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## Risks experience during pregnancy among teenagers in South West Nigeria

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### ABSTRACT

**Background:** Pregnancy, a way of procreation is associated with many risks. This study determined the risks experience during pregnancy among teenagers in south west Nigeria.

**Aims and Objectives:** To find the relationship between variables and conditions causing the risk of teenage pregnancy.

**Methods/study Design:** 400 subjects were sampled through a multistage sampling technique, 20-items questionnaire was administered to the pregnant teenagers in south west Nigeria. Chi-square and ANOVA statistics were employed to test the hypotheses formulated at 0.05 alpha level of significant.

**Results/Findings:** Based on the findings, age, type of occupations, stages of pregnancy played significant role in the determination of the risks experienced by pregnant teenagers.

**Conclusion:** The health risks to the teenage mothers as well as their babies are numerous, birth injury, low birth weight, premature birth and other damages can occur in the birth process that renders them infertile or endangers their lives. Recommendations were made to entrenched reproductive health education into the school curriculum among others.

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**Keywords:** Risks, Pregnancy, Teenagers, South-west Nigeria

### Introduction

Pregnancy can be a thrilling and wonderful part of a teen life but it can also be scary. Pregnancy for teenage is typically a time they become increasingly visible to health service providers and able to access programme that will help to improve their health and well-being, and that of their fetuses<sup>1</sup>. Pregnancy is

a period between conception and the birth of a child counted from the start of a female teen's last menstrual period called LMP. It usually lasts for about 40 weeks or roughly nine calendar months, the process of child bearing is usually unaccompanied by a few unpleasant discomforts that the pregnant female teenager experience which is often divided into three stages; preconception, which is the month

before pregnancy, prenatal which is the month during pregnancy and postpartum which is the month after the birth<sup>2</sup>.

As soon as some of these discomfort to manifest, pregnancy is highly suspected hence, the would be mother is advised to visit her health care provider who will give a schedule for visit and other educative health counseling on how to handle these discomforts when they come.

## **Risks of Teenage Pregnancy**

Diabetes mellitus is one of the serious problems or risk of teenage pregnancy<sup>1</sup>. Diabetes mellitus has a syndrome characterized by a raised glucose concentration in the blood due to deficiency or diminished effectiveness gestational diabetes is a form of diabetes that usually occur in the second half of pregnancy, it usually manifests itself with extreme thirst, hunger or fatigue but usually no symptoms.

Most teenagers can control their blood sugar level with diet and exercise. Some with gestational diabetes and those with diabetes before pregnancy need shots of insulin to keep blood sugar level under control. This disease is chronic and affects the metabolism of fat and protein, in long-standing cases specific changes can occur in the eyes, feet and nerve mother should understand the need why they should visit the clinic consistency to avoid the problem<sup>1</sup>.

Pregnancy in diabetic teenagers carries certain risks in the later stage, she may develop accumulation of amniotic fluid, and the fetus is sometimes usually large leading to difficulty in labor, or even ectopic pregnancy, in which the fertilized egg is implanted outside the uterus, usually in the fallopian tube. Its indication is slight irregular virginal

bleeding, pain in the lower abdomen often on one side and can be followed by severe pelvic pain<sup>3</sup>.

**Parathyroid Diseases:** It is not very common during pregnancy, however this can be a very serious problem for both mother and child, it must be addressed, the obstetrician and the surgeon must communicate so that both mother and child do well. One of the few time when parathyroid disease is dangerous and requires expert care and thoughtfully preparation is during pregnancy. The pregnant teenager is at risk for significant pregnancy problems and the complication of baby's risk for developing problem which is in their endocrine system because of the teenagers high level of calcium level<sup>1</sup>.

There is a real and significant risk for miscarriage in a teenager with hyper parathyroid, teenager with a very high calcium (above 12-0) appears to have the highest risk of fetal demise and death.

This is the danger in the baby if a pregnant lady has high blood calcium due to hyperparathyroid then, the high calcium will found in exactly the same way in the baby so a pregnant female with a calcium of 12-0 will have a fetus with calcium of 12-0 since the parathyroid gland are formed some time during the second and early third trimester, if calcium level is high, the parathyroid glands that are supposed to be forming can be shot down just as they are supposed to be growing into normal glands. Sometimes, they are suppressed that they do not form at all. The medical literature is fairly constant in recommending that the mother be operated on during the early part of the second trimester. This is so to avoid the potential of the baby not developing his / her own parathyroid gland<sup>3</sup>

**Placental absorption:** This is a condition in which the placenta separates from the uterine wall before delivery depriving the fetus of oxygen. It is sometimes accompanied with painless in many cases no symptoms are shown. An ultra sound examination is performed, if diagnosed after 20<sup>th</sup> week of pregnancy but with no bleeding, such teenagers acquire to cut back on activity level and increased bed rest. If bleeding is heavy, it requires hospitalization until mother and baby are stable, if bleeding does not stop or if pre-term labor starts, baby will be delivered by cesarean section<sup>4</sup>

**Early or pre-term labor:** This is labor occurring after 20<sup>th</sup> weeks but before 37 weeks of pregnancy any time during the pregnancy, this occurs more than four times an hour or less than 15 minutes apart, menstrual-like cramps that come and go living a side abdominal cramps with or without diarrhea and dull backache that may radiate around to the abdomen, increase in or change in color or vaginal discharge, constant or intermittent pelvic pressure are also symptoms<sup>1</sup>.

Diagnosis is by monitory or uterine interaction by wearing an elastic belt around waist that holds a translator or small pressure sensitive recorder, it can be worn at the health care provider's office, hospital or home to treat, the woman should lie down with feet elevated, drink 2 or 3 glasses of water or juice, if symptoms do not subside within one hour, contact reproductive health care provider. It may require medication called tocolytics or magnesium sulphate to stop contraction<sup>3</sup>.

**Post partum depression:** It is a serious kind of depression that needs medical attention and treatment. This is characterized with intensive feeling of sadness, guilt, despair, helplessness, anxiety, irritability, etc. which may disrupt ability to function, appetite changes the thought of self. Interaction with health care provider is important; it can be psychotherapy participation in a support group or combination of treatments<sup>5</sup>.

**Nausea and vomiting:** Nausea and vomiting during pregnancy is common and it is a frustrating problem for up to ¾ of all pregnant teenagers commonly called "morning sickness". Many pregnant female report nausea and vomiting throughout the day. The effect may make a pregnant female teen miserable, morning sickness only rarely causes serious problem for the mother or her baby. While the exact cause is not understood, other may be a link between recantations of the fibrous within the wall of the stomach muscle. Other researchers found morning sickness lighter than normal level of a bacteria called helicobacter pylorus, which also seems to cause ulcers, other have found link with the chemical serotonin and elevated level of pregnancy hormone<sup>6</sup>.

Treatment revolves around education and support. In some cases, all that is needed is that anybody with this problem should eat only food appealing. In early frequency, getting enough calories is more important than eating a perfectly healthy diet, forcing oneself to eat in order to provide nutrients for the baby, will usually make things worse. The baby will steal nutrition from the mother in order to grow when the teen pregnant mother have adjusted to being pregnant and morning sickness is gone she can concentrate on eating a more balanced diet<sup>6</sup>. While some teen need medication in severe morning sickness, the health care provider should be

consulted, because incessant eating could lead to constipation. According to Wolfe, it is a common discomfort or problem during pregnancy coupled with pressure from the baby. It can sometimes lead to hemorrhoids.

**Headaches, Palpitations and Fainting:**

These discomforts come by as a result of alternations on the expectant teen mother circulatory system produced by pregnancy, to treat, mild sedatives may be taken by an anxious patient preferably drugs should be avoided as much as possible in pregnancy<sup>7</sup>

**Backache:** This seems to be a general discomfort in teenage pregnancy, it occurs frequently due to the spines adaptation to changes that occur due to increase weight of the developing fetus. The shape of the back changes and the pain is usually felt low in the back or over the sacroiliac joint<sup>8</sup>

**Nose Bleeding:** This occurs mainly due to increase in blood supply which occurs and in most cases, it requires no treatment this however does not implies that the blood pressure of the teenager is high, it is only the volume of the blood that is high.

**Heart Burn:** It is a common discomfort associated with pregnancy, this is because the valve guarding the entrance of food to the stomach relaxes and the enlarging uterus pushes up against the stomach. To treat heart burn, teenage pregnant should take small meals and increase in milk intake before bed<sup>1</sup>.

**Vaginal Discharge:** This is another discomfort experienced by teenage during pregnancy, this is because during pregnancy, the normal secretion which keep the vaginal moist is increased due to extra activity performed by the glands on the neck of the cervix thereby producing extra mucus membrane, it could be thick and cuddly or yellowish in color with unpleasant smell<sup>9</sup>.

**Cardiovascular problem:** Pregnancy puts extra strain on the heart and circulatory system. Heart mumps develops during pregnancy which indicates slight alternation in blood through the heart and usually not serious. If heart problem exists, a complete bed rest is advised during pregnancy. If one of the heart valves is damaged (vascular diseases), antibiotics may be prescribed to prevent infection which could relieve the strain which delivery puts on the heart, an episiotomy may be required (an incision on the vulva) so that the baby ships out more easily<sup>10</sup>.

## **Purpose of the study**

The purpose of this study includes;

- 1) To assess the play of age in relation to pregnancy risks experienced by teenagers.
- 2) To determine if occupation of teenagers pose any risk to them during pregnancy.
- 3) To assess the differences in the risks encountered by teenagers at each of the trimesters.

## Research Hypothesis

- i) There is no significant difference in the risks experienced by pregnant teenagers on the basis of their age groups.
- ii) There is no significant difference in the risks experienced by pregnant teenagers on the basis of their occupation.
- iii) There is no significant difference on the risk experienced by pregnant teenagers in the three trimesters.

## Materials and Methods

This study is basically a survey research. Best defines survey research as a research which enables the researcher to obtain the opinion of a representative sample of the target population<sup>11</sup>. Therefore, the survey method was deemed appropriate by the researcher because it enable one to find out the extent to which the difference in age, occupation, the stage of pregnancy, effect of risk in pregnancy and the general information on adolescent sexual behavior.

The target population for this study consisted of all the pregnant teenagers in South west Nigeria. These are those that attend the out-patient clinics and those who are already in-patient on the hospital. Multistage sampling technique was adopted to select 100 respondents each from four sampled Government Hospitals from south west Nigeria, the hospitals include Lagos University Teaching Hospital (LUTH), Idi-araba, Lagos State, Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu, Ogun State, University College Hospital (UCH), Ibadan, Oyo State and Federal Medical Centre (FMC), Owo, Ondo State. A total of 400 pregnant teens were sampled for the purpose of this study. The

main instrument used in collecting data for this study is a questionnaire (see Appendix I). The instrument has two segments, sections A and B. Section A required for the Bio-data of the respondents and Section B contained items/statements which seeks to elicit information on risks and problems encountered by pregnant teenagers. The content validity of the instrument was established, ethical consideration of the respondents and the clinicians were sought at various selected clinics, and the instrument was later pretested before the final administration.

Descriptive statistics of frequency count and percentage were used for the bio-data, while inferential statistics of analysis of variance (ANOVA) was employed to analyse the data at 0.05 alpha level of confidence.

## Results and Data Analysis

Table 1 shows the respondents in different categories of occupation, the total number of teenage pregnant that are students is 56 (14%), 140 (35%) as traders, 88 (22%) as apprentice, 64 (16%) as skilled labor and 52 (13%) as No school. Also in the table, the respondents in different age groups, 44 (11%) of the respondents are between the ages of 11-15 yrs, 182 (45.5%) falls between 16-20 years and 174 (43.5%) of the respondents are 7, 21 years of age. As regards location, 210 (52.5%) of the respondent are from rural location and 190 (47.5%) are from urban location.

### Testing of Hypothesis

As seen in Table 2, calculated value of 3.06 is lesser than table value of 3.35 that is, the table valve is greater than the calculated valve.

Therefore, the hypothesis is accepted which means, the null hypothesis which states that there is no significant difference in the risk experienced by pregnant teenagers in various age groups is accepted. That is, the null hypothesis is true.

The calculated value of 2.23 in Table 3 is lesser than the table value of 2.76 that is, the table value is greater than the calculated value. Therefore, the hypothesis is accepted which means, the null hypothesis which states that there is no significant difference between pregnant teenagers in different occupation in relation to their pregnancy risks is accepted. That is, the null hypothesis is true.

The calculated value of 25.39 in Table 4 is greater than table value of 3.35 Therefore, the hypothesis is rejected which means, the null hypothesis which states that there is no significant difference in the risks experienced by teenagers in the three trimesters. That is, the null hypothesis is untrue.

In order to find out the period in the trimester in which the pregnant teenage is at risk most, Duncan Multiple Range Comparison Test was carried out.

Table 5 shows that the period in the trimester in which the pregnant teenager is mostly at risk is 1-3 months (first trimester) of pregnancy, moderate risk at 4-9 months (third trimester) and the pregnant teenager is at lesser risk in the period of 4-6 months (*second trimester*) of pregnancy.

## Discussion of findings

The result in table 2 revealed that there is no significant difference in the risk experienced by pregnant teenagers in various age groups. This is because hypothesis two which states there is no significant difference is the risk

experienced by pregnant teenager in various age groups was accepted. This finding corresponds with Thompson's statement that, backache seems to be a general discomfort on teenage pregnancy, it occur frequency due to increase weight of the developing fetus. The shape of the back changes and the pain is usually felt low in the back or over the sacroiliac joint.

The result in table 3 shows that there is no significant difference between pregnant teenagers in different occupation in relation to their pregnancy risk. This is because hypothesis three which states there is no significant difference between pregnant teenagers in different occupation in relation to their pregnancy risk was accepted. This finding agrees with Olaitan's finding which states that health talks should cover such topics as physiological changes expected during pregnancy, nutritional hygiene and care of the teeth, immunization coitus relocation, travel and exercise during pregnancy.

The result in table 4 shows that there is significant difference in the risk experienced by teenager in the three trimesters, this is because the hypothesis four which state that there is no significant difference in the risk experienced by teenager in the three trimesters was rejected. This findings tallies with the findings of Wolfe's report which explains that a discomfort in pregnant which is caused by the first movement of the baby in the womb. The movement makes the pregnant women feel very uncomfortable, this occurs usually between 18-20 week of pregnancy and two weeks earlier in subsequent pregnancy.

The result in table 5 which shows that the highest risk of pregnancy usually occur at the 1<sup>st</sup> trimester was supported by the findings of Jones's opinion which explained that bladder irritation which is one of the

discomforts in pregnancy occurs in early and late pregnancy one kidney function more, there by filling the bladder with urine more frequently, hence frequent urination whereby could be as indication of pregnancy at the early stage. The researcher is of the opinion that, the highest risk at the first trimester (1-3 months) of pregnancy by teen mother could be so, because majority will seek clandestine abortion then and this could contribute to high risk danger to their health status. While, moderate risk at the third trimester (7-9 months) could be the dangers being subjected to during labor and delivery, which could cause the increase in maternal mortality and morbidity rate. Whereas, less risk experienced by teen mother at the second trimester(4-6 months) could be as a result of natural body adjustment to the pregnancy, having managed to survive the first trimester's(1-3 months) trauma.

## Conclusion

In conclusion, teenagers attract considerable attention all over the world as a result of unplanned and unwanted pregnancy occurring to unmarried ladies between twelve and twenty-one years of age, also the health risk to the teenage mother as well as the baby such as birth injury, damage can occur in the birth process that renders them infertile or endangers their lives, low birth weight and premature birth.

Teenage pregnancy has been observed to happen as an adolescent nature of being inquisitive and conscious of the changes in their body, with desire to experiment new thing, they can run the risk of getting pregnant. The problem of teenage pregnancy could be due to poverty, ignorance of both teenagers and their parents on the knowledge of sex education also adolescent

having sexual intercourse without adequate contraception while abstinence is the only sure way to prevent pregnancy despite many factors were examined as the obvious cause.

## Recommendations

Based on the conclusions, the following were recommended apart from total abstinence, that:

- Reproductive health education inform of sex education should be entrenched in the school curriculum and should also be encouraged at home by parents of guardians
- This study should encourage a positive behavioral change towards sexuality among the teenagers.
- Teaching reproductive system on details, to inform students of the risk and the consequences of teenage pregnancy
- It also necessary to provide teenagers with information on the availability of contraceptive services and to strengthen their motivation in the use of contraceptive

In order to reduce problems and risks during pregnancy, public awareness and education on the important of early antenatal care to be achieved, pregnant female teenagers in tradition al occupation should be counsel on the need to rest more and reduce long hours of strenuous work due to it's negative consequence on the baby and the health of the mother also. A teenager pregnancy should be educated on the importance of



personal hygiene these will help reduce some unnecessary complications.

Teenage pregnancy should be taught of dietary rest that will benefit them and their babies to help reduce nutritional deficiencies.

Government should subsidize medical bills paid by teenage pregnancy before and during delivery, this will help in encouraging the illiterates and less privilege of pregnancy teenager to attend clinics.

### Conflict of interest

None to declare

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**Table 1: Bio-data of Respondents by Occupation, Age and Location**

<b>Variables</b>	<b>Frequency</b>	<b>Com-freq</b>	<b>Percentage (%)</b>
<b>Occupation</b>			
Students	56	400	14.0
Trading	140	340	35.0
Apprentice	88	204	22.0
Skilled Labor	64	116	16.0
No school	52	52	13.0
<b>Total</b>	<b>400</b>		<b>100</b>
<b>Age</b>			
11-15 yrs	44	400	11.0
16-20 yrs	182	356	45.5
≥21yrs	174	174	43.5
<b>Total</b>	<b>400</b>		<b>100.0</b>
<b>Location</b>			
Rural	210	400	52.5
Urban	190	190	47.5
<b>Total</b>	<b>400</b>		<b>100.0</b>

**Table 2: Age as a Risk**

<b>Sources</b>	<b>SS</b>	<b>Df</b>	<b>Ms</b>	<b>F-ratio</b>
Between	3189.11	2	1095.56	
Within	9671.24	27	358.19	3.06
<b>Total</b>	<b>112860.35</b>	<b>29</b>		

**0.05F<sub>2,27</sub>=3.35 (Accepted)**

**Table 3: Occupation as a Risk**

<b>Sources</b>	<b>SS</b>	<b>Df</b>	<b>Ms</b>	<b>F-ratio</b>
Between	2998.77	4	749.69	2.23
Within	8421.01	25	336.84	
<b>Total</b>	<b>11419.78</b>	<b>29</b>		

**0.05F<sub>4,25</sub>=2.76 (Accepted)**

**Table 4: Trimester as a Risk**

<b>Sources</b>	<b>SS</b>	<b>Df</b>	<b>Ms</b>	<b>F-ratio</b>
Between	634.77	2	817.39	25.39
Within	336.84	27	32.19	
<b>Total</b>	<b>2504.0</b>	<b>29</b>		

0.05F2, 27=3.35 (Rejected)

Table 5: Duncan MRCT

Trimester	Mean(x)	Level of risk
1-3 months ( <i>first trimester</i> )	76.62	3
4-6 months ( <i>second trimester</i> )	38.89	1
7-9 months ( <i>third trimester</i> )	65.67	2

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**APPENDIX I**  
**QUESTIONNAIRE ON RISKS EXPERIENCE DURING PREGNANCY AMONG**  
**TEENAGERS IN SOUTH WEST NIGERIA**

Dear Respondents,

This is designed to elicit information on *Risks Experience during Pregnancy among Teenagers in South West Nigeria*. It is strictly for research purpose. Please respond to each of the questionnaire items according to how it affects you. All information supplied will be treated confidentially.

Yours Sincerely,

.....

**Olukunmi ‘Lanre OLAITAN, Ph.D.**

*(Human Fertility Sexuality, Reproductive and Family Health Specialist)*

**Researcher**

**SECTION A (Bio-data)**

**Instruction:** Please tick (√) or write in the column most appropriate to your response on the following.

- 1) Occupation: Student( ) Trading( ) Apprentice( ) Skilled labor( ) No school( )
- 2) Age: 11-15years( ), 16-20years( ), ≥ 2 years( )
- 3) Location: Rural ( ), Urban ( )

**SECTION B (General information on risks and problems encountered by pregnant teenagers)**

**Instruction:** Kindly tick (√) the appropriate column for any of the statements below as it applies to you.

<u>The Keys</u>	
Strongly Agreed	(SA)
Agreed	(A)
Disagree	(D)
Strongly Disagree	(SD)

**My experience during pregnancy, labor and delivery**

S/No	Item/Statement	SA	A	D	SD
1.	I suffered from diabetes mellitus				
2	I have high calcium level in the blood				
3	I have history of miscarriage				
4	I have experienced fetal death				
5	I experienced bleeding per vagina				
6	I have abdominal cramps				
7	I suffered from nose bleeding				
8	I suffered from backache				
9	I have unpleasant smell vaginal discharged				
10	I have feeling of sadness				
11	I have feeling of guilt and despair				
12	I have feeling of anxiety and irritability				
13	I suffered from poor appetite				
14	I suffered from nausea and vomiting				
15	I suffered from peptic ulcer				
16	I suffered from headaches				
17	I suffered from fainting				
18	I suffered from palpitations				
19	I suffered from heart burn				
20	I suffered from cardiovascular problem				
21	I was given an episiotomy during delivery				
22	I underwent cesarean section during delivery				