

Perceived Barriers to Physical Activity Among Pregnant Women

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ABSTRACT

Objective: To identify perceived barriers to physical activity among pregnant women attending the outpatient department (OPD) of the tertiary care center at PUMHS, Nawabshah.

Methodology: A cross-sectional study was conducted in the Department of Obstetrics and Gynecology, PUMHS, Nawabshah from June to December 2023. Pregnant women aged 18–40 years were included. Data on sociodemographic characteristics and physical activity patterns were collected through a structured questionnaire. Statistical analysis was performed using SPSS version 25, with frequencies and percentages calculated for categorical variables and means with standard deviations for continuous variables.

Results: Of 101 participants, 61.4% were aged 20–29 years and 62% had education up to matriculation. Most were multiparous (60%), housewives (56%), and residents of rural areas (67%). Over one-third (34.7%) were overweight, while 12.9% had obesity (BMI >30). Although 85% received advice regarding exercise from healthcare professionals, 82% reported reducing activity during pregnancy—mainly due to tiredness (39.6%) or fear of miscarriage (36.6%). Lack of time was cited by 20%. About 41% engaged in moderate physical activities, primarily walking less than 30 minutes daily. Psychological issues such as anxiety, depression, poor sleep, and gestational diabetes were more common among less active women.

Conclusion: Many pregnant women remain insufficiently active due to fatigue, fear, and time constraints. Health professionals should counsel women and families about the safety and benefits of regular physical activity to help prevent excessive weight gain, gestational diabetes, preeclampsia, and psychological distress during pregnancy.

Keywords: Pregnancy, Physical Activity, Attitude to Health, Health Knowledge, Attitudes, Practice.

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Introduction

Pregnancy is a transformative period set apart by physiological, psychological, and emotional changes, requiring cautious thoughtfulness regarding maternal well-being. With the bunch of changes that go with fetal growth, the significance of active work in advancing prosperity for both mother and child has earned expanded consideration in recent years. Taking part in proper active work during pregnancy is related to various advantages, including working on cardiovascular well-being, better weight, and a decreased gamble of gestational diabetes and hypertensive problems.^{1,2}

Regardless of these benefits, a developing group of proof recommends that pregnant ladies frequently face apparent obstructions to standard active work, contributing to a decrease in engagement levels. Understanding and tending to these hindrances are basic for upgrading

maternal well-being results. A strong investigation of the variables impeding actual work in pregnant ladies, especially during the first trimester, is fundamental for creating designated mediations and advancing better ways of life.

Different studies have enlightened the multi-layered nature of seen hindrances to physical work during pregnancy. Worries about expected damage to the embryo, vulnerabilities regarding safe activity practices, and fears of fueling pregnancy-related distress have been recognized as normal hindrances.^{3,4} Furthermore, cultural impacts, social standards, and individual impressions of self-perception might assume crucial parts in forming a pregnant lady's perspectives toward active work.^{5,6}

While existing writing gives important experiences, the requirement for setting explicit examinations inside different medical services settings, for example, tertiary

consideration places, stays principal. This study looks to add to the current information base by leading an illustrative cross-sectional investigation of seen boundaries to actual work among pregnant ladies going to a noticeable tertiary consideration community, specifically PUMHS (People Groups College of Clinical and Wellbeing Sciences). The primary trimester, frequently portrayed by one-of-a-kind physiological changes and expanded weakness to hindrances, fills in as a basic period for mediation.

By recognizing and extensively dissecting the apparent hindrances to actual work in this populace, our exploration plans to illuminate customized procedures and mediations that can be coordinated into antenatal consideration programs. Engaging pregnant ladies to defeat these obstructions may upgrade their general well-being as well as add to positive birth results and long-term maternal prosperity.

In the ensuing segments of this exploration article, we depict the review targets, system, and results, offering a nuanced assessment of the apparent hindrances to actual work among pregnant ladies inside the setting of a tertiary consideration community. Routine physical activity grants several medical advantages to both the mother and fetus. In any case, there is scarcely any significant awareness of the actual work status of pregnant women in Pakistan and whether they meet the ongoing rules for pre-birth active work. The points of the review were to evaluate actual dormancy status and related factors among pregnant ladies visited in obs and gynae dept, PUMHS.

Methodology

A cross-sectional study was conducted in the Department of Obstetrics and Gynecology, PUMHS, Nawabshah, from June 7, 2023 to December 6, 2023. Ethical review Committee granted ethical approval Ref no PUMHSW/SBA/PVC/ERC/2023/321. The hospital's prenatal unit served as the source for the participants. Using a convenient non-probability sampling approach, pregnant ladies under 40 were assembled. The exclusion criteria were: multiple pregnancy, diabetes, chronic hypertension, renal disease, cardiovascular disease, and hypothyroidism. Participants were recruited from the OPD and Emergency Department of Obstetrics & Gynecology who fulfilled the inclusion criteria. Informed consent was obtained prior to participation. The women were told about the objectives and strategies for this review at the time of enrollment. Following the members'

marked informed consent, information was accumulated utilizing proforma that contained sociodemographic status, working status, age, equality, instruction level, and identity. The Pregnancy Actual Work Poll (PPAQ), an approved self-revealed survey, was utilized to quantify the active work. Following information assortment, all surveys were checked for precision, consistency, and fulfillment to get rid of any fragmented or conflicting information. SPSS Insights rendition 25 was utilized for the information section, cleaning, and analysis. For categorical variables like parity, BMI, frequency, and percentages used, and for quantitative factors, the mean, middle, and interquartile range (IQR),

Only those pregnant women who gave consent were included in the study, while those who declined to participate were respected. Each participant signed an informed consent form. The privacy and confidentiality of all pregnant women were strictly maintained.

Results

A total of 101 participants were enrolled. The majority were in the age cluster of 20-29 years. Most subjects had education achieved less than matric (62.4), but around one-quarter of the study population had no formal education. Most of our participants were mothers of more than one child (60.4%). The majority belonged to the Muslim community (84.2%) 56.4.8% were household women 18.8% worked from home and 21.8% were field workers. The majority belonged to the middle-class community.

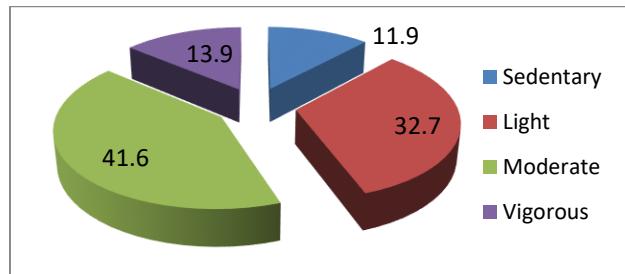


Figure 1. Physical activity intensity during pregnancy(N=101)

67.3% belong to rural areas, and 37.6% had bookings at hospitals. The majority had interviews in the first trimester around 34.7% fell into the overweight category and 12.9% had a BMI of more than 30.

85% received advice from health personnel regarding exercise during pregnancy, usually on an individual basis (85%). 89% of the women had a habit of exercise pre-pregnancy while 88% claimed to do exercise in pregnancy as well. The majority had continued exercise

but slowed down (82.2%) mostly due to tiredness (39.6%) or fear of miscarriages (36.6%), while 20% had no time for exercise mostly due to family burden. 41.6% informed for the moderate type of activity in intensity that was usually walking up to 30 minutes.

42% population showed anxiety, and 18.8% with symptoms suggestive of depression. 31.7% had poor sleep. 15.8% develop GDM, usually at the start of 3rd trimester.

Reasons for quitting exercise	Comfortable Environment		p-value
	Yes (n=34)	No (n=67)	
	n	%	
Lack of safe and secure environment	0	0.0	51 50.5
Environmental temperature	0	0.0	13 12.9
Lack of accessibility to do exercise	19	18.8	3 3.0 *
Others	15	14.9	0 0.0

*p<0.05 was considered statistically significant using Fisher's Exact test

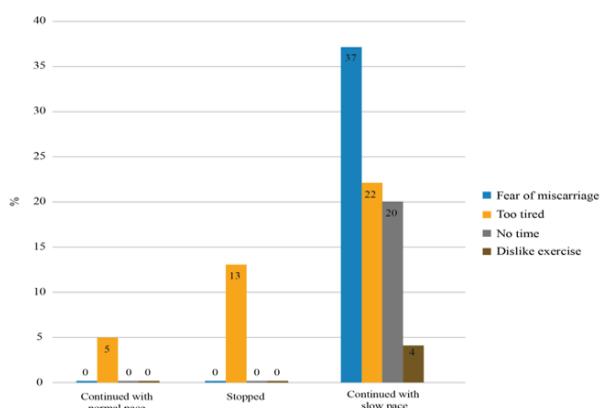


Figure 2. Exercise habits during pregnancy and reasons for stopping exercise

Discussion

This is one of the few Pakistani reviews that depict physical activity (PA) levels in pregnant ladies, with the areas adding to PA alongside its apparent barricades and facilitators. As per the outcomes, 41% of ladies participated in moderate PA during pregnancy. Nevertheless, this rate is much higher than that announced by newly created nations like the US (16%)⁷, Ireland (21%)⁸, North Carolina⁹, and studies done in Pakistan¹⁰.

Household activity added to most of the moderate PA. The major cause revealed by antenatal ladies in doing exercises was dealing with their loved ones. Pakistan is the 6th most crowded country on the planet. Families residing in peri-metropolitan urban communities like Nawab Shah largely live in joint family frameworks

where the ladies of the family are supposed to do family errands. Subsequently, these contributed fundamentally to PA. This is obvious from other research, where family and caregiver actions were the biggest contributors to physical activity during pregnancy. Most moderate exercises detailed by ladies incorporate family tasks, youngster care, planting, and so forth, which are implemented on maximum days of the week over time. Consequently, these are significant contributors to PA in women.^{11,12} Almost certainly, ladies with somewhat low financial status (such as in our review population) wouldn't have homegrown assistance accessible and subsequently need to play out all family errands themselves regardless of being pregnant. Since recreation time and work-related PA are known to diminish during gravidity, support in family tasks and providing care exercises connected with youngsters and other relatives ought to be urged to keep away from a stationary way of behaving during this period.

Further investigation of parity on PPAQ showed that expecting ladies to have more than one child was more dynamic than the ladies encountering it for the first time. These discoveries correspond to studies led in Tigray¹³, Iowa State (USA)¹⁴, Nigeria¹⁵, and Brazil.¹⁶ This is on the grounds that multiparous ladies need to look after their youngsters. Then again, the justification for actual latency in primigravida might be because of their folks and senior's recommendation to keep away from actual work during pregnancy as it can induce labor pain, as well as because there are numerous legendary things winning in our general public that say to keep away from outside exercises in first pregnancy.

The schooling level of ladies unequivocally affects their association with actual work during pregnancy. Nonetheless, in our review, it was seen that 62% of ladies had an education level below matriculation but 88% guaranteed PA. These discoveries stand out from different surveys conducted in Tigray¹³, Australia¹⁷, and the Rio Grande.¹⁸ This may be on the grounds that more ladies were from rustic regions (67.3%), and these ladies had to deal with their families all alone with practically no housekeeper support. This finding is not the same as a study led in Poland that showed urban ladies being more physically active as they additionally took part in occupational activities.²²

Eighty five percent of the respondents received personalized suggestions on the issue of physical activity by health professionals; however, most people were not aware of its benefits. A similar observation has been

indicated in a study carried out in Lahore¹⁹, the results of which is significantly different compared to the ones reported in the African context.²⁰ The reason behind this variation could be the poor education levels and socio-economic inequalities in the government sector. The proportion of thirty one percent of the participants were women in the workforce or in the civil services, the employees of the privates or the field workers, favored the stationary exercises or light intensity exercises. Of the individuals who actually exercised, 82 percent decreased the level of exercise. The most common reasons why this was reduced were fatigue (39%) and anxiety about possible pregnancy complications, including miscarriage or preterm labour. The findings are in agreement with the studies that were carried out in Hamadan (Iran).²¹

The generally seen intra-individual boundaries to actual work included physical protests, for example, muscle throbs, sensations of sluggishness, and windedness. Interpersonal boundaries included the absence of help from companions and security worries, while access to facilities was a normally revealed ecological barrier. Discernment, for example, PA being a selfish act or a way of behaving that might hurt the child, was accounted for by the majority of patients.

Conclusion

Prenatal care providers should actively educate expectant mothers about the benefits of physical activity and encourage them to adopt a healthy, active lifestyle. Involving partners and family members is essential, particularly for non-employed women with sedentary habits. Healthcare professionals must emphasize the importance of safe exercise during pregnancy, while policymakers and stakeholders should integrate physical activity promotion into antenatal care programs. Collaborative efforts can improve maternal well-being, prevent complications, and foster healthier pregnancy outcomes.

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