IP
INTER-PUBLISHING
www.inter-publishing.com

Self-Care Behaviors Concerning Minor Discomforts Management Between Primigravida And Multigravida During Pregnancy in Karbala City

Fatima Shamkhi Atiyah, Sajidah Saadoon Oleiwi*

University of Kerbala

*Correspondence: Sajidah.s@uokerbala.edu.iq

Abstract: The ability to perform self-care requirements or needs for maintaining health and well-being is referred to as self-care Behavior . The fast rising hormones during pregnancy alter the mother's body and may result in what are known as minor disorders. Pregnant women benefit from self-care behaviors regarding minor discomforts and practices during the prenatal period; therefore, women's knowledge and practices regarding self-care behavior are essential for protecting their health.

This study aimed to evaluate primigravida and multigravida women's self-care behavior concerning minor disorder management of pregnancy discomfort. By contrasting their concerning behavior regarding self-care with management of specific minor discomforts, ascertain the relationship between the reproductive and demographic characteristics of primigravid and multigravida women and their self-care behavior for managing particular minor discomforts.

The current investigation uses quantitative methods to conduct a descriptive study. A non-probability sample of 350 was used for three trimesters (127 primigravida and 223 multigravida). The primary healthcare facilities in Holy Karbala City served as the study's sites. As explained in the methods section, the questionnaire was designed with three sections. The questionnaire consists of ninety-five items. The information was gathered via the questionnaire. The Statistical Package for Social Sciences (SPSS) version 26 was utilized for data analysis and interpretation. The results showed that housewives, nuclear families, bachelor degree holders, and individuals in their 20s and 30s made up the majority of the study sample. The results of this study showed that self-care behaviors were moderate. The study's findings demonstrated that pregnant women also used moderate self-care behavior for minor discomforts. a statistically significant correlation between the level of education, occupation, and family type of pregnant women and their overall self-care behaviors, with p-values of.001,.002, and.004 respectively. Furthermore, there is a significant correlation (p-values =.001,.002,.008,.050, and.011, respectively) between the total self-care behaviors of pregnant women and their gravidity, number of abortions, parity, and length of marriage.

Keywords: Self-Care Behaviors, Pregnant Women, Minor Discomforts, Primigravida And Multigravida

Introduction

A woman's first pregnancy is a unique time in her life that is marked by quick changes in her physiology, psychology, and social interactions due to the effects of hormones and her body's adaptation to the gestational process (Thatal et al., 2020). Anatomical, physiological, and biochemical changes related to pregnancy are significant because the common discomforts experienced during pregnancy can be caused by the effects of pregnancy hormones or the physical changes associated with the gravid uterus (Medforth et al., 2019). Pregnancy is a unique experience that alters every aspect of a person's social, psychological, and

physical life. It is best to adjust to healthy changes in behavior during pregnancy (Kazemi and others, 2018). Pregnant women benefit from self-care and self-management of minor discomforts during the prenatal period; therefore, women's self-management practices are essential for protecting their health (Aziz & Maqsood, 2016). Pregnant women may experience psychological, social, and behavioral distress due to the necessary adjustment, particularly if their quality of life is low (Olutola & Adejuwon, 2020). The effects of the hormones progesterone and estrogen take precedence over these modifications (Khalil, 2019). The main goal of any pregnancy is to give birth to a healthy child. A lot of expectant mothers look to nurses to give them trustworthy information and kind advice. In order to provide appropriate care, nurses must take into account both the minor discomforts and the self-care behaviors that can help to lessen them (Nguyen et al., 2022). When it comes to providing proactive guidance that encourages women to take responsibility for their own self-care, nurses can be extremely important in dispelling myths and providing accurate information. Pregnant women must be taught to identify the risks to their safety posed by their environment, cultural, social, behavioral, and lifestyle choices, and to suggest actions to mitigate any unfavorable effects (Fatthy et al., 2021).

Pregnant women should take care of their physical and mental health because the growing fetus depends entirely on the mother for all aspects of growth and development. This will ensure that the pregnancy develops beautifully (Devkate and others, 2022). Pregnant women with high preconceptional Body Mass Index (BMI) are more likely to experience nausea and vomiting. Morning sickness is the most prevalent minor ailment, most likely brought on by a shift in hormone levels (Bagherzadeh et al., 2021). Women's self-care habits begin to shift It is advised to modify one's lifestyle when treating mild symptoms. Women are frequently instructed to chew gum, eat smaller meals, avoid eating late at night, raise the head of the bed, and stay away from foods and medications that trigger heartburn (Ayoub & Awed, 2018).

Materials and Methods

Study Design A descriptive design has been carried out to achieve objectives of the study. The study was conducted in Five Primary Health Care

Centers which are (Al-Kawthar' Al-Nidal 'Al-Ghadeer 'Al-NasIr' hay AL-muzafine') in the Holy Kerbala City, Iraq. The study was conducted during period September 2023 and August 2024. Which data collection, analysis, and interpretation were having been done. Data were collected about four months from 16 /10 /2023 to 24 /2 /2024. Study Sample: A nonprobability Convenient sampling was used in this study to select 350 participants from five Primary Health Care Centers according to geographical area out of nineteen PHCCS in Karbala City whom were attending for antenatal care or medical checkup, during pregnancy. Sample was selected according to the following inclusion and exclusion criteria. Administrative Arrangements: Protocol of study and official permission was taken from the College of Nursing/ University of Karbala to conducted the study. The College of Nursing's Ethics Committee assessed the study tools (questionnaire) and agreed to proceed with the study after receiving the title and the questionnaire. Also taking agreement from mother's during interview. Validity of the Current Study: To increase the instrument's validity, a panel of eighteen experts in the study's fields evaluated it. Experts reviewed the study's instruments and made additions and deletions. The instrument is valid after taking into account the advice and opinions of experts, and the experts are distributed based on the fields, Reliability of the study: The self-care behaviors scale has a very good Cronbach's alpha evaluation (0.851), indicating that the questionnaires' internal consistency and equivalency measurability were sufficient from December 21 to December 28, 2023,

The Study Instrument: The questionnaire is based on the experiences of the investigators as well as a thorough analysis of related literature and earlier studies (Torres Soto et al., 2021)

Section (1): Socio-Demographic Characteristics for pregnant woman: Characteristics of the studied pregnant such as age, Employment status Residence, Family type

Section (2): Obstetric information: Gravidity, Abortion, Births, Gestational age, Follow-up of current pregnancy, Time of initial follow-up, History of parity, Kinship relationship between husband and wife

Section (3): Self-Care behavior concerning Minor Discomforts Management during pregnancy This section includes (3) parts of Self-Care behavior for Management them during pregnancy .

Results and Discussion

In order to analyze and interpret the current study's results, statistical procedures were used; the results were manipulated. Based on sample answers to the study questionnaire, those findings were produced.

Table 1. The distribution of women based on their sociodemographic attributes

List	Characteristics		f	%
1	**Age (year)** **M±SD= 28 ± 6.6**	> 20	37	10.6
		20 – 29	164	46.9
		30 – 39	137	39.1
		40 ≤	12	3.4
		Total	*350*	*100*
2	**Level of education**	cannot write or read	35	10
		Read and write	39	11.1
		primary schooling	62	17.7
		Middle-school	39	11.1
		Secondary education	56	16
		Diploma	40	11.4
		Bachelor	66	18.9
		Postgraduate	13	3.7
		Total	*350*	*100*
3	**Occupation**	Housewife	198	56.6
		Employee	133	38
		Free work	19	5.4
		Total	*350*	*100*
4	**Residency**	Rural	62	17.7
		Urban	288	82.3
		Total	*350*	*100*
5	**Family type**	Nuclear	208	59.4
		Extended	107	30.6
		Largely extended	35	10
		Total	*350*	*100*

%: Percentage, f: Frequency, SD: Standard deviation and M: Mean

According to this Table (4-1) the average age of women is 28±6.6 years, with 46.9% of them being in the 20–29 age range and 39.1% being in the 30–39 age range. In terms of educational attainment, the largest proportion relates to 18.9% of female bachelor's degree graduates and 17.7% of primary school graduates. In accordance to their occupational status, 38% of women work for the government and 56.6% of women are housewives. According to the residency, 82.3% of women live in cities and just 17.7% in rural areas. 59.4% of them reported having a nuclear family, while 30.6% reported having an extended family

Table 2. Distribution of Women based on Features of Reproductive Health

List	Characteristics		F	%
1	**Gravidity**	Primigravida	127	36.3
		Multigravida	223	63.7
		Total	*350*	*100*
2	**Abortion**	None	199	56.9
		Once	84	24
		Twice	46	13.1
		More than two	21	6
		Total	*350*	*100*
3	**Parity**	None	75	21.4

			f	%
		1	72	20.6
		2 – 3	113	32.3
		More than 3	90	25.7
		Total	*350*	*100*
4	**Gestational age**	First semester	17	4.8
		Second semester	1	.3
		Third semester	332	94.9
		Total	*350*	*100*
5	**Current pregnancy follow-up**	No	0	0
		Yes	350	100
		Total	*350*	*100*
6	**First follow-up**	First semester	307	87.7
		Second semester	30	8.6
		Third semester	13	3.7
		Total	*350*	*100*
7	**Lived children**	None	69	19.7
		1 – 3	222	63.4
		4 – 6	55	15.7
		7 ≤	4	1.1
		Total	*350*	*100*
8	**Lived birth**	None	84	24
		1 – 3	209	59.7
		4 – 6	53	15.1
		7 ≤	4	1.1
		Total	*350*	*100*
9	**Dead birth**	None	280	80
		1 – 3	68	19.4
		4 ≤	2	.6
		Total	*350*	*100*
10	**Duration of marriage** **M±SD= 7 ± 6**	1 – 5 years	186	53.1
		6 – 10 years	81	23.1
		11 – 15 year	35	10
		16 year ≤	48	13.7
		Total	*350*	*100*
11	**Kinship degree with husband**	Yes	205	58.6
		No	145	41.4
		Total	*350*	*100*

%: Percentage, f: Frequency, M: Mean and SD: Standard deviation

Based on this table, 36.3% of women are primigravida and 63.7% of women are multigravida. In terms of the quantity of abortions performed, 24% of women had one, and 13.1% had two. 32.3% of women with 2-3 parity and 25.7% of women with more than three parity have the highest percentage of parity. According to gestational age, 94.9% of pregnant women are in their third semester. Whenever it comes to their current pregnancy, all of the women said they follow up 100% of the time. First semester was the first follow-up, according to 87.7% of pregnant women. In terms of 63.4% of women, the term "number of lived children" refers to one to three live children; in terms of 59.7% of women, it refers to one to three live births. There are only 1–3 dead births out of 19.4% of births. 53.1% of those who have been married for one to five years have been married for an average of seven and a half years. 58.6% of women report that their husbands have some degree of kinship with them, according to the kinship degree.

Table 3. Assessment of Self-Care Behavior Concerning Management of Physiological Minor Discomforts during Pregnancy among Women

Self-care behavior	f	%	M	SD	Ass.
Poor	21	6			
Moderate	284	81.1	203.49	28.786	Moderate
Good	45	12.9			
Total	*350*	*100*			

M: Mean for total score, f: Frequency, %: Percentage, SD: Standard Deviation for total score,
Ass: Assessment, Poor= 69 – 161, Moderate= 161.1 – 235, Good= 235.1 – 345

Based on reports from 81.1% of pregnant women (M±SD= 203.49±28.786), this table shows that they exhibit moderate self-care behavior regarding management of physiological minor discomforts.
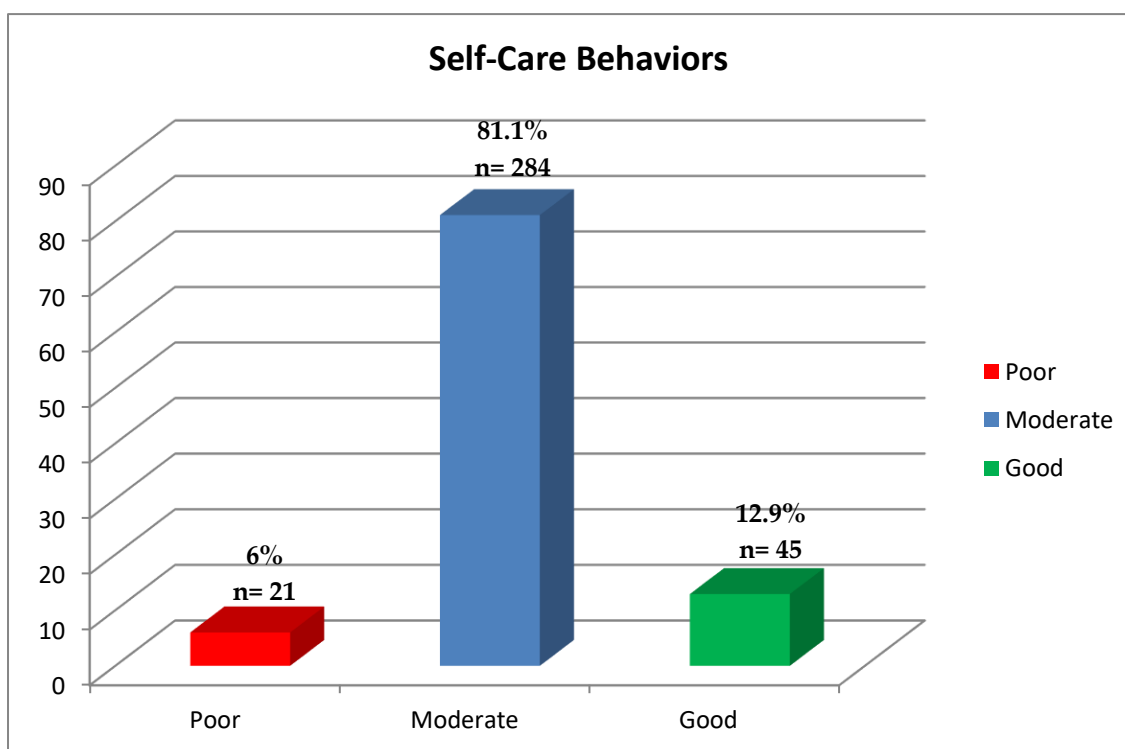
Figure 1. Self-Care Behavior for Management of Physiological Minor Discomforts (N=350)

In terms of managing physiologically minor discomforts, this figure shows that 81.1% of pregnant women engage in moderate self-care behavior.

Table 4. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Nausea & Vomiting" among Women (N=350)

List	Self-care behavior: Nausea & Vomiting	M	SD	Assessment

1	I try to Avoid Food Smelling	3.07	1.385	Moderate
2	I try to Take Medication (as antiemetic's) as doctor order	3.15	1.471	Moderate
3	I eat Dry biscuits Before getting out of Bed	1.97	1.239	Poor
4	I Eat dry carbohydrate meal on awakening(as fruit "rice " grains "legumes "processed cakes" potatoes " sweets " bread)	2.79	1.284	Moderate
5	I Avoid spicy food	3.18	1.438	Moderate
6	Reduce your tea /coffee intake	3.34	1.37	Moderate
7	I eat small " frequent meals	3.22	1.379	Moderate
8	I try to take care of my oral and dental hygiene	4.00	1.292	Good
9	Use deep breathing exercises	2.31	1.365	Poor
*Grand Mean**		27.03	5.888	*Moderate*

SD: Standard Deviation, M: Mean, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 9 – 21, Moderate= 21.1 – 33, Good= 33.1 – 45

This table shows that, when it comes to managing the physiological minor discomfort of nausea and vomiting, pregnant women have a grand mean (M±SD= 27.03±5.888) that indicates a moderate level of self-care behavior. The mean score is moderate for the majority of items, with the exception of two that demonstrate poor self-care behavior: "I eat dry biscuits before getting out of bed" and "Use deep breathing exercises." On the other hand, items like "I try to take care of my oral and dental hygiene" show good self-care behavior.

Table 5. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Constipation and Hemorrhoids" among Women (N=350)

List	Self-care behavior: Constipation and Hemorrhoids	M	SD	Assessment
1	Drink at least six glasses of water daily.	3.41	1.292	Moderate
2	Frequently Increase roughage in the diet (for example, bran, coarsely ground cereals, and fresh fruits and vegetables with dandruff).	2.75	1.175	Moderate
3	I Do moderate exercise every day.	1.77	.947	Poor
4	Maintain a regular schedule for bowel movements (rink plenty of water "exercise "especially abdominal exercise 'and walk regularly).	2.91	1.227	Moderate
5	I avoid enemas and laxatives	3.38	1.441	Moderate
6	I avoid constipation by emptying my bowels daily	3.35	1.301	Moderate
7	Take warm bath with baking soda in the water	1.09	.435	Poor

8	Avoid sitting for long time	3.23	1.216	Moderate
9	Use cold compresses	1.33	.846	Poor
10	Use traditional treatments (medical herbs)	1.31	.900	Poor
11	Take medications as directed by doctor	1.81	1.348	Poor
Grand Mean*		**26.33**	**5.100**	**Moderate**

M: Mean, SD: Standard Deviation, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 11 – 25.66, Moderate= 25.67 – 40.33, Good= 40.34 – 55

The grand mean (M±SD= 26.33±5.100) of this table indicates that pregnant women have a moderate self-care behavior when it comes to managing physiological minor discomforts like constipation and hemorrhoids.

Table 6. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Heartburn" among Women (N=350)

List	Self-care behavior: Heartburn	M	SD	Assessment
1	Avoid fried, spicy, and fatty food	3.06	1.377	Moderate
2	I Eat frequent, small meals.	3.06	1.381	Moderate
3	I Drink coca cola, 7-up, bicarbonate soda.	2.85	1.433	Moderate
4	I try Do not lie down after eating.	3.04	1.368	Moderate
5	I try eat Dry biscuit Before getting up From Bed	1.98	1.296	Poor
6	Keep the head of the bed higher than the foot of the bed	2.41	1.441	Moderate
Grand Mean*		**16.39**	**4.317**	**Moderate**

M: Mean, SD: Standard Deviation, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 6 – 14, Moderate= 14.1 – 22, Good= 22.1 – 30

The grand mean (M±SD= 16.39±4.317) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort from heartburn; the mean score is moderate for all items except for one (I try to eat a dry biscuit before getting out of bed), which demonstrates poor self-care behavior.

Table 7. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Backache" among Women (N=350)

List	Self-care behavior: Backache	M	SD	Assessment
1	I try to neglect treating backache	2.73	1.443	Moderate
2	Use good body mechanics (comfortable and correct body posture	3.22	1.265	Moderate
3	Avoid standing for long time	3.35	1.243	Moderate
4	Avoid high heeled shoes	3.07	1.241	Moderate
5	Practice pelvic exercises	1.76	1.041	Poor

6	Avoid bending when lifting objects	3.07	1.361	Moderate
Grand Mean*		**17.20**	**3.820**	**Moderate**

M: Mean, SD: Standard Deviation, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 6 – 14, Moderate= 14.1 – 22, Good= 22.1 – 30

The grand mean (M±SD= 17.20±3.820) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort, such as backaches. The mean score for all items is moderate, with the exception of the pelvic exercise item, which demonstrates poor self-care behavior.

Table 8. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Leucorrhea" among Women (N=350)

List	Self-care behavior: Leucorrhea	M	SD	Assessment
1	I try daily shower	3.07	1.356	Moderate
2	I try wearing cotton under wears	3.07	1.522	Moderate
3	Use pad and change frequently	2.33	1.441	Moderate
4	I try to ignore and not give presence of Leucorrhea	2.25	1.271	Poor
5	Use Vagina suppositories as directed by your doctor	2.59	1.252	Moderate
6	Rinse perineal area from front to back	3.80	1.225	Good
7	Keep perineal area clean and dry	4.05	1.096	Good
8	Avoid using tampon and internal lotion	3.53	1.252	Moderate
Grand Mean*		**24.67**	**5.212**	**Moderate**

M: Mean, SD: Standard Deviation, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 8 – 18.66, Moderate= 18.67 – 29.33, Good= 29.34 – 40

This table shows that, when it comes to managing the physiological minor discomfort caused by leucorrhea, pregnant women have a grand mean (M±SD= 24.67±5.212) that indicates moderate self-care behavior. The mean score is moderate for all items except for one that shows poor self-care behavior (I try to ignore and not give presence of Leucorrhea) and two that show good self-care behavior (Rinse perineal area from front to back and Keep perineal area clean and dry).

Table 9. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Sleeping Disorders" among Women (N=350)

List	Self-care behavior: Sleeping Disorders	M	SD	Assessment

1	Drink hot fluids at bedtime	2.73	1.288	Moderate
2	Take Warm shower before bedtime	2.90	1.252	Moderate
3	I do activities that help me feel relaxed " such as reading before " meditation	3.02	1.300	Moderate
4	Encourage side lying with pillow support	3.35	1.269	Moderate
*Grand Mean**		*12.00*	*3.443*	*Moderate*

SD: Standard Deviation, M: Mean, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 4 – 9.33, Moderate= 9.34 – 14.66, Good= 14.67 – 20

Based on the grand mean (M±SD= 12.00±3.443), this table shows that pregnant women have a moderate self-care behavior regarding management of physiological minor discomfort or sleeping disorders

Table 10. Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Frequent Urination" among Women (N=350)

List	Self-care behavior: Frequent Urination	M	SD	Assessment
1	Reduce fluids intake before sleeping	2.56	1.316	Moderate
2	Empty your bladder frequently during the day	3.95	1.152	Good
3	Reduce drinking tea and coffee	3.41	1.323	Moderate
4	Use Warm water to wash	3.59	1.233	Moderate
5	Reduce oral fluids intake	2.45	1.382	Moderate
6	Take medications as directed by doctor when you feel burning or pain while urinating	3.18	1.215	Moderate
*Grand Mean**		*19.18*	*4.002*	*Moderate*

SD: Standard Deviation, M: Mean, Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 6 – 14, Moderate= 14.1 – 22, Good= 22.1 – 30

With the exception of the item "Empty your bladder frequently during the day," which demonstrates good self-care behavior, the grand mean (M±SD= 19.18±4.002) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing the physiological minor discomfort of frequent urination.

Table (4-20): Relationship among Overall Self-Care Behaviors among Women and their Sociodemographic Variables (N=350)

Variables		Self-care behaviors				Association
		Poor	Moderate	Good	Total	
Age (year)	> 20	2	32	3	37	r^s = .086 P-value= .109 Sig= N.S
	20 – 29	7	138	19	164	
	30 – 39	5	127	5	137	
	40 ≤	2	10	0	12	

		Poor	Moderate	Good	Total	Association
	Total	16	307	27	350	
Level of education	Doesn't read & write	5	27	3	35	$r^s = .220$ **P-value= .001** **Sig= H.S**
	Read & write	0	37	2	39	
	Primary school	5	55	2	62	
	Intermediate school	1	37	1	39	
	Secondary school	3	49	4	56	
	Diploma	1	34	5	40	
	Bachelor	1	57	8	66	
	Postgraduate	0	11	2	13	
	Total	16	307	27	350	
Occupation	Housewife	12	177	9	198	$r^s = .162$ **P-value= .002** **Sig= H.S**
	Employee	4	114	15	133	
	Free work	0	16	3	19	
	Total	16	307	27	350	
Residency	Rural	8	45	9	62	$r^* = 059$ P-value= .273 Sig= N.S
	Urban	8	262	18	288	
	Total	16	307	27	350	
Family type	Nuclear	3	188	17	208	$r^s = .153$ **P-value= .004** **Sig= H.S**
	Extended	9	89	9	107	
	Largely extended	4	30	1	35	
	Total	16	307	27	350	

N.S: Not Significant, S: Significant, H.S: High Significant, r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability and Sig: Significance,

The table illustrates a statistically significant correlation between the level of education, occupation, and family type of pregnant women and their overall self-care behaviors, with p-values of.001,.002, and.004 respectively.

Table (4-21): Relationship among Overall Self-Care Behaviors among Women and their Reproductive Health Variables (N=350)

Variables		Self-care behaviors				Association
		Poor	Moderate	Good	Total	
Gravidity	Primigravida	4	108	15	127	$r^* = .447$ **P-value= .001** **Sig= H.S**
	Multigravida	12	199	12	223	
	Total	16	307	27	350	
Abortion	None	5	176	18	199	$r^s = .164$ **P-value= .002** **Sig= H.S**
	Once	5	70	9	84	
	Twice	4	42	0	46	
	More than two	2	19	0	21	
	Total	16	307	27	350	
Parity	None	0	65	10	75	$r^s = .142$ **P-value= .008** **Sig= S**
	1	3	66	3	72	
	2 – 3	9	95	9	113	
	More than 3	4	81	5	90	
	Total	16	307	27	350	

Gestational age	First semester	1	14	2	17	r^s = .080 P-value= .134 Sig= N.S
	Second semester	0	1	0	1	
	Third semester	15	292	25	332	
	Total	16	307	27	350	
First follow-up	First semester	14	266	27	307	r^s = .130 P-value= .050 Sig= S
	Second semester	1	29	0	30	
	Third semester	1	12	0	13	
	Total	16	307	27	350	
Duration of marriage	1 – 5 years	3	163	20	186	r^s = .135 P-value= .011 Sig= S
	6 – 10 years	7	70	4	81	
	11 – 15 year	4	30	1	35	
	16 year $\leq$	2	44	2	48	
	Total	16	307	27	350	

N.S: Not Significant, S: Significant, H.S: High Significant, r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability and Sig: Significance,

According to this Table (4-21), there is a significant correlation (p-values =.001,.002,.008,.050, and.011, respectively) between the total self-care behaviors of pregnant women and their gravidity, number of abortions, parity, and length of marriage.

Discussion :

Pregnancy is a typical event in a woman's life; each pregnancy is a separate experience for the woman and will always be sufficiently distinct from the one before it. Pregnant women experience mild discomforts that are linked to changes in their anatomy and physiology. Pregnant women benefit from self-management of their behavior and minor discomforts, so self-management behaviors are essential for the protection of their health. Within this framework, the purpose of this research is to compare women's self-care practices for managing specific mild discomforts between primigravidae and multigravida.

The majority of the mothers belonged to the second and third age groups (20–29) and (30–39), which were represented by 46.9% and 39.1% of the total mothers, respectively. Pregnancy is thought to be low risk at this age, and a positive outcome is anticipated. This is due to the fact that most mothers in these two age groups are young, healthy, recently married women who are confident in their health and are familiar with the process of visiting PHCCs for follow-up or vaccination. The current results corroborate those of a study by(Ayoub & Awed 2018), which found that the majority of the women were in the age group of 18 to 25 years, as well as another study by Aziz & Maqsood 2016), which revealed that the women were aged between 20 and 29 and 30-35 years. additionally, in line with research done by (Ibrahim et al ,. 2020). showed that, with a mean age of 30.40 ±7.26 years, the age group from 20 to less than 30 comprised more than two thirds.

According to the current research's level of education outcomes, the largest percentage of women graduates are those who hold a bachelor's degree (18.9%) and those who graduate from primary school (17.7%). This is because, in recent years, Iraqi families have tended to marry their children off at a young age, and at the same time, awareness of some people's scientific and cultural backgrounds has advanced. The current study disagreed with results from Al- Khafaji et al. in Erbil City, who reported that the majority of pregnant women had completed secondary school, as well as results from Aziz & Maqsood (2016), which indicated that the majority of study participants had completed secondary school. additionally, the results of the current study were in conflict with those of Al- Khafaji et al.'s study in Erbil, which found that the majority of pregnant women had completed secondary education. and in line with research done by (Ibrahim & Ali Hassan, 2020). In terms of education, the largest percentages—less than two fifths—had only completed secondary school, while over two fifths had graduated from college.

According to 59.4% of them, the family type is nuclear, and for 30.6% of them, it is extended. because women would prefer to live alone than with their extended families. Given their gravidity, the majority of multigravida are part of extended families, and the results of the current study make sense. The findings align with the research carried out by (Aziz & Maqsood,.2016) The results of this investigation showed that over half of the study sample was a member of a nuclear family. concur with (Ayoub & Awed, 2018) as well. Because women prefer to live alone rather than with extended family, the current study found that all primigravida were included in their nuclear family, whereas the majority of multigravida were included in extended families. And disagree as well (Eldousoky et al., 2023). It was discovered that the percentage of people who lived in crowded, undercrowded, and overcrowded homes was 48.0%, 42.0%, and 10.0%, respectively. Table (4-21) This table demonstrates a significant correlation between pregnant women's total self-care behaviors and their gravidity, number of abortions, parity, first follow-up, and length of marriage (p-values of.001,.002,.008, and.011, respectively). Our research demonstrates a strong relationship between the reproductive variables of gravida, abortion, and pregnancy type and the self-care behaviors of expectant mothers. These findings are in stark contrast to those of Kaur and Gagandeep's 2017) study, which found only that this gestational age is comparable and no relationship between mothers' knowledge and the reproductive characteristics of gravida. Moreover, my results are in conflict with a study by Aziz and Maqsood (2016) that discovered a significant correlation between gestational age and pregnant knowledge. This study did not find any significant correlations (p>0.05) between maternal self-care behavior and gestational age or parity, which is in contrast to my findings. Table 4-21 The present study is in agreement with the research carried out by (Khalid and Hamad (2019) show a statistically significant correlation between knowledge

levels and pregnant education levels, as well as a highly significant correlation with age, the husbands' education level, and their occupation. The current study's findings were almost in line with those of (Kumar 2014), who found no significant relationship between participants' pretest knowledge scores and any of their demographic variables other than family structure and educational status.

Conslusions

conclusions showed that pregnant women's self-care practices for minor discomforts were also moderate. Pregnant women's overall self-care practices are highly correlated with their family type, occupation, and educational attainment. Additionally, there is a strong correlation between a pregnant woman's general self-care practices and her gravidity, number of abortions, parity, first follow-up, and marital length. There is a Significant Difference in Self-Care Behavior with regard to Gravidity primigravida the significant difference is particularly reported in self-care behaviors regarding management of physiological minor discomfort. There is high significant relationship among overall self-care behaviors among pregnant women and their level of education, occupation, and family type. there is significant relationship among overall self-care behaviors among pregnant women and their gravidity, number of abortion, parity, first follow-up, and duration of marriage.

Recommendations: Pregnancy-related health education weighs the benefits and risks of implementing medication, self-care behavior , and reinforcement for expectant mothers. The goal of preventive nursing care is to teach women how to take care of themselves correctly. The majority of the sample under study follows the recommended procedures for handling the minor discomforts they experience during pregnancy, which reflects their awareness of the recommended procedures and the antenatal education programs offered inside the MCH centers. A comprehensive health education program should be put in place to inform all expectant mothers about common discomforts and appropriate self-care techniques. This program should use the media, health pamphlets, posters, and primary healthcare center staff to increase the knowledge of the pregnant population.

References

[1] Ayoub, G., & Awed, H. (2018). Comparative study between primigravida and multigravida regarding women's self-care practices for management of selected minor discomforts. *Madridge J Case Rep Stud*, *2*(1), 1000111

[2] Aziz, K. F., & Maqsood, S. S. (2016). Self-management of pregnant women regarding minor discomforts in primary health care centers in Erbil city. *Med. J. Babylon*, *13*(2), 284-293

[3] Rai, A., Thatal, A., Sharma, B. K., & Narwat, Y. (2020). Lateral placenta as a predictor for development of preeclampsia. Indian J. Obstet. Gynecol. Res, 7(2), 216-221.

[4] Medforth, J., Ball, L., Walker, A., Battersby, S., & Stables, S. (Eds.). (2017). Oxford handbook of midwifery. Oxford University Press.

[5] Olutola, F. B., & Adejuwon, G. A. (2021). Sleep Quality Components as Predictors of Health-Related Quality of Life Domains among Primigravida in Ibadan, Nigeria. Journal of Sleep sciences.

[6] Kazemi A, Hajian S, Ebrahimi-Mameghani M and KhobM. (2018):The Perspectives of Pregnant Women on Health-Promoting Behaviors: An Integrative Systematic Review:International Journal of Women's Health and Reproduction Sciences 6(2), 97–105. Retrieved from doi. 10.15296/ijwh

[7] Khalil, H. M., & Hamad, K. J. (2019). Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City. Polytechnic Journal, 9(2), 20

[8] Nguyen, L. D., Nguyen, L. H., Ninh, L. T., Nguyen, H. T. T., Nguyen, A. D., Vu, L. G., ... & Ho, R. C. (2022). Women's holistic self-care behaviors during pregnancy and associations with psychological well-being: implications for maternal care facilities. BMC pregnancy and childbirth, 22(1), 631

[9] Devkate, P., Mathew, B., Patel, K., Halpati, S., Dhodi, D., Halpati, V., ... & Sebastian, K. (2022). A study to assess the knowledge regarding self-management of minor ailments in pregnancy among antenatal mothers. *Asian Journal of Nursing Education and Research*, *12*(1), 21-

[10] Bagherzadeh, R., Gharibi, T., Safavi, B., Mohammadi, S. Z., Karami, F., & Keshavarz, S. (2021). Pregnancy; an opportunity to return to a healthy lifestyle: a qualitative study. BMC Pregnancy and Childbirth, 21(1), 751.

[11] Al-Khafaji T H, Zangana J, Dauod A S (2015). Primary Health Center in Erbil. International Journal of Humanities Social Sciences and Education (IJHSSE); online [cited 2015 May 1] 2(5) PP 104- 13.Available from: http://www. arcjournals.org/pdfs/ijhsse/v2-i5/14.pd

[12] Ibrahim El-Refaey, S. R., El-Hady, A., Mohammed, R., Elmasry, Y. M., Abd-Elmohdy, H., & Ali, H. H. (2020). The Effect of Tailored Psycho-Educational Program on Pregnant Women's Anxiety and Knowledge about Self-care Management Regarding Minor Discomforts. *Systematic Reviews in Pharmacy*, *11*(12)

[13] Eldousoky, S. I., Shalaby, N. S., & Ali, M. R. (2023). Assessment of Health-Related Behaviors of Pregnant Women At Port Said City. Port Said Scientific Journal of Nursing, 10(2), 182-202

[14] Kaur, B., & Singh, V. (2018). A Descriptive Study to Assess the Knowledge of Antenatal Mothers Regarding the Self Management of Minor Ailments During Pregnancy in Selected Hospital of Jalandhar, Punjab, India. International Journal of Research and Review, 5(7), 80-86

[15] Aldossary, A. D., Al Shamandy, S. A., & Haitham, A. A. (2018). A cross sectional study about knowledge and practice of primigravida women: Minor and common pregnancy discomforts. J Nurs Health Sci, 4(1), 32-45.