

Practices and Beliefs Regarding Pregnancy Induced Hypertension Among Antenatal Mothers in Virudhunagar

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DOI: <https://doi.org/10.52403/ijrr.20260829>

ABSTRACT

Background: Pregnancy induced hypertension (PIH) is one of the most common medical complications of pregnancy and remains a major contributor to maternal and perinatal morbidity and mortality worldwide.

Objective: To assess the practices and beliefs regarding pregnancy induced hypertension among antenatal mothers.

Methods: Descriptive research design and was conducted at Government Medical College Hospital, Virudhunagar. A quantitative approach was used and 60 participants were selected through purposive sampling. Structured checklist and a 5-point Likert scale were used to assess practices and beliefs regarding pregnancy-induced hypertension.

Results: 100 % of the antenatal mothers taken prescribed Anti-hypertensive medications regularly, 5% of the antenatal mothers were not restricted their salt intake as advised by health professionals after the diagnosis of pregnancy induced hypertension. 28% of antenatal mothers agreed that hospital admission for pregnancy induced hypertension is avoidable and 46% of the antenatal mothers agreed that swelling of face, hands and feet are not a serious sign.

Conclusion: The study represents that despite advances in antenatal care services, PIH continues to be a significant public health concern, particularly in developing countries where awareness and health-seeking behaviour among antenatal mothers may be limited.

Key words: Practices, Beliefs, Pregnancy induced Hypertension, Antenatal Mothers

INTRODUCTION

Pregnancy-induced hypertension (PIH) remains a significant contributor to maternal and perinatal morbidity in Tamil Nadu. Hypertensive disorders complicate approximately 5 –10% of pregnancies globally. A prospective study conducted at Government Mohan Kumaramangalam Medical College Hospital, Salem, Tamil Nadu, reported that among 19,383 pregnant women attending antenatal services, 2,028 (10.4%) women were diagnosed with hypertensive disorders of pregnancy.

Pregnancy-induced hypertension contributes substantially to complications such as preterm birth, low birth weight, fetal distress, HELLP syndrome, and increased maternal morbidity. PIH is associated with increased risks of low birth weight, prematurity, perinatal asphyxia, and neonatal mortality. Early detection, regular

antenatal monitoring, adherence to treatment recommendations, and timely medical intervention are essential for reducing adverse maternal and fetal outcomes. The effectiveness of preventive and management strategies for PIH largely depends on the practices and beliefs of pregnant women. Appropriate health practices, including regular antenatal visits, blood pressure monitoring, adherence to prescribed medications, dietary modifications, and recognition of warning signs, can facilitate early diagnosis and treatment. However, cultural beliefs, misconceptions, inadequate health literacy, and limited awareness may negatively influence health-seeking behaviour and compliance with medical advice during pregnancy.

Assessing the practices and beliefs of antenatal mothers regarding pregnancy-induced hypertension can provide valuable insights for developing targeted health education programmes and strengthening antenatal counselling services. Therefore, the present study was undertaken to assess the practices and beliefs regarding pregnancy-induced hypertension among antenatal mothers attending selected government Hospital in Virudhunagar.

Aim

The present study aimed at identifying the practices and beliefs regarding pregnancy induced hypertension among antenatal mother attending the OPD and admitted in inpatient department of Government Medical College hospital, Virudhunagar.

METHODOLOGY

Descriptive study design was used to collect data. By using non-probability purposive sampling 60 antenatal mothers were selected. The study was conducted at CEMNOC center, Virudhunagar Government Medical College and Hospital. Permission was obtained from the hospital authority and oral consent was obtained from the study subjects.

Tool - Instrument for data collection consisted of three parts

SECTION –A: DEMOGRAPHIC VARIABLES, OBSTETRIC VARIABLES, PIH RELATED VARIABLES

This section consists of demographic variables such as age, religion, education, monthly family income, type of family, area of residence, and marital status. Obstetric variables such as gravida and gestational age. Pregnancy induced hypertension related variables like history of PIH in previous pregnancy, family history of hypertension, dietary pattern, personal habits and presence of co morbidities.

SECTION –B: PRACTICE CHECKLIST

Practices checklist was used to identify the practices of antenatal mothers regarding pregnancy induced hypertension.

SECTION-C: LIKERT SCALE

5-point Likert scale was used to identify the beliefs of antenatal mothers regarding pregnancy induced hypertension.

RESULTS

Distribution of subjects based on demographic variables

Among 60 respondents, most of the antenatal mothers 40 (67%) were in the age group of 19–25 years. Most of the antenatal mothers 42 (70%) belongs to nuclear family. large proportion of respondents 42 (70%) were living in rural areas. 32 (53%) were multigravida. Nearly 22 (37%) antenatal mothers were between 24–28 weeks of gestation. Most of the respondents 45 (75%) had no history of pregnancy-induced hypertension (PIH) in previous pregnancies. 32 (54%) were diagnosed with PIH more than 3 months ago. Almost all antenatal mothers followed a non-vegetarian diet.

Practices regarding PIH among Antenatal mothers n=60

S. NO	Practices	Yes		No	
A	Antenatal care practices	Frequency distribution	Percentage (%)	Frequency Distribution	Percentage (%)
1	Do you attend antenatal check-up as per guidelines/ protocol after diagnosis of PIH?	60	100	0	0
B	Medication related practices				
2	Do you take prescribed anti-hypertensive medications regularly?	60	100	0	0
C	Dietary practices				
3	Do you restrict salt intake as advised by health professionals?	57	95	3	5
4	Do you consume a balanced diet including fruits, vegetables?	59	98	1	2
5	Do you avoid oily, fried foods as advised by health professionals?	54	90	6	10
D	Rest and lifestyle practices				
6	Do you take adequate rest during the day time?	52	87	8	13
7	Do you avoid strenuous activities after diagnosis of PIH?	29	48	31	52
8	Do you practice left lateral position while taking rest?	50	83	10	17
E	Monitoring and warning sign practices				
9	Have you ever experienced blurred vision, head ache, swelling of face, hand or feet. If yes, do you seek medical care immediately?	26	43	34	57
F	Health education and follow up				
10	Have you ever been advised for hospitalization? If yes Have you got admission in hospital?	43	72	17	28

The above table represents that 3(5%) respondents were not restricted their salt intake as advised by health professionals. 6

(10%) respondents were taken oily and fried foods. 31 (52%) respondents were done strenuous activities after diagnosis of PIH.

Assessment of beliefs regarding Pregnancy Induced Hypertension among Antenatal mothers. n = 60

VARIABLES	MEAN SCORE	STANDARD DEVIATION	MINIMUM SCORE	MAXIMUM SCORE
Beliefs regarding PI	38.38	8.46	26	56

The table represents that the mean belief score as 38.38 with a standard deviation of 8.46. The participants had scored lowest 26 and highest 56. 46% agreed swelling of

face, hands and feet are not a serious sign. Only few (10%) disagreed that eating salty, oily, fried foods will worsen the blood pressure during pregnancy. Only 41 %

agreed regular blood pressure monitoring is not required once the blood pressure is normal. Only few of the respondents 28%

agreed that hospital admission for pregnancy induced hypertension is avoidable

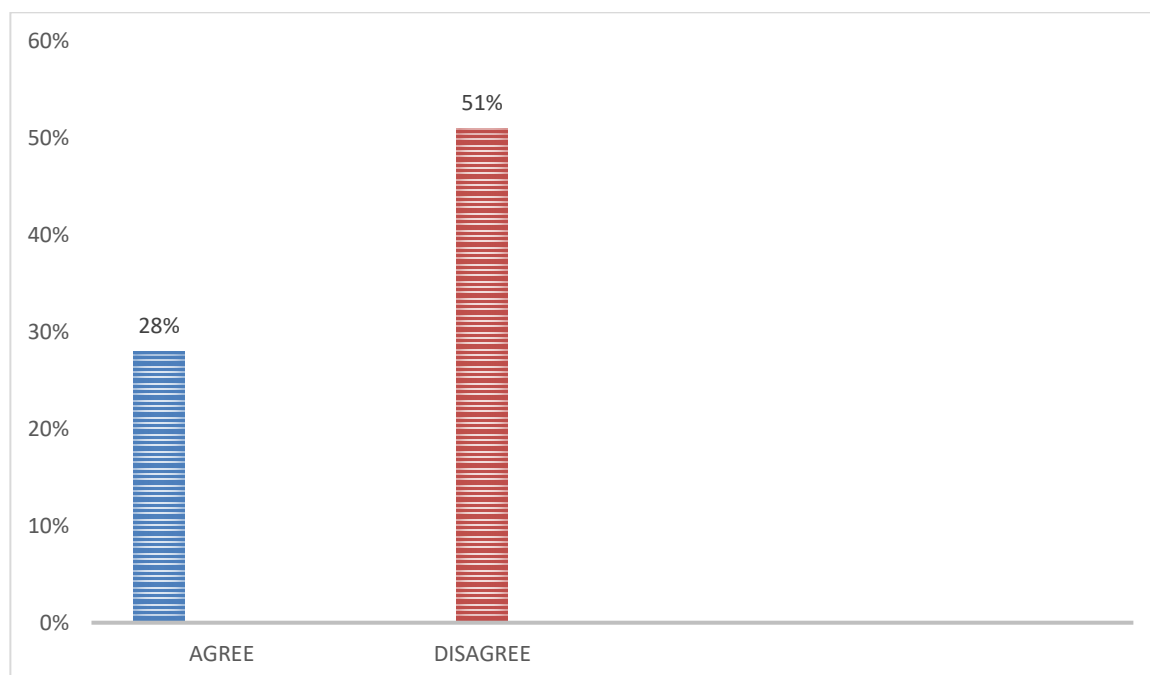


Fig 1: Hospital admission for pregnancy induced hypertension is avoidable

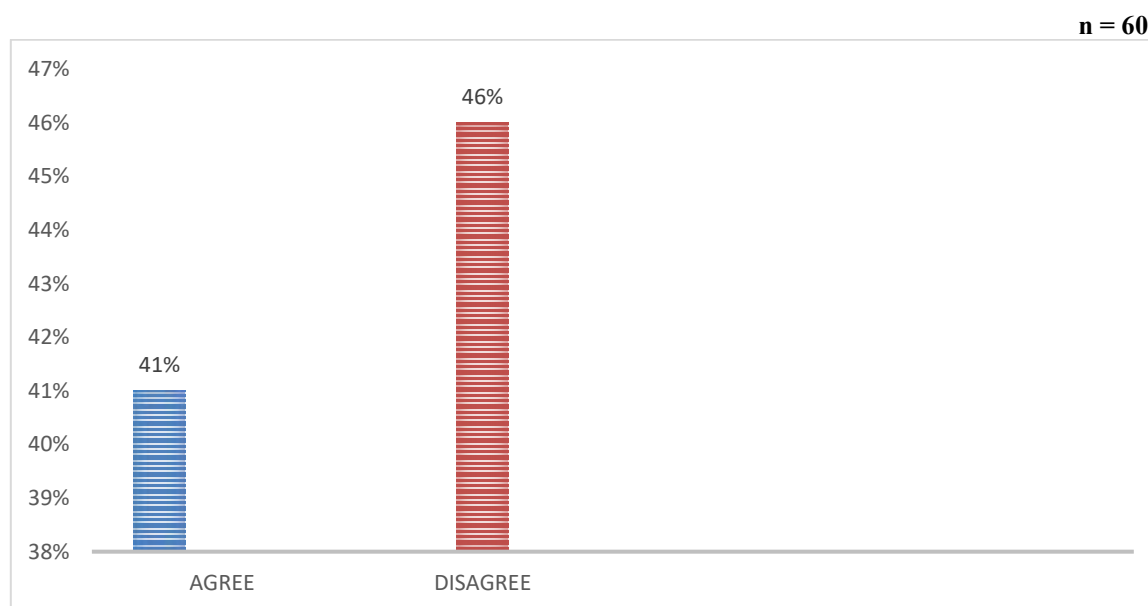


Fig 2: Regular blood pressure monitoring is not required once the blood pressure is normal

Association between practices and beliefs regarding pregnancy induced hypertension among antenatal mothers and selected demographic variables.

There was a statistically significant association between practices and certain demographic variables such as age (10.97*), gravida (10.43*), previous history of PIH

(5.97*) family history of hypertension (9.65*) and also statistically significant association between beliefs and certain demographic variables such as, gestational age (12.27*), previous history of PIH (11.37*).

Participant's responses for open ended questions related to pregnancy induced hypertension

Half of the participants (30) were used home remedies such as bottle guard water, barlie rice water, bitter guard water, drumstick leaves soup for edema. Only few participants (9) were followed a specific diet for pregnancy induced hypertension such as salt restricted diet, dhal rice. Half of the participants (31) are doing exercise such as breathing exercise and walking. Only 21 participants were received advice from family members regarding pregnancy induced hypertension. The family members advised to avoid pickles, pappad, chips, dry fish, low salt in rice and sweets. They also advised to take adequate rest, sleep (don't do any house hold works), reduce stress & anger.

DISCUSSION

The findings of this study indicates that the majority of antenatal mothers followed recommended practices regarding antenatal checkups (100%), regular intake of prescribed medications (100%), salt restriction (95%), consumption of balanced diet (98%), avoidance of oily and fried foods (90%), adequate rest(87%) and left lateral position (83%).These findings are consistent with the study conducted by Sumalatha et al., (2024) who reported that although mothers had moderate knowledge, adherence to lifestyle modifications such as rest, dietary changes and regular blood pressure monitoring remained poor.

Regarding beliefs, the majority of participants demonstrated positive beliefs about PIH.93% of participants scored above 30 on the belief scale, with a mean belief score of 38.38+8.46 indicating generally favourable beliefs regarding PIH. However, some misconceptions were identified. Nearly 46% of participants believed that swelling of the face, hands and feet is not a serious warning sign and 41% agreed that regular blood pressure becomes normal. These findings suggest that despite overall positive beliefs important gaps remain in

recognizing warning signs and need for continuous monitoring. The present findings are comparable with the study by Helou et.al (2021), which reported that many women had limited understanding of hypertensive disorders of pregnancy and that their beliefs were influenced by personal and family experiences than by professional advice.

CONCLUSION

The study concluded that the practices and beliefs regarding PIH among antenatal mothers varied according to their level of knowledge and awareness. While many mothers followed appropriate health practices, some still had misconceptions and inadequate beliefs about pih.the findings emphasize the need for continuous health education, and counselling by heath care professionals to improve positive beliefs, promote healthy practices and reduce maternal and fetal complications associated with PIH.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: No conflicts of interest declared.

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How to cite this article: P. Chitra, G. Lavanya, M. Pooja, M. Powrna, S. Priyadharshini, A. Rajalakshmi et al. Practices and beliefs regarding pregnancy induced hypertension among antenatal mothers in Virudhunagar. *International Journal of Research and Review*. 2026; 13(8): 305-310. DOI: <https://doi.org/10.52403/ijrr.20260829>
