Factors Contributing Gestational Diabetic Among Pregnant Mothers Attending Benadir Hospital Mogadishu-Somalia

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Abstract

Background: The Median GDM figures vary from 6 and 13 %. Recent estimates in the United States show that GDM complicates up to 9 % of all deliveries. The latest overall prevalence of GDM is measured at 11 % in Central and South America.

Objectives: The main objectives were to examine the factors contributing gestational diabetic mellitus among pregnant mothers in Benadir Hospital.

Methodology: The Research design was descriptive cross-sectional study to identify factors contributing gestational diabetic among pregnant mothers attending Benadir hospital. Data collection tools of this study was quantitative (questionnaires) and analyzing by using SPSS version (20.0) and present in frequency tables & figures.

Result: The results we found based on the respondents by the overweight mother as indicated that the 34% of the participants they told overweight mother was a contributing factor gestational diabetic among pregnant mothers. while the strongly agree 20 % of the participants while natural agree, 20% participant while disagree 22% participant. While strongly disagree 4% participant, this means the majority of the respondents were emphasis overweight mother can increase the factors contributing gestational diabetic among pregnant mothers.

Conclusion: Overweight and obesity were common problems with an increasing worldwide incidence.

Key words: gestational diabetic, antenatal care, human placental lactogen, body mass index.

Background

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Objectives: The main objectives were to examine the factors contributing gestational diabetic mellitus among pregnant mothers in Benadir Hospital.

Research methodology

Research design

A quantitative approach was used in order to find numerical based data about the factors contributing gestational diabetic among pregnant mothers in Benadir hospital. A cross sectional design was used in this study for the suitability of the study design, the reason we chose this method is because this approach is cheap.

Study area

The study area of this study was Benadir hospital in wadajir district that one of biggest maternal and child hospital in Mogadishu Somalia. Benadir hospital is admitting many mother and child who suffer different disease.

Target population

The study population was involved 50 participants of mother who have gestational diabetic and admitted Benadir hospital during our data collection. During the period of study from 14 may to 5 June by collecting data from women who were risk group of gestational diabetics in Benadir hospital.

Sample size through our presence in the hospital, there were pregnant women gestational diabetic and Women who exposed complication of gestational diabetic. Our sample size consists of 50 participants.

Sample procedure
The study was used non-probability sampling method.

Date collection tool
Data collection tools of this study; questionnaire was used as date collection method in order to collect data from target population or respondents of this investigation.

Data analysis
The researcher was employed Descriptive statistics and the data was analyzed by using statistical package for social science (SPSS) version (20.0).

Ethical considerations
The researcher received permission latter from Jamhuriya University of science and technology as well as Benadir hospital to be allowed to carry out their research and respondents of study show respect full and respect when ask questions.

Results

4.1 RESPONDENT BY FREQUENCY OF MATERNAL VISIT TO ANC

Frequency visit for ANC	Frequency	Percent%
Yes	42	84%
No	8	16%
Total	50	100%

Table 4.1 Respondent by frequency to maternal visit to ANC

4.2 RESPONDENT BYHAVE OVERWEIGHT MOTHER

Have overweight mother	Frequency	Percent%
Agree	17	34%
Strongly Agree	10	20%
Natural Agee	10	20%
Disagree	11	22%
Strongly Disagree	2	4%
Total	50	100%

Table 4.2 Have overweight mother by respondent

4.3 RESPONDENT BY HAVE PREVIOUS GESTATIONAL DIABETIC

Previous GD	Frequency	Percent%
Agree	10	20%
Strongly Agree	32	64%
Disagree	7	14%
Strongly Disagree	1	2%
Total	50	100%

4.4 RESPONDENT BY HAVE FAMILY HISTORY OF GESTATIONAL DIABETIC

Family history	Frequency	Percent%
Agree	26	52%
Strongly Agree	5	10%
Natural Agee	4	8%
Disagree	11	22%
Strongly Disagree	4	8%
Total	50	100%

Table 4.4 Respondent by Have family history of gestational diabetic

4.5 RESPONDENT BY HAVE THE MOTHER OVER AGE (ADVANCED AGE).

Advanced age	Frequency	Percent%
Agree	25	50%
Strongly Agree	8	16%
Natural Agee	2	4%
Disagree	10	20%
Strongly Disagree	5	10%
Total	50	100%

Table 4.5 Respondent by Have mother over age (advanced age)

4.6 RESPONDEBT BY IF THE MOTHER HAS SUFFICIENT KNOWLEDGE

If have sufficient knowledge	Frequency	Percent
Agree	14	28%
Strongly Agree	5	10%
Natural Agee	13	26%
Disagree	10	20%

Strongly Disagree	8	16%
Total	50	100%

4.7 RESPONDENT BY HAVE PREVIOUSLY HAD A BABY WHICH WEIGHT MORE THAN 4KG

Previous baby<4Kg	Frequency	Percent%
Agree	10	20%
Strongly Agree	22	44%
Natural Agee	3	6%
Disagree	11	22%
Strongly Disagree	4	8%
Total	50	100%

Table 4.7 Respondent by Have previously had a baby which weight more than 4kg

4.8 RESPONDENT BY HAVE SUFFERED FROM TOO AMNIOTIC FLUID IN PREVIOUS PREGNANCY

Have suffered from too	Frequency	Percent%
Agree	13	26%
Strongly Agree	10	20%
Natural Agee	18	36%
Disagree	6	12%
Strongly Disagree	3	6%
Total	50	100%

Table 4.8 Respondent by have suffered from too amniotic fluid in previous pregnancy

4.9 RESPONDENT BY BIG BABY

Big baby	Frequency	Percent%
Agree	18	36%
Strongly Agree	16	32%
Natural Agee	5	10%
Disagree	8	16%
Strongly Disagree	3	6%
Total	50	100%

Table 4.9 Respondent by Big baby

4.10 PRETERM BIRTH BY RESPONDENT

Preterm birth	Frequency	Percent%
Agree	22	44%
Strongly Agree	4	8%
Natural Agee	6	12%
Disagree	10	20%
Strongly Disagree	8	16%
Total	50	100%

4.11 RESPONDENT BY MACROSOMIA

Macrosomia	Frequency	Percent%
Agree	15	30%
Strongly Agree	18	36%
Natural Agee	5	10%
Disagree	10	20%
Strongly Disagree	2	4%
Total	50	100%

Table 4.11 Respondent by macrosomia

4.12 RESPONDENT BY STILL BIRTH

Still birth	Frequency	Percent%
Agree	8	16%
Strongly Agree	21	42%
Natural Agee	2	4%
Disagree	11	22%
Strongly Disagree	8	16%
Total	50	100%

Table 4.12 Respondent by still birth

4.13 RESPONDENT BY CAESAREAN SECTION

Caesarean section	Frequency	Percent%
Agree	21	42%
Strongly Agree	9	18%
Disagree	10	20%
Strongly Disagree	10	20%
Total	50	100%

Table 4.13 Respondent by Caesarean section

4.14 OBESITY AND TYPE 2

Obesity and type2	Frequency	Percent%
Agree	19	38%
Strongly Agree	6	12%
Natural Agee	3	6%
Disagree	13	26%

Strongly Disagree	9	18%
Total	**50**	**100%**

Conclusion

The results we found based on the respondents by the overweight mother as indicated that the 34% of the participants they told overweight mother is a contributing factor gestational diabetic among pregnant mothers. while the strongly agree 20 % of the participants while natural agree, 20% participant while disagree 22% participant. While strongly disagree 4% participant, this means the majority of the respondents were emphasis overweight mother can increase thefactors contributing gestational diabetic among pregnant mothers.

The results we found based on the respondents by Big baby indicated that the agree 36% of the participants they told Big baby may increase the factors contributing gestational diabetic among pregnant mothers. while strongly agree 32% of the participants while Natural agree 10% of the participant while strongly disagree 6% of the participant. while disagree 16% of the participant. this means the majority of the respondents were emphasis Big baby may the factors contributing gestational diabetic among pregnant mothers.

RECOMMENDATION

1. Raise awareness of the mothers to visit antenatal care to during pregnancies to detect early their problem.
2. The study recommends health canters should recruit well trained health care providers in clinical and maternities to in decrease factors contributing gestational diabetic

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