

# A Study to Assess the Effectiveness of Information Booklet on Knowledge regarding Minor Ailments of Pregnancy and its Home Management among Primigravida Women in Selected Urban Slum

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**Abstract:** *Background:* Many of the primigravida women suffered with minor ailments and having inadequate knowledge regarding management. A minor ailment is very common and is reported by 50% of women. *Objectives:* 1) To assess the existing level of knowledge in primigravida women regarding minor ailments of pregnancy and its home management. 2) To assess the effectiveness of information booklet of primigravida women regarding minor ailments and its home management. 3) To associate the knowledge regarding minor ailments and its home management with selected demographic variables. *Methods-* The investigator is using non-probability convenient sampling technique and has collected data from 50; primigravida women of selected urban slum. *Results-* A cross sectional quasi experimental study was conducted to assess the effectiveness of Information booklet regarding minor ailments of pregnancy and its home management. The tool used for this study was a socio- demographic questionnaire along with a self structured questionnaire. The analysis of the data was done using descriptive and inferential statistics. The overall pretest mean score for knowledge was found to be increased and found significant at 0.05 level of significance the calculated value of  $p=0.001$ , hence the investigator drew conclusion that the Information booklet was effective.

**Keywords:** Effectiveness, Information booklet, minor ailments of pregnancy, home management, primigravida women, nausea, vomiting, heartburn, constipation, backache, muscle cramps, frequency of micturition

## 1. Introduction

**'Pregnancy is special, let make it as safe'<sup>1</sup>**  
(- Who Theme on 1998)

Every Pregnancy is a unique experience for the women and each Pregnancy that the women experience will be new and uniquely different. Pregnancy is a long and very special journey for the woman. It is a journey of dramatic Physical, Psychological and social change of becoming a mother for the newborn child. The majority of discomforts experienced during Pregnancy can be related to either hormonal changes or the Physical changes related to growing foetus.<sup>2</sup>

In recent years maternal and child health (MCH) service in India have been integrated into the basic health services with increased emphasis on risk approach in order to improve the maternal and child health.

Minor disorders are only minor; they are not life-threatening. Minor disorders during pregnancy are nausea, vomiting, heartburn, pica, excessive Salvation, constipation, backache, muscle cramps, frequency of micturition, leucorrhoea, fainting - supine hypotension, varicosities, carpal tunnel syndrome, headache and insomnia. These are due to accommodation, metabolic and postural changes.<sup>6</sup>

These changes may be unpleasant as well as worrying, but they are rarely a cause for alarm as most of these changes are usually normal these are called minor ailments of pregnancy. Nevertheless these minor ailments are considerably improved by offering a proper explanation and with simple treatments.<sup>6</sup>

**Annamma Jacob (2005)** says that many women experience some minor disorder during pregnancy. These disorders should be treated adequately as they may escalate and become life threatening.

One of the important strategies in the care of pregnant women is impairing knowledge. It is essential to give advice to specific problem which the women is experiencing. Minor disorders which are related to pregnancy can cause sleeplessness, interfere with good nutrition, and results in much discomforts and the response of the disorders depending upon the severity of symptoms.

### 1.1 Background of the Study

Many of the primigravida women suffered with minor ailments and having inadequate knowledge regarding management. Maternal mortality is said to be indicator of social inequality and discrimination against women. According to WHO maternal mortality is estimated to be 529000 deaths per year, a global ratio of 400 maternal deaths per 100000 live births. It is a neglected tragedy because majority of these death 50-80% are preventable. The risk of maternal death for women in 1800 in Asia, 55 in India. The ratio of maternal mortality rate is 540/100000 live births. WHO 2002 has launched an initiative to make pregnancy safer which addresses 3 strategies, that is prevention, management of unwanted pregnancy, unsafe abortion and skilled care during Pregnancy and child birth.

Nausea and vomiting are present in 50% of pregnancies. The exact cause of Nausea and vomiting is not truly explained but is thought to be a combination of hormonal changes, psychological adjustment and neurological factors. Heart burn is most troublesome at about 30<sup>th</sup> -40<sup>th</sup> week of gestation, because at this stage the stomach is under pressure

from the growing uterus. Heart burn is a common symptom in pregnancy, affecting more than two third of women experience a burning or painful sensation around the sternum (Breast Bone). Constipation can be a very distressing and uncomfortable and the midwife should be able to advice women on, how to avoid and measures to deal with this complaint. A two centre study from Israel and England demonstrated that 11% and 38% respectively of women in these countries identified themselves as being constipated.<sup>15</sup>

World Health Organization (WHO) (2000), found that the risk of death from pregnancy, is 1:20 in developing countries compared to 1:10, 000 in developed countries. In Indian 1, 48, 000 women die every year as a result of pregnancy. The ratio of mortality and morbidity is 1:15.<sup>16</sup>

## 1.2 Need for the Study

Pregnancy is new experience for the primigravida women and so are the physiological changes that accompany it. Sometimes it is associated with problems of varying severity. Thus, there is a need to prepare these women for this new experience.<sup>17</sup>

Common ailments which most of the women are facing can be include, morning sickness, heart burn, constipation, pica, leg cramp, back ache, skin changes. Many of these minor ailments will get worse if not treated earlier.

Many minor problems of pregnancy can be managed at home. Home treatment measures are usually all that is needed to relieve mild morning sickness or discomfort from heartburn or constipation. There are also home treatment measures for sleep problems, hip pain, haemorrhoids, or fatigue. Mother may also have other common problems, like a cold or the flu, while pregnant mother that are not caused by pregnancy. Mother can use home treatment for these illnesses.

The effects of these minor ailments may become major ailments. They wide spread to be ignored her pregnant mothers. These minor ailments have been selected for home remedies in an appropriate way to educate the mothers for self care and encourage self care in terms of home remedies. Understanding various of the remedies is necessary. Hence for efficient nursing care is needed to educate the antenatal mother to reduce discomfort during pregnancy and a systematic study is needed for the problem of minor ailments and their home remedies.

## 1.3 Problem Statement

“A Study to assess the effectiveness of information booklet on knowledge regarding minor ailments of pregnancy and its home management among primigravida women in selected urban slum.”

## 1.4 Objectives

- To assess the existing level of knowledge in primigravida women regarding minor ailments of pregnancy and its home management.

- To assess the effectiveness of Information booklet on knowledge of primigravida women regarding minor ailments and its home management.
- To associate the knowledge regarding minor ailments and its home management with selected demographic variables.

## 1.5 Operational Definition

**Assess:** According to oxford dictionary, assess means to evaluate or estimate the value, importance or quality.<sup>72</sup>

In this study. It means to evaluate the effectiveness of Information booklet.

**Effectiveness:** According to oxford dictionary, effectiveness means checking for the desired effect intended results or an outcome.<sup>72</sup>

In this study Effectiveness means outcome of Information booklet in terms of checking for desired score of knowledge regarding the minor ailments in pregnancy and its home management.

**Information Booklet:** According to Oxford dictionary, Information booklet is a set of standardized parts or independent units that can be used to construct a more complex structure for giving the systematic information to the people.<sup>72</sup>

In this study Booklet of including information of minor ailments in pregnancy and its home management which includes; General information regarding pregnancy, List of minor ailments of pregnancy, causes, prevention, home management.

**Knowledge:** According to Oxford dictionary, knowledge refers to information and understanding that you have in your mind.<sup>72</sup>

In this study Knowledge means the information and understanding which the primigravida women have regarding minor ailments in pregnancy and its home management.

**Minor ailments:-**According to the oxford dictionary an illness that is not very serious.<sup>72</sup>

In these study Minor ailments in pregnancy is problems like nausea and vomiting, back pain, constipation, leg cramps, heartburn, varicose veins, ankle edema, vaginal discharge.

**Home management:** According to the oxford dictionary; The process of dealing with or controlling things in a home setting.<sup>72</sup>

In this study primigravida women can take care of their minor ailments with home remedies.

## 1.6 Scope of the study

- This study will bring awareness among the primigravida women regarding the minor ailments in pregnancy and its home management.

- This study will help the Primigravida women to gain adequate knowledge and develop a positive attitude towards Minor ailments of pregnancy and its home management.
- Ultimately findings of this study may open avenue for the further studies.

### 1.7 Assumptions

The Study assumes that;

- Primigravida women may have some knowledge about minor ailments in pregnancy and its home management.
- The Information booklet on minor ailments in pregnancy and its home management is useful strategy for learning to enhance knowledge regarding minor ailments of pregnancy and its home management.

### 1.8 Hypothesis

**H1:-** There will be significant increase in the knowledge regarding minor ailments in pregnancy and its home management among the primigravida women after the administration of Information booklet at 0.05 level of significance.

**H2:-** There will be significant difference in the knowledge regarding minor ailments in pregnancy and its home management with selected demographic variables among primigravida women.

### 1.9 Limitation

- 1) It is limited to primigravida women of selected urban slum.
- 2) It is limited to primigravida women who are available at the time of data collection.

### 1.10 Ethical Aspect

- 1) The study proposal has been sanctioned by the ethical committee of the institution.
- 2) Permission was obtained from the concerned authority of selected urban slums.
- 3) The study was explained to the subjects and written informed consent was taken from the participants before the study.
- 4) Confidentiality of information was maintained by utilizing code numbers for subjects.

### Conceptual Framework

The conceptual framework selected for the study was based on **Erestine Wiedenbach's "Prescriptive theory" ( Helping Art of Clinical Nursing).**

## 2. Review of Literature

**Valbo, Bohmer (1999);** Conducted a study on leg cramp which is a sudden gripping contraction of the calf muscles, frequency occurs during the third trimester of pregnancy. It is usual for the woman to be woken during the night and to be left with a painful calf muscles. The results revealed that 45% had suffered leg cramps during pregnancy, 54% of the women had suffered the condition after the 25<sup>th</sup> week of pregnancy, and 76% of the women had experienced the

symptoms twice a week or less, which demonstrate that leg cramps are a common disorder of pregnancy. A dietary adjustment in which the women reduces her intake of milk, soft drinks and processed foods may help to reduce the occurrence of leg cramps.

**Lippincott Williams, Wilkins, (2008);** Conducted a study to evaluate the prevalence of constipation during pregnancy, to investigate possible associations with eating habits and lifestyle, and to evaluate the frequency of laxative use. The prevalence of self-reported constipation in these time periods was 45.4, 37.1, 39.4 and 41.8%, respectively prevalence defined by the Rome- II criteria for the same time periods was 29.6, 19, 21.8 and 24.7. These values were similar to the data previously reported for the female population. Agreement between the self-reported and Rome II results was moderate. The self –reported criterion showed high sensitivity in all time periods, using the Rome-II criterion as gold standard. No factor was associated with variations in the prevalence of constipation during pregnancy, though an increase was recorded in the consumption of fruit, vegetables, fiber, and water.

**Anderson et.al (2001)** pregnant women may reducing the consumption of caffeinated beverages such as cola, tea, coffee, and hot chocolate, which promote diuresis, or water exertion, may help to prevent dehydration and constipation.

**Dianne Jo Moore (1999)** has proved by the study, heart burn is a painful retro sternal burning sensation as a result of a growing uterus pressing on the stomach, raising progesterone levels and decreased gastric motility. Advise the mother to take little amount of frequent foods. Avoid bending and lying down after taking food.

**Mammen (1990)** studies have depicted that, many women experience constipation during pregnancy, especially in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester due to the sluggishness of the intestines. Increasing intake of fresh fruits and vegetable, whole grain cereals, fluids, especially adequate intake of water may offer relief.

**A descriptive study to assess the knowledge on minor ailments during pregnancy and home remedies among 30 pregnant mothers at Chennai** using self report questionnaire reported that 13(43%) have inadequate, 13 (43%) have moderate and 4 (14%) have adequate knowledge on minor ailments and 13 (43%) have inadequate, 12 (40%) have moderate and 5 (17%) have adequate knowledge on home remedies for minor ailments of pregnancy.

**A study on teaching primigravida women about warning signs in pregnancy using a specially designed information booklet,** took a sample of 30 primigravida women with gestational age less than 36 weeks. A pre-test by structured interview schedule on warning signs of pregnancy was conducted followed by distribution of information booklet, followed by post-test. The findings revealed that the mean post-test score of 88.79% was significantly higher than mean pre-test score 25.58% indicating the position effect of information booklet on the knowledge level of primigravida women.

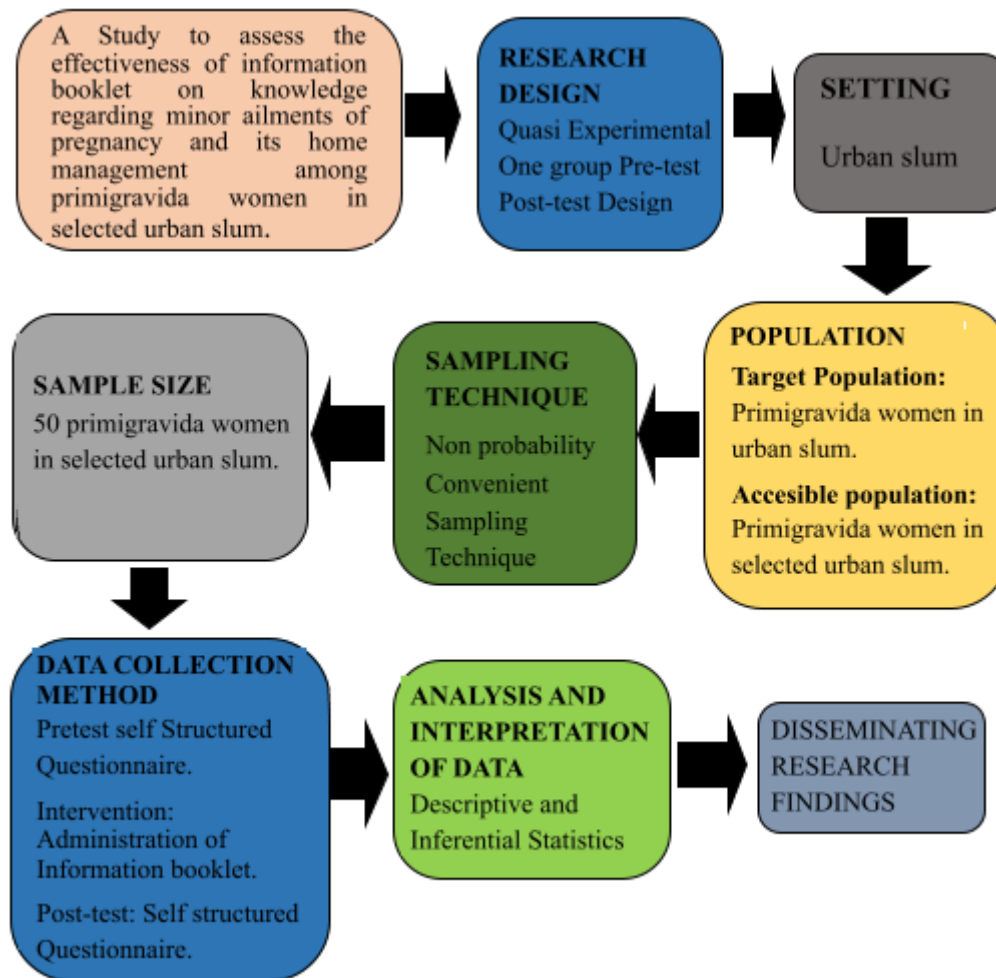


Figure 3.1: The Schematic Representation of the Research Design

In this study **dependent variables** is the ‘knowledge of the primigravida women’ regarding minor ailments in pregnancy and its home management as it undergoes a change by the effect and influence of the information booklet.

The independent variable is believed to cause or influence the dependent variables. In this study **independent variable** is ‘Information booklet’ regarding Minor ailments in pregnancy and its home management, as it believed to influence the dependent variable i.e. Knowledge of primigravida mothers regarding Minor ailments in pregnancy and its home management.

**Reliability**

The reliability was done in urban slum area in city. After obtaining the formal administrative permission the Marathi version of the tool was administered to the 10 subjects selected as per the criteria.

To test the reliability, the tool was estimated with the Spearman’s Brown coefficient of correlation by using split half method. The reliability coefficient was found to be significant that is 0.8062. which shows that the tool was reliable.

**Analysis of demographic data of Primigravida women.**

This section deals with the analysis of subject distribution in relation to selected demographic data of study groups.

Table 4 (a): Socio-demographic data

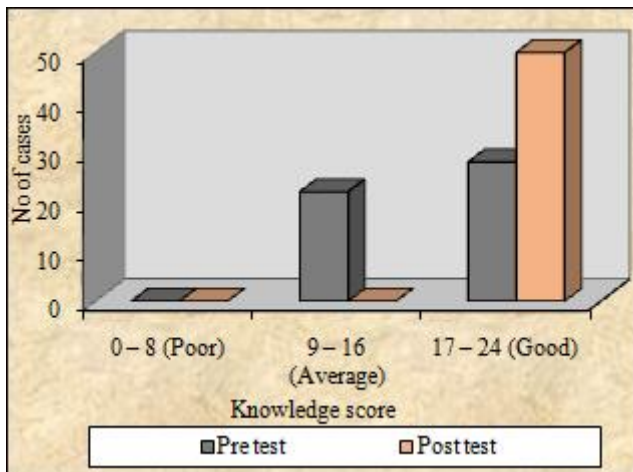
Parameters		No of cases	Percentage (n=50)
Age (Yrs)	18 – 21	17	34
	22 – 25	19	38
	26 – 29	8	16
	30 – 33	6	12
Qualification	Primary	16	32
	Secondary	26	52
	Higher secondary	8	16
Occupation	Housewife	47	94
	Employed	3	6
Religion	Hindu	44	88
	Muslim	4	8
	Others	2	4
Type of family	Joint	20	40
	Nuclear	30	60
Duration of marriage (Yrs)	<1	4	8
	1 – 2	28	56
	2 – 3	17	34
	>3	1	2
GA (Wks)	09 – 13	12	24
	14 – 18	12	24
	19 – 22	14	28
	23 – 27	12	24
Registration of Pregnancy	Yes	46	92
	No	4	8
Family income	≤ 5000	0	0
	5001 – 10000	8	16
	10000 – 15000	30	60
	>15000	12	24

Health problems related to pregnancy	Ankle oedema	3	6
	Backache	10	20
	Constipation	7	14
	Heart burn	10	20
	Leg cramps	4	8
	Nausea	12	24
	Sleeplessness	2	4
	Vomiting	3	6
	Fainting	3	6
	Swollen veins	2	4
	Frequency of urination	2	4

**Pre and post test Knowledge wise distribution of cases in study group**

Knowledge score	Knowledge	
	Pre test (%)	Post test (%)
0 – 8 (Poor)	0	0
9 – 16 (Average)	22 (44)	0
17 – 24 (Good)	28 (56)	50 (100)
Total	50 (100)	50 (100)

Table 4.b. shows that maximum 28(56%) primigravida mothers have good knowledge scores (17-24) and only 22(44%) primigravida mothers have average knowledge scores (9-16) and not a single primigravida mothers have poor knowledge score. In post test, all the primigravida mothers were having good score.



**Graph 4.6:** Bar diagram showing pre and post test knowledge wise distribution of cases in study group

Analysis of data related to effectiveness of Information booklet on the knowledge score by comparison of pre-test and post-test score.

**Table 4 (c):** Comparison of pre and post test Knowledge score in study group

Parameters	Pre test	Post test	Wilcoxon Z Value	P Value
	Mean ± SD (n=50)	Mean ± SD (n=50)		
Knowledge score	16.58 ± 1.34	23.12 ± 0.75	6.22	<0.0001

Table 4.c Shows highly significant difference between pre test and post test knowledge score regarding minor ailments in pregnancy and its home management in study group as p value <0.0001. The Information booklet is significantly effective in increasing the knowledge of primigravida mothers in study group.

**Section IV:** Analysis of data related to co-relation of knowledge score of primigravida women with selected demographic variables.

**Table 4 (d):** Comparison of pre test Knowledge score according to occupation in study group

Knowledge score	Occupation		MW test Z Value	P Value
	Housewife	Employed		
	Mean ± SD (n=47)	Mean ± SD (n=3)		
Pre test	16.68 ± 1.34	15 ± 0	2.21	<0.05

Table 4.d. Shows that there is significant difference in pre test knowledge score according to occupation in study group as p value is <0.05.

**3. Recommendations**

- 1) A similar study can be replicated with a control group and on a larger population.
- 2) A survey to assess the knowledge, belief and practices can be undertaken.
- 3) A similar study can be conducted by planned health teaching on minor ailments of pregnancy and its home management.
- 4) A similar study can be conducted in community with non literature and literate women.
- 5) A study can be undertaken to identify the existing and attitude of primigravida mothers regarding minor ailments in pregnancy and its home management.