KNOWLEDGE OF PRIMIGRAVIDA WOMEN ON BREAST CHANGES DURING PREGNANCY A COMMUNITY BASED SURVEY

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Abstract

Purpose:To assess the knowledge of primigravida women attending ruralhealth centers andselected hospital regarding the breast changes that they experience during pregnancy.

Study design: A descriptive design was used in this study to identify the knowledge of the primigravida women about physiologic breast changes in the pregnancy.

Method:A non-probabilitypurposive sampling technique was used to select samples. The data was obtained using Demographic proformaand Knowledge Questionnaire on breast changes.

Results:The descriptive statistics showed that183 (89.7%) of primigravida women had poor knowledge regarding the breast changes during pregnancy and only 21 (10.3%) had good knowledge.

Clinical implications: As a clinical implicate nurses may adopt the role ofeducators in influencing the knowledge of primigravida women regarding pregnancy and changes during pregnancy. She can make women aware about the importance of antenatal care for the woman and child during pregnancy.

Key words: Primigravida, knowledge, breast changes.

Introduction

Pregnancy is a time of life-changing events. The process of adapting to pregnancy and the resulting life changes is often difficult .The physical changes of pregnancy occurring in virtually every body system are well-known and quickly apparent. Early changes include amenorrhea, breast enlargement and tenderness, nausea and vomiting, urinary frequency and fatigue. These changes generally expose women to a significant amount of stress. Many mothers may also experience unnecessary distress and anxiety simply because they did not anticipate or did not know about the normal physical, psychological and hormonal upheavals that are integral to the childbearing process. Women sometimes may start experiencing different emotional responses of anxiety, depression and uncertainty due

Annual Worldwide Nursing Conference (WNC 2013) Copyright © GSTF 2013 ISSN: 2315-4330 doi: 10.5176/2315-4330 WNC13.27 to these changes because lack of knowledge about them. $^{\rm 1}$

An estimated 200 million women worldwide want to delay or avoid pregnancy due to fear of pregnancy, problems faced during pregnancy and pain during delivery.²

A study was conducted by the High Institute of Public Health Alexendra University to assess the knowledge, attitudes and practices of expectant mothers in relation to antenatal care in Assiut governorate. A total of 50 women were interviewed regarding individual features of women, their family features, previous obstetrical history, their acceptance of pregnancy, their knowledge, attitudes and practices in relation to ante-natal care. The findings revealed that one quarter of the study sample (25.5%) lacked basic and essential knowledge about antenatal care and a majority of older women (88.2%) were more likely to have poor knowledge in relation to ante-natal care. Only 17.5% knew the significance of a well-balanced diet during pregnancy and only 18% understood the objectives of breast care during pregnancy.3

A community based cross-sectional study was conducted by Hailu, Gebremariam and Alemseged to assess the knowledge about physiological changes and obstetric danger signs among pregnant women in AletaWondo District, Sidama zone, Southern Ethopia .Data was collected by using structured knowledge questionnaire from 743 pregnant women. The findings of the study showed that 146 (19.65%) of women had knowledge about physiological changes. A total of 226 (30.4%), 305(41.3%) and 279(37.7%) knew at least two danger signs during pregnancy, childbirth and postpartum period, respectively. The study also identified that the knowledge level of pregnant women was low and affected by residential area. Therefore, the identified deficiencies in awareness should be addressed through maternal and child health services by designing appropriate strategies including provision of targeted information, education and communication.⁴

Methods

A survey approach was adopted for the study. The data was collected from the primigravida women attending outpatient department ofrural health centre of Alevoor, Malpe, Padubidri, Kapu, Katpadi and Dr.TMAPai Rotary Hospital, Karkala by purposive sampling. Sample was calculated based on the pilot study and was 204 primigravida women.

Prior permission was taken from the administrative heads after explaining the nature and objectives of the study. Study was conducted from 22nd December to 4th February, 2012.The purpose of the study was explained to the women and informed written consent was obtained from each of them and they were assured about confidentiality of their responses.

Data was collected by two data collection instruments prepared by the researcher which were Demographic Profoma and Knowledge Questionnaire on breast changes.

Results

Sample Characteristics

Majority of primigravida women132 (64.70 %) belonged to the age groupof 18-24 years and 105 (51.5%) women belonged to Hindu religion, 80 (39.2%) had attended high school. Majority of the women 92 (45.1%) were unemployed and 104 (51.0%) belonged to joint family and majority of them 77 (37.7%) had family income between Rs.3001-Rs.6000 and Rs.6001-Rs.10, 000. Most of the women 73 (35.8%) were receiving information from health personnels regarding the breast changes during pregnancy.

Table 1: Frequency and distribution of samplecharacteristics.

Sample Characteristics	f	%			
Age in years:					
18-24	132	64.7			
25-31	132	30.9			
25-31	09	04.4			
Religion:					
Hindu	105	51.5			
Muslim	81	39.7			
Christian	16	07.8			
Others	02	01			
Education:					
Illiterate	05	02.5			
Primary education	05	02.5			
Middle school	22	10.8			
High school	80	39.2			
Intermediate	58	28.4			
Graduate	31	15.2			
P. Graduate	03	01.5			
Occupation:					
Unemployed	92	45.1			
Domestic servant	33	16.2			
Semi-skilled worker	47	23.0			
Skilled worker	20	09.8			
Clerical job	10	04.9			
High administrative job	02	01.0			
Type of family:					
Nuclear	77	37.7			
Joint	104	51.0			

Extended	23	11.3							
Monthly income (in									
rupees):									
<3000	23	11.3							
3001-6000	77	37.7							
6001-10,000	77	37.7							
>10,000	26	12.7							
Source of information on									
breast changes in									
pregnancy:									
Health personnel	73	35.8							
Newspaper, magazine	67	32.8							
Relatives, neighbours	53	26							
T.V, radio	09	04.4							
Others	01	00.5							

Description of knowledge scores of primigravida women regarding breast changes during pregnancy

The majority of the primigravida women i.e. 183 (89.7%) had poor knowledge regarding the breast changes during pregnancy and only 21 (10.3%) had good knowledge.

The mean score and standard deviation of knowledge scores of the primigravidawomen was found to be 6.76 and 2.864 respectively. The maximum score obtained was 21 and minimum 0.



Figure 1: Bar chart representing the percentage of knowledge scores of primigravida women.

Description of knowledge scores of primigravida women regarding breast changes during pregnancy.

Majority of the primigravida women 183 (89.7%)had poor knowledge regarding the breast changes during pregnancy and only 21 (10.3%) had good knowledge.

Association between knowledge scores and selected variables.

The chi-square values were computed between knowledge scores and selected variables like age, religion, type of family, education, occupation, exposure to mass media and income of family. It showed that type of family had significant association with the knowledge ($\gamma 2=02$, p<0.05) of mother regarding the breast changes taking place during pregnancy. But there was no significant association between knowledge and selected variables like age $(\chi^2 = 1.237, p > 0.05)$, religion ($\chi^2 = 1.864, p > 0.05$), education ($\chi 2= 5.368$, p >0.05), occupation ($\chi 2=$ 8.297, p >0.05), exposure to mass media ($\chi 2= 9.505$, p > 0.05) and income of family ($\chi 2 = 1.954$, p > 0.05). Thus, it is interpreted that women who belonged to joint family has effect on women's knowledge score, which may be due to interaction with other family members, support from the family members.

Table 2: Chi square values computed between knowledge scores and selected variables. n=204		Nuclear	73	04	8.38	2	0.015*				
		Joint	93	11							
11-204				Extended	17	16					
Selected	Know	ledge		df	р	Monthly					
variables	Sco	Scores χ2		(2	value	income (in					
	Poor					rupees):					
	Go	od				<3000	21	02	1.95	3	0.646
Age in years:						3001-6000	69	08			
18-24	117	115	1.23	2	0.539	6001-10,000	67	10			
25-31	57	06				>10,000	25	01			
32-38	09	0				Source of					
Religion:						information					
Hindu	96	09	1.86	3	0.572	for breast					
Muslim	72	09				changes in					
Christian	13	03				pregnancy:					
Others	02	0				Health					
Education:						personnel	69	04	9.50	4	0.197
Illiterate	09	01	5.36	6	0.458	Newspaper,	61	06			
Primary edu.	05	0				magazine					
Middle school	21	01				Relatives,					
High school						neighbors	42	11			
Intermediate	69	11				T.V, radio	09	0			
Graduate	54	04				Others	01	0			
Post graduate	28	03				*significant at	t p<0.05	5			
	01	01				0	•				
Occupation:							Dis	cussi	on		
Unemployed	81	11	8.297	5	0.130	17 1 1 1	C			4	1
Domestic	31	02				Knowledge of antenatal women towards physiological changes in pregnancy:					
servant						The present stu	idy reve	aled th	nat only	21 (10.3 %)
Semi-skilled	44	03				primigravida we	omen ha	d good	l knowle	dge o	on breast
worker	10					women 183(89.7%) had poor knowledge. This					
Skilled worker	16	04				indicates that the	indicates that the primigravida women were unaware				
Clerical job						This is	support	ted by	WHO fi	nding	s which
Administrative	10	0				state that in de	state that in developing countries only 20% have				
job	1	1				during pregnat	during pregnancy. The present study is also				is also
Type of						supported by	study	conduc	ted by	MiS	book to
family:						pregnancy and antenatal self- care behaviour among primigravida women in Korea. This study revealed					

that the average score related to maternity knowledge was 10.91 (54.55 percent, SD 4.59) and the average score in antenatal self-care behaviour range was 63.81 (SD 9.98). The relationship of the total score between antenatal self-care behaviour and maternity related knowledge was found to be r = .37 (P=.0001).The researcher concluded that it is difficultfor primigravida to adjust with the change of being pregnant, and they also had insufficient knowledge of pregnancy.⁵

A study conducted in Alexandria on 50 women to assess knowledge, attitude and practices of expectant mothers in relation to ante-natal care and to find out factors affecting their knowledge, attitude and practices. The findings revealed that most of the primigravida women (88.2%) were more likely to have poor knowledge in relation to ante-natal care compared to 11.8% of women whose gravidity was less than.5.26

Association of variables with knowledge:

The present study found no significant association between knowledge and religion, (χ^2 = 29.436, p >0.05), education, ($\chi 2= 11.425$, p>0.05) and source of information, ($\chi 2= 8.205, p > 0.05$) which are contradictory to the findings of qualitative field research done by Behruzto explore the Japanese pregnancy experience in different religions and the obstacles and facilitators encountered among 44individuals and nine institutions . Data was collected through observation, field notes, and focus groups, informal and semi-structured interviews. The barriers and facilitators were categorized into four main groups: rules and strategies, physical structure, contingency factors, and individual factors. The most important barriers identified were education, source of information and lack of support of a birth companion. The main facilitators were women's own cultural values and beliefs.⁶

Conclusion

Majority of the samples did not have information about breast changes during pregnancy.

Thus, the primigravida women should be given knowledge about these changes whenever they visit the antenatal clinic.

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