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Assessment of Knowledge and Practices Regarding Gestational Hypertension among Pregnant Women in Kirar Khan Village, Hyderabad

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ABSTRACT

More than 6–8% of pregnant women develop gestational hypertension (GH) that puts them at risk of developing complications like preeclampsia or preterm labour. In the remote communities such as Kirar Khan Village, Hyderabad most of the expectant women do not know about GH due to low healthcare literacy and cultural influences. The purpose of this research was to assess the knowledge and practice concerning gestational hypertension among pregnant females living in Kirar Khan Village, Hyderabad. A cross-sectional study was carried out between July and September, 2024, using the validated self-administered questionnaire and 60 pregnant women convenience sample. Data in the current study were analyzed using the Statistical Package for the Social Sciences (IBM SPSS) version 23. Demographic analysis showed that out of all the participants 40% belonged to the age group of 26-30 years and 62% had no formal education. Married captures the highest percentage at 91.7% and high income at 38%. Awareness of GH was poor; while only 16.7% recognized that multiple pregnancies as a risk factor for GH, 63% of the respondents appreciated that GH was a preventable condition. Worryingly though, 51.7% of respondent said they will rather self-medicate than seek professional help, but 60% said they will consult a medical practitioner if he or she gets symptoms. These findings underscore the rationale for specific educational interventions. Given these finding, the study established that there are knowledge and practice deficiencies concerning gestational hypertension among the pregnant women in Kirar Khan Village. Such efforts should demystify issues and encourage proper behaviors especially those related to the endemic area. This will involve working with stakeholders in healthcare as well as community opinion makers in order to ensure better maternal health status and fully extending healthcare options for the women.

Keywords: Gestational Hypertension, Pregnancy, Knowledge, Practice, Preeclampsia.

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INTRODUCTION

Gestational hypertension, which is present in 6-8% pregnancies globally, is marked by high blood pressure that develops after the 20 weeks of pregnancy (ACOG, 2021) (Coggins & Lai, 2023). Complications arising from this disease include premature birth, hypertension, and poor outcomes of

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the newborn in relation to the growing child (Das et al., 2023). Despite its importance, pregnant women and gestational hypertension knowledge differ concerning awareness Pregnant women in the rural areas especially might not have adequate resources for healthcare and education (Boachie-Ansah et al., 2023). There is lack of awareness related to symptoms, risk factors and available treatments of gestational hypertension among pregnant women in Kirar Khan Village in Hyderabad. This absence of information may lead to better diagnose and treatment of illnesses and an early coverage and prevention for illness and death among the mothers as well as their infants.

Gestational hypertension requires pregnant women to have their blood pressure in check, know the signs, and follow doctor's advice. Women to be expected to remain attentive in the way that they can easily detect some signs like getting frequent headaches, sudden instances of weight gain, and swelling which should turn out to be signs of bad shape. When trying to attend antenatal care visits that play an important role in timely identification and intervention, women living in rural areas experience challenges (Maqbool et al., 2021; Sarkar et al., 2021). However many rural women face challenges while trying to access these fundamental healthcare needs. Promoting such practices using education and support, thus, requires improvement to boost health expectancy of pregnant and new mothers as well as newborns. (Slater et al., 2023). Best practices indicate that level of awareness they possess about gestational hypertension is associated with socioeconomic status, educational level, and access to health care facilities. Often, women with a well-spent education are conscious of their health and possible dangers of pregnant than less educated ones (Baiden et al., 2024).

Nevertheless, rural women might experience limitations to reaching prenatal care and instructional materials and, therefore, may not elucidate gestational hypertension to the same degree (Cameron et al., 2020). Interference of cultural implications on pregnancy A woman's attitude and knowledge regarding gestational hypertension is also shaped by culture. The perception on health complications and agreed approach for treatment could be skewered by these traditional beliefs in which case they may have concerns with perceived late diagnosis (Raju et al., 2024).

An extreme type of prenatal hypertension that might negate the overall well-being of an expectant woman is preeclampsia. The moms with this sickness are at high risk of experiencing severe health complications and other basic health issues. However, for high risk, proper detection, management and health education can reduce or totally get rid of the high risk of pre-eclampsia (Bartal & Sibai, 2024; Stefańska et al., 2023). So it is important to look at aspects like blood pressure, stage of pregnancy, time of the onset of symptoms, risk factors associated with PIH. Despite the ongoing research being conducted international, the best strategies of preventing PIH still remain ambiguous. In addition, there is currently no biomarker with enough discriminative properties to be useful in the clinic in such cases (Xiao et al., 2023).

Labetalol and methyldopa are the most frequent antihypertensive medications employed in pregnant mothers. Usually, the pharmacological therapy begins when the blood pressure level goes beyond certain figures considered healthy, which is 140/90 mm Hg and above. It is meant to the avoid possible risks to the lives of both the mother and a developing fetus in the womb (Nahar et al., 2023). The study aims to explore the awareness level and maternity behaviors of expectant mothers in Kirar Khan Village, Hyderabad, on PIH. Their understanding of risks signs, risk factors, treatment options and self-monitoring in pregnancy is also assessed in the study. From such findings, knowledge gaps, this study seeks to provide useful information to the policymakers and health care givers on the kind of efforts that can be implemented to enhance knowledge on maternal health, enhance early detection of such complications, and timely treatment.

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Objective of the Study:

The study aims to assess the knowledge and practices regarding gestational hypertension among pregnant women at Kirar Khan Village, Hyderabad.

Significance of the Research Study:

This research is pertinent to increase pregnant women's' awareness and management of gestational hypertension in underserved areas. It underlines the need of education measures that delete misconceptions and enhance healthcare measures in order to decrease issues. The pre- and post-outcome findings put a foundation for other research on the impact of interventions and will assist political leaders and educators create culturally sensitive education methods and community-centered programs.

LITERATURE REVIEW

Gestational hypertension (GH) is a relatively frequent disorder affecting 6-8% of pregnancies worldwide, involving increased blood pressure after the 20th week of pregnancy (ACOG, 2021) (Cífková, 2023; Nie et al., 2024). This medical disease poses multiple complications for both women and children such as; preterm Labour, preeclampsia, among others; adverse outcomes of the new born. The development of GH also describes a multifactorial process that depends on the interplay between maternal, placenta and fetal factors that cause endothelial dysfunction and inflammation (Phoswa & Khaliq, 2021). It was also found that women who have multiple pregnancies are also likely to develop gestational hypertension (GH). Several studies have noted that GH is more common among women with multiples, probably due to the extra load on the placenta and the circulatory system (Abera et al., 2024).

This underlines the need to take close watch when such pregnancies are expectant. Based on this outcome, it can be therefore concluded that dietary therapy along with other lifestyle changes is effective GH methods for prevention (Imanpour et al., 2023). However, low-dose aspirin is effective in preventing GH, especially in the high-risk group, Zhang et al. (2024) also recommends keeping fit, and taking exercise regularly. Since the processes under discussion are among the factors that aggravate morbidity and mortality rates stemming from GH, it is important to gain an extensive understanding of them. Itself it is a discovery of symptoms, following instructions and checking blood pressure system and regularly itself are all essential to manage techniques. In the light of this, this study revealed that pregnant women especially those in the rural area possessed little knowledge about gestational hypertension due to this (Berhe et al., 2020).

A noteworthy portion of rural women has limited understanding of the symptoms and risk factors of GH. Due to this misconception, women delay getting medical attention, and thus increasing complications in mothers as well as their unborn babies. In addition, several researchers have demonstrated how culture has impact on knowledge and behavior (Kudiabor, 2024). The cross cultural practices have demonstrated that culture plays a key role to women health seeking behavior which often results to inadequate utilization of prenatal care services (Hamzah et al., 2024).
Several screening interventions for prenatal have been associated with reduced GH in women because it is ascertained that risk factors are sought early and managed accordingly. Imagining blood pressure and fetal status frequently and diagnosing and managing gestational hypertension are components of preventive high-risk prenatal care management (Bailey et al., 2020; Natale et al., 2023; Wetzler et al., 2024).

METHODOLOGY

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Study Design
Quantitative cross-sectional survey was conducted from July to September, 2024.

Study Setting
The present study was under taken in a village named Kirar Khan Solangi of Hyderabad.

Study Population
The target population consisted of pregnant women living in the given village.

Sample Size
The participants for the study were 60 pregnant women from Kirar Khan Solangi Village, Hyderabad.

Sampling Technique
Non-probability convenience sampling technique.

Inclusion Criteria
- All females residing in Kirar Khan Solangi Village and pregnant at the time of the study.
- Females who agreed to be included in the study and who gave their informed assent
- Females who are able to express their knowledge on gestational hypertension and practices related to it.

Exclusion Criteria
- Females who declined participation
- Females who were unavailable during the data collection period.

Source of Data
Primary data were obtained through structured questionnaires.

Research Tool
A self-developed questionnaire which includes three sections:
- Section A: Socio-demographic information (age, education, stage of pregnancy, etc.).
- Section B: Knowledge about gestational hypertension (7 questions).
- Section C: Practices related to managing gestational hypertension (3 questions).

Data Collection Process
Participants provided verbal and written consent before receiving the questionnaires, which were distributed. The questionnaires were collected as soon as they were filled for reasons of accuracy, completion, and confidentiality in line with ethical practice on human subject.

Data Analysis
The quantitative data were analyzed using the statistical software IBM SPSS version 23 with descriptive statistical analysis –frequencies and percentages.

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Ethical Considerations

Participant's right to privacy was respected and their willingness to participate at any time was protected in this study. The participants were read the rights in terms of consent in line with the economic and social context of the study objectives, activities, and potential benefits and hazards involved. This approach ensures ethics in the entire process of conducting the research.

DATA ANALYSIS AND RESULTS

Demographic Analysis

Table 1: Classification Based on Age

Categories	Frequency	Percentage
20-25 Years	5	8.3
26-30 Years	24	40
31-35 Years	12	20
36-40 Years	9	15
Above 40	10	16.7
Total	**60**	**100.0**

Table 1 shows that 40% of the sample is in the largest age group, which is 26 to 30 years old. 20% of participants are between the ages of 31 and 35, and 15% are between the ages of 36 and 40. With 8.3% of the total, the 20–25 age group is the smallest. Participants over 40 make up 16.7% of the total.

Table 2: Classification Based on Educational Level

Categories	Frequency	Percentage
No Formal Education	37	61.4
Primary	14	23.3
Secondary	8	13.3
Higher Education	1	1.6
Total	**60**	**100.0**

Among participants, a significant proportion (61.4%) had no formal education, underscoring the necessity of educational campaigns.

Table 3: Classification Based on Occupation

Categories	Frequency	Percentage
Student	8	13.0
Farmer	13	22.0
House Wife	18	30.0
Laborer	11	18.0
Others	10	17.0
Total	**60**	**100.0**

The majority of participants (30%) are housewives, which suggests that traditional gender roles are prevalent in this village.

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Table 4: Classification Based on Socioeconomic Status

Categories	Frequency	Percentage
Low	19	32.0
Middle	18	30.0
High	23	38.0
Total	**60**	**100.0**

Participants' socioeconomic status shows that 38% are categorized as high, indicating a generally stable economic situation.

Table 5: Knowledge and Practice regarding Gestational Hypertension

STATEMENTS		SD	D	A	SA	Mean	St. Devi.
KNOWLEDGE LEVEL							
Do you believe that gestational hypertension (GH) is preventable?	Freq	-	7	38	15	3.13	.595
	%	-	11.7%	63%	25%		
If you noticed any signs or symptoms, would you prefer take your own medicine?	Freq	-	20	25	15	2.91	.765
	%	-	33.3	41.7	25		
Do you believe that GH can be prevented with appropriate measures?	Freq	1	8	35	16	3.00	.681
	%	1.7	13.3	58.3	26.7		
Do you think regular antenatal check-ups can help To prevent GH?	Freq	1	4	35	20	3.23	.647
	%	1.7	6.7	58.3	33.3		
Do you believe that maintaining an ideal weight can reduce your risk of GH?	Freq	8	24	21	7	2.46	.910
	%	13.3	40	35	11.7		
Do you believe that multiple pregnancies can cause GH?	Freq	10	35	10	5	2.20	.910
	%	16.7	58.3	16.7	8.3		
Do you think continuous monitoring of the mother and child can prevent GH?	Freq	2	4	37	17	3.15	.664
	%	3.3	6.7	61.7	28.3		
PRACTICE LEVEL							
If you noticed any signs and symptoms of gestational hypertension (GH), would you seek medical help at the hospital?	Freq	1	9	36	14	3.05	.674
	%	1.7	15	60	23		
If you noticed any signs and symptoms of GH, would you resort to self-medication?	Freq	16	13	31	-	3.05	.699
	%	26.7	21.7	51.7	-		
Would you follow dietary or lifestyle changes recommended by healthcare providers to manage or prevent GH?	Freq	-	6	28	26	3.33	.655
	%	-	10	46.7	43.3		

Table 7 shows the findings related to the participants' gestational hypertension (GH) practices and knowledge. With a mean score of 3.13 (SD = 0.595), the findings reveal an average knowledge of GH, with 63% of participants believing GH is preventable and only 11.7% disagreeing. With a mean score

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of 2.46 (SD = 0.910), awareness of the importance of particular lifestyle factors, especially maintaining an optimal weight, is noticeably lower. This suggests that although participants acknowledge the significance of prevention, theyS have limited knowledge of practical approaches. In terms of practices, a majority (60%) expressed intent to seek medical help if they noticed symptoms, reflected in a mean score of 3.05 (SD = 0.674). However, 26.7% indicated they would consider self-medication, highlighting a concerning gap in practice that could lead to inadequate management of gestational hypertension (GH).Additionally, 46.7% stated they would follow dietary or lifestyle changes recommended by healthcare providers, with a mean score of 3.33 (SD = 0.655). These findings underscore the need for improved education on proper management strategies for gestational hypertension.

Analysis

The results of this research offer essential data about the knowledge and demographics of surrounding gestational hypertension among participants. A noteworthy aspect is the high percentage (61.4%) of participants with no formal education, which aligns with previous research indicating that lower educational attainment correlates with poorer health literacy(Granés et al., 2023). 40% of the population is between the ages of 26 and 30, which is a crucial time for gestation. Research shows that it is essential to educate younger women about the risks of gestational hypertension (Roth et al., 2021). Housewives make up 30% of the population, which emphasizes the need for health education that addresses why access to resources and knowledge is affected. Even while 63% of participants think that gestational hypertension may be prevented. The mean score of 2.46 regarding the importance of maintaining an ideal weight indicates a significant knowledge gap. This result aligns with related research carried out in Brazil (Guida et al., 2024). 60 % participants show the positive attitude for medical help if they have any symptoms. Nevertheless, 26.7% who stated they might self-medicate has been observed in other studies reflecting similar trends witness among poorly health literate populations in terms of the risk of forgoing professional help and treating by own means (Anthony et al., 2024). 46.7% of them were willing to accept healthcare recommended dietary or lifestyle changes indicates this condition represents a therapeutic target This aligns with studies that emphasize the importance of healthcare professionals instructions in promoting healthy lifestyles (Li et al., 2021).

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study showed low awareness, knowledge and practice gaps among pregnant women in Kirar Khan Village at Hyderabad regarding gestational hypertension. The mean knowledge score of the respondents suggests that most are irresponsive with regards to maintaining ideal body weight and do not consider gestational hypertension a preventable condition. The participants' mean knowledge score indicates that they are unaware of the importance of maintaining an ideal weight and believe pregnancy-related high blood pressure can be prevented. Therefore, there must be systematic educational programs that may be started and facilitated that aim to raise knowledge and clarify misunderstandings about hypertension during pregnancy to enhance the overall health of women and children.

Recommendations

- Develop community-based educational programs about gestational hypertension to promote awareness and knowledge of pregnant women.
- Interact with local authorities to establish secure forums for the discussion of maternal health concerns.

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- Create targeted awareness programs to spread knowledge eradicating misconceptions or encouraging healthy lifestyle choices.
- Engage local medical professionals to provide accurate information and assist women in obtaining healthcare recommendations.

CONFLICT OF INTEREST

The authors of this work disclose that they have no conflicts of interest.

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