# Results

The study was done to assess the quality of life among pregnant women medically diagnosed with kidney disorders. The results of this study are concluded and presented in the following sequences:

## Part 1: Sample characteristics:

- Distribution of women according to socio-demographic characteristics.( **Figure 4, 5, 6, 7**)
- Distribution of women according to their obstetrical history.(Table1)
- Distribution of women regarding the present medical history, its effect and discovery.(Table2)

## Part 2: Knowledge, attitude and practice of the study sample:

- Distribution of women according to knowledge aspects and its level as regards kidney disorders. (Table3)
- Distribution of women according to their knowledge about the importance of antenatal care.(Table 4)
- Distribution of women according to the knowledge about the dietary aspect of the disease. (Table 5)

## Part 3: Quality of life aspects:

- Distribution of women according to the responses to quality of life aspects. (Table 6, 7, 8)

## Part 4: Statistical relation between study parameters:

- Relation between quality of life aspects and different age groups. (Table 9)
- Relation between quality of life aspects and residency.(Table 10)
- Relation between quality of life aspects and educational level. (Table 11)

- Relation between quality of life aspects and job. (Table 12)
- Relation between quality of life aspects and gravidity(Table 13)
- Relation between quality of life aspects and women's parity. (Table 14)
- Relation between quality of life aspects and the number of living children. (Table 15)

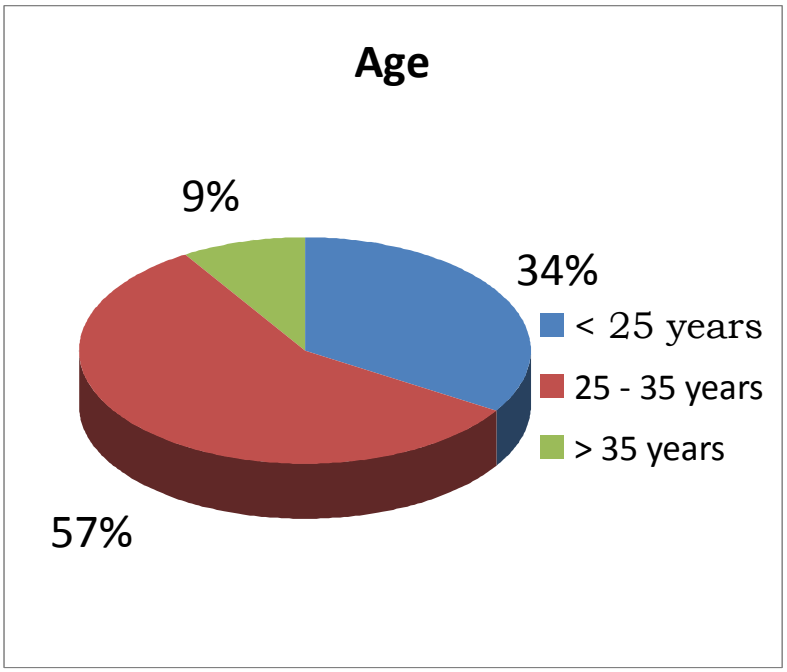


**Figure (4)** Distribution of pregnant women according to age.
No.= 100
More than half of pregnant women had age ranged from 25-35 years.

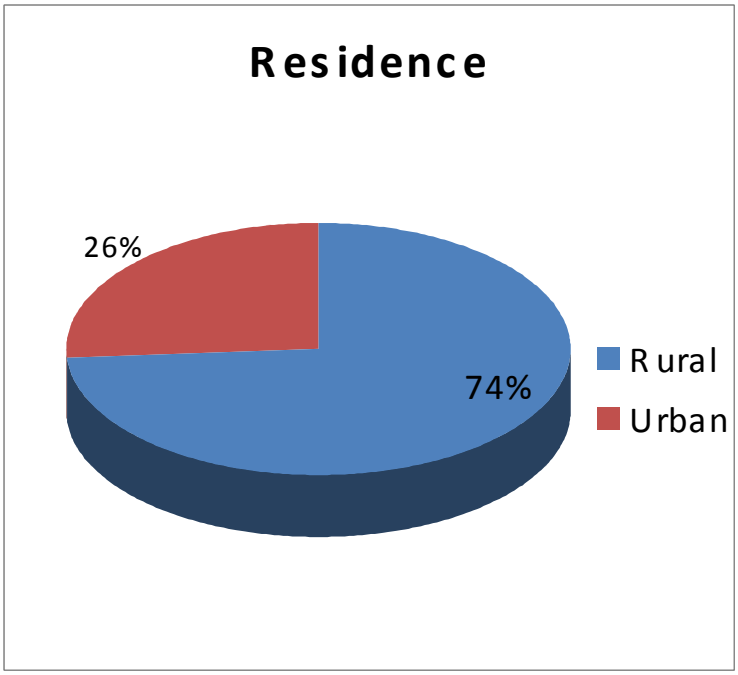


**Figure (5)** Distribution of pregnant women according to residence.
No.= 100

About two third of the sample (74) were from rural

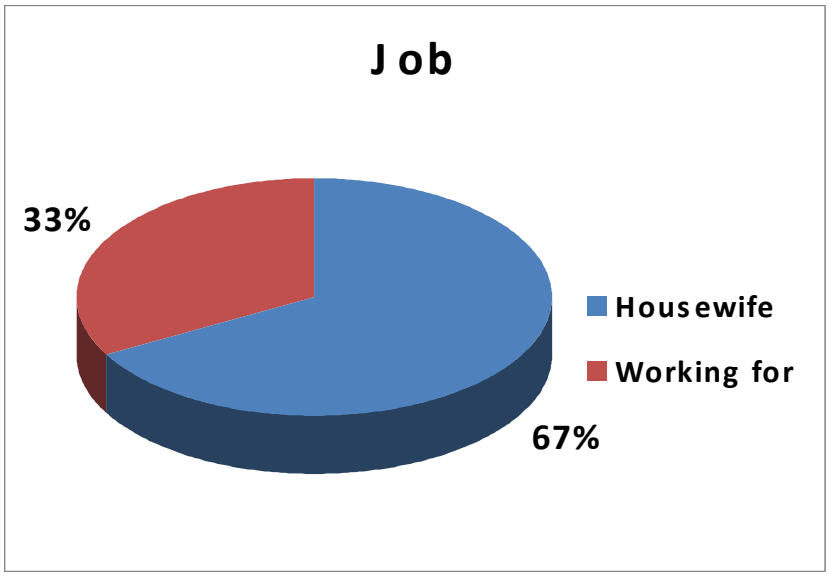


Figure (6) Distribution of pregnant women according to job. No. = 100

More than half of the sample (67%) was housewives.

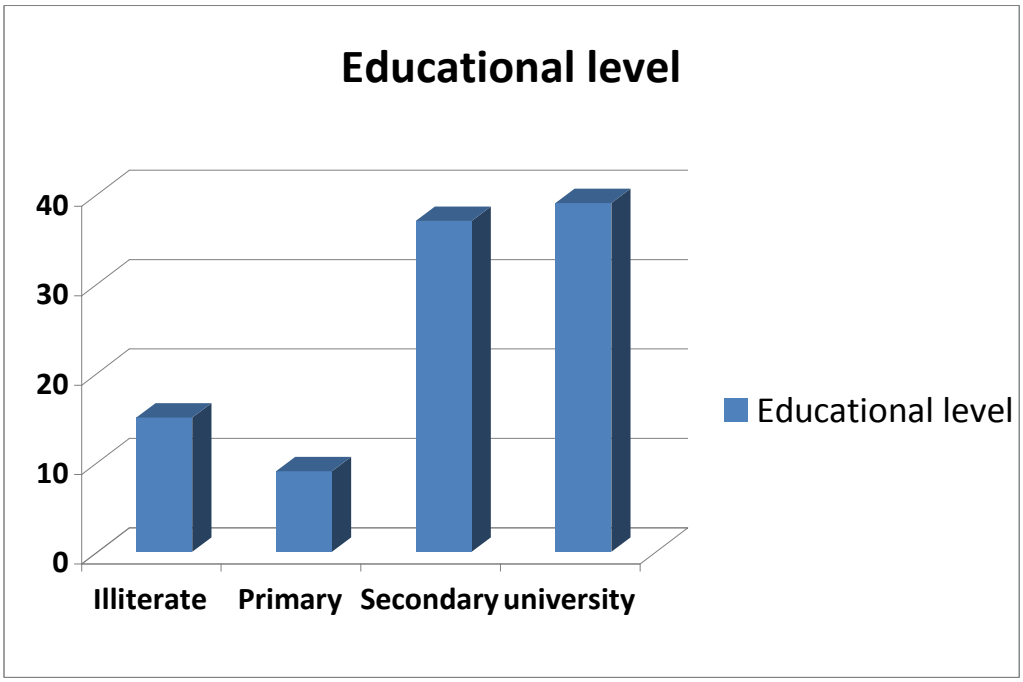


**Figure (7)** Distribution of pregnant women according to level of education. No. = 100

More than one third of the sample (39%) was highly educated.

**Table (1) Distribution of pregnant women according to obstetrical history: No. = 100**

| obstetrical history | | No. | % |
|---|---|---|---|
| Gravidity | 1- 2 | 49 | 49% |
| | ≥ 3 | 51 | 51% |
| Parity | None | 37 | 37% |
| | 1-2 | 53 | 53% |
| | ≥ 3 | 10 | 10% |
| Abortions | None | 57 | 57% |
| | 1 | 39 | 39% |
| | ≥ 3 | 4 | 4% |
| Living children | None | 37 | 37% |
| | 1-2 | 55 | 55% |
| | ≥ 3 | 8 | 8% |
| Schedule of follow-ups | Once monthly | 39 | 39% |
| | Twice monthly | 43 | 43% |
| | More than twice monthly | 18 | 18% |

**Table (1)** shows the obstetrical history of women about half of them (51%) were multigravida, more than half (57%) had no abortion, more than one third (37%) were nullipara, more than one third (63%) had children, and about half of the sample (43%) visit the ante-natal care clinic twice monthly.

**Table (2) Distribution of pregnant women regarding the discovery of kidney disorder and its effect and their practice:**

| Aspect | NO. | % |
|---|---|---|
| **How the condition was diagnosed?** By Symptoms | **65** | **65%** |
| Routine checkup | **35** | **35%** |
| **Effect of the disorder** Condition affected role in the family | **77** | **77%** |
| Economic effect | **49** | **63.64%** |
| Psychological effect | **53** | **68.83%** |
| Social effect | **25** | **32.47%** |
| Somatic effect | **63** | **81.82%** |
| **Behavior when diagnosed &Consultation** Used herbal medicines | 10 | **10%** |
| Daya | **9** | **9%** |
| Pharmacist | **4** | **4%** |
| Physician | **77** | **77%** |

***All items not mutually exclusive.**

**Table (2)** shows that more than half (65%) discovered the disorders by symptoms**,** more than two third (77%) were affected by the disorders, more than two third (81.82%) had somatic effect followed by more than half (68.83%) had psychological effect and more than half of them (63.64%) had economic effect, more than two third of the sample (77%) consulted the doctor when diagnosed with kidney disorder.

**Table (3) Distribution of pregnant women according to the knowledge aspects and its level as regards the kidney disorders:**

| Knowledge aspect | | Knowledge Level | | | |
|---|---|---|---|---|---|
| | | Correct | | Incorrect | |
| | | No. | % | No. | % |
| Signs and symptoms of the disease | Fever and rigors | 45 | 45 | 55 | 55 |
| | Nausea and vomiting | 58 | 58 | 42 | 42 |
| | Anuria | 56 | 56 | 44 | 44 |
| | Dysuria | 94 | 94 | 6 | 6 |
| | Feet swelling | 60 | 60 | 40 | 40 |
| | Abdominal and back pains | 98 | 98 | 2 | 2 |
| | All these symptoms | 20 | 20 | 80 | 80 |
| Knowledge of cause of the renal problems | Eclampsia | 10 | 10 | 90 | 90 |
| | Malnutrition | 40 | 40 | 60 | 60 |
| | Medicines | 18 | 18 | 82 | 82 |
| | Pregnancy | 47 | 47 | 53 | 53 |
| | Continuous vomiting | 20 | 20 | 80 | 80 |
| | Low fluid intake | 53 | 53 | 47 | 47 |
| | Secondary to another disease | 9 | 9 | 91 | 91 |
| | Urinary tract infections | 2 | 2 | 98 | 98 |
| | High salt diets | 2 | 2 | 98 | 98 |
| | Congenital abnormality in the renal system | 2 | 2 | 98 | 98 |

**Table (3)** shows that, abdominal and back pain was the most prevalent sign and symptom (98%), followed by dysuria (94%).

In addition, this table shows that slightly above half of the sample (53%) knew that low fluid intake was the cause of kidney disorder.

**Table (4) Distribution of pregnant women according to their knowledge about the importance of antenatal care.**

| Aspect | Knowledge | |
|---|---|---|
| | Know | Don't know |
| **Knowing the importance of antenatal care** | **24** | **76** |
| **Knowing the proper antenatal care visits** | **18** | **82** |
| **Knowing complications of improper antenatal care:** | | |
| 1- Abortion/Premature labor | **13** | **87** |
| 2- Harmful to the fetus/Malformation | **5** | **95** |
| 3- Eclampsia | **1** | **99** |
| 4- Renal failure | **5** | **95** |

Table (4): shows the degree of knowledge of the pregnant women about the importance of antenatal care as regards the number of proper antenatal care and the probability of complications incidence if they don't attending proper antenatal care program. The result shows that the majority of the pregnant women (76%) had no idea about the importance of antenatal care. However (24%) of the pregnant women knew some complications of improper antenatal care. Only, (18%) of them knowing the proper antenatal care regimen.

**Table (5) Distribution of pregnant women according to the knowledge about the dietary aspect of the disease:**

| Knowledge aspect | | % |
|---|---|---|
| Knowledge of the proper diet | Usual meals | 29 |
| | Low salt diet | 54 |
| | Low protein diet | 3 |
| | Low salt low protein diet | 14 |
| | Following the proper diet | 48 |
| Why can not follow the diet | No apparent cause | 47 |
| | Salt is essential | 2 |
| | Same meal for family member | 2 |
| | Can not eat | 1 |
| Number of meals per day | Two | 31 |
| | Three | 61 |
| | More than three | 8 |
| Fluid volume per day | 2 cups | 5 |
| | 5 cups | 23 |
| | ≥ 8 cpbs | 72 |
| Usual drinks | None | 13 |
| | Tea | 37 |
| | Coffee | 5 |
| | Chocolate | 2 |
| | Herbal drink | 30 |

**Table (5)** shows that, slightly above half of the sample (54%) knew that the proper diet for her disorder was low salt diet, while more than half (52%) could not follow the proper diet. This table shows also that more than the half (72%) knew that 8 cubs of fluid or more was essential per day and more than one third (37%) drink tea usually.

**Table (6) Distribution of pregnant women according to the responses to quality of life (QOL) (Somatic fitness):**

| Somatic fitness | No at all % | Sometimes % | Very often % |
|---|---|---|---|
| Lack of power/energy | 3 | 26 | 71 |
| Feeling sick and pains | 6 | 34 | 60 |
| Because of illness I can not care for my family | 11 | 29 | 60 |
| Troubled by side effects of treatment | 36 | 30 | 34 |
| Loss of urine control | 29 | 47 | 24 |
| Dysurea | 2 | 30 | 68 |
| Abdominal and back pains | 5 | 43 | 52 |
| Tired and exhausted | 2 | 45 | 53 |
| Good appetite | 56 | 43 | 1 |
| Change in eating habits | 14 | 46 | 40 |
| Satisfied with my health | 61 | 21 | 16 |

**Table (6)** shows that, slightly above half (71%) of the sample were had lack of power, more than half (60%) of the sample could not care for their family because of their illness, slightly more than half (52%) reported abdominal and back pain, more than half (61%) of the sample were not satisfied with their health.

**Table (7) Distribution of pregnant women according to the responses to quality of life (QOL) (Psycho-social fitness):**

| | No at all % | Sometimes % | Very often % |
|---|---|---|---|
| **Psychological fitness** Feeling sad | 21 | 25 | 54 |
| Loss of hope | 50 | 17 | 33 |
| Satisfied with coping with disease | 61 | 29 | 10 |
| Feeling useful | 48 | 39 | 13 |
| Afraid of deterioration | 4 | 28 | 68 |
| **Social fitness** | | | |
| Feel related to my family | 4 | 16 | 80 |
| Receive social support from family members | 54 | 13 | 33 |
| My family is coping with the disease | 55 | 28 | 17 |
| Satisfied with family communication | 26 | 52 | 22 |
| Shopping | 34 | 62 | 4 |
| Unhappy with changes in my life | 61 | 21 | 18 |
| Have enough income | 60 | 27 | 13 |

This table shows that more than half (54%) were feeling sad, while more than half (68%) of the sample were afraid of deterioration of the disorders, more than half (54%) of the sample not received social support from family members, above half (61%) sometimes were unhappy with changes in their life, and more than half (60%) not had enough income.

**Table (8) Distribution of pregnant women according to the responses to quality of life (QOL) (Job, Sexual, and Spiritual fitness):**

| | No at all % | Sometimes % | Very often % |
|---|---|---|---|
| **Job fitness** Ability to work | 77 | 16 | 7 |
| Ability to enjoy life | 62 | 30 | 8 |
| Sleep well | 64 | 33 | 3 |
| Practicing usual chores | 51 | 46 | 3 |
| Satisfied with quality of life | 73 | 13 | 14 |
| **Sexual relation** Condition affected sexual relation | 17 | 20 | 63 |
| Dyspareunia | 12 | 22 | 66 |
| Avoiding sex fearing pain | 19 | 18 | 63 |
| Loss of libido | 24 | 21 | 55 |
| Husband abuse due to disease | 38 | 12 | 50 |
| Husband was angry due to disease | 28 | 25 | 47 |
| Satisfied with my sexual life | 63 | 21 | 16 |
| **Spiritual fitness** Practicing religious duties | 54 | 25 | 21 |
| Religious activities are supportive | 11 | 18 | 71 |
| Confusion about future | 16 | 30 | 54 |
| Disease has some positive aspects | 54 | 45 | 1 |
| Spiritual satisfaction | 40 | 1 | 59 |

This table shows that more than two third of the sample (77%) not had ability to work, more than half of the sample ( 62%) not had ability to enjoy life, more than half (73%) were not satisfied with their quality of life, more than half (63%) were affected regarding sexual relation, above half (63%) were not satisfied with their sexual life, and more than half (59) had Spiritual satisfaction.

**Table (9) Relation between quality of life aspects and age groups:**

| QoL's aspects | Age | | | | | | P value |
|---|---|---|---|---|---|---|---|
| | <25 (N=34) | | 25-35 (N=57) | | >35 (N=9) | | |
| | Mean | SD | Mean | SD | Mean | SD | |
| Somatic Fitness % | 68.36 | 12.83 | 61.87 | 10.35 | 62.58 | 8.83 | 0.001 |
| Social Fitness % | 79.94 | 11.72 | 72.90 | 11.84 | 72.69 | 7.41 | 0.032 |
| Psychological Fitness% | 72.41 | 10.00 | 63.86 | 11.47 | 62.22 | 8.16 | 0.022 |
| Job Fitness % | 65.54 | 15.12 | 58.92 | 11.56 | 57.40 | 16.72 | 0.040 |
| Sexual fitness % | 67.28 | 9.28 | 65.64 | 9.90 | 63.66 | 8.28 | 0.54 |
| Spiritual Fitness % | 83.57 | 10.39 | 77.30 | 8.79 | 74.81 | 8.01 | 0.028 |

$P \leq 0.05$

Table (9) shows that there is significant difference between age groups regards the score percent of the somatic fitness, social fitness, psychological fitness, job fitness and the spiritual fitness; p values are 0.001, 0.032, 0.022, 0.04 and 0.028 respectively.
On the other hand, the score percent of the sexual fitness shows insignificant difference; p value = 0.54.

**Table (10) Relation between quality of life aspects and residency:**

| QOL aspects | Rural (N=74) | | Urban (N=26) | | P value |
|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | |
| Somatic Fitness % | 63.29 | 11.70 | 77.17 | 9.24 | 0.021 |
| Social Fitness % | 73.87 | 11.25 | 67.35 | 12.46 | 0.010 |
| Psychological Fitness % | 65.32 | 11.31 | 76.41 | 10.24 | 0.010 |
| Job Fitness % | 66.47 | 13.59 | 57.69 | 12.23 | 0.010 |
| Sexual Fitness % | 65.96 | 9.37 | 66.19 | 9.74 | 0.92 |
| Spiritual Fitness % | 79.37 | 9.37 | 80.51 | 9.60 | 0.60 |

$P \leq 0.05$

Table (10) shows that urban residence score means significantly higher than rural residence women as regards somatic fitness and psychological fitness, contrarily the rural residence score means are significantly higher than urban residence women as regards social fitness and job fitness. The sexual fitness and spiritual fitness shows insignificant difference.

**Table (11) Relation between quality of life aspects and educational level**:

| QoL's aspects | Educational level | | | | | | | | P value |
|---|---|---|---|---|---|---|---|---|---|
| | Illiterate (N=15) | | Primary (N=9) | | Secondary (N=37) | | University (N=39) | | |
| | Mean | SD | Mean | SD | Mean | SD | Mean | SD | |
| Somatic Fitness % | 64.44 | 11.46 | 62.35 | 11.71 | 65.32 | 12.31 | 76.39 | 9.75 | 0.032 |
| Social Fitness % | 60.0 | 10.03 | 62.16 | 13.45 | 64.32 | 12.58 | 76.50 | 10.62 | 0.026 |
| Psychological Fitness% | 5178 | 9.25 | 62.22 | 11.06 | 67.57 | 12.88 | 75.98 | 9.40 | 0.036 |
| Job Fitness % | 68.33 | 12.60 | 67.59 | 12.80 | 61.26 | 14.06 | 57.05 | 12.32 | 0.041 |
| Other Interests % | 70.83 | 8.84 | 64.81 | 7.96 | 66.44 | 9.96 | 64.05 | 9.31 | 0.130 |
| Spiritual Fitness % | 80.00 | 10.69 | 82.96 | 11.11 | 77.48 | 8.80 | 80.85 | 8.94 | 0.290 |

$P \leq 0.05$

Table (11) shows the university-graduated women means scores are significantly higher than those illiterate, primary and secondary educated women as regards somatic fitness, social fitness and psychological fitness. The other interest and spiritual fitness shows insignificant difference. The job fitness score percent is slightly significantly among illiterate women than other educated women, p value= 0.041.

**Table (12) Relation between quality of life aspects and the job.**

| QoL's aspects | Job | | | | P value |
|---|---|---|---|---|---|
| | Housewife (N=67) | | Working for cash (N=33) | | |
| | Mean | SD | Mean | SD | |
| Somatic Fitness % | 74.51 | 11.80 | 62.29 | 9.50 | 0.010 |
| Social Fitness % | 74.79 | 11.33 | 64.75 | 12.35 | 0.010 |
| Psychological Fitness% | 75.97 | 11.61 | 64.85 | 9.76 | 0.001 |
| Job Fitness % | 68.32 | 14.04 | 56.57 | 10.98 | 0.040 |
| Sexual Fitness% | 67.44 | 9.15 | 63.13 | 9.76 | 0.030 |
| Spiritual Fitness % | 79.20 | 10.15 | 80.61 | 7.70 | 0.49 |

$P \leq 0.05$

Table (12) shows housewives score means significantly higher than the women working for cash as regards somatic fitness percent, social fitness, psychological fitness, job fitness and sexual fitness; p values are 0.01, 0.01, 0.001, 0.04 and 0.03 respectively. The other interest and spiritual fitness shows insignificant difference.

**Table (13) Relation between quality of life aspects and gravidity:**

| QoL's aspects | Gravidity | | | | | | F | Sig |
|---|---|---|---|---|---|---|---|---|
| | 1 | | 2 | | ≥3 | | | |
| | Mean | Standard Deviation | Mean | Standard Deviation | Mean | Standard Deviation | | |
| Somatic Fitness | 12.45 | 2.50 | 12.07 | 1.65 | 10.76 | 1.70 | 7.842 | .001 |
| Social Fitness | 14.00 | 2.51 | 13.31 | 1.87 | 13.33 | 2.04 | .832 | .438 |
| Psychological Fitness | 11.00 | 1.72 | 9.72 | 1.41 | 9.45 | 1.57 | 7.245 | .001 |
| Job Fitness | 8.05 | 1.76 | 6.83 | 1.54 | 7.02 | 1.45 | 4.225 | .017 |
| Sexual fitness | 34.60 | 4.84 | 32.00 | 4.02 | 30.37 | 4.28 | 6.982 | .001 |
| Spiritual Fitness | 12.30 | 1.42 | 12.34 | 1.56 | 11.59 | 1.24 | 3.614 | .031 |

$P \leq 0.05$

**Table (13)** shows there is significant difference between gravidity and quality of life except regarding social fitness.

**Table (14) Relation between quality of life aspects and women's parity.**

| QoL's aspects | Parity | | | | | | | | F | Sig |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 | | 2 | | ≥ 3 | | | |
| | Mean | S.D | Mean | S.D. | Mean | S.D. | Mean | S.D. | | |
| Somatic Fitness | 11.95 | 2.36 | 11.90 | 1.73 | 10.78 | 1.64 | 11.10 | 1.60 | 2.525 | .062 |
| Social Fitness | 13.81 | 2.41 | 13.90 | 1.58 | 12.78 | 1.98 | 13.40 | 1.78 | 1.836 | .146 |
| Psychological Fitness | 10.49 | 1.63 | 9.86 | 1.42 | 9.28 | 1.65 | 9.20 | 1.48 | 3.943 | .011 |
| Job Fitness | 7.30 | 1.82 | 7.00 | 1.55 | 6.78 | 1.24 | 8.30 | 1.34 | 2.603 | .056 |
| Sexual fitness | 33.35 | 4.54 | 32.62 | 3.15 | 30.03 | 4.67 | 28.90 | 4.33 | 5.129 | .002 |
| Spiritual Fitness | 12.08 | 1.52 | 12.57 | 1.43 | 11.41 | 1.24 | 11.90 | .88 | 3.268 | .025 |

$P \leq 0.05$

**S.D.:** Standard Deviation

**Table (14)** shows there is significant difference between parity and quality of life regarding psychological fitness, sexual fitness, and spiritual fitness.

**Table (15) Relation between quality of life aspects and the number of living children:**

| QoL's aspects | Living children | | | | | | | | F | Sig. |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 | | 2 | | ≥ 3 | | | |
| | **Mean** | **S. D.** | **Mean** | **S.D.** | **Mean** | **S.D.** | **Mean** | **S.D.** | | |
| Somatic Fitness | 11.84 | 2.40 | 11.90 | 1.73 | 10.88 | 1.65 | 11.25 | 1.58 | 1.805 | .151 |
| Social Fitness | 13.95 | 2.30 | 13.62 | 1.88 | 12.85 | 1.96 | 13.38 | 1.85 | 1.702 | .172 |
| Psychological Fitness | 10.62 | 1.53 | 9.71 | 1.45 | 9.15 | 1.64 | 9.50 | 1.41 | 5.609 | .001 |
| Job Fitness | 7.35 | 1.75 | 6.90 | 1.67 | 6.91 | 1.31 | 8.13 | 1.46 | 1.649 | .183 |
| Sexual fitness | 33.16 | 4.77 | 32.38 | 3.23 | 30.24 | 4.52 | 29.25 | 4.77 | 3.606 | .016 |
| Spiritual Fitness | 12.22 | 1.58 | 12.43 | 1.43 | 11.35 | 1.10 | 12.00 | .93 | 3.535 | .018 |

$P \leq 0.05$

**S.D.:** Standard Deviation

**Table (15)** shows there is significant difference between number of living children and quality of life aspects regarding psychological fitness, sexual fitness and spiritual fitness.