KNOWLEDGE AND PRACTICE REGARDING PHYSICAL ACTIVITIES DURING PREGNANCY AMONG PREGNANT MOTHERS ATTENDING ANTENATAL CLINICS IN THE COLOMBO SOUTH TEACHING HOSPITAL

W.S. N. Dep¹ and B.C.V. Senaratne ²

¹B Sc. Nursing Programme, Faculty Medical Sciences, University Sri Jayewardenepura ²Department of Community Health Medicine, Faculty of Medical Sciences,

University Sri Jayewardenepura

INTRODUCTION

The study aimed to:

Assess knowledge regarding physical activities done by pregnant women throughout their pregnancy period.

Identify types of physical activities practiced by pregnant women throughout their pregnancy period.

Identify factors affecting knowledge and practice of a pregnant mother.

Pregnancy is a physiological condition. However, there are a number of physiological and psychological changes that occur in pregnancy (Teixeira, et al., 2005). These physical changes lead to minor & major physical problems at several stages in the pregnancy period. Research conducted globally shows that most maternal morbidities and mortalities can be minimized by physical activities during pregnancy. A study shows that pregnant women are less active than non pregnant women and pregnancy leads to a decrease in physical activities (Evenson, et al., 2002). But pregnant women should have a proper knowledge regarding physical activities to be put into practice (Hegarad and Gross, 2000). Such engagements help to increase the stretching ability of their pelvic muscles that facilitates the labour process. This prevents unnecessary tears, haematomas, infections, reduces mental tension and prolonged hospitalization of both the mother and the baby (Brown, 1986). Brisk walking, regular breathing exercises and climbing steps (mild to moderate physical activities) are advisable to be practiced during pregnancy. Cycling, running, swimming and heavy lifting (strenuous physical activities) should be prevented (Juhl, et al., 2005).

METHODOLOGY

A descriptive cross sectional study was conducted using 210 pregnant mothers registered at Antenatal Clinics in the Colombo South Teaching Hospital. They were in various gestational periods, various educational levels, different parities & age spectrums. A systematic random sampling was done to pick pregnant mothers from the population. An interviewer administered questionnaire was used to collect data from the sample. Pregnant mothers who were unable to communicate either in English or Sinhalese were excluded. Data analyzing was done by using SPSS 16 version. Data collection proceeded after getting the ethical clearance from the Ethical Review Committee of Faculty of Medical Sciences and Colombo South Teaching Hospital.

RESULTS AND DISCUSSION

More than half of the study sample (55%) consisted of the age group of 25-31. 91% of pregnant mothers in the study sample had completed their secondary education (Table 1). Three quarters of the study sample were house wives. 63% of the study sample was in their third trimester. More than three quarters of mothers didn't have any morbidity conditions in their present gestation. More than half of the mothers (57%) were primi mothers.

¹ Mobile Number :O776841123, E mail address : shanikadep86@gmail.com

²Mobile Number: 0777879094, E mail address: cvsenaratne@gmail.com

Table 1. Distribution of knowledge of the study sample by their highest educational level. (n= 210)

Characteristics	Highest Educational Level of the Subject					
	Primary Education (N) (%)	Secondary Education (N) (%)	Tertiary Education (N) (%)	Total (N) (%)		
Good Knowledge (N)	0	23	3	26		
	0.0%	12.0%	37.5%	12.4%		
Moderate Knowledge (N)	4	107	4	115		
	36.4%	56.0%	50.0%	54.8%		
Poor Knowledge (N)	7	61	1	69		
	63.6%	31.9%	12.5%	32.9%		
Total (N)	11	191	8	210		
	100.0%	100.0%	100.0%	100.0%		

 $x^2 = 10.455$, df = 4, p < 0.033

88% of pregnant mothers who had a tertiary education had good to moderate knowledge. Of the pregnant mothers who had secondary education only 68% had good to moderate knowledge. $x^2 = 10.455$, df = 4, p < 0.033 .This indicates that the educational level of a pregnant mother influences knowledge of physical activities. The educational level of the husband also influence88% the knowledge of physical activity during the pregnancy period ($x^2 = 10.656$, df = 4, p < 0.031). However, age, profession, gestational period, parity and risk factors to pregnancy did not affect the knowledge regarding physical activities during pregnancy.

95% of pregnant mothers engaged in walking before and after pregnancy, while 5% who walked before pregnancy didn't walk after they became pregnant, $x^2 = 29.652$, df = 1, p < 0.000 (Table 2). This statistical significant indicates that brisk walking is the common physical activity done by pregnant women in every gestation stage. 95% of pregnant mothers engaged in doing house hold activities before pregnancy and 5% mothers who did house hold activities before, stopped these activities after becoming pregnant ($x^2 = 62.746$, df = 1, p < 0.000). This indicates that pregnant women continue doing physical activities after becoming pregnant. 70% of pregnant mothers did breathing exercises before & after they became pregnant while 30% who did breathing exercises before pregnancy stopped doing it after they became pregnant ($x^2 = 66.815$, df = 1, p < 0.000). This practice by pregnant mothers indicates that they have realized the benefits of doing deep breathing exercises .Swimming after pregnancy is discontinued by mothers who have done it earlier ($x^2 = 9.610$, df = 1, p < 0.02). The statistical significant between prolong standing before and after pregnancy shows that they are keen over the disadvantages of it ($x^2 = 29.470$, df = 1, p < 0.000). Women who drive before pregnancy stopped it after becoming pregnant ($x^2 = 58.314$, df = 1, p < 0.000). 79 % who did heavy lifting before pregnancy stopped it after they became pregnant. $x^2 = 31.380$, df = 1, p < 0.000. This is statistically significant. Whereas cycling, running, & dancing don't show any significance before or after pregnancy period.

85% of pregnant mothers scored highly in their interview (Table 3). All of them continued practicing physical activities even after pregnancy ($x^2 = 7.599$, df = 2, p < 0.022). This indicates knowledge regarding physical activities motivates them to practice it even after becoming pregnant.

Table 2. Distribution of walking in the study sample after they became pregnant by before pregnancy. (n=210)

Characteristics	Before Pregnand	cy-
	Walking	Total (N) (%)

		Yes (N) (%)	No (N) (%)	
After Pregnancy-	Yes (N)	193	3	196
Walking		95.1%	42.9%	93.3%
	No (N)	10	4	14
		4.9%	57.1%	6.7%
Total (N)		203	7	210
		100.0%	100.0%	100.0%

 $x^2 = 29.652$, df = 1, p < 0.000

Table 3. Distribution of continuing physical activities in study group by knowledge. (n=210)

Characteristics	Total Marks Scored for the Questionnaire			
Continue Physical activities	Good Knowledge (N) (%)	Moderate Knowledge (N) (%)	Poor Knowledge (N) (%)	Total (N) (%)
Yes (N)	22	77	38	137
	84.6%	67.0%	55.1%	65.2%
No (N)	4	38	31	73
	15.4%	33.0%	44.9%	34.8%
Total (N)	26	115	69	210
	100.0%	100.0%	100.0%	100.0%

 $x^2 = 7.599$, df = 2, p < 0.022

CONCLUSIONS AND RECOMMENDATIONS

Teenagers, married couples and pregnant women should be educated on advantages and disadvantages of doing physical activities throughout the pregnancy period. Education regarding physical activities should be given to the couple to get better results.

Both (husband & wife) should be motivated to have brisk walks together. Couples should be motivated to do their house hold activities together.

REFERENCES

Brown, E. (1986). Women's behavior, beliefs and information sources about physical exercises in pregnancy. Midwifery, 20 (2), pp.133-141.

Evenson, E., Moos, M., Carrier K. and Siega-Riz, A.M. (2002). Perceived barriers to physical activity among pregnant women. Maternal & Child Health Journal, 13 (3), pp. 364-375.

Hegarad, E. and Gross, P. (2000). Impact of prescribed activity restriction during pregnancy on women & families. Health care for women International, 22(1), pp.530-536.

Juhl, M., Anderson, P.K., Olsen, J., Madson, M., Jorgensen, T., Nohr, E.A. and Anderson, A.N. (2007). Physical exercise during pregnancy and risk of preterm birth. American Journal of Epidemiology, 167(7), pp. 859-866.

Teixeira, J., Martin, D., Prendiville, O. and Glover, V. (2005). The effects of acute relaxation on indices of anxiety during pregnancy. Journal of Psychosomatic Obs & Gyn, 26(4),pp.271-276.

ACKNOWLEDGEMENT

I am grateful to my supervisor Dr. B.C.V. Senaratne for giving me advice and for the help he gave me to complete this project successfully.

My sincere thanks go to the Department Head of Community Medicine, Prof. S. Sivayogum and the Senior Lecturer of Community Medicine Department, Dr. W.A.A Wijeyasiri for giving me guidance in writing the final report of the study.

I would like to acknowledge Ms. S. Seneviratne the Coordinator of the B Sc. Nursing Programme for her help given to me at every step in my project.

The medical and non medical staff of the Colombo South Teaching Hospital.

I am fortunate to have very supportive parents, sister, and a group of batch maters & seniors who always encouraged me to make this project a success.