A study on problem faced by pregnant women

[1]Arachselvi E,[2]Mrs. K.S.Bala ThirupuraSundari

ABSTRACT--This Study is all about the problems faced by pregnant women. The main aim of the study is to create awareness about pregnant women. Descriptive research helps to portray accurately the characteristics of particular individual, situation or group. Convenience sampling method is used in this study to collect the samples. When population elements are selected for inclusion in the sample based on access is called convenience sampling. The statistical tool used is percentage analysis, which includes Independent sample t test, Chi-square, Correlation and ANOVA. The total number of responses collected in the survey is around 1638 .It was found that constitution makes it mandatory for the Government to protect and promote freedom, and to assure every citizen a decent standard of living. In this study I have concluded that a significant proportion of pregnancies are complicated by serious medical illness requiring treatment. Regardless of a worldwide requirement for the utilization of drug during pregnancy, the medicinal research network needs rigorous proof for security and adequacy of medications and preventives frequently taken by pregnant ladies. Given the organic contrasts between pregnant ladies and the remainder of the populace, the need to assemble information on the manner by which meds act in the pregnant body is basic to the wellbeing of pregnant ladies and their posterity.

Keywords--Pregnant women, safe treatment, medical care, maternity care, hospital.

I. INTRODUCTION

Comprehensively, a huge extent of pregnancies are confounded by genuine medicinal sickness requiring treatment. In spite of a presumption or maybe a desire that pregnancy happens just against a scenery of "immaculate wellbeing," ladies frequently defy ailment even with pregnancy or pregnancy notwithstanding sickness (Nagamani et al. 2011).A huge number of models ring a bell: a pregnant lady contracts intestinal sickness, a lady with diabetes winds up pregnant, a lady with a relentless mental disease that is well-constrained by prescription needs to have a tyke, or maybe a pregnant lady is determined to have HIV at her first antenatal consideration visit (Wooldredge and Masters 1993). In every one of these cases, the need of medicine use during pregnancy to treat or oversee constant sickness or new contamination is certain. Truth be told, a huge extent of pregnant ladies take drug eventually during their pregnancy, if not over the span of their pregnancy (Sandhyasri et al. 2012). In the United

[1]B.A.,.L.L.B., 1st Year , Saveetha School of Law, Saveetha Institute of Medical and Technical Sciences(SIMATS), Saveetha University, Chennai,7339566722 arachselvi2001@gmail.com

[2]Assistant Professor of Law, Saveetha School of Law, Saveetha Institute of Medical and Technical Sciences (SIMATS)Saveetha University, Chennai-77,balatripurasundari.ssl@saveetha.com,Mobile no: 9600031223

States, the same number of as 70% of ladies took at any rate one professionally prescribed medicine during pregnancy. Certain illness states make this need striking (Mazinova and Hayaliev 2017). To comprehend the hugeness of the weight of ailment and consequent utilization of drugs during pregnancy, be that as it may, we should recognize that meds act contrastingly in the pregnant body. Similarly as regarding youngsters as just smaller than expected grown-ups with regards to restorative science is untrustworthy, thus, as well, is regarding pregnant ladies as only ladies with enormous midsections (Murphy and Rosenbaum 1999).The pregnant body can go about as a "trump card" with regards to utilizing drugs during pregnancy, certain meds dosed for non-pregnant grown-ups can clear the body also rapidly to offer remedial advantage. Others may explicitly focus on the creating baby, causing damage, and neglect to treat the pregnant lady's sickness by any stretch of the imagination (Revankar et al. 2017) .Be that as it may, we need strong proof to evaluate the manner by which prescriptions are used by the pregnant body, the degree to which meds treat the lady's wellbeing condition, and how much drugs influence the baby (Pasch and Dunkel-Schetter 1997). At times, treatment regimens are dictated by information gathered from broad libraries following coincidental presentation; in different cases, treatment regimens are controlled by past episodic proof. Treating without progressively complete proof can prompt sub-remedial dosing of meds in pregnant ladies, wherein the sickness advances unchecked in light of the fact that the pregnant body uses the compound too rapidly (Hunt 1975). Plainly, pregnant ladies merit restorative consideration to viably treat their ailments, and research is expected to guarantee this. Also, pregnant ladies and the posterity they convey merit access to safe medications and preventives. The authoritative case to represent the results of neglecting to direct fetal wellbeing research, understood to most, is thalidomide (Elkayam 1995). At present, the absence of research in pregnancy brings about a move of hazard from the controlled, exceptionally directed setting of an exploration preliminary to the unmonitored, exceedingly factor setting of the center (Netshikweta and Ehlers 2002). Such an exchange of hazard at last risks fetal security for a far more noteworthy extent of pregnancies than does directing fundamental research with regards to a little and thoroughly observed wellbeing preliminary (Netshikweta and Ehlers 2002)**. The aim of the study is to study the problems faced by pregnant women.

II.   OBJECTIVES

- To know what are the problems faced by pregnant women especially working women.
- To examine hospitals give the clean medical care to pregnant women.
- To analyse the support they get from the family members and spouse.
- To enhance the stress free time and work-life balance.

Hypothesis

H0 : There is no significant association between the governmental schemes and problems faced by pregnant women.

H1 : There is a significant association between the governmental schemes and problems faced by pregnant women.

III.   REVIEW OF LITERATURE

- Complications of being pregnant are fitness problems that arise for the duration of pregnancy. They can contain the mother's health, the baby's fitness, or both *(Nagamani et al. 2011)*.

- Some girls have health troubles that stand up throughout being pregnant, and different ladies have health troubles earlier than they become pregnant that could cause headache *(Wooldredge and Masters 1993)*.

- It is very crucial for girls to obtain fitness care earlier than and for the duration of pregnancy to lower the threat of pregnancy complications. Make positive to talk to your medical doctor about fitness troubles you've got now or have had in the past (*Sandhyasri et al. 2012*).

- If you're receiving treatment for a fitness trouble, your fitness care issuer would possibly need to alternate the manner your health trouble is controlled. For example, a few drug treatments used to treat health problems might be dangerous if taken at some point of pregnancy *(Mazinova and Hayaliev 2017)*.

- At the same time, preventing drugs which you need might be extra harmful than the risks posed to you turn out to be pregnant. In addition, make certain to speak about any problems you had in any preceding being pregnant *(Murphy and Rosenbaum 1999).*

- If health troubles are beneath manage and you get exact prenatal care, you are possibly to have an everyday, wholesome baby. Pregnancy signs and headaches can range from mild and annoying discomforts to excessive, occasionally existence-threatening, ailments *(Revankar et al. 2017).*

IV.   RESEARCH METHODOLOGY

The researcher obtained primary source of data by conducting **an empirical study** on seeking responses from the general public based on a questionnaire and also relied on secondary sources of data such as books, journals, e-sources, articles and newspaper The present research is conclusive, descriptive and based on empirical design. Qualitative data was generated to test the research hypothesis. In order to collect data on dimensions of study, a research instrument was designed.

This research paper used the empirical type of research which is done by the survey method with 65 questions. The sample size of the paper is 1638. Statistics is on percentage analysis. The sample method is random sampling method. The primary sources are taken from the general public in the form of survey method. The information was collected from secondary sources from journals, articles, books and reports of presidency and non governmental organisation.

V.   ANALYSIS AND DISCUSSION

TABLE 1: AGE

H0 : There is no significant association between age and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

H1 : There is a significant association between age and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

Table 1: Age of the Respondents(in years)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100	6.1	6.1	6.1
21-25	314	19.2	19.2	25.3
26-30	435	26.6	26.6	51.8
31-35	326	19.9	19.9	71.7
36-40	138	8.4	8.4	80.2
above 40	146	8.9	8.9	89.1
below 20	179	10.9	10.9	100.0
Total	1638	100.0	100.0	

Age of the Respondents(in years) * Are you aware that many pregnant women get backache during pregnancy because of the combination of softened *ligaments and increasing weight which alters your posture?*

Table 2: CrosstabCount

		Are you aware that many pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture?			Total
			No	Yes	
1.Age of the Respondents(in years)		100	0	0	100
	21-25	0	113	201	314
	26-30	0	205	230	435
	31-35	0	183	143	326
	36-40	0	59	79	138
	above 40	0	109	37	146
	below 20	0	56	123	179
Total		100	725	813	1638

Table 3 : Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1797.289[a]	24	.000
Likelihood Ratio	925.064	24	.000
N of Valid Cases	1638		

a. 10 cells (25.6%) have expected count less than 5. The minimum expected count is .12.

Interpretation : Using Chi square test, it was found that p value is less than 0.05, which shows that the null hypothesis is rejected. Therefore, There is a significant association between age and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

GENDER TABLE: 2

H0 : There is no significant association between gender and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

H1 : There is a significant association between gender and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

Table 4: Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		100	6.1	6.1	6.1
	Female	694	42.4	42.4	48.5
	Male	844	51.5	51.5	100.0
	Total	1638	100.0	100.0	

Gender *Are you aware that many pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing *weight which alters your posture?*

Table 5 : CrosstabCount

	7.Are you aware that many pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture?			Total
		No	Yes	Total
2. Gender	100	0	0	100
Female	0	254	440	694
Male	0	382	462	844
Total	100	636	902	1638

Table 6: Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1650.546[a]	4	.000
Likelihood Ratio	764.801	4	.000
N of Valid Cases	1638		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.11.

*Interpretation :*Using Chi square test, it was found that p value is less than 0.05, which shows that the null hypothesis is rejected. Therefore, There is a significant association between gender and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

MARITAL STATUS TABLE:3

H0 : There is no significant association between marital status and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

H1 : There is a significant association between marital status and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

Table 7: Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100	6.1	6.1	6.1
Divorcee	143	8.7	8.7	14.8
Married	484	29.5	29.5	44.4
Separated	126	7.7	7.7	52.1
Unmarried	785	47.9	47.9	100.0
Total	1638	100.0	100.0	

*Marital Status * Are you aware that many pregnant women get backache during pregnancy because of the combination of softened* ligaments *and increasing weight which alters your posture?*

Table 8 : CrosstabCount

	7.Are you aware that many pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture?			Total
		No	Yes	
5. Marital Status	100	0	0	100
Divorcee	0	116	27	143
Married	0	153	331	484
Separated	0	39	87	126
Unmarried	0	328	457	785
Total	100	636	902	1638

Table 9: Chi-Square Tests

	Value	df	Asymptotic Significance (2-

			sided)
Pearson Chi-Square	1763.522[a]	8	.000
Likelihood Ratio	873.492	8	.000
N of Valid Cases	1638		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected

count is 6.11.

*Interpretation :*Using Chi square test, it was found that p value is less than 0.05, which shows that the null hypothesis is rejected. Therefore, There is a significant association between marital status and pregnant women get backache during pregnancy because of the combination of softened ligaments and increasing weight which alters your posture.

VI.   CONCLUSION

So, I conclude that the issue opens with two essential pieces. The main frameworks the worldwide weight of malady in pregnancy, initially a foundation report for meeting members; the second investigates the administrative scene of research with pregnant ladies. The issue at that point moves to arrangement of eight contextual analyses that embody moral difficulties of incorporating pregnant ladies in research, drawing from an assorted variety of nations, ailment states, and study structures. The initial two spotlight on diabetes-related mediations. They are trailed by two cases that worry the utilization of pre-presentation prophylaxis for HIV during pregnancy. The following three contextual analyses take a gander at issues explicit to look into on obstetric conditions, and the latter is a case based on one pregnant lady during the Ebola pestilence, featuring the genuine, human expenses of the avoidance of pregnant ladies from research. A more extended structure article at that point gives a profound jump, from the viewpoint of the Ethics Review Committee of the World Health Organization, into the deliberate prohibition of pregnant ladies from clinical preliminaries during the Ebola plague. The last article offers a concise rundown of the 2016 GFBR gathering.

REFERENCES

1. Beckett, Katherine. 1995. "Fetal Rights and 'crack Moms': Pregnant Women in the War on Drugs." *Contemporary Drug Problems*. https://doi.org/10.1177/009145099502200404.

2. Elkayam, Uri. 1995. "Cardiovascular Problems in Pregnant Women with the Marfan Syndrome." *Annals of Internal Medicine*. https://doi.org/10.7326/0003-4819-123-2-199507150-00007.

3. Gokce, Gokcen. 2015. "Assessment of Macular Peripapillary Nerve Fiber Layer and Choroidal Thickness Changes in Pregnant Women with Gestational Diabetes Mellitus, Healthy Pregnant Women, and Healthy Non-Pregnant Women." *Medical Science Monitor*. https://doi.org/10.12659/msm.893221.

4. Goland, Sorel, and Uri Elkayam. 2009. "Cardiovascular Problems in Pregnant Women With Marfan Syndrome." *Circulation*. https://doi.org/10.1161/circulationaha.104.493569.

5. Hunt, Vilma R. 1975. *Occupational Health Problems of Pregnant Women: A Report and Recommendations*.

6. "Infertility: Problems Getting Pregnant and Past Infertility Diagnosis Among California Women, 2003." 2006. *PsycEXTRA Dataset*. https://doi.org/10.1037/e576422006-001.

7. Diorgejônatasmarmitt, shannabitencourt, amanda do couto e silva, márciainêsgoettert, claudeterempel (2016) medicinal plants of renisus with analgesic activity. Journal of Critical Reviews, 3 (3), 1-4.

8. Prasanna Raj, A., & Dharmalingam, R. (2016). An Efficient Double and Tripple-Adjacent Error Correcting Parallel Decoder for the (24, 12) Extended Golay Code. International Scientific Journal on Science Engineering & Technology, 19 (7), 157-164.

9. Kumaravel,S., Premkumar,M., Subash,J., Rajkumar,K.,& Sathishkumar,K. (2017). Glow Worm Optimization based ANFIS with Mahalanobis Distance for EffectiveTrue Blood Vessel Detection. The SIJ Transactions on Computer Science Engineering & its Applications, 5(3), 17-21.

10. Banerjee, T., Biswas, D., Sarkar, B.C. Design of chaotic and hyperchaotic time-delayed electronic circuit (2012) Bonfring International Journal of Power Systems and Integrated Circuits, 2 (3), pp. 13-17.

11. Patel, B.N., Prajapati, S.G., Lakhtaria, K.I. Efficient classification of data using decision tree (2012) Bonfring International Journal of Data Mining, 2 (1), pp. 06-12.