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## DETERMINING THE RECREATIONAL HEALTH PRACTICES BY PREGNANT WOMEN IN SELECTED ANTENATAL CLINICS

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### ABSTRACT

The purpose of the research was to evaluate the use, knowledge, adherence, advantages, and promotion of recreational health activities among pregnant women who visited Etinan's prenatal care clinics. **METHOD:** The study's survey research design was chosen. Using stratified random selection, 180 pregnant women were chosen from among the 536 registered patients receiving prenatal care at Primary Health Centers. Data were gathered using a self-structured questionnaire that was verified by specialists and put through a reliability test with a coefficient of .68. **RESULTS:** Although the majority of pregnant women in Etinan reported knowledge of recreational health activities, the survey found that they were not engaging in these activities.

They did not profit from the activities since they did not follow the advice of caregivers. **Conclusion and recommendations:** In order to help them stick to the routine throughout subsequent pregnancies, it was suggested that expectant mothers be encouraged to engage in regular leisure activities prior to, during, and after delivery. Couple days have to be included in prenatal care programs so that men may engage in leisurely health activities alongside their expectant spouses.

**Key words:** Etinan, antenatal clinics, recreational activities, and pregnant ladies.

### I. INTRODUCTION

Pregnancy is the development of one or more offsprings, known as an embryo or fetus, in a woman's uterus. This spans a period from fertilization of the female sex cell by the male sex cell to the birth of the offspring. This period is also called gestation period. The cells undergo rapid division and growth according to Jukic, Baird, Weinberg, McConnaughey and Wilcox (2013) such that in eight weeks it becomes stable and big enough to be called a fetus. The continuous growth of this fetus results in physiological changes in the pregnant woman. Shrock (2008) stated that during the childbearing period, from conception through postpartum recovery, a woman's body undergoes extensive changes which frequently necessitate many adaptations. Physical and hormonal changes occur gradually throughout the nine months of pregnancy, and these are reversed in a matter of weeks during postpartum recovery. Skeletal tissue, muscle and connective tissues, blood volume, cardiac output, body weight and posture are affected. The effect it has can bring positive or negative impact on the unborn child and/or the mother.



Pregnant women are usually exposed to care during pregnancy. Such care is termed antenatal or prenatal care. Such care is usually given by trained personnel in hospitals, primary health centres or by traditional birth attendants. Antenatal care is thus defined by World Health Organization (WHO, 2003) as the provision of special care for women during pregnancy through the public health service. Until the second half of the 20th century, pregnant women were only given maternity care during delivery. There used to be very high level of maternal and child mortality until care was given to pregnant women in the course of the pregnancy. This development according to WHO was stimulated by the realization that maternal mortality due to puerperal sepsis, hemorrhage and obstructed labour had declined substantially during the early years of the 20th century. Today further understanding of obstetrics and gynecology has improved upon services given to women in antenatal clinics. Good care during pregnancy is important for the health of the mother and the development of the unborn baby.

Pregnancy is a crucial time to promote healthy behaviour and parenting skills. Ante-natal care also provides women with appropriate information and advice for a healthy pregnancy, safe childbirth, and postnatal recovery, including care of the newborn, promotion of exclusive breastfeeding and assistance with deciding on future pregnancies in order to improve pregnancy outcomes. An effective ante-natal care package depends on competent health care providers in a functioning health system with referral services and adequate supplies of routine drugs and laboratory support. Different health practitioners have different packages for antenatal care. The new World Health Organization's model of

antenatal care separates pregnant women into two groups, those likely to need only routine antenatal care and those with specific health conditions or risk factors that necessitate special care. For the first group, a standard programme of four antenatal visits is recommended with additional visits should conditions emerge which require special care. The World Health Organization (2003) guidelines are also specific as regards the timing and content of antenatal care visits according to gestational age. The guidelines stipulate that "only examinations and tests that serve an immediate purpose and that have been proven to be beneficial should be performed". These examinations include measurement of blood pressure, testing of urine for presence of sugar and protein and blood test to detect anemia. Routine weight and height measurement at each visit is considered. Some packages include the use of recreational activities like exercises and games for the pregnant women.

According to Hoeger and Hoger (2010) during pregnancy the body experience dramatic physiological and psychological changes which is natural, in order to remain healthy, the pregnant woman must indulge in regular physical activities called exercise. Exercise in this context is any activity requiring physical and mental effort done to improve health or to stay healthy. Exercise session in antenatal clinic should be designed to stimulate interest in the physical changes occurring to promote body awareness and to facilitate physical and mental relaxation.

According to Makinde, Adeyemo and Ogundele (2014), professional health workers need to carefully design recreational and physical exercise programme to enable the pregnant woman remain healthy. Recreational health



practices do wonders for the woman during pregnancy. It helps to prepare her for childbirth by strengthening her muscles and building endurance (Ministry of Health, Brazil 2001). Green (1993) also discussed about breathing and relaxation exercises that were widely used and were most successful for the relief of labour pain and to

enhance better emotional wellbeing. The health of the mother and that of the fetus is improved when the mother performs some simple exercises during pregnancy. Exercise has been known scientifically and physically to promote blood circulation to the mother and the fetal vital organs such as the brain, liver and heart etc., exercise also improves pelvic bone and muscle tone thus enhancing normal safe delivery of the baby during labour (Dianne & Myles, 2004). Shrock (2008) observed that as more pregnant women engage in demanding occupations, physical activities, and sports, the obstetrician and midwives who take care of them must become knowledgeable about the physical changes of pregnancy and the effects of exercise on the mother and fetus. Because prevention is the best approach to health care, understanding both the bodily stresses that may result from pregnancy changes and the means to prevent unnecessary problems enables health care to be instituted early in pregnancy and continued through the postpartum period. Therefore a properly organized antenatal care classes would have a physiotherapist or midwife teach pregnant women the rudiment of recreation during pregnancy, telling them the benefits derivable and the limits they should go. Such benefits include that recreational exercise improves blood circulation, strengthens the pelvic floor muscles and prevent backaches (Dianne & Myles, 2004).

Recreational Health activities according to McLean, Hurd and Rogers (2005) are activities often done for enjoyment, amusement, or pleasure and which are considered to be of health benefit to the individual undergoing it. Recreation as defined by Atare (2009) is any form of free activity that an individual performs at his or her leisure hours. It could be done indoors or outdoors and it could be passive or active. Recreation can be done for mental, physical, emotional and social development, recreational health activities have been found to be of immense benefit to both the pregnant woman and the unborn child. Care givers needs to be conversant with recreational activities that are ideal for the changing physical condition of the pregnant woman so as prescribe effective and efficient activities that will promote health.

It is one aspect for the care givers to recommend the recreational practices and it is another for pregnant women to adhere to it. Adherence would depend on several factors of which an awareness of the benefits is one. A study carried out among pregnant women attending antenatal clinic by Sarfraz, Islami, Hameed, Hasan and Ahmad (2013) showed that 95.2% of the women agreed that exercise therapy has positive role in antenatal care although only 30% were currently following the exercise programme. Where awareness is lower, adherence to the exercise would be very much lower.

Another very important aspect of recreational practices by pregnant women undergoing antenatal care clinics is that of monitoring. Makinde et al (2014) found that 294 (58.8%) of respondents in their study wanted prenatal exercise to be performed by the expert while 116





representing 23.3% of the total respondents did not prefer expert to perform exercise for them. This goes on to show that pregnant women are taught the need for recreational activities at antenatal clinics but few carry out the practices on their own. They prefer to be monitored or directed by specialists.

Women even when pregnant are expected to continue with their usual house chores, caring for the young ones and the husband. This is even more demanding on the woman who is engaged in revenue generating ventures for the family. There is usually role overload for women even without pregnancy, with the onset of pregnancy and the subsequent changes that follow, the

woman easily becomes stressed up. This contributes usually to why women cannot remember to adhere to exercise routines recommended for them during pregnancy. Reasons for non adherence may be varied but most outstanding is the non availability of recreational facilities and trained therapist. Where the pregnant women are given talks during ante-natal care classes, most of it is usually without formal demonstration. This makes the women to hear and not understand the concept. As the women return home, they are usually pre-occupied with house chores to remember what they actually could not understand. One of the methods required to overcome this problem is the introduction of easily demonstrated exercises and alternatives to exercises that require special equipments for the women to exercise with.

Recreational activities can be in the form of physical exercises, rest and relaxation. Such activities for rest and relaxation include watching television, reading of magazine or newspaper,

playing of games like Ludo and cards games. Similarly different exercise programmes are available for pregnant women. These exercises include aerobic exercises such as dancing, walking and swimming. Another type is Kegel exercise, this involves tightening of pelvic muscles to control urine flow (Sarfraz et al, 2013). According to Lokey, Tran, Wells and Myers (1991) it is vitally important for pregnant women also to begin any physical exercise session with a period of warm-up such as arm circling, shoulder and neck rotations, trunk flexion and gentle knee bends. These should be followed by stretching of various muscle groups in the arms, legs, and trunk to prevent damage of muscle fibers and joint strain. There are some exercises that are most effectively done while lying on the back, and the patient can change to alternate positions after each set. Exercises that increase circulation in and around the pelvis should be encouraged (Guidelines for Prenatal Exercises, 1986).

#### **STATEMENT OF THE PROBLEM**

Ante natal care clinics are designed to provide health education on key issues as well as evidence-based interventions and care which can prevent and treat complications of pregnancy. Among others, one of the activities pregnant women are advised to engage in is recreational activities. Several researchers have proven the benefits of such exercises on the women during prenatal, delivery and postnatal stages (Haakstad & Bo 2011, and Yeo, Cisewski, Lock & Marron, 2010). Adherence to exercise routine has been found to be correlated with the awareness of pregnant women of the benefits of recreational health practices (Makinde et al, 2014). According to Henriksen (2008) adherence to exercise was found to have a protective effect against macrosomia which may reduce the risk of



prolonged labour, operative deliveries, shoulder dystocia and fetal hypoxia. In antenatal clinics in Etinan Local Government Area there are no recreational facilities and there are no trained physiotherapists to demonstrate perfectly the actual position of the various exercises suitable for women during pregnancy. These have caused the pregnant women to show a general non-challant attitude towards recreational health practices. This study determine the awareness of benefits of recreational health practices by pregnant women attending ante-natal clinics in Etinan as well as assess their level of adherence to the available exercises.

Pregnant women irrespective of their location may find the study useful being aware of the benefits, types of recreational health activities that they could practice and adhere to with ease. Traditional Birth Attendants which are common in most part rural communities may find it necessary to include recreational activities as part of their programme for pregnant women.

Nurses, midwives and other health staff in health institutions may rely on the findings of this study in recommending recreational activities for pregnant women in their antenatal clinics.

Health Education unit of the Ministry of Health will rely on the findings of this study when planning training and retraining programmes for nurses, midwives and Traditional Birth Attendants. Researchers in related areas will benefit from this study as a reference material in their study. It will also provide information for further research. It focuses specifically on the recreational health activities recommended for pregnant women who are attending antenatal care service in the primary health centres in Etinan

Local Government Area. The study concentrates on the awareness, benefits, adherence, promotion and practices of recreational health activities by pregnant women.

The purpose of this study is to determine the recreational health practices by pregnant women in selected antenatal clinics in Etinan Local Government Area of Delta State in Nigeria with a view to assessing their awareness on engaging in such activities.

### **HYPOTHESES**

The following null hypotheses are stated to guide the researcher in this study.

1. Pregnant women attending antenatal clinics in Etinan would not be significantly aware of recreational health activities.
2. Pregnant women attending antenatal clinics in Etinan would not significantly adhere to recreational health activities.
3. Pregnant women attending antenatal clinics in Etinan would not significantly benefit from recreational health activities.
4. Pregnant women attending antenatal clinics in Etinan would not significantly promote recreational health activities.
5. Pregnant women attending antenatal clinics in Etinan would not significantly practice recreational health activities.

### **RESEARCH METHOD**

This study adopted the descriptive survey design because the population for this study were scattered over the research area. The population for this study consisted of all pregnant women undergoing ANC clinics with the Primary Health Care services in Etinan Local Government Area of Akwa Ibom State Nigeria. The population received from field survey so far conducted shows that in the seventeen Primary Health Centres(PHC) in Etinan, as at October 12, 2019, there were 536 pregnant women registered in the



PHC.

The sample for this study was obtained through simple random sampling. PHC in Etinan were first stratified into Urban, North and South. Simple random sampling technique was used to select 50% of centres in each of the strata. Balloting methods were used to select from each of the selected centre, 50% of the registered pregnant women. A sample of about 180 pregnant women is expected to be formed.

This study relied on a researcher made questionnaire titled "Recreational Health Practices of Pregnant Women Questionnaire" (RHPPWQ) which is structured after the four point rating scale of Strongly Agree, Agree, Disagree and Strongly Disagree. The questionnaire comprises of

two sections A and B. Section A is made of personal data of the respondent while section B consists of 25 items of five items each for each hypothesis.

The questionnaire was validated by two experts in the Institute of Education, University of Uyo. This is to ensure face and content validity of the instrument. The split half method of computation of reliability was used to determine the reliability of the instrument after it might have been administered on twenty pregnant women who attend ante natal care clinic in Nsit Ubium Local Government Area of Akwa Ibom State because it is very close to Etinan and within the same Federal Constituency. Cronbach Alfa statistics was used to test the reliability and a coefficient of .69 was obtained. The instrument were administered on the respondents at the respective clinics on their clinic days with the help of the facility Heads. The respondents were guided on the items so that they can give their accurate

responses. This ensured a 100% success rate. Inferential statistics of Chi square was used for the hypotheses testing.

## RESULTS

Table 1: Demographic Data of Respondents

	Etinan Urban	Etinan North	Etinan South	Total
No. of PHC selected	3	3	2	8
No. of Pregnant Women selected	86	58	36	180
No. in 2 <sup>nd</sup> Trimester	53	37	22	112
No. in 3 <sup>rd</sup> Trimester	33	21	14	68

From the above data, three Primary Health Centres were selected in Etinan Urban wards and 86 pregnant women from the area were selected to be part of the sample. 53 of them were in their second trimester while 33 were in the third trimester of their pregnancies. The PHC were selected from Etinan North wards and 58 pregnant women with 37 of them in the second trimester and 21 in the third trimester of their pregnancies were selected. Two Primary Health Centres in Etinan Southern wards were selected. 36 pregnant women with 22 of them in the second trimester and 14 in the third trimester of their pregnancies were selected from the Southern wards.

**Hypothesis One:** Pregnant women attending ANC clinics in Etinan do not significantly practice Recreational Health Activities. Data obtained for this hypothesis was analyzed using Chi square analysis.

Table 2: Chi Square Analysis of Practice of Recreational Health Activities by Pregnant Women in Etinan LGA

Items No.	A	O	S	N	Total	X <sup>2</sup> cal	X <sup>2</sup> crit	df	Decision
1	14	60	71	35	180				
2	15	55	73	37	180				
3	10	57	81	32	180	9.75	25.00	15	Upheld
4	19	63	69	29	180				
5	16	51	79	34	180				
6	17	66	71	26	180				

The result showed that the calculated chi square was 9.75 against the table value of 25.00 at 15 degrees of freedom and level of significance  $p \leq 0.05$ . Since the calculated value is less than the table value, the null hypothesis one is therefore



upheld. The pregnant women attending Antenatal Care clinics in Etinan LGA do not significantly practice Recreational Health Activities.

**Hypothesis Two:** Pregnant women attending ANC clinics in Etinan are not significantly aware of Recreational Health Activity (RHA).

Table 3: Chi square Analysis of Awareness of Recreational Health Activities by Pregnant Women in Etinan L.G.A

Item No.	SA	A	D	SD	Total	X <sup>2</sup> cal	X <sup>2</sup> crit	df	Decision
7	32	74	63	11	180				
8	19	69	62	30	180				
9	12	70	68	30	180	28.68	21.03	12	Rejected
10	25	65	70	20	180				
11	33	75	54	18	180				

The Chi square analysis revealed that the calculated chi square value was 28.68 while that table value was 21.03 at 12 degrees of freedom and .05 alternative. This proves that the pregnant women attending Ante Natal Care clinics in Etinan are significantly aware of Recreational Health Activities. The null hypothesis two is therefore rejected.

**Hypothesis Three:** Pregnant women attending ANC clinics in Etinan do not significantly adhere to Recreational Health Activity (RHA).

Table 4: Chi Square Analysis for Adherence to Recreational Health Activity (RHA)

Item No.	SA	A	D	SD	Total	X <sup>2</sup> cal	X <sup>2</sup> crit	df	Decision
12	12	60	76	32	180				
13	17	70	65	28	180				
14	13	67	71	29	180	6.29	21.03	12	Upheld
15	10	59	76	35	180				
16	11	61	78	30	180				

## DISCUSSION OF FINDINGS

This study has revealed that pregnant women attending ANC clinics in Etinan do not significantly practice Recreational Health Activities. This agrees with the findings of Adeniyi, Ogwumike, and Bamikefa (2013) who observed that close to half of pregnant women investigated were not involved in any exercise programme, and majority of them did not belong to any exercise support group; and for those who

were engaged in physical exercise, brisk walking was reported as the most adopted form of activity, and more than one-third of the women did the exercise for less than three days in a week. This shows that pregnant women practice of recreational health activities has been found to be poor. Similarly, Makinde, et al (2014) found that 294 (58.8%) of respondents in their study wanted prenatal exercise to be performed by the expert while 116 representing 23.3% of the total respondents did not prefer expert to perform exercise for them. Few pregnant women who attend antenatal clinics practice recreational health activities taught them, on their own; majority requires extra attention and supervision.

Again, pregnant women attending ante natal care clinics in Etinan are significantly aware of the need for recreational health activities. This finding confirms that of Sarfraz, Islami, Hameed, Hasan and Ahmad (2013) who showed that 95.2% of the women agreed that therapy has positive role in ante natal care although only 30% were currently following the exercise programme. There was high level of awareness despite the poor level of adherence. However, Adeniyi, Ogwumike, and Bamikefa (2013), in a study discovered that about two-third (61.0%) of the participants were not aware that they could undertake physical exercise to enhance postpartum health, and 109 (47.8%) were not engaged in any exercise. This was contrary to the findings of this study.

The findings of this study show that the pregnant women attending ante natal care clinics in Etinan do not significantly adhere to their recreational health activities routine is in consonance with that of Safraz, Islami, Hameed, Hasan and Ahmad (2013) that only 30% of pregnant women in their





study were following laid out schedule of recreational activities. The findings of this study supports that of Yeo, Lock, and Marron (2010) who in their study with sedentary women found out that adherence to recreational health activities introduced during ante natal care was generally poor and that the few high adherers remained high adherers with few declining in performance while the low adherer became even worse. Adherence to recreational health has been found to be influenced by factors like self efficacy and ease of recommended activity.

Pregnant women in Etinan do not significantly benefit from recreational health activities during ante natal care. The finding can be accounted for by the fact that adherence to recreational health activities by pregnant women in the area was low. Besides, the level of practice of recreational health activities has been generally poor despite the benefits derivable. Makinde, Adeyemo and Ogundele (2014), found out that the perception of the benefits of recreational health activities on pregnant women was high but most pregnant women do carry out their exercises sufficient enough to ensure that they benefit maximally.

Promotion of recreational health activities by pregnant women attending ante natal care clinics in Etinan has been found to be non significant. This is so because no person can promote what he/she does not practice. Promoting recreational health activities by pregnant women appear to be an uphill task given the findings of researches which portray that though more pregnant women are aware of the benefits of recreational activities during pregnancy, only a few practice it (Makinde, et al 2014 and Adeniyi et al 2013). The women expressed high agreement that they are always willing to demonstrate recreational health

activities for others as a form of promotion as well as regularly recommending such activities to other pregnant.

### CONCLUSIONS

Pregnant women who visit antenatal care clinics in Etinan do not engage in recreational health activities, according to the study's results. Nonetheless, since they attend health education seminars as part of prenatal care, they are informed of the recreational health activities that are advised for expectant mothers. Pregnant women who visit clinics don't follow suggested leisure activities for health. The minority who engage in it do so irregularly, which prevents them from reaping the full benefits of leisure-time physical activity and makes it unable to advocate for it.

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