

“A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING HOME MANAGEMENT OF MINOR AILMENTS IN PREGNANCY AMONG RURAL & URBAN WOMEN IN SELECTED AREAS AT KANPUR DISTRICT”.

Prof. Syed Sumiya H.o.D of FON, Rama College of Nursing, Rama University, Kanpur

Mailid-sumiyashaik01@gmail.com

contact no.8328365323

ABSTRACT

A comparison study to evaluate rural and urban pregnant women's attitudes and knowledge about managing mild illnesses at home in specific areas. Heartburns and acidity are common. Antacid syrups or tablets, as well as avoiding greasy and oily foods, can help prevent it. Back pain can be alleviated by relaxing the pelvic joints. Poor posture and high-heeled shoes that exacerbate lumbar lordosis are common causes of back discomfort. One of the most prevalent conditions during pregnancy is constipation. Constipation is caused by decreased physical activity, pressure from the larger uterus on the gut, and atonicity of the gut as a result of progesterone. Excess fluid retention is the cause of ankle edema. There is no need for treatment. It goes away when you get enough sleep and raise your limbs a little. The study employed a quantitative research design and a non-probability convenient sampling technique among 60 samples, comprising 30 pregnant women from rural areas and 30 pregnant women from urban areas in, according to the inclusion and exclusion criteria. A tool comprising socio demographic characteristics, a 30-item knowledge questionnaire, and a 20-item attitude scale were used to gather data. The study included 60 pregnant women in total, and informed consent was acquired. Information shared was guaranteed to be kept private. The study's goal was described. Descriptive and inferential statistical methods (such as frequency and percentage mean, standard deviation, Z-test, and chi-square) were used to examine and interpret the data.

Key Words: Comparative, Rural, Urban, Minor ailments

INTRODUCTION:

A woman's body undergoes numerous changes during her pregnancy due to hormonal influences and adaptation to the gestational process. As a result, individuals suffer from a range of physiological and psychological symptoms, including anxiety, heartburn, nausea, vomiting, backache, and giddiness. These are referred to as minor

pregnant discomforts or illnesses. According to Ghosh (1987), an average Indian woman is thought to fall pregnant eight times and give birth to six to seven children, of which four to five survive. She appears to spend eighty percent of her reproductive life in pregnancy and breastfeeding since she is nursing the infants in between.

Pregnant women also contribute to the health of their families by seeking assistance during their pregnancies and heeding the advice of skilled professionals to treat or overcome these minor pregnancy-related illnesses. For mild pregnancy illnesses, the majority of pregnant moms turn to home remedies in the hopes that they will go away before the end of the pregnancy.

STATEMENT OF THE PROBLEM

"A comparative study to evaluate rural and urban women's knowledge and attitudes regarding home management of minor ailments during pregnancy in specific areas at Kanpur District.

OBJECTIVES:

1. To determine how well-informed women are about managing minor pregnancy ailments at home.
2. To evaluate women's attitudes about managing minor pregnancy-related illnesses at home.
3. To compare the attitudes and knowledge of prenatal women in rural and urban areas about treating mild illnesses at home during pregnancy.
4. To determine the relationship between prenatal women's knowledge and attitudes

about managing minor illnesses at home in pregnancy demographics.

HYPOTHESES: -

H1: There is a significant difference in the level knowledge of rural and urban women regarding home management of minor ailments.

H2: There is a significant difference in the attitude of rural and urban women regarding minor ailments in pregnancy and home management.

H3: There is a statistically significant association between the knowledge and attitude scores of women and the socio demographic variables.

METHODOLOGY: -

According to the inclusion and exclusion criteria, 60 samples—30 prenatal mothers from rural areas and 30 prenatal women from urban areas—were selected for the study using a quantitative research design and a non-probability convenient sampling technique. A tool comprising socio demographic characteristics, a 30-item knowledge questionnaire, and a 20-item attitude scale were used to gather data. The study included 60 pregnant women in total, and informed consent was acquired. Information shared was guaranteed to be

kept private. The study's goal was described. Descriptive and inferential statistical methods (such as frequency and percentage mean, Z-test, and chi-square) were used to examine and interpret the data.

Results:

1. Pregnant women's attitudes in rural and urban areas on the treatment of minor illnesses at home.

The frequency and percentage distribution of pregnant women's attitudes on minor illnesses and household management. Out of 30 prenatal women in urban areas, 4 (13.32%) had unfavourable, 9 (30%) had less favourable, and 17 (56.66%) had favourable. Three (10%) of the ladies had an unfavourable attitude toward rural areas, six (20%) had a fairly positive attitude, and twenty-one (70%) had a pleasant attitude.

To compare prenatal women's attitudes and knowledge about minor illnesses during pregnancy and at-home care in rural and urban areas.

In metropolitan regions, the average attitude is 43.23, with a standard deviation of 2.15; in rural areas, it is 34.56, with a standard deviation of 2.55.

There is a correlation between socio demographic factors and the degree of

knowledge and attitude about house management.

The rural attitude score is significantly correlated with socio demographic factors including income, education level, and religion, but not with other socio demographic factors.

The findings demonstrate the frequency and percentage distribution of prenatal women's attitudes on minor illnesses and household management. Out of thirty prenatal women in metropolitan areas, four (13.32%) had unfavourable outcomes, nine (30%) had less favourable outcomes, and seventeen (56.66%) had positive outcomes. Three (10%) women had an unfavourable attitude toward rural areas, six (20%) had a fairly positive attitude, and twenty-one (70%) had a pleasant attitude.

CONCLUSION: The study was successful in evaluating rural and urban women's knowledge and attitudes regarding minor illnesses and how to manage pregnancy at home.

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