

Women Perception Regarding Health Promotion during Pregnancy at Soba University Hospital in Khartoum State Sudan- 2013

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Abstract: Pregnancy is a powerful and complex time in a woman's life. Health promotion refers to promotive, preventive curative and rehabilitative health care of mother and children, which include concept of health promotion, healthy life style, self-care measure and traditional practices, as base line data. Objective, to study pregnant women perception regarding health promotion during pregnancy. Methods: Descriptive hospital based study was done in primary health center soba university hospital, Khartoum locality, 130 pregnant women were recruited randomly in the study. Data were obtained from participant by structured interview designed for the study regard health promotion. The data were entered, cleaned, coded and analyzed using SPSS version 20 .Results: revealed that pregnant women perception regarding health promotion was 51.6%, general knowledge of pregnant women regard concept of health promotion was 33.3 %. 58.5% their knowledge regarding health life style, 40.6% their knowledge regarding self-care measure and 43% of the participant had false believes. There is no association between women education level, number of pregnancies and their perception regarding health promotion. **Conclusion:** Women's perception regarding health promotion during pregnancy is not reasonable; however, relatively less than half have certain believes.

Key words: *Traditional Practice, life style, self-care*

1. Introduction

Health promotion (HP), according to WHO, is the process of enabling people to increase control over and improve their health. [1] HP approaches, include: preventive, behavior change, educational and social change. [2] Health Promotion plays a significant role during pregnancy for the health of the mother and children. [3] Safe motherhood begins before conception with Good nutrition, weight gain and healthy lifestyle.[4],[5],[6] Folic acid helps to regulate red Blood cell, and vitaminC enhance the absorption of Iron and folic acid.[7],[8] Self care during pregnancy is required such as: Bathing and Breast care.[9],[10] Oral health plays a crucial role in the health and well-being of pregnant

women.[11] Smoking linked with intrauterine growth retardation, preterm labor and an increased in the prenatal mortality rate.[12] Exercise: facilitate Muscle strengthening decrease weight gain,relief back pain enhance circulation and improve psychological adjustment and correlated with control of urine flow. [13], [14], [15] during pregnancy physiological changes occur in every body system, so women perception about HP is needed. Very little is known about Women Perception regarding HP during Pregnancy in Sudan.This Study aim to determine pregnant women perception regarding health promotion during pregnancy.

2. Methods

A descriptive cross-sectional hospital-based study at Soba university primary health centre, was conducted. 130 pregnant women attended to the antenatal clinic randomly recruited, data was collected by structured face-to-face interview, which includes demographic data, knowledge about (concept and aim of HP, self-care, personal hygiene, breast care, oral health, life style as exercise, sleep and rest, smoking, and general use of tonics and herbal supplements). Data was analysed by SPSS (20). Consent was obtained from each pregnant woman who agrees to participate in the study.

3. Results

One hundred thirty respondents participated in this study. Half of the participants, their age ranged between 21-30 years. Education level of the participants, secondary school and university (34.6% and 37.7% respectively). The maternal-obstetrics characteristics of respondents are as follows, Fifth percentage of women 22 were primiparous and 108 were experienced more deliveries (97 multiparous and 11 grand multiparous) [Table 1]. Knowledge of the participants regarding HP was (51.6%) mainly (include concept and aims of health promotion, healthy life style, self-care measure include traditional practices). Women knowledge regarding concept and aims of health promotion were (33.3%) [Table 2]. Women knowledge regarding healthy life style was (58.5%) [Table 3]. Women knowledge regarding self care (40.6%) [Table 4]. Herbal used by (66.9%) for treatment of dental pain, more than (30%) of respondents have wrong beliefs (Not attended regular to antenatal care because their previous pregnancies were normal, not practices exercise so as not to lose their babies and increase nutrition amount in take to increase their weight and deliver health babies (32.3, 30.8 and 42.3 respectively) [Table 5]. Folic acid used by half of them while ferrous sulfate used only by (35%) of respondents [Table 6].

4. Discussion

Knowledge of the participants regarding health promotion (HP) mainly (include concept and aims of health promotion, healthy life style, self-care measure include traditional practices). Revealed that pregnant women perception regarding health promotion was 51.6%, Women knowledge regarding concept and aims of health promotion were 33.3%. In this study women knowledge regarding life style was 58.5% which is less than what mentioned in the previous study of standardized health promoting lifestyles during pregnancy in USA 66.8% [6]. Safe motherhood begins before conception with Good nutrition but in this study

about one third of participants 36% knew about nutrition as in other study, many women were also not aware of the dietary changes required in pregnancy [4]. Women knowledge regarding daily necessary rest was 50% which is less than what found in the study health education needs for pregnancy 81.9% [16]. Exercise encouraged in pregnancy knew by more than 60% of the participants which is consistent with Saudi study [16].

Smoking: include negative smoking: can be response to women's stress and it is linked with intrauterine growth retardation, preterm labor and an increased in the prenatal mortality rate [12]. In this study less than half of the study population were aware of the consequences of smoking 45.5% and, opposite to those responded affirmatively to the possible harmful influence of smoking during pregnancy 99.3% [16]. Women knowledge regarding self care was 40.6% this knowledge consistent with study which stated that, more than half of the women reported activities about self care to keep healthy that included walking or jogging, 48 changed their diets, 25 reported working out, exercising, and/or mediating. [17].

In this study Folic acid used by half of women 53.8% which is more than what in the study that found, 20.3% of the respondents took folic acid [18]. Low haemoglobin concentrations indicative of moderate or severe anaemia during pregnancy have been associated with an increased risk of premature delivery, maternal and child mortality, and infectious diseases. [19]. In this study ferrous sulfate used by only 35% of respondents, but as WHO stated Iron: 30–60 mg of elemental iron and Folic acid: 400 µg (0.4 mg) must be taken throughout pregnancy for prevention and risk reduction to anemia during pregnancy [20], [21]. Herbal used by 66.9% for treatment of dental pain compare to other study which found 20% used herbal medicine concomitantly with Western medicine for the same illness/condition. Women used herbal medicine for back pain, toothache, indigestion and infectious diseases, such as respiratory tract infections and malaria [22]. And in other study Over one third of the pregnant women stated that they had used herbal remedies during their pregnancy for different reasons [23], [24]. In this study, more than 30% of respondents have wrong beliefs, these results are similar to those found in Nepal where (28.5%) of the respondents had cultural beliefs that would hinder them from seeking medical care if they developed a pregnancy danger sign, Good nutrition during pregnancy is one of the most significant components affecting both the health of the mother and the health and development of the fetus [25]. Poor quality diets during pregnancy have been found to be associated with maternal excess weight gain, pre-eclampsia, preterm birth or even [26]. But in this study (42.3%) of the respondent believe that, increase nutrition amount in take is recommended to increase their weight and deliver health babies.

Table 1: Demographic data

n=130

Item	Result	Percent%
Age		
≤ 20	15	11.5
21 -30	66	50.7
31- 40	38	29.2
≥41	11	8.5
Education level		
Illiterate	1	.8
Khalwa	11	8.4
Primary level	24	18.5
Secondary level	45	34.6
University level	49	37.7
Obstetric Information		
Gravity		
Primigravida	22	16.9
Multi gravida	97	74.6
Grand multigravida	11	8.5

Table 2: Knowledge of pregnant women regarding concept and aim of health maintenance during pregnancy

n=130

Concept and aim of health promotion during pregnancy	Correct answer (Frequencies)	Percent %
To maintain health during pregnancy	50	38.5
To avoid complication	30	23
To deliver healthy new born	50	38.5
Concept of health promotion	43	33.3
Mean		33.3

Table 3: knowledge of pregnant women regarding life style during pregnancy

n =130

Items	Correct answer (Frequencies)	Correct Percent %
knowledge of pregnant women regarding sleeping	65	50
knowledge of pregnant women regarding travelling	66	50.7
knowledge of pregnant women regarding maternity garment and ideal shoes	85	65.4
knowledge of pregnant women regarding exercise	90	69.2
knowledge of pregnant women regarding drugs	66	51
knowledge of pregnant women regarding nutrition	47	36.2
Exposure to sun light	130	100
Smoking include negative exposure or passive maternal smoking and its effect on the mother and fetal health	59	45.4
Mean		58.5

Table 4: knowledge of pregnant women regarding self care during pregnancy n=130

Items	Correct answer (Frequencies)	Percent %
General hygiene ,bathing and perenial care	59	45.4
Breast care	56	43
Dental care	43	33.3
Mean		40.6

Table 5: Pregnant women belives during pregnancy n=130

Items	Correct answer (Frequencies)	Correct Percent %
Not follow regular antenatal because their previous pregnancies were normal	42	32.3
Not practice exercise so as not to lose the baby	40	30.8
Herbal used for treatment of dental pain	87	66.9
Increase nutrition in take to increase weight and deliver health baby	55	42.3
Mean		43

Table 6 Pregnant women experience regarding tonic used during pregnancy n=130

Items	Correct answer (Frequencies)	Correct Percent %
Folic acid	70	53.8
Ferrous sulfate	18	35
Multivitamins	10	12.5
Mean		33.8

There is no correlation between pregnant women number of pregnancies, level of education and women knowledge regarding health promotion

References

[1] Ottawa, 1986. Charter for Health Promotion. WHO, Geneva,
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

[2] Jennie Naidoo , Jane Wills. Health promotion, introduction, second edition, Palgrave Macmillan 2008.
www.palgrave.com/page/.../health-studies-jennie-nai..

[3] -Jitendar, vaj.2008. community health nursing, introduction, second edition .

[4] Williamson,CS.2006 Nutrition in pregnancy. Nutrition Bulletin . 31(1): 28-59.

[5] Olafsdottir, A. S., Skuladottir, G. V., Thorsdottir, I., Huauksson, A., & Steingrimsdottir, I.2006. Maternal diet in early and late pregnancy in relation to weight gain. International Journal of Obesity.30: 492-499.

[6] Lin,YH.,Tsai, EM T., Chan,TF.,Chou,FH., Lin,YL. .2009. Health Promoting Lifestyles and Related Factors in Pregnant Women. Chang Gung Med J, 2(5):441-455.

[7] Susan, Scott. 2009.Matnaty and child health nursing, Folic acid during pregnancy, Second Edition. Wolters Kluwer.

[8] Petrini, J. R., Hamner, H. C., Flores, A. L., & Mulinare, J.2007. Use of supplements containing folic acid among women of childbearing age—United States ,MMWR. 57, 5-7.

[9] Adele Pillitteri. 2010.Maternal and Child Health Nursing. Lippincott.
<https://books.google.com/books?isbn=1582559996>

[10] Teresas, Johnson.2007 Breast care during pregnancy, seven edition .philadelphia. 29:11o3-1133

[11] Kumar J, Samuelson R, eds.2006. Oral health care during pregnancy and early childhood: practice guidelines. New York, NY: New York State Department of Health.

- [12] Roth LK, Taylor HS.2001. Risks of smoking to reproductive health: assessment of women's knowledge. *Am J Obstet Gynecol.*184:934–9. [[PubMed](#)]
- [13] Wolfe,L.A. and Davies,G.A.L. 2003. “Canadian guidelines for exercise in pregnancy,” *Clinical Obstetrics and Gynecology.* 46(2): 488–495.
- [14] Wadsworth. 2007. “The benefits of exercise in pregnancy,” *Journal for Nurse Practitioner.* 3(5): 33–339.
- [15] Clarke.PE and Gross.H. 2004. “Women's behaviour, beliefs and information sources about physical exercise in pregnancy,” *Midwifery.* 20(2): 133–141. www.ncbi.nlm.nih.gov/pubmed/15177856 .
- [16] -[Parveen Rasheed](#), and [Latifa S. Al-Sowielem](#).2003. **Health Education Needs For Pregnancy: A Study Among Women Attending Primary Health Centers.** *J Family Community Med.*10(1): 31–38. PMID: PMC3425755 www.ncbi.nlm.nih.gov/pmc/articles/PMC3425755/
- [17] Hawkins JW1, Aber CS.1998. Cannan A, Coppinger CM, Rafferty KO. Women's reported self-care behaviors during pregnancy.19(6):529-38. www.ncbi.nlm.nih.gov/.
- [18] Bener A1, Al Maadid MG, Al-Bast DA, Al-Marri S. 2006.Maternal knowledge, attitude and practice on folic acid intake among Arabian Qatari women. 21(1):21-5. <http://www.ncbi.nlm.nih.gov/pubmed/16112540>.
- [19] International Anemia Consultative Group. Report of the 2001 International Anemia Consultative Group Symposium. Why is iron important and what to do about it: a new perspective. Washington,DC, INACG Secretariat,1–50.
- [20] WHO.2011.Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity. Vitamin and Mineral Nutrition Information System. Geneva, (WHO/NMH/NHD/MNM/11.1; <http://www.who.int/vmnis/indicators/haemoglobin.pdf>, accessed 1 December 2012).
- [21] WHO.2012. handbook for guideline development. Geneva, World Health Organization, 2012 (http://apps.who.int/iris/bitstream/10665/75146/1/9789241548441_eng.pdf, accessed 1 December 2012).
- [22] Mothupi MC.2014. Use of herbal medicine during pregnancy among women with access to public healthcare in Nairobi, Kenya: a cross-sectional survey. *BMC Complement Altern Med.*14:432. doi: 10.1186/1472-6882-14-432. <http://www.ncbi.nlm.nih.gov/pubmed/25370478>.
- [23] -A. E. Olowokere, O. Olajide 2013.Women’s perception of safety and utilization of herbal remedies during pregnancy in a local government area in Nigeria *Clinical Nursing Studies.* (4).www.sciedupress.com/cns DOI: 10.5430/cns.v1n4p9 URL: <http://dx.doi.org/10.5430/cns.v1n4p9>
- [24] Fakeye ,TO.2013. Adisa R, Ismail ME. Attitude and use of herbal medicines among pregnant women in Nigeria. *BMC Complementary and Alternative Medicine.*9: 53. Available from <http://www.biomedcentral.com/content/pdf/1472-6882-9-53.pdf>
- [25] B. S. Nambala, C. Ngoma.2013.Knowledge and Perception of Women Towards Danger Signs in Pregnancy in Choma Rural District, Zambia,*Medical Journal of Zambia.* 40 (2) .
- [26] Saravanan P, Yajnik C.2010. Role of maternal vitamin B12 on the metabolic health of the offspring: a contributor to the diabetes epidemic?. *The British Journal of Diabetes and Vascular Disease.* 10 (3):109-114.