

# **CHAPTER-I**

## **INTRODUCTION**

### **1.1 Background of the Study**

Mother is foundation of women life. It consist more than half of the population in the world. They contribute a great deal by informing reproductive responsibility in the society. Nature has the gift the women with capacity of bearing child. It is biological process and depends on physical state of women. Pregnancy is physiological phenomenon for most women. However, some develop problem during its evolution. Among all the problems hypertension is one of the health problems which is responsible for high maternal and prenatal morbidity and mortality rate and is one of the main public health problem.

Hypertension is define as blood pressure higher than 140/90mmHg. It is measured in millimeters of mercury (mmHg) and is recorded as two numbers usually written one above of the other. The upper number is the systolic blood-pressure. The highest pressure in the blood vessel and happen when the heart contracts or beats. The lower number is the diastolic blood-pressure. The lowest pressure in the blood vessels in between heart beats when the heart muscle relaxes. Normal adult blood pressure is defined as systolic blood pressure of 120 mmHg and diastolic blood pressure of 80mmHg.

The hypertensive disorder in pregnancy is one of the most rapidly advancing fields in worldwide 10 percent of all pregnancy are complicated by hypertension. Sometime a high blood pressure is present before pregnant in other case high blood pressure develops during pregnancy are:

#### **1.1.1 Gestational Hypertension**

Women with gestational hypertension have high blood pressure develops after 20 weeks of pregnancy. Some women with gestational hypertension eventually develop preeclampsia.

### **1.1.2 Chronic Hypertension**

Chronic hypertension is high blood pressure that present before pregnancy or that occurs before 20 weeks of pregnancy. It might be hard to determine when it began.

### **1.1.3 Chronic Hypertension with Superimposed Preeclampsia**

This condition occurs in women with chronic high blood pressure before pregnancy who then develop worsening high blood pressure and protein in the urine or other health complication during pregnancy.

### **1.1.4 Preeclampsia**

Sometime chronic hypertension or gestational hypertension lead to preeclampsia, a pregnancy complication characterized by high blood pressure and sign of damage to other organ system usually after 20 weeks of pregnancy left untreated preeclampsia can lead to serious effect on mother and baby both.

Preeclampsia is also called toxemia which is serious disorder that generally develops after 20 weeks of pregnancy and is marked by high blood pressure and high level of protein in the urine. It is identified by a blood pressure that is greater than equal to 140/90 mmHg in the presence of protein in urine. Preeclampsia is indicated when there is finding of 300mg of protein in a 24 hour urine test (Derricot2014). Preeclampsia affects 2-8 percent of pregnancies worldwide. Hypertensive disorder in pregnancy is one of the most common causes of death in pregnancy. They resulted in 46,900 dead in 2015.

The word preeclampsia is from the Greek term for lightening. It has a history of divergent diagnostic criteria. During the 20<sup>th</sup> and 21<sup>st</sup> centuries, diseases classification have undergone various change (Bell, 2010). In 1966, new criteria for the diagnosis of preeclampsia included the presence of hypertension, edema or proteinuria after 24th week of gestation. Women had to meet only one of the criteria to be diagnosed with preeclampsia. Ten years later, the classification of preeclampsia included the development of hypertension with proteinuria edema or both commencing after 20 week of gestation. In 1988 mild and moderated preeclampsia classified as the presence of hypertension and proteinuria with or without other symptoms such as

edema, while severe preeclampsia was classified as the presence of hypertension and clinical criteria, edema as a criterion for diagnosing preeclampsia is not recommended. Later on by American collage of obstetrician and gynecologist, task force on hypertension in pregnancy 2013. National high blood pressure education programmed working group of high blood pressure in pregnancy 2000. In addition while blood pressure increase of 30mmHg diastolic with a blood pressure 140/90mmHg were consider diagnostic markers in the past. In current clinical diagnostic 140mmHg systolic or 90mmHg diastolic at two separately time.

According to WHO 12.7 percent mortality is caused by preeclampsia. In sever case if it is untreated for long time there may be red blood cell break down, low red blood platelet counts, impaired liver function, kidney dysfunction, swelling, shortness of breath due to fluid in the lung or visual disturbance and effect on the babies growth rate which can be low birth weight and other complication like placental abruption, preterm delivery and caesarean delivery. There are several possible causes of hypertension during pregnancy. According to National Heart Lungs and blood institution (NHLBI) describe some causes like being overweight, inactiveness, unhealthy habit like smoking and drinking alcohol as well as first time pregnancy and over age pregnant, carrying twins.

Hypertension during pregnancy is one of the leading factors for mortality. Each year 7.1 million people die. In Nepal maternal mortality rate is 258 per 10000 per live birth (2015) and preeclampsia is the second leading direct cause which is in increasing way. Therefore this research will dig out the knowledge, effect about hypertension during pregnancy in child bearing women. The finding of research will help to reduce the risk factors of pregnancy and causes of hypertension by adopting the healthy behavior and attitude during pregnancy. As well as help the planners and make concern to reduce the problem to the service giver and receiver both.

## **1.2 Statement of the Problem**

Health is the backbone of developed country, so that the development of a country depends upon health status, economy, public awareness, educational status, physical resources of the people and country. Among those factor health status and educational status is most important, that determined the knowledge, attitude and practice about

any process of developing nation. Similarly behavior of adopting healthy life style knowledge of hypertension its cause and effect during pregnancy is also determine by their levels of education awareness, socio economic status as well as availability of facilities and services. Health cannot be attained by the health sector alone people should realize their responsibilities for promote own health and nutrition, sanitation, economic condition and literacy rate work are the principle factors of infecting directly for improve the health of women.

Preeclampsia is one of the leading causes of maternal death in the world. It is also causes an increased risk of prenatal mortality. Although the causes of preeclampsia is unknown, certain factors are known to increase the risk of hypertension during pregnancy, such risk factors include that hypertension during pregnancy mostly affect young women with first pregnancy, pregnant women younger than 20 years and those older than 40 years or women with multiple fetuses. Hypertension during pregnancy occurs in about 5 percent to 8 percent of all pregnancy and more severe cases are frequently associated with poor fetal and maternal outcomes both in developed and developing countries. This renders pregnancy induce hypertension a causes for great concern to public health in general and maternal child health, for example hypertension during pregnancy is responsible for 8 to 10 percent women who are at the risk for of dying during pregnancy at child birth, worse figure is reported in England and 18.4 percent of pregnant women death by the study of (Brazil, 2001). And a cross sectional study by Ammon et al (2003) conducted in Ghana concluded that high prevalence in women 29.5 compared to male 27.6 percent due to low level of awareness. Similar study conducted in 2006 still showed a high prevalence with 32.3 percent of participant not having knowledge of the diseases.

More than 358000 women between the ages of 19 to 49 have been estimated to have died in developing countries each year due to hypertension during pregnancy (WHO, 2012). According to the report of (WHO) 2009 death as a result to hypertension will increase by 71 percent over the next decade with low level of standard living like developing countries.

Among various health problem of Nepal hypertension during pregnancy is one of the worst problems. This is one of the leading causes of death among mother in Nepal. The last few years have seen an enormous number. The maternal mortality rate of

Nepal is 258 per 100000 live birth and hypertension during pregnancy was the second leading direct causes which has increased from 11 percent in 1998 to 21 percent Nepal Maternal Mortality and Morbidity Study (NMMS 2008/2009) The main causes of increasing the problem is lack of adequate knowledge to look after themselves during pregnancy as well unknown about its causes, complication and its ways to manage. The research done by national Health and Nutrition Examination survey I and III respectively research by Kathmandu University in eastern Nepal Dharan showed that the prevalence of unaware hypertension is 31 percent and 49 percent. Emergence of hypertension has become a significant public health problem and one of the common health disorders that occur during pregnancy and a silent killer to the general public. Therefore I selected the rural part of Jhapa district Haldibari Rural Municipality-1 Goldhap village where there is only 1 health care center for 867 female out of 1502 total population, so there is pitiable condition for the pregnant women and the living standard is also low as well as the transportation facility is not easily available. Therefore the research in the place most of the woman of reproductive age group do not have the knowledge of hypertension during pregnancy. Their economic status is also low. Most of them working in field for their living-hood and highly influenced by conservative behavior. The utilization of the health service is very low. So, I felt to do research is needed focusing on the knowledge of hypertension its effect, cause, ways of prevention among child bearing woman of Goldhap village of Jhapa district.

### **1.3 Objectives of the Study**

The main objectives of this study were to assess the knowledge and harmful effects of hypertension during pregnancy among childbearing women in Haldibari Rural Municipality-1 Goldhap village of Jhapa district. However, the specific objectives of this study are as follows:-

- To identify the knowledge of hypertension during pregnancy.
- To find out the knowledge on cause and effect of hypertension during pregnancy.
- To explore the ways of preventing hypertension during pregnancy.

#### **1.4 Significance of the Study**

The research is based on knowledge and harmful effects of hypertension during pregnancy among childbearing women of Haldibari Rural Municipality-1 Goldhap village. It focused on various variables which concern with human health. This study is important to extent general awareness of hypertension among reproductive age women. Some significances of this study are listed below:-

- This study will help to find out the knowledge and harmful effects of hypertension during pregnancy.
- The study will helps to provide information about hypertension during pregnancy.
- It will help to aware the people about the causes and ways of hypertension management during pregnancy.
- This study would help for future researcher to related field as reference.
- After exploring the finding of the study, the study would be creating a consciousness and awareness among the childbearing women toward hypertension during pregnancy.
- The study will be a valuable literal asset for future researcher to the related field in the upcoming days.
- The reset of study will be helpful and effect for national planning commission to plan the awareness program toward hypertension.
- The result of this study will be help to NGOs/INGOs and other institutions to lunch their program and to find out the level of knowledge of childbearing women about hypertension.

#### **1.5 Delimitation of the Study**

This study was delimited within the following areas.

- The study was based on Haldibari Rural Municipality-1 Goldhap village of Jhapa district selected through lottery method within 5 wards.
- The study was conducted to the respondents on the selected population only on childbearing women.

- For the sample, the childbearing women of Goldhap village were taken among 867 childbearing women only 130 were selected in this study by simple random sampling method.
- This study included only the following areas of hypertension during pregnancy in childbearing women.
  - Knowledge on hypertension during pregnancy.
  - Knowledge on cause and effect of hypertension during pregnancy.
  - Knowledge on the ways of prevention.
  - Attitude of people on hypertension during pregnancy.
  - Hypertensive case and its complication.
- This study was base on first hand information that was collected through the help of interview and questionnaire.
- The study was delimited to small size therefore this finding cannot be generalized as national indicator.

### **1.6 Operational Definition of the Key Terms**

Gestational hypertension:	Hypertensive disorder during pregnancy which is common causes of hypertension in women during pregnancy which high blood pressure develops after 20 weeks of pregnancy.
Chronic hypertension:	Is high blood pressure that that was present before pregnancy or that occurs before 20 weeks of pregnancy.
Health:	According to WHO Health is a state of physical, mental and social wellbeing and not merely absence of disease of infirmity.
Systolic:	The upper number in the blood pressure the highest pressure in blood vessels and happen when heart contract and beat.

Community:	A collection or groups persons in social interaction in a geographical area and sharing a common social and cultural life.
Knowledge:	Information, understanding and skills gained through learning or experience.
Diastolic:	The lowest pressure in blood vessels in between heart beats when the heart muscles relax.
Questionnaire:	List of question which is used in the survey in order to collect data in survey location.



## **CHAPTER-II**

### **REVIEW OF LITERATURE**

The chapter deals with the related literature of hypertension during pregnancy in childbearing women. It also includes the studies which were previously done, furthermore some critical literature included in policies and programmed and empirical literature which were previously conducted in the related field. Finally the conceptual framework also included to show the variables related to the study.

#### **2.1 Theoretical Literature**

Preeclampsia is also called toxemia it is a serious disorder that generally develops after 20 weeks of pregnancy and is marked by high blood pressure and high level of protein in the urine. It is identified by a blood pressure that is greater than equal to 140/90mmHg in the presence of protein in the urine. Preeclampsia is indicated when there is finding of 300mg of protein in a 24 hour urine test or 1-2+protein or greater via urine distich. It complicates 5 to 8 percent of all pregnancies according to the preeclampsia foundation (Brewen and Hodin 1978). The risk factors for preeclampsia induce obesity prior hypertension, older age, diabetes, mellitus. It is also more frequent in woman first pregnancy and if she is carrying twins. The underline mechanism involves abnormal formation of blood vessel in the placenta amongst other factors.

Each year around 358000 women die because of complication during pregnancy. It is one of the maternal diseases that cause most effect on the baby growth rate which can be low birth rate. It effect, the placenta as well as the mother's kidneys, liver, brain and other organs and body system. The exact causes of preeclampsia a result of placenta that does not function properly are not unknown, although some researchers suspect poor nutrition or high body fat are possible causes. Insufficient blood flow to the uterus could be associated. There's nowhere to cure preeclampsia, and that can be a scary to moms to be. But we can help protect ourselves by learning the causes, effect and complication of preeclampsia and seeing our doctor for regular prenatal care. The knowledge is the fundamental tools to support the adoption of intervention that can detect group at risk for hypertension in pregnancy, the promotion of the research intercept severe cases of hypertension during pregnancy. It's knowledge to

enhance the cause, effect and ways of prevention during hypertension during pregnancy. This set of measures is essential to minimize the impact of hypertension during pregnancy among child bearing woman.

## **2.2 Empirical Review**

Stephen Etal (2000) a cross section study is conducted to identify the prevalence of pregnancy induced hypertension and verify diastolic blood pressure association with type of birth and prenatal outcome. The data were collected from the mother's records in the governmental maternity hospital. The hypertensive disorder of pregnancy, preeclampsia and eclampsia are the prime cause of maternal death in the world. Though no perfect remedy is available at present it is possible to minimize these hazards on mother and developing fetus related to pregnancy induced hypertension are occurring due to negligence or unawareness on the diseases and its managements self care offer a real potential for improving their health status and thus to prevent the severe from pregnancy induced hypertension at a deteriorating health lost. Self care would be the most effective and appropriate approach to enhance both maternal and fatal well-being.

According to the research of Kathmandu University Medical journal, Study based in a eastern Nepal town Dharan, the prevalence of unaware hypertensive was 49 percent and 31 percent in the National Health and Nutrition Examination survey I and III respectively. In the study, the probability of being an undiagnosed hypertensive increased with the illiteracy, single marital status, unemployment, jobs that were more physical and less technical and low economic status indicating that poverty and social isolation probably are important underlying factors.

Studies related to the pregnancy Induce hypertension (C.R Nirmala 2000) a phenomena logical approach was used to study the lived experience of women with pregnancy induce hypertension. Data was collected using semi structured interview schedule. Emergent Them were derived and the phenomenon was structure ,the identification were impact of bed rest and unaware of impact of hypertension during pregnancy and its effects on felt on unborn child , fear outcome of pregnancy and psychological impact of symptoms.

Willams Etal 1999 The study was conducted to evaluated the availability and acceptance of health education among socially at risk pregnant women attending health education among pregnant women attending Health centers of Belfast of U.K as large number of pregnant women fall into risk of category based on socio economic factor. Data were collected by interview method analysis which suggested a need for greater emphasis on health education fields to improve the knowledge and change the behavior and attitude of pregnant women in reducing infant mortality.

M. Muti, M. Tshimanga (2015). The cross-sectional study conducted in half of the public maternity facilities in Harare. During the study period, there was a total of 2,375 deliveries, 25 health workers and 289 woman were interview 56 of postpartum women were found to have hypertension during pregnancy were found 19.4 percent. Those were older than those without hypertension during pregnancy 25-29 respectively. The prevalence of preeclampsia was 1.7 percent and prevalence of eclampsia was 0.3 percent which shows that the prevalence of hypertension during pregnancy was high the women were at higher risk of adverse pregnancy outcomes than those without poor knowledge of management of hypertension during pregnancy and inadequate resources are a threat to the proper management of hypertension. This underscores the need for human resources capacity building and resource mobilization for proper management of women accessing maternity service in Harare.

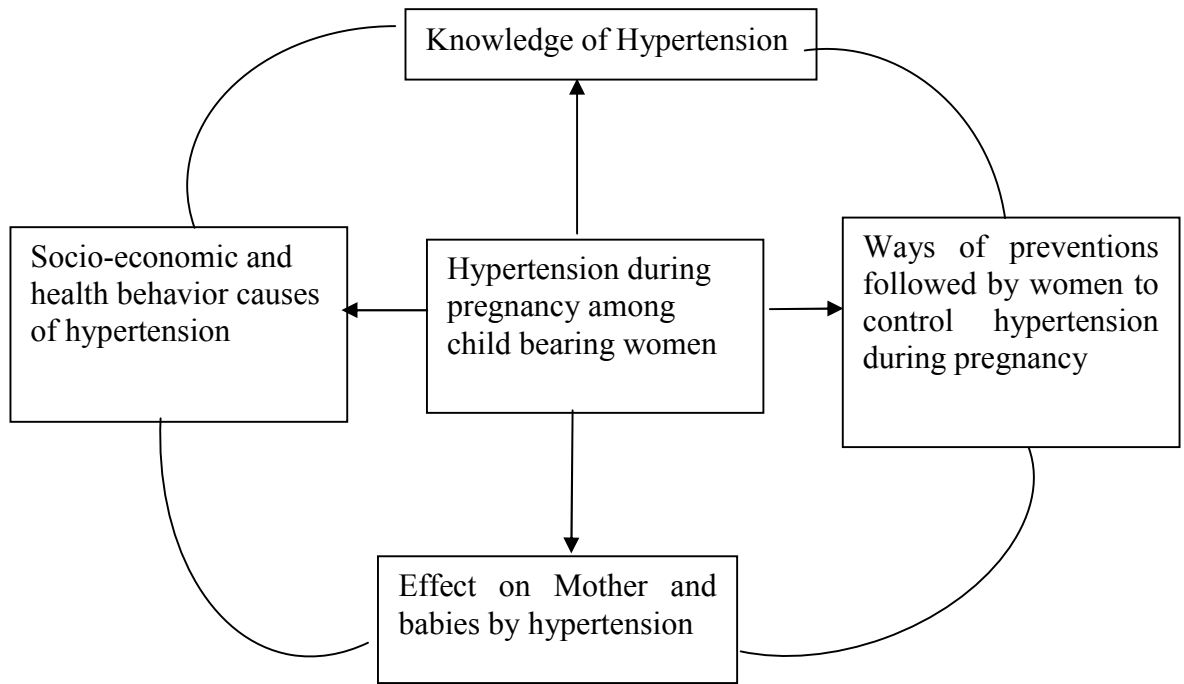
### **2.3 Implication of the Review for the Study**

Literature review can direct the researcher to accomplish the research work. Since the research is scientific process, related literature gives the idea to the researcher to conduct the assignment. The present work also has had the review of related literature. Theoretical literature review has its implication to guidelines to the research. The cited theoretical review has presented to extent some theoretical idea to the study field. After the theoretical review it had provided the guideline to develop the conceptual framework for the study. Similarly empirical literature review has illustrated the practice related the research area. It also has provided the idea and has shared the experience to conduct the research work in the scientific manner. So the reviewed literature both theoretical and empirical, have the implication to carry out the research work and complete in right and scientific way. The literature review has helped in my study in following way.

- To determine the topic of the study.
- To implement various programs to the concerned field.
- To identify the related field for the study.
- To gain additional knowledge about research methods.
- To compare the old finding of the study with the present one.
- To evaluate the recent research
- To give reference to the further studies related to the topic.

## **2.4 Conceptual Framework**

A person's perception or view of susceptibility to diseases and seriousness of diseases combine to form his or her perceived threat which in this study referred to the childbearing women belief that the complication of women their wellbeing of life reduce indicate severity of diseases that they ignore may cause the worse effects on baby and mother can have damaged kidney, eye, brain, heart and cause cancer in long run. The demographic variables of the women age (15-49) an educational background, socio economic status, occupation; lack of health care facilities etc. are the factors that influence in increasing hypertension during pregnancy. The structural variables were child bearing women. Knowledge of hypertension during pregnancy and it effect on mother and baby such as abruption placenta reduce urine, blurred vision, flashes of light dots before the eyes, continuous frontal or occipital headache, prior knowledge of any women should have knowledge to prevent hypertension during pregnancy. Although it has not prevention after the complication but can be control before its development by following some ways like taking care on diet and exercise and yoga to reduce stress, regular checkup, steer clear of smoking and drinking alcohol. The various variable related to the study are given below with figure.



## **CHAPTER-III**

### **RESEARCH METHODOLOGY**

This chapter deals with research methodology of the study. It covers area like research design, population and sample, sampling procedure and sample size, tools of data collection, data collection procedure, data analysis and interpretation technique.

#### **3.1 Design and Method of the Study**

This study was base on descriptive and quantitative research design.

#### **3.2 Population, Sample and Sampling Strategies**

This study was carried out in child bearing women of Haldibari Rural Municipality -1 Goaldhap of Jhapa district. The population of study is only from the age of 15-49 female. Because of the limited time the study of whole population of Haldibari was not possible. Therefore by lottery method Haldibari-1 Goaldhap was selected among 5 wards. Then out of 867 childbearing women 130 were selected by using simple random sampling method.

#### **3.3 Study Area/Field**

Haldibari Rural Municipality-1 Goldhap village of Jhapa district is selected for the study area by lottery method with in 5 ward. The total population of childbearing women was 867 and only130 were selected by using simple random sampling method.

#### **3.4 Tools of Data Collection**

For the purpose of this research interview schedule and questionnaire was used as the major tools of data collection. The interview schedules was developed on the base of the stated objectives and with the consultation of reference materials, magazine, books, research report papers and also suggestion given by supervisor. The interview schedule will contained with structured questions for childbearing women.

### **3.5 Data Collection Procedure**

First of all the researcher got a letter from central Department of Health, Education for the study area to collect the data and information. After then, the researcher was visited the selected rural municipality and consults with secretary, local political leaders and intellectual people and took permission for collecting data and information. Researcher collected the data and information on the basis of objectives.

### **3.6 Data Analysis and Interpretation Procedures**

In the processing of data collection the questionnaire which were filled up by respondents were carefully checked in the raw data. After checking and editing the raw data, the necessary data were presented in master chart. The data was analyzed and interpreted with the help of tables and figures. Finally, the summary and conclusion were drawn and required recommendation was shared.

**CHAPTER-IV**  
**ANALYSIS AND INTERPRETATION OF REASULT**

This chapter deals with analysis and interpretation of collected data. The data tabulated and placed in sequential order according to the nature of the study. The analysis and interpretation of data are made with the help of tables and figures to make the presentation more effective and clear. After tabulating the data responses are grouped in terms of their basic nature the following.

**4.1: Age Distribution of Female (15-49)**

Age factor is one of the vital determine of the human being. Different group of age has deferent group of age has different significance in the life of people. The child bearing age of female is (15-49). Before 15 and after 50 women are not able to concave. The study shows the population of child bearing women according to age.

**Table No.1: Age Distribution of Female (15-49)**

<b>Age group</b>	<b>Number</b>	<b>Present</b>
15-20	13	10.00
21-30	74	56.90
31-40	27	26.90
41-50	8	6.20
<b>Total</b>	<b>100</b>	<b>100</b>

The above table shows the majority of child bearing women ages are 21to30 age group is about 56.90 percent and les 6.20 majority on age group of 41-50 only. Similarly other 15-20 is 10 percent; 31-40 are 26.90 percent by analyzing the table it is seen that the population of age group of 21to30 are higher. Which is appropriate age for pregnant.



#### 4.1.2: Marital Status

Marriage is the process by which two people make their relationship public, official and permanent. It is the joining of two people in a bond until the death. This study clarifies the number of married unmarried women of the study area.

**Figure No. 1: Distribution of Marital Status**

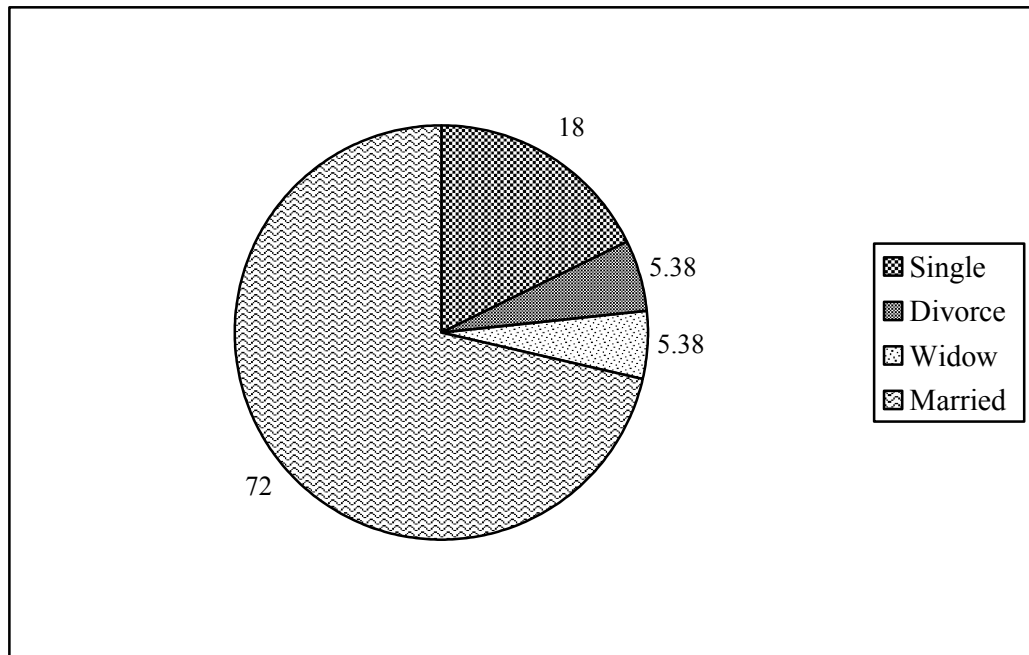


Figure no.1 shows that majority of married women are 72 percent and divorce and widow women are equal by 5.38 percent. Similarly single unmarried respondents are 18 percent. By analyzing the figure it is seen that 82 percent are married and 18 percent respondents are unmarried.

#### 4.1.3: Age at Marriage

Thirty seven percent of girls in Nepal marry before age of 18. 10 percent are married by age of 15, inspite of the fact that the minimum age of marriage under Nepali law is 20 years of age. Therefore these studies clarify the age of marriage of the respondents of the study area.

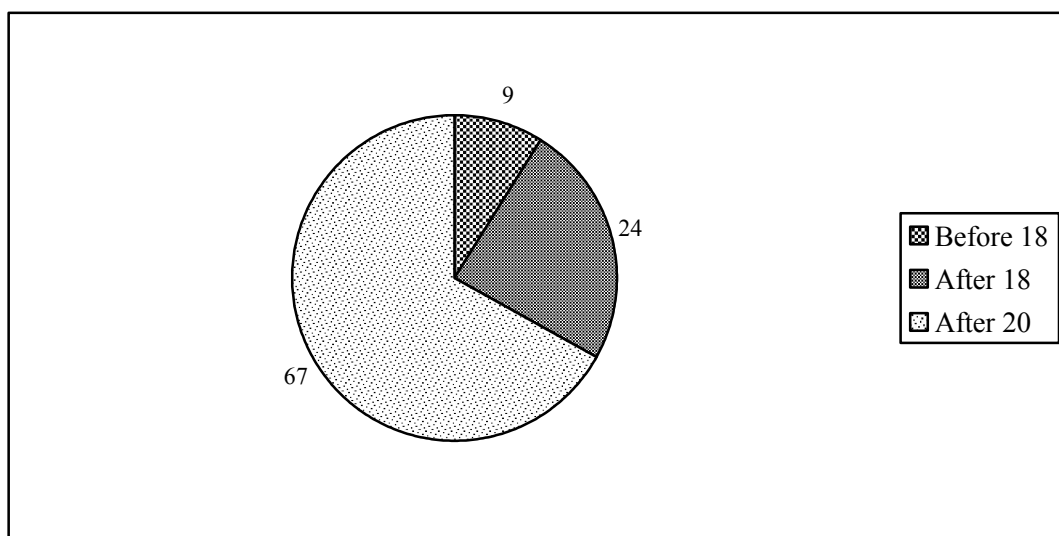
**Figure No.2: Distribution of Respondent's Age at Marriage**

Figure no.2 shows that majority 67 percent respondent marry at age after 20 and 18 percent respondent marry at age before 18 similarly 24 percent respondent marry at age after 18 and before 20 among married women of 107. By analyzing the figure 33 percent respondents marry against the law of Nepal. It means still people are unknown about the proper age at marriage.

#### 4.1.4: Education Status

Education makes the difference in the way of thinking of a person. It also makes the difference in doing things in a better way. It empowers the people to be healthy and to live a healthy life. Education plays important roles on awareness against the diseases to prevent them in time.

**Table No. 2: Education Status of Respondents**

Status	Number	Percent
Illiterate	4	3.00
Primary	12	9.3
SLC	47	36.2
+2	39	30
Above	28	21.5
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.2 shows that among the respondents 36.2 percent of them were SLC passed only 3 percent were illiterate. Similarly 21.5 percent above +2, 30 percent were +2 and 9.3 percent were primary education. By analyzing the table it seen that still some group of people are beyond the light of education.

#### 4.1.5: Occupation Status of Respondents

Occupation is an action that we do like job or profession state as a means of earning for living. It plays vital role to upgrade the living standard of people as well as helpful for healthy living. Thus this study is done to find out the occupation status of respondents women of the study area.

**Figure No.3: Occupational Status of Respondents**

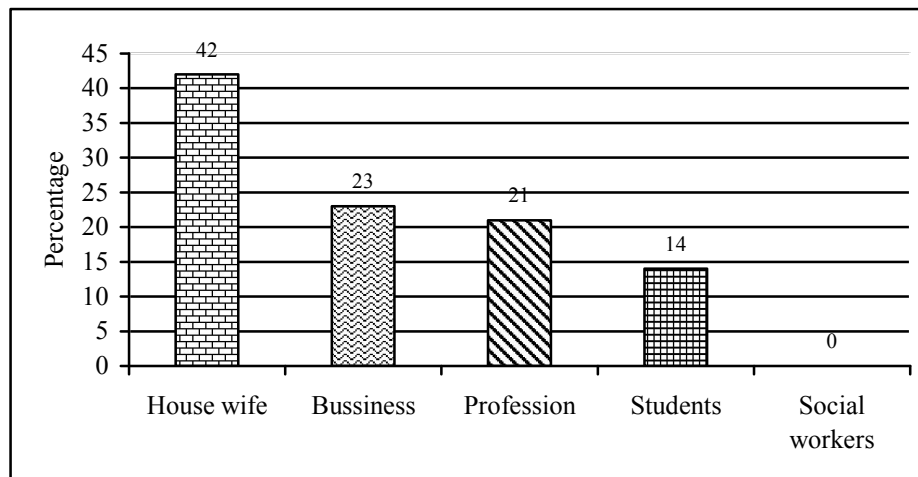


Figure no. 3 shows that majority of women 42 percent works as house wife and only one women work as social works. Similarly 23 percent work as business 21 percent as profession 14 percent as students. By analyzing figure it is seen that 88 percent of women are being well education only 21 percent of women are professional.

#### 4.1.6: Main Income Source of the Family

Family means the groups of people live together under the same roof whop share everything with each other. To run or fulfill the basic need of the family its need income so, people participate in different work to earn money.

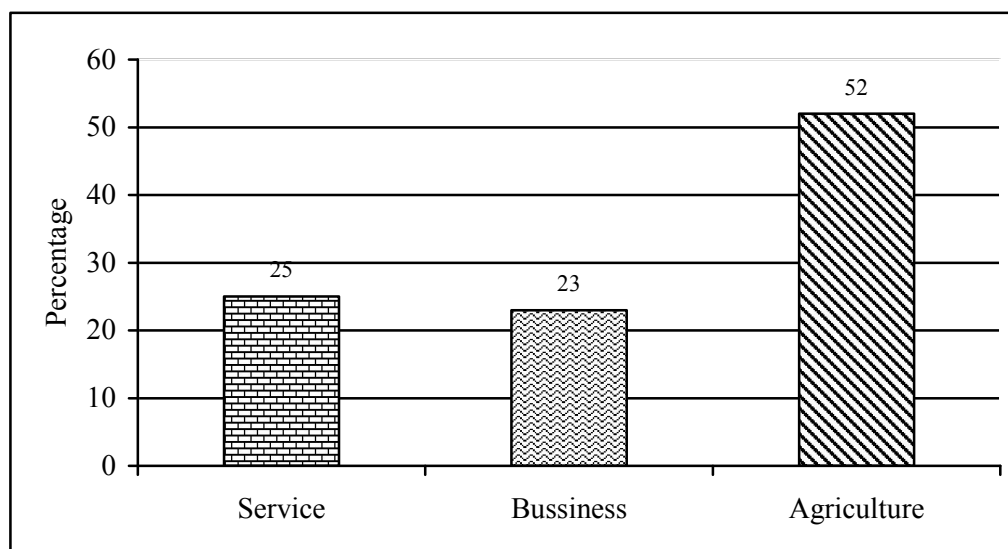
**Figure No.4: Income Source of Respondent's Family**

Figure no.4 shows majority 52 percents respondents family main source of income is agriculture and minor 23 percent income source is business similarly 25 percent is service. By analyzing the figure it is seen that most people of the study area income source is agriculture.

#### 4.1.7: Ethnicity of Respondents

Ethnicity is concept referring to a shared culture and way of life. This can be reflected in language religion, material culture etc. Nepal is a country of multicultural and multilingual. Different culture people live here together.

**Table No.3: Ethnicity of Respondents**

Ethnicity	Number	Percent
Brahman/Chhetri	100	76.92
Newar	4	3.00
Janajati	18	13.84
Dalit	6	4.61
Other	2	1.53
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.3 shows that majority of women 76.92 percent were from Brahman, Chhetri and less majority 1.53 percent are other (Muslim) similarly 4.61 percent Dalit, 13.84 percent Janajati and 3 percent Newar. By analyzing the table it is seen that Brahman and Chhetri are most of respondents.

## **4.2: Knowledge, Cause, Effect and Prevention of Hypertension During Pregnancy**

### **4.2.1: Respondents Heard about Hypertension**

Hypertension is non communicable diseases. It is also a common disease. Now a day's many people suffer from this disease the table below shows the number of respondents heard about hypertension.

**Table No. 4: Respondents Heard about Hypertension**

<b>Heard</b>	<b>Number</b>	<b>Percent</b>
Yes	124	95.38
No	6	4.61
<b>Total</b>	<b>130</b>	<b>100</b>

Table no. 4 shows that majority 95.38 percentage heard about hypertension and 4.61 percent are unknown didn't heard about hypertension. Analyzing table it is seen that still people are beyond the information of hypertension.

### **4.2.2: Knowledge on Hypertension Measurement**

Hypertension is defined as a blood pressure higher then 140mmHg systolic and higher than 90mmHg diastolic blood pressure in adult. According to WHO normal blood pressure is 120mmHg systolic and 80mmHg disystolic. Normally many people don't know the measurement of hypertension therefore the study clarify the number of respondents knowledge about measurement of hypertension.

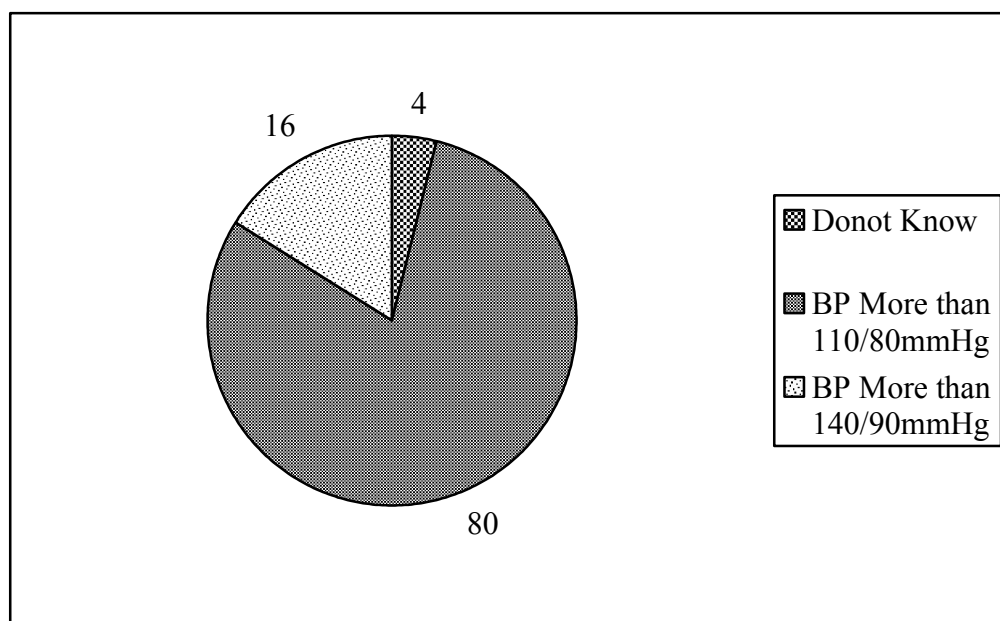
**Figure No. 5: Knowledge on Hypertension Measurement**

Figure no: 5 Shows that majority of 80 percent know that hypertension is blood pressure more than 110/80mmHg and less respondent 4 percent said that they donot know about its measurement. Similarly 16 percent know that hypertension means blood pressure more than 140/90mmHg. According to the figure it is seen that majority 84 percent people do not know actual measurement of hypertension.

#### 4.2.3: Respondent Heard about Hypertension During Pregnancy

Hypertension during pregnancy is one of the most rapidly advancing fields in world wide. 10 percent of all pregnancy is complicated by hypertension. Many NGO'S organization mass media poster, awareness program are conducting to reduce it complication the table below clarify the number of respondent heard about hypertension during pregnancy.

**Table No. 5: Respondent Heard about Hypertension During Pregnancy**

Heard	Number	Percent
Yes	110	84.62
No	20	15.38
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.5 shows the majority 84.62 percent respondents heard about hypertension during pregnancy and 15.38 percent do not heard about hypertension during pregnancy. By analyzing the table it is seen that health care service provider had not spread the actual knowledge on hypertension during pregnancy.

#### 4.2.4: Knowledge on Hypertension During Pregnancy

Hypertension in pregnancy remains one of the leading cause of maternal death. Sometime a high blood pressure is present before pregnancy in other case high blood pressure develops during pregnancy. It occurs before 20 week of pregnancy. The study below clarifies the knowledge of respondents on hypertension during pregnancy.

**Figure No. 6: Respondents Knowledge on Hypertension During Pregnancy**

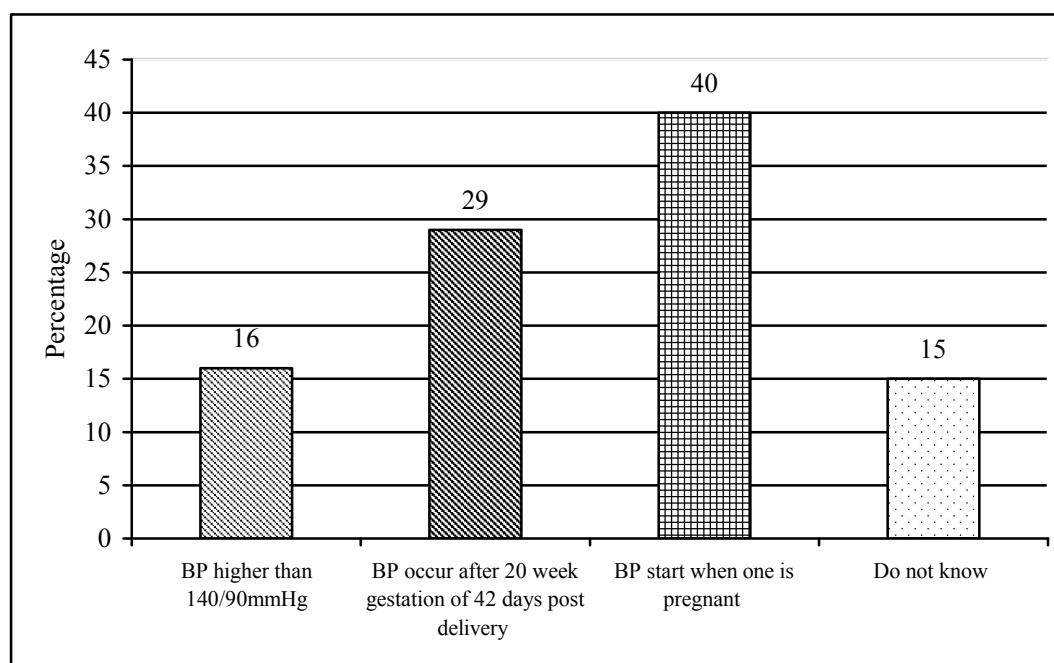


Figure no.6 shows that 40 percents female know that blood pressure start when one is pregnant and minor 15 percent respondents said they do not know about hypertension during pregnancy Similarly 29 percent know blood pressure occurs after 20 week gestation of 42 days past delivery and 16 percent respondents said blood pressure higher than 140/90 mmHg is hypertension during pregnancy. By analyzing the figure it is seen that people heard about hypertension during pregnancy but do not know the actual meaning of hypertension during pregnancy.

#### 4.2.5: Source of Information

Information is a facts, news, idea, and knowledge about something through various sources such as newspaper, books, television, radio etc. The study clarifies the sources of information respondents heard about hypertension during pregnancy.

**Table No. 6: Source of Information**

Source	Number	Percent
Television	16	12.3
Book	23	17.7
Health worker	86	66.2
Other source	5	3.8
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.6 shows that majority of 66.2 percent respondents heard hypertension by health worker and 3.8 percent heard by other sources. Similarly 12.3 percent heard from television, 17.7 percent heard from books. By analyzing the table it is seen that health worker are doing great job.

#### 4.2.6: Knowledge on Normal Blood Pressure

The measurement of blood pressure is different according to difference in age of people. The adult normal blood pressure 120/40 mmHg but many people do not know about it. The table below shows the knowledge of respondents about normal blood pressure.

**Table No.7: Knowledge on Normal Blood Pressure**

Knowledge	Number	Percent
B.P more than 120/80 mmHg	109	83.84
B.P les than 140/90 mmHg	21	16.15
<b>Total</b>	<b>130</b>	<b>100</b>

Among 130 respondents 83.84 percent replied the normal blood pressure more than 120/80 mmHg and 16.15 percent respondents said blood pressure less than 140/90



mmHg. By analyzing the table it is seen that majority of people do not have knowledge on normal blood pressure because lack of proper awareness program in the village as well as it is seen that health worker are unable to give clear information about hypertension.

#### 4.2.7: Knowledge on Cause of Hypertension

The actual cause of hypertension during pregnancy is not discovering yet but it says that various reasons are behind the hypertension. The study is done to clarify the knowledge on causes of hypertension.

**Figure No.7: Knowledge on Cause of Hypertension**

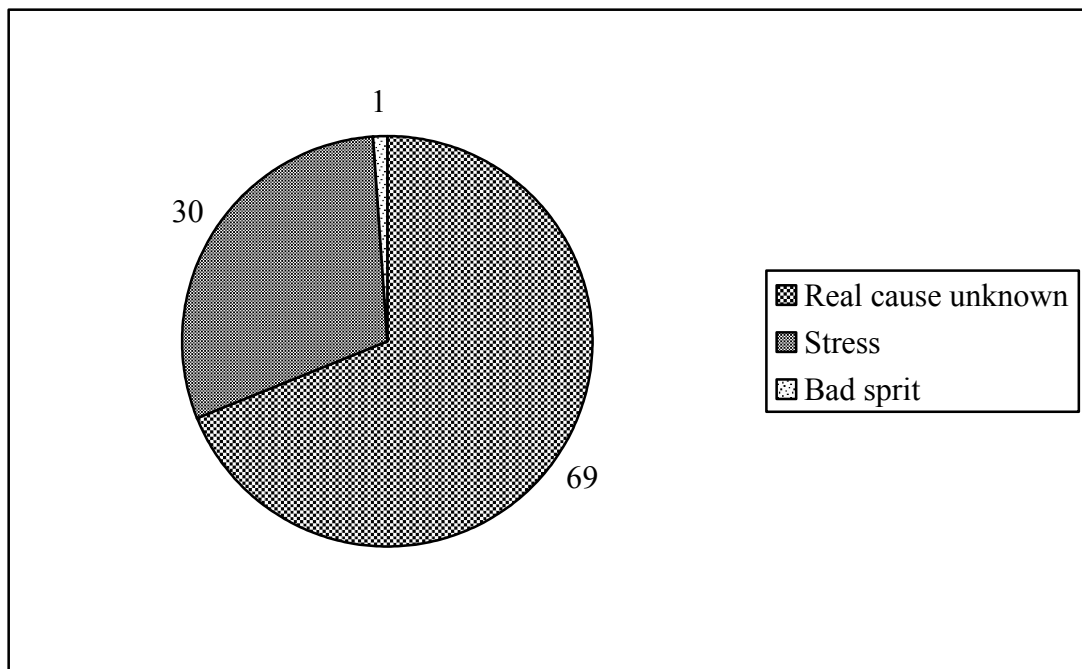


Figure no. 7 shows that majority of 69 percent respondents said the cause of hypertension is that real cause are unknown and 1 percent respondents said is cause by bad spirit. Similarly 30 percent said hypertension cause by stress. By analyzing the figure it is seen that people do not know the real cause of hypertension.

#### 4.2.8: Cause of Hypertension During Pregnancy

Pregnancy is physiological phenomenon for women during pregnancy this period are risky for all women. Many physical, emotional obstacles she has to tackle. Among all

of them hypertension is one of the leading health issue during pregnancy. It may cause by different reason. It can be control by knowing it cause. The study clarify the number of respondents knows about cause of hypertension during pregnancy.

**Figure No.8: Cause of Hypertension During Pregnancy**

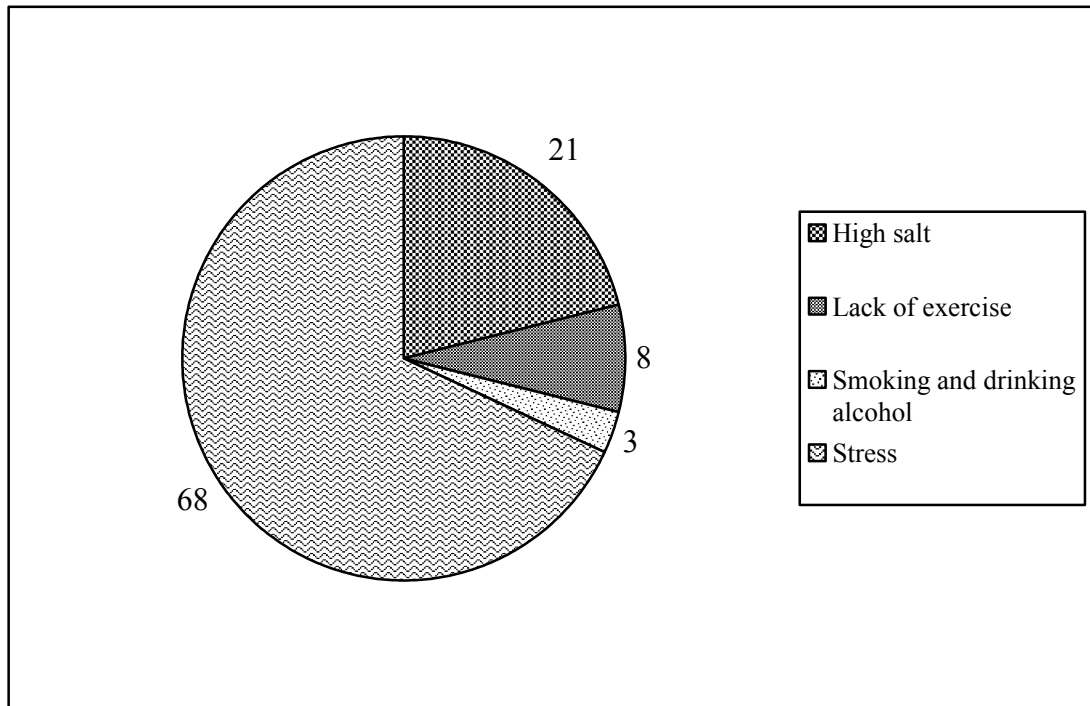


Figure no.8 shows that 68 percent respondents replied stress is the cause of hypertension during pregnancy and 3 percent respondents said smoking and drinking alcohol is the cause of hypertension during pregnancy. Similarly 8 percent respondents said hypertension during pregnancy cause by lack of exercise and yoga, 21 percent respondents it is cause by having high salt in their food. By analyzing the figure it is seen that people have different concept on its cause but do not know the actual cause of it.

#### **4.2.9: Concept of Measuring Blood Pressure During Pregnancy**

During pregnancy pregnant women should measure their blood pressure regularly. And at that time pregnant lady should be very concern on their health. The table below clarifies the concept of measuring blood pressure during pregnancy.

**Table No. 8: Concept of Measuring Blood Pressure During Pregnancy**

<b>Concept</b>	<b>Number</b>	<b>Percent</b>
Yes	117	90
No	13	10
<b>Total</b>	<b>130</b>	<b>100</b>

Table no 8 shows that majority of 90 percent respondents said it is important to measure blood pressure during pregnancy regularly and 10 percent said not so important to measure blood pressure regularly. By analyzing the table it is seen that still some people needs the knowledge of measuring blood pressure during pregnancy.

#### **4.2.10: Knowledge on Visiting Doctors During Pregnancy**

Pregnancy is a sensitive period for every woman. Extra care should be done during pregnancies. Every woman should have knowledge on going hospitals time to time at list 4 times in a nine month and more if have any complication. The table below show the number of respondents knowledge on visiting doctors during pregnancy.

**Table No. 9: Knowledge on Visiting Doctor During Pregnancy**

<b>Duration</b>	<b>Number</b>	<b>Percent</b>
Once a month	16	12.3
Weekly	6	4.6
In a three month	20	15.4
4 time in 9 month	88	67.7
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.9 shows that majority of 67.7 percent respondents said 4 time in 9 month is the correct time and 4.6 percent said once should visit weekly to doctors. Similarly 12.3 percent said once a month and 15.4 percent respondents said in a three month one should visit doctor. By analyzing the table is seen that still 32 percent need knowledge appropriate time to visit doctor during pregnancy.

#### 4.2.11: Risk Condition of Hypertension While Pregnant

Normally 80 to 10 percent of pregnant lady are in risk of hypertension although obesity, multiple fetus, chronic hypertension are in too risk of having hypertension during pregnancy. The study shows the knowledge of respondents on risk condition of hypertension during pregnancy.

**Figure No.9: Risk Condition of Hypertension During Pregnancy**

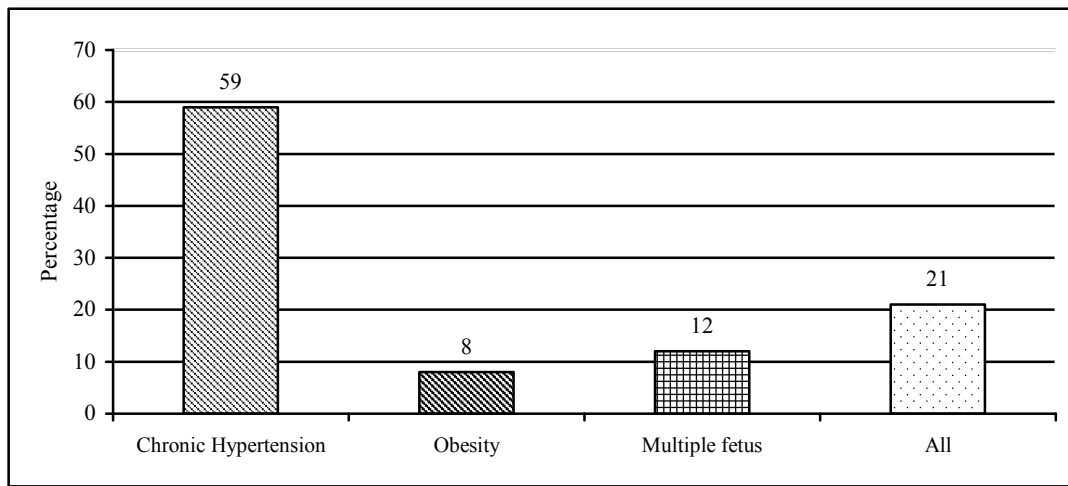


Figure no.9 shows that majority 59 percent respondents said chronic hypertension is main risk condition of hypertension during pregnancy and fewer respondents 8 percent respondents replied obesity is the risk condition. Similarly 12 percent respondents said multiple fetus is the risk condition and 21 percent said these all factors are the risk condition of hypertension during pregnancy. By analyzing the figure it is seen that people do not have the knowledge on all aspect of hypertension during pregnancy. It is the weakness of health care service provider to give proper knowledge of hypertension.

#### 4.2.12: Effect of Hypertension During Pregnancy

If hypertension occurs during pregnancy the both mother and baby life is affected. Even they may die or suffer from hypertension for a long time in life. This study is done to know the respondents knowledge on effect of hypertension during pregnancy.

**Table No.10: Effect of Hypertension During Pregnancy**

Effect	Number	Percent
Both mother and baby life in danger	68	52.30
Baby may die	35	26.92
Mother may die	10	8.00
Do not know	17	13.00
<b>Total</b>	<b>130</b>	<b>100</b>

Table no.10 describe that majority 52.30 percent respondents have knowledge that both mother and baby life is in danger and 8 percent respondents said mother may die due to hypertension during pregnancy. Similarly 26.92 percent respondents replied that baby may die same as 13 percent respondents do not have any idea of hypertension during pregnancy. By analyzing the table it is seen that 47.92 percent people are unaware about the effect of hypertension during pregnancy.

#### 4.2.13: Effect of Hypertension in Mother During Pregnancy

Hypertension cause many effect in mother during pregnancy. It cause still birth, premature delivery as well organs, like kidney, brain, lungs, liver may damage even mother suffer from cancer. There fore the study reflect the number of people having knowledge on effect in mother.

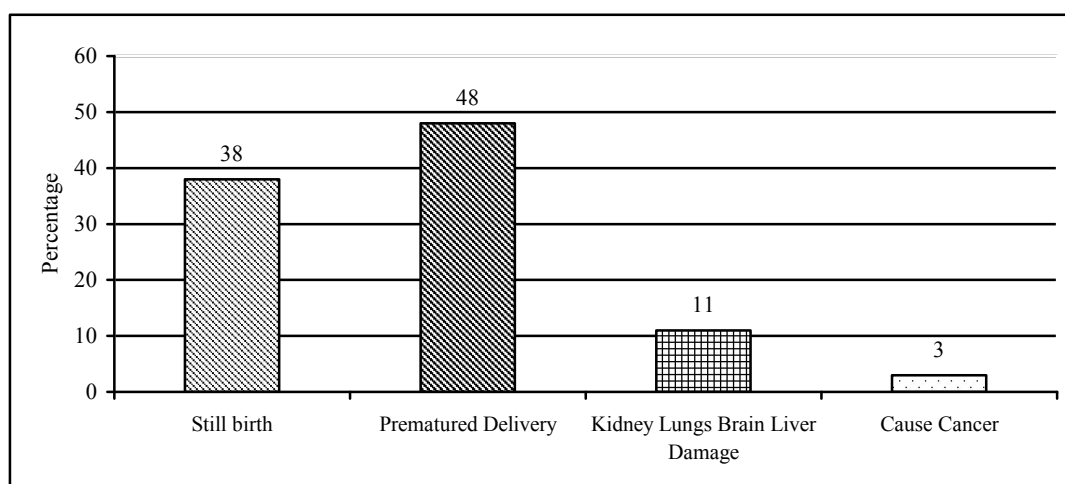
**Figure No.10: Effect of Hypertensions in Mother During Pregnancy**

Figure no.10 shows majority 48 percents respondents said hypertension effects premature delivery with mother and less 3 percent respondents said that mother may cause cancer. Similarly 38 percent said still birth and 11 percent said kidney, lungs, brain and liver of mother may damage. By analyzing the figure it is seen that people do not know the effect of hypertension during pregnancy in mother.

#### **4.2.14: Effect of Hypertension in Baby During Pregnancy**

Hypertension cause severs mild and curable effects on both mother and baby. It may cause premature deliver, low birth weight effect on the weight of baby during delivery. The study clarifies the knowledge of respondents on the effect of hypertension in baby during pregnancy.

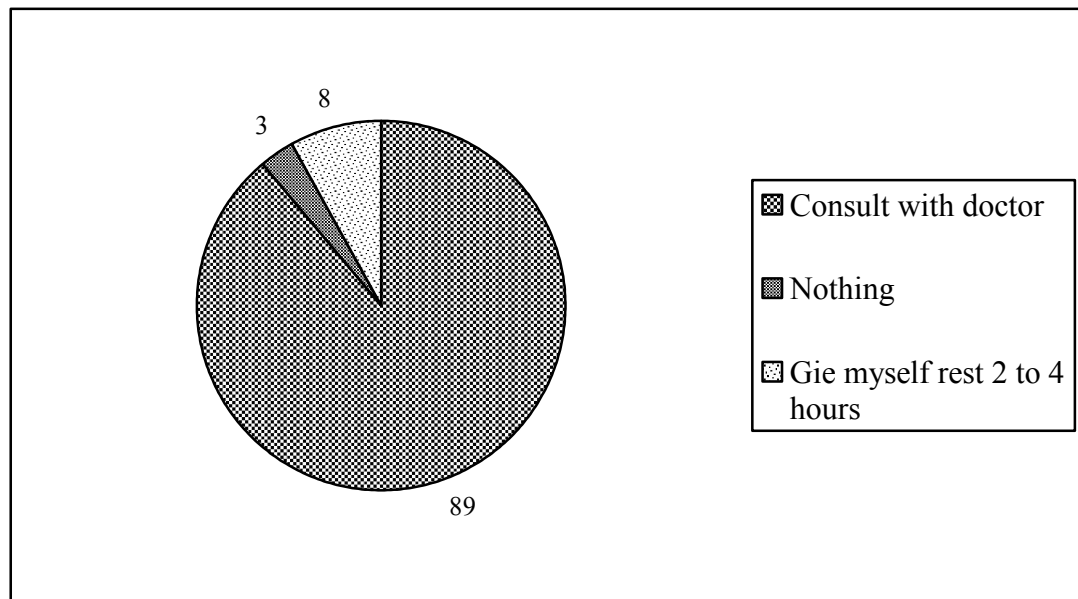
**Table No.11: Effect of Hypertension in Baby During Pregnancy**

<b>Effect</b>	<b>Number</b>	<b>Percent</b>
Low birth weight	31	23.84
Die	99	76.15
<b>Total</b>	<b>130</b>	<b>100</b>

Table no 11 shows that among 130 respondents 76.15 percent said hypertension causes low birth weight and 23.84 percent said child may die. By analyzing the table it is seen that most people are unaware of actual effect of hypertension during pregnancy in baby.

#### **4.2.15: Attitude of Respondents on Hypertension**

Behavior of people toward the matter is attitude. Attitude of people may be positive or negative. Positive attitude always ride people in a right path and negative towards worst path. Same as if people follow right path to control hypertension then get success on it. Behaviors of people play important role in there health. Thus the study below shows the knowledge on attitude of people follow to control hypertension.

**Figure No.11: Attitude of Respondents on Hypertension**

The figure no. 11 shows majority of 89 percent respondents consult with doctor and 3 percent respondents do nothing to control hypertension. Similarly 8 percent respondent said give rest 2 to 4 hour when they suffer from hypertension. By analyzing it is seen that still some people need knowledge about ways to control hypertension.

#### 4.2.16: Practice of People to Control Hypertension

Hypertension during pregnancy can control if the patient follow the healthy behaviors as prescribed by their doctor. The Knowledge of controlling of blood pressure can manage the risk of hypertension during pregnancy the study below flash the knowledge of respondents to control blood pressure.

**Table No.12: Practice of People to Control Hypertension**

Practice	Number	Percent
by doing exercise and Yoga	50	38
Consulting doctors about diet and weight	60	47
leaving smoking and drinking alcohol	20	15
<b>Total</b>	<b>130</b>	<b>100</b>

Table no 12 shows that 47 percent of respondent said they consult with doctor about their weight and diet and 15 percent respondent said they leave smoking and drinking alcohol when they suffer from hypertension. Similarly 38 percent said they control their hypertension by doing physical exercise and yoga when they suffer from hypertension.

#### 4.2.17: Respondents Doing Exercise and Yoga

Exercise and yoga is a physical and mental act which helps people to balance their health now a day's people are concern about their health and they do exercise. This study shows the number of respondent doing exercise.

**Figure No. 12: People Doing Exercise and Yoga**

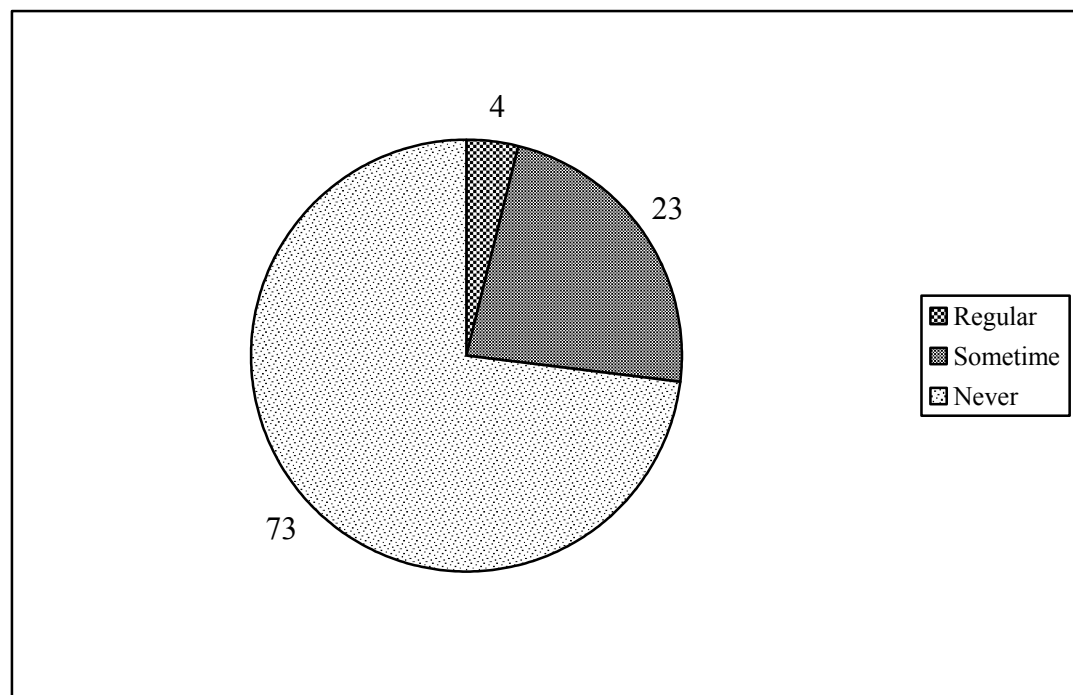


Figure no. 12 shows that among 130 respondents 73 percent never do exercise, and 4 percent respondent does regular exercise. Similarly 23 percent do sometimes. By analyzing the figure it is seen that only 4 percent of respondent are concern with their health.



#### 4.2.18: Case of Hypertension During Pregnancy

Hypertension during pregnancy is one of the leading health problems in world. 8 to 10 percent of pregnant ladies suffer from hypertension during pregnancy. This study is carried out to know the number of hypertension during pregnancy in respondent of related study area.

**Table No. 13: Case of Hypertensive in Women**

Case	Number	Percent
Yes	40	31
No	90	69
Total	130	100

Table no. 13, shows that majority of 69 percent respondents donot suffer form hypertension and 31 percent suffer from hypertension during pregnancy in the related study area.

#### 4.2.19: Symptoms Face by Hypertensive Women During Pregnancy

Hypertension during pregnancy brings a lot of symptoms like headache, vision change, abdominal pain, weight gain etc. The study is carried out to find the symptoms face by hypertensive women.

**Table No 14: Symptom Face by Hypertensive Women**

Problem	Number	Percent
Headache	7	17.5
weight gain	22	55
Abdominal pain	3	7.5
vision Change	3	7.5
Excess Vomiting	5	12.5
<b>Total</b>	<b>40</b>	<b>100</b>

Table no 14 shows that among 40 hypertensive women majority of 55 percent suffer from weight gaining symptoms and 7.5 percent face abdominal pain and vision

change problem during pregnancy. Similarly 17.5 percent face headache and 12.5 percent hypertensive women face excess vomiting. By analyzing the table it is seen that the symptoms of hypertension is diverge from person to person.

#### 4.2.20: Complication of Hypertensive Case

Complication means the bad situation or condition of the matter. Here complication of hypertensive case means the condition of the hypertensive women. This study clarifies the condition of hypertensive women during pregnancy.

**Figure No.13: Complication of Hypertensive Case**

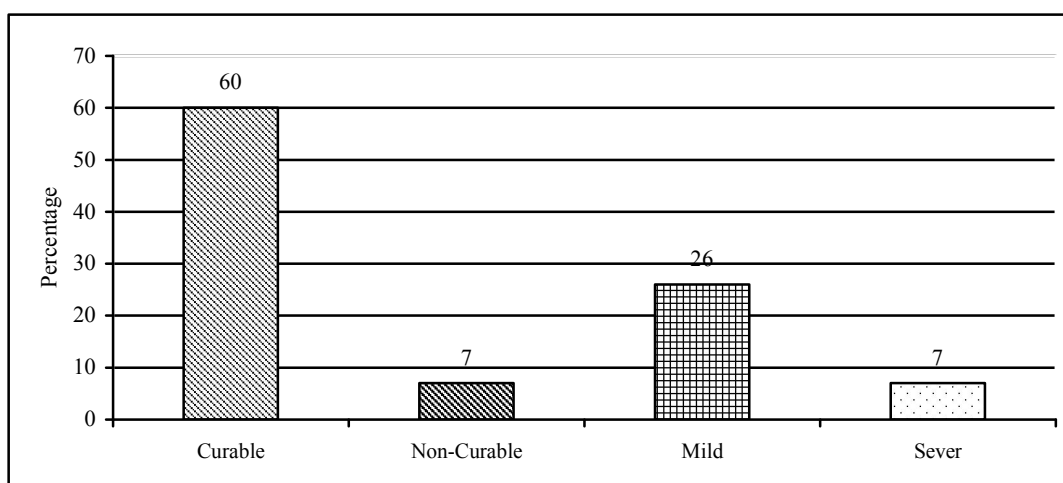


Figure no. 13 Shows that among 40 hypertensive case 60 percent of hypertensive women said they had curable case and 7 percent hypertensive women equally face non-curable sever complication. Similarly 26 percent face mild complication by analyzing the figure it is seen that proper care on health diet can save from sever complication hypertension.

#### 4.2.21: Practice to Seek the Treatment in Village

When people feel sick they visit the doctor. We can get health service and private and government sector, although government had provide primary health center in each village. The table reflects the practice of respondent of seeking treatment.

**Table No. 15: Practice to Seek the Treatment**

<b>Practice</b>	<b>Number</b>	<b>Percent</b>
private sector	78	60
Government Health care center	52	40
<b>Total</b>	<b>130</b>	<b>100</b>

Table no 15 Shows that 60 percent of respondents visit private doctor and 40 percent respondent's visit government health care center. By analyzing the table it is seen that most people visit private doctor because there is not proper health service and well equipped instrument in government hospital.

### **4.3 Summary**

This study was based on the field survey in which the women (15-49) of Haldibari Rural Municipality-1 Goldhap Jahapa district of province-1. The main objective of this study was to find out the level of knowledge on hypertension, cause, effect, risk factors and ways of prevention of hypertension during pregnancy on child bearing women. It also found out the economic status, occupation, education status of the female in the village. This study was carried out during the 6 month by applying lottery and purposive sampling method of research design. The study was descriptive and analytical which was base on the finding of survey. Both quantitative and qualitative information were collected through observation, structured questionnaire and semi-structured interview with the target people. 130 childbearing women were taken for the purpose of the study. The findings of all the data were presented descriptively and analytically. After analyzing the data the ways of prevention and also suggested to the policy maker, practice related individuals and for further researcher on various aspects of hypertension during pregnancy.

### **4.4 Finding**

This study is related to the knowledge of hypertension during pregnancy in child bearing women of Goldhap village. After data collection and tabulated and analyzing the data following findings are observed.

- Among 130 childbearing women majority of 56.9 percent women were at the age group of 21 to 30 and less majority 6.2 percent are at age of 41 to 50.
- Among all the respondents 82 percent are married women and 18 percent were unmarried.
- Among 107 married respondents 67 percent marry at age after 20 and 9 percent marry before 18 and 24 percent marry between the age at 18 to 20.
- The education status of the respondents 36.2 percent were SLC passed and only 3 percent respondents were illiterate. 30 percent were +2 and 21.5 percent were above +2 which is quite good result.
- Being 88 percent respondents having good academic qualification only 44 percent of respondents were independent. Majority of 42 percent respondents works as house wife.
- Most of the respondents family main income source of income is agriculture which is 52 percent, 25 service and 23 business.
- Among 130 respondents 76.92 percent of them are Brahmin / Chhetri 4.61 percent Dalit, 13.84 percent Janajati, 3 percent Newar and 1.53 percent are others (Muslim).
- Among all of the respondents 95.38 percent heard about hypertension and 4.61 percent of respondents do not heard.
- Among 130 respondents 84 percent do not know about the actual measurement of hypertension.
- Most of 84.62 percent respondents heard about hypertension during pregnancy and 15.38 percent are unknown about hypertension during pregnancy.
- Among 130 respondents only 29 percent respondents said correct meaning of hypertension during pregnancy.
- Majority of 66.2 percent respondents get information of hypertension through health worker. 17.7 percent from book, 12.3 percent from television and 3.8 percent from other sources.
- Majority of 83.84 percent respondents do not have knowledge on normal blood pressure measurement only 16.15 percent have knowledge on it.
- Among 130 respondents 69 percent respondents replied cause of hypertension that real cause are unknown and 1 percent respondents said hypertension is cause by bad spirit and 30 percent said its cause by stress.

- Among 130 respondents 68 percent respondent replied hypertension during pregnancy is caused by stressful situation and 3 percent respondents replied it is cause by smoking and drinking alcohol during pregnancy.
- Majority of 90 percent respondents had correct concept to check blood pressure during pregnancy.
- 67.7 percent respondents said correct period of time to visit doctors but visit during pregnancy.
- Among 130 respondents only 21 percent have correct knowledge on the risk condition of hypertension during pregnancy.
- All of the respondents 52.30 percent have correct knowledge on the effects of hypertension during pregnancy. Still 13 percent respondent need information of it.
- Majority of 48 percent respondents said premature delivery is the effects of hypertension in mother. It shows correct knowledge.
- Only 23.84 percent respondent said correct effect of hypertension in baby during pregnancy still 76.15 percent are beyond the knowledge of effects of it on baby.
- Most of respondents 89 percent consult with doctor when they suffer from hypertension during pregnancy still 11 percent respondents do not have positive attitude towards their health.
- 38 percent respondents said they control their hypertension by doing yoga and physical exercise.
- All of them have knowledge on the ways to control hypertension during pregnancy but only 4 percent respondents do regular physical exercise and maintain their weight.
- Among 130 respondents 31 percent suffer from hypertension during their pregnancy.
- Among 31 percent hypertensive women 55 percent face weight gaining problem by hypertension during pregnancy and 7.5 percent equally suffer from abdominal pain and vision change.
- All of 40 hypertensive case 60 percent seen curable complication and 7 percent seen sever complication

- Still now not any organization had conducted any education program related to hypertension in the study area.
- Most of the respondents 60 percent seek private doctor.

## **CHAPTER-V**

### **CONCLUSION AND RECOMMENDATION**

#### **5.1 Conclusion**

The study entitled, “The Knowledge and Effect of Hypertension during Pregnancy among Childbearing Women.” In Haldibari Rural Municipality-1 Goldhap village Jhapa district conducted among 130 childbearing women. After analyzing the data it shows that most of the respondents were well educated but majority of women are engaged in house wife only few women are independent and most of them heard hypertension during pregnancy through health worker. Majority of respondents heard about hypertension during pregnancy but they do not know actual knowledge on hypertension during pregnancy.

Voluntaries health worker are the main source of information in the study area therefore, due to lack of trained health service provider most of the respondents do not know the cause, effects of hypertension during pregnancy as well as only few of them know the risk condition of hypertension during pregnancy in mother and baby both. Maximum respondents have positive concept on measuring blood pressure during pregnancy and correct knowledge on time to visit doctors during pregnancy period. Most of them said they will consult with doctors about their weight and diet if they suffer with hypertension during their pregnancy. They have knowledge on the ways to control hypertension during pregnancy but only few respondents are concern with their health only some of them do exercise regularly.

The study shows that 31 percent pregnant women in rural area of Haldibari-1 Goldhap suffer from hypertension during pregnancy. The knowledge of risk factors for hypertension disorder in pregnancy may give track for the prevention in this population. Most of hypertensive women gain their weight and 7 percent suffer from sever complication. Therefore we can conclude that there is still great need of future research activities to sensitize the policy maker as well as community people for their active participation on using health service and various health awareness program, campaign should be organized in rural area. Government should provide trained health service provider with advance equipments in each primary health care centre to

improve in public health and as far as to draw the attention of people in government hospitals.

## **5.2 Recommendation**

On the basis of findings of this study the following recommendation are made for the government and non-governments agencies and individuals who are interested in knowledge cause effects and prevention of hypertension during pregnancy. The findings may be useful for formulation policies and programs to improve knowledge on hypertension of women and girls.

### **5.2.1 Recommendation for policy Related**

- Education plays a vital role it determines every change in the society. The education about hypertension should be included and improved in the lower to secondary level curriculum.
- To aware the girls and women about hypertension should be conducted in the rural area.
- Formal and non formal education about hypertension during pregnancy should be launched among the male and female in the village by health service provider, school and other government and non government organization.
- Appropriate strategies should be employed for effortful health care system of pregnant lady by Ministry of Health.
- Local News papers agencies and institutions as well as hospital NGOs at local level should be encouraged and co-operated for raising awareness among the people especially for female population.
- Mass Media (Radio/Television) should be encouraged to organize various campaigns, awareness programmed on impact of hypertension during pregnancy.
- Concern health service provider should be encouraged to conduct free treatment: campaign spreading knowledge etc.
- Government should strengthened the hypertension care network from central level to community level for patients with continuity of care and several other features of health care facilities form top-down and bottom up approach.



### **5.2.2 Recommendation for Practice Related**

- Firstly, health care professional (Nurse, Physician, Midwives, Public health nurse, community nurse and so on) are known to be the leading source of information. This is positive information retrieved can be considered as reliable. Health care workers must utilize this opportunity to the fullest. Education the public on primary prevention of HBP must be a priority. Awareness' of possible lifestyle changes can be proposed. This can intend empower the individual as care takers of their own health.
- Knowledge of women about various aspects of hypertension during pregnant. Its effects cause and ways of its management, its symptoms effects on mother and baby is in adequate. Therefore, they must be exposed to full information on this issue.
- The respondents are very curious about the cause, effect and management of hypertension during pregnancy but they are not properly informed about all aspects of hypertension. Therefore, the health service providers like nurses, doctors, health workers etc should be well trained to provide knowledge about it and they should provide complete knowledge to the pregnant lady expect as well as her family too.
- Female as well everyone should be aware of discussion, programs, so that people can receive the information and able to give information for teaching as well as applying it in their own life.
- Respondents should encourage to do exercise, yoga, meditation and regular check up their blood pressure to control the hypertension and for healthy delivery and healthy happy life.

### **5.2.3 Recommendation for Further Research Related**

- The study only focuses to child bearing women (15-49) it could not cover the male. Therefore, "The knowledge cause and effect of hypertension during pregnancy" could be wonderful to study. If the research is carried out for all the ad descents people the study may more useful to estimate their level of knowledge and practices on hypertension during pregnancy. It may help the policy makers to plan for healthy family life.

- This study area of this research is only based on rural area so if the research is carried out comparing rural area on knowledge of hypertension during pregnancy in rural and urban people. It will be helpful for planner and policy maker to select the awareness program as well as flexibility on treatment of hypertension.
- If the research is done in "Dietary Factors associated with hypertension in Haldibari rural municipality." It helps to evaluate the association between diet score and hypertension in unadjusted and adjusted models which provide useful information regarding the potential association of hypertension and diet.
- If the research is done in "Risk Factors and Pregnancy outcomes among Hypertensive women." It helps to identify the risk and examine the relationship of maternal health; it gives the ways to control hypertension during pregnancy.
- The study on "Knowledge and Attitude of Pregnant women towards management of Hypertension." Can provide the way of prevention and develop the positive attitude towards hypertension to control its impact on mother and baby.

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**APPENDIX – I**  
**TRIBHUVAN UNIVERSITY**  
**FACULTY OF HEALTH AND PHYSICAL EDUCATION**  
**JANATA MULTIPLE CAMPUS**  
**Questionnaire used on the study of "Knowledge and effect of hypertension**  
**during pregnancy among childbearing women"**

Information collected in these questions will be kept confidential and used only for academic Purpose.

Name: .....

Age: .....

Address: .....

**Demographic and Economic Characters**

1. What is your name?

.....

2. How old are you?

.....

3. What is your marital status?

a. Single

b. married

c. Divorce

d. widowed

4. At what age did you get married?

.....

5. How many children do you have?

.....

6. What is your level of education?

a. illiterate

b. primary

c. S.L.C.

d. +2

e. above

7. What do you do?

a. Housewife

b. Profession

c. Student

d. Business

e. Social worker

8. What is your main source of income?
- a. Business                      b. Agriculture                      c. Service
9. What is your family type?
- a. joint                      b. Nuclear
10. How many months can your family depend upon the agriculture?
- a. 3 months              b. 6 months              c. 1 year

**Knowledge Cause, Effect and Prevention of Hypertension During Pregnancy.**

1. Have you heard about Hypertension?
- a. Yes                      b. No
2. If, yes then what is hypertension?
- a. Blood pressure more than 140/90 mmHg
- b. Blood pressure more than 110/80 mmHg
- c. Do not know.
3. Do you know hypertension during pregnancy?
- a. Yes                      b. No
4. From where?
- a. Television              b. Books                      c. Health Workers
- d. Other Source
5. What is hypertension during pregnancy?
- a. Blood pressure higher than 140/90mmHg.
- b. Blood pressure that occurs in pregnancy after 20 weeks gestation of 42 days post delivery.
- c. Blood pressure which starts when one is pregnant.                      d. Do not know
6. Hypertension during pregnancy is communicable or non-communicable diseases?
- a. Communicable                      b. Non-communicable



16. What are the effects of hypertension during pregnancy?
- a. ....
  - b. ....
  - c. ....
17. Due to hypertension in pregnancy who may be in risk?
- a. Mother
  - b. Baby
  - c. Both
18. What effect occurs by hypertension during pregnancy in mother?
- a. Still birth
  - b. Premature delivery
  - c. Kidney, lungs, brain liver damage
  - d. Cause cancer
19. What effect occurs by hypertension during pregnancy in baby?
- a. Die
  - b. Low weight baby
20. Can hypertension be cure?
- a. Yes
  - b. No
21. If hypertension occurs during pregnancy what would you do?
- a. Nothing
  - b. Consult with doctor
  - c. Give myself rest 2 to 4 hour per day.
22. What would you do if you have headache, breathless palpation problem during pregnancy?
- a. Seek medical care
  - b. Rest at home
  - c. Seek help at traditional healer
23. How would you control hypertension during pregnancy?
- a. By doing exercise and yoga
  - b. Leaving smoking and drinking alcohol
  - c. Consulting doctors about diet and weight
24. To what extent should you take medicine as prescribed?
- a. Always
  - b. Never

