

Health Seeking Behavior of Women with Eclampsia Attending at Institute of Child and Mother Health in Dhaka City

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Abstract

Eclampsia constitutes a leading cause of maternal and perinatal mortality and morbidity worldwide. To assess health seeking behaviour of the family members and the patient with eclampsia. This cross sectional study was carried out on 100 eclampsia patients in the Institute of Child and Mother Health (ICMH), Dhaka from December' 2004 to November' 2005. In this study it was found that more vulnerable age group was 19-27 (49.0%) and primaegravida was 52.0%. This study revealed that knowledge about preconceptional health checkup was 3.0%, antenatal checkup was 52.0%, causes of preeclampsia & eclampsia in pregnancy was 20.0%, plan of delivery was 16.0%, safe hospital delivery was 20.0%, savings of money for delivery was 32.0%, transportation to hospital was 26.0%, consequences of severe preeclampsia & eclampsia was 9.0% of the study population. This study also showed that 82.0% and 77.0% of the patients had negative attitude towards antenatal check up and hospital delivery respectively. Only 58.0% of the patients had antenatal checkup. In this study 58.0% and 42.0% of the patients were referred to hospital by trained birth attendant (TBA) and relatives respectively. Half of the patients were referred by relatives. The present study showed that the maternal death was 4.0% and perinatal death was

27.0%. Lack of proper knowledge about consequences of eclampsia and severe preeclampsia and poor knowledge about proper antenatal care and negative attitude towards hospital delivery affects the outcome of both maternal and fetal condition.

Keywords: Eclampsia, Health Seeking Behavior.

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Introduction

Preeclampsia/Eclampsia is associated with raised blood pressure and proteinuria whereas eclampsia is defined as the occurrence of convulsions usually superimposed on preeclampsia. Geographic, social, economic and racial differences are thought to be responsible for incidence rates up higher in some population¹⁻².

Preeclampsia/Eclampsia probably accounts for more than 60,000 maternal death worldwide each year^{2,3}. Besides it is associated with fivefold increase in perinatal mortality. The rate of eclampsia is higher in developing countries with the highest rate reported from Colombia as 8.1/1,000 deliveries and the lowest in UK as 4.9/10,000 deliveries. These results imply that preeclampsia and eclampsia constitute a wide public health problem to be dealt with especially in developing countries¹. Eclampsia is a relatively common and serious complication of pregnancy and is the major cause of maternal and perinatal mortality. In Bangladesh eclampsia contributes to 16.0% of maternal mortality and about 4,500 women die due to eclampsia in each year^{4,5}.

Lack of knowledge, regarding preconceptional health check up, antenatal care and proper intrapartum care had a significant impact on maternal morbidity and mortality. There is still no positive attitude of the family members and woman herself towards the proper care and appropriate management during delivery and also postnatal follow-up. Mothers are also victimized during convulsion in pregnancy, labour or postnatal period. All mothers are not properly under adequate antenatal and postnatal health check up. Some of them were treated by 'jharphuk' and 'panipara' also during the time of convulsion. These harassment increase the morbidity and mortality of both mother and fetus also.

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The above aspects of eclampsia patients are not focused with importance in any of the previous studies in Bangladesh. Bad communication, absence of nearby hospital facilities, delay in decision making, various superstition are also adding to the problems and deterioration of maternal condition and hypoxia and acidosis of fetus. The result is high maternal and perinatal mortality and morbidity.

The aim of this study was to assess health seeking behaviour of the family members and patient herself suffering from eclampsia.

Materials and Methods

This cross sectional descriptive study was carried out in the Institute of Child and Mother Health (ICMH) at Dhaka City over a period of 12 months from 1st December' 2004 to 30th November' 2005. Consecutive 100 eclampsia cases were selected purposively after fulfillment of selection criteria. All antenatal, intranatal and postnatal eclampsia cases were included in this study. Hysteria, epilepsy and tetanus cases were excluded.

Results

In this study it was found that more vulnerable age group was 19-27 (49.0%) and 35.0% of the study population had age between 14 and 18 years. More than half of the patients were illiterate and 89.0% of the patients were housewife (Table I).

Table-I: Demographic profile of the patients (n=100).

	Frequency	Percentage (%)
Age (years)		
14-18	35	35
19-27	49	49
28-36	12	12
37-45	4	4
Level of education		
Illiterate	56	56
Primary	22	22
Secondary	18	18
Higher secondary	3	3
Graduate	1	1
Occupation		
House wife	89	89
Domestic helper	4	4
Service holder	5	5
Others	2	2
Monthly family income		
< 3000	88	88
3001-5000	8	8
> 5000	4	4

In this study primaegravida was 52.0%, multipara was 34.0% and grand multipara was 14.0% (Table II).

Table-II: Distribution of the patients by parity.

Parity	Frequency	Percentage (%)
Primi	52	52%
Gravida 2-4	34	34%
Gravida 5-8	14	14%

This study showed that only 3.0% of the study population had knowledge about pre conceptional health check up, 52.0% had antenatal check up, 20.0% had knowledge about preeclampsia and eclampsia in pregnancy, 16.0% had knowledge about plan of delivery, 20.0% had knowledge about safe hospital delivery, 32.0% had knowledge about savings of money for delivery, 16.0% had knowledge about transportation to hospital and only 9.0% had knowledge about consequences of severe preeclampsia and eclampsia (Table III).

Table-III: Distribution of the patients by knowledge about the pre-conceptional health check up.

Knowledge about	Frequency	Percentage (%)
Pre-conceptional health check up	3	3.0
Antenatal check up	52	52.0
Causes of eclampsia and preeclampsia	20	20.0
Plan of delivery	16	16.0
Safety of hospital delivery	20	20.0
Savings of some money for delivery	32	32.0
Transportation to hospital	26	26.0
Consequences of eclampsia and severe pre-eclampsia	9	9.0

This study also showed that 82.0% and 77.0% of the patients had negative attitude towards antenatal check up and hospital delivery respectively (Table IV).

Table-IV: Distribution of the patients by attitude towards regular antenatal check up.

Attitude towards	Frequency	Percentage (%)
Antenatal check up		
Yes	18	18.0
No/irregular	82	82.0
Hospital delivery		
Positive	23	23.0
Negative	77	77.0

Only 58.0% of the patients were under antenatal checkup in this study and 58% & 42% of the patients were referred to hospital by trained birth attendant (TBA) and relatives respectively. Forty eight percent of study population took drugs, 12.0% had done jhar phuk and 40.0% took panipara as anticonvulsant at home. Various prejudices still prevail in our population which affects their health status adversely. Half of the patients were referred by relatives and others were by other health workers to transfer hospital. Thirty eight percent of the patients reached to the hospital within ½-2 hours of convulsion and 47.0% within 2-4 hours of convulsion. The present study showed that the maternal death was 4.0% and perinatal death was 27.0% (Table V).

Table-V: Distribution of patients by practice of family members and patient herself.

	Frequency	Percentage (%)
Antenatal care		
No check up	42	42
Irregular/regular checkup	58	58
Decision taken by for proper management		
TBA	58	58
Mother in law	24	24
Mother	6	6
Husband	12	12
Types of measure to control convulsion		
Drug	48	48
Jharphuk	12	12
Pani pora/other measure	40	40
Decision maker for referral to hospital		
Relatives	49	49
TBA	40	40
FWV	5	5
Nurse	4	4
Doctor	2	2
Time Interval onset of convulsion and arrival to hospital		
Within ½ - 2 hrs.	38	38
Within 2-4 hrs.	47	47
Within 4-8 hrs.	7	7
Within 8-12 hrs.	8	8

Discussion

Eclampsia constitutes a leading cause of maternal and perinatal mortality and morbidity worldwide. In this study, It was found that more vulnerable age group was 19-27 (49%) and 35% of study population had the age group of 14-18 years. Sultana et al.⁶ revealed 25-34 years age group as the most vulnerable. In Khanom's study 55.8% of eclamptic patients were below the age of 20 years and 63.7% of the patients were primigravidae⁷.

Generally eclampsia is seen in primipara. This statement is consistent with the present study where primaegravida were 52%, 34% were multipara and 14% were grand multipara. Maximum cases were seen in primigravida and multi gravida in the study of Sultana et al.⁶. In Khanom's study 63.7% of the patients were primigravidae⁷.

Similar to Khanam et al. study most of the patients were either illiterate or got primary education⁷. Level of education has a significant influence on the antenatal care. In present study 89% of the patients were housewife. But in a study Chowdhury et al. showed 97.8% of study population were housewife⁸. This is why women cannot enable to take decision to seek care of her own health and also due to low status of her family.

This study showed that only 3.0% of the study population had knowledge about pre conceptional health check up, 52.0% had antenatal check up, 20.0% had knowledge about preeclampsia and eclampsia in pregnancy, 16.0% had knowledge about plan of delivery, 20.0% had knowledge about safe hospital delivery, 32.0% had knowledge about savings of money for delivery, 16.0% had knowledge about transportation to hospital and only

9.0% had knowledge about consequences of severe preeclampsia and eclampsia. This study also showed that 82% and 77% of the patients had negative attitude towards antenatal check up and hospital delivery respectively.

Only 58% of the patients were under antenatal checkup which was revealed in this study. Whereas in Khanam's study only 24.0% patients had regular antenatal check up, while 75.95% patients had no or infrequent check up⁷. So the present study reflected a little change of attitude and awareness in general population.

In this study 58% and 42% of the patients were referred to hospital by taking decisions by trained birth attendant (TBA) and relatives respectively. 48% of study population took drugs, 12% had done jhar phuk and 40% took panipara as anticonvulsant at home. Various prejudices still prevail in our population which affects their health status adversely. 49% of the patients were referred by relatives and others were by other health workers. A study showed that decision makers in women during obstetrics emergency were husband 48.6% and husband wife together 38.5%⁹. 38% of study population came within ½-2 hours of convulsion and 47% came within 2-4 hours.

The present study showed that the maternal death was 4% and perinatal death was 27%. A study of Lee et al.⁹ showed no maternal death, but the rate of major maternal complication was 32%, perinatal mortality was 6.4% and the rate of severe perinatal complication (severe birth asphyxia, stillbirth etc) was 56%. Another study of Vigil-De Gracia showed maternal death rate 6.8%¹⁰. A study done at India (17 years of study period) showed maternal death rate due to eclampsia was 61 in 69 maternal death¹¹.

Conclusion

So this study shows that lack of proper knowledge about consequences of eclampsia and severe preeclampsia of the family members and patient herself and poor knowledge about proper antenatal care and negative attitude towards hospital delivery affects the outcome of both maternal and fetal condition of eclampsia patients.

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