

Assessment of Self – Care Practices during Prenatal Period among Mothers in Babylon City

التقييم الذاتي لممارسات الرعاية قبل الولادة بين الامهات في مدينه بابل

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الخلاصة

الهدف: تهدف الدراسة الى تقييم ممارسات الرعاية الذاتية للأمهات خلال فترة الحمل وكذلك التعرف على الصفات الديموغرافية للأمهات الحوامل مثل (العمر، المستوى الثقافي، المهنة.....الخ).

المنهجية: دراسة وصفية تحليلية أجريت على عينة غير احتمالية، غرضية (عينة مناسبة) تتألف العينة من (150) أم حامل تم اختيارهم من (4) مراكز صحية (مركزين اثنين من كل قطاع) في مدينة الحلة، للفترة من 1 كانون الاول 2014 ولغاية 3 من اب 2015 وقد تم اختيارهم عشوائياً من مجتمع الدراسة، استخدم الباحث مقياس من نوع "لي كارد الثلاثي" بواسطة الممارسات الصحية الخاص للاستبانة (لاندر كرين 2005) المكون من (67) فقرة تبناها وطورها الباحث لقياس التقييم الذاتي للممارسات الرعاية للنساء الحوامل. البنود الحالية التي تم تجميعها داخل الاستبانة التي أقيمت من جزأين والتي تشمل ما يلي: **الجزء الأول:** الخصائص الاجتماعية والديموغرافية للأمهات، ب: المعلومات الإنجابية. الجزء الثاني: عناصر من الممارسات الأم الحامل. وقد تم إجراء الدراسة التجريبية (الاستطلاعية) لأختبار موثوقية الاستبانة وجرى اختبار صدق المحتوى من خلال عرضها على (22) خبير من مختلف المجالات. و تمقياس ثبات الاستبانة من خلال حساب معامل ألفا = 0.827. بيانات البحث جمعت بأستعمال الاستبيان وعملية المقابلة كأحدى طرق جمع البيانات. تم تحليل البيانات بأستخدام الاحصاء الوصفي والاستدلالي (التكرارات، المتوسط الحسابي، النسب المئوية، والانحراف المعياري) والاحصاء الاستدلالي (أختبار كاي سكوير، ارتباط بيرسون) لدراسة الفروق المعنوية بين المتغيرات.

النتائج: "أجمالاً" أشارت نتائج الدراسة إلى أن التقييم النهائي لممارسات الرعاية الذاتية خلال فترة ما قبل الولادة كان جيد بنسبة 50 %، وتبين أيضاً عدم وجود علاقة ارتباط بين السلوكيات الغذائية والخصائص الديموغرافية الاجتماعية في (مهنة المرأة، الحالة الاجتماعية الاقتصادية، المستوى التعليمي، مكان الإقامة، الوضع الاقتصادي) وكذلك لا توجد علاقة ارتباط بين الخصائص الديموغرافية الاجتماعية والمتغيرات الإنجابية.

الاستنتاج: أظهرت النتائج المكتسبة من دراسة جميع الممارسات الرعاية الذاتية بين الأمهات خلال فترة الحمل (الغذائية، النشاط البدني، النظافة الشخصية، الراحة والنوم، وغيرها من الممارسات) كانت ذات مستوى جيد من التقييم.

التوصيات: توصي الدراسة الحالية باستمرار وسائل الإعلام ومؤسسات وزارة الصحة والتي لها دور كبير في خلق الوعي حول الرعاية ما قبل الولادة بين النساء الحوامل وكذلك بين السكان المحرومين في أماكن أخرى. تشجيع الأمهات الحوامل إلى الالتزام من خلال البرامج الغذائية نحو الالتزام بالوجبات الغذائية الغنية في مجموعة متنوعة من الخضار والفواكه، البقول الحبوب في حدود دنيا المكسرات، الوجبات الغذائية من الدهون والحلويات.

مفردات البحث: ممارسات الرعاية الذاتية، فترة ما قبل الولادة، الامهات الحوامل.

Abstract

Objective: The study aims to assess the self-care practices of the antenatal mother, and to - Identify the demographic characteristics of pregnant mother (Age, Level of education, occupationetc.).

Methodology: A descriptive analytical design study was conducted on non-Probability (convenient sample), Starting from the period December 1st 2014 to August the 3rd 2015. which consists of (150) pregnant women. Were selected from (4) health centers 2 from each sector in the Hilla city as randomly selected from the general population. The researcher used rated on (3- level type Likert scale), by (Lindgren 2005) which is on the other hand the (Health practice questionnaire - II (HPQ-II)). The questionnaire was consisted of (67) items developed and adopted to measure the self-care practices of pregnant women. The current items which were grouped into comprised of two parts which includes the following: Part. I A. Socio-demographic characteristics of mothers, B. Reproductive Information. Part II. Items of pregnant mother practices. A pilot study has been carried out to test the reliability of the questionnaire and content validity has been carried out through the (22) experts in the different fields. The reliability Coefficient through of the calculated (alpha Cronbach's) was ($\alpha = 0.827$). The researcher gathered the subjects responses through the questionnaire & face-to face interview as one of the methods of data collection. Statistical analysis was conducted to determine a frequency distribution of responses for each item as reported for the entire sample.

Results: "overall" Results shows of the study showed that the final evaluation of the practice of self-care during the period of prenatal he was a good 50%. The present study demonstrated no statistically significant relationship between the demographic variables and practices of the self-care.

Conclusions: The results achieved from all studied self-care practices among mothers during pregnancy (nutritional, physical activity, personal hygiene, rest and sleep, other practices), it was of a good level of the assessment.

Recommendations :

The present study recommends the continuation of ministry of health and public mass media which have a great role to play in creating awareness about prenatal care among pregnant women as well as among deprived populations in the other places. Encouraging the pregnant mothers to commitment through dietary programs toward vegetable - based diets rich in a variety of vegetables, fruits and pulses minimally cereals, nuts, fat diets and sweets.

Keywords: Practices, Self - care, Prenatal period, Pregnant women.

INTRODUCTION:

The concept of the women's health demanding many components such as biological issues, the differences between males and females. Behavioral issues, which is an important element, social environmental and cultural issues. A newer view of the women health covers the old foundation of physical health and emotional of adult women begins in childhood⁽¹⁾.

Conception is a time of joyful expectation and preparation, but it's also timing of fears and anxiety. The major concern is whether child grows normally and reaches in a healthful situation⁽²⁾. During prenatal period the baby will initiate to physiologically grow the tissues, organs, and other structures required to the life. This duration also can be calculated in many different ways. By months, by weeks and by structural phases⁽³⁾. One of the goals of the fifth Millennium development is the international commitment to measurably reduce maternal mortality by the year 2015⁽⁴⁾. It is estimated that during a year nearly one third of a million female worldwide dying due to pregnancy related circumstances 99% of this deaths happen in developed countries and about three-quarters of them are considered avoidable⁽⁵⁾. As a result minimum of 20% of the burden from illness in babies below the age of five and suggest this result to reasons related to the weakness of the mother's health and nutrition⁽⁶⁾. Self-care is defined as the capacity of human being, people and publics to promote health, prevent illness, and preserve health to cope with illness and disability with or without the support of a health-care provider⁽⁷⁾. There are still continuing in and neonatal deaths that occur in the unacceptably high levels in Iraq. The maternal mortality ratio and neonatal mortality rate remained as high as 84 per 100,000 live births and 23 for every 1,000 live births, straight in 2010, These numbers are meaningfully higher than the developing countries with higher levels prenatal care. For example: UK had a maternal mortality rate of 12 and a neonatal mortality of 4 in 2010⁽⁸⁾.

OBJECTIVE:

1. Assess the self-care practices of the antenatal mother.
2. Identify the demographic characteristics of pregnant mother (Age, Level of education, occupationetc.)

METHODOLOGY:

Descriptive analytical study design was carried-out to assess the self-care practices during prenatal period among mothers in Babylon province starting from the period 1st of December 2014 to the 3rd of August 2015. The present study was conducted at the Primary Health Care Centers in Hilla City. Anon-Probability (convenient sample), which consists of (150) pregnant women. Were selected from (4) health centers 2 from each sector in the Hilla city as randomly selected from the general population.

Instrument of the Study:

After reviewing the literature and previous studies. This questionnaire was developed and adopted to measure the self-care practices of pregnant women, it has been modified as it is used by (Lindgren 2005) which is on the other hand the [Health practice questionnaire-II (HPQ-II.)]

Part. I: A. Socio-demographic characteristics of mothers: It is comprised of (8) items which are concerned with the socio demographic characteristics of the subjects, include (Age, Level of education, Occupation, Place of residence, Marital status, Type of family, Household size, Economic status. **Part I: B. Reproductive Information:** It comprised of (7) items include Gestational Age, Gravida, Para, Abortion, Number of dead births, Routine visits and Source of

benefit from health outreach services during pregnancy. **Part II: Items of pregnant mother practices:**It consists of (67) items classified into (6) sections:**Section I:** (Nutritional Practices): comprises of (23) nutritional items which were concerned with types of nutritional classes, such as protein intake, vitamin & minerals and other nutritional habits. **Section II: (Physical Activity & Sports Practices):** Is concerned with physical activity and exercise and consists of (13). **Section. III: (Personal Hygiene):**It comprises of (8) items related to the daily hygiene.**Section. IV: (Burden of workload, Rest &Sleep):** It comprises of (6) items related to the rest, sleep, work environment, Passive smoking in the home and work.

Section. IV: (Follow- up the PHC services): It concerned with education sessions, Follow-up weight, Follow-up blood pressure, Follow-up urine and blood tests, Follow-up the case of teeth and oral health, visit the health center, Ultrasound during pregnancy, Taking tetanus vaccine, Vaccination against pandemic flu, Other vaccinations and represented into (9) items.**Section. V: Other Practices:** It comprises of (8) items which were related to clothing, Avoid exposure to x-rays, Avoid exposure to high temperature, a void using shaving machine and keep the cleanliness of utensils and cutting boards.

The questionnaire was determined through a panel of (22) expert in the different fields, to examine the questionnaire format for content relevancy and adequacy.

All the data was statistically analyzed using Statistical Package for the Social Sciences (SPSS) statistical software package (SPSS Inc., Chicago, IL, version 18.0 for Windows).

RESULTS:

Table (1): Overall Assessment of the Self-Care Practices during Prenatal Period:

Self-Care Practices during Prenatal Period	Rating	Freq.	Perc. %	M.S	S.D	Chi-Square				Ass.
						χ^2	d.f	P-value	Sig.	
Nutritional practices	Poor	33	22	2.30	0.80	23.880	2	0.000	H.S	G
	Fair	39	26							
	Good	78	52							
Physical activity and sports practices	Poor	35	23.3	2.22	0.80	11.160	2	0.04	S	F
	Fair	47	31.3							
	Good	68	45.4							
Personal hygiene	Poor	38	25.4	2.12	0.78	4.320	2	0.121	N.S	P
	Fair	56	37.3							
	Good	56	37.3							
Burden of work, rest and sleep	Poor	50	33.3	1.83	0.68	25.000	2	0.000	H.S	G
	Fair	75	50							
	Good	25	16.7							
Follow-up of primary health care services	Poor	33	22	2.22	0.78	11.560	2	0.003	H.S	G
	Fair	50	33.3							
	Good	67	44.7							
Other practices	Poor	38	25.4	2.12	0.78	4.320	2	0.121	N.S	P
	Fair	56	37.3							
	Good	56	37.3							
Overall Assessment of the Self-Care Practices during Prenatal Period	Poor	50	33.3	2.16	0.90	25.11	2	0.000	H.S	G
	Fair	25	16.7							
	Good	75	50							

Note: HS: high significant at p-value less than 0.01, S: significant at value less than 0.05, and NS: Non-significant at P>0.05, Ass.(Assessment), G.(Good), F.(Fair), P.(Poor), Freq.(Frequency), Perc.(Percentage), M.S.(Mean Score), S.D.(Standard Deviation)

Table (1):Shows the overall assessment of the self-care practices during prenatal period responses are good at the nutritional practices, burden of work, rest and sleep and follow-up of primary health care services. Fair at the Physical activity and sports practices and poor at the

personal hygiene, other practices. Furthermore, the overall assessment of the self-care practices during prenatal period is good.

Table (2): Distribution of the Study Sample by Their Obstetrical History of the Mother N=150

History of the Mother	Groups	Freq.	Percent
Gestational Age	First trimester (1-3) months	5	3.3
	Second trimester (4-6) months	103	68.7
	Third trimester (7-9) months	42	28.0
Gravida	2-4	130	86.7
	5 and above	20	13.3
Para	1-3	132	88.0
	4 and above	18	12.0
Abortion	Present	37	24.7
	Absent	113	75.3
Number of dead	Percent	6	4.0
	Absent	144	96.0
Routine visits	Regular	103	68.7
	Irregular	47	31.3
Exposure to mass media	Television	16	10.7
	Health Professional	96	64.0
	Internet	18	12.0
	Others	20	13.3

Table (2):displays the obstetrical history of the mothers of the study sample were (68.7%) from the gestational age at age of the second trimester (4-6) months, (86.7%) was from gravida of pregnancy represent the age group (2-4) year of experiences,of the pregnancy (88.0%) of the para of the women, (75.3%) of them do not have abortion (absent),(96.0%) was the absent of number of dead, (68.7%) of them committed to routine visits, according to the private health care table on pregnant women finally, for the exposure to mass media the height percentage was (64.0%) of them from the health professional.

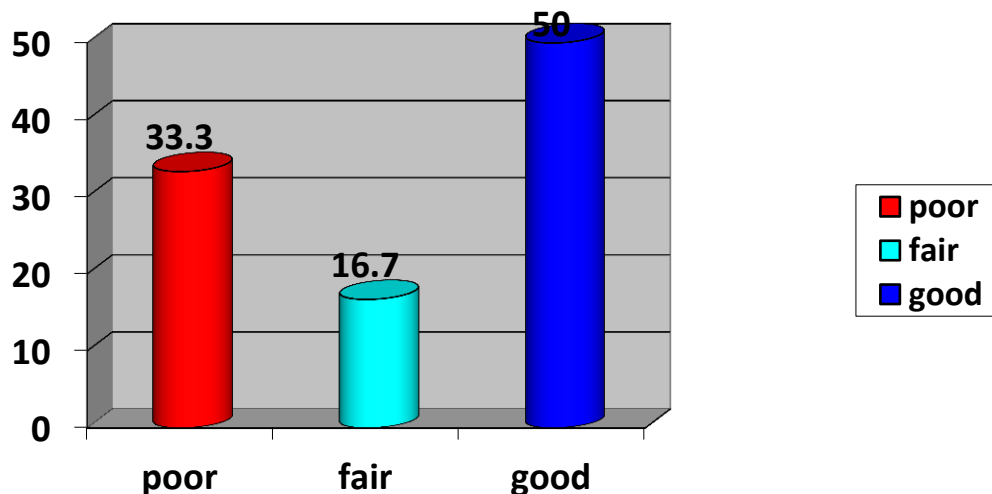


Figure (1) Overall assessment of the self-care practices during prenatal period

Table (1):reveals that most of the self-care practices 75 (50%) had good assessment, 50 (33.3%) had fair assessment of the self-care, and 25 (16.7%) of them had poor assessment, up to 30 general questioner regarding meaning, nutritional, physical activity, Personal hygiene, burden of work, rest and sleep, follow-up of primary health care services, and others of the Self-Care Practices during prenatal period (show figure 1).

DISCUSSION

The overall assessment of the self-care practices during prenatal period responses are good at the nutritional practices, burden of work, rest and sleep and follow-up of primary health care services. Fair at the Physical activity and sports practices and poor at the personal hygiene, other practices. Furthermore, the history of the mother with self-care practices during perinatal period is high significant with Gestational age, Abortion & exposure to mass media (Show Figure 1).

It has been found from different studies that the Socio-demographic characteristics and data play a great role to be as reason of practicing the healthy behavior among pregnant women that as result affecting their health either positively or negatively⁽⁹⁾.

The demonstrated that highest percentage represented was (68.7%) was women in their second trimester (4-6) months. The current study disagree with results of what was found in (Yu-Hua Lin, 2009) a cross-sectional research design selected a convenience sampling of (172) pregnant women, he found that highest represents (44.19%) were in the third trimester⁽¹⁰⁾.

The results of the same table show the number of previous pregnancies of the subject, it reveals that highest percentage represents (86.7%) of the sample were mothers had got pregnancy (2-4) times. This study disagree with results of (Gomora, A. 2015), the study conducted on (80) young women. The number of pregnancies of the participants had revealed that the majority (71.2%) had (two) pregnancies⁽¹¹⁾.

The current study results show that the highest percentage of the sample (88.0%) has history of number of alive children (1-3). This study agree with (Amit, & et al, 2014), who were surveyed (400) subjects to assess women knowledge and attitudes and practices toward oral and dental health during pregnancy, researchers found that major sample registered (32.5%)⁽¹²⁾.

This study shows that the highest percentage of women represented (75.3%). of the study sample did not have history of (abortion). This is agree with a study conducted in China by (He, & et al., 2009), to evaluate personal design history, knowledge and needs among low income urban females on sample number (1642), results indicated that approximately half of the women had had at minimum one abortion⁽¹³⁾.

In relation to number of dead birth the present study reveals that the highest percentages of mothers signified (96.0 %) study sample did not have history of (dead birth). The current study agree with the results of (Avelyn, G. 2012), who had done a study to identify a self-care practices regarding prenatal care found that from a study sample of (N=80) (96.25%) delivered live births⁽¹⁴⁾.

From the study it can be seen that the highest percentage of women represented (68.7%), study sample on regular routine visits which is very vital to the mother. The current study agree with (Rahman, & et al. 2010), who includes regular monitoring of the mother and her baby throughout pregnancy by a variety of routine regular examinations and tests the women had only one ANC visit, The study sample collected was (N = 700) respondents, results show that odds are higher for the mothers who go to hospitals and clinics for antenatal medical checkups⁽¹⁵⁾.

In regard to exposure to mass media the present study results show that highest percentage of the sample had exposure to mass media during their prenatal period. This study agree with results of a study conducted by (Rahman, & et al. 2010), The study sample was (N = 700) respondents were selected from 8 different slums of 3 wards⁽¹⁵⁾.

Mass media is shown to play a strong role by creating awareness about pregnancy related complications and negative effect on the future health of mothers and their newborn babies (the results show that the mothers who are exposed to mass media are (2.253) times more likely to go for medical checkup than those not exposed.

CONCLUSION

The results achieved from all studied self-care practices among mothers during pregnancy (nutritional, physical activity, personal hygiene, rest and sleep, other practices) showed good level of the assessment Physical activity and sports practices reveal that more than half of the sample reported (Good) assessment.

RECOMMENDATIONS:

1. Continue encouraging the pregnant mothers through the mass media and specially the health centers to commitment dietary programs toward vegetable- based diets rich in a variety of vegetables, fruits and pulses minimally cereals, nuts, fat diets and sweets as well as reduce drinking water in particular times.
2. Health educators must enhance the mother's right practices and give information about other harm ones like consume caffeine, eating spicy food
3. Mass media have a great role to play in creating awareness about prenatal care among pregnant women as well as among deprived populations in the other places.

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