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RESEARCH ARTICLE

A STUDY TO ASSESS THE KNOWLEDGE REGARDING HOME MANAGEMENT OF MINOR AILMENTS IN PREGNANCY AMONG RURAL WOMEN

Sarada .Karnati *¹ and Vanaja Kumari B²

¹Assistant Professor, Community Health Nursing, Narayana College of Nursing, Chinthareddypalem, Nellore, Andhra Pradesh, India

²Community Health Nursing Department, Narayana College of Nursing, Chinthareddypalem, Nellore, Andhra Pradesh, India

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ABSTRACT

Introduction: Pregnancy is not a disease and pregnancy related mortality is almost always preventable yet more than half a million women die annually worldwide i.e. about 1,600 women die every day, due to pregnancy related complications. About 90-95% of these come from developing countries.

Objectives:- To assess the level of knowledge regarding home management of minor ailments during pregnancy.

To find out the association between the level of knowledge regarding home management of minor ailments during pregnancy with socio demographic variables.

Material and methods: The present community based cross-sectional study was conducted in Venkatchalam at Nellore, Andhra Pradesh state(India). The study sample included 30 pregnant women selected by purposive sampling technique.

Results and Discussion:- In the present study, with regard to level of knowledge on home management of minor ailments among pregnant women, 8(26.67%) had good knowledge, 10(33.33%) had average knowledge and 12(40%) had poor knowledge.

Conclusion: The findings of study revealed that 12(40%) had poor knowledge regarding home management of minor ailments among pregnant women. Educational programme needs to be organized to improve the knowledge of pregnant women.

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INTRODUCTION

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. Pregnancy is a 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. Every pregnancy is a unique experience for that woman and each pregnancy that the woman experiences will be new and uniquely different. Davis 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. Most pregnancies end with the birth of a live baby to a healthy mother. Nausea, vomiting, backache, giddiness, heart burn and anxiety of pregnancy, 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. Nausea and vomiting in early pregnancy are very common and can be very distressing for women and commonly experienced by women in early pregnancy. There no exists known cure for morning sickness, but there are some things which can do to relieve the symptoms that are by the home management for minor ailments

So, the researcher interested in assessing the mothers knowledge regarding home management on minor ailments. Further, it facilitates birth of a normal healthy baby with healthy women.

Need For Study

A randomized, double-blind, controlled study conducted on nausea and vomiting of pregnancy by Jeffery D, Aahley H, in Naval Hospital Jacksonville, Florida. Results shows that 33 found no hospital readmission for recurrent vomiting in women

*Corresponding author: Sarada Karnati

Community Health Nursing, Narayana College of Nursing, Chinthareddypalem, Nellore, Andhra Pradesh, India

with hyperemesis gravidarum who were treated with orally administered methyl prednisolone compared with five re admissions in those who received oral promethazine therapy. The author of study suggested that methyl prednisolone, in a dosage of 16 mg three times daily followed by tapering over 2 weeks, is a worthwhile treatment for women with refractory hyper emesis gravidarum.

Chou FH, Lin LL (2011) conducted a descriptive study to test the prevalence of nausea, vomiting and fatigue among pregnant women. The findings of the study reveals that 30 (26.5%) reported number 43(38.1%) occasional and 40 (35.4%) frequent nausea and vomiting . 4(3.5%) women reported no fatigue. 49(43.4%) occasional fatigue and 60 (53.1%) reported frequent fatigue.

MATERIALS AND METHODS

Research Approach:-A quantitative research approach was utilized.

Research design: The descriptive research design was adapted to assess the knowledge regarding minor ailments of pregnancy among rural women.

Settings: The study was conducted in venkatachalam at Nellore.

Population: The population consists of pregnant women in rural area.

Sample: Pregnant women who fulfill the inclusion criteria.

Sampling techniques: Purposive sampling technique was used for the selection of subjects.

Sample size The sample size consists of 30 pregnant women in Nellore district.

Sampling criteria

Inclusion criteria

The antenatal women who are living in the rural area of Nellore.

Those who can understand Telugu and English.

Exclusion criteria

The antenatal women allergic to some of home remedies. Antenatal women with high pregnancy such as hypertension, prior still birth, preterm labor and multiple pregnancy.

Description of the Tool

With the help of extensive review of literature, various text books, journals and website the tool was developed.

The tool was divided into two Sections

Section:1 deals with demographic data including age, religion, education, occupation, monthly income and type of family.

Section:2 structured questionnaire on knowledge regarding home management of minor ailments during pregnancy.

Content validity

The content validity of the tool obtained from three experts in the related field and modified based on their suggestions and opinions.

Reliability

Reliability of the tool was introducing to same group of sample in a different time after reshuffling the questions. Reliability of the tool was established through split of method. The reliability score is $r=1$

Pilot study

After getting permission from the concerned authority of medical officer in venkatachalam Nellore, the pilot study was started. The pilot study was conducted to see feasibility and reliability.

Data collection procedure

After getting permission from the institutional ethical committee, medical officer, PHC of Venkatachalam, the data collection was started. consent was obtained from the sample. The study was conducted among pregnant women residing in rural area of venkatachalam. 30 samples were selected by using purposive sampling method who met the inclusion criteria. Structured questionnaires were used to assess the knowledge of pregnant women in rural areas.

Data analysis

Table No 1 plan for data analysis

S.NO	Data analysis	Method	Remarks
1.	Descriptive	Frequency and percentage	To describe the distribution of demographic variables
		Mean, median and standard deviation	To determine the knowledge of pregnant women residing in the rural areas.
2.	Inferential	Chi-Square	To find out the association between the level of knowledge regarding home management of minor ailments in pregnant women

RESULTS AND DISCUSSION

The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented in the following sections.

The analysis of the data was mainly classified as

Section-I

Frequency and percentage distribution of demographic variables of knowledge among home management of minor ailments on rural pregnant women.

Section-II

Frequency and percentage distribution of knowledge scores among home management of minor ailments on rural pregnant women.

Section-III

Mean and standard deviation of knowledge among home management of minor ailments on rural pregnant women

Section-IV

Association between the level of knowledge with socio demographic variables among rural pregnant women.

Section-I

Frequency and percentage distribution of demographic variables of knowledge among home management of minor ailments on rural pregnant women

Table 2 Frequency and percentage distribution of women based on age (N=30)

Regarding the age among pregnant women 18(60%) were between 20-25 years,7(23.33%) were between the 26-30years ,3(10%) were between 31-36 years and 2(6.67%) were above 36 years.

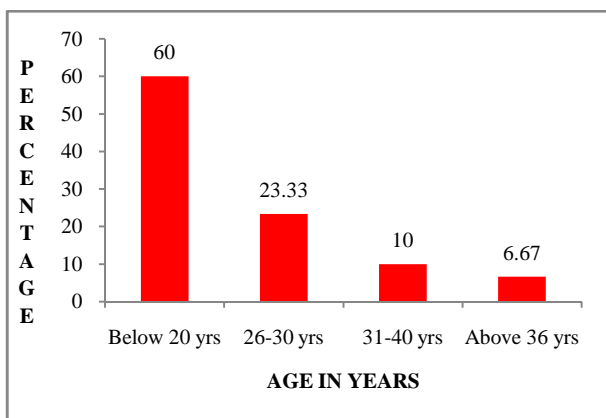


Fig 1 percentage distribution of pregnant women based on age

Table-3 Frequency and percentage distribution of educational status(N=30)

Age	Rural(N=30)	
	(f)	(%)
a.Below 20 yrs	18	60
b.26-30yrs	7	23.33
c.31-40yrs	3	10
d.Above 36 yrs	2	6.67
Total	30	100

Regarding educational status among pregnant women 13(43.33%)were illiterates , 9(30%) had primary education 3(10%) had intermediate and 5(16.66%)had degree

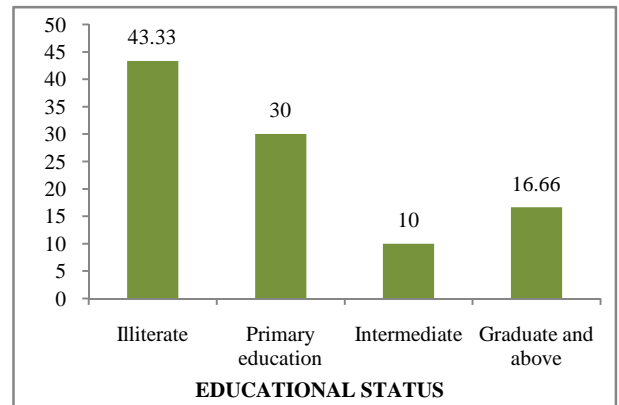


FIG 3 Percentage distribution of pregnant women based on educational status.

Section-II

Frequency and percentage distribution of knowledge scores among home management of minor ailments on rural pregnantwomen (N=30)

Educational Status	Rural(N=30)	
	(f)	(%)
a. Illiterate	13	43.3
b. Primary	9	30
c. Education	3	10
d. Intermediate	5	16.66
e. Graduate &above		
	30	100

Knowledge Level based on score	Knowledge regarding home management of minor ailments	
	(f)	(%)
Good(21-30)	8	26.67
Average(11-20)	10	33.33
Poor(0-10)	12	40

Represents that frequency and percentage distribution of knowledge scores among home management of minor ailments in rural areas 8(26.67%) had good knowledge ,10(33.33%) had average knowledge and 12(40%) had poor knowledge.

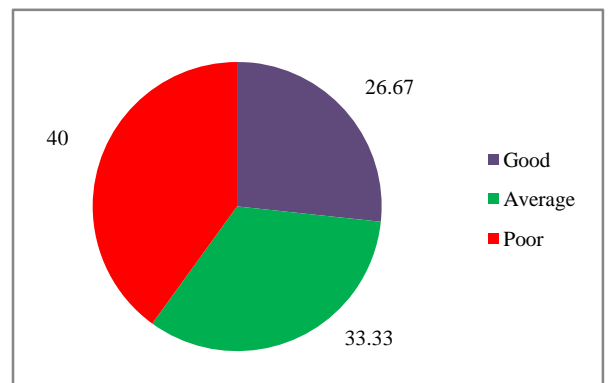


Fig 4 Percentage distribution of pregnant women based on level of knowledge

Section-III

Mean and standard deviation of knowledge among home management of minor ailments on rural pregnant women

S.no	Knowledge among home management of minor ailments	
1.	Mean	14.83
2.	Standard deviation	2.07

Section-IV: Association Between The Level Of Knowledge Scores With Socio Demographic Variables Among Rural Pregnant Women: The chi-square analysis indicates that there is a significant association between the rural knowledge score with socio demographic variables such as occupational status and no significant association found between the age, religion, educational status, type of family and income.

CONCLUSION

The findings of study revealed that 12(40%) had poor knowledge regarding home management of minor ailments among pregnant women. Educational programme needs to be organized to improve the knowledge of pregnant women.

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