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KNOWLEDGE AND ATTITUDE AMONG PRIMIGRAVIDA MOTHERS REGARDING PREGNANCY INDUCED HYPERTENSION: A DESCRIPTIVE STUDY

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ABSTRACT The study adopted a descriptive survey approach to assess the knowledge and attitude among primigravida mothers regarding pregnancy induced hypertension. The sample size is 100 primigravida mothers. The tool consists of 3 sections; section 1 consists of a self- administered structured demographic questionnaire, section 2 consists of a self-administered structured knowledge questionnaire with 15 knowledge items and section 3 consists of checklist attitude scale, 15 attitude items were selected for the collection of data. Reliability of the tool was established by Karl's Pearson prophecy formulae method and the value found for the knowledge questionnaire was 0.93 and for attitude scale was 0.93. The study was conducted at Deva matha hospital Koothattukulam. Out of 100 samples, the majority of the samples had high knowledge and minority of samples had low knowledge. Majority of the samples had favourable attitude whereas minority of samples had unfavourable attitude. There is a positively moderate correlation between knowledge and attitude. The study findings show that there is significant association of knowledge and attitude scores with selected demographic variables such as age, education, religion, type of family occupation and dietary habits.

KEYWORDS : Knowledge, attitude, primigravida mothers, pregnancy induced hypertension

INTRODUCTION

Pregnancy induced hypertension means that before pregnancy the women does not have hypertension but as a result of gravid uterus or gravid state. Blood pressure is the force of blood pushing against blood vessel walls. The heart pumps blood into the arteries (blood vessels) that carry the blood throughout the body. High blood pressure may also be called hypertension. Pregnancy is a special event. The family and the community should treat pregnant women with particular care. The health teaching about pregnancy and its further management helps the mother to take care of herself and have a better experience of childbirth. Pregnancy links mother and fetus together and is the basis for regenerating the generations. Pregnancy is a normal physiological process and not a disease but it is associated with certain risks to the health and survival both of women and for the infant she bears.

Drugs which are given to patients are magnesium, pethidine, diazepam, paraldehyde phenobarbitone, sodium. The complication among patient with pre- eclamsia such as HELLP syndrome (a group of physical changes including the breakdown of red blood cells, changes in the liver and low platelets), seizures, pregnancy loss, neurological damage, kidney failure or liver, blood clotting, maternal and fetal death. Prognosis in maternal mortality is about 10% in pregnancy induced hypertension being 1% in mild pregnancy induced hypertension. It is 17.5, 9.3 and 6.5% in ante partum, postpartum, and intrapartum eclampsia respectively. Longer the convulsions of delivery interval; greater is the mortality.

Pregnancy is one of the most crucial events of a human's life. It is where our mother strives hard and exerts a priceless effort just to expel a fetus inside her womb. It is where our fathers tremble and so anxious to what might happen to her loved one upon delivery, and it is where a new member of their family appears just in a sudden after nine months of caring in the belly. But beside from that, it is where our mother also becomes so weak that every payment taken and mistake done will surely put her and her baby both to danger and risk for accident. Pre- eclampsia is a multisystem disorder that complicates 3–8% of pregnancies in the Western world, and is a major source of morbidity and mortality worldwide.

Despite the progress, an estimated 358,000 maternal deaths occurred worldwide in 2008. This means that each day about one thousand women die worldwide because of complications related to pregnancy and childbirth. Developing countries account for 99% of the deaths. Two regions, Sub- Saharan Africa and South Asia, accounted for 87% of global maternal deaths. Sub- Saharan Africa suffers from the highest MMR at 640 maternal deaths per 100,000 live births, followed by South Asia, with an MMR of 290. In stark contrast, MMR in industrialized countries is 14. In addition to substantial regional disparities, MMRs vary greatly across countries.

The investigator during her clinical placement in selected hospital observed that many antenatal mothers were admitted to the hospitals due to pregnancy induced hypertension. Statistics obtained from the health record of hospital point out that 50% of antenatal mothers are admitted in their first trimester of pregnancy and among them 25% it suffering from pregnancy induced hypertension related complications. This percentage is quite alarming and high in fast growing city of koothattukulam. Professional experience of the investigator also showed that majority of pregnancy induced hypertension related high risk pregnancies are preventable if they are receiving adequate information regarding it. Hence the investigator felt the need for developing an effective structured teaching programme on pregnancy induced hypertension among antenatal mothers.

MATERIALS AND METHODS

A non-experimental descriptive study design is used to reveal the knowledge and attitude among primigravida mothers regarding pregnancy induced hypertension. The study setting is the location in which the research is conducted. It could be natural, partially controlled, or highly controlled. This study is conducted at Deva matha hospital Koothattukulam. Target population of this study was primigravida mothers attending antenatal outpatient department of Deva matha hospital Koothattukulam. The sample consists of 100 primigravida mothers who are attending antenatal outpatient department (OPD) of Deva matha hospital Koothattukulam. Non probability convenient sampling technique was employed in the selection of the sample.

RESULTS

Table 1: Frequency and Percentage Distribution of Samples

According to their Demographic Variables.

Demographic Variables		Frequency(f)	Percentage (%)
Age (in years)	19–25	9	9
	26–31	23	23
	32–37	30	30
	38 and above	38	38
Education	10th passed	19	19
	12th passed	33	33
	Graduation	48	48
Religion	Hindu	25	25
	Christian	66	66
	Mixed	4	4
	Muslim	5	5
Type of family	Nuclear	85	85
	Joint	15	15
Occupation	Government employee	15	19
	Private employee	40	26
	Self business	15	15
	Housewife	40	40
Dietary habits	Non vegetarian	20	20
	Vegetarian	80	80
Total		100	100

Table 2: Frequency And Percentage Distribution Of Knowledge Scores Of Primigravida Mothers Regarding Pregnancy Induced Hypertension. (n=100)

Categories	Grading of Knowledge Score	Frequency (f)	Percentage (%)
Low (<50%)	0–5	8	8
Moderate (51–75%)	6–10	35	35
High (>75%)	11–15	57	57

The data presented that majority 57% of the primigravida mothers had high knowledge regarding pregnancy induced hypertension followed by 35 and 8% had moderate and low knowledge regarding pregnancy induced hypertension, respectively.

Mean SD And Mean Percentage Of Knowledge And Attitude Scores Of Primigravida Mothers Regarding Pregnancy Induced Hypertension.

Distribution of mean, SD and mean percentage of knowledge scores of primigravida mothers regarding pregnancy induced hypertension shows that the mean score (9.38±2.62) which is 14.5% was obtained. Distribution of mean, SD and mean percentage of attitude scores of primigravida mothers regarding pregnancy induced hypertension shows that the mean score (11.42±2.43) which is 14.4% was obtained for attitude.

Frequency and Percentage Distribution of Attitude Scores of Primigravida Mothers Regarding the Pregnancy Induced Hypertension.

Majority 61% of the primigravida mothers had favourable attitude towards pregnancy induced hypertension whereas about 32% of them had moderately favourable attitude and 7% of primigravida mothers had unfavourable attitude towards pregnancy induced hypertension.

Correlation between the Knowledge and Attitude among Primigravida Mothers Regarding Pregnancy Induced Hypertension.

The correlation between knowledge and attitude results shows that the calculated correlation coefficient (r) was with p value 0.701, which shows that there was moderately positive. Correlation between knowledge and attitude.

Association between level of knowledge, attitude and socio demographic variables

Knowledge level was associated statistically significant ($p<0.05$ level) with education, religion, type of family, occupation of mother and dietary habits.

Attitude of mothers was associated statistically significant ($p<0.05$ level) with age, education, religion, type of family, occupation of mother and dietary habits.

DISCUSSION

The study revealed that majority 57% of the primigravida mothers had high knowledge regarding pregnancy induced hypertension followed by 35 and 8% had moderate and low knowledge regarding pregnancy induced hypertension, respectively.

Regarding knowledge scores of primigravida mothers regarding pregnancy induced hypertension shows that the mean score (9.38±2.62) which is 14.5% was obtained. Distribution of mean, SD and mean percentage of attitude scores of primigravida mothers regarding pregnancy induced hypertension shows that the mean score (11.42±2.43) which is 14.4% was obtained for attitude. Majority 61% of the primigravida mothers had favourable attitude towards pregnancy induced hypertension whereas about 32% of them had moderately favourable attitude and 7% of primigravida mothers had unfavourable attitude towards pregnancy induced hypertension.

This finding was congruent with a study done in selected hospitals of Mangalore, India. This might be related to less experience primigravida women about pregnancy health and pregnancy-related risk compared to multigravida women. Further qualitative research will be beneficial to identify an in-depth understanding of mothers' views on pregnancy induced hypertension. However, this study will be used as a preliminary survey since there is no published data regarding the level of awareness among pregnant women specifically in Kerala.

Health care providers should strengthen the awareness of pregnant women about pregnancy-induced hypertension in antenatal care clinics and at the community level with a special focus of awareness to primigravida women, women with no formal education, women with lowest wealth status and housewife.

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