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Nurturing Maternal Health: Exploring Knowledge, Attitudes, and Practices in Antenatal Care for Sustainable Societal Development

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Abstract: Context: Women are strong pillars of any vibrant society. The survival and well - being of mothers are not only important in their own right but also central to solving large broader economic, social and developmental challenges. The ideology of good antenatal care is to ensure that pregnancy causes no harm to the mother and to keep the fetus healthy throughout the antenatal period. Objective: To assess the level of Knowledge, Attitude, and Practice and to find out the correlation between Knowledge, Attitude, and Practice in Antenatal care among pregnant women attending the antenatal OPD. Method: A Cross - Sectional study was undertaken to assess the knowledge, attitude, and practices regarding ANC among pregnant women attending the antenatal OPD clinic in Taluk Hospital of Anekal from November 2021 to May 2022. Results: The study reveals that 23.33% had adequate knowledge of Awareness, 11.67% had moderately adequate knowledge of Diet management and considering the preventive measures aspect, and 60% had adequate knowledge.83% of women were having a positive attitude and around 40% of women, were practicing adequately. Conclusion: Antenatal care was expanded to include more specific screening procedures to detect defined medical problems for all pregnant women. It provides an opportunity for discussion between pregnant women and a health care provider about health behavior during pregnancy and about recognizing complications that may develop during pregnancy.

Keywords: Knowledge, Attitude, Practice, antenatal care, pregnant women and OPD

1. Introduction

The aim of antenatal care is to monitor the progress of pregnancy to optimize maternal and fetal health. (WHO 2003) Motherhood brings happiness to a woman and her family. However, for many pregnant women in India, this happiness or memory never comes to mind. The moment of childbirth is often frightening. "The findings suggest that 70 percent of districts (448 out of 640 districts) in India have reported MMR above 70 deaths - - a target set under Sustainable Development Goal. (MoHFW 2019) Empowered women toward the primary level of education should be focused on in order to have good maternal health outcomes. (Gupta S 2010)

2. Objectives

- 1) To assess the level of Knowledge, Attitude, and Practice on antenatal care among pregnant women attending the antenatal OPD.
- 2) To find out the correlation between Knowledge, Attitude, and Practice in Antenatal care among pregnant women attending the antenatal OPD.

Hypotheses:

- H₁ There is a significant difference between the level of knowledge, Attitude, and Practice scores of pregnant women.
- 2) H₂ There is a significant association between the level of knowledge, Attitude, and Practice scores of pregnant women and with selected demographic variables.

3. Material and Methods

• Research Approach: Quantitative approach

- Research Design: Cross Sectional study
- The setting: Anekal Taluk Hospital
- Study Population: Antenatal mothers attended antenatal OPD
- Sampling Technique: Convenient Sampling Technique
- Sample size: 60 Sample

Description of the Tool:

- Part I: 10 items Socio Demographic variables
- Part II: 17 items Knowledge
- Part III: 11 items Attitude
- Part IV: 11 items Practice

Method of Data Collection:

- Formal prior permission was obtained from the Concerned Authority
- Informed consent was taken from the sample
- A structured questionnaire was used to collect information on demographic parameters and to check subjects' KAP with respect to important aspects of antenatal care among pregnant women.

Statistical methods used:

- Descriptive statistics Assess the sample characteristics and study related variables.
- The Chi square test was used to test the association between the level of knowledge, attitude, and practice score of antenatal mothers regarding antenatal care.
- Karl Pearson's Correlation test used to check the correlation
- Used IBM, SPSS statistics windows 10 to analyze the data
- The results were considered statistically significant if the p - value was less than p< 0.05.

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4. Results

Table 1: Frequency and percentage distribution of level of knowledge towards important aspects of antenatal care among pregnant women, N = 60

umong progname women, re										
Knowledge Aspects		dequate 50%)	Ad	lerately equate – 75%)	Adequate (>75%)					
	F	%	F %		F	%				
Awareness	16	26.67	30	50.0	14	23.33				
Diet management	31	51.67	7	11.67	22	36.67				
Preventive measures	12	20.0	12	20.0	36	60.0				
Overall	14	23.33	16	26.67	30	50.0				

The table 1 shows that the percentage distribution of level of knowledge towards important aspects of antenatal care among pregnant women. Regarding the awareness aspect, 30 (50%) had moderately adequate knowledge, 16 (26.67%) had inadequate knowledge and 14 (23.33%) had adequate knowledge. The diet management aspect shows that 31 (51.67%) had inadequate knowledge, 22 (36.67%) had adequate knowledge and 7 (11.67%) had moderately adequate knowledge. Considering the preventive measures aspect, 36 (60%) had adequate knowledge and 12 (20%) had moderately adequate inadequate and knowledge respectively. The overall level of knowledge towards important aspects of antenatal care shows that 30 (50%) had adequate knowledge, 16 (26.67%) had moderately adequate knowledge and 14 (23.33%) had inadequate knowledge.

Table 2: Frequency and percentage distribution of level of attitude towards important aspects of antenatal care among

pregnant women, N = 60										
Attitude Aspects		ourable 0%)	Fav	derately ourable – 75%)	Favourable (>75%)					
	F	%	F %		F	%				
Awareness	0	0	6	10.0	54	90.0				
Diet management	3	5.0	26 43.33		31	51.67				
Preventive measures	8	13.33	17	28.33	35	58.33				
Overall	1	1.67	9 15.0			83.33				

The table 2 shows that the percentage distribution of level of attitude towards important aspects of antenatal care among pregnant women. With regard to the awareness aspect, 54 (90%) had favourable attitude and 6 (10%) had moderately favourable attitude. Considering the diet management aspect 31 (51.67%) had favourable attitude, 26 (43.33%) had moderately favourable attitude and 3 (5%) had Unfavourable

attitude. Regarding the preventive measures aspect, 35 (58.33%) had favourable attitude, 17 (28.33%) had moderately favourable attitude and 8 (13.33%) had Unfavourable attitude. The overall level of attitude towards important aspects of antenatal care shows that 50 (100%) had favourable attitude, 9 (15%) had moderately favourable attitude and 1 (1.67%) had Unfavourable attitude.

Table 3: Frequency and percentage distribution of level of practice towards important aspects of antenatal care among program N = 60

pregnant women, N = 00						
Level of Practice	F	%				
Inadequate practice (≤50%)	6	10.0				
Moderately Adequate (51 – 75%)	30	50.0				
Adequate (>75%)	24	40.0				

The table 3 shows that the percentage distribution of level of practice towards important aspects of antenatal care among pregnant women. It shows that 30 (50%) had moderately adequate practice, 24 (40%) had adequate practice and 6 (10%) had inadequate practice towards important aspects of antenatal care among pregnant women.

Table 4: Correlation between knowledge, attitude and practice towards important aspects of antenatal care among pregnant women N = 60

pregnant women, N = 00								
Variables	Mean	S. D	Karl Pearson's Correlation Value					
Knowledge	16.60	5.93	r = 0.759					
Attitude	39.0	5.25	p=0.0001, S***					
Knowledge	16.60	5.93	r = 0.739					
Practice	11.67	3.27	p=0.0001, S***					
Attitude	39.0	5.25	r = 0.509					
Practice	11.67	3.27	p=0.0001, S***					

***p<0.001, S – Significant

The table 4 shows the correlation between knowledge, attitude and practice towards important aspects of antenatal care among pregnant women. The table shows that the mean score of knowledge was 16.60 ± 5.93 , the mean score of attitude was 39.0 ± 5.25 and the mean score of practice was 16.60 ± 5.93 . The calculated Karl Pearson's Correlation value of r=0.759 between knowledge and attitude, r=0.739 between knowledge and practice and r=0.509 between attitude and practice shows a strong positive correlation which was found to be statistically significant at p<0.001 level. The above findings revealed that when knowledge towards important aspects of antenatal care among pregnant women ultimately their attitude and practice towards it increases.

Table 5: Association of level of knowledge towards important aspects of antenatal care among pregnant women with their selected demographic variables, N = 60

Demographic Variables	Inadequate (≤50%)		Moderately Adequate (51 – 75%)		Adequate (>75%)		Chi - Square Value
	F	%	F	%	F	%	
Education of respondents							
Primary school	5	8.3	5	8.3	3	5.0	2 20 007
Middle school	0	0	3	5.0	1	1.7	$\chi^2 = 29.997$
High school	3	5.0	4	6.7	5	8.3	d. f=10
Intermediate	2	3.3	2	3.3	9	15.0	p=0.001 S***
Degree / PG	0	0	1	1.7	12	20.0	3
Professional	4	6.7	1	1.7	0	0	
Husband's education							$\chi^2=22.708$
Primary school	2	3.3	5	8.3	1	1.7	χ =22.708

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Demographic Variables	Inadequate (≤50%)		Moderately Adequate (51 – 75%)			equate 75%)	Chi - Square Value
	F	%	F	%	F	%	-
Middle school	2	3.3	2	3.3	4	6.7	d. f =10
High school	3	5.0	7	11.7	8	13.3	p=0.012
Intermediate	5	8.3	0	0	3	5.0	S*
Degree / PG	1	1.7	2	3.3	13	21.7	
Professional	1	1.7	0	0	1	1.7	

^{*}p<0.001, *p<0.05, S – Significant, N. S. – Not Significant

The table 5 shows that the demographic variables education of respondents (χ^2 =29.997, p=0.001) and husband's education (χ^2 =22.708, p=0.012) had shown statistically significant association of level of knowledge towards important aspects of antenatal care among pregnant women

at p<0.001, and p<0.05 level respectively and the other demographic variables had not shown statistically significant association of level of knowledge towards important aspects of antenatal care among pregnant women.

Table 6: Association of level of practice towards important aspects of antenatal care among pregnant women with their selected demographic variables. N = 60

selected demograpine variables, 11 = 00								
Demographic Variables		lequate 50%)	Moderately Adequate (51 – 75%)		Adequate (>75%)		Chi - Square Value	
	F	%	F	%	F	%		
Occupation of respondents							2 14 010	
Government employee	0	0	0	0	1	1.7	$\chi^2 = 14.910$	
Non - Government employee	0	0	2	3.3	4	6.7	d. f=6	
Self - Employee	2	3.3	1	1.7	0	0	p=0.021 S*	
Homemaker	4	6.7	27	45.0	19	31.7	5 **	

*p<0.05, S – Significant, N. S. – Not Significant

The table 6 shows that the demographic variable occupation of the respondents (χ^2 =14.910, p=0.021) had shown statistically significant association of level of practice towards important aspects of antenatal care among pregnant women at p<0.05 level respectively and the other demographic variables had not shown statistically significant association of level of practice towards important aspects of antenatal care among pregnant women.

There was no statistically significant association found between the levels of attitude toward important aspects of antenatal care among pregnant women with their selected demographic variables.

5. Conclusion

The knowledge and attitudes are better in percentage than practices towards antenatal care. Despite of good literacy rate in the study population, there seemed a discrepancy in the practices. The study highlights that knowledge and awareness do not always lead to good practice. There is still a need to educate and motivate pregnant women and improve antenatal care toward certain important aspects of achieving more effective and appropriate practices. These findings can be used to plan a customized health intervention program aiming to improve maternal health practices regarding antenatal care and eventually improve the health status of pregnant women.

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Conflicts of Interest: There are no conflicts of interest.

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