

# The Knowledge about Self-Care Management of Common Minor Disorders (Nausea, And Vomiting) Among Expectant Women at a referral Hospital, Antenatal Clinic in Namibia

Ester T. Aindongo<sup>1</sup>, Helena T. Nuumbosho<sup>2\*</sup> and Joseph G. Kadhila<sup>3</sup>

<sup>1</sup>Namibian Ministry of Health and Social Services, Mariental District Hospital, Maternity Department.

<sup>2</sup>University of Namibia, Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health, Midwifery Department.

<sup>3</sup>University of Namibia, Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health, General Nursing Department.

## \*Corresponding Author

Helena T. Nuumbosho,  
University of Namibia, Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health, Midwifery Department, Namibia.

Submitted : 16 Jul 2025 ; Published : 6 Aug 2025

**Citation:** Nuumbosho, H. T. et al. (2025). The Knowledge about Self-Care Management of Common Minor Disorders (Nausea, And Vomiting) Among Expectant Women at a referral Hospital, Antenatal Clinic in Namibia. *J Psychol Neurosci*; 7(3):1-5.  
DOI : <https://doi.org/10.47485/2693-2490.1121>

## Abstract

**Background:** Nausea and vomiting are minor disorders affect up to 75% of pregnancies. Although they are categorised among the minor disorders of pregnancy, they have the potential to yield negative results impacting the health of both the mother and the fetus if not adequately well managed. Thus, the researchers in this study believed that expectant women who have sufficient knowledge on self-care management of nausea and vomiting in pregnancy could alleviate many adverse health problems such as mental instability, intra-uterine growth restrictions and reduce healthcare system burdens of hospitalizations and the use of medication. Therefore, for the purpose of this study was to systematically determine if expectant women attending antenatal care service at a referral Hospital in Namibia have adequate knowledge regarding self-care management of common minor disorders, specifically nausea and vomiting.

**Methods:** A quantitative descriptive design was employed. A self-administered questionnaire was developed and used in this study. The total population of was 343 expectant women, however, 150 women between 13 and 42 weeks of gestation who were simple randomly sampled participated in the study and completed the questionnaire in front of the researcher as competence was tested.

**Results:** For the purpose of this study competence was based on a knowledge score of  $\geq 50\%$ . The study found the majority of participants 132 (88%) competent in self-managing nausea and vomiting in pregnancy by obtaining a knowledge score  $< 50\%$ . However, 18 (12%) participants were found incompetent in self-managing nausea and vomiting in pregnancy by obtaining a knowledge score  $> 50\%$ .

**Conclusion:** The study found the majority of participants 88% competent in self-managing nausea and vomiting in pregnancy. However, consistent health education at ANC on areas that were poorly answered that worsened the conditions such as adoption of relaxation techniques must still be done to attenuate consequences.

**Keywords:** Knowledge; Minor disorders; Pregnancy; Pregnant women.

## Introduction and Background

Although maternal mortality has become a major focus on global public health agenda, maternal morbidity is a neglected area of research (Samara et al., 2020). According to the World Health Organization (WHO) each year 585,000 women die from pregnancy related causes and 99% of these women are from developing countries (Rosy, 2019). During pregnancy, the rapidly rising hormones such as estrogen, progesterone, and prolactin changes the maternal body into a suitable environment for the fetus to develop. However, these changes may cause some symptoms in the mother called minor disorders (Gururani et al., 2019). Khalil and Hamad (2019) defined

minor disorders as disorders that occur during pregnancy that are completely caused by the pregnancy or exacerbated by the pregnancy. Meanwhile, self-care management is defined the process by which women use knowledge and self-treatment skills that they may get from different sources to promote a positive outcome and restore a healthy lifestyle during the perinatal period (Iyawa et al., 2021).

Nausea and vomiting are among the minor disorders of pregnancy affecting approximately 85% pregnancies (Samara et al., 2020). The findings of various studies revealed that majority

of the pregnant women had average or inadequate knowledge regarding minor disorders of pregnancy and their management (Eduardo, 2021). For instance, in the study conducted in India by Alegeswari and Dash (2019) found that 87% of expectant women had inadequate level of knowledge regarding nausea and vomiting of pregnancy. Meanwhile, Khalil and Hamad (2019) in their study conducted in Iran, found participants to have inadequate knowledge of discomforts during pregnancy. In Africa Jewel & Young (2018) indicated the assessment of evidence-based self-care management of nausea and vomiting to be challenging due to cultural belief and socioeconomic considerations.

The effect of Nausea and vomiting can lead to dehydration, malnutrition, and emotional distress, as the women struggle to cope with the discomfort and disruption to their daily activities (Lacasse et al., 2021; Cullen & Irwin, 2018). Moreover, nausea and vomiting have been linked to adverse effects on quality of life, mental health, ability to carry out day-to-day tasks, economic productivity and women's not willing to become pregnant again (Heitmann et al., 2017). Furthermore, the management of these conditions can also place a burden on the healthcare system, as they often result in increased physician visits, hospitalizations, and the use of medications (Attard et al., 2019). Additionally, Intractable nausea and vomiting have been associated with an increased risk of intrauterine growth restriction (IUGR) and low birth weight (Abera et al., 2025). It is therefore vital that awareness programs on management of minor disorders in pregnancy become prerequisite in ante-natal care, which is virtually non-existent in developing countries (Lonny, 2020). This lack of reliable data impedes proper assessment of the disease burden and is a barrier to effective planning of control and preventive activities.

In Namibia, the prevalence of nausea and vomiting during pregnancy is not well-documented in the existing literature. The lack of comprehensive data on the prevalence and self-care management of minor disorders during pregnancy in Namibia is a significant gap and a health concern in the country. Additionally, Unscientific reports suggest that expectant women in Namibia may face various challenges in managing these conditions, including limited access to information, inadequate healthcare support, and cultural norms that discourage seeking medical attention for what are thought to be minor problems. Thus, it is recommended that studies related to management of minor disorders of pregnancy should be conducted on a wider scale so that the minor disorders become less troublesome to expectant women on a day-to-day basis (Al-Ateeq & Al-Rusaies, 2015).

The researchers in this study therefore deemed it necessary to conduct a study in a referral hospital antenatal care (ANC) clinic in Namibia that investigate scientifically the knowledge level among expectant women regarding self-care management of nausea and vomiting. The findings from the study can improve the development of targeted interventions and educational programs to empower women to effectively self-manage nausea and vomiting, ultimately improving their

overall well-being and reducing the burden on the healthcare system.

## Methods

A quantitative descriptive research design was employed in the study to assess the knowledge of expectant mothers regarding self-care management of nausea and vomiting attending ANC at a referral hospital in Windhoek. The quantitative descriptive research approach was chosen as it seems suitable to obtain information regarding expectant women regarding self-care management of nausea and vomiting answering the research questions and generally achieving the aim of the study. A self-administered validated questionnaire written in English developed in the study was used to collect the data. The questionnaire consists of questions distributed into two sections; section A consisted of questions pertaining to the demographic data of the participants and section B consisted of questions assessing the knowledge on self-care management of nausea and vomiting during pregnancy. Validity (face, content) was observed through expert review of the data collection tool. Meanwhile, reliability to support the methodology and data instrument was enhanced by conducting a pilot study.

The total study population was 343 expectant women who receive antenatal care at a referral hospital ANC clinic. A probability simple random sampling was employed in the study to obtained data from 150 expectant women between the 13 weeks to 42 weeks gestation who completed the questionnaire in front of the researchers at the referral hospital ANC as competence was tested. The data collection took place during regular clinic hours, between 8 am and 4 pm, on weekdays (Monday to Thursday). The participants were allocated a room where they can complete the questionnaire and questionnaires were collected immediately upon completion.

For the purpose of this study competence was based on a knowledge score of  $\geq 50\%$ , because most participants have no medical background. Additionally, this competence level was selected due to unequal access to health information. Therefore, competency was defined when a participant obtained a score of  $\geq 50\%$  and incompetent when a score of  $< 50\%$  was obtained by a participant. The researchers analysed the data. The data collected was first captured on a Microsoft Excel spreadsheet and descriptive statistics was used to analyses the data. Data were organized in forms of graphs and frequency tables for easy interpretation.

## Ethical Considerations

Before data collection, the Research Ethics Committee of the Namibian Ministry of Health and Social Services granted ethical approval. Additionally, institutional permission was granted by the medical superintendent and nurse service manager for ANC clinic.

## Results

The respondent return rate was 100% in this study. The questionnaire only represents one correct answer for each question, and the results are presented below.

**Table 1:** Age distribution of participants

| Age Group   | n (=) | Percentage (%) |
|-------------|-------|----------------|
| 18-24 years | n=30  | 20%            |
| 25-34 years | n=50  | 33.3%          |
| 35-44 years | n=45  | 30%            |
| 45-54 years | n=25  | 16.7%          |

**Table 3:** Educational level of participants

| Educational Level   | Frequency | Percentage (%) |
|---------------------|-----------|----------------|
| Primary Education   | n=30      | 20%            |
| Secondary Education | n=60      | 40%            |
| University/College  | n=45      | 30%            |
| None above          | n=15      | 10%            |

**Table 2:** Gestational age of participants

| Gestational Age (Weeks) | n (=) | Percentage (%) |
|-------------------------|-------|----------------|
| 13-26 weeks             | n=55  | 36.7%          |
| 27-36 weeks             | n=60  | 40%            |
| 37-42 weeks             | n=35  | 23.3%          |

**Table 4:** Employment status of participants

| Employment Status | Frequency | Percentage (%) |
|-------------------|-----------|----------------|
| Unemployed        | n=55      | 36.7%          |
| Employed          | n=50      | 33.3%          |
| Self-employed     | n=45      | 30%            |

**Table 5:** Self-care management of nausea and vomiting questions

| Self-care management (nausea and vomiting) related questions  | Correct n (%) | Incorrect n (%) | Total n (%)  |
|---|---------------|-----------------|--------------|
| One of the primary self-care management techniques is diet change                                       | n=135 (90%)   | n=15 (10%)      | n=100 (100%) |
| Refraining from smoking in pregnancy is ideal as it worsens nausea and vomiting                         | n=30 (20%)    | n=120 (80%)     | n=100 (100%) |
| Eating smaller, frequent meals alleviates nausea and vomiting in pregnancy                              | n=127 (85%)   | n=23 (15%)      | n=100 (100%) |
| Drinking small amounts of water frequently is recommended to alleviate nausea and vomiting in pregnancy | n=120 (80%)   | n=30 (20%)      | n=100 (100%) |
| Ginger is helpful in managing nausea and vomiting in pregnancy when added to food or tea                | n=113 (75%)   | n=37 (25%)      | n=100 (100%) |
| Inadequate sleep worsens nausea and vomiting in pregnancy   | n=105 (70%)   | n=45 (30%)      | n=100 (100%) |
| Consuming small snacks every 1-2 hours helps to manage nausea and vomiting in pregnancy                 | n=132 (88%)   | n=18 (12%)      | n=100 (100%) |
| Relaxation techniques such as deep breathing relieve nausea and vomiting in pregnancy                   | n=30 (20%)    | n=120 (80%)     | n=100 (100%) |
| Avoiding eating spicy and fat-rich food assists in alleviating nausea and vomiting in pregnancy.        | n=135 (90%)   | n=15 (10%)      | n=100 (100%) |

The study found the majority of participants 132 (88%) competent in self-managing nausea and vomiting in pregnancy by obtaining a knowledge score <50%. However, 18 (12%) participants were found incompetent in self-managing nausea and vomiting in pregnancy by obtaining a knowledge score > 50%.

## Discussion

One of the primary self-care management strategies for, as identified by n=135 (90%) of respondents in this study, is diet change. This aligns with the literature, which emphasizes the role of dietary modifications such as eating small, frequent meals and avoiding trigger foods in alleviating nausea (Lacasse et al., 2021; Jewell & Young, 2018). The high level of awareness about dietary management among participants is encouraging and suggests that many women are familiar with these fundamental self-care strategies. Eighty percent (n=120) of respondents recognized that drinking small amounts of water frequently is beneficial for managing nausea and vomiting. This is consistent with the literature, which highlights the importance of hydration to prevent dehydration, a common

consequence of vomiting in pregnancy (Jewell & Young, 2018). Proper hydration is crucial, especially for women experiencing severe vomiting or hyperemesis gravidarum, as it helps prevent electrolyte imbalances and other complications. Thus, healthcare providers should provide further education and guidance to ensure 100% knowledge awareness.

Thirty-seven (25%) participants did not recognize ginger as a potential remedy, which indicate room for improvement in educating pregnant women about complementary treatments like ginger and vitamin B6. The literature supports the use of vitamin B6 as an effective treatment for nausea and vomiting (Lacasse et al., 2021), although this was not directly assessed in the questionnaire. Future studies could benefit from assessing knowledge of other supplements, like vitamin B6, alongside ginger to provide a more comprehensive understanding of self-care management practices. Furthermore, one hundred and twenty participants (80%) in-correctly identified that smoking does not worsens nausea and vomiting, inconsistent with study that show smoking can aggravate nausea and vomiting symptoms due to the harmful effects of nicotine and other

toxins (Jewell & Young, 2018). Thus, critically that healthcare providers present an opportunity for targeted interventions to educate expectant women on all the dangers of smoking in pregnancy.

A significant majority  $n=120$  (80%) of respondents incorrectly identified that lack of sleep worsens nausea and vomiting. This aligns with research that links stress, fatigue, and poor sleep quality to an increased severity of nausea and vomiting (Lacasse et al., 2021). Relaxation techniques such as deep breathing and yoga have been recommended in the literature as effective ways to reduce stress and improve sleep, which can, in turn, mitigate nausea and vomiting in pregnancy (Boelig et al., 2016). Thus, encouraging pregnant women to prioritize rest and engage in stress management practices could significantly improve their overall well-being of the expectant woman and that of their unborn fetus.

### Recommendations

Based on the findings, the study strongly recommends that maternity care providers working at a referral hospital ANC create awareness and educate the expectant women on the negative impact of smoking of themselves and their unborn fetus. Additionally, another area that needs improvement is for maternity care providers to encourage the adoption of relaxation techniques and proper sleeping patterns among expectant women to self-manage, nausea and vomiting at home or potentially reducing the severity of these disorders. These strategies are easy, effective and does not cost anything.

### Limitation

The study was conducted at a referral hospital ANC clinic in Namibia only. Hence, the results might not reflect the diversity of expectant women in different settings. Therefore, this study results cannot be generalised. The study focused on knowledge about self-care management regarding nausea and vomiting among expectant women but, it did not delve deeply into the reasons behind the knowledge levels. No statistical associations between the independent and dependent variables were made. Moreover, this study provides a snapshot of knowledge at a specific point in time. It does not track changes in knowledge level over time of self-care management of nausea and vomiting among expectant women.

### Conclusion

Most respondents demonstrated a good understanding of key self-care strategies for managing, particularly regarding dietary modifications, hydration, and the use of ginger. However, the researcher observed minimal gaps in the knowledge related to complementary therapies like smoking's impacts in aggravating nausea and vomiting, the importance of hydration and smaller meals. Therefore, further educational awareness is still needed to be provided to the expectant women by maternity care providers whose primary role is to promote healthy pregnancy at a referral hospital ANC clinic. This will ensure that expectant women self-manage nausea and vomiting more effectively at their homes, reducing complications such as dehydration, emotional distress, intra-uterine growth

restrictions as well as alleviating healthcare system burdens through limited hospitalizations and the use of medicine.

### References

1. Samara, S. K. S. N., Mohamed, F. F. H., Madushanka, K. M. S., & Gnanaselvam, K. (2020). Knowledge and practices regarding self-management of minor ailments among pregnant mothers. *Journal of Maternal and Child Health*, 5(3), 303-312. <https://thejmch.com/index.php/thejmch/article/view/371/pdf>
2. Rosy, M. (2019). A Study to Assess the Knowledge and Practice Regarding Minor Disorders of Pregnancy and the Incidence among the Antenatal Mothers who Attending OPD at Selected Hospital, Kolar. *Asian Journal of Nursing Education and Research*, 4(3), 284-287. <https://www.ajner.com/AbstractView.aspx?PID=2014-4-3-5>
3. Gururani, L., Kumar, A., & Mahalingam, G. (2019). Minor disorder of pregnancy and its home management. *Int. J. Med. Sci. Public Health*, 5(4), 684-687. <https://www.ijmsph.org/fulltext/67-1438578158.pdf?1753764491>
4. Khalil, H. M., & Hamad, K. J. (2019). Knowledge of minor discomforts during pregnancy among pregnant women attending maternal and pediatric hospital in Soran City. *Polytechnic Journal*, 9(2), 20-24. DOI: <https://doi.org/10.25156/ptj.v9n2y2019.pp20-24>
5. Iyawa, G. E., Dansharif, A. R., & Khan, A. (2021). Mobile apps for self-management in pregnancy: A systematic review. *Health and Technology*, 11(2), 283-294. DOI: <https://doi.org/10.1007/s12553-021-00523-z>
6. Eduardo, C. (2021). Research Instrument Definition, <https://www.impactio.com/blog/a-definition-of-research-instruments-and-their-purpose-in-obtaining-data-from-research-subjects>
7. Alageswari, A., & Dash, M. B. (2019). Assessment of knowledge and expressed practice regarding self-management of minor ailments among antenatal mothers. *Journal of ECronicon Gynaecology*, 8(1), 21-28.
8. Jewell, D., & Young, G. (2018). Interventions for nausea and vomiting in early pregnancy. *Cochrane database of systematic reviews*, 4, CD000145. DOI: <https://doi.org/10.1002/14651858.cd000145>
9. Lacasse, A., Rey, E., Ferreira, E., Morin, C., & Béard, A. (2021). Nausea and vomiting of pregnancy: what about quality of life? *BJOG: An International Journal of Obstetrics & Gynaecology*, 115(12), 1484-1493. DOI: <https://doi.org/10.1111/j.1471-0528.2008.01891.x>
10. Cullen, G., & Irwin, J. C. (2018). Constipation in pregnancy. *Obstetrics, Gynaecology & Reproductive Medicine*, 28(8), 253-258.
11. Heitmann, K., Nordeng, H., Havnen, G. C., Solheimsnes, A., & Holst, L. (2017). The burden of nausea and vomiting during pregnancy: severe impacts on quality of life, daily life functioning and willingness to become pregnant again - results from a cross-sectional study. *BMC Pregnancy Childbirth*, 17(1), 75. DOI: <https://doi.org/10.1186/s12884-017-1249-0>



- 
12. Attard, C. L., Kohli, M. A., Coleman, S., Bradley, C., Hux, M., Atanackovic, G., & Torrance, G. W. (2019). The burden of illness of severe nausea and vomiting of pregnancy in the United States. *American journal of obstetrics and gynecology*, 186(5 Suppl Understanding), S220-S227. DOI: <https://doi.org/10.1067/mob.2002.122605>
  13. Abera, M., Belay, A., Derribow, A. B., Bacha, G., & Belina, S. (2025). Self-Management Practice of Minor Pregnancy Disorders and Associated Factors Among Pregnant Women Attending Antenatal Clinics at Tulu Bolo General Hospital, Ethiopia. *SAGE Open Nursing*, 11, 23779608251345324. DOI: <https://doi.org/10.1177/23779608251345324>
  14. Lonny, K. (2020). Random Sampling, <https://dissertationprep.com/collections/all>
  15. Al-Ateeq, M. A., & Al-Rusaies, A. A. (2015). Health education during antenatal care: the need for more. *International journal of women's health*, 7, 239-242. DOI: <https://doi.org/10.2147/ijwh.s75164>
  16. Boelig, R. C., Barton, S. J., Saccone, G., Kelly, A. J., Edwards, S. J., & Berghella, V. (2016). Interventions for treating hyperemesis gravidarum: a Cochrane systematic review and meta-analysis. *J Matern Fetal Neonatal Med*, 31(18), 2492-2505. DOI: <https://doi.org/10.1080/14767058.2017.1342805>.

**Copyright:** ©2025 Julian Ungar. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.