



TREND OF FACTORS IN SELF-CARE IN PREGNANT WOMEN AT QAZVIN PROVINCE IN IRAN

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ABSTRACT

Background: Self-care is part of people's daily lives and includes care that extends to children, family, friends, neighbors and local communities. The aim of this study was to investigate the level of self-care awareness and performance ratio of pregnant women and determine the factors affecting self-care. **Materials and Methods:** This descriptive cross-sectional study was performed. The study population was 90 pregnant women in Qazvin who referred to the educational and medical centers of Qazvin University of Medical Sciences. Data were collected and analyzed using a standardized questionnaire (its validity was determined by several experts and its reliability was determined by pilot design and Cronbach's alpha value of 74%). **Results:** The rate of self-care among mothers was observed in the age factor at a very good level of 73.5% and at the level of the employment factor 89% and the level of the income factor 67% and the factors of residence and weight with the lowest level in the self-care model between 40 to 56%. **Conclusions:** In the self-care model of pregnant mothers, age and occupation factors have the most impact on the care of individuals and then the level of income and education and then the place of residence and weight also played an important role in this regard.

KEYWORDS: Self-care, pregnant women, pattern.

INTRODUCTION

Self-care means conscious, learned and purposeful actions and activities that a person takes in order to maintain life and provide, maintain and promote the health of him/her and him/her family.^[1] Self-care is part of people's daily lives and includes care that extends to children, family, friends, neighbors and local communities.^[2] In fact, self-care includes actions that people take to stay healthy, maintain their physical health, meet their social and psychological needs, and prevent illness or accident.^[3] Improve chronic illnesses and conditions and also protect their health after acute illness or hospital discharge. Self-care reduces medical referrals, and engages individuals in planning and deciding on their somatic actions.^[4] Sometimes the concept of self-care is misunderstood and mistaken for self-medication. Self-medication is the concept of attempting treatment without having sufficient information about the symptoms and diseases or arbitrary

and non-standard treatment decisions. Arbitrary behavior that does not meet the standards of self-care is the misuse of drugs, which not only does not cure the disease, but also causes long-term drug side effects.^[5] Women's health is important in two ways. On the one hand, as a mother and someone whose foundation depends on a family and the health of their children, and on the other hand, as an independent human being who comprises fifty percent of the country's population.^[6] For this reason, the World Health Organization considers maternal health as one of the main indicators of community health. Another important issue for pregnant women is that they should receive training before, during and after pregnancy in order to deal well with the issues and problems during and after pregnancy, so that we can finally improve the pregnancy and Take care of the health of the mother as much as the health of her baby.^[7] According to previous research showing that self-care reduces the number of visits to general practitioners by

40%, the number of visits to specialist doctors by 17%, the number of visits to the emergency department by 50%, the rate of hospitalization by 50%, and the number of absences by 50%. At the same time, self-care reduces the country's medical expenses.^[8]

MATERIALS AND METHODS

In this study, we use a cross-sectional analytic-descriptive study that the time of this study is 2019 in Qazvin and on pregnant women referring to the educational and medical centers of Qazvin University of Medical Sciences in Qazvin province of Iran. In this research project, we used a standard questionnaire whose validity was determined by several experts and its reliability was determined by pilot design and Cronbach's alpha of 74%. The collected data were entered into SPSS 22 software by Chi-square test methods and the factors were analyzed by factor analysis.

FINDINGS

This cross-sectional study was performed on pregnant women in Qazvin in 2019 in the educational and medical centers affiliated to Qazvin Medical Sciences Hospital. In this study, 90 pregnant women referred to health centers were selected by simple random sampling, with the highest yen in the age group of 20 to 30 years with a mean age (26 ± 7.7), the highest weight in the group between 60 to 80 kg with a mean weight (9 ± 76) kg. Most of them were housewives.

Among the participants in the study, people over 40 years old and the age group of 20-30 years old had the highest level of self-care and there was a significant relationship between age and self-care level (table1). Among the participants in the study, people with cesarean section had the highest level of self-care and there was no significant relationship between the type of delivery and the level of self-care (table2). Among the participants, housewives had the highest level of self-care and there was a significant relationship between job and self-care (table3).

Table 1: Self-care status pattern by age groups.

Have not Self-care		Have Self-care		Self-care
(Percent)	(Freq)	(Percent)	(Freq)	Age
10	1	90	9	Under 20 years
27.5	14	72.5	37	Between 20 - 30 years
35	7	65	13	Between 30 -40 years
0	0	100	2	Over 40 years
26.5	22	73.5	61	Total
$\chi^2 = 2/8$ $P = 0/04$ $df=3$				Chi-square test

Table 2: Comparison of self-care status pattern by type of delivery.

Have not Self-care		Have Self-care		Self-care
(Percent)	(Freq)	(Percent)	(Freq)	Type of delivery
31.1	14	68.9	31	Natural childbirth
20	5	80	20	Cesarean section
27.1	19	72.9	51	Total
$3df=$ $= 0/3$ $P=3/5$ χ^2				Chi-square test

Table 3: Job self-care status pattern.

Have not Self-care		Have Self-care		Self-care
(Percent)	(Freq)	(Percent)	(Freq)	Job
24.7	18	75.3	55	housewife
44.4	4	55.6	5	Employed
26.8	22	73.2	60	total
$1df=$ $= 0/009$ $P=1/5$ χ^2				Chi-square test

DISCUSSION

This study, the level of household income of these people is lower than average, with the level of diploma education and the place of residence is the highest of them in the city. And singleton was more common among clients. Mortality was low among them and most of them were in the 24th week of pregnancy. They chose the sex of their son, son, and natural childbirth. The rate of self-care among mothers was seen at a very good level

of 73.5%. In the self-care model, the first influential factor was age. There was a significant relationship between the age of individuals and the level of self-care. Pregnant women under 24 years of age with over 40 years of age had less self-care than the age group between 25 and 35 years. This group was also observed in other studies that a 2007 study by U Söderhamn and M Bachrach-Lindström on patient self-care ability, this is consistent with our study.^[9] Also, another effective factor

in the self-care model of mothers' occupations was that the highest level of self-care was observed in housewives at an excellent level of 89.5%, which is in good agreement with other studies. And had daily activities as well as her own baby, which was observed in a significant relationship compared to working mothers and this study should be created for leave or comfortable jobs for pregnancy through ministry policies because a healthy society depends on a healthy mother and baby and better care. During pregnancy, a healthier baby and a healthier mother after childbirth can live a more comfortable life. The factor that is in the third stage in the model of self-care is the economic level of the household. The study was found to be inconsistent with other studies. It is the level of income that people with high incomes were expected to have the highest level of self-care and less income the level of less self-care. In the lower levels of the self-care model, the effect of the degree, master's degree, the highest diploma minister, the lowest level of self-care was seen, and there was a significant relationship that has been confirmed in other studies.^[10] The next factor in this regard was the place of residence, although it had the lowest level, but in other studies.^[11-13] that people living in rural areas had a higher level of self-care 78.5 percent than urban residents who were 59.6 percent, which The reason was seen in most rural women referring to health centers due to frequent follow-up of health center staff or improving the health needs of rural pregnant mothers and a significant relationship was also seen in this regard.^[14-17] The last factor that can continue to affect the self-care model as a factor or to be examined in other studies was the weight of mothers who had the highest level of self-care in the weight group between 80 to 100 kg, but the relationship between weight and self-care and weight gain Has not been and more care of these people due to high weight who need more to go to health centers and weight control has increased the role of weight factor in this pattern.

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