

Assessment of Knowledge on Minor Ailments of Pregnancy and Home Remedies

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Abstract Objectives: To assess the knowledge on minor ailments of pregnancy among primipara mothers, before and after intervention, to assess effectiveness of Self Instructional Module [SIM] versus health education on minor ailments of pregnancy. and To find an association between knowledge and socio demographic variables. **Methodology:** The Evaluative approach was used for the study. The study conducted on 120 Primi para mothers using pre test post test control group design at Antenatal clinic of Krishna Hospital Karad by using Random sample technique. The tool was used for gathering data it was a structured interview questionnaire on knowledge of minor ailments of pregnancy and its home remedies as per trimester wise. **Results:** The study indicates that all the primipara mothers did not have 100% knowledge. They require teaching to promote their knowledge and skills during their pregnancy. Enough knowledge helps them to cope with the minor ailments of pregnancy so study reveals that they need SIM on minor ailments of pregnancy and its home remedies. **Conclusion:** Study concluded that the Self instructional module (SIM) on minor ailments of pregnancy and its home remedies was effective.

Keywords: Primi para mothers; Self Instructional Module [SIM]; health education; minor ailments of pregnancy.

1. Introduction

Maternal Health is Nation's Wealth. There is chance for the welfare of the world only when the conditions of the women improve'.¹

-Swami Vivekananda.

Pregnancy is a wonderful milestone in the life of a woman. It is the origin of human life. Pregnancy is a time of physical and hormonal changes and of emotional and psychological preparation for motherhood.²

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. Every mother wants to enjoy nine month period with the baby inside her; the joyful experience of pregnancy is not always joyful.³

Every pregnancy is a unique experience for that women and each pregnancy that the women experiences will be new and uniquely different. Davis (1996) has stated that the majority of discomforts experienced during pregnancy can be related to either hormonal changes or the physical changes related to growing uterus.⁴ Pregnancy links mother & fetus together and is the basis for regenerating the generations. Most pregnancies end with the birth of a live baby to a healthy mother.⁵

Nausea and vomiting of pregnancy, commonly known as "morning sickness," affects approximately 80 percent of pregnant women. Although several theories have been proposed, the exact cause remains unclear. Recent research has implicated Helicobacter pylori organism is one of the possible cause for nausea and vomiting.⁶ Nausea and vomiting in early pregnancy are very common and can be very distressing for women and commonly experienced by women in early pregnancy.⁷ There no exists known cure for

morning sickness, but there are some things which can do to relieve the symptoms that are the home remedies.⁸

The effect of oestradiol in pregnancy causes increased blood flow to the vagina leading to venous engorgement.⁹ The usual white, slightly thickened fluid discharge from the vagina is nearly always increased in pregnancy because the glands in the neck of the womb (cervix) are more active than usual and produce extra mucus.¹⁰ A woman's body uses this discharge to clean itself from the inside. For most women, the discharge changes during their monthly cycle. Pregnant women often have a lot of discharge, especially near the end of pregnancy. It may be clear or yellowish.¹¹

2. Problem Statement

A study to assess the knowledge on minor ailments of pregnancy and home remedies among primipara mothers at antenatal clinic in Krishna hospital Karad".

3. Objectives

1. To assess the knowledge on minor ailments of pregnancy among primipara mothers, before and after intervention.
2. To assess effectiveness of Self Instructional Module [SIM] versus health education on minor ailments of pregnancy.
3. To find an association between knowledge and socio demographic variables.

4. Literature Survey

Interventional study done on relief for first trimester nausea and vomiting by Jewell D, Young G with an objective to discover any effective interventions for relief of nausea and vomiting of early pregnancy. Sample size was 3577 women

study shows that several therapies are effective in reducing nausea and vomiting of early pregnancy. These therapies includes pyridoxine, fresh ginger root, Sc- bands, and antiemetic drugs.²¹

A randomized, double - blind, controlled study conducted on nausea and vomiting of pregnancy by Jeffery D, Ahley H, in Naval Hospital Jacksonville, Florida in July 2003. Results shows that 33 found no hospital readmission for recurrent vomiting in women with hyperemesis gravidarum who were treated with orally administered methylprednisolone compared with five readmissions in those who received oral promethazine therapy. The author of study suggested that methylprednisolone, in a dosage of 16 mg three times daily followed by tapering over 2 weeks, is a worthwhile treatment for women with refractory hyperemesis gravidarum.⁶

Descriptive, co relational study conducted on nausea, vomiting and nutrition in pregnancy by Glenda L, Marlene B, Patti V, April G. the purpose of study was to conduct a descriptive analysis of pregnant women to examine the relationship of nutrient intake and related variables to nausea and vomiting in pregnancy. Study shows that 50 to 80% of pregnant women could be expected to experience nausea and vomiting in early pregnancy, 70% of the pregnant women in this study experienced nausea and vomiting in early pregnancy. Researcher have speculated that nutritional relationship might be significant when pregnant women experience nausea and vomiting, however, co relations in this study indicated that dietary intakes of kilo calories, carbohydrates, fat, thiamine, riboflavin, niacin and vitamin B- 6. Intakes had significant negative relationship to the nausea and vomiting in pregnancy scores ($p < 0.05$)³¹

Research study done on lower back pain in pregnancy by Whitcome, K.K, Shapiro L.J. and Lieberman D.E. study. Researchers have studied the differences in male and female spines and have also looked at the spines of ancient females – two million years old. They found that the female spine is different to the male spine and that it is better adapted to pregnancy. When we first stood up on two legs from all fours we had to develop curves in our spines in order to be able to shift our centre of gravity backwards – so that we didn't fall over all the time. This has led to the characteristic S shaped spine described here. However, as a pregnancy develops the weight of the baby again moves the centre of gravity forward. To compensate for this women tilt their pelvis forwards to increase the curve at the base of the spine. This increases the curve by as much as 28 degrees. This posture combined with hormonal changes can lead to lower back pain.³⁴

5. Materials and Methods

The Evaluative approach was used for the study. The study conducted on 120 Primi para mothers using pre test post test control group design at Antenatal clinic of Krishna Hospital Karad by using Random sample technique.

6. Results

Analysis and interpretation of the data was based on the projected objectives of the study viz.)

- 1) To assess the knowledge on minor ailments of pregnancy among primipara mothers, before and after intervention.
- 2) To assess effectiveness of Self Instructional Module [SIM] versus health education on minor ailments of pregnancy.
- 3) To find an association between knowledge and socio demographic variables.

7. Organization of Study Findings

- 1) Sample characteristics
- 2) Assessment of knowledge on minor ailments of pregnancy among primipara mothers, before and after intervention.
- 3) Effectiveness of Self Instructional Module [SIM] versus health education on minor ailments of pregnancy.

Table 1: Item wise knowledge score of control group N=60

Knowledge score	Pre test	Post test	't' value	P Value
Ist trimester.			9.71	<0.0001
Mean	1.25	2.87		
Median	1.00	3.00		
SD	0.95	0.96		
IInd trimester.			10.87	<0.0001
Mean	2.17	3.8		
Median	2.00	4.00		
SD	0.74	0.91		
IIIrd trimester.			2.77	0.1
Mean	1.07	1.4		
Median	1.00	1.50		
SD	0.69	0.67		

Table reveals that During Ist and IInd trimester significant rise in knowledge after the intervention (health education) and P Value is <0.0001. During IIIrd trimester no significance rise in knowledge after the intervention and P Value is 0.1 due to time factor and inadequate span of attention, because initially there was good attention of mothers towards health education and later on there is inadequate attention.

Table 2: Item wise knowledge score of experimental group. N=60

Knowledge score	Pre test	Post test	't' value	P Value
Ist trimester.			12.34	<0.0001
Mean	1.27	2.23		
Median	1.00	3.00		
SD	0.91	0.81		
IInd trimester.			14	<0.0001
Mean	1.95	4.27		
Median	2.00	4.00		
SD	1.10	0.78		
IIIrd trimester.			7.73	<0.0001
Mean	0.83	1.71		
Median	1.00	2.00		
SD	0.71	0.52		

Table reveals that knowledge during Ist trimester, IInd trimester and IIIrd trimester shows that there is significant rise in knowledge than the control group after the intervention (SIM) and P Value is <0.0001. This shows that primipara mothers gained more knowledge regarding minor ailments of pregnancy and it's home remedies with the help of SIM than the health education given to control group so SIM is effective means to increase knowledge of subjects.

Table 3: Association between control group knowledge scores and socio demographic variables of the Primi para mothers on minor ailments of pregnancy and its home remedies. N =60

S. No	Variables	pre-test knowledge			Chi square	P Value	df
		Good	Average	Poor			
1 Age in years*	18-20years	4	10	1	0.5809	0.7479	2
	21-29 years	8	33	4			
2 Education +	Below Secondary	3	22	3	2.970	0.2265	2
	Above Secondary	9	21	2			
3 Residence	Urban	5	15	1	0.7292	0.6945	2
	Rural	7	28	4			
4 Type of Family	Nuclear	2	5	0	1.117	0.5720	2
	Joint	9	39	5			
5 Occupation	House Wife	12	41	5	0.8180	0.6643	2
	Employed	0	2	0			
6 Religion	Hindu	10	42	5	1.053	0.5908	2
	Muslim	0	3	0			
7 Income @	Below Rs. 3000	5	8	2	2.794	0.2474	2
	Above Rs.3000	7	34	4			

Table findings reveal that reveals that there was no statistically significant association between pre test knowledge and socio demographic variables in control group.

Table 4: Association between knowledge scores and selected socio demographic variables of Experimental group of the Primi para mothers on minor ailments of pregnancy and its home remedies. N =60

S. No	Variables	pre-test knowledge			Chi square	P Value	df
		Good	Average	Poor			
1 Age in years*	18-20years	2	11	1	1.789	0.4088	2
	21-29 years	2	39	5			
2 Education +	Below Secondary	1	25	5	2.956	0.2281	2
	Above Secondary	2	26	1			
3 Residence	Urban	2	9	2	2.769	0.2504	2
	Rural	2	41	4			
4 Type of Family	Nuclear	1	6	1	1.205	0.5475	2
	Joint	2	45	5			
5 Occupation	House Wife	3	47	6	2.625	0.2691	2
	Employed	1	3	0			

6 Religion	Hindu	4	45	6	1.091	0.5796	2
	Muslim	0	5	0			
7 Income @	Below Rs. 3000	0	4	0	0.8571	0.6514	2
	Above Rs.3000	4	46	6			

Table findings reveals that in experimental group no any socio demographic variable is associated with pre test knowledge score.

8. Conclusion

Based on the findings of the study the following conclusions were drawn. The actual gain score was consistently high in all the areas included in the study after the administration of The Self instructional module (SIM) and health education. Thus it is concluded that the Self instructional module (SIM) on minor ailments of pregnancy and its home remedies was more effective than health education.

The study indicates that all the primipara mothers did not have 100% knowledge. They require teaching to promote their knowledge and skills during their pregnancy. Enough knowledge helps them to cope with the minor ailments of pregnancy.

Demographic variables do not play an important role in improving knowledge. But if the mothers are educated they can read the books on the pregnancy care available in the markets this will help them to learn about pregnancy and manage the minor ailments.

9. Discussion

Knowledge of experimental group regarding minor ailments Ist trimester, majority of mothers 40 (66.67%) had average knowledge and 15(25%) had good knowledge and 5(8.33%) had poor knowledge. During IInd trimester, majority of mothers 30 (50 %) had average knowledge. 22(36.67%) had good knowledge and 8 (13.33%) had poor knowledge and IIIrd trimester majority of mothers 47 (78.33%) had average knowledge. 11 (18.33%) had good knowledge. 2 (3.33%) had poor knowledge. Similar study found to support the findings of this study, conducted by Kharat Mercy and Kaur Simer Preet⁴⁹ on To assess the effectiveness of self instruction module on knowledge regarding menopausal changes and coping among pre-menopause women in selected areas of Wardha city. Results shows that level of knowledge revealed that effectiveness of the Structured Instructional Module on menopausal changes and its coping, was more effective.

10. Future Scope

Nursing Implication

The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

The findings of the study will be The nurse service can have adequately prepared nurse for identifying the minor ailments

of pregnancy through assessment during antenatal visits. To promote knowledge on the importance of minor ailments and their home remedies during pregnancy among mothers through health education with audio visual aids. Reassure and support those who are suffering with minor ailments and educate therapeutic measures and home remedies. The nurse administrator to organize more workshops, panel discussion, short-term refresher courses and health education programme for nurses.

Nursing Administration

The nursing administrator should conduct ongoing in service educational refreshment courses for nurses, nursing sisters and Auxiliary Nurse Midwives on minor ailments and their home remedies during pregnancy. In community set up the nursing administrator and the nursing educators should cooperate and involve the nurses and nursing students to give health education on minor ailments and their home remedies to the antenatal mothers.

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 the maternity cycle of pregnancy and child birth. The research enables the nurses to build on existing knowledge. 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.

Nursing Education

The assessment of the minor ailments of pregnancy should be included in the curriculum and nurse should be given training on the same aspects. The nurse educators should give proper information about health aspects of pregnancy as well as adequate information regarding any deviation from the normal so that can identify any deviation during pregnancy by them and can take necessary measures as early as possible. The nurse educator should conduct in-service education, workshops, continuous nursing education etc among nursing students and nursing staffs in order to promote and update their knowledge on minor ailments and their home remedies during pregnancy.

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