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# Pregnancy Self-Care Gaps Between First-Time and Experienced Mothers in Iraq

*Kesenjangan Perawatan Mandiri Kehamilan Antara Ibu yang Baru Pertama Kali Melahirkan dan yang Sudah Berpengalaman di Irak*

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## Abstract

This study explores self-care behaviors among primigravida and multigravida women in Holy Karbala City, focusing on managing minor pregnancy discomforts. Amidst hormonal changes that alter the maternal body, understanding and implementing effective self-care is pivotal for pregnant women's health. This descriptive quantitative research utilized a non-probability sample of 350 women across three trimesters, analyzed using SPSS version 26. Results indicate that self-care behaviors were moderate overall and similarly moderate concerning minor discomforts. A significant correlation was found between the women's self-care behaviors and their educational level, occupation, family type, gravidity, number of abortions, parity, and length of marriage, with respective p-values of .001, .002, .004, .001, .002, .008, .050, and .011. The findings highlight the necessity of targeted educational strategies to enhance self-care practices among pregnant women, addressing demographic and reproductive characteristics that influence these behaviors.

**Highlights:**

- Moderate Self-Care: Both primigravida and multigravida women displayed moderate self-care for pregnancy discomforts.
- Correlation with Demographics: Self-care behaviors correlate significantly with education, occupation, and family type.
- Need for Education: Findings suggest enhancing educational programs to improve self-care among pregnant women.

**Keywords:** Pregnancy Self-Care, Primigravida, Multigravida, Discomfort Management

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# 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 [1]. 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 [2]. 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 [3]. 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 [4]. Pregnant women may experience psychological, social, and behavioral distress due to the necessary adjustment, particularly if their quality of life is low [5]. The effects of the hormones progesterone and estrogen take precedence over these modifications [6].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 [7]. 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 [8].

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 [9]. 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 [10]. 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 [11].

# Method

## A. 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.

## B. 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.

## C. 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.

## D. 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.

## E. 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 sufficientfrom December 21 to December

28, 2023,

## F. 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.

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

## A. Results

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.

| 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

**Figure 1.** *The distribution of women based on their sociodemographic attributes*

According to this Figure 4 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

| 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 |
| | | 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

**Figure 2.** *Distribution of Women based on Features of Reproductive Health*

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 [12].
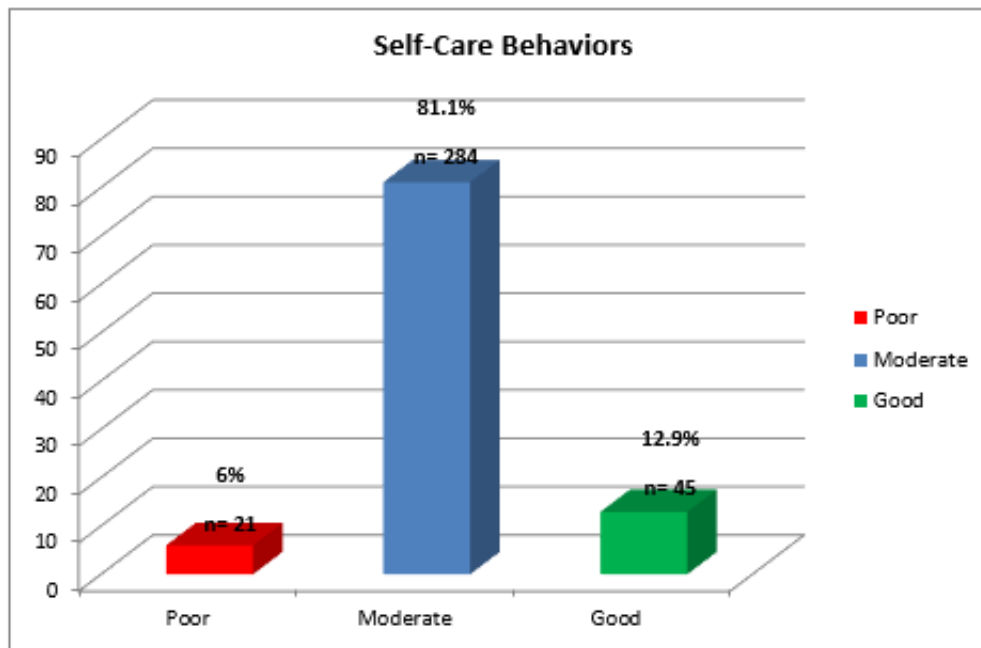
| Self-care behavior | f | % | M | SD | Ass. |
|---|---|---|---|---|---|
| Poor | 21 | 6 | 203.49 | 28.786 | Moderate |
| Moderate | 284 | 81.1 | | | |
| Good | 45 | 12.9 | | | |
| Total | 350 | 100 | | | |

**Table 1.** *Assessment of Self-Care Behavior Concerning Management of Physiological Minor Discomforts during Pregnancy among Women*

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 3.** *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.

| 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 |

**Table 2.** *Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Nausea & Vomiting" among Women (N=350)*

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.

| 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 |

**Table 3.** *Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Constipation and Hemorrhoids" among Women (N=350)*

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.

| 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 |

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

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.

| 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 |

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

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.

| 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 |

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

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).

| 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 |

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

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

| 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 |

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

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.

| Variables | | Self-care behaviors | | | | Association |
|---|---|---|---|---|---|---|
| | | Poor | Moderate | Good | Total | |
| Age (year) | > 20 | 2 | 32 | 3 | 37 | $\zeta$ = .086 P-value= .109 Sig= N.S |
| | 20 – 29 | 7 | 138 | 19 | 164 | |
| | 30 – 39 | 5 | 127 | 5 | 137 | |
| | 40 ≤ | 2 | 10 | 0 | 12 | |
| | Total | 16 | 307 | 27 | 350 | |
| Level of education | Doesn't read & write | 5 | 27 | 3 | 35 | $\zeta$ = .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 | $\zeta$ = .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 | $\zeta$ = .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, $\zeta$: Spearman Correlation coefficient, $r^{*}$: Biserial correlation coefficient, P: Probability and Sig: Significance,

**Figure 4.** *Relationship among Overall Self-Care Behaviors among Women and their Sociodemographic Variables (N=350)*

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.

| Variables | | Self-care behaviors | | | | Association |
|---|---|---|---|---|---|---|
| | | Poor | Moderate | Good | Total | |
| **Gravidity** | Primigravida | 4 | 108 | 15 | 127 | $r^*$= .447<br>P-value= .001<br>Sig= H.S |
| | Multigravida | 12 | 199 | 12 | 223 | |
| | *Total* | 16 | 307 | 27 | 350 | |
| **Abortion** | None | 5 | 176 | 18 | 199 | $r_s$= .164<br>P-value= .002<br>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<br>P-value= .008<br>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<br>P-value= .134<br>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<br>P-value= .050<br>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<br>P-value= .011<br>Sig= S |
| | 6 – 10 years | 7 | 70 | 4 | 81 | |
| | 11 – 15 year | 4 | 30 | 1 | 35 | |
| | 16 year ≤ | 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.*

**Figure 5.** *Relationship among Overall Self-Care Behaviors among Women and their Reproductive Health Variables (N=350)*

According to this Figure 5, 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.

## B. 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, which found that the majority of the women were in the age group of 18 to 25 years, as well as another study [13], 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.

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, 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 [14]. 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. The results of this investigation showed that over half of the study sample was a member of a nuclear family. concur with Ayoub & Awed 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 [15]. 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. Figure 5 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 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 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. Figure 5 The present study is in agreement with the research carried out by Khalid and Hamad 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, who found no significant relationship between participants' pretest knowledge scores and any of their demographic variables other than family structure and educational status.

# Conclusions

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.

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