

Assessment Of Pregnancy Related Self-Care Challenges Among Working Expectant Women Attending Antenatal OPD In a Selected Tertiary Care Centre in Ernakulam District, Kerala

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Abstract—A descriptive cross-sectional study was conducted to assess the pregnancy related self-care challenges among working expectant women attending antenatal OPD in a selected tertiary care centre in Ernakulam District. Ninety-five working expectant women attending antenatal OPD in the setting were selected by non-Probability convenient sampling technique. Data were collected from the subjects using structured Likert scale and were analyzed using ‘EZR’ software. Result revealed that the majority (58.95%) of the subjects had moderate pregnancy related self-care challenges with highest mean self-care challenge score (22.97) reported in the physical domain. Also, there was a statistically significant association between pregnancy related self-care challenges of working expectant women and their living arrangement ($p=0.019$), plan for pregnancy ($p=0.004$) and source of information about maternity care ($p=0.044$) and no statistically significant association with other selected socio-demographic and obstetric variables studied. The study recommends that nursing programs should be carefully created, with proper guidelines for its implementation, to address the challenges of working expectant women.

Index Terms—Pregnancy related self-care challenges, working expectant women.

I. INTRODUCTION

Pregnancy is the most crucial event in a woman’s life. It serves as a joyful and significant expression of gratitude for a woman who is transitioning into a new life as mother. However, it can be dangerous to one’s health, especially in poor nation, due to a lack of

awareness and care.¹On other hand, pregnancy imposes many problems including back pain, constipation, excess weight gain, edema, problems caused by pelvic floor muscles relaxation and physiological problems.² More attention should be paid to self-care activities that include different aspects such as physiological, social, emotional and spiritual.³

Self-care is an active and practical process, that the individual guides and is necessary to prevent short-term and long –term complications. Pregnant women benefit from self –care for minor aches and ailment during pregnancy: therefore, women’s self-care management practices are essential for protecting their health.⁴ Self-care practices for pregnant women include ensuring intake of balanced diet, adequate hydration, regular exercise, adequate sleep, regular prenatal check-ups, avoiding alcohol and tobacco, etc.⁵

Reproductive women make up a large proportion of the workforce and about 99% of women are employed during their pregnancy.⁶ Many working women who are pregnant spend over 8 hour per day at their workplace. Efficient means of delivering prenatal care and program to support pregnant worker’s health management is essential.⁷ The potential impact of employment in pregnancy is an important issue due to the increasing number of women entering the labour force and continuing employment throughout pregnancy.⁸

Full –time work schedule often leave pregnant women with insufficient time for rest, exercise, prenatal appointments, and healthy meal preparation.⁹ Job related physical demand like standing for long period or heavy lifting can lead to exhaustion, making it harder to maintain self-care routines like exercising or attending health checkups.¹⁰ Some workplace lack supportive policies (like breaks for meals, rest, or mental health support), making it harder for pregnant women to prioritise their physical and emotional health.¹¹ Maintaining a nutritious diet is vital but can be challenging due to workplace constraints like limited access to healthy food.¹² Adequate rest is essential during pregnancy, but working women often experience disrupted sleep due to stress and long hours of work.¹³ Work- family balance suggest that work should not hinder other things which are important in people’s lives, such as quality time with their family, leisure time or recreational activities, personal development, etc.¹⁴ Pregnant working women often face significant challenges in balancing their professional responsibilities with the imperative need for self-care. It is crucial to advocate for equal opportunities that allow pregnant women to fulfil both their professional roles and self- care needs. By ensuring that pregnant working women have equal opportunities to manage their work and self –care, we not only enhance their wellbeing but also contribute to a more equitable society.

II. MATERIALS AND METHODS

A descriptive cross-sectional study was conducted among 95 working expectant women attending antenatal OPD in a selected tertiary care centre in Ernakulam District in the year 2025. The objective of the study was to assess the pregnancy related self-care challenges among working expectant women. After obtaining informed consent, subjects were selected by non-Probability convenient sampling technique and data were collected using structured Likert scale. The study was approved by Institutional Review Board. Socio-demographic and obstetric variables and association of pregnancy related self-care challenges among working expectant women with their selected socio-demographic and obstetric variables were assessed. The data were analyzed by

descriptive and inferential statistics using ‘EZR’ software.

III. RESULTS

Table 1: Frequency and percentage distribution of study subjects based on socio-demographic variables. n=95

Sl. No.	Variable	Category	Frequency (f)	Percentage (%)
1	Age in years	20–30	72	78.5
		31–35	21	22.1
		>35	2	2.1
2	Residence	Rural	74	77.9
		Urban	21	22.1
3	Type of family	Nuclear family	68	71.6
		Joint family	27	28.4
4	Living arrangements	With parents	22	23.2
		With parents-in-law	53	55.8
		With partner	20	21.0
5	Occupation	Health profession	27	28.4
		Non-health profession	68	71.6
6	Workplace setting	Office	55	57.9
		Home based	10	10.5
		Online	23	24.2
		Others	7	7.4
7	Working schedule	Fixed hours	76	80.0
		Flexible hours	19	20.0
8	Timing of job	Day	62	65.3
		Night	5	5.2
		Both	28	29.5
9	Economic status	BPL	24	25.3
		APL	71	74.7

Table 2: Frequency and percentage distribution of study subjects based on obstetric variables.

n=95

Sl. No.	Variable	Category	Frequency (f)	Percentage (%)
1	Number of living children	0	47	49.5
		1	39	41.1
		2	8	8.4
		3 and above	1	1.0
2	Plan for pregnancy	Planned	79	83.2
		Unplanned	16	16.8
3	Number of pregnancies	1	47	49.5
		2	38	40.0
		3 and above	10	10.5
4	Gestational age (weeks)	1-12	23	24.4
		13-28	36	37.7
		29-40	36	37.9
5	Regularity of antenatal visits	Regular	89	93.7
		Irregular	6	6.3
6	Associated medical/obstetric comorbidities	Yes	24	25.3
		No	71	74.7
7	Source of information about maternity care	Health professional	58	61.1
		Internet	17	17.9
		Books or magazines	4	4.2
		Friends or relatives	16	16.8

Table 3: Mean and standard deviation of pregnancy related self-care challenges among working expectant women.

n=95

Variable	Mean ± Standard deviation
Self-care challenges (Score: 0-80)	47.09 ± 11.10

Table 4: Domain wise mean and standard deviation of pregnancy related self-care challenges among working expectant women

n=95

Sl. No.	Domain	Mean	Standard Deviation	Range
1.	Physical challenges	22.97	5.89	0-36
2.	Mental/emotional challenges	8.77	3.44	0-16
3.	Social challenges	9.97	2.54	0-16
4.	Financial challenges	5.35	3.13	0-9

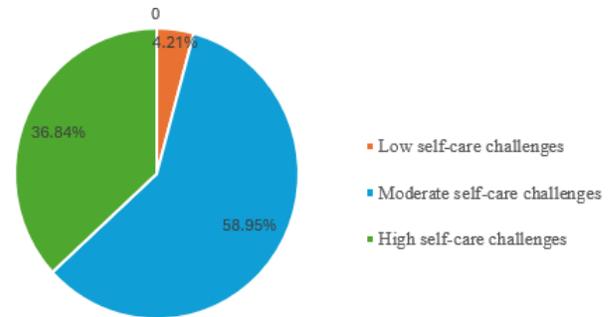


Fig 1: Pie diagram showing level of pregnancy related self-care challenges among working expectant women.

Table 5: Association of pregnancy related self-care challenges among working expectant women with their selected socio-demographic variables

n=95

Sl. No.	Socio-Demographic Variable	Category	Low & Moderate	High	Chi-square / Fisher's test	p-value
1	Age in years	20-30	46	26	0.068	0.794
		>31	14	9		
2	Residence	Rural	48	26	0.419	0.517

Sl. No.	Socio-Demographic Variable	Category	Low & Moderate	High	Chi-square / Fisher's test	p-value
		Urban	12	9		
3	Type of family	Nuclear family	44	24	0.249	0.620
		Joint family	16	11		
4	Living arrangements	With parents	11	11	7.925	0.0198*
		With parents-in-law	40	13		
		With partner	9	11		
5	Occupation	Health profession	17	10	0.653	0.884
		Non-health profession	43	25		
6	Workplace setting	Office	38	17	3.778	0.286
		Home based	4	6		
		Online	13	10		
		Others	5	2		
7	Working schedule	Fixed hours	49	27	0.283	0.595
		Flexible hours	11	8		
8	Timing of job	Day	41	21	1.459	0.482
		Night	2	3		
		Both	17	11		
9	Economic status	BPL	12	12	2.389	0.122
		APL	48	23		

p<0.05 was considered level of statistical significance.

Table 6: Association of pregnancy related self-care challenges among working expectant women with their selected obstetric variables.

n=95

Sl. No.	Obstetric Variable	Category	Low & Moderate	High	Chi-square / Fisher's test	p-value
1	Number of living children	0	29	18	2.015	0.365
		1	27	12		
		2 and above	4	5		
2	Plan for pregnancy	Planned	55	24	8.419	0.004*
		Unplanned	5	11		
3	Number of pregnancies	1	29	18	1.239	0.538
		2	26	12		
		3 and above	5	5		
4	Gestational age (weeks)	1-12	14	9	0.307	0.858
		13-28	24	12		

Sl. No.	Obstetric Variable	Category	Low & Moderate	High	Chi-square Fisher's test	p-value
		29-40	22	14		
5	Regularity of antenatal visits	Regular	58	31	2.448	0.118
		Irregular	2	4		
6	Associated medical/obstetric comorbidities	Yes	14	10	0.321	0.571
		No	46	25		
7	Source of information about maternity care	Health professional	38	20	8.097	0.044*
		Internet	10	7		
		Books or magazines	0	4		
		Friends or relatives	12	4		

p<0.05 was considered level of statistical significance.

IV. DISCUSSION

In the present study, findings revealed that majority of the subjects (58.95%) had moderate pregnancy related self-care challenges, and the highest mean self-care challenge score was observed for physical challenges (22.97 ± 5.89) experienced by working expectant women.

A systematic review conducted in 2023 also revealed that the main risk factors found in the work environment of pregnant women were chemical, psychosocial, physical-ergonomic-mechanical factors, and other work-related factors.¹⁵

Agreement with the present study findings, other studies also reveal that the dual demands of work and pregnancy may strain women's ability to engage in adequate self-care.

In the present study, there is a statistically significant association between pregnancy related self-care challenges of working expectant women and their living arrangement (p=0.019), plan for pregnancy (p=0.004) and source of information about maternity care (p=0.044).

The findings highlight the profound impact of social support systems on expectant working women. The association with 'plan for pregnancy' underscores the psychological and preparedness aspects of self-care. Also, women who receive information from credible sources are likely to have better understanding of self-care practices and risks. Compare to those who

do not get it. Hence the need for comprehensive health education tailored to the needs of working expectant women is important.

Contradictory findings were reported in a semi-experimental study (2022) conducted in Iran, which revealed that there was a significant association between the variables of age (p=0.001), occupation (p = 0.003), job status (p= 0.042), gestational age (p = 0.001), number of deliveries (p = 0.001) and exercise (p=0.002).¹⁶There are no similar studies found.

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