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A STUDY TO ASSESS THE KNOWLEDGE REGARDING THE PREVENTION OF MINOR AILMENTS DURING PREGNANCY AMONG PREGNANT WOMEN IN SELECTED HOSPITALS OF VADODARA

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ABSTRACT

Pregnancy is a critical phase during which women often experience a variety of minor ailments such as nausea, vomiting, heartburn, constipation, backache, and leg cramps. If left unaddressed, these ailments can negatively affect both maternal and fetal health. Awareness and knowledge regarding their prevention play a vital role in ensuring a safe pregnancy and improving maternal well-being. This study aimed to assess the level of knowledge regarding the prevention of minor ailments among pregnant women attending a selected hospital in Vadodara and to examine the association of knowledge with selected socio-demographic variables. A quantitative descriptive research design was adopted, and a total of 60 pregnant women were selected using a non-probability purposive sampling technique. Data were collected using a structured questionnaire that included demographic information and knowledge-related questions. Descriptive and inferential statistical methods were used for data analysis. The results revealed that 81.7% of participants had an average level of knowledge, 15% had good knowledge, and 3.3% had poor knowledge. A statistically significant association was found between educational status and the level of knowledge ($p = 0.02$), suggesting that women with higher educational qualifications had better awareness regarding the prevention of minor ailments during pregnancy. No significant associations were observed with other variables such as age, caste, occupation, income, type of family, or prior information. The study concludes that while most pregnant women possess basic knowledge about minor ailments, there is a need for structured antenatal education programs to enhance their understanding and promote safe motherhood.

INTRODUCTION

Pregnancy is a unique physiological condition that brings about various anatomical and hormonal changes in a woman's body. These changes, while natural, often result in several minor ailments such as nausea, vomiting, backache, constipation, leg cramps, and heartburn. Although these ailments are not typically life-threatening, they can significantly affect a woman's physical comfort, emotional well-being, and daily functioning. According to Begum and Begum (2019), these discomforts are common and expected, but if not appropriately managed, they can contribute to increased anxiety, poor nutritional intake, sleep disturbances, and reduced overall quality of life. In some cases, these minor conditions may even interfere with a pregnant woman's ability to adhere to antenatal schedules or maintain personal and fetal health.

Preventive strategies for managing minor ailments during pregnancy are often simple and non-pharmacological, including adequate hydration, appropriate dietary modifications, posture correction, light physical activity, and relaxation techniques. However, despite the availability of these measures, many pregnant women—especially those in semi-urban and low-resource settings—lack the necessary knowledge to implement them effectively. Globally, the World Health Organization (WHO, 2016) has emphasized the importance of integrating health education into routine antenatal care to empower expectant mothers. However, in countries like India, antenatal education tends to focus more on major complications such as anemia, gestational diabetes, and hypertension, often neglecting minor ailments that, if left unmanaged, can escalate into more serious concerns. Studies such as those by Sharma et al. (2021) and Joseph et al. (2020) have highlighted the consequences of limited awareness, including increased healthcare visits, over-reliance on unverified traditional remedies, and unnecessary stress during pregnancy.

In the context of Vadodara, a rapidly developing city in Gujarat with a diverse population that includes many women from semi-urban and socio-economically challenged backgrounds, the need for effective antenatal education is especially critical. Local health systems may lack the resources to provide in-depth counselling on minor pregnancy ailments, and many women may not seek additional information due to cultural norms, limited literacy, or lack of access to credible sources. Therefore, assessing the knowledge levels of pregnant women regarding the prevention of minor ailments becomes essential to identifying gaps and guiding targeted interventions. This study is designed with the specific objectives of assessing the level of knowledge on the prevention of minor ailments among pregnant women attending a selected hospital in Vadodara and exploring the association between knowledge levels and selected socio-demographic variables such as age, education, occupation, and income. The findings of this research are expected to contribute valuable insights that can support the development of structured antenatal education programs aimed at empowering women to manage their health more effectively during pregnancy.

METHODOLOGY

The present study adopted a quantitative research approach using a descriptive cross-sectional design to assess the knowledge of pregnant women regarding the prevention of minor ailments during pregnancy. The study was conducted in a selected hospital in Vadodara, Gujarat. This approach was considered appropriate as it allowed for the collection of data at a single point in time, capturing a snapshot of the participants' knowledge and demographic profile without manipulating any variables. The target population comprised pregnant women attending antenatal clinics at the hospital during the period of data collection. A total of 60 pregnant women were selected for participation in the study using a non-probability purposive sampling technique. This method was chosen based on the researcher's judgment to include participants who were readily available, willing to participate, and met the inclusion criteria. Inclusion criteria involved pregnant women within the reproductive age group, attending antenatal care at the

time of the study, and who were willing to give informed consent. Obtained the Ethical Permission from the Institution bearting No. PUIECHR/PIMSR/00/081734/82348.

The tool used for data collection was a self-structured questionnaire designed by the researcher after an extensive review of literature and expert consultation. The questionnaire consisted of two parts: Part I included demographic details such as age, caste, education, occupation, type of family, monthly income, dietary habits, and prior information regarding minor ailments and their management. Part II comprised 22 multiple-choice questions that aimed to assess the knowledge of pregnant women on the prevention of minor ailments during pregnancy. Each correct answer was awarded one mark, with a maximum score of 22. Based on the score obtained, knowledge levels were categorized into poor (0–7), average (8–14), and good (15–22). To ensure the validity of the tool, content validity was established through expert evaluation by professionals in the fields of obstetrics, nursing, and public health. The tool was also translated into Gujarati to ensure better understanding among participants, especially those with limited proficiency in English.

A pilot study was conducted on a small group of five pregnant women who were not included in the final study sample. The aim of the pilot study was to test the feasibility, reliability, and clarity of the questionnaire. Based on feedback from the pilot phase, minor modifications were made to improve the wording and comprehension of some items. Data collection was carried out through face-to-face structured interviews in a private and comfortable environment to ensure participant confidentiality and comfort. This method was particularly useful for including participants who were illiterate or semi-literate, ensuring that all questions were understood correctly and responses were accurately recorded.

Once the data were collected, they were coded and entered into Microsoft Excel and later analyzed using appropriate statistical software. Descriptive statistics such as frequency and percentage were used to describe the demographic profile and the distribution of knowledge scores. Inferential statistics, specifically the Chi-square test, were used to identify associations between the level of knowledge and selected demographic variables. A p-value of less than 0.05 was considered statistically significant. Ethical clearance was obtained from the institutional ethics committee prior to data collection. Verbal and written informed consent was obtained from all participants, and confidentiality of the information was strictly maintained throughout the study. This methodological approach ensured the reliability and validity of the study findings, supporting the objective of assessing knowledge gaps among pregnant women regarding minor ailments.

RESULTS

The present study was conducted to assess the knowledge regarding the prevention of minor ailments among pregnant mothers attending a selected hospital in Vadodara. The findings are presented in terms of demographic characteristics, knowledge levels, and the association between knowledge and selected socio-demographic variables.

Table 1: Frequency and percentage distribution of demographic variable of regarding prevention of minor ailments among the pregnant mothers.

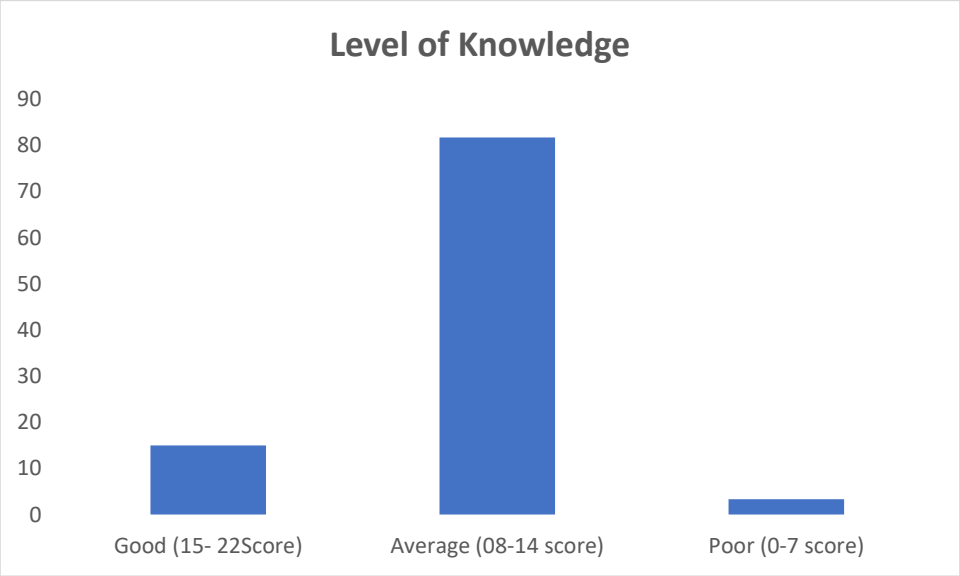
Sr. No	Demographic Data	Category	Frequency f	Percentage %
1	Age	>18years	13	21.7
		19-21years	12	20
		22-24years	20	33.3
		>25years	15	25
2	Caste	Hindu	41	68.3
		Muslim	15	25
		Christian	04	6.7
		Others	00	00
3	Educational Status	Primary	22	36.7
		High secondary	26	43.3
		Graduate	06	10
		Above	06	10
4	Occupation	Home worker	35	58.3
		Laborwork	12	20
		Government Job	06	10
		Private job	07	11.7
5	Type of Family	Nuclear	27	45
		Joint	33	55
6	Income	<10,000/-	19	31.7
		10,001-20,000	23	38.3
		20,001-30,000/-	11	18.3
		>30.001/-	07	11.7
7	Diet	Vegetarian	30	50
		Nonvegetarian	16	26.7
		Mix diet	14	23.3
8	Do you have any information regarding minor ailments and its management?	No	40	66.7
		Yes	20	33.3

The demographic profile of the participants provides context to interpret the results meaningfully. The age distribution indicated that the majority of pregnant mothers (33.3%) were aged between 22–24 years, followed by 25% who were older than 25 years, 21.7% who were below 18 years, and 20% between 19–21 years. The majority of the participants were Hindu (68.3%), followed by Muslims (25%) and Christians (6.7%). Educational qualifications varied, with 43.3% of the

mothers having completed higher secondary education, while 36.7% had completed only primary education. Only 10% of the participants were graduates and another 10% had education above graduation level. Occupationally, most of the mothers (58.3%) were homemakers, followed by labor workers (20%), private job holders (11.7%), and those in government employment (10%). Regarding family type, 55% of the participants belonged to joint families while 45% belonged to nuclear families. Monthly income data revealed that 38.3% of mothers earned between ₹10,001–20,000, followed by 31.7% who earned below ₹10,000, 18.3% earning ₹20,001–30,000, and 11.7% earning more than ₹30,000. In terms of dietary patterns, 50% were vegetarians, 26.7% non-vegetarians, and 23.3% followed a mixed diet. Notably, only 33.3% of pregnant mothers had any prior information about minor ailments and their management, while the majority (66.7%) lacked such knowledge.

To evaluate the participants' knowledge regarding the prevention of minor ailments during pregnancy, a structured questionnaire was used. Knowledge scores were classified into three categories: good (15–22), average (8–14), and poor (0–7). The distribution of knowledge levels is summarized in Figure 1.

Fig 1: Percentage Distribution of Knowledge Level Regarding Prevention of Minor Ailments



As shown in the figure 1, the majority of pregnant mothers (81.7%) had an average level of knowledge. A small proportion (15%) demonstrated a good level of understanding, while only 3.3% exhibited poor knowledge. These findings suggest that while a basic understanding exists among most women, comprehensive knowledge is lacking.

To determine whether there was any association between knowledge levels and selected demographic variables, a Chi-square test was performed. The results are presented in Table 2.

Table 2: Association Between Knowledge Level and Selected Demographic Variables

Sr. No	Demographic Data	Category	Level of Knowledge			Chi-Value	df	p-Value
			Good	Average	Poor			
1	Age	>18years	01	12	00	4.427	6	0.619
		19-21years	01	11	00			
		22-24years	03	16	01			
		>25years	04	10	01			
2	Cast	Hindu	05	35	01	3.554	4	0.470
		Muslim	04	10	01			
		Christian	00	04	00			
		others	00	00	00			
3	Educational Status	Primary	4	17	01	8.574	6	0.02*
		High secondary	02	23	01			
		Graduate	00	06	00			
		Above	03	03	00			
4	Occupation	Home worker	04	29	02	3.285	6	0.772
		Laborwork	02	10	00			
		Government Job	02	04	00			
		Private job	01	06	00			
5	Type of Family	Nuclear	06	19	02	4.919	2	0.08
		Joint	03	30	00			
6	Income	<10,000/-	02	17	00	4.272	6	0.640
		10,001-20,000	04	18	01			
		20,001-30,000/-	02	09	00			
		>30.001/-	01	05	01			
7	Diet	Vegetarian	03	25	02	3.063	4	0.547
		Nonvegetarian	03	13	00			
		Mix diet	03	11	00			
8	Do you have any information regarding minor ailments and its management?	No	07	33	00	4.510	2	0.105
		Yes	02	16	02			

A statistically significant association was found only between educational status and knowledge level (p = 0.02), indicating that women with higher educational qualifications possessed significantly better knowledge of preventive measures. Other variables, such as age (p = 0.619), caste (p = 0.470), occupation (p = 0.772), income (p = 0.640), family type (p = 0.08), diet (p = 0.547), and prior information (p = 0.105), did not show statistically significant associations with knowledge levels.

These findings highlight the importance of educational status in improving maternal awareness of minor ailments during pregnancy. The lack of significant association with other socio-demographic factors indicates that knowledge gaps may exist across various groups, further emphasizing the need for universal, structured antenatal education programs targeting all pregnant women, regardless of their background.

DISCUSSION

The present study aimed to assess the level of knowledge regarding the prevention of minor ailments among pregnant women and to explore its association with selected socio-demographic variables. The results revealed that the majority of participants (81.7%) had an average level of knowledge, while only a small proportion (15%) demonstrated good knowledge, and 3.3% had poor knowledge. These findings suggest that although basic awareness exists among most pregnant women, in-depth knowledge necessary for effective prevention and management of minor ailments remains limited.

Minor ailments such as nausea, vomiting, heartburn, backache, leg cramps, and constipation are commonly experienced during pregnancy. These ailments, although not life-threatening, can significantly impact maternal comfort and day-to-day functioning if not managed appropriately. The limited knowledge observed among participants in this study could lead to delayed or inappropriate responses to these discomforts, possibly resulting in avoidable health issues, increased healthcare visits, or emotional distress.

A significant association was found between participants' educational status and their level of knowledge ($p = 0.02$), indicating that women with higher levels of education were more likely to possess better understanding of preventive measures. This aligns with the findings of Bhuvaneshwari and Saraswathi (2020), who emphasized that structured antenatal educational interventions significantly improved maternal knowledge regarding minor ailments. Furthermore, Joseph et al. (2020) also reported that a substantial proportion of pregnant women lacked proper understanding of the management of minor discomforts, especially those from socio-economically disadvantaged backgrounds. These consistent findings reinforce the critical role that education plays in enhancing maternal health literacy.

Interestingly, no statistically significant associations were found between knowledge levels and other socio-demographic variables such as age, occupation, income, type of family, dietary habits, or prior information. This suggests that factors often assumed to influence health knowledge may not necessarily impact understanding unless accompanied by formal education or structured health promotion efforts. This finding supports the argument that antenatal education should not be selectively delivered based on age or income group but should instead be universally integrated into routine prenatal care.

The low percentage (33.3%) of participants who reported receiving prior information about minor ailments further emphasizes the gap in antenatal education services. In many semi-urban and low-resource settings in India, health education during antenatal

visits remains primarily focused on detecting major complications such as gestational diabetes or hypertension, often overlooking common yet distressing ailments. Consequently, pregnant women may turn to informal sources such as family, neighbors, or unverified home remedies, which may not always be effective or safe.

These findings highlight a critical need for healthcare providers and public health systems to prioritize structured, evidence-based antenatal education programs. These programs should be culturally sensitive, language-accessible, and adapted to various literacy levels. Nurses, midwives, and community health workers should be trained to deliver consistent, accurate information to empower pregnant women in managing common ailments effectively. Incorporating interactive methods such as demonstrations, visual aids, and group discussions can further enhance understanding and engagement.

Overall, the results of this study provide a strong foundation for policy recommendations aimed at improving maternal health literacy and well-being. Addressing these knowledge gaps through targeted education can lead to better health outcomes and more comfortable pregnancies for women across all backgrounds.

CONCLUSION

This study concludes that although the majority of pregnant women had an average level of knowledge regarding the prevention of minor ailments during pregnancy, a significant gap remains in achieving a more comprehensive understanding. The only socio-demographic factor significantly associated with knowledge was educational status, reinforcing the vital role of formal education in promoting maternal health literacy. Other factors such as age, occupation, income, and prior information did not show a significant influence. These findings underscore the importance of universal, structured antenatal education programs aimed at all pregnant women, regardless of their background. Strengthening health education during routine antenatal visits—particularly on minor ailments—can empower expectant mothers to manage common discomforts more effectively, reduce reliance on unverified remedies, and ultimately improve both maternal and fetal health outcomes.

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Conflicts of interest
There are no conflicts of interest declared by the authors.

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