



RESEARCH ARTICLE

Assessment of Minor Disorders among Pregnant Women Attending Malafandi Primary Health-Care Center/Erbil-City

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ABSTRACT

Minor disorders are the discomforts associated with the pregnancy such as nausea, vomiting, backache, heart burn constipation, varicose vein, hemorrhoids, frequency of urination, fatigue, and leg cramps. Many women experience some minor disorders during pregnancy; these discomforts should be adequate as they may occur due to hormonal changes and postural changes. The aim of this study was to assess minor disorder among pregnant women. A descriptive study was conducted in Malafandi Primary Health-Care Center, from December 2020 to January 2021, 100 pregnant women were taken, and the data were collected by direct interview. The highest percentage of them with 25–34 years old graduated from high school with middle economic status. All of them had minor disorders nausea and vomiting, backache, heartburn, leg cramps, varicose veins, and hemorrhoids: Fatigue, frequency of urination, constipation, and loss of appetite. There is a statistically significant association between age group with nausea and vomiting, and hemorrhoids ($P \leq 0.001$ and 0.002 , respectively). The findings of this study indicated that the most common minor disorder in pregnancy came from fatigue, while the lowest came from constipation.

Keywords: Hormonal change, minor discomforts, minor disorders, pregnancy, primary health-care center

INTRODUCTION

Minor disorders are the discomforts associated with the pregnancy such as nausea, vomiting, backache, heart burn, constipation, varicose vein, hemorrhoids, frequency of urination, fatigue, and leg cramps. Many women experience some minor disorder during pregnancy these discomforts should be adequate as they may occur due to hormonal changes and postural changes.^[1] Nausea and vomiting during pregnancy known as “morning sickness” affects approximately 80% of pregnant women, nausea, and vomiting a common minor disorder in 1st trimester of pregnancy that the cause is unknown but sometimes due to an increase of human chorionic gonadotrophin and estrogens. Backache is cause by the relaxation of the pelvic joint and faulty posture. Constipation causes of growing uterus create pressure vertebrectomy. Veins are causes of action of progesterone on the blood vessels causing relaxation, making them more circular with sluggish blood flow. Fatigue is cause by the increase release of hormones and adds of the fetus. Heartburn caused by the regurgitation of acid gastric content into esophagus. Frequency of urination causing extra weight and pressure of baby pressing on the bladder and pelvic floor also causes incontinence. Hemorrhoids cause of pressure the gravid uterus, and a tendency to constipation.^[2] Understanding the common disorder of pregnancy to advise the women on strategies that help to cope with the condition

and minimize the effects she experiences. The severity and occurrence of minor discomfort differ from mother to mother and other factors, including maternal age and parity.^[3] The National Institute for Care and Health Excellence report in 2008 shows that minor discomforts are very common and are reported by 50–80% of pregnant women. Nausea occurs in 80–85% of all pregnancies during the first-trimester. A Clinical gastroenterology report in 2007 shows that heartburn occurs from 30% to 50% of pregnancies, with prevalence approaching 80% in some populations.^[4] This study is a benefit to benefit for pregnant women for their health protection and awareness of that disorder which has more effect on women and babies and it is important to find out the most common minor discomfort among pregnant women in Erbil city. The aim of the study

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was to assess minor disorders among pregnant women in Malafandi Primary Health-Care Center/Erbil-City.

MATERIALS AND METHODS

A cross-sectional descriptive study was conducted in Malafandi Primary Health-Care Center in Erbil City from December 2020 to January 2021 among 100 pregnant women who recurred by non-probability (purposive) method and were attending for antenatal care unit or medical check-up during pregnancy in Malafandi Primary Health-Care Center. Data were collected using questionnaire by interview technique with pregnant women in the antenatal care unit. Pregnant women were excluded from this study that has a specific chronic diseases like cardiovascular disease, psychiatric disease and having gestational diabetes mellitus, urinary tract infection, hypertension induce pregnancy, placenta previa, sever anemia, oligohydramnios, and polyhydramnios. Before starting the interview, permission was taken from pregnant women and clarifying the purpose of this study. The data were analyzed by SPSS version 23 using descriptive statistical analysis of frequency, percentage, mean and standard deviation, and inferential statistical analysis using Chi-square and Fisher's exact tests.^[14]

RESULTS

Table 1 shows that the majority within each age group among pregnant women were 25–34 years old which represented 41%, while the lowest age group was 35–44 years old which represented 19%. The highest percentages of educational level were graduated from high school, which represented 29%, while the lowest percentages of educational level were

Table 1: Sociodemographic characteristics of 100 the pregnant women

Sociodemographical data	F	%
Age group		
15–24	40	40
25–34	41	41
35–44	19	19
Education		
Illiterate	22	22
Primary school	24	24
High school	29	29
Institute	9	9
University	16	16
Occupation		
Housewife	82	82
Self-employee	11	11
Public-employee	7	7
Economical status		
High	9	9
Middle	86	86
Low	5	5
Total	100	100

graduated from an institute which represented 9%. The most percentage among occupational was housewife which given 82%, while the lowest percentage among occupational were public-employee which given 7%. Then, the majority of economic statuses were middle which represented 86%.

Table 2 indicated that the majority of the highest percentage within age groups of married 1–7 which represented 65%, while the lowest age of married were 16–23 which represented 12%. The majority of gravid women were 1 which represented 40%, while the lowest number of gravid women gravid was ≥ 5 which represented 21%. The majority of para were nullipara (a woman [or female animal] that has never given birth) which represented 46%, while the lowest

Table 2: Reproductive variable data of the 100 pregnant women

Age (years) of married	F	%
Age (years) of married		
1–7	65	65
8–15	23	23
16–23	12	12
Gravid of group		
1	40	40
2–4	39	39
≥ 5	21	21
Para of group		
Nullipara	46	46
Primiparous	20	20
Multiparous	28	28
Grand multipara	6	6
Abortion of group		
None	75	85
1–2	17	15
>2	8	8
Weight group		
43–62	31	31
63–82	48	48
>83	21	21
Trimester		
First trimester	32	32
Second trimester	45	45
Third trimester	23	23
Type of pregnancy		
Planned	34	34
Unplanned	66	66
Chronic disease		
None chronic disease	92	92
Hypertension	6	6
Diabetes mellitus	2	2
Total	100	100

of para were grand multiparous (a patient who has had ≥ 5 births (live or stillborn) at ≥ 20 weeks of gestation) which represented 6%. The majority of abortions were (none) which represented 75%, while the lowest of abortions were >2 which represented 8%. The majority of women's weights were 63–82 which represented 48%, while the lowest of women weight <83 which represented 21%. About 45% of the women were second trimester, while 23% of the women were the third trimester. The majority type of pregnancies was unplanned which represented 66%, while 34% of the women were planned. About 92% of the women have non-chronic disease, while 2% of the women have diabetes mellitus.

Table 3 demonstrate that all of the study sample had minor disorders as nausea and vomiting, backache, heart burn, leg cramps, varicose vein, hemorrhoid's, fatigue, frequency of urination, constipation, and loss of appetite. The highest percentage (96%) had fatigue and the lowest percentage (22%) had constipation.

Table 4 shows that was significant statistical association between age group and nausea and vomiting ($P \leq 0.001$). There is a statistically significant association between age group hemorrhoids ($P = 0.002$).

DISCUSSION

The highest age groups of women were between 25 and 34 years old, this finding agrees with a descriptive study done by Nazik and Eryilmaz.^[5] Agree with the of the development of a scale for pregnancy-related discomforts done by Shinkawa et al., in 2012.^[6] Agree with study of associations between nausea, vomiting, fatigue and health-related quality of life of women in theearly pregnancy: the generation R study Bai et al., 2016.^[7] And agree with a study entitled: Associations

between Nausea, Vomiting, Fatigue and Health-related Quality of Life of Women in Early Pregnancy: The Generation R study done by Bai et al. 2016 and along with other study done by Haider et al. under the title of Risk Factors of Urinary Tract Infection in Pregnancy^[8,9] and also agree with the study done by Yikar and Nazik running with the title of the "Effects of prenatal education on complaints during pregnancy and on quality of life" in 2019.^[10] Concerning educational level the heights percentages of educational level graduated from high school, while the lowest percentages of educational level were

Table 4: Association between age group and some of minor disorder

Minor pregnancy discomforts	Age group/years of pregnant woman						P-value
	15–24		25–34		35–44		
	F	%	F	%	F	%	
Nausea and vomiting							
Yes	28	58.3	18	37.5	2	4.2	<0.001
No	12	23.1	23	44.2	17	32.7	VHS
Backache							
Yes	33	39.8	36	43.4	14	16.9	0.397
No	7	41.2	5	29.4	5	29.4	NS
Heart burn							
Yes	9	27.3	15	45.5	9	27.3	0.135
No	31	46.3	26	38.8	10	14.9	NS
Leg cramps							
Yes	17	34	23	46	10	20	0.458
No	23	46	18	36	9	18	NS
Varicose vein							
Yes	7	25	12	42.9	9	32.1	0.056
No	33	45.8	29	40.3	10	13.9	NS
Hemorrhoids							
Yes	4	14.8	13	48.1	10	37	0.002
No	36	49.3	28	38.4	9	12.3	HS
Fatigue							
Yes	38	39.6	39	40.6	19	19.8	0.613
No	2	50	2	50	0	0	NS
Frequency of urination							
Yes	37	39.8	38	40.9	18	19.4	0.947
No	3	42.9	3	42.9	1	14.3	NS
Constipation							
Yes	6	27.3	11	50	5	22.7	0.386
No	34	43.6	30	38.5	14	17.9	NS
Anemia							
Yes	8	28.6	16	57.1	4	14.3	0.123
No	32	44.4	25	34.7	15	20.8	NS
Loss of appetite							
Yes	16	36.4	22	50	6	13.6	0.223
No	24	42.9	19	33.9	13	23.2	NS

Table 3: Assessment of the minor disorder during pregnancy

Minor disorders Items	Yes		No	
	F	%	F	%
1. Do you have nausea and vomiting?	48	48	52	52
2. Do you have backache?	83	83	17	17
3. Do you have heart burn?	33	33	67	67
4. Do you have leg cramps?	50	50	50	50
5. Do you have varicose veins?	28	28	72	72
6. Do you have hemorrhoids?	27	27	73	73
7. Do you have fatigue?	96	96	4	4
8. Do you have a frequency of urination?	93	93	7	7
9. Do you have constipation?	22	22	78	78
10. Do you have anemia?	28	28	72	72
11. Do you have loss of appetite?	44	44	56	56
12. Are you take any medication?	49	49	51	51
13. Have you ever smoked during pregnancy?	7	7	93	93
14. Have you had previous experiences about minor disorder of pregnancy?	60	60	40	40
Total	100	100	100	100

graduated from institute disagree with research associations between nausea, vomiting, fatigue, and health-related quality of life of women in the early pregnancy: the generation R study Bai *et al.*, 2016 who showed the most representative was graduated from the institute and college^[7] and in agreement with study done by Tshiana *et al.*^[12] The majority of the most percentage among occupational was housewife, while the lowest percentage among occupational were public-employee. Then, the majority of economical statuses were middle which disagree with the research, which were associations between nausea, vomiting, fatigue, and health-related quality of life of women in the early pregnancy: the generation R study Bai *et al.*, 2015^[7] and agrees with the study of nausea, vomiting, fatigue, and health-related quality of life of women in early pregnancy the generation R study done by Bai *et al.*, 2015.

^[8] The highest percentage within age groups of married were 1–7, while the lowest age of married were 16–23 this agree with study incidence of pregnancy-related discomforts and management approaches to relieve them among pregnant women, done by Nazik and Eryilmaz.^[5] The majority of gravid was 1, while the lowest of gravid were ≥ 5 , the majority of para were (nullipara), while the lowest para were (grand multiparaous). The majority of abortions were (none), while the lowest of abortions were > 2 . The majority of women's weight was 63–82, while the lowest of women weight > 83 these findings agree with the study incidence of pregnancy-related discomforts and management approaches to relieve them among pregnant women, done by Nazik and Eryilmaz.

^[5] The present study showed that less than half of the women were the second trimester, while others of the third trimester. The majority type of pregnancy was unplanned this agree with the study incidence of pregnancy-related discomforts and management approaches to relieve them among pregnant women, done by Nazik and Eryilmaz. The majority of the women do not have the chronic diseases.^[5] The highest percentage had fatigue and the lowest percentage had constipation. This finding agrees with descriptive study done by Nazik and Eryilmaz^[5] and agrees with the study of nausea, vomiting, fatigue, and health-related quality of life of women in early pregnancy: The generation R study done by Bai *et al.*, 2015 and agree with the study of Development of a scale for pregnancy-related discomforts done by Shinkawa *et al.*, 2012.^[6] The findings of the current study agreed with the study under the title "Associations between nausea, vomiting, fatigue and health-related quality of life of women in early Pregnancy: The Generation R study" done by Bai *et al.* 2016^[7] it is supported by the study done in 2020 entitled "Pregnant mother of trimester II and III pregnant to change physiological"^[11] and a randomized clinical trial study done by Poskus *et al.*, in 2022 under the title of "Preventing hemorrhoids during pregnancy: A multicenter, randomized clinical trial"^[13] The finding of the study showed no significant association between the age group and (fatigue, frequency of urination, constipation, anemia, loss of appetite, backache, heartburn, leg cramps, and varicose veins). The present study showed a significant association between age group and nausea, vomiting, and hemorrhoid's.^[8]

CONCLUSION

This study concluded that the majority of the study sample indicated that the most common minor disorder in pregnancy

came from fatigue while the lowest came from constipation and there is an association between age group and nausea and vomiting. There is a statistically significant association between age groups with nausea and vomiting and hemorrhoids pain.

RECOMMENDATION

This study recommended to encouraging the pregnant women to follow-up during pregnancy to prevent any complications any complication due to minor disorders to educate them about the minor disorders of pregnancy and their home self-management to help pregnant mothers to manage their minor disorders at home itself.

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