



## STUDY OF TRADITIONAL METHODS UTILIZED TO RELIEVE MINOR DISCOMFORT DURING THE THIRD TRIMESTER OF PREGNANCY

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**ABSTRACT:** *Background:* pregnant women suffer from minor discomforts during their pregnancy period. which are due to hormonal change. The common of minor discomforts are nausea and vomiting, fatigue, constipation ,heart burn, backache ,dyspnea, leg cramps varicose vein, insomnia even though changes are not dangerous, still bothersome. Women use number of traditional methods remedies to relieve minor discomforts. **Aim** to study of traditional methods utilized to relieve minor discomfort during third trimester of pregnancy. **Design:** A descriptive design was used. **Setting:** The study was conducted at Heker Altebeen center and Alwehda Alrefeua bal Massaken Al-marazeq center. **Subjects:** A purposive sample include (75) pregnant women were involved in the study from the previous mentioned setting. **Tools:** Data were collected through using two tools; I- An Interviewing questionnaire sheet. II- Assessment of traditional practices. **Results:** The study revealed that statistical significant relationship between age and residence of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during third trimester and statistical significant relationship between gravidity history of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during third trimester. **Conclusion:** more than half of the studied pregnant women reported that the utilized traditional methods for relieving minor discomfort were high effective, while more than one quarter of studied pregnant women reported moderate effectiveness and less than one quarter of studied pregnant women reported mild effectiveness. **Recommendations:** Health education program for women should be developed to raise their awareness about the physiology of pregnancy and useful traditional practices during pregnancy.

**KEYWORDS:** Minor discomfort of pregnancy, Third trimester, Traditional methods.



## INTRODUCTION

Pregnancy is usually a period of nine months which a woman carries a fetus. Pregnancy is creative and productive period in the life of a woman. It is one of the vital events, which needs special care from conception to postnatal period pregnancy defined as the state of carrying a developing embryo or fetus within the female uterus (*Hamad and Khalil., 2019*)

Pregnancy consists of three trimesters marked by specific fetal developments. Whole pregnancy period is associated with number of discomforts which are otherwise easily manageable at home. Some of common discomforts during third trimester by backache, Leg cramps, constipation, hurt burn, varicosities, sleep disturbance, hemorrhoids etc. (*Sharma et al., 2020*).

Most of their discomforts can be managed by healthful traditional practices or self-care measures ones can do (*Farooq, & Gobindgarh., 2021*)

Nurses comprise the greatest group of health care providers and are responsible for the quality of care provided to the patients. The nurse and other specialized personnel collaborate in providing services for pregnant women. Nurses act as a technical specialist, researcher, teacher and consultant sometimes also play an administrative role with the pregnant total health care experiences (*Hassan et al., 2019*).

### Significant of the study

The prevalence of traditional medicine use during pregnancy in many countries estimated to be between 7 and 55% (*Eboh et al., 2019*). There are thousands of prescribed traditional plant remedies in a multinational study of 23 countries in Europe, North and South America, and Australia, 28.9% of the women reported herbal remedy use during pregnancy. (*Teng et al., 2017*).

### Aim of the Study

This study aims to study of traditional methods utilized to relieve minor discomfort during third trimester of pregnancy.

### Research question of the study:

The following research question are formulated to achieve the aim of the current study:

What are the traditional methods utilized to relieve minor discomfort during third trimester of pregnancy?

### Subjects and Methods

**Research design:** A descriptive research design was utilized to achieve the aim of this study.

**Setting:** The current study was conducted at maternal and health centers at Helwan city which affiliated ministry of health and population in egypt. These centers were; Heker Altebeen, Alwehda Alrefeua bal masaken Al-Maraziq.

**Sampling:** A purposive sample composed of (75) pregnant women were involved in the study over a period of 6 months at the previous mentioned setting according to the following inclusion and exclusion criteria.



### **Tools of data collection:**

Data was collected using the following tools:

**First tool: An Interviewing questionnaire:** The questionnaire was designed by the researcher after reviewing the related literature (**Hassan, 2019**) and (**Eldesouky, 2016**) to collect the required data. It was written in simple Arabic language and consists of three parts:

**Part I: Demographic characteristics:** It aimed to assess the studied pregnant women's age, residence, occupation, level of education, age at marriage.

**Part II: Obstetric history:** Aimed to assess the studied pregnant women's past history and present history of pregnancy prepared by researcher.

- Past history includes history of gravidity, parity and any previous abortions.

- Present history includes history of weeks of gestation, any minor discomforts, using any traditional methods.

**Part III: Assessment of pregnant women knowledge:** Knowledge assessment sheet was designed by researcher after reviewing literature. aimed to assess the studied pregnant women's knowledge regarding traditional methods utilized to relieve minor discomfort during the third trimester of pregnancy. It consisted of five open ended choice questions such as meaning of minor discomfort and causes of minor discomfort and the benefits of using traditional methods and possible effect of traditional methods on fetus and possible effect of traditional methods on pregnant woman.

**Scoring System:** Knowledge obtained from the studied women was checked with model key answer and scored as following: -

- **Zero** was given for every incorrect / don't know answer.
- **One** was given for every incomplete correct answer.
- **Two** was given for every complete correct answer. The total scores of knowledge's were summed up, converted into a percentage score and categorized as following: -

considered Satisfactory was  $\leq 50\%$  (**0-5 score**)

considered un Satisfactory was  $> 50\%$  (**7-10**)

**Second tool: Assessment of Traditional Practices Questionnaire:** The questionnaire was developed by the researcher after reviewing the related literature. It aimed to assess the studied pregnant women's utilization of traditional methods to relieve minor discomfort during the third trimester of pregnancy. The utilized practices were categorized as useful or harmful according to the related literature. Also, the studied women were asked to report the effectiveness level of the utilized traditional methods.

**Validity:** content validity was done through a panel of three experts from maternal and newborn health nursing department, faculty of nursing, Helwan University (one professor and two assistant professors). Their opinions were regarding comprehensiveness, accuracy, clarity, relevance and



appropriateness of the study tools. Minor modifications were done based on expert's judgment and the final form was developed.

**Reliability:** Testing reliability of the proposed tools was done statistically by Cronbach's alpha test. The coefficient alpha for pregnant women knowledge =0.86.

**Ethical Considerations:** Approval to conduct the study was obtained from the ethical committee in the faculty of nursing, Helwan University before starting the study. The researcher explained and clarified the study aim and conducting way to the subjects before taking the consent of participation. The researcher assured maintaining anonymity and confidentiality of data of subjects included in the study. The participants were informed about their right to withdraw from the study at any time without giving any reason.

**Pilot study:** A pilot study was carried out on. (9 pregnant woman) 10% of the sample to test clarity, applicability of the data collection tools. The pilot has also served to estimate the time needed for each subject to fill in the questionnaire According to the results of the pilot, no omissions of items were performed.

**Field work:** Data collection started and completed within six months from the beginning of June (2021) until the end of November (2021) in maternal and child health centers using the previously mentioned tools. Data collection was done at the previous mentioned setting two days per week (Saturday and Monday) by the researcher in the morning shift between 10.00 AM to 1.00 PM. Permission has been obtained orally from each participant prior to data collection after explanation aim of the study. Data pertinent to the study variable were collected through structured face to face interview and all the tools filled by the researcher.

Interviewing the pregnant woman was carried out in waiting area of MCH.Each woman took about 40 minutes for interviewing and completing the questionnaires data as the following; an interviewing questionnaire took about 20 minutes and assessment of traditional practices questionnaire took about 20 minutes.

**Statistical analysis:** The collected data were organized, categorized, tabulated and statistically analyzed using the statistical package for social science (SPSS) version 20 and Microsoft Excel version 2010. Quantitative data were presented as mean and standard deviation (SD) while qualitative data were expressed as frequency and percentage. Chi-square test used as a test of significance to test relations between quantitative variables as the variables were not normally distributed.

The observed differences and associations were considered as follows:

- $P > 0.05$  was considered non- significant (NS).
- $P \leq 0.05$  was considered Significant (S).



## RESULTS

**Table (1): Distribution of demographic characteristics\_of the studied pregnant women (n=75).**

Demographic characteristics	Items	NO	%
Age ( in years)	≤ 20	2	2.6
	21-30	43	57.3
	31-40	30	40.0
	<b>Mean ±SD</b>	<b>29.83 ± 4.89</b>	
Occupation	Housewife	61	81.3
	Worker	14	18.7
Residence	Rural	58	77.3
	Urban	17	22.7
Educational level	Cannot read or write	6	8.0
	Read and write	36	48.0
	Secondary	28	37.3
	University	5	6.7
Age of marriage	< 20 years old	34	45.3
	≥ 20years old	41	54.7

**Table (1)** reveals that, distribution of demographic characteristics\_of the studied pregnant women more than half (57.3%) of the pregnant women were in age group 21-30 years with mean age  $29.83 \pm 4.89$  years, that more than three quarter (81.3%) of pregnant woman occupation status were housewives. and more than three quarter (77.3%) of studied pregnant women were from rural residence. In relation to educational level, less than half (48.0%) of studied pregnant women were read and write. Regarding to age during marriage, more than half (54.7%) of studied pregnant women were married  $\geq 20$ years old.

**Table (2): Distribution of the studied women according to their obstetric history (n=75).**

Obstetrics History	Items	NO	%
<b>Past obstetrics history</b>			
Gravidity	1-2	35	46.7
	3-4	25	33.3
	$\geq 5$	15	20.0
Parity	1-2	39	52.0
	3-4	32	42.6
	$\geq 5$	4	5.4
Number of abortion	None	64	85.4
	1-2	9	12.0
	$\geq 3$	2	2.6



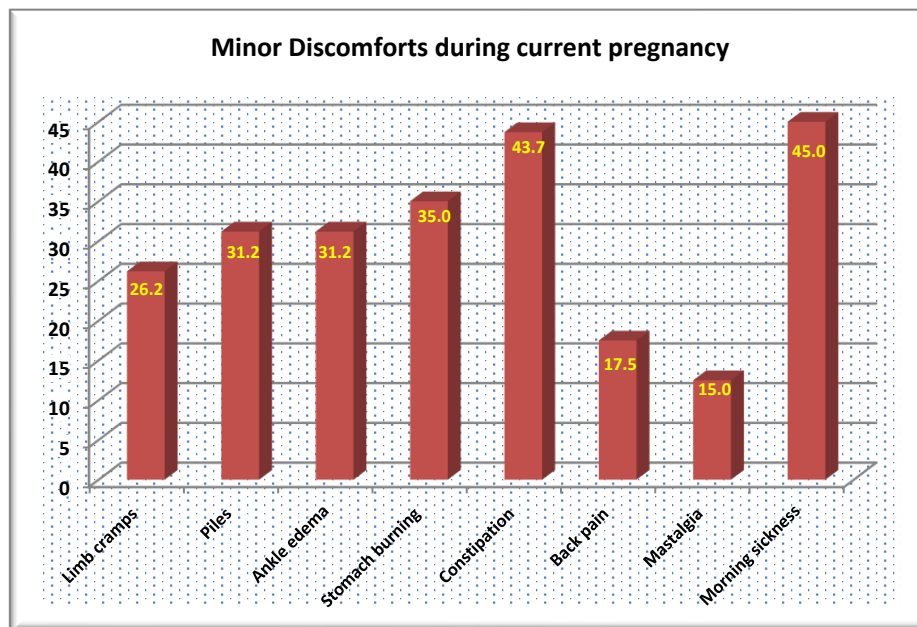
Present obstetrics history			
Gestational age (in weeks)	34-35	20	26.7
	36-37	38	50.6
	≥38	17	22.7
	<b>Mean ±SD</b>	<b>35.95 ± 1.33</b>	

**Table (2)** reveals that, distribution of the studied women according to their obstetric history less than half (46.7%) of the studied pregnant women had 1-2 previous pregnancy while more than half (52.0%) of pregnant woman had 1-2 parity. Table also of, majority (85.4%) of studied pregnant women had no history of abortion. In relation to the current gestational age, about half (50.6%) of studied pregnant women were in 36<sup>th</sup> -37<sup>th</sup> week.

**Table (3): Distribution of the studied pregnant women according to their knowledge traditional methods for relieving minor discomfort (n=75).**

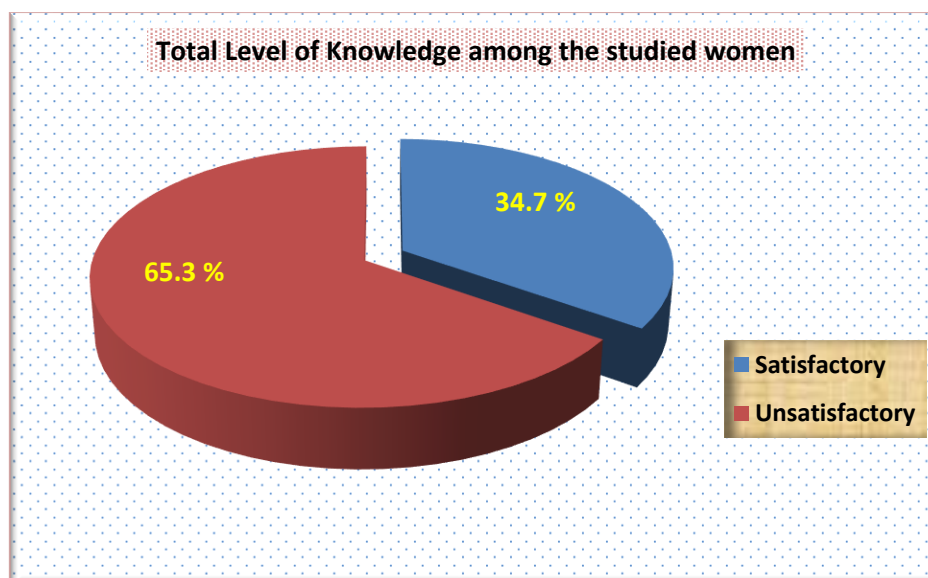
Items of knowledge	Complete correct		Incomplete correct		Don't know/incorrect	
	N	%	N	%	N	%
Definition of minor discomfort	19	25.3	36	48.0	20	26.7
Causes of minor discomfort	21	28.0	32	42.7	22	29.3
The benefits of using traditional methods	15	20.0	56	74.7	4	5.3
Possible effect of traditional methods on fetus	2	2.7	25	33.3	48	64.0
Possible effect of traditional methods on mother	8	10.7	49	65.3	18	24.0

**Table (3)** demonstrate that, distribution of the studied pregnant women according to their knowledge traditional methods for relieving minor discomfort that about three quarter (74.7%) of the studied pregnant women had incomplete correct answer regarding "The benefits of using traditional methods" and less than two third (65.3%) of the studied pregnant women had incomplete correct answer regarding "Possible effect of traditional methods on mother" and less than half (48.0%) of the studied pregnant women had incomplete correct answer regarding meaning of minor discomfort respectively. table also, less than two thirds (64.0%) of the studied pregnant women were don't know or had incorrect answer regarding "possible effect of traditional methods on fetus and more than one quarter (29.3%) of the studied pregnant women were don't know or had incorrect answer regarding "causes of minor discomfort" and about quarter (26.7%) of the studied pregnant women were don't know or had incorrect answer regarding "meaning of minor discomfort" respectively.



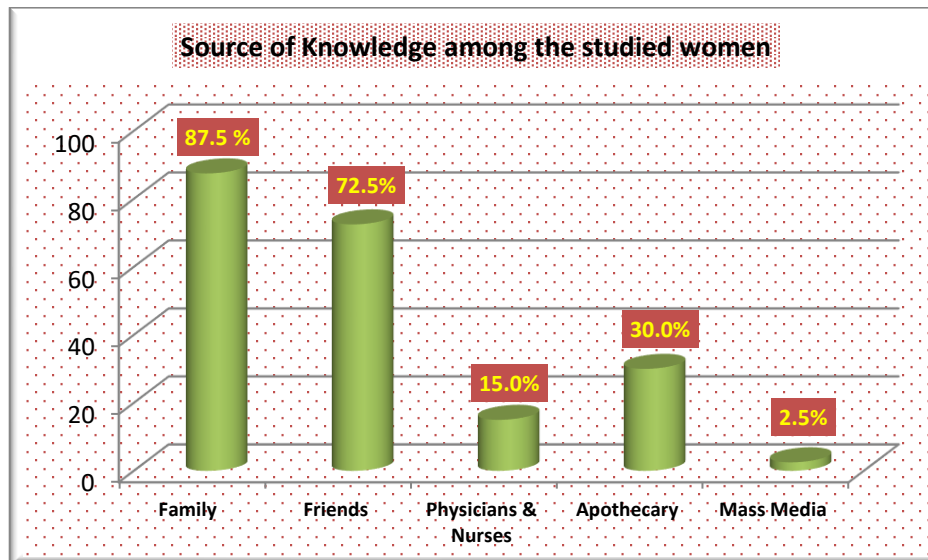
**Figure (1): Distribution of the pregnant woman-reported minor discomfort during third trimester of the current pregnancy among the studied pregnant women (n=75).**

**Figure (1)** illustrates that, the most reported minor discomfort during third trimester of the current pregnancy was morning sickness, constipation and heart burning in 45.0%, 43.7% and 35.0% of the studied women respectively. While the least common reported minor discomfort was mastalgia and back pain 15.0% and 17.5% of the studied pregnant women respectively.



**Figure (1): Distribution of the studied pregnant women according to their total level of knowledge about the traditional methods utilized for relieving minor discomfort during the third trimester of pregnancy(n=75).**

**Figure (2)** show that, less than two third (65.3%) of the studied pregnant women had unsatisfactory level of knowledge about the traditional methods utilized for relieving minor discomfort during the third trimester of pregnancy. While one third (34.7%) of the had unsatisfactory level of knowledge.



**Figure (3):** Distribution of the studied pregnant women according to their reported source of knowledge about traditional methods for relieving minor discomfort (n=75).

**Table (4):** Distribution of the studied pregnant women according to their practice for relieving back pain (n=75).

Traditional methods for back pain	NO	%
<b>Useful practices</b>		
Put a hot compress	24	32.0
Rub the back with oil	28	37.3
Take frequent bed breaks during the day	30	40.0
Lie down on a hard surface	20	26.6
Drink boiled thyme	8	10.6
11- Other methods (hot shower & drink boiled mint)	2	2.6
Putting an ointment / medication on the back (without medical prescription)	8	10.6
Using cupping on the back	8	10.6

\*Some participants have more than one choice





**Table (4)** explain that, distribution of the studied pregnant women according to their practices for relieving back pain more than one third (40.0%) of the studied pregnant women frequent bed breaks during the day, while minority (2.6%) of the studied pregnant women - Other methods (hot shower & drink boiled mint). were the most utilized traditional method for relieving back pain of the studied pregnant women respectively.

**Table (5): Distribution of the studied pregnant women according to their practice for relieving leg cramp (n=75).**

Traditional methods for leg cramp	NO	%
<b>Useful practices</b>		
Increase calcium-rich foods	20	26.6
Avoid long or hard work	6	8.0
Raise the leg on the pillow	18	24.0
Leg massage	8	10.6
Taking a deep breath	6	8.0
Put the leg in warm water and concentrated salt	16	21.3
Taking a painkiller medication (without a prescription)	19	25.3
Wrap a tight bandage on the leg	6	8.0

**\*Some participants have more than one choice**

**Table (5)** explain that, distribution of the studied pregnant women according to their practice for relieving leg cramp that about quarter (26.6%) of increase calcium-rich foods, ,while minority (8.0%) of the studied pregnant women were avoid long or hard work , taking a deep breath, Wrap a tight bandage on the leg were the most utilized traditional method for relieving leg cramp of the studied pregnant women respectively.

**Table (6): Distribution of the studied pregnant women according to their practice for relieving leg edema (n=75).**

Traditional methods for leg edema*	NO	%
<b>Useful practices</b>		
ice compress	20	26.6
Feet massage with hot oil	18	24.0
Sitting with one leg raised	28	37.3
other methods (Avoid salty food & ambulation)	4	5.3

**\*Some participants have more than one choice**

**Table (6)** explain that, distribution of the studied pregnant women according to their practice for relieving leg edema that (37.3%) were sitting with one leg raised, while minority (5.3%) were other methods (Avoid salty food & ambulation) were the most utilized traditional method for relieving leg edema of the studied pregnant women respectively.



**Table (7): Distribution of the studied pregnant women according to their practice for relieving heart burn (n=75).**

Traditional methods for heart burn*	NO	%
<b>Useful practices</b>		
Eat yogurt or milk	36	48.0
Avoid sleeping after eating	8	10.6
Chewing gum after eating	38	50.6
Avoid fatty, fried and spicy foods	10	13.3
Drink sodium bicarbonate dissolved in water	24	32.0
Increase intake of vegetables and reduce legumes	22	29.3
Drinking boiled fenugreek	22	29.3
Drink boiled mint	18	24.0
Drink warm milk	18	24.0
use other methods (eat lemon, cucumber, eat bean pebbles & cold milk)	10	13.3

\*Some participants have more than one choice

Table (7) illustrate that, distribution of the studied pregnant women according to their practice for relieving heart burn about half (50.6%) of chewing gum after eating, while minority (10.6%) of avoid sleeping after eating were the most utilized traditional method for relieving heart burn of the pregnant woman.

**Table (8): Relationship between demographic characteristics of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3<sup>rd</sup> trimester (n=75).**

Demographic characteristics		Total level of knowledge				X <sup>2</sup>	P-value
		Unsatisfactory		Satisfactory			
		N	%	N	%		
<b>Age</b> ( in years)	≤ 20	0	0.0	2	2.7	3.877	<b>0.044*</b>
	21-30	29	38.7	14	18.7		
	31-40	20	26.7	10	13.3		
<b>Occupation</b>	Housewife	39	52.0	22	29.3	0.282	0.595
	worker	10	13.0	4	5.3		
<b>Residence</b>	Rural	40	53.3	18	24.0	1.490	<b>0.022*</b>
	Urban	9	12.0	8	10.7		
<b>Educational level</b>	Cannot read or write	5	6.7	1	1.3	6.467	0.091
	Read and write	19	25.3	17	22.7		
	Secondary	20	26.7	8	10.7		
	University	5	6.7	0	0.0		
<b>Age of marriage</b>	< 20 yrs old	25	51.0	9	12.0	1.845	0.174
	≥ 20 yrs old	24	49.0	17	22.7		

P-value > 0.05 Non-significant \* P-value ≤ 0.05 Significant



**Table (8)** show that, there was statistical significant relationship between age and residence of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3<sup>rd</sup> trimester (at p-value =0.044 and 0.022 respectively). While, there was no statistical significant relationship between occupation, educational level and age during marriage of the studied pregnant women and their knowledge (at p-value =0.595, 0.091 and 0.174 respectively).

**Table (9): Relationship between obstetric history of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3<sup>rd</sup> trimester (n=75).**

Obstetric history		Total level of knowledge				X <sup>2</sup>	P-value
		Unsatisfactory (n=49)		Satisfactory (n=26)			
		N	%	N	%		
<b>Gravidity</b>	1-2	21	28.0	14	18.7	2.253	<b>0.022*</b>
	3-4	17	22.7	8	10.7		
	≥5	11	14.6	4	5.3		
<b>Parity</b>	1-2	24	32.0	15	20.0	4.839	0.304
	3-4	23	30.6	9	12.0		
	≥5	2	2.7	2	2.7		
<b>Number of abortion</b>	None	43	57.3	21	30.7	0.008	0.929
	1-2	6	8.0	3	4.0		
	≥3	0	0.0	2	2.7		

**P-value > 0.05 Non-significant \* P-value ≤ 0.05 Significant**

**Table (9)** show that, there was statistical significant relationship between gravidity history of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3<sup>rd</sup> trimester (at p-value 0.022). While, there was no statistical significant relationship between parity history and number of abortion of the studied pregnant women and their knowledge (at p-value =0.304, and 0.929 respectively).

## DISCUSSION

Pregnancy is a period where the mother tends to take care of herself so as to prepare herself for delivery. During pregnancy, the rapidly rising hormones such as estrogen, progesterone and prolactin change the maternal body into a suitable environment for the fetus and may cause symptoms minor discomforts as nausea, vomiting, constipation, excessive urination, and fatigue cause anxiety for them. Most of their discomforts can be managed by self-care measures or healthful practices ones can do (*Farooq, & Gobindgarh, 2021 and Mohamed et al., 2021*).

As regard demographic characteristics, the present study showed that more than half of the pregnant women were in age group 21-30 years with mean age  $29.83 \pm 4.89$  years, this outcome in same line with *Aldossary et al., (2018)* who conducted study " A cross sectional study about knowledge



and practice of primigravida women: Minor and common pregnancy discomforts" who revealed that more than half of the pregnant women were in age group 21-30 years. As regard to occupation, the current study showed that more than three quarters of the studied pregnant woman occupation status were housewives, this outcome harmony with **Jahan et al., (2022)** who conducted study about "Use of herbal medicines during pregnancy in a group of Bangladeshi women" and found that more than three quarters of the studied pregnant woman occu As regard to occupation, the current study showed that more than three quarters of the studied pregnant woman occupation status were housewives, this outcome harmony with **Jahan et al., (2022)** who conducted study about "Use of herbal medicines during pregnancy in a group of Bangladeshi women" and found that more than three quarters of the studied pregnant woman occupation status were housewives.

Concerning on residence, the current study illustrated that more than three quarters of studied pregnant women were from rural residence, the result in same line with study by **El-Refaey et al., (2020)** who conducted study about " The Effect of Tailored Psycho-Educational Program on Pregnant Women's Anxiety and Knowledge about Self-care Management Regarding Minor Discomforts" and founded that more than two thirds of studied pregnant women were from rural residence.

As regard to Parity, the current study displayed that more than half of the studied pregnant woman had 1-2 parity, this finding in same line with **Dağlar et al., (2019)** who conducted study about " Factors affecting the quality of life among pregnant women during third trimester of pregnancy" and represented more than half of the studied pregnant woman had 2 pregnancy.

Related to definition of minor discomfort, the current study showed that about one quarter of the studied pregnant women did not know about definition of minor discomfort, it is contradictory to the study conducted by **Mohamed et al., (2021)** entitled " Effect of Instructional Guidelines Regarding Minor Discomforts on Reducing Depression, Anxiety, and Stress Level among Primigravida" who reported in her study that three quarters of the studied pregnant women did not know about definition of minor discomfort .

As regard to source of knowledge about traditional methods for relieving minor discomfort, the current study illustrated that, majority of the studied pregnant women reported that family, friends, while less than one fifth of them reported that both physician and nurses, finally, only 2.5% of pregnant woman that mass media was the source of knowledge. This outcome consistent with study by **El-Sharkawy, & Araby (2020)** entitled " Effectiveness of Self-instructional Module on Knowledge and Remedial Practices Regarding Selected Minor Ailments Among Primigravida" and revealed that about two thirds of the studied pregnant women gain their information from family member. In contrast, This findings disagreement with result of **Khalil, & Hamad, (2019)** who conducted study about "Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City" and illustrated that about one thirds of them gain information from Friends followed by media were the most common source of information for pregnant women regarding the minor discomforts during pregnancy.

Regarding Traditional methods for back pain, the present study illustrated that two fifths of the studied pregnant women frequent bed breaks during the day, more than one third of them rub the back with oil and about one third of them put a hot compress were the most utilized traditional method for reliving back pain. This study in same line with **Sharaby, & Abd Ellatef, (2019)** who conducted study about " Effect of Self-Care Guidelines on Low Back Pain among Pregnant Women" and showed that more than one third of the studied pregnant women rub the back with oil



and about one third of them put a hot compress were the most utilized traditional method for relieving back pain.

According to the practice for relieving leg cramp of the studied pregnant, the current study showed that about quarter of the studied pregnant women increase calcium-rich foods, taking a painkiller medication (without a prescription) were the most utilized traditional method for relieving leg cramp of the studied pregnant women respectively. Also, table demonstrate in practices that, less than one quarter of the studied pregnant women reported utilization of raise the leg on the pillow and Put the leg in warm water and concentrated salt for relieving leg cramp. This outcome matched with result of **Samarakoon et al., (2020)** who conducted study about "Knowledge and Practices Regarding Self-Management of Minor Ailments among Pregnant Mothers" and showed that about one third of the studied pregnant women Take calcium supplements. Also, this result supported with **Ramadan et al., (2019)** entitled "Lifestyle Intervention for Reducing Leg Cramps among Pregnant Women" and showed that more than one third of the studied pregnant women increase calcium-rich foods to relieve leg cramp.

Concerning on traditional methods for leg edema , the current study explained that about more than one third, about one quarter of the studied pregnant were sitting with one leg raised, ice compress and feet massage with hot oil were the most utilized traditional method for relieving leg edema of the studied pregnant women respectively. This finding in same line with **Rizk et al., (2019)** who conducted study about " Self-Care Practices Utilized By Yemeni Pregnant Women in Hodeida City" who showed that about one quarter of the studied pregnant use sitting with one leg raised, ice compress to reduce leg edema.

Regarding to traditional methods for heart burn, the present study revealed that about half of the studied pregnant women chewing gum after eating, eat yogurt and milk. About one third of them drink sodium bicarbonate dissolved in water were the most utilized traditional method for relieving heart burn of the pregnant woman. This outcome agreement with study by **Sharma et al., (2020)** who conducted study about "Knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers: a descriptive study from Rajasthan" and showed that more than half of the studied pregnant women for relieving heart burn.

The present study revealed that, there was statistical significant relationship between age and residence of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3rd trimester. While, there was no statistical significant relationship between occupation, educational level and age during marriage of the studied pregnant women and their knowledge. This outcome disagreement with study by **Hassan et al., (2020)** who conduct " Impact of Tailored Educational Program on Primigravida Anxiety and Knowledge Regarding Minor Discomforts in Upper Egypt" and proved that there was statistical significant relationship between occupation, educational level of the studied pregnant women and their knowledge, While, there was no statistical significant relationship between residence of the studied pregnant women and their knowledge at.

The current study showed that, there was statistical significant relationship between gravidity history of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts during 3rd trimester. While, there was no statistical significant relationship between parity history and number of abortion of the studied pregnant women and their knowledge. This outcome in same line with **Samarakoon et al., (2020)** entitled "Knowledge and Practices Regarding Self-Management of Minor Ailments among



Pregnant Mothers" and showed that there was statistical significant relationship between gravidity history of the studied pregnant women and their knowledge regarding the utilized traditional methods for relieving minor discomforts.

## CONCLUSION

In light of the current study, it can be concluded that, more than half of the studied pregnant women reported that the utilized traditional methods for relieving minor discomfort were high effective, while more than one quarter of studied pregnant women reported moderate effectiveness and less than one quarter of studied pregnant women reported mild effectiveness. And so, less than one quarter of studied pregnant women reported none effectiveness of the utilized traditional methods. So the study answered the research question.

## RECOMMENDATIONS

- Health education program for women should be developed to raise their awareness about the physiology of pregnancy and useful traditional practices during pregnancy.
- This study could be replicated to larger sample and in different settings to generalize the findings.

### Further research recommendation:

- Implement educational programs for pregnant woman maternal and child health centers of traditional methods and prevention of hazard and avoid their unhealthy lifestyle behaviors.
- service training for all nurses and health care providers at maternal health services to update their knowledge, increase their ability to care for pregnant woman with discomforts and instruct pregnant woman to avoid their un healthy life style behaviors.

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