evidence from the study in New Delhi by Bala (2017) manifested that during pregnancy period, a woman undergoes many changes to accommodate the growing fetus and experience a variety of physiological and psychological symptoms such as nausea, vomiting, backache, and heartburn.

The good news is that lot of discomforts can be alleviated using some simple remedies and proper explanation, and fortunately, most of these discomforts will go away as pregnancy progresses (Dhanawade, 2017).

Concerning management of minor discomforts according to the study by Aziz and Maqsood (2016), non-pharmacological therapies should be considered as the first-line treatment before going to pharmacological therapy. However, medications may be used to ensure the well-being of the mother and prevent secondary adverse effects to the fetus or sometimes mothers.

Sangeetha et al. (2015) in a descriptive study assessed the level of knowledge of minor ailments among antenatal mothers and revealed that a lot of pregnant women do not know how to deal with the minor discomforts during pregnancy, their study indicated that important aspect during pregnancy is counseling on the discomforts of pregnancy to help the pregnant women distinguish between a normal discomfort and a real problem in the pregnancy. To find out what pregnant mothers know about minor discomforts happening during pregnancy and to discuss and educate pregnant women about discomforts type, causes, and proper practice for home management at a timely manner during interview period, it is planned to conduct the present study.

METHODS

The proposed design for this study was descriptive, which used to assess the level of knowledge of minor discomforts during pregnancy. The study was carried out, in Maternal and Pediatric Hospital in Soran City, between the periods of December 2017 and June 2018 on a sample of 150 pregnant women selected by non-probability convenience sampling technique. Pregnant women who were attended hospital during the period of data collection and agreed to participate were included in the study. Verbal consent was taken from participants. Those who were sick had difficulty in communication and pregnant who refused participation were excluded from the study. Data were collected using a specially designed questionnaire by the researchers. Questionnaire consists of three parts: The first one was about pregnant women sociodemographic characteristics, the second part was for reproductive variables, and the last part was about

knowledge regarding minor discomforts. Categorical responses (Yes, No) were applied for the question items and giving 1 point for each correct answer and 0 for incorrect.

The overall knowledge score for each participant was calculated by summing scores of 14 questions with possible range from 0 to 14 which divided into two categories: Poor knowledge (score ≤ 7) and good knowledge (score ≥ 8). For data analysis, Statistical Package for the Social Sciences (SPSS, version 18) was used to compute frequencies and percentage of different variables and Chi-square (X^2) analysis was used to identify any kind of association between different variables in the study. $P \leq 0.05$ was considered as statistically significant.

RESULTS

Sociodemographic Characteristics of Participants

In the present study from Table 1, it can be noticed that of 150 pregnant women interviewed, 34% were within the age group of 20–25 years old while the lowest percentage (16%) was those <20 years. More than half (56%) of the samples were from rural area. Concerning education level, 42% of mothers were illiterate, about husbands' education level, secondary school rated by 28% of respondents. In regard to occupation, most of the participants (90%) were housewife.

Table 1: Sociodemographic characteristics of the study participants

Sociodemographic characteristics	Frequency (F)	Percentage
Age (years)		
<20	24	16
20–25	51	34
26–30	39	26
>30	36	24
Residency		
Rural	84	56
Urban	66	44
Education level		
Illiterate	63	42
Primary	39	26
Secondary	42	28
University/Institute	6	4
Husband education level		
Illiterate	30	20
Primary	30	20
Secondary	42	28
University/Institute	21	14
Postgraduate	27	18
Occupation		
Private sector worker	9	6
Retired	6	4
Housewife	135	90

Pregnant Women Reproductive Variables

Regarding obstetric history, the data presented in Table 2 show that of 150 pregnant women who participated in the study (44%) indicated (2–4) the previous pregnancy followed by 32% which were primigravida. In addition, 66% of the study sample indicated that they had not history of the previous abortion. Most of the mothers (70%) were in the 3rd trimester of her pregnancy followed by the 1st and 2nd (16% and 14%, respectively). Findings of the present study revealed that more than half of mothers (58%) had planned for their pregnancy.

Knowledge of Pregnant Women about Minor Discomforts

The evidence from this study showed that more than half (54%) of the respondents previously heard about discomforts and 46% indicated that any pregnant woman can develop discomforts. Majority of participants (68%) believed that it is important for pregnant women to know about discomforts during pregnancy. Our results revealed that 70% of women experienced discomforts during their pregnancy and the most frequent discomforts indicated by them were insomnia (88%), nausea and vomiting (82%), and backache (78%), while few respondents (18%) pointed hemorrhoid and constipation. These findings are shown in Table 3.

Friends (32%) followed by media (28%) were the most common source of information for pregnant women regarding the minor discomforts during pregnancy [Table 4].

As it was shown in Table 5, the knowledge of pregnant women classified into two levels and this study found that more than half of the study sample (56%) had poor knowledge of minor discomforts during pregnancy while 44% of them showed good knowledge level.

Association between Knowledge Level and Selected Variables

Table 6 represented association of knowledge level of the study sample regarding minor discomforts during pregnancy with pregnant women sociodemographic variables. From cross-tabulation analysis (Chi-square value), it revealed statistically significant association between knowledge levels with pregnant education level ($P < 0.05$), and high significant association with other sociodemographic characteristics of age, husbands education level, and occupation ($P \leq 0.001$).

In addition, from our findings, it can be noticed that there was statistically significant association between pregnant women knowledge and their reproductive variables of gravida ($P < 0.05$), abortion ($P < 0.05$), and type of pregnancy ($P \leq 0.001$). These findings are shown in Table 7.

Table 2: Reproductive characteristics of the study participants

Sociodemographic characteristics	Frequency (F)	Percentage
Gravida		
1	48	32
2–4	66	44
≥5	36	24
Abortion		
None	99	66
1–2	45	30
>2	6	4
Gestational age		
1 st trimester	24	16
2 nd trimester	21	14
3 rd trimester	105	70
Type of pregnancy		
Planned	87	58
Unplanned	63	42

Table 3: Pregnant women knowledge of minor discomforts

Variables	Yes		No	
	F	%	F	%
Have ever heard of discomforts during pregnancy?	81	54	69	46
Can any woman develop discomforts during pregnancy?	69	46	81	54
Is it important to know discomfort management at pregnancy?	102	68	48	32
Have you experienced any discomfort at pregnancy?	105	70	45	30
Name minor discomforts during pregnancy that you know?				
Nausea and vomiting	123	82	27	18
Heartburn	96	64	54	36
Varicose vein	39	26	111	74
Backache	117	78	33	22
Frequency urination	36	24	114	76
Leg cramps	39	26	111	74
Fatigue	114	76	36	24
Constipation	27	18	123	82
Hemorrhoids	27	18	123	82
Insomnia	132	88	18	12

Table 4: Pregnant women sources of knowledge (information)

Source of knowledge (information)	F	%
Health-care personnel	15	10
Media	42	28
Family members	24	16
Friends	48	32
Other	21	14

Table 5: Pregnant knowledge level about minor discomforts

Knowledge level	Score category	F	%
Poor knowledge (<50% correct answer)	≤7	84	56
Good knowledge (more than 50% correct answer)	≥8	66	44

Table 6: Knowledge of minor discomforts in association with sociodemographic variables

Variable	Knowledge level				P-value
	Poor knowledge		Good knowledge		
	F	%	F	%	
Age (years)					
<20	24	28.6	0	0	* $P \leq 0.001$
20–25	24	28.6	27	40.9	
26–30	30	35.7	9	13.6	
>30	6	7.1	30	45.5	
Education level					
Illiterate	33	39.3	30	45.5	0.013
Primary	27	32.1	12	18.2	
Secondary	24	28.6	18	27.3	
University/Institute	0	0	6	9.1	
Husband education level					
Illiterate	24	28.6	6	9.1	* $P \leq 0.001$
Primary	18	21.4	12	18.2	
Secondary	36	42.9	6	9.1	
University/Institute	6	7.1	15	22.7	
Postgraduate	0	0	27	40.9	
Occupation					
Private sector worker	0	0	9	13.6	* $P \leq 0.001$
Retired	0	0	6	9.1	
Housewife	84	100	51	77.3	

*Fisher's exact test

Table 7: Knowledge of minor discomforts in association with reproductive variables

Variable	Knowledge level				P-value
	Poor knowledge		Good knowledge		
	F	%	F	%	
Gravida					
1	30	35.7	18	27.2	0.007
2–4	42	50	24	36.4	
≥5	12	14.3	24	36.4	
Abortion					
None	60	71.4	39	59.1	*0.013
1–2	24	28.6	21	31.8	
>2	0	0	6	9.1	
Gestational age					
1st trimester	15	17.9	9	13.6	0.189
2nd trimester	15	17.9	6	9.1	
3rd trimester	54	64.2	51	77.3	
Type of pregnancy					
Planned	33	39.3	54	81.8	* $P \leq 0.001$
Unplanned	51	60.7	12	18.2	

*Fisher's exact test

DISCUSSION

Based on findings of the previous studies about minor illness or discomforts during pregnancy, it is demonstrated that despite being non-life threatening, the high prevalence of these conditions among pregnant women has a major

effect on productivity and may have great impact on the mortality and morbidity in pregnant women. The main aim of the study was to evaluate existing knowledge regarding minor discomforts during antenatal period among pregnant women who attended maternal and pediatric hospital of Soran city.

In this study, the minor discomforts knowledge among participants was poor and more than half of respondents indicated poor knowledge. These findings supported by those of a study done in India by Dhanawade (2017). Findings of the present study also supported by another study done by Sarada et al., 2015, which assessed the knowledge regarding home management of minor ailments in pregnancy among urban women in India. Our findings are in contrast of the study conducted by Gururani et al. (2016) that the majority of antenatal mothers showed a good knowledge level.

In terms of minor discomforts, our findings demonstrated that out of all minor discomforts, insomnia and nausea and vomiting were the most frequent items which indicated by pregnant. Similar findings founded in a study of Kaur and Gagandeep (2017) in India which revealed that nausea/vomiting is commonly prevalent in maximum number of antenatal mothers.

From the results of the present study, statistically significant associations were found between knowledge levels with pregnant women's age, education level, and occupation. Similar findings were also reported by Vincent et al., 2015; Aldossary et al., 2018; and Aziz and Maqsood, 2016.

In contrast of our results, recent studies done by Kaur and Gagandeep, 2017; Patil and Salunkhe, 2015; and Gamel et al., 2017, revealed no significant associations between knowledge levels with sociodemographic variables.

Significant association can be noticed from our results between pregnant women knowledge and their reproductive variables of gravida, abortion, and type of pregnancy. These findings are quite different from the study of Kaur and Gagandeep (2017) which revealed no relationship between mothers' knowledge and reproductive variables of gravida, gestational age. However, Aziz and Maqsood (2016) in a study revealed significant association between pregnant knowledge and gestational age.

CONCLUSION

Based on the findings, it can be concluded that knowledge of minor discomforts during pregnancy was unsatisfactory and there was statistically significant association between pregnant women knowledge level and selected

sociodemographic characteristics of (age, education level, and occupation) and reproductive variables of gravida, abortion, and type of pregnancy. Further, research recommended on the topic as well as designing health education programs to help women understand their physiological changes and minor discomforts during pregnancy.

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