



KAP (KNOWLEDGE, ATTITUDE AND PRACTICE) OF ANTENATAL CARE AMONG PREGNANT WOMEN IN PALAYAMKOTTAI – A CROSS-SECTIONAL STUDY

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Abstract: Knowledge, attitude, and practices (KAP) for an antenatal care during pregnancy is a key indicator of a healthcare facility in a community. Antenatal care (ANC) is a useful practice for lowering infant and maternal mortality. Therefore, the present study was planned to estimate knowledge, attitudes, and practices regarding ANC among pregnant women. This cross-sectional study was conducted on 100 pregnant women through convenience sampling. A semi structured questionnaire included sociodemographic and obstetrical history, and scored questionnaire on KAP was used. The finding of the study revealed that pregnant women had average knowledge (88%), positive attitudes (88%), and good practices & fair practices (58% & 41% respectively) toward ANC. The sociodemographic association showed that age, education, and occupation had a significant association with knowledge and practices about ANC ($p < 0.04$). Further, exploratory studies are required and need to be planned to provide awareness to improve practices in prenatal care and ultimately improve their health.

Keywords: antenatal care (ANC), cross-sectional study, knowledge, attitude, practices, pregnancy

INTRODUCTION

Healthy mothers and children are the real wealth of society (World Health Organization [WHO]).¹ A healthy mother brings a healthy child. The health, growth and development of a child is dependent on mother's health.² Pregnancy is a difficult time in a woman's life, as she changes from daughter to mother a couple of times. Becoming a mother necessitates significant self-reconstruction.³ Pregnancy can cause ailments such as morning sickness, heartburn, and constipation. During pregnancy, a healthy diet and lifestyle and a peaceful mind is necessary. The classical Siddha literature (Sool Maruthuvam, Noi illa neri) also provides details regarding antenatal care, safe motherhood, and treatment of minor ailments during pregnancy and other complications related to pregnancy. Amma Magaperu Sanjeevi kit which will comprise 11 Siddha medicines for pregnant women and newborn had been implemented by Tamil Nadu government since 2016 for the wellness of pregnant women. It aims to increase the hemoglobin level of deficient women and general well-being of women to deliver healthy child. The objective of this scheme was reduction of maternal, infant mortality rate and improving health of women / children. In this scheme, pregnant and lactating mothers were targeted. There are our kits and each kit is distributed at the specific periods of pregnancy and (post-natal) lactation.

Globally 62% of pregnant women receive WHO recommended minimum of 4 visits for pregnant women in 2010–2016.⁶ According to the National Family Health Survey, the Full ANC is defined as at least 3 visits for ANC testing, at least 1 Tetanus toxoid (TT) injection received, and 100/tablet/iron and folic acid (IFA).⁴ The National Protection Schedule in India recommends two doses of TT in pregnant women who haven't been vaccinated before or don't know about their immune status. In case of subsequent pregnancies, a baby within three years of having the last child (after being vaccinated), women is required to take only one dose. This dose is also known as a booster shot which helps protect mother and the baby.

Supplementing pregnant women with folic acid, calcium, and essential vitamins during the ANC, as well as providing the mother with care and knowledge can help the family resolve pregnancy complications and promote breastfeeding.⁷ The knowledge, attitude, and practices (KAP) survey measures knowledge, attitude, and social practices. KAP obstetric examination during pregnancy is an important indicator of a community healthcare facility. The KAP study reveals what people know, how they feel, and how they act.⁸ Understanding of the knowledge and practices of the community regarding maternity care during pregnancy delivery and postnatal period is required for program implementation and policy making. This study aims to determine the knowledge attitudes, and practices of pregnant women regarding the various aspects of ANC and to reveal the relation or association of this study with sociodemographic factors and educational qualification of the mother.

MATERIAL AND METHODS

- ❖ **STUDY AREA:** General urban Anganwadis palayamkottai
CSI Jayaraj Annapackiyam Mission Hospital, Palayamkottai
- ❖ **STUDY POPULATIONS:** Pregnant women in palayamkottai, Tirunelveli

METHOD OF APPROACH:

Direct approach to the pregnant women face to face interview in a semi structured questionnaire

SAMPLING PROCEDURE:

Random Sampling convenience method

SAMPLE SIZE:

100 pregnant women (n=100)

DATA COLLECTION:

INFORMATION COLLECTED:

Information containing sociodemographic and obstetrical history, and scored questionnaire knowledge 11 questions, attitude 11 & practices 11 questions including various aspects of ANC

DATA COLLECTION PROCEDURE:

A predesigned semi structured interview schedule was prepared for the collection of data through face-to-face interviews. The interview of each pregnant woman may take 20 min. The first section of the schedule included sociodemographic data that included name, spouse name, age, gestational age, occupation, education, habitat, religion, height, weight, body mass index, type of family, dietary habits, physical work, sleep, and Kuppuswamy's socioeconomic scale for socioeconomic status. The second section included obstetrical history. The third section included KAP questions. The fourth section included awareness about the complications during pregnancy and the fifth section included services provided in the hospital. Pregnant women who don't have interest and who don't provide consent were excluded.

STATISTICAL ANALYSIS

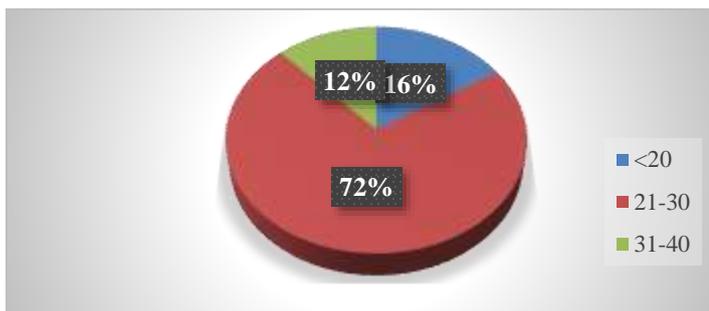
Data was analyzed using statistical software SPSS.

RESULTS

DEMOGRAPHIC PARAMETERS

1. AGE

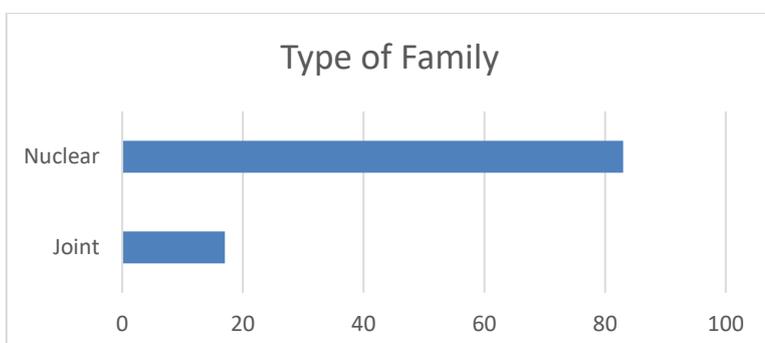
Age				
Age	Frequency	Percent	Valid Percent	Cumulative Percent
<20	16	16	16	16
21-30	72	72	72	88
31-40	12	12	12	100
Total	100	100	100	
(n=100)				



The majority of pregnant women (72%) were between 21 and 30 years of age followed by <20 years (16%) and 12% were between 31 – 40 years of age. The mean age was 24.3 ± 5.44 years

2. FAMILY TYPE

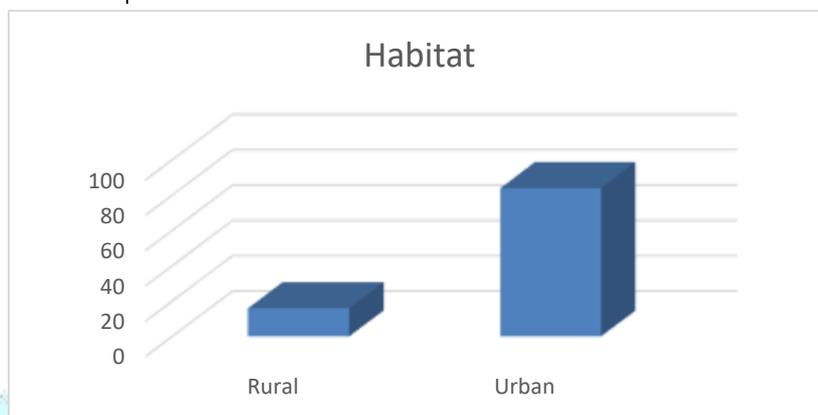
Family				
Family	Frequency	Percent	Valid Percent	Cumulative Percent
Joint	17	17	17	17
Nuclear	83	83	83	100
Total	100	100	100	
(n=100)				



Most of the pregnant women (83%) lived in nuclear families and (17%) were in Joint Family.

3. HABITAT

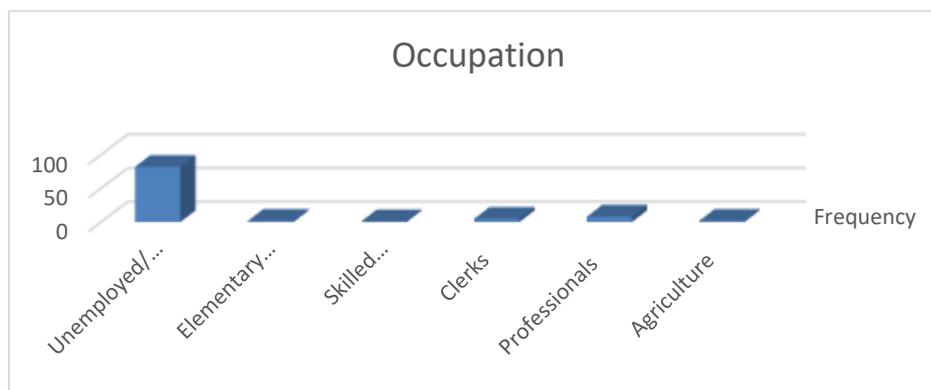
Habitat				
Habitat	Frequency	Percent	Valid Percent	Cumulative Percent
Rural	16	16	16	16
Urban	84	84	84	100
Total	100	100	100	
(n=100)				



84% were from urban areas and 16% were from rural areas

4. MOTHERS OCCUPATION

Occupation				
Occupation	Frequency	Percent	Valid Percent	Cumulative Percent
Unemployed/homemakers	82	82	82	82
Elementary occupation	2	2	2	84
Skilled workers shop and market sales workers	1	1	1	85
Clerks	5	5	5	90
Professionals	8	8	8	98
Agriculture	2	2	2	100
Total	100	100	100	
(n=100)				



82% were homemakers or unemployed. This is in conflict to the education of the mother but its due to pregnancy.

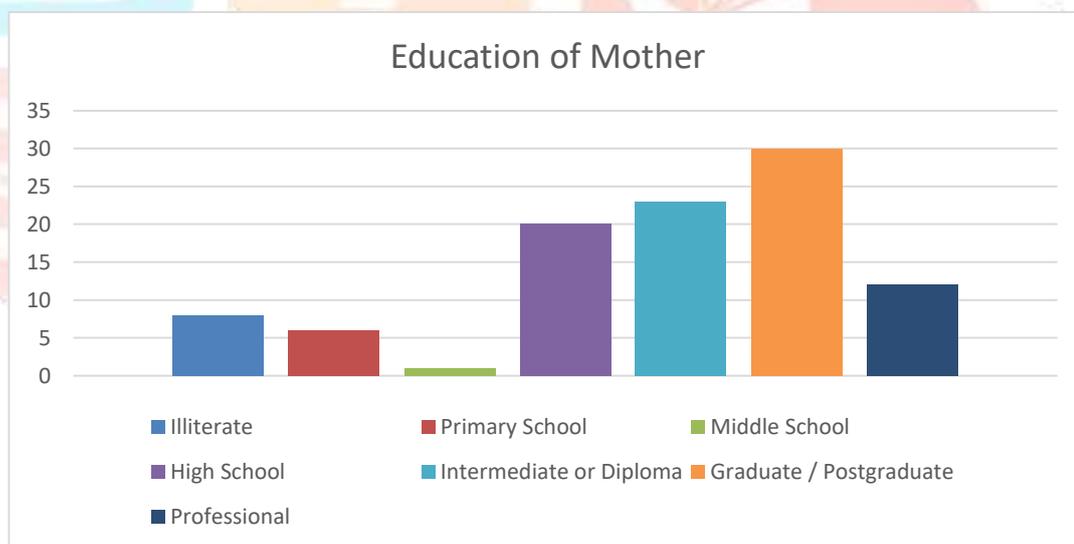
Some are in maternity leave and some quit the job after marriage till they raise the child while some quit the job after pregnancy

due to health ailments. This might reduce the work pressure of the mother and helps in physical, mental and social wellbeing.

Among 12 professionals 8 were working during pregnancy.

5. EDUCATION OF MOTHER

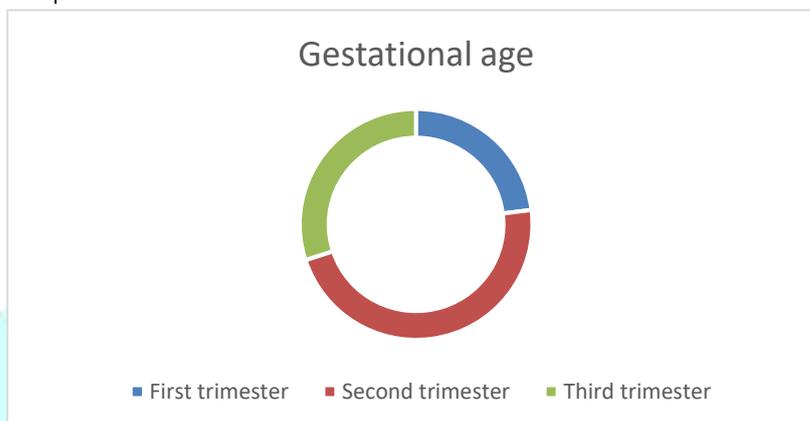
Education of Mother				
Education	Frequency	Percent	Valid Percent	Cumulative Percent
Illiterate	8	8	8	8
Primary School	6	6	6	14
Middle School	1	1	1	15
High School	20	20	20	35
Intermediate or Diploma	23	23	23	58
Graduate / Postgraduate	30	30	30	88
Professional	12	12	12	100
Total	100	100	100	
(n=100)				



Among 100 pregnant women 30% were graduates/postgraduates, 23% were diplomates, 20% were high schoolers & 12% were Professionals.

6. OBSTETRIC HISTORY

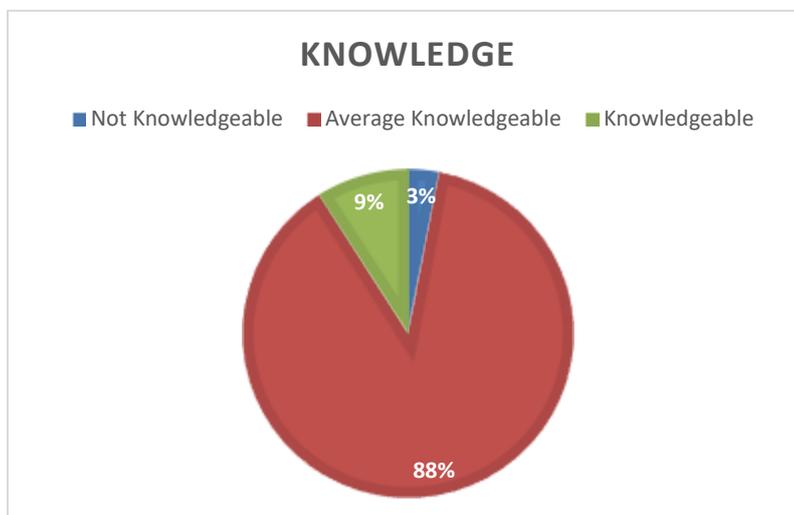
Gestational age				
Gestational age	Frequency	Percent	Valid Percent	Cumulative Percent
First trimester	23	23	23	23
Second trimester	47	47	47	70
Third trimester	30	30	30	100
Total (n=100)	100	100	100	



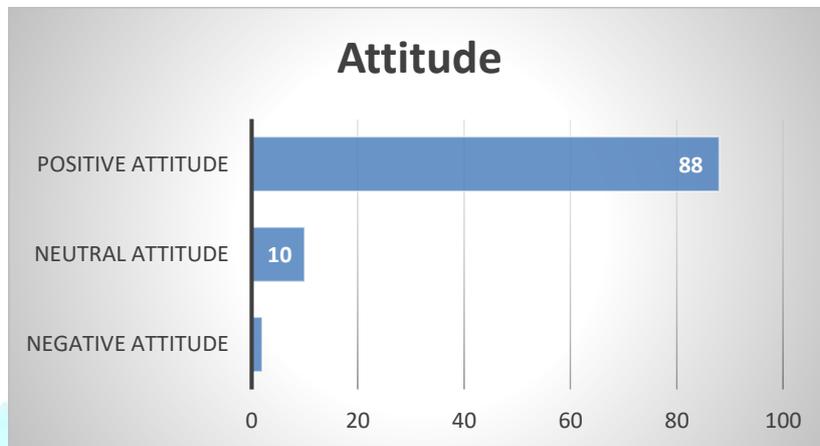
The majority of the pregnant women 88% were married between 16 and 25 years of age. 33% were primigravida and 67% were multi gravida. The majority of pregnant women were in mid-trimester (47%)

7. OVERALL KAP OF ANC OF PREGNANT WOMEN

Knowledge				
Knowledge	Frequency	Percent	Valid Percent	Cumulative Percent
Not Knowledgeable	3	3	3	3
Average Knowledgeable	88	88	88	91
Knowledgeable	9	9	9	100
Total (n=100)	100	100	100	



Attitude				
Attitude	Frequency	Percent	Valid Percent	Cumulative Percent
Negative Attitude	2	2	2	2
Neutral Attitude	10	10	10	12
Positive Attitude	88	88	88	100
Total	100	100	100	
(n=100)				



Practices				
Practices	Frequency	Percent	Valid Percent	Cumulative Percent
Poor	1	1	1	1
Fair	41	41	41	42
Good	58	58	58	100
Total	100	100	100	
(n=100)				



Precisely, 88% of pregnant women had an average knowledge while 9% were knowledgeable i.e. above 75%. 88% had a positive attitude, while 58% had a good practice and 41% had a fair practice.

Overall KAP of Pregnant Women Regarding ANC and its Association with Sociodemographic Data

The overall KAP of pregnant women regarding ANC had significant association with age, occupation, education and parity (P <0.04).

Discussion

Major Findings

The majority of the pregnant women had average knowledge, positive attitude, and good practice scores, respectively, toward ANC. As adequate knowledge and a positive attitude are a must for the adoption of good practices about ANC. Those who had adequate or good knowledge about ANC care had adopted good practices.

Sociodemographic Data of Pregnant Women and its Association With ANC

In our study, the mean age was 24.3 ± 5.44 years and there was a statistically significant association between age and

practice of diet and IFA intake, ANC visits, and contraception. There was a statistically significant association between

age and knowledge of IFA intake tablets. This may be explained by the fact that mothers below the age of 25 do not have

enough information on maternal healthcare services while those of age above 26 years were aware of the healthcare services

due to their previous pregnancies and by other modes. The majority of the pregnant women 83% lived in nuclear families

and there was a statistically significant association between the type of family and knowledge of investigations during

pregnancy and practices related to ANC visits. Those residing in nuclear families had more knowledge than those living

in joint families. 4 Educational status (Professionals, Graduate/Postgraduate, Diplomates & High school) in this study

was 85% and only 12% were working. Educated women were better acquainted with many aspects of prenatal care.

Also, there was a significant association between education and TT injection, intake of diet, IFA, and investigations,

ANC visits during pregnancy. Women with higher education were doing better practices in terms of visits, diet, and

IFA intake. 84% were from urban areas and had a positive significant relation with the knowledge and attitude.

This shows that there was a significant impact of the level of education on the knowledge and practices of ANC.

In this study, education was having significant associations with ANC knowledge and practices.

108 pregnant women were provided questionnaire. Among which 4 were not interested on seeing the questionnaire, 2 dropouts and 2 were missed. All other 100 pregnant women responded to 100% questions asked during the interview.

Limitation of the study

The study was conducted in an urban area. A comparative study can be conducted among rural and urban pregnant women and fill the gaps in KAP between them. Even then there may be differences as India has many cultural diversities and practices. Thus, conducting studies in every specific areas would help to improve ANC practices. There is a possibility of bias as a nonprobability sampling technique was applied in the study.

Furthermore, a similar study can be done by using other research designs to know about the adequate practices regarding ANC which cannot be recognized by cross-sectional studies. Improving educational opportunities for women will help them to learn and in turn, empower them to make independent decisions.

CONCLUSION

In our study, the majority of the pregnant women had average knowledge and good practices. Most of them had a positive attitude toward ANC. The level of overall knowledge of the respondents about ANC had a significant positive correlation with their practices during pregnancy. So exploratory studies are required for specific intervention programs that need to be planned and conducted to improve their ANC practices and eventually improve their health status.

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