

Assess the Knowledge Regarding Pre-eclampsia and Its Self-care Measures among Antenatal Women Attending Antenatal Outpatient Department of KLES Dr Prabhakar Kore Hospital, Belgaum

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Abstract

The objectives of study were to: assess the knowledge regarding pre-eclampsia and self-care measures among pregnant woman. Find out an association between knowledge regarding pre-eclampsia and self-care measures and selected variables, develop an informational booklet on pre-eclampsia and self-care measures.

Methods: The design selected for the study is descriptive design. The study was conducted on 108 antenatal mothers below 20 weeks of gestational age and who are attending antenatal outpatient department of Dr KLES Prabhakar Kore's Hospital, Belgaum. Non-probability purposive sampling technique was used. The tool included background proforma, knowledge and self-care measures questionnaire on pre-eclampsia. The data was analyzed in terms of both descriptive and inferential analysis.

Results: Data analysis of level of knowledge revealed majority of mothers 80(74.07%) had average knowledge, 14(12.96%) had good and poor knowledge; and with regards to self-care measures (60.18%) had average knowledge, 41(37.96%) had good knowledge and 2(1.85%) had poor knowledge, association between the knowledge of mothers and selected variables revealed that the variables age, educational status, occupational status, income, religion, parity and area of residence shows an association with knowledge scores at 0.05 level of significance. Association between the self-care measures scores of mothers and selected variables revealed that the variables age, educational status, occupational status, income, religion and parity shows an association with knowledge scores at 0.05 level of significance. The variable type of family and area of residence in relation with knowledge scores of mothers are independent of each other.

Conclusion: The world has come a long way from the times when a woman surviving childbirth was considered to be blessed with a 'second life' to the present. Application of appropriate prenatal care and management has largely eliminated maternal mortality frequently at the cost of preterm delivery. Based on the findings of the study, it is concluded that most of the subjects had average knowledge regarding pre-eclampsia and its self-care measures.

Keywords: Pre-eclampsia, knowledge, self-care measures, antenatal mothers, antenatal OPD.

INTRODUCTION

Pregnancy is a unique, exciting often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing bridge to the future. Pregnant woman needs to be a responsible woman so as to best support the health of her future child. The growing fetus depends entirely on its mothers healthy body for all needs consequently pregnant women must take steps to remain as healthy and well-nourished as they possibly can.¹

Pre-eclampsia occurs in approximately 5% of all pregnancies 10% of first pregnancy and 20 to 25% of woman with a history of chronic hypertension.²

The incidence of pre-eclampsia was found to be 14% in primigravida and 16% multigravida's in selected hospital of Belgaum, Karnataka.³

Most of the complications, related to pre-eclampsia are occurring due to maternal negligence or unawareness on the disease and its management. Self-care offers a real potential for improving their health status, and thus to prevent the severe

form of pre-eclampsia at a deteriorating health cost. Self-care would be the most effective and appropriate approach to enhance both maternal and fetal well-being, as well as the successful outcome of pregnancy.⁴

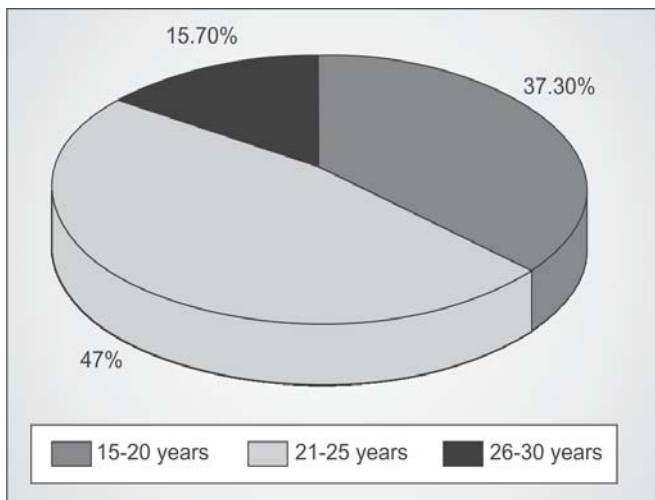
Maternal and fetal mortality and morbidity are steadily increasing due to the elevated blood pressure during pregnancy.³ It can be controlled by regulation of diet, relaxation, by avoiding stress, early identification and medication, monitoring blood pressure level, rest, urine testing for the presence of albumin and by making some adjustments in lifestyles. Clearly, the need for education and awareness among these women remains evident. Hence the researcher feels that there is a strong need to assess the knowledge regarding pre-eclampsia and self-care measures and provides an information booklet which will be of help to the pregnant mothers to learn more about pre-eclampsia and increase their health promoting behavior.

METHODS

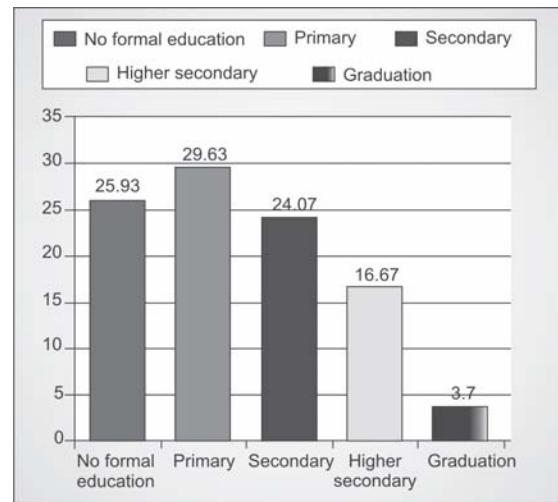
The study was conducted at Dr Prabhakar Kore Hospital Belgaum and MRC Belgaum, 08.11.2009 to 25.11.2009 after obtaining permission from hospital authorities. Test was conducted by using structured knowledge questionnaire and informational booklet was given to each individual after test.

RESULTS

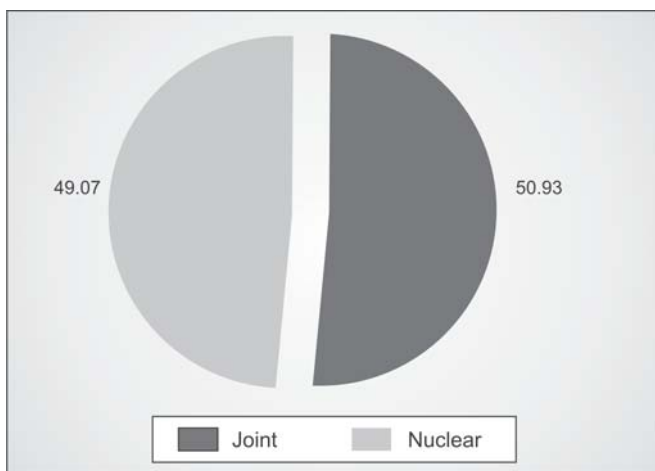
The data on sample characteristics revealed that majority of antenatal mothers 51(47%) belonged to the age group 21 to 25 years (Graph 1), maximum 55(50.93%) were members of nuclear families (Graph 2), majority of the antenatal mothers 32(29.63%) possessed primary education (Graph 3), maximum number of antenatal mothers 60(55.56%) were housewives (Graph 4), majority of mothers 38(35.18%) belonged to income



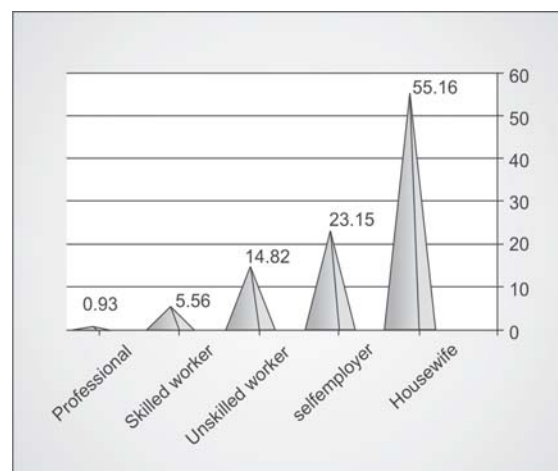
Graph 1: Percentage distribution of antenatal mothers according to age in years



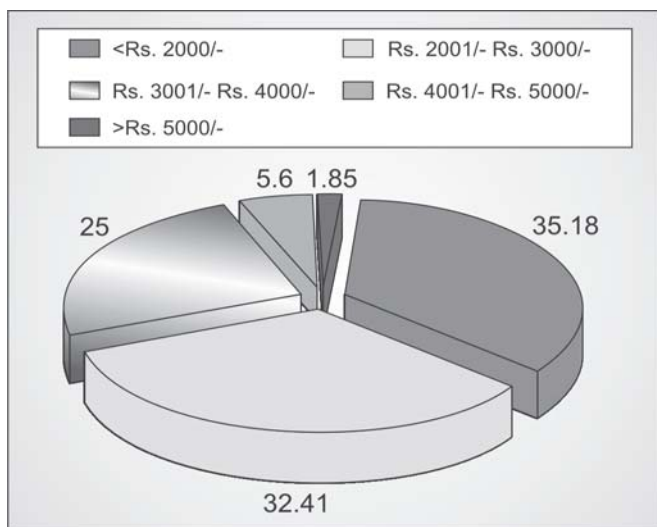
Graph 3: Percentage distribution of antenatal mothers according to their educational status



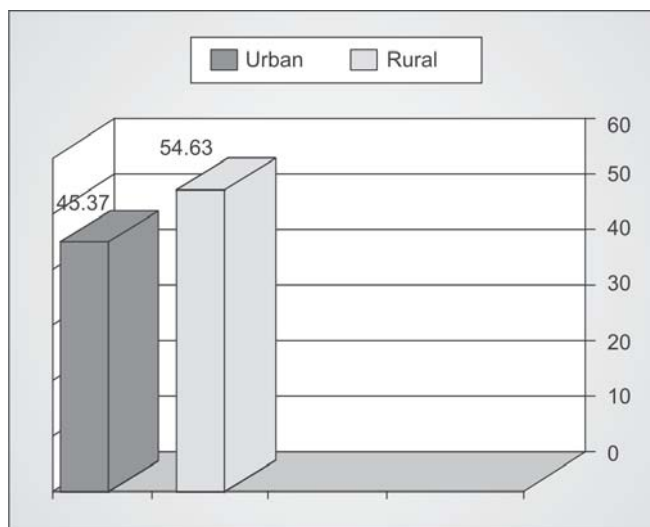
Graph 2: Percentage distribution of antenatal mothers according to their type of family



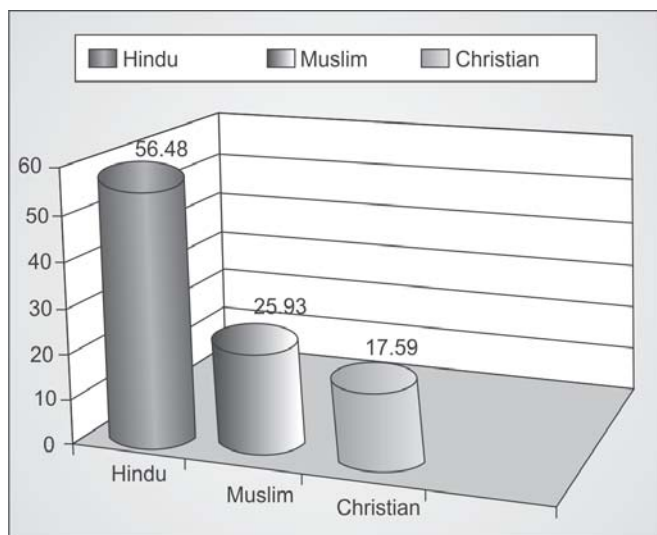
Graph 4: Percentage distribution of antenatal mothers according to their occupational status



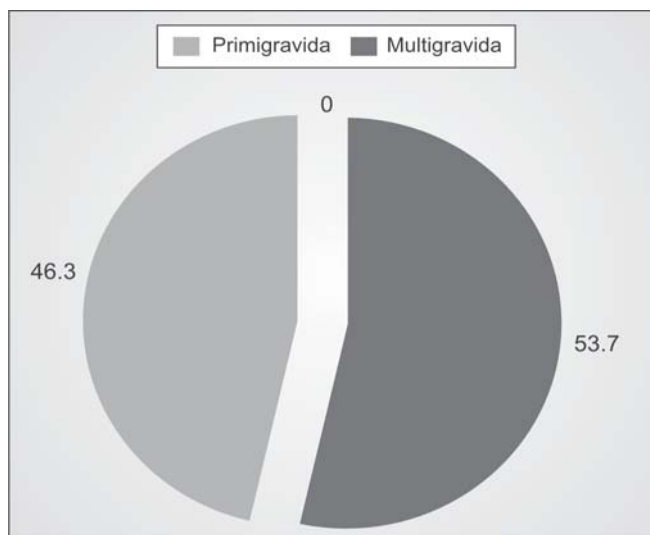
Graph 5: Percentage distribution of antenatal mothers according to their family income



Graph 7: Percentage distribution of antenatal mothers according to their area of residence



Graph 6: Percentage distribution of antenatal mothers according to their religion



Graph 8: Percentage distribution of antenatal mothers according to their parity

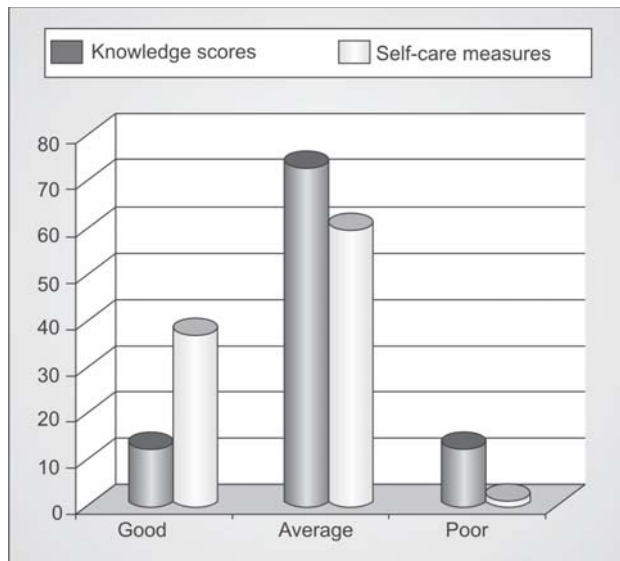
group less than Rs. 2000/- per month (Graph 5), maximum mothers 61(56.48%) were Hindus (Graph 6), majority of mothers were primigravida 58(53.70%) and majority of these mothers 59(54.63%) resided in urban area (Graph 7) and majority of mothers were primigravida 58(53.70%) (Graph 8).

Data analysis of level of knowledge revealed majority of mothers 80(74.07%) had average knowledge, 14(12.96%) had good and poor knowledge; and with regards to self-care measures (60.18%) had average knowledge, 41(37.96%) had good knowledge and 2(1.85%) had poor knowledge (Graph 9).

Statistical analysis using Chi-square to find association between the knowledge of mothers and selected variables revealed that the variables Age with calculated value 10.3474, Educational status with calculated value 27.9014, Occupational

status with 29.47652, Income with 56.84837, Religion with 30.607, Parity with 7.218 and Area of residence with 11.68575 shows an association with knowledge scores at 0.05 level of significance. The variable type of family in relation with knowledge scores of mothers is independent of each other (Table 1).

Statistical analysis using Chi-square to find association between the self-care measures scores of mothers and selected variables revealed that the variables age with calculated value 15.343708, Educational status with calculated value 47.446527, Occupational status with 20.59679, Income with 86.6195, Religion with 96.9586 and Parity with 13.7543 shows an association with knowledge scores at 0.05 level of significance. The variable type of family with 4.454628 and Area of residence



Graph 9: Distribution of knowledge scores and self-care measures of antenatal mothers

with 4.3215 in relation with knowledge scores of mothers are independent of each other (Table 2).

DISCUSSION

Findings Related to Sample Characteristics

The present study findings revealed that among one hundred and eight antenatal mothers, majority 47% belonged to the age group of 21 to 25 years, maximum of them, 56.48% were Hindus. Most of them, 29.63%, had secondary education, 55.56%, were Housewives and the average monthly income of 35.18% of them was below Rs. 2000. Similar findings were seen in a study conducted by Helewa M,⁵ were 48% were in the age group of 21 to 25 years, and 56% belonged to Hindu religion. Majority of them studied up to SSLC (35%) and 88% of the women were housewives. The average monthly income of 56% of them was below Rs. 500.

In the present study majority of mothers, 53.70% were primigravidas. Similar findings were seen in a study conducted by Hillary S.⁶ Majority of women with PIH in her study were primigravidae (90%).

Table 1: Association between knowledge scores and selected demographic variables (n = 108)

Sl. no.	Variables	Good	Average	Poor	Chi-square	
					Calculated	Tabulated
1	<i>Age in years</i>				10.3474	9.488
1.1	15-20	5	27	8		
1.2	21-25	7	40	4		
1.3	26-30	2	13	2		
2	<i>Type of family</i>				2.8709	5.991
2.1	Nuclear	8	41	4		
2.2	Joint	6	39	10		
3	<i>Educational status</i>				27.9014	15.507
3.1	No formal education	1	15	12		
3.2	Primary	3	28	1		
3.3	Secondary	8	17	1		
3.4	Higher secondary	-	18	-		
3.5	Graduation	2	2	-		
4	<i>Occupational status</i>				29.47652	15.507
4.1	Professional	1	-	-		
4.2	Skilled worker	2	4	-		
4.3	Unskilled worker	1	13	2		
4.4	Self employed	3	18	4		
5	<i>Income</i>				56.84837	15.507
5.1	< Rs 2000	-	36	2		
5.2	Rs 2001-3000/-	-	33	2		
5.3	Rs 3001-4000/-	9	10	8		
5.4	Rs 4001-5000/-	4	-	2		
5.5	> Rs 5000/-	1	1	-		
6	<i>Religion</i>				30.607	12.592
6.1	Hindu	-	57	4		
6.2	Muslim	8	13	7		
6.3	Christian	6	10	3		
7	<i>Area of residence</i>				11.68575	5.991
7.1	Urban	11	36	2		
7.2	Rural	3	44	12		
8	<i>Parity</i>				7.218	5.991
8.1	Primigravida	4	49	5		
8.2	Multigravida	10	31	9		

Table 2: Association between self care measures scores and selected demographic variables (n = 108)

Sl. no.	Variables	Good	Average	Poor	Chi-square	
					Calculated	Tabulated
1	Age in years				15.343708	9.488
1.1	15-20	8	31	1		
1.2	21-25	29	21	1		
1.3	26-30	4	13			
2	Type of family				4.454628	5.991
2.1	Nuclear	16	38	1		
2.2	Joint	25	27	1		
3	Educational status				47.446527	15.507
3.1	No formal education	-	27	1		
3.2	Primary	17	14	1		
3.3	Secondary	5	21	-		
3.4	Higher secondary	16	2	-		
3.5	Graduation	3	1	-		
4	Occupational status				20.59679	15.507
4.1	Professional	1	-	-		
4.2	Skilled worker	4	2	-		
4.3	Unskilled worker	-	16	-		
4.4	Self employed	15	10	-		
4.5	Housewife	21	37	2		
5	Income				86.6195	15.507
5.1	< Rs 2000	4	32	2		
5.2	Rs 2001-3000/-	8	27	-		
5.3	Rs 3001-4000/-	22	5	-		
5.4	Rs 4001-5000/-	6	-	-		
5.5	> Rs 5000/-	1	1	-		
6	Religion				96.9586	12.592
6.1	Hindu	28	31	2		
6.2	Muslim	7	21			
6.3	Christian	6	13			
7	Area of residence				4.3215	5.991
7.1	Urban	23	26			
7.2	Rural	18	39	2		
8	Parity				13.7543	5.991
8.1	Primigravida	13	43	2		
8.2	Multigravida	28	22			

In the present study majority of 50.93%, mothers belonged to joint family and most of them are resided in rural area. Similar findings were seen in a study conducted by Mattar F⁷ were 47.69% belonged to joint family and maximum were resided in rural area.

FINDINGS RELATED TO KNOWLEDGE AND SELF-CARE MEASURES OF MOTHERS REGARDING PRE-ECLAMPSIA

Data analysis of level of knowledge revealed majority of mothers 80(74.07%) had average knowledge, 14(12.96%) had good and poor knowledge; and with regards to self-care measures (60.18%) had average knowledge, 41(37.96%) had good knowledge and 2(1.85%) had poor knowledge. The results contradict the findings of Helewa M⁵ where in a sample of 70 primigravid women 95% were unaware of PIH and its self-care measures.

FINDINGS ON ASSOCIATION OF KNOWLEDGE SCORES AND SELF-CARE MEASURES OF PRE-ECLAMPSIA WITH SELECTED DEMOGRAPHIC VARIABLES

Knowledge and self-care measures in pre-eclampsia were assessed and the analysis for association between existing knowledge and self-care measures were done, using Chi-square test. There was association between the variables; age, educational status, occupational status, religion, parity and area of residence; whereas type of family was not associated with the knowledge scores. A study Modesti PA⁸ inferred that age, occupational status, educational status, gravidity had significant association with knowledge scores of pre-eclampsia, but the area of residence had no association with knowledge scores. In self-care analysis the study variables; age, educational status, occupational status, income, religion, parity, were associated with the self-care scores but type of family and area of residence

had no association with self-care scores. No similar studies were found to support or contradict the findings of the study.

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