

Knowledge, Attitude and Practice Exercise during Pregnancy among Antenatal Mothers at Kondenchery

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ABSTRACT

AIM: the present study aims to assess the knowledge, attitude and practice exercise during pregnancy among antenatal mothers at kondenchery. **METHODS AND MATERIALS:** A quantitative research design was used for the present study. A total 30 samples were collected using convenience sampling technique. The demographic variable and clinical variables was assessed by structured questionnaire, and data was gathered and analyzed. **RESULTS:** results shows that they were mostly written media (49.1%, n =54) and electronic media (48.2%, n=53). Midwives (40.9%, n=45) and nurses (37.3%, n=41) had also contributed. **CONCLUSION:** The knowledge of our women on exercise during pregnancy Was less than average, and their attitude was favourable. The main reason for poor knowledge was inadequate Education. Very few were actually practicing exercise in Pregnancy. The main attributable reason for the reduced Practice was a lack of awareness on the merits and demerits Of exercise in pregnancy.

KEYWORDS: antenatal mothers, attitude, practice, knowledge

INTRODUCTION

Knowledge is a fact, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject Lack knowledge. Arrogance, Defensiveness, Impatience, Rigid mindset, Lack of perspective. Source of knowledge experience, authority, deductive reasoning, inductive reasoning, and the scientific approach. Educational level is the information that teacher teach and students are expected to learn in given subject or content area. Attitude is a feeling or way of thinking that affects a person's behavior a positive attitude change your attitude. a way of positioning the body or its parts an erect attitude He bowed in an attitude of respect. attitude. causes for attitude We don't want to be disappointed. We've had role models (possibly our parents) with negative attitudes. Wedont want to be rejected. We think in black and white terms. We set unrealistic expectations or try to change too much at one time. Behavior is how someone act. It is what person does to make something happen, to make something change or to keep things the same.

Behaviour is a response to things that are happening: (internally) thoughts and feelings. (Externally) the environment, including other people. Objectives of behavior. A behavioral objective is a learning outcome stated in measurable terms, which gives direction to the learner's experience and becomes the basis for student evaluation. Objectives may vary in several respects. They may be general or specific, concrete or abstract, cognitive, affective, psychomotor. Types of behavior Aggressive, Passive. Exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. It is performed for various reasons, to aid growth and improve strength, develop muscles and the cardiovascular system, hone athletic skills, weight loss or maintenance, improve health, or simply for enjoyment. Purpose of exercise physical activity can improve your muscle strength and boost your endurance. Exercise delivers oxygen and nutrients to your tissues and helps your cardiovascular system work more efficiently. And when your heart and lung

How to cite this paper: Mrs. C. Muthulakshmi | G. Girthiga | M. Rishikesh | A. Tharani "Knowledge, Attitude and Practice Exercise during Pregnancy among Antenatal Mothers at Kondenchery" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-6, October 2022, pp.2193-2200, URL: www.ijtsrd.com/papers/ijtsrd52205.pdf



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health improve, you have more energy to tackle daily chores. Regardless of the importance of physical exercise, some pregnant women and health care providers are concerned that regular physical exercise during pregnancy may cause fetal risks, but studies showed except vigorous physical activity under dehydrated conditions and exercise in the supine position, antenatal exercise is beneficial to pregnant women and fetus. It is very important to create awareness about benefits and contraindication and engage in physical exercise to compact pregnancy-related complications. Moreover, it can give insight and baseline data for policymakers, the health care providers for future planning and emphasizing or developing antenatal physical exercise guidelines by integrating into maternity health service.

RESULTS AND DISCUSSION

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF CLIENTS WITH ANTENATAL MOTHERS.

Table 1: Frequency and percentage distribution of demographic variables of clients with antenatal mothers

Socio-demographic and pregnancy related details	Characteristics	No (%)
Parity	Primipara	41(37.3%)
	Multipara	69(62.7%)
Period of amenorrhoea	20-30weeks	26(23.6%)
	31-40weeks	84(76.4%)
Age	25 years or less	34(31%)
	26 years or more	76(69%)
Religion	Buddhist	45(41%)
	Non Buddhist	65(59%)
Level of highest education	Upto grade 11 or less	5(4.5%)
	More than grade 11	105(95.5%)
Occupation during pregnancy	Housewife	86(78.2%)
	Doing a job	24(21.8%)
Average monthly family income	25000 or less	49(44.5%)
	More than 25000	61(55.5%)
Number of living children	No children	42(38.2%)
	Having children	68(61.8%)
Living with extended family	Yes	68(61.8%)
	No	42(38.2%)
District of residence	Colombo district	58(52.7%)
	Other	52(47.3%)
Has been recommended antenatal exercises	Yes	57(51.8%)
	No	53(48.2%)

The table 1 shows that The response rate was 91.7% (110/120). Most of the mothers were in the age category of 26-30 years while 30.9% (n=34) were less than 26 years old. A great majority (80.9%, n=89) of the population was housewives. Most indicated that they were educated up to grade 6-11 (57.3%, n=63). A majority (40.9%, n=40) was Buddhists while 33.6% (n=42) were Muslims and 25.5% (n=28) of the population were Christians. Approximately half (47.3%, n=52) of pregnant mothers were resident out of Colombo district and a majority (61.8%, n=6) was living with extended family.

A majority of the pregnant mothers were multiparous (62.72%, n=69) with 61.81% (n=68) having living children. Approximately half 50.9% (n=56) of the pregnant mothers, were in the POA category of 31-40 weeks.

On inquiry it revealed that, approximately half of the pregnant mothers (51.8 %, n=57) had been recommended to perform antenatal exercises during the current pregnancy. A majority of the pregnant mothers (48.2%, n=53) have been recommended to perform walking as an exercise while 30.9% (n=34) of pregnant mothers have been recommended to perform exercises to ankles and toes.

Table 2: Distribution of mothers who demonstrated accurate knowledge regarding different aspects of antenatal exercises

Aspects of antenatal exercises assessed	No.	%
Contraindications for exercises during pregnancy	39	35.5
Precautions for exercises during pregnancy	92	83.6
Recommended frequency of exercises during pregnancy	30	27.3
Correct posture of standing during pregnancy.	36	32.7
Importance of performing breathing exercises	57	51.8
Importance of ankles/toes exercises to reduce swelling in ankles	83	75.5
Importance of ankles/toes exercises to prevent varicoseveins during pregnancy	41	37.3
Importance of pelvic floor strengthening exercises	7	6.4
Importance of pelvic floor strengthening exercises doing before and after the pregnancy	5	4.5
Importance of abdominal muscles strengthening exercise	17	15.5
Technique of performing pelvic floor strengthening exercises	6	5.5
Technique of abdominal muscles strengthening exercise	4	3.6
Technique of performing breathing exercises	38	34.5
Technique of performing relaxation exercise	13	11.8

Results of the assessment of knowledge on antenatal exercises are shown in Table 2 Only 27.3% (n=30) of pregnant mothers knew the recommended frequency of antenatal exercises as performing daily or at least 3 days a week to get the expected health benefits. Though a majority of pregnant mothers (75.5%, n=83) knew the importance of exercises for ankles and toes during pregnancy as maintaining good circulation and reducing the swelling in the legs, only 37.3% (n=41) knew the importance of performing the same exerciset to prevent varicose veins during pregnancy. Only 6.4% (n=7) knew the importance of pelvic floor strengthening exercises as helping to avoid occurrence of uncontrollable leakage of urine when laughing or sneezing. A minority (5.5%, n=6) knew the technique of pelvic floor strengthening exercises as tightening the muscles around the vaginal and urethral opening as we are trying to hold the need of defecation and urination. Only 4.5% (n=5) of the pregnant mothers knew the importance of doing this exercise before, during and after the pregnancy. The sources of information of pregnant mothers on antenatal exercises was inquired into and results showed that they were mostly written media (49.1%, n =54) and electronic media (48.2%, n=53). Midwives (40.9%, n=45) and nurses (37.3%, n=41) had also contributed.

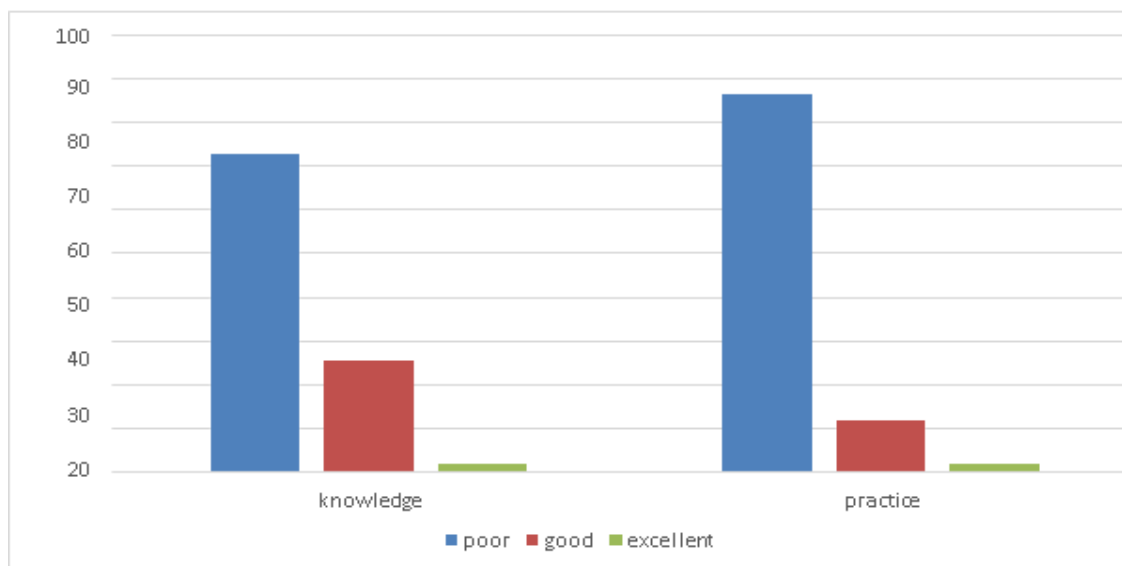


Figure 1: Distribution of pregnant mothers by the overall knowledge and practices related to antenatalexercises

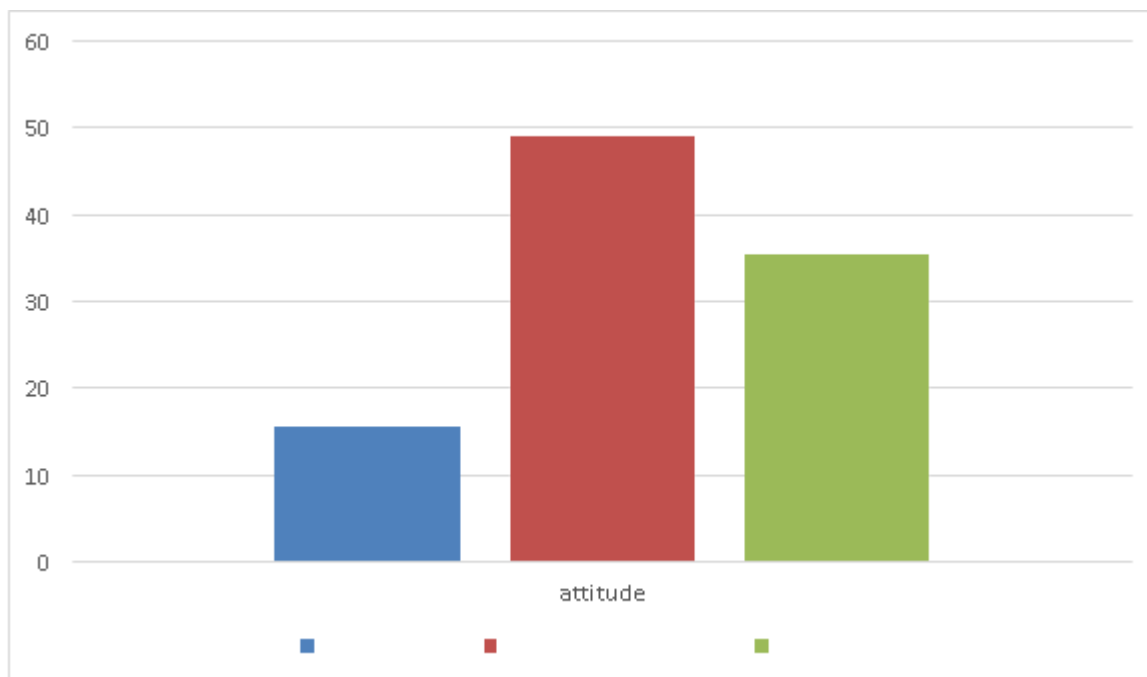


Figure 2: Distribution of pregnant mothers by the overall attitudes related to antenatal exercises

Table 3: Distribution of mothers by their attitudes regarding antenatal exercise

Attitudes regarding antenatal exercise	Strongly agree No. (%)	Agree No. (%)	Uncertain No. (%)	Disagree No. (%)	Strongly disagree No. (%)
Whether a pregnant woman does the recommended antenatal exercises during pregnancy or not, will not affect labour	4(3.6)	18(16.4)	7(6.4)	40(36.4)	41(37.3)
Though the recommended exercises make the labour easy, it may also harm to the baby in some way.	5(4.5)	14(12.7)	11(10)	44(40)	36(32.7)
Pregnant mothers performing physical exercises does not suit our culture	5(4.5)	7(6.4)	8(7.3)	47(42.7)	43(39.1)
Any pregnant mother can perform exercises without the advices and recommendations of healthcare professionals	5(4.5)	17(15.5)	5(4.5)	33(30)	50(45.5)
During pregnancy the priority should be improvement of nutrition and the rest and not physical exercises	2(1.8)	14(12.7)	8(7.3)	49(44.5)	37(33.6)
Performing day to day household activities gives adequate physical exercises to pregnant women and they do not have to perform recommended exercises during pregnancy	17(15.5)	22(20)	7(6.4)	44(40)	20(18.2)

Table 3 shows the attitudes of pregnant mothers regarding performing antenatal exercises.

The statement “Though the recommended exercises make labour easy, it may also harm to baby in some way” was disagreed by 40% (n=44) and strongly disagreed by 32.7% (n=36) of the mothers. Responses to the attitudinal statement “Performing day to day household activities gives adequate physical exercises to pregnant women and they do not have to perform recommended exercises during pregnancy” was disagreed by 40.0% (n=44) and strongly disagreed by 18.2% (n=20).

Table 4: Distribution of mothers by whether they perform exercise

Performing exercises	Performing more than 3 times a week NO. (%)	Performing less than 3 times a week or not at all NO. (%)
Walking	50(45.5)	24(21.8)
Ankle, toe exercises	26(23.6)	63(57.3)
Abdominal strengthening exercises	1(0.9)	105(95.5)
Pelvic floor strengthening exercises	5(4.5)	102(92.7)
Breathing exercises	19(17.3)	81(73.6)
Relaxation exercises	6(5.5)	96(87.3)

Results of the assessment of performance of antenatal exercises are shown in Table 4.

Only 45.5% (n=50) of pregnant mothers were doing 'walking' as an exercise more than three times a week. Only about one fourth (23.6%, n=26) of pregnant mothers were practicing exercise for ankles and toes and 17.3% (n=19) were practicing breathing exercise more than three times a week.

Pelvic floor muscle strengthening exercises were performed more than three times a week only by 4.5% (n=5) of pregnant mothers. The least performed exercises among pregnant mothers was abdominal strengthening exercise (0.9%, n=1).

Table 5: Association of socio-demographic and pregnancy related characteristics and overall knowledge regarding antenatal exercises among pregnant mothers.

Socio-demographic And pregnancy related details	Characteristics	OVERALL KNOWLEDGE		SIGNIFICANCE
		Poor no (%)	Good/Excellent no (%)	
Parity	Primipara	28(35%)	13(43.3%)	$\chi^2 = 0.648$, df=1 p=0.421
	Multipara	52(65%)	17(56.7%)	
Period of amenorrhoea	20-30weeks	19(23.8%)	7(23.3%)	$\chi^2 = 0.002$, df=1 p=0.963
	31-40weeks	61(76.2%)	23(76.7%)	
Age	25 years or less	28(35%)	6(20%)	$\chi^2 = 2.299$, df=1 p=0.129
	26 years or more	52(65%)	24(80%)	
Religion	Buddhist	30(37.5%)	15(50%)	$\chi^2 = 1.410$, df=1 p=0.235
	Non Buddhist	50(62.5%)	15(50%)	
Level of highest education	Upto grade 10 or less	5(6.2%)	0	$\chi^2 = 1.964$, df=1 p=0.161
	More than grade 11	75(93.8%)	30(100%)	
Occupation during pregnancy	Housewife	69(86.2%)	20(66.7%)	$\chi^2 = 5.417$, df=1 p=0.020
	Doing a job	11(13.8%)	10(33.3%)	
Average monthly family income	25000 or less	36(45%)	44(55%)	$\chi^2 = 0.025$, df=1 p=0.876
	More than 25000	13(43.3%)	17(56.7%)	
Number of living children	No children	29(36.2%)	13(43.3%)	$\chi^2 = 0.464$, df=1 p=0.496
	Having children	51(63.7%)	17(56.7%)	
Living with extended family	Yes	51(63.7%)	17(56.7%)	$\chi^2 = 0.464$, df=1 p=0.496
	No	29(36.3%)	13(43.3%)	
District of residence	Colombo district	47(58.7%)	11(36.7%)	$\chi^2 = 4.269$, df=1 p=0.039
	Other	33(41.3%)	19(63.3%)	
Has been recommended antenatal exercises	Yes	39(48.7%)	18(60%)	$\chi^2 = 1.106$, df=1 p=0.293
	No	41(51.3%)	12(40%)	

Doing a job during pregnancy was significantly associated with possessing a 'Good/Excellent' level of knowledge on antenatal exercises among pregnant mothers (p=0.02). Similarly, living in a district other than Colombo was also associated significantly with 'Good/Excellent' level of knowledge regarding antenatal exercises (p=0.039).

Table 6: Relationship between socio-demographic characteristics and attitudes regarding antenatal exercises

Socio-demographic And pregnancy related details	Characteristics	Attitude score		SIGNIFICANCE
		Somewhat favourable no (%)	Favourable no (%)	
Parity	Primipara	9 (52.9%)	32 (34.4%)	$\chi^2=2.111$, df=1 p=0.146
	Multipara	8 (47.1%)	61 (65.6%)	
Period of amenorrhoea	20-30weeks	6(35.3%)	20 (21.5%)	$\chi^2=1.514$, df=1 p=0.219
	31-40weeks	11(64.7%)	73 (78.5%)	
Age	25 years or less	8 (47.1%)	26 (28.0%)	$\chi^2=2.456$, df=1 p=0.117
	26 years or more	9 (52.9%)	67 (72.0%)	
Religion	Buddhist	4 (23.5%)	41 (44.1%)	$\chi^2=2.512$, df=1 p=0.113
	Non Buddhist	13 (76.5%)	52 (55.9%)	
Level of highest education	Uptograde11orles	1 (5.9%)	4 (4.3%)	$\chi^2=0.083$, df=1 p=0.773
	Morethangrade11	16(94.1%)	89 (95.7%)	
Occupation during pregnancy	Housewife	14(82.4%)	75(80.6%)	$\chi^2=0.027$, df=1 p=0.869
	Doingajob	3(17.6%)	18(19.4%)	
Average monthly family income	25000 or less	13(76.5%)	36(38.7%)	$\chi^2=8.296$, df=1 p=0.004
	Morethan25000	4(23.5%)	57(61.3%)	
Number of living children	No children	9 (52.9 %)	33(35.5%)	$\chi^2=1.856$, df=1 p=0.173
	Having children	8(47.1%)	60(64.5%)	
Living with extended family	Yes	11(64.7%)	57(61.3%)	$\chi^2=0.071$, df=1 p=0.790
	No	6(35.3%)	36(38.7%)	
District of residence	Colombo district	11(64.7%)	47(50.5%)	$\chi^2=1.158$, df=1 p=0.282
	Other	6(35.3%)	46(49.5%)	
Has been recommended antenatal exercises	Yes	9(52.9%)	48(51.6%)	$\chi^2=0.010$, df=1 p=0.920
	No	8(47.1%)	45(48.4 %)	

Having an average family monthly income of Rs. 25000 or more was significantly associated with possessing 'somewhat favourable/favourable' attitudes on antenatal exercises among pregnant mothers (p=0.004).

Table 7: Relationship between socio-demographic characteristics and practices regarding antenatalexercises

Socio-demographic and pregnancy related details	Characteristics	Practice score		
		Inadequate No. (%)	Good No. (%)	Significance
Parity	Primi para	35(35.7%)	6(50.0%)	$\chi^2=0.933$, df=1 p=0.334
	Multi para	63(64.3%)	6(50.0%)	
Period of amenorrhoea	20- 30 weeks	23(23.5%)	3(25.0%)	$\chi^2=0.014$, df=1 P=0.906
	31-40 weeks	75(76.5%)	9(75.0%)	
Age	25 years or less	30(30.6%)	4(33.3%)	$\chi^2=0.037$, df=1 p=0.847
	26 years or more	68(69.4%)	8(66.7%)	
Religion	Buddhist	38(38.8%)	7(58.3%)	$\chi^2=1.692$, df=1 p=0.193
	Non Buddhist	60(61.2%)	5(41.7%)	
Level of highest education	Up to grade 11 or less	5(5.1%)	0(0.0%)	$\chi^2=0.641$, df=1 p=0.423
	More than grade 11	93(94.9%)	12(100.0%)	

Occupation during pregnancy	Housewife	76(80.6%)	10(83.3%)	$\chi^2=0.051$, df=1 p=0.821
	Doing a job	19(19.4%)	2(16.7%)	
Average monthly family income	25000 or less	42(42.9%)	7(58.3%)	$\chi^2=1.037$, df=1 p=0.309
	More than 25000	56(57.1%)	5(41.7%)	
Number of living children	No children	36(36.7%)	6(50.0%)	$\chi^2=0.797$, df=1 p=0.372
	Having children	62(63.3%)	6(50.0%)	
Living with extended family	Yes	60(61.2%)	8(66.7%)	$\chi^2=0.134$, df=1 p=0.714
	No	38(38.8%)	4(33.3%)	
District of residence	Colombo district	55(56.1%)	3(25%)	$\chi^2=4.154$, df=1 p=0.042
	Other	43(43.9%)	9(75%)	
Has been recommended antenatal exercises	Yes	49(50%)	8(66.7%)	$\chi^2=1.189$, df=1 p=0.275
	No	49(50%)	4(33.3%)	

Living in a district other than Colombo was also associated significantly with a 'Good' level of practices regarding antenatal exercises (p=0.042).

Conclusion

The knowledge of our women on exercise during pregnancy was less than average, and their attitude was favourable. The main reason for poor knowledge was inadequate education. Very few were actually practicing exercise in pregnancy. The main attributable reason for the reduced practice was a lack of awareness on the merits and demerits of exercise in pregnancy.

ACKNOWLEDGEMENT

Authors would like to appreciate all the study participants for their cooperation to complete the study successfully.

CONFLICTS OF INTEREST

Authors declare no conflicts of interest.

FINANCIAL SUPPORT AND SPONSORSHIP

None

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