

# An interventional study to assess the change in knowledge and attitude regarding health care of pregnant women among adolescents of Tribal Ashram Shala, Sakwar, Palghar, by four-pronged approach

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## Abstract

**Background:** Adolescents of tribal areas possess hardly any knowledge about the health care of pregnant women, and they would be future husbands and decision makers of the family. This study was undertaken to study the attitudinal change among the tribal adolescents with respect to health care of women during pregnancy by using four-pronged approach.

**Objective:** To study the knowledge and attitude of adolescent school children about health care of women during pregnancy and the change following specific interventions and to identify the areas of maternal health care that revealed a good retention among study subjects for 1 calendar year in developing a model among adolescent boys and girls.

**Materials and Methods:** Baseline information about health care of pregnant women was collected using a structured questionnaire. Health education sessions comprising of chalk-and-talk method of 2 h each were conducted over a period of 2 weeks. Again, questionnaires were given at 1, 6, and 12 months after the session to determine the retention of knowledge among the students.

**Result:** About 57.14% students chose ANC registration within first 3 months of pregnancy, and about 69.84% said that three ANC visits are necessary before health education. Knowledge regarding importance of spacing between two pregnancies, change in diet, IFA tablets, and TT injections in pregnancy was substantial.


**Conclusion:** Four-pronged method is useful in sustaining the change of knowledge and attitude regarding maternal health care in adolescents.

**KEY WORDS:** Adolescent, maternal health, ashram shala, model, four-pronged approach

## Introduction

India is the leading country in the world by sheer numbers of maternal deaths. In our male-predominant society, maternal

ill-health during pregnancy can be prevented to a large extent by active participation of men. But, the issues of maternal health care during pregnancy are never taught to the boys and fathers. Adolescence is a phase when it is still possible to encourage the formation of healthy practices instead of changing well-established unhealthy habits. Men, starting at an early age when they are still secondary school-going children, must be targeted through education to share sexual, contraceptive, and parenting responsibilities. The objectives were to study the change of knowledge and attitude after imparting health education by four-pronged approach regarding maternal health to adolescent boys and girls in Tribal Ashram Shala and to identify the areas of maternal health care that

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revealed a good retention among study subjects for 1 calendar year in developing a model among adolescent boys and girls. Hence, a combination of four feasible interventions was planned in this study: health education sessions in small groups, teachers training, parents meeting, and permanent display of posters to give knowledge to adolescents studying in the Tribal Ashram Shala and see the impact by studying proportion of knowledge change.

## Materials and Methods

This was a longitudinal study with interventions. All the students (boys and girls) of standards 8th and 9th were selected by universal sampling method for the study purpose. Totally, 130 students were present (73 boys and 57 girls). Of these 130 students, four students were not available for the subsequent data collection period. Hence, they were excluded from the study. Ethical clearance was obtained from the Institutional Review Board of the College after submitting the protocol and subsequently answering all their queries. Permission was obtained from the Principal of the Ashram Shala for conducting the study after giving detailed explanation of all the procedures. Written informed consent was taken from the parents of the students while assent was taken from the students. Total study period was 2½ years (July 2011 to December 2013). Actual data collection was during the period from September 2012 to September 2013. Four-pronged approach was used to identify the stakeholders to bring about sustained knowledge and attitudinal change to create a holistic-integrated strategy for promotion of positive maternal health care. The four prongs were for:

1. Adolescent boys and girls
  - Health education sessions were conducted in small groups of 30 each and were taken separately for boys and girls within a time period of 2 weeks.
  - Interaction with the Medical Officer of a primary health center (PHC).
2. Teachers
  - Two training sessions were conducted lasting for 2 h each regarding RCH-Reproductive and Child Health education, which was followed by a question-answer session according to the convenience of the teachers.
3. Parents
  - Two meetings with parents were held for discussion of the components of RCH and its importance in the meeting, which was followed by a question-answer session.
4. Display of health posters
  - Permanent posters in the school at strategic points after explaining the contents of each of them to the students in detail, which acted as a reminder for these students. Totally, four posters were used during the health education sessions for information and reinforcement of knowledge:
    - optimum number of ANC visits and their importance;
    - checkup and investigations done during ANC visits;

- treatment done during ANC visits;
- diet and rest to the pregnant woman.

## Focus Group Discussion

Two focus group discussions (FGDs) were conducted 1 year after the interventions: one with the teachers and the other with parents. The total number of participants in the FGD with the teachers was nine members, while that with parents were 11 members.

Information was collected from the adolescent boys and girls through the validated semi-structured questionnaire on these following occasions:

1. before the health education sessions;
2. 1 month after the health education sessions;
3. 6 months after the health education sessions;
4. lastly, at 1 year after the health education sessions.

All responses were tabulated by the investigator using Microsoft-Excel 2007 Software. Graphical representations were made wherever necessary. Data were analyzed by using SPSS Software version 16.0. Statistical tools used were proportions and percentages and McNemar test.

## Results

There were totally 70 boys, of whom 38 (54.29%) were in standard 8th and 32 (45.71%) in standard 9th. Similarly, there were 36 (64.29%) girls in standard 8th and 20 (35.71%) girls in standard 9th, accounting to a total of 56 girls [Table 1].

Before the interventions, 72 (57.14%) students of 126 believed that registration should be done within the first 3 months of pregnancy. One month after the interventions, all the 126 (100%) students understood and felt that registration should be done in the first 3 months of pregnancy, gradually declining to 123 (97.61%) students after 6 months. At the end of 1 year, 117 (92.85%) students had retained the correct knowledge [Table 2].

Before interventions, 88 (69.84%) students said that there should be optimum three ANC visits during antenatal period, which increased to 122 (96.82%) students of 126 at 1 month after the interventions; but, gradually, the thought reduced to 115 (91.26%) and 108 (85.70%) students at 6 months and 1 year after the interventions, respectively [Table 2].

Two doses of tetanus toxoid (TT) vaccine should be given to the pregnant woman 1 month apart, but this was not known to many of the students. Here, only 22 (17.46%) students knew that TT was the vaccine dose given to the pregnant woman. This figure changed to 119 (94.44%) students saying TT dose at 1 month after the interventions but gradually declined to 115 (91.26%) students at 6 months and 111 (88.09%) students at 1 year after the interventions [Table 2].

Inadequate spacing between two pregnancies can cause malnutrition and anemia in mother leading to low birth weight of subsequent babies. Before the interventions, 58 (46.03%) students gave the correct answer and were of the opinion

that there should be ideally 3 years spacing between two pregnancies. One month after the interventions, this figure increased to 119 (94.44%) students and slowly fell to 112 (88.88%) students at 6 months and 102 (80.95%) students at 1 year after the interventions [Table 2].

Before interventions, 110 (87.30%) students were already of the opinion that pregnant women should take rest. This opinion increased to 126 (100%) students at 1 month after the interventions and declined to 122 (96.83%) students at 6 months and 118 (93.65%) students at 1 year after the interventions [Table 2].

Before interventions, 87 (69.05%) students were of the opinion that change in pregnant woman's diet is important and necessary. One month after the interventions, 124 (98.41%) students shared this opinion, which declined to 119 (94.44%) students at 6 months and 115 (91.26%) students at 1 year after the interventions [Table 2].

Before interventions, 64 (50.80%) students were of the opinion that some medications are required and given to the pregnant woman. One month after the interventions, 126 (100%) students shared this opinion but decreased to 124 (98.41%) and 115 (91.27%) students 6 months and 1 year later, respectively [Table 2].

Table 3 shows multiple responses given by the students when inquired about benefits of early registration and effects of deficiency of nutrition in a pregnant woman. For ease of comparison, only the responses mentioned before interventions and 1 year later are presented here so as to suggest the retention of knowledge.

The various responses of benefits as mentioned by the students were detection of high-risk cases [41 (32.53%) students], health checkup and investigations of the woman [61 (48.41%)], or that the baby is growing well [17 (13.49%)]. One year after the interventions, 95 (75.39%) students said that the benefits of early registration would be detection of high-risk cases, 108 (85.71%) were of the opinion that health checkup and investigations of the woman are the benefits, while 84 (66.66%) perceived that the benefit is confirmation of the well-growing baby [Table 3].

The most important ill effect of deficiency of nutrition in mother is anemia in mother, which leads to maternal ill-health and low-birth-weight babies. Such babies are prone to anemia and other childhood illnesses and infections. The child becomes weak owing to continued infection and, hence, may not be strong enough to suck milk properly. This can affect breast feeding. Here, it is seen that, before the interventions, 69 (54.76%) students believed that low birth weight of the baby, 29 (23.01%) students perceived that danger to the health of the pregnant woman, and 24 (19.04%) students said that breastfeeding being affected could be ill effects of malnutrition in pregnant woman. One year after the health education session, 109 (86.50%) believed that low birth weight of the baby is the ill effect of malnutrition in pregnant woman, 97 (76.98%) opined about danger to the health of the pregnant woman, and 83 (65.87%) students felt that breastfeeding being affected is the ill effect of malnutrition in pregnant woman [Table 3].

The FGD with the teachers conducted 1 year after the interventions revealed that maximum students discussed the issues of vaccines to the pregnant woman and importance of diet and rest during pregnancy with the teachers. Most commonly discussed poster by the students with the teachers was investigations done during ANC visits. The FGD with the parents conducted 1 year after the interventions revealed that the most commonly discussed issues with the parents were registration of the pregnant woman and treatment given during ANC visits.

Maximum number of students could correctly answer the contents of the poster pertaining to diet and rest to the pregnant woman [117 (84.92%) students], followed by optimum number of ANC visits and their importance [113 (89.68%) students; Table 4].

## Discussion

Ashram Shala, being a residential school, is where the students reside and gain education. Teaching health education only by dialectic method to these students can result in bringing about health awareness and change in knowledge of the students, but long-term remembering of this knowledge is uncertain. Hence, a novel approach was done in this study by involving the teachers and parents of the students and permanent display of the posters on the issues of child health after explaining them in detail to the students.

The reason for involving the teachers was that, as they also reside in the campus of the school, they are available for clearing any doubts in the minds of the students. Thus, the students can approach the teachers who are available round the clock for the students. The teachers of the school are, thus, the first point of contact for these students.

The students usually go to their homes in vacations and spend a few months with their parents. Thus, imparting correct knowledge to the parents is also very essential as parents are the point of contact for these students during vacations.

Posters were available for the students permanently, which served the purpose of continuously reminding these students about the various issues related to child health.

Table 1 shows that there are totally 126 students from standards 8th and 9th, comprising 70 boys and 56 girls. Of them, there were 74 students (38 boys and 36 girls) from standard 8th and 52 students (32 boys and 20 girls) from standard 9th.

Table 2 shows the awareness about ideal time for registration in a health facility during pregnancy; 57.14% (72/126) students had given the correct response that registration in a health facility should be done as soon as the pregnancy is detected. According to NFHS 3 report, 54% rural women do ANC registration in the first trimester of pregnancy.<sup>[1]</sup>

At 1 month after the interventions, 126 (100%) students felt that registration should be done in the first 3 months of pregnancy, gradually declining to 123 (97.61%) students and 117 (92.85%) students at 6 months and 1 year after the interventions, respectively. This shows that the sustainability of the

**Table 1:** Sex-wise classification of the respondents

Class	Boys		Girls		Total	
	N	%	N	%	N	%
Eighth	38	54.29	36	64.29	74	58.73
Ninth	32	45.71	20	35.71	52	41.27
Total	70	100	56	100	126	100

**Table 2:** Antenatal care

	Before inter- ventions, n (%)	After 1 month, n (%)	After 6 months, n (%)	After 1 year, n (%)	McNemar value, df, n (%)
Registration of pregnancy (within first 3 months)	72 (57.14)	126 (100)	123 (97.61)	117 (92.85)	0.000, 1
Optimum visits in the antenatal period (thrice)	88 (69.84)	122 (96.82)	115 (91.26)	108 (85.70)	0.007, 1
Vaccine to the mother during pregnancy (TT)	22 (17.46)	119 (94.44)	115 (91.26)	111 (88.09)	0.000, 1
Ideal spacing between two pregnancies (3 years)	58 (46.03)	119 (94.44)	112 (88.88)	102 (80.95)	0.000, 1
Rest by pregnant woman in afternoon (yes)	110 (87.30)	126 (100)	122 (96.83)	118 (93.65)	0.057, 1
Modification in pregnant woman's diet (yes)	87 (69.05)	124 (98.41)	119 (94.44)	115 (91.26)	0.003, 1
Medicines to pregnant woman (yes)	64 (50.80)	126 (100)	124 (98.41)	115 (91.27)	0.000, 1

**Table 3:** Importance of various issues

	Before interventions, n (%)	After 1 year, n (%)
Benefits of early registration		
Detection of high-risk cases	41 (32.53)	95 (75.39)
Health checkup and investigations of the woman	61 (48.41)	108 (85.71)
Baby is growing well	17 (13.49)	84 (66.66)
Effects of deficiency of nutrition in Pregnant woman		
Low-birth-weight babies	69 (54.76)	109 (86.50)
Maternal ill-health	29 (23.01)	97 (76.98)
Breast feeding affected	24 (19.04)	83 (65.87)

**Table 4:** Posters

S. No.	Posters	After 1 year, n (%)
1.	Optimum number of ANC visits and their importance	113 (89.68)
2.	Checkup and investigations done during ANC visits	91 (72.22)
3.	Treatment done during ANC visits	100 (79.36)
4.	Diet and rest to the pregnant woman	117 (92.85)

knowledge is good among the respondents even after 1 year of the interventions.

Table 2 shows that 88 students (69.84%) said that there should be optimum three visits during antenatal period. The schedule of these visits should be first within 12 weeks of detection of pregnancy, second between 12 and 26 weeks, and third between 26 weeks and term. Good sustainability of the knowledge was seen among the respondents even after 1 year of the interventions.

In the study by Muzammil *et al.* in Dehradun in 2006–2007,<sup>[2]</sup> 77% adolescents were aware of the visits during the antenatal period. In another study by Singh *et al.*,<sup>[3]</sup> most of the girls were aware of the three medical examinations. In the study

on 100 adolescent girls aged 13 to 21 years from “Mehala” and “Chamba” by Shah and Arya,<sup>[4]</sup> all (100%) were aware of the need of regular medical checkup during pregnancy. This difference could be owing to the higher age group of girls included in this study (13–21 years). In the study by Mukhopadhyay and Paul,<sup>[5]</sup> 15 (12.4%) girls were aware of antenatal checkup in pregnancy, which increased to 77 (63.6%) respondents. According to NFHS 3 report, 63% rural women went to three or more ANC visits.<sup>[1]</sup>

Table 2 shows that knowledge of TT immunization being given to the pregnant woman was present in 22 (17.46%) adolescents before the interventions. In our study, maximum students were aware of OPV as the vaccine to be given to



the pregnant woman. This may be because the students have witnessed Pulse Polio Immunization Programs and health workers giving polio drops to the children in their houses and at Anganwadis. Hence, this program is impregnated in the minds of these adolescents. In our study, 119 (94.44%) students gave the correct response 1 month after the interventions. This figure declined to 115 (91.26%) and 111 (88.09%) students 6 months and 1 year after the interventions, respectively. From these observations, it is clear that maximum students could retain the correct knowledge even after 1 year of the interventions.

In the study by Muzammil *et al.*,<sup>[2]</sup> knowledge of TT immunization for pregnant woman was found to be present in only 5.4% adolescents. In the study on 121 adolescents girls in Chetla, Kolkata, by Mukhopadhyay and Paul,<sup>[5]</sup> only 6 (4.9%) students knew about TT immunization to the pregnant woman, which was similar to the findings in our study.

Table 2 shows that 58 (46.03%) students before the interventions were of the opinion that there should be ideally 3 years spacing between two consecutive pregnancies. In the study by Muzammil *et al.*,<sup>[2]</sup> 43.3% of the boys showed knowledge of adequate birth spacing. In a study on 130 adolescents girls in Punchkula district in Haryana by Singh *et al.*,<sup>[3]</sup> most of the girls revealed knowledge of adequate birth spacing. In the study on adolescents girls in an urban slum by Bobhate and Shrivastava,<sup>[6]</sup> 61 (25.3%) respondents knew about spacing of 3 years between two deliveries.

Table 2 shows that 110 (87.30%) students before the interventions were of the opinion that the pregnant woman should take rest. This increased to 126 (100%) students 1 month after the interventions and declined to 122 (96.83%) students at six months and 118 (93.65%) students at 1 year after the interventions. This again provides a good example of ability of the students to recall the correct knowledge even after 1 year of the interventions.

Table 2 shows that 87 (69.05%) students before the interventions were of the opinion that change in pregnant woman's diet is important and necessary. One month after the interventions, 124 (98.41%) students shared this opinion, which declined to 119 (94.44%) students at 6 months and 115 (91.26%) students at 1 year after the interventions.

Pregnancy imposes the need for considerable extra calorie and nutrient requirements. If maternal iron stores are less and adequate iron is not given during pregnancy, then, along with maternal anemia, baby's iron stores will also be diminished, and the baby may succumb to various stresses. Folic acid is also important because its deficiency leads to neural tube defects. Thus, maternal malnutrition is a severe issue and needs to be focused upon.

In the study by Rao *et al.*,<sup>[7]</sup> knowledge regarding the importance of diet during pregnancy improved from 66% to 95% following the intervention, which was almost similar to the findings in our study. In a study by Singh *et al.*,<sup>[3]</sup> knowledge about need for extra food during pregnancy was poor.

Table 2 shows that 64 (50.80%) students before the interventions were of the opinion that supplementary medications

are required and given to the pregnant woman. One month after the interventions, 126 (100%) students shared this opinion but decreased to 124 (98.41%) and 115 (91.27%) students at 6 months and 1 year later, respectively.

In the study by Muzammil *et al.*,<sup>[2]</sup> only 34.7% of the adolescent boys and 68.0% of the adolescent girls showed knowledge of IFA therapy during pregnancy. In the study by Mukhopadhyay and Paul,<sup>[5]</sup> only two (1.7%) girls knew about IFA supplementation, which increased to 37 (30.6%) students. The difference in the increase in knowledge in our study could be because posters were available for the students to refresh their knowledge, and in addition, they had discussed these issues with their teachers and parents.

Table 3 shows the benefits of early registration. The students had mentioned benefits as detection of high-risk cases [41 (32.53%) students], health checkup and investigations of the woman [61 (48.41%)], or confirmation that the baby is growing well [17 (13.49%)]. Twenty-seven (21.44%) students did not know the benefits of early registration. According to NFHS 3 report, about 75% of the rural women were receiving selected services in the rural areas.<sup>[7]</sup>

One year after the interventions, 95 (75.39%) students said that the benefits of early registration would be detection of high-risk cases, 108 (85.71%) were of the opinion that health checkup and investigations of the woman are the benefits, while 84 (66.66%) perceived that the benefit is confirmation of the well-growing baby. The sustainability of knowledge was found to be declining, and, hence, this area of health awareness should be targeted more.

Table 3 shows that, before the interventions, 69 (54.76%) students believed that low birth weight of the baby, 29 (23.01%) students perceived that danger to the health of the pregnant woman, or 24 (19.04%) students said that breastfeeding being affected could be ill effects of malnutrition in pregnant woman.

One year after the health education session, 109 (86.50%) believed that low birth weight of the baby is the ill effect of malnutrition in pregnant woman, 97 (76.98%) opined about danger to the health of the pregnant woman, and 83 (65.87%) students felt that breastfeeding being affected as the ill effect of malnutrition in pregnant woman. The sustainability of knowledge was found to be declining, and, hence, this area of health awareness should be targeted more.

## Recommendations

1. The four-pronged approach demonstrates desirable knowledge and attitudinal change among the adolescents. No external financial or manpower resources are required as the health education sessions, teachers' training, and parents' meeting can be arranged in the school. In addition, the teachers and parents can solve the queries of the students and are available to the students all throughout the year. Thus, this package should be promoted in all the residential schools.
2. Sustainability of the correct knowledge and attitudes in the adolescent students by the four-pronged interventional

approach may be significantly higher when compared with only imparting health education. Hence, this four-pronged approach should be mainstreamed in all the residential schools.

3. The retention of the knowledge in the students even after 1 year of the interventions is suggestive that there is a likely chance of applying these correct attitudes in their own lives when they become adults and will bring about the desired behavioral change in themselves.
4. In the following areas, the knowledge gained did not sustain to a good extent for 1 year:
  - importance of early registration in pregnancy;
  - effects of deficiency of nutrition in the pregnant woman.
 These issues need to be stressed upon more in an intensified, simplified manner with additional communication strategies so that students have a wholesome knowledge about these issues.
5. Visits to the nearest PHC should be arranged on a regular basis for the students so that they can see for themselves and learn about the various issues pertaining to RCH that are managed by the PHC.
6. Schools should arrange health activities for the students along with their periodic evaluation and continued refreshing on regular days observed by them.
7. Posters should be permanently displayed at strategic points in the villages. Street plays and health education sessions on the market days can be conducted periodically so as to raise the awareness among the local population.
8. Collateral Schemes, on the grounds of Gram Swachhata Abhiyan, need to be started. The villages can be graded and prizes given to those with:
  - villages with 100% early ANC registration;
  - 100% IFA treatment/TT vaccination to pregnant women.
9. The mass media should telecast informative and interesting medical programs on this vital issue. Television is widely accessible and can reach even highly remote groups and conveys messages even to illiterate masses.

## Conclusions

Thus from the abovementioned findings, it can be concluded that the four-pronged interventional model comprising health education sessions to the adolescent students, teachers' training, parents' education, and permanent display of posters is very useful in creating and sustaining health awareness among the adolescent students. Attitudinal change regarding the various aspects of maternal Health was seen. The retention of knowledge was good even after 1 year of the interventions. This approach of four-pronged interventional model can bring

about the desired change in the behavior of the adolescents regarding various maternal health issues when they reach adulthood. It is cost effective as all the areas from where the students can get knowledge are understood. No additional manpower is needed. No additional cost is incurred. It can be a good method of putting inputs into the schools/residential schools and the institutions where adolescent boys and girls are taking education. The topics covered can be those where behavioral change is desired.

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