

KNOWLEDGE, PERCEPTIONS, AND BEHAVIORAL RESPONSES TO GESTATIONAL HAEMORRHOIDS AMONG PREGNANT FEMALES FROM GUJRAT, PAKISTAN

Iram Iqbal^{*1}, Ayesha Fatima², Aqna Malik³, Mudassar Mazher⁴

¹Riphah Institute of Pharmaceutical Sciences, Riphah International University, Lahore, Pakistan.

^{2,3}Department of Pharmacy, University of Chenab, Gujrat, Pakistan.

¹iramiqbal794@gmail.com

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Corresponding Author: *

Iram Iqbal

Abstract

Background: Haemorrhoids are the most prevalent anorectal illness during pregnancy, and they might cause symptoms in some women.

Objective: To assess the Knowledge, Perceptions, and Behavioral Responses to Gestational Haemorrhoids among pregnant females aged $\geq 20 \leq 40$ years from a tertiary care hospital

Method: A descriptive cross-sectional study of 300 women was performed in August 2025-december 2025, via a closed-ended, structured 29-question questionnaire. Interviews were conducted in Umer Bashir Hospital in District Gujrat. Volunteer patients were contacted after approval from the hospital's higher authorities. The questionnaire is primarily based on 3 domains. Socio-demographic information regarding age, education level, and occupation was obtained from. The rest of the questionnaire contained information about the current trimester of pregnancy, the history of pregnancies. Questions about the cause of haemorrhoids during pregnancy, number of surgeries during pregnancy were asked. Knowledge, perception, and behaviour towards haemorrhoids were evaluated through different questions. Data was analyzed using GraphPad 10.2. prism.

Results: Among the total 300 pregnant female participants who were interviewed, 47 were aged (<20 years), 114 participants were in the age group 20–29 years, the largest of all 3 groups, were 130 participants, present in the age group 30–39 years, while 09 participants (The smallest group) were in the age group (≥ 40 years). Highly Significant Variations were seen in age groups like 30–39 vs. 40 years (Mean Diff: 49, p-value 0.0083). A highly significant difference in participant volume was also observed in age group 20–29 vs. 40 years (Mean Diff 50, p-value 0.0069). Most disturbing and triggering factors among female participants were constipation and anatomical pressure from the baby/uterus, which are the most prominent, particularly in the prime childbearing age group (20–39 years). Chi-square Test and Šidák's Multiple Comparisons test were applied to evaluate women who experienced haemorrhoids for specific variables. Analyzed data shed light on gaps in prenatal education, psychosocial obstacles, and symptom literacy from questions Q9-Q18. Responses of participants regarding use of topical creams, herbal treatments, sitz bath, and stool softeners were also analyzed.

Conclusion: Analysis of the distribution of responses from questions 19–29 revealed varying degrees of dietary and lifestyle changes; participants had embraced behavioral and medical interventions. Most of the participants reported consistently engaging in preventive behavior.

1. INTRODUCTION

There are several reasons why hemorrhoids are more prevalent and more painful during pregnancy. As the uterus enlarges, several symptoms manifest, such as a decrease in physical activity, a decrease in venous tone due to hormonal influences, an increase in intra-abdominal pressure, and constipation due to bowel hypomotility mediated by progesterone. Venous stasis and straining during bowel movements promote hemorrhoidal tissue hypertrophy and prolapse (Prabagar et al., 2026). During the 3rd trimester and just after giving birth, they manifest most frequently. Even though hemorrhoids affect 25–40% of pregnant women, they are underreported and undertreated. Inflammation, venous congestion, and a breakdown of the tissues around the anal canal are the causes of symptomatic hemorrhoids, often known as piles. They are among the most common anorectal issues during pregnancy, and they can be quite painful, itchy, and cause rectal bleeding. (Ryu, 2022).

Anorectal and perigenital hemorrhoids, as well as pruritus, occur frequently during pregnancy than any other anorectal diseases. (Abbas & Watters, 2025). Misconceptions about the safety of therapy, cultural stigma, and shame (Dolezal, 2015) ignorance, and fear of drugs during pregnancy are common reasons why women put off getting medical help when they need it. Among risk factors associated with haemorrhoids during pregnancy are delays in proper treatment, which increase the risk of medical complications like thrombosis, anemia, and infection (Nakhla et al., 2025). Haemorrhoids may affect Quality of Life (QoL) (Nakhla et al., 2025), especially when women rely on self-care methods, traditional treatments without complete knowledge, or unsuitable therapies (Pokharel et al., 2023).

To improve maternal health outcomes, it is crucial to understand women's perspectives on

hemorrhoids, including their etiology, symptoms, severity, and management. (Roche et al., 2021). Their perceptions and actions greatly influence a person's health-seeking behavior. Safe treatment choices, regular physical activity, a high-fiber diet, and adequate information about these and other preventative measures can greatly lessen the intensity and frequency of symptoms (Guinhouya et al., 2022).

In Low- and Middle-Income Countries (LMIC), due to a lack of academic research and medical awareness, pregnant women suffer due to hemorrhoidal symptoms. Lack of knowledge and the adoption of inappropriate behaviors can add to suffering, and the situation can be worsened.

Pakistan has seen a plethora of research on dietary habits, infectious diseases, and obstetric complications, but very little on pregnancy-related ailments like hemorrhoids. The knowledge, attitudes, and self-care routines of pregnant women about hemorrhoids are mostly unknown (Amangalieva, 2023).

There is a dearth of evidence-based educational programs and therapy guidelines specifically designed to meet the needs of pregnant women (Organization, 2007) (Bowden et al., 2023).

Therefore, this study aims to investigate pregnant women's perspectives on hemorrhoids, including their symptoms, causes, preventative techniques, and treatment-seeking behaviors. If healthcare providers are aware of the gaps in awareness and incorrect procedures, they may better target training programs, encourage early recognition, eliminate stigma, and promote safe and prompt management. (Boughton et al., 2024). Raising awareness and supporting self-care activities can improve maternal comfort, avert issues, and contribute to better overall health outcomes for mothers. regimens for personal hygiene (Nurhidayati et al., 2025).

2. Methodology

There is a significant incidence of haemorrhoids in pregnant women and a high pregnancy rate at the Umer Bashir Hospital in District Gujrat. Ethical Approval: The author has obtained ethical approval permission from the IRB of Riphah Institute, Lahore, with letter number RIPS/LHR/GUL/468 of Riphah Institute, Lahore.

2.1. Design

A descriptive cross-sectional study was performed to investigate the level of Knowledge, Perceptions, and Behavioral Responses to Gestational haemorrhoids among pregnant females from Gujrat District, Pakistan.

2.2. Study Area

The study was conducted in Umer Bashir Hospital, District Gujrat, addressing a wide variety of pregnant women from varied socio-economic backgrounds.

2.3. Population for Study

Pregnant ladies aged between ≤ 20 - ≥ 40 years, who had major issues of haemorrhoids in the past, or during the current pregnancy, and were in different trimesters of pregnancy (1st, 2nd & 3rd trimester), who had visited Umer Bashir Hospital, District Gujrat, and were invited to complete the questionnaire voluntarily. Pregnant women who were unable to understand the questions, either due to a language barrier or illiteracy, were not included.

2.4. Sample Size

Sample Size was calculated by the Yamane Formula (Yamane, 1967) with a 95% CI and a 5% estimated margin of error. The total sample size was 300.

2.5. Data collection tools

Data was collected via a self-administered structured questionnaire

2.6. Perception

Questions to assess how women viewed haemorrhoids in pregnancy (e.g., severity, commonness, effect on daily life).

2.7. Behavior

Questions on women's behaviors to manage or avoid haemorrhoids (e.g., dietary changes, exercise, use of over-the-counter medicines, or seeking medical counsel).

The questionnaire was completed both through interviews and the participants' own involvement.

2.8. Data Collection

The study was conducted from August to December 2025. After approval from the higher authorities of the hospital, written and verbal consent were obtained from study participants. House officers and medical officers of the OBS-Gynae department assisted and guided participants in completing the questionnaire. Participants were informed about confidentiality.

2.9. Data Analysis

Statistical analysis was done. Descriptive statistics and Chi-square tests to check the connection between perceptions and behaviors of socio-demographic characteristics (age, education, and socio-economic position). Significant predictors of effective practice in the prevention or management of hemorrhoids were also found.

Results:

3. Demographics and Socioeconomic variables

Demographics and Socioeconomic variables, among female participants, are categorized in Table 1.

Table 1. Distribution of Demographics and Socioeconomic Variables

Age (Year)	Participants (n)
≤ 20	47(15.6%)
20-29	114(38%)
30-39	130(43.3%)
≥ 40	9(3%)
Education	
No formal education	86(28.60%)

Primary	70(23.3%)
Secondary	95(31.6%)
Higher	49(16.3%)
Residence	
Urban	106(35.3%)
Rural	194(64.6%)
Occupation	
Housewife	246(82%)
Partially- employed	44(14.6%)
Fully employed	0
Student	10(3.3%)

3.1. Trimester-wise Pregnancy Trends

Most participants in the younger (<20years) and older (30-39years) age groups were in their 3rd trimester. Interestingly, 66 women of the age group 20-29 were in their 2nd trimester as shown in Table 2.

3.2. History of Pregnancy and Perceived Causes of Haemorrhoids

Highly significant (<0.0001), the relationships among age, trimester, and haemorrhoids factors were found via the Chi-square Test. For multiple comparison test, when Šidák's Multiple Comparisons test was applied to evaluate women who experienced haemorrhoids for specific variables, several crucial differences emerged, such as a highly significant difference (*p-value* 0.0025) between trimesters 1&2, indicating that haemorrhoids prevalence heavily shifts as

pregnancy progresses. An overwhelming majority of women across all age groups responded "No" to this being their first pregnancy (e.g., 100 out of 130 in the 30-39 group; 111 out of 114 in the 20-29 group). Moreover, haemorrhoids are profoundly more relevant to women who are not in their first pregnancy and extremely significant (*p-value* 0.0004), reinforcing that multi-parity strongly correlates with experiencing haemorrhoids issues. Age and trimester progression significantly correlate with whether a participant underwent surgery during pregnancy, with younger (<20) and older (30-39) cohorts showing higher ratios of "Yes" responses compared to the 20-29 group. Similarly, among reasons for haemorrhoids proposed by female participants, Pressure (*p-value* 0.0096) & Hormones (*p-value* 0.0025) were noted as distinctly recognized variables among patient experiences, as shown in Table 2.

Table 2. Comparison of Trimesters and Perceived Causes of Haemorrhoids

					Is this your first pregnancy?				Proposed Causes of Haemorrhoids				Sidak's multiple	Significant difference	P Value	Chi-square test	
									Comparison test between participants and different variables								
AGE Groups		Trimester										Participants					
Participants n (%)		1	2	3	yes	NO	yes	NO	Constipation	Downward Pressure from the baby	Hormonal changes	Genetics					
30-39	130 (43.33 %)	35 (12%)	12 (4%)	55(18.3%)	2(0.7%)	100 (33.3%)	52(17.3%)	50(16.6%)	48(16%)	36(12%)	18(6%)	0	Trimester 1	Yes	0.002	Chi-square, df	143.2, 27
20-29	114 (38%)	5 (1.7%)	66 (22%)	41(13.7%)	3(1%)	111(37%)	42(14%)	73(24.3%)	69(23%)	31(10.3 %)	14(4.7%)	0	Trimester 2	Yes	0.0105	P value	<0.0001
40	9(3%)	4 (1.3%)	2 (0.7%)	9(3%)	0	12(4%)	7(2.3%)	5(1.6%)	2(0.7%)	7(2.3%)	3(1%)	0	Trimester 3	No	0.1314	Pvalue	****
20	47(15.6%)	0	2(0.7%)	41(13.7%)	0	47(15.7%)	34(11.3%)	13(4.3%)	26(8.7%)	2(0.7%)	14(4.7%)	1(0.3%)	First Pregnancy	Yes	0.0004	Have you undergone any surgery during your pregnancy	
													Not first Pregnancy	No	0.9996	Chi-square, df	129.0, 15
													Constipation	No	0.1268	P value	<0.0001
													Downward Pressure....	Yes	0.0096	Pvalue	****
													Hormonal changes	Yes	0.0025		

Responses	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Šidák's multiple comparisons test	<i>P Value</i>
A female is confident in identifying internal haemorrhoid symptoms							
Participants n (%)	0	0	0	8	25	Participants vs. Strongly agree	<0.0001
	2	8	4	5	15	Participants vs. Agree	
	0	0	0	0	3	Participants vs. Neutral	
	39	0	0	0	8	Participants vs. Disagree	
Total	41(13.7)	8(2.7)	4(1.3)	13(4.3)	51(17)	Participants vs. Strongly disagree	
A female is confident in identifying external haemorrhoids symptoms.							
Participants n (%)	0	0	0	20	37	Participants vs. Strongly agree	<0.0001
	6	4	1	4	45	Participants vs. Agree	
	0	0	1	0	6	Participants vs. Neutral	
	25	3	0	2	17	Participants vs. Disagree	
Total	31(10.3)	7(2.3)	2(0.7)	26(8.7)	105(35)	Participants vs. Strongly disagree	
I think hemorrhoid symptoms usually occur during pregnancy.							
Participants n (%)	1	39	1	45	10	Participants vs. Strongly agree	<0.0001
	0	38	16	49	3	Participants vs. Agree	
	0	6	1	2	1	Participants vs. Neutral	
	2	22	24	0	0	Participants vs. Disagree	
Total	3(1)	105(35)	42(14)	96(32)	14(4.7)	Participants vs. Strongly disagree	
Haemorrhoids often worsen in later trimesters.							
Participants n (%)	0	52	32	8	3	Participants vs. Strongly agree	<0.0001

	0	62	32	8	7	Participants vs. Agree	0.0509
	0	5	5	0	0	Participants vs. Neutral	<0.000
	0	40	7	0	0	Participants vs. Disagree	1
Total			76(25.3)	16(5.3)	10(3.3)	Participants vs. Strongly disagree	
	Are haemorrhoids a normal part of pregnancy?						
Participants n (%)	0	16	18	33	1	Participants vs. Strongly agree	<0.000
	0	37	29	23	11	Participants vs. Agree	1
	0	0	4	7	0	Participants vs. Neutral	
	2	11	31	0	3	Participants vs. Disagree	
Total			64(21.3)	82(27.3)	63(21.0)	Participants vs. Strongly disagree	
	Will open conversations support patients with haemorrhoids during pregnancy?						
Participants n (%)	0	15	42	24	4	Participants vs. Strongly agree	<0.000
	1	27	63	12	8	Participants vs. Agree	1
	0	2	9	0	1	Participants vs. Neutral	0.0232
	0	1	37	3	6	Participants vs. Disagree	<0.000
Total			151(50.3)	39(13.0)	19(6.3)	Participants vs. Strongly disagree	1
	Appropriate information is helpful about preventing haemorrhoids during pregnancy.						
Participants n (%)						Participants vs. Strongly agree	<0.000
	0	56	26	4	9	Participants vs. Agree	1
	3	52	15	11	13	Participants vs. Neutral	0.0189
	0	7	1	2	2	Participants vs. Disagree	<0.000
	10	34	1	1	1	Participants vs. Strongly disagree	1
Total			149(49.7)	43(14.3)	18(6.0)	Participants vs. Strongly disagree	

	I feel embarrassed to discuss hemorrhoid symptoms with healthcare providers.						
Participants n(%)	0	24	44	8	22	Participants vs. Strongly agree	<0.0001
	0	48	29	11	10	Participants vs. Agree	
	0	0	9	1	0	Participants vs. Neutral	
	6	22	17	1	1	Participants vs. Disagree	
Total						Participants vs. Strongly disagree	
	6(2)	94(31.3)	99(33)	21(7)	33(11)		
	I think haemorrhoids will resolve after childbirth.						
Participants n(%)	0	37	27	10	12	Participants vs. Strongly agree	<0.0001
	0	54	17	6	8	Participants vs. Agree	0.0012
	0	7	1	0	0	Participants vs. Neutral	<0.0001
	2	26	2	13	6	Participants vs. Disagree	
Total						Participants vs. Strongly disagree	
	2(0.7)	124(41.3)	47(15.7)	29(9.6)	26(8.7)		
	Do haemorrhoids interfere with my daily life?						
Participants n(%)	0	76	1	0	2	Participants vs. Strongly agree	<0.0001
	0	73	4	3	1	Participants vs. Agree	0.415
	0	11	0	0	0	Participants vs. Neutral	<0.0001
	0	25	16	2	5	Participants vs. Disagree	
Total						Participants vs. Strongly disagree	
	0	185(61.7)	21(7)	5(1.6)	8(2.67)		

Table 3. Adoption of responses based on behavioral and medical interventions to varying degrees among female participants

3.3. Adoption of responses based on behavioral and medical interventions to varying degrees

Responses from Q9-Q18 were analysed in GraphPad Prism 10.2. Šidák's multiple comparisons test was applied. Findings of the analysis highlight key insights into

symptom literacy, psychosocial barriers, and prenatal education gaps. Šidák's multiple comparison tests (across almost all category clusters) showed highly significant differences, which confirmed that these patterns are highly polarized and not randomly distributed. The

target population is sharply polarized between a small group of confident, well-informed individuals and the vast majority characterized by clinical uncertainty, active embarrassment, and educational neglect, as shown in Table 3.

3.4. Knowledge, Perceptions, and Behavioral Responses to Gestational Haemorrhoids

Knowledge, Perceptions, and Behavioral Responses to Gestational Haemorrhoids were assessed with the distribution of Responses from Q19-Q29 (which were analyzed in GraphPad Prism 10.2). Participants who were questioned had adopted behavioral and medical interventions to varying degrees of dietary and lifestyle changes; most participants reported always engaging in preventive behavior, as seen in Table 4.

Table 4. Knowledge, Perceptions, and Behavioral Responses to Gestational Haemorrhoids

						Šidák's multiple comparisons test	Adjusted <i>p</i> -value
		Responses					
		Always	Sometimes	Rarely	never		
		I used herbal or home remedies for haemorrhoids?					
Participants	<i>n</i>	0			21	Participants vs. Trimester 1	<0.0001
(%)						Participants vs. Trimester 2	
		27	0			Participants vs. Trimester 3	0.0323
		43	15	30		Participants vs. Always	<0.0001
		3	5	3		Participants vs. Sometimes	0.0002
		17	3	19		Participants vs. Rarely	
		9(3)	90(30)	23(7.7)	24.33	Participants vs. never	<0.0001
Total							
		I increase fibre intake.					
		0	1	40	13	Participants vs. Always	
		0	19	17	48	Participants vs. Sometimes	
		0	2	1	0	Participants vs. Rarely	
		46	1	0	0	Participants vs. never	<0.0001
Total		46(15.3)	23(7.7)	58(19.3)	61(20.3)		
		I drink at least 8 glasses of water daily.					
		0	0	31	56	Participants vs. Always	
		0	8	38	60	Participants vs. Sometimes	
		0	2	0	8	Participants vs. Rarely	<0.0001
		0	1	0	46	Participants vs. never	0.1587
Total		0	11(3.7)	69(23)	170(56.7)		
		Should I take stool softeners or fiber supplements?					
		0	12	22	10	Participants vs. Always	
		0	21	37	11	Participants vs. Sometimes	
		1	2	2	1	Participants vs. Rarely	
		36	0	9	2	Participants vs. never	<0.0001
Total		37(12.3)	35(11.7)	70(23.3)	24(8)		
		I use topical remedies.					
		0	7	25	17	Participants vs. Always	
		0	10	33	9	Participants vs. Sometimes	
		0	2	2	1	Participants vs. Rarely	
		34	0	10	3	Participants vs. never	<0.0001
Total		34(11.3)	19(6.3)	70(23.3)	30(10)		
		I avoid straining during bowel movements.					

	0	1	28	30	Participants vs. Always	
	0	7	44	10	Participants vs. Sometimes	<0.0001
	0	1	5	3	Participants vs. Rarely	0.0002
	15	1	13	18	Participants vs. never	<0.0001
Total	15(5)	10(3.3)	90(30)	61(20.3)		
	When symptoms appear, do you consult a healthcare provider?					
	0	1	16	36	Participants vs. Always	
	1	12	19	56	Participants vs. Sometimes	
	0	2	0	6	Participants vs. Rarely	<0.0001
	30	0	1	16	Participants vs. never	0.0021
Total	31(10.3)	15(5)	36(12)	114(38)		
	I use warm sitz baths.					
	0	0	36	30	Participants vs. Always	
	0	13	29	46	Participants vs. Sometimes	
	0	2	1	6	Participants vs. Rarely	<0.0001
	30	0	1	16	Participants vs. never	0.0004
Total	30(10)	15(5)	67(22.3)	98(32.7)		
	I use cushions or ring pillows when sitting.					
	0	0	18	9	Participants vs. Always	
	0	5	8	21	Participants vs. Sometimes	
	0	1	0	3	Participants vs. Rarely	
	36	0	0	11	Participants vs. never	<0.0001
Total	36(12)	6(2)	26(8.7)	44(14.67)		
	I engage in light physical activity (e.g., walking)?					
	0	0	27	18	Participants vs. Always	
	1	2	24	38	Participants vs. Sometimes	
	0	2	1	3	Participants vs. Rarely	
	31	0	1	15	Participants vs. never	<0.0001
Total	32(10.7)	4(1.3)	53(17.7)	74(24.7)		
	I avoid sitting for long periods.					
	0	0	21	19	Participants vs. Always	
	0	6	26	44	Participants vs. Sometimes	
	0	2	1	4	Participants vs. Rarely	
	0	32	9	5	Participants vs. never	<0.0001
Total	0	40(13.3)	57(19)	72(24)		
Note:	2-Way ANOVA Šídák's multiple comparisons test					

4. Discussion

Among 300 female participants, the majority were in 130(43.33%) in the age group 30-39 years, and 66 (22%) women of the age group 20-29 were in their 2nd trimester. One striking finding was the severe lack of confidence in participants' ability to identify symptoms of haemorrhoids. Pregnant females felt confident in the identification of symptoms, for internal haemorrhoids, and differences between respondents who strongly agreed 41(13.6%) and strongly disagreed 51(17%) were less compared to external haemorrhoids, where 105 participants strongly disagreed about

the identification of symptoms (Al-Falahi, 2024). This difference underscores the lack of clinical literacy among females in distinguishing external haemorrhoids from other perineal or dermatological conditions, even though external haemorrhoids are more anatomically visible and often a painful condition (Chavan & Kakade, 2025). This subjective uncertainty creates a dangerous bottleneck. If patients are unable to identify the condition confidently, they are far less likely to engage in early self-care or seek timely professional triaging, and manageable symptoms may progress to complications such as thrombosis

or strangulation. The data emphasize that haemorrhoids are still a very stigmatized topic in the field of maternal health care (Cote et al., 2025). Nearly 99(33%) participants among the total remained neutral about the response to the query that they felt embarrassed to discuss hemorrhoidal symptoms with HCPs. This general reluctance reveals a grave breach in the patient-provider relationship. The psychological barrier of embarrassment correlates directly with behavior linked with widespread failure to access medical consultations. (Salih et al., 2024). If a medical condition is seen as shameful, the patient will choose to suffer in silence rather than seek clinical advice, as in the present study, 114 (38%) participants never consult HCPs and turn to unverified or ineffective coping strategies.

The distribution illustrates the widespread confusion about the inevitability of haemorrhoids as a milestone of gestation or as a preventable pathology and according (61.6%) females its effect on the QoL of pregnant women (Ahmed, 2015). When asked if haemorrhoids are a “normal part of pregnancy” responses were very fragmented as 82(27.3%) decided to be neutral and 64(21.3%) responded yes. Similarly, respondents gave a neutral response when asked about whether haemorrhoids resolve post-delivery or not (D’Alfonso et al., 2024). This widespread neutrality speaks of a clinical information vacuum. Patients are not explicitly educated on the vascular and mechanical changes of pregnancy (e.g., increased venous pressure from the gravid uterus) and thus are left ambiguous as to what is a normal physiological adaptation versus a condition requiring active intervention, leaving them ill-prepared for postpartum recovery (Stafford, 2019). Interestingly, several participants, 151(50.3%), were neutral in their views on whether open conversations or appropriate information could help support or prevent haemorrhoids. The “neutrality paradox” does not mean that education is useless, but rather a passive resignation of expectant mothers. When patients view gestational haemorrhoids as an inevitable affliction, pamphlets or discussions may seem futile. This underscores a key message for pre-natal care providers: passive education materials are not

enough. Active integration of educational interventions into routine prenatal visits will transfer the burden of communication from the embarrassed patient to the active clinician. For example, 46 (15.3%) participants reported “Always” increasing their fiber intake, and 170 (56.6%) participants reported “Never” failing to drink at least 8 glasses of water per day. By contrast, active positioning modifications were less strictly followed, with 72 (24%) participants stating they “Never” actively avoided sitting for long periods. There was variation in conservative home care and medical advice for symptom management. While 114 (38%) participants reported “Never” consulting a HCP upon appearance of symptoms, and most probably it may be due to the social taboo that females cannot discuss their health issues openly, even with Gayne consultants. Adding to the complexity of the situation, 98 (32.6%) participants “Never” used warm sitz baths, which is a prominent segment that relied on localized relief; Only 34(11.3%) participants were aware of topical remedies and “Always” used those; similarly, only 36 (12%) participants “Always” used cushions or ring pillows when sitting. Pharmacological prevention with stool softeners or fiber supplements was split, with 37(12.3%) participants choosing “Always” and 70 (23.3%) participants choosing “Rarely”. However, 90(30%) females answered that they sometimes choose to use herbal remedies, but due to less validation and side effects, these herbal or home-based remedies can cause issue to female herself or fetus

Šidák’s multiple comparison tests (across almost all category clusters) showed highly significant differences, which confirmed that these patterns are highly polarized and not randomly distributed. The target population is sharply polarized between a small group of confident, well-informed individuals and the vast majority characterized by clinical uncertainty, active embarrassment, and educational neglect. This test also verified that the variances in distributions across response categories (e.g., “Always” vs. “Never”) were statistically significant for most surveyed behaviours, except in specific trimester

distributions, where participant frequencies stabilized.

Recommendations

- We anticipate that the results of this study will provide credence to theories regarding the factors that increase the likelihood of haemorrhoids in pregnant women, as previously suggested by.
- This study intends to do more than only investigate how often haemorrhoids occur in pregnant women; it also hopes to explain the link between parity, a woman's bowel habits, and constipation (Gallo et al., 2020) This may pave the way for additional research into the possible causes of haemorrhoids in the future.
- In addition, medical professionals might consult this data to inform their efforts to prevent haemorrhoids during pregnancy; the adoption of certain defecation positions is an example of such variables (Mohamed et al., 2019).
- This evidence-based education can assist pregnant women in better understanding and appreciating the value of a woman's health during her pregnancy.

Conclusion: Finally, this study can be a great resource for those planning a family and people who are expecting a kid. This study can also help take action to reduce the likelihood of haemorrhoids during pregnancy. Moreover, it can serve as a dual purpose, like the addition of academic knowledge to the research pool and simultaneously enhancing the health and safety of expectant mothers.

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Declaration of No AI or ChatGPT usage

In my research there is no AI tool and ChatGPT used

Conflict of Interest

In our best knowledge above data has not been published before nor any part of it been used before.

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