

The women knowledge, attitude and perceptions of pre-eclampsia and eclampsia

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Abstract

Background: Preeclampsia is a complication of pregnancy responsible for high rates of morbidity and mortality. The objective of present study was to assess patients' knowledge, attitudes and beliefs about pre-eclampsia.

Methods: This is a cross-sectional study on the knowledge, belief and attitudes of 100 women.

Results: During the study period, 100 patients agreed to answer our questionnaire. More than half of our patients (61.00%) not knew of preeclampsia. Out of 39.00% knew about preeclampsia 61.54% of cases, it was the entourage who informed the patients. 48.72% of cases, patients attributed excessive salt intake as a cause of high blood pressure during pregnancy and 23.08% to stress

Conclusions: Few patients are aware of preeclampsia, its danger signs and its complications, especially during prenatal consultation. This requires the improvement of knowledge of all health actor. Community health workers should receive basic and ongoing training to facilitate dialogue and information for pregnant and non-pregnant women in each society.

Keywords: Attitudes, Eclampsia, Hypertension, Nigeria, Perception, Pre-eclampsia, Seizures

Introduction

Pre-eclampsia is one of the most common complications of pregnancy and continues to be a leading cause of death and disability globally. ¹ Pre-eclampsia is characterized by new onset of hypertension and proteinuria after 20 weeks gestation. It may progress to eclampsia; a potentially lethal complication characterized by convulsions requiring an emergency response. The World Health Organization estimates that 14 % of all maternal deaths result from the hypertensive disorders of pregnancy (HDP); it is also associated with a high risk of newborn death.²

Most studies focussing on pre-eclampsia and eclampsia have used a bio-medical model to examine causative factors, prevention and treatment without much attention to local perceptions. This study takes an alternate approach by adopting a perspective that recognizes an interaction of various components of the socio-cultural environment that influence community perceptions³. The aetiology of pre-eclampsia remains a mystery; the cause and disease pathways are not fully understood.⁴

The complications of preeclampsia have been shown to be due in part to a delay in the need for care. This would be due to a delay in the knowledge of the signs which should

lead to being consulted, the delay due to the transport to facilitate the care.⁵

Patients were seen at the hospital only at the major complication stage. In this center, eclampsia was complicated by eclampsia in 45.77% of cases.⁶ Given the severity of this disease, it seems to us to know the attitude of patients to this potentially serious disease.

The objective of this study was to assess patients' knowledge, attitudes and beliefs about pre-eclampsia. An understanding of its parameters would be helpful in enabling a strategy to reduce maternal and perinatal mortality.

Methods

This is cross-sectional study

Inclusion Criteria

- Authors included women who gave birth at least once and seen in the center during the study period.

Exclusion Criteria

- Nulliparous and nulligested patients and patients who refused to respond to the survey were excluded.

A questionnaire on preeclampsia and its consequences translated into hindi was distributed. A questionnaire contain-

- Maternal socio-demographic parameters
- Knowledge of preeclampsia
- Knowledge of the warning and danger signs of preeclampsia
- Knowledge of the complications of preeclampsia.

Statistical Analysis

Quantitative variables are expressed on average and their standard deviations and qualitative variables as percentages.

Results

During the study period, 100 patients agreed to answer present questionnaire.

Regarding the socio-demographic characteristics, the average age of our patients was 31.23±9.10 years with extremes varying between 18 and 60 years.

Table 1: Socio-demographic variable

socio-demographic variable		No. of women	Percentage
Occupation	House wife	68	68.00
	Working	32	32.00
Family status	Single	0	0.00
	Married	96	96.00
	Divorced	4	4.00

68.00% of our patients were house wife and 32.00% women were working. 96.00% women were legally married.

Table 2: Information on pre-eclampsia

		No. of women	Percentage
Knowledge of preeclampsia	Yes	39	39.00
	No	61	61.00
Source of information	T V	3	7.69
	During antenatal period	12	30.78
	Entourage	24	61.54
Cause of hypertension	Stress	9	23.08
	Salt intake	19	48.72
	Physical fatigue	6	15.38
	Over weight	1	2.56
	Dietary	3	7.69

	Allergy	1	2.56
	No answer	20	51.28

More than half of our patients (61.00%) not knew of preeclampsia. Out of 39.00% knew about preeclampsia 61.54% of cases, it was the entourage who informed the patients.

48.72% of cases, patients attributed excessive salt intake as a cause of high blood pressure during pregnancy and 23.08% to stress.

Table 3: Information on pre-eclampsia

Knowledge regarding danger sign	No of women	Percentage
Headache	38	38.00
Vaginal bleeding	36	36.00
Edema	34	34.00
Reduced fetal movement	30	30
Convulsion	2	2.00
Weakness	2	2.00
Vision disorder	2	2.00
No answer	74	74.00

Of the patients who gave the responses, headache was the best-known symptom of patients (38.00%). Signs of danger such as epigastric pain, genital bleeding, visual disturbances, convulsions and decreased sensation of fetal movements were not considered by the majority of patients who gave responses as signs of danger to the fetus. Preeclampsia.

Discussion

Through this study authors have found that patients do not know preeclampsia, its signs of danger and seriousness.

This is identical to studies conducted in Nigeria, India and Pakistan.⁶⁻⁹ Information on this specific disease of pregnancy remains insufficient. The lack of education during prenatal consultations is marked in this study.

Ratsiatosika et al, had mentioned that this pathology was often associated with high maternofetal mortality and was often seen in hospital only at the stage of severe complication.⁴ Knowledge of women's attitudes towards preeclampsia would allow us to improve care.

More than half of our patients (61.00%) not knew of preeclampsia. Out of 39.00% knew about preeclampsia 61.54% of cases, it was the entourage who informed the patients. 48.72% of cases, patients attributed excessive salt intake as a cause of high blood pressure during pregnancy and 23.08% to stress. The lack of prenatal consultation of quality and number explains this percentage. A study of preeclampsia in the center had shown an insufficient number of prenatal consultations in pre-hospitalized patients.⁴ Another study in the same center asserts that the poor monitoring of pregnancy resulting in an insufficient number of CPN exposed preeclampsia to a poor prognosis.⁵ Soltani et al, had shown that parturients with a health education are better aware of the care and the right attitudes to take during and after pregnancy.¹⁰ Improving the monitoring of pregnancy with information and education of patients on pathologies that may occur during pregnancy would reduce maternal and neonatal morbidity and mortality.

Conclusion

This study has shed light on the knowledge of women about preeclampsia and its complications. Few patients are aware of this condition and its complications, especially during prenatal consultation. The signs of gravity are unknown by the patients. Although they know that the disease is life-threatening and that they need to

consult if there are signs of danger, this is not the case in practice. Improving antenatal care by meeting the WHO standard would reduce maternal mortality from this disease.

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