

A Study to Assess the Effectiveness of Information Booklet On Knowledge and Practice of Managing Minor Discomforts During Pregnancy Among Primigravida Mothers in Selected Hospitals at Udaipur

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Abstract

Pregnancy is a creative and productive period in the life of a woman. Every pregnancy is a unique experience for the woman and each pregnancy that the woman experiences will be new and uniquely different. 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 fetus.

Studies on minor acute illness during pregnancy suggest that despite being non-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.

An important nursing responsibility during the prenatal period is educating the mothers regarding the discomforts that occur during pregnancy and the remedies to these will make them more comfortable. Providing empathetic and sound advice about measures to relieve these discomforts helps promote overall health and well-being.

Keywords: Effectiveness, Primigravida, Information Booklet, MINOR discomforts in pregnancy,

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Introduction

Pregnancy is a vital and transformative period in a woman's life, requiring special care from conception to the postnatal phase. While it is often seen as a joyful experience, it can also bring about several physical and emotional challenges that impact a woman's comfort and daily life.

Among these challenges are minor disorders—common discomforts such as nausea, backache, heartburn, and fatigue. Although considered minor medically, they can be quite distressing for pregnant women and may significantly affect their quality of life.

These ailments are typically caused by hormonal shifts and the physical changes associated with a growing fetus. Each pregnancy is unique, and the intensity of these discomforts may vary between women and even

between pregnancies in the same woman.

Despite being non-life-threatening, minor ailments can reduce productivity and emotional well-being. Unfortunately, in many developing countries, there is limited data and monitoring of such conditions, making it difficult to plan effective care strategies.

Education and awareness are key in managing these discomforts. Pregnant women need proper guidance to distinguish between normal symptoms and signs of serious complications. This knowledge helps reduce anxiety and promotes better self-care.

Healthcare providers, especially nurses and midwives, play a crucial role in offering counselling and simple remedies for these ailments. Their support can make the pregnancy journey more comfortable and safer for both mother and baby.

Regular follow-up and evaluation of treatment effectiveness are essential. If symptoms persist, further investigation may be needed to rule out underlying conditions and ensure appropriate intervention.

Pregnancy is not only a biological function but also a socially significant event, typically bringing happiness to the woman and her family. While most women remain healthy throughout pregnancy, many experience minor physical symptoms such as nausea, fatigue, or back pain. These symptoms, although considered normal, can cause discomfort and require proper attention. It is essential that pregnant women are educated about both normal and abnormal signs during this period.⁹

A descriptive study conducted in two maternity centers in Jordan assessed maternal awareness of pregnancy-related signs. The findings showed that common complaints included leg cramps, nausea and vomiting, back pain, heartburn, and vaginal discharge. Many women relied on home remedies to manage these symptoms. The study recommended that healthcare providers, particularly nurses and midwives, include education about abnormal pregnancy signs as a routine part of antenatal care.¹⁰

Pregnancy-related low back pain is a well-documented issue, affecting 25% to 90% of pregnant women, with 50% experiencing it in some form. About one-third report severe pain, which can interfere with daily life and work. Many cases begin between the 20th and 28th weeks of pregnancy and may persist postpartum. Research from the Netherlands revealed that 38% of women had back pain three months postpartum, and 13.8% continued to suffer after one year.¹¹

Constipation is another prevalent issue, with rates ranging between 16% and 26% across different trimesters, and continuing postpartum. Irritable bowel syndrome was also reported, particularly in early pregnancy. Gastrointestinal complaints like constipation, heartburn, and haemorrhoids are common, though often underestimated. The incidence of heartburn during pregnancy ranges from 17% to 45%.^{12 13}

Objectives

- To assess the pre-test and post-test knowledge level of primigravida mothers on managing minor discomforts during pregnancy
- To assess the pre-test and post-test practice of primigravida mothers on managing minor discomforts during pregnancy
- To associate the level of knowledge and practice on managing minor discomforts among primigravida mothers with their selected demographic characteristics.

Hypothesis of the study

H₁: There is a significant difference between pre-test and post-test knowledge and practice of primigravida mothers on managing minor discomforts of pregnancy.

H₂: There is a significant association of selected demographic variables with pretest level of knowledge and practice of primigravida mothers in management of minor discomforts during pregnancy

Materials and Methods

Research Approach: An Evaluative research approach was used in the study.

Research Design: In the present study pre-experimental one group pre-test-post-test design was adopted,

Sample: The study included 60 primigravida mothers who attending outpatient department of selected hospital of Udaipur

Sampling Technique: In the present study, non-probability purposive sampling technique was adopted to select the samples for this study.

Setting: In the present study, the setting was PIMS hospital Udaipur which is a 750 bedded hospital where 150 beds are allotted for obstetrics cases that include antenatal ward, postnatal ward and labour for regular check-ups

Population: The population included in this study was all primigravida mothers who attended the antenatal ward, postnatal ward, and labor unit in hospitals of Udaipur.

Data Collection Tool

The data collection instrument consisted of **three parts**:

Part I: Demographic Variables-Included age, month of current pregnancy, religion, educational status, occupation, type of family, previous knowledge, and source of information.

Part II: Knowledge Questionnaire- 24 structured questionnaires were developed to assess mother's knowledge regarding the management of minor discomforts during pregnancy The minimum score was 0 and the maximum score was 24. The total score was classified into poor, average and good.

Part III: Practice Questionnaire- A total of 35 questions were prepared to assess the practice of mothers managing minor discomforts during pregnancy. Each question was given with 3 options i.e. always, sometimes, and rarely Using the scoring key prepared by the investigator, their practice was given score 2, 1 and 0 respectively. The total score earned by the subject reflect their practice on managing minor discomforts during pregnancy.

Score: Up to 12 (Poor practice) 13 - 24 (Average practice) 25 - 36 (Good practice)

Instrument: An information booklet was designed based on literature review and expert inputs. It covers information regarding managing minor discomforts during pregnancy it includes introduction about management of minor discomforts during pregnancy.

Ethical consideration

- Approval from the ethical committee of Sai Tirupati University, Udaipur.

Plan for data analysis

The data analysis will be done according to the study objectives by using descriptive and inferential statistics. The plan of data analysis would be as follows:

- Frequency, percentage, mean, and standard deviation will be calculated.
- A paired t-test will be used to test the hypothesis.
- The chi-square test will be used for association with demographic variables.

Results

The data obtained are divided into sections for easy and accurate interpretation of data. The data finding has organized under the following section:

SECTION A: Distribution of primigravida mothers according to demographic variables.

SECTION B: Distribution of primigravida mothers according to their pre-test and post-test level of knowledge and practice

SECTION C: Comparison of mean pre and post-test knowledge and practice scores of primigravida mothers regarding managing minor discomforts during pregnancy.

SECTION A: Distribution of Primigravida Mothers According to Demographic Variables.

Age in years: The majority of the respondents 62% belongs to the age group of 23-27 years, 17% respondents were 28-32 years, 13% respondents were 18-22 years and 8% respondents were above 33 years

- **Month of pregnancy:** majority of the respondents 65% were 1-5 months & only 35% respondents were 6-9 months.
- **Religion:** The majority of the respondents 78% are Hindu, 17% are Christians & only 5% are Muslims.
- **Educational status:** The majority of respondents 87% were graduates and above 13 % were higher educated and no were primary educated
- **Occupation:** The majority of the respondents 65% were housewife, 27% primigravida mothers were private employees and only 8% primigravida mothers were government employees
- **Type of family:** The majority of the respondents 87% having joint family, and 13% having nuclear family
- **Previous knowledge:** The majority of the respondents 78% having no previous knowledge, 22% primigravida mothers having previous knowledge regarding managing minor discomforts during pregnancy.
- **Source of information:** the majority of the respondents 70% having source of information through others, 27% having knowledge from health personnel and only 3% primigravida mothers having knowledge from mass media.

SECTION B: Distribution of Primigravida Mothers According to Their Pre-Test and Post-Test Level of Knowledge and Practice

Pretest & Posttest Knowledge level:

- ❖ The assessment of mother's pretest knowledge scores regarding managing minor discomforts during pregnancy. In that among 60 samples, 12 (20%) of them scored up to 8. 38 (63%) of them scored between 9 - 16 and 10 (17%) of them scored between 17 - 24.
- ❖ The assessment of mother's post test knowledge scores regarding managing minor discomforts during pregnancy. In that among 60 samples, 6 (10%) of them scored up to 8. 33 (55%) of them scored between 9 - 16 and 21 (35%) of them scored between 17 - 24.

Pretest & Posttest Practice level:

- ❖ The assessment of mother's pretest practice scores regarding managing minor discomforts during pregnancy. In that among 60 samples, 15 (25%) of them scored up to 12, 35 (58.33%) of them scored between 13 - 24 and 10 (16.33%) of them scored between 25 - 36.
- ❖ The assessment of primigravida mothers pre test practice scores regarding managing minor discomforts during pregnancy. In that among 60 samples, 8 (13%) of them scored up to 12, 30 (50%) of them scored between 13 - 24 and 22 (37%) Of them scored between 25 - 36.

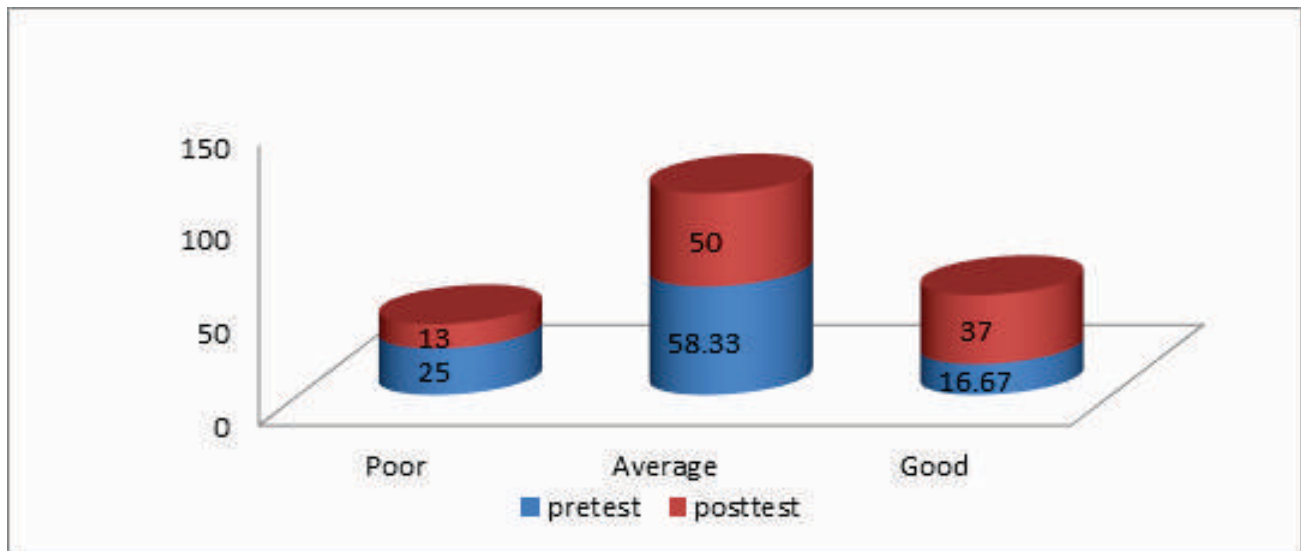


Fig.1: Distribution of primigravida mothers according to Pretest and Posttest Practice Scores regarding managing minor discomforts during pregnancy

Section C: Comparison of Mean Pre and Post-Test Knowledge and Practice Scores of Primigravida Mothers Regarding Managing Minor Discomforts

Comparison of the mean pre-test and post-test knowledge scores of the primigravida mothers on managing minor discomforts during pregnancy

	Mean	Mean Percentage (%)	SD	Enhancement	Enhancement percentage (%)	df	"t" Test	Inference
Pre test	12.81	21.35	3.49	4.73	2.84	59	12.76	S
Post test	16.08	26.08	3.75					

P<0.05 level

Table: Comparison of the mean pretest and posttest practice scores of the primigravida mothers on managing minor discomforts during pregnancy

	Mean	Mean Percentage (%)	SD	Enhancement	Enhancement percentage (%)	df	"t" Test	Inference
Pre test	19.78	32.97	6.07	6.71	11.81	59	12.57	S
Post test	23.81	39.68	6.11					

P<0.05 level

Conclusions

The present study assessed the effectiveness of an information booklet on the knowledge and practice of managing minor discomforts during pregnancy among primigravida mothers in selected hospitals at Udaipur. The findings revealed a significant improvement in both knowledge and practice scores after the intervention. Pre-test knowledge and practice levels were mostly average, while post-test results showed substantial enhancement, with more mothers moving into the 'good' category. Statistical analysis confirmed that the difference between pre-test and post-test scores was significant ($p < 0.05$), indicating the information booklet was effective.

The study further highlighted that demographic variables such as age and previous knowledge had a significant association with pre-test scores, whereas other variables like education, occupation, and type of family did not show a significant impact.

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Conflicts of interests: There is no conflict of interest

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