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A descriptive study to assess the level of knowledge on yoga therapy among antenatal mothers

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Abstract

The present aim was to assess the existing level of knowledge on yoga therapy among antenatal mothers residing in MMDA colony maduravoyal. A quantitative approach with descriptive research design was used for the present study 30 antenatal mothers in MMDA colony were selected by using

non probability purposive sampling technique. Self-structured questionnaire method was used to collect the demographic data and the current level of knowledge on yoga therapy among antenatal mothers.

Keywords: Antenatal mothers, yoga therapy, Knowledge, Assessment

Introduction

Yoga is an ancient mind-body practice that originated in India and is becoming increasingly recognized and used in developed nations as a health practice for a variety of immunological, neuromuscular, psychological, and pain conditions ^[1, 2]. The word yoga comes from the Sanskrit term “yug” and directly translates as “to unite”; more broadly, it means to work towards a unified experience of the self and improved health ^[3]. Most recognized for its potential to create balance along emotional, mental, physical, and spiritual dimensions, yoga is a comprehensive system that uses physical postures (*asana*), breathing exercises (*pranayama*), concentration and meditation (*dharana* and *dhyana*), and contemplative practice. Although there are a plethora of lineages and schools of yoga that are offered in modern society, practices typically include at least the physical postures and breathing exercises. Yoga is thought to alter nervous system regulation and physiological system functioning (e.g., immune, endocrine, neurotransmitter, and cardiovascular) and improve psychological well-being (e.g., frequency of positive mood states and optimism) and physical fitness (e.g., strength, flexibility, and endurance) ^[2].

Pregnancy is a condition in which women undergo distinct physiological changes and stress and is accompanied by unique physical and psychological demands. There is a need to manage the various physical, emotional, mental, and pain states that arise throughout the stages of pregnancy and labour. The well-being and quality of life of the mother is critical for optimal pregnancy outcomes; self-soothing techniques, psychoeducation, and relaxation are particularly important in this transitional and meaningful time ^[4]. Maternal stress and anxiety during pregnancy is associated with a host of negative consequences for the fetus and subsequent development. For instance, fetal exposure to maternal stress and stress-related peptides is a risk factor for adverse outcomes on the programming of the nervous system and brain morphology of fetuses, infants, and children. Early gestational stress exposure is associated with negative outcomes at different developmental stages, slowed maturation and behavioural response patterns in fetuses, alterations in neonatal stress regulation and behavioural reactions to stress, blunted cognitive functions and emotional and behavioural problems in infants and toddlers, and reduced brain volume in areas associated with cognitive function in children ^[5].

Motherhood is a great responsibility and it is woman’s highest crown of honour ^[6]. Pregnancy is the state of carrying a developing fetus within a body. The word “pregnant” comes from Latin word ‘pre’ meaning before, ‘(g)natus’ meaning birth, so the pregnant means before (giving) birth ^[7]. Pregnancy is the vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the better outcome of pregnancy ^[8].

Pregnancy is not just a matter of waiting to give birth. It is often a defining phase in women life; can be joyful and pleasant experience. It can also be one of misery and suffering for few. Pregnancy is natural but it does not mean it is problem free ^[9]. Early and regular prenatal care is the best way to ensure the healthy outcome for mother and child.

Understanding the development of changes during pregnancy helps to better provide anticipatory guidance and identifying deviation from the expected pattern of development [10].

Physical exercise can be helpful in the management of stress and other associated conditions or symptoms accompanying pregnancy, such as edema, gestational hypertension or diabetes, mood instability, musculoskeletal discomfort, aches, and weight gain. Engaging in physical exercise during pregnancy was once regarded as a risky behaviour, although it is increasingly recognized as safe and is encouraged in routine prenatal care. Melzer et al. concluded that regular physical exercise has maternal and fetal advantages that outweigh risks and recommend at least 30 minutes of exercise, most days of the week for the prevention and treatment of conditions associated with inactivity, such as gestational diabetes and hypertension [9].

Labour pain is a subjective and multidimensional experience that varies according to each woman's individual perceptions of and reactions to nociceptive information during labour and is influenced by psychosocial, cognitive, and physiological factors [13]. It is suggested that practitioners use a multidisciplinary approach to pain management in labour and incorporate both pharmacological and non-pharmacological approaches that can be tailored to individual preferences and needs [14]. Confidence, self-efficacy, and coping ability are considered important for a positive labour experience, and maternal prenatal anxiety is negatively associated with prelabour self-efficacy for child-birth and labour pain [15]. Other psychological factors, such as pain catastrophizing, have been associated with greater lumbopelvic pain during pregnancy and with decreased postpartum physical ability and can also predict the request for pain relief during labour [16].

Materials and Materials

The quantitative approach with descriptive research design was adopted for the present study. After obtaining ethical clearance from the Institutional Ethical Committee (IEC) head of the village and a formal permission from the health authorities, the study was conducted. A total of 30 antenatal mothers who met the inclusion criteria was selected by non-probability convenience sampling techniques. The inclusion criteria includes antenatal mothers between the age group of 20- 35 years, who are willing to participate who can read, write and understand Tamil and English. The exclusion criteria includes for the study participants were antenatal mothers who are critically ill and with previous history of psychiatric disorders .The purpose of the study was explained to each of the study participants by the investigator and a written informed consent was obtained before collecting the data. The demographic data and the current level of knowledge was collected by using the self-structured questionnaire and the collected data were tabulated, analysed

Section IV

Table 3: Association between levels of knowledge on yoga therapy with demographic variable of antenatal mother N=30

S. No.	Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Value
		No.	%	No.	%	No.	%	
1.	AGE							$\chi^2=4.062$ d.f=6 p = 0.668 N.S
	a) <25 years	2	6.6	5	16.6	1	3.3	
	b) 25-35 years	4	13.3	8	26.6	2	6.6	
	c) >35 years	2	6.6	5	16.6	1	3.3	
2.	Residence							

by using descriptive and inferential statistics.

Results and Discussion

Section I: Demographic characteristics

In this study, regarding age out of 30 sample 7(23%) were comes under the age group of <25 years, 15(50%) were comes under the age group of 25-35 years, 8(27%) were under the age group >35 years. Regarding residence 30(100%) were in urban, 0(0%) were in rural. Regarding education 3(10%) were studied nursery, 10(33%) were studied primary, 12(40%) were studied secondary and 5(17) had no formal education.

Regarding occupation 5(17%) were Cooley, 11(37%) were company worker and 14(46) were house wife. Regarding type of family 18(60%) were belongs to nuclear family, and 12(40%) were belongs to joint family. Regarding type of gravida 16(53%) were primigravida, and 14(47%) were multigravida. Regarding have you ever smoked during pregnancy 2(7%) were smoked during pregnancy, and 28(93%) were didn't smoked during pregnancy.

Section II: Existing level of knowledge on yoga therapy among antenatal mothers in MMDA colony.

Table 1: Frequency and percentage distribution of level of knowledge on yoga therapy among antenatal mother

Level of knowledge on yoga therapy	Frequency	Percentage
Inadequate	28	28%
Moderate	49	49%
Adequate	23	23%

The data presented in Table I shows that level of knowledge on yoga therapy among antenatal women, out of 30 samples 28(28%) have inadequate knowledge, 49(49%) have moderate knowledge and 23(23%) have adequate knowledge.

Section 3

Table 2: Distribution of mean and standard deviation of level of knowledge on yoga therapy among antenatal mother

Level of knowledge on yoga therapy	Mean	Standard Deviation
Inadequate	8.90	2.49
Moderate	10.70	1.91
Adequate	7.82	2.88

Table II shows the mean and standard deviation of level of knowledge on yoga therapy among antenatal mother. The mean score for inadequate knowledge is (8.90), moderate knowledge is (10.72) and adequate knowledge is (7.82) and standard deviation score for inadequate knowledge is (2.49), moderate knowledge is (1.91) and adequate knowledge is (2.88).

	a) Urban	7	23.3	14	46.6	9	30	$\chi^2=1.807$ d.f=4 p = 0.771 N.S
	b) Rural	0	0	0	0	0	0	
3.	Education							$\chi^2=2.278$ d.f=6 p = 0.892 N.S
	a) Nursery	0	0	2	6.6	0	0	
	b) Primary	2	6.6	6	20	1	3.3	
	c) Secondary	3	10	8	26.6	2	6.6	
	d) No formal education	1	6.6	5	16.6	0	0	$\chi^2=4.062$ d.f=4 p = 0.05 S*
4.	Occupation							
	a) Cooley	1	6.6	5	16.6	0	0	
	b) Company worker	2	6.6	6	20	1	3.3	
	c) House wife	4	13.3	9	30	2	6.6	
5.	Type of family							$\chi^2=0.257$ d.f=2 p = 0.879 N.S
	a) Nuclear	4	13.3	11	36.6	2	6.6	
	b) Joint	3	10	8	26.6	2	6.6	$\chi^2=10.474$ d.f=4 p = 0.033 S*
6.	Type of gravida							
	a) Primigravida	4	13.3	10	33.3	2	6.6	
	b) Multigravida	4	13.3	9	30	1	3.3	$\chi^2=3.335$ d.f=4 p = 0.503 N.S
7.	Have you ever smoked during pregnancy							
	a) Yes	2	6.6	5	16.6	1	3.3	
	b) No	5	16.6	15	50	2	6.6	

S: Significant: N.S: Non significant

Above table reveals that, chi-square analysis was done to find out the association between the levels of knowledge on yoga therapy among antenatal women with their selected demographic variables. The findings suggested that the demographic variables of occupation and type of gravida had shown statistically significant association with level of knowledge on yoga therapy among antenatal women at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with antenatal women.

Conclusion

The findings revealed that the existing level of knowledge on yoga therapy among antenatal mothers was average and there is a need to improve the knowledge about yoga therapy and create awareness by conducting health education programmes.

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