



# International Journal of Obstetrics and Gynaecology Nursing



IJOGN

Journal homepage: [www.mcmed.us/journal/ijogn](http://www.mcmed.us/journal/ijogn)

## A PRE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF GINGER TEA ON REDUCTION OF MORNING SICKNESS IN FIRST TRIMESTER AMONG PRIMI MOTHERS AT SELECTED HOSPITAL

Sathiya A\*

Assistant Professor, Department of Obstetrical & Gynecological Nursing, Sri Rangapooathi College of Nursing, Alampondi, Gingee Taluk, Villupuram, Tamil Nadu, 604151, India

### Article Info

Received 20/08/2023; Revised 01/09/2023;

Accepted 11/10/2023

### Corresponding Author

Sathiya A

Email: sathyaanand@gmail.com

### Abstract

Pregnancy is a long and very special journey for a women. It's a wonderful experience yet it is associated with some minor disorders as nausea and vomiting, heart burn, constipation, cramps, backache, varicose veins, ankle edema. The objectives of the study were, to assess the level of morning sickness during first trimester among primi mothers and to find out the effectiveness of ginger tea in reduction of morning sickness and among first trimester primi mothers in experimental group and to determine the association between the pre test level of morning sickness with selected demographic variables during first trimester among primi mothers in experimental group. Non probability purposive sampling technique was used to select 40 samples in experimental group. Interview technique was used to collect the demographic variables and Modified Rhodes Index of Nausea, Vomiting and retching scale was used to assess the level of morning sickness. Experimental group receives ginger tea twice a day for 4 days.

**Keywords:** Morning sickness, Ginger tea, First trimester, Primi mothers.

### INTRODUCTION

Motherhood is an inevitable part of a woman's life. It's a natural law that a woman should carry her baby in her womb for 9 months and to undergo the process of labor. From the time the mother starts conceiving the baby, it is called pregnancy and the mother elicits describable and undifferentiated changes in the physical and physiological process of life. The mother experiences some signs and symptoms right from the first trimester of pregnancy. As each woman are unique, different mothers experience and present different signs and symptoms and it is not a must that all women should have the same manifestations (Mary, 2018).

Morning sickness is common among pregnant women. Fortunately, for the majority it's a temporary and minor nuisance. For women with hyper emesis gravid arum, the problem is even worse and potentially dangerous. These women would readily settle for normal morning sickness their vomiting is so severe no food or

liquid can be kept down. Unlike most morning sickness, hyperemesis gravidarum usually persists past the first trimester (third) of pregnancy. It typically subsides by week 21 of pregnancy, but can last much longer (Merriam, 2019).

#### OBJECTIVES:

- To assess the level of Morning Sickness during first trimester among primi mothers.

- To find out the effectiveness of Ginger Tea in reduction of Morning Sickness during first trimester among primi mothers.
- To determine the association between the pretest level of Morning Sickness with selected demographic variables during first trimester primi mothers.

#### RESEARCH METHODOLOGY:

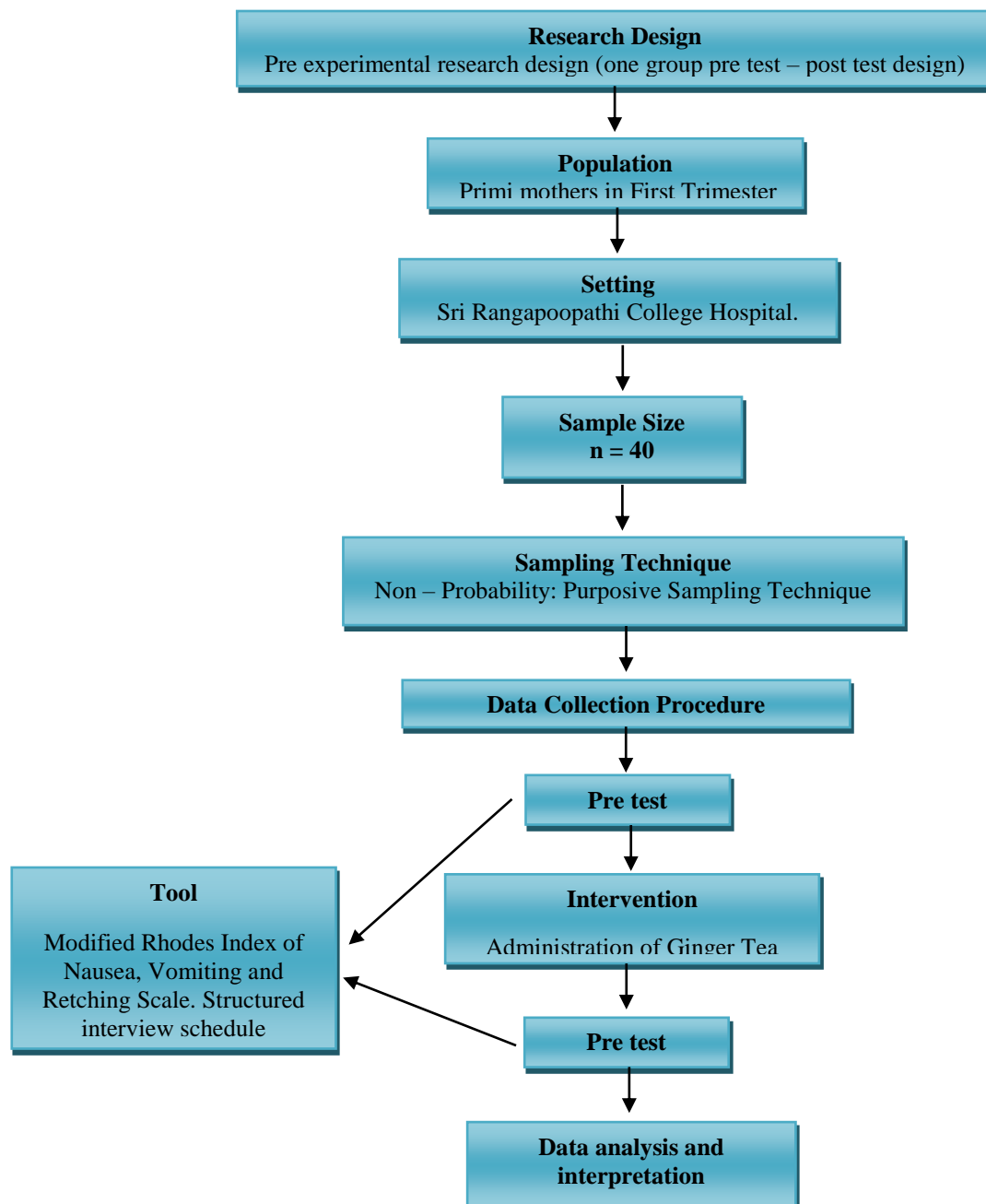


Figure 1: Schematic representation of research methodology

**HYPOTHESES:**

- H1-There will be a significant difference in the level of Morning Sickness during first trimester among primi mothers.
- H2-There will be a significant association between the level of Morning Sickness during first trimester among primi mothers and their selected demographic variables.
- H4-There is significant association between the level of Morning Sickness during first trimester among Primi mothers and their select demographic variables at  $P \leq 0.05$  level.

**ASSUMPTIONS:**

- Morning Sickness may differ from one individual to another.
- Morning Sickness is the normal physiological changes during pregnancy for most of the mothers during the first trimester.
- Ginger Tea will reduce the severity of Morning Sickness.

**RESEARCH DESIGN:**

The research design selected for this study was pre experimental pre test post test design to measure the effectiveness of Ginger tea.

$O_1$	X	$O_2$
$O_1$ :	Pre test	
X:	Intervention (Ginger Tea)	
$O_2$ :	Post test	

**RESULTS AND DISCUSSION:**

The result shows that, in the experimental group, majority 25(62.5%) of the primi mothers belonged to the age group of 21-25 years, 19(47.5%) of them had High school, 18(45%) of them in moderate work, 19(47.5%) of them daily waged workers, 25(62.5%) of them are in 5-8 weeks of gestation, 27(67.5%) were non vegetarian, 18(45%) of them had monthly income Rs.5001-10000,

**REFERENCES**

1. Jacob, A. (2005). *A Comprehensive Text Book of Midwifery* (2nd ed.). New Delhi: Jaypee Brothers, 224–232.
2. Basavanthappa, B. T. (1998). *Nursing Research* (1st ed.). New Delhi: Jaypee Publishers, 302–319.
3. Daine, M. (2009). *Text Book of Midwives* (15th ed.). China: Elsevier, 295–306.
4. Dutta, D. C. (2008). *Text Book of Obstetrics* (5th ed.). New Delhi: New Central Book Agency, 214–221.
5. Gupta, S. P. (2008). *Statistical Methods* (37th ed.). New Delhi: Suryhan Chand and Sons Education Publishers, 167–183.
6. Gurumani, N. (2005). *An Introduction to Biostatistics* (2nd ed.). New Delhi: MJ Publishers, 461–483.
7. Berino. (2013). Can pregnant women drink ginger tea? 3, 22–28.
8. Estelle, V. (2014). A systematic review and meta-analysis of the effect and safety of ginger in the treatment of pregnancy-associated nausea and vomiting. 13, 66–70.
9. Fischer, R. (1991). Ginger: Hyperemesis gravidarum. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 38, 28–33.
10. Georgousis, A. (2002). Use of CAM by women suffering from nausea and vomiting during pregnancy. 17, 8–13.

26(65%) of them are in rural, 21(52.5%) of them are Hindu, 24(60%) belonged to nuclear family.

The result shows that in pre test 29(72.5%) primi mothers have moderately morning sickness, 7(17.5%) primi mothers have mild nausea and vomiting and 4(10%) primi mothers have severe nausea and vomiting. Whereas in post test 37(92.5%) primi mothers have mild nausea and vomiting, 3(7.5%) primi mothers have moderate nausea and vomiting and none of the primi mothers have severe and profound nausea and vomiting. It highlights that there is a significant reduction of Morning Sickness during first trimester among primi mothers.

The result show that means score on pre test score is  $12.225 \pm 3.40$  and mean percentage is 38.20%, whereas in post test mean score is  $4.625 \pm 2.13$  and mean percentage is 14.45%, which reveals the difference in mean percentage is 23.75%. Represents the mean pretest score on reduction of Morning Sickness during first trimester among primi mothers is  $12.225 \pm 3.40$  and in post test mean score is  $4.625 \pm 2.13$  with a mean difference 23.75% The calculate Paired 't' value is 26.57 which is significantly higher than the table value 2.04 at  $P \leq 0.05$ . It shows Ginger Tea is effective in reduction of Morning Sickness during first trimester among primi mothers. Hence the research hypothesis H1 retained at  $P \leq 0.05$  level. There was no significant relationship between level of Morning Sickness and their demographic variables in experimental group.

**CONCLUSION:**

The study was to determine the effectiveness of ginger tea on reduction of Morning Sickness during first trimester among Primi mothers in selected Hospital, Krishnagiri. The result of this study revealed that of ginger tea on reduction of Morning Sickness desirable during first trimester among Primi mothers. There was association between pre test level of ginger tea on reduction of Morning Sickness during first trimester among Primi mothers and their selected demographic variables.

11. Govindrajan, V. S. (1992). Ginger chemistry, technology, and quality evaluation part-2. *Critical Reviews in Food Science and Nutrition*, 17, 31–39.
12. Koken, G., Yilmaker, M., Cosar, E., & Sahin. *Journal of Psychosomatic Obstetrics and Gynecology*, 29(2), June 2008, 91–95.
13. Kuo, S. H. (2007). *Midwifery & Women's Health*, 52, 85–93.