

会 告 (3)

日本看護研究学会雑誌33巻5号掲載を下記の通り訂正いたします。

(1) 以下の通り訂正いたします。

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誤	妊婦のキッチン使用時の保健指導のあり方に関する研究 <u>－妊婦のキッチン使用時の苦痛症状・不便さの実態調査を通して－</u>
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(3) 以下の通り訂正いたします。

P119 Abstract

誤

Abstract

We investigated circumstances surrounding the symptoms of distress and inconvenience experienced by expectant mothers in the kitchen, in an attempt to define a suitable 'health guidance for expectant mothers in the kitchen'. We conducted a questionnaire survey for 40 mothers (response rate 75%) in city 'S' during the postnatal, newborn baby home visits made by local public health nurses as well as an interview and observational survey for an expectant mother 'M'. (1) We found no significant difference in the kitchen-usage duration between before and during pregnancy ($p=0.390$), while 18.5% of respondents reported receiving assistance from their husbands. (2) In terms of symptoms of distress, lower back pain and fatigue intensified during months 7 and 8 of pregnancy, fatigue reached its peak and leg pain and oedema intensified during months 9 and 10 of pregnancy. (3) Emotional instability was apparent throughout the period of pregnancy, though mothers in a group termed the 'non-ideal body weight gain group' were significantly more likely to answer positive to having experienced emotional instability ($p=0.003$). (4) The three most prevalent inconveniences were 'abdomen feels heavy', 'difficulty bending over' and 'inability to reach out'. These results have suggested that involving the husband's cooperation and practical contrivances such as changing the position of home furnishings like storage shelves, chairs and the refrigerator are important aspects of health education for expectant mothers in the kitchen.

正

Abstract

In order to prepare a suitable guide 'for expectant mothers in the kitchen', we have investigated the circumstances that induce symptoms of distress and are sources of inconvenience for mothers-to-be while preparing meals and washing up. We conducted a questionnaire survey of 40 mothers (response rate 75%) in city 'S' during postnatal home visits made by local public health nurses, as well as through an interview with and an observational survey of an expectant mother 'M'. (1) We found no significant difference in the amount of time spent working in the kitchen before and during pregnancy ($p = 0.390$); only 18.5% of the respondents, however, reported receiving assistance from their husbands. (2) Lower back pain and fatigue intensified during the 7th and 8th months of pregnancy, while fatigue reached its peak and leg pain and oedema intensified during the last two months of pregnancy. (3) Amongst the mothers-to-be those classified as belonging to the 'non-ideal body weight gain group' were significantly more likely to report feelings of emotional instability throughout the period of pregnancy than those not in the group ($p = 0.003$). (4) The three most prevalent inconveniences were 'my abdomen feels heavy', 'I have difficulty bending over' and 'I cannot reach out comfortably'. These results suggest that in order to improve the conditions for expectant mothers working in the kitchen, two courses are open, one physical, the other cultural: the first is the simple practical contrivance of changing the position of such home furnishings as storage shelves, chairs and the refrigerator so as to make it easier for the wife to carry out her daily tasks; the second suggestion, perhaps more difficult to achieve, is the importance of involving the husband in making such arrangements for his wife's benefit, and in helping her generally.