

Knowledge, Attitude and Practice (KAP) questionnaire for pregnant women participating in the Hypertensive Disease in Pregnancy (HDP) pilot project in Tshwane, Gauteng

Has the participant read/had read to them the information sheet, statement of confidentiality and informed consent form?	1=Yes	2= No
If the participant agreed to participate, did she sign the consent form?	1=Yes	2= No
Has the participant retained a copy of the information sheet?	1=Yes	2= No

Please assist by answering the questions in the face-to-face interview with the researcher. It will take about 30 minutes of your time.

Q #	SECTION A: DEMOGRAPHIC INFORMATION		Instructions
A1	What is your home language?	1. Afrikaans 2. English 3. Ndebele 4. Northern Sotho 5. SeSotho 6. SiSwati 7. Tsonga 8. Setswana 9. Venda 10. isiXhosa 11. IsiZulu 12. Other (specify):	
A2	What is your date of birth (DOB)?	1. YYYY / MM / DD 2. Don't know /unsure	<i>If the person does not know, consult their ID for the DOB and enter</i>
A3	What is the highest level of education you have completed?	1. No school 2. Elementary/Primary (grade 0 to 7) 3. High school/Secondary (grade 8 - 11) 4. Matric (Grade 12) 5. Trade certificate not university degree 6. College/University degree 7. Religious schooling only 8. Literacy classes only 9. Other (specify)	
A4	What is your employment status?	1. Working - formal employment 2. Working - informal employment 3. Not employed 4. Other (specify)	
A5	What is your current living situation?	1. Live alone 2. Live with family 3. Live with my husband 4. Live with my partner/boyfriend 5. Live with roommates/friends 6. Other (Specify)	

A6	What was your total household income last month?	ZAR 00000.00	<i>Must enter number</i>
A7	What kind of transportation do you use to get to the Antenatal Clinic (ANC) clinic? Tick all the modes you use for a one-way trip to the clinic.	<ol style="list-style-type: none"> 1. Walk 2. Public transport (taxi/bus/train, etc) 3. Family/friends/community member provides transport 4. Ambulance transport 5. Own car 6. Other (specify) 	<i>Multiple responses allowed</i>
A8	How much does it cost for a one-way trip to the ANC clinic?	ZAR 000.00	<i>Must enter number - Enter '0' if the person does not pay for transport (i.e., provided for free by someone else)</i>
A9	How long does it take for a one-way trip to the ANC clinic?	____ hours ____ minutes	
A10	Do you currently smoke cigarettes?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No answer 	
A11	How much do you weigh?	<ol style="list-style-type: none"> 1. ____ Kgs 2. Don't know/unsure 	
A12	How would you describe your weight?	<ol style="list-style-type: none"> 1. I weigh less than I should for how tall I am/my body 2. I am about the correct weight for how tall I am/my body 3. I weigh more than I should for how tall I am/my body 	
A13	Have you ever been diagnosed with high blood pressure?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know/Unsure 	
A14	There is a history of high blood pressure, heart attacks and strokes in my family.	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know/Unsure 	

Q #	SECTION B: KNOWLEDGE	Instructions	
B1	Have you ever heard of high blood pressure and problems in pregnancy?	1. Yes 2. No 3. Don't know/Unsure	If 2 no or 3 unsure Skip B 2
B2	Where have you learned about high blood pressure in pregnancy? Choose all right answers.	1. I had high blood pressure when I was pregnant (in the current or a previous pregnancy) 2. I know of someone who had high blood pressure when they were pregnant 3. Television 4. Radio 5. The internet or social media (Facebook, Twitter, Whatsapp, MomConnect, websites) 6. Health facility/nurses or doctors 7. Community healthcare workers 8. Magazines/newspapers 9. Husband/partner/boyfriend 10. Family/friends/neighbours 11. Other (Specify)	Multiple responses allowed
B3	'High blood pressure in pregnancy' is called (Choose the right answer (s))	1 Pre-eclampsia 2 Hypertensive disease in pregnancy 3 HELLP syndrome 4 Other I don't know	
B4	When was the last time your blood pressure was measured? Choose only one.	1. Today	
		2. Within the last 7 days	
		3. Within the last month	
		4. Within the last 4 months or more	
		5. Never	
B5	Have you ever measured your own blood pressure?	1. Yes 2. No 3. Don't know/unsure	If no/don't know, Skip B6
B6	If yes, When was the last time you measured your own blood pressure? Choose only one	1. Today	
		2. Within the last 7 days	
		3. Within the last month	
		4. Within the last 4 months	
		5. More than 4 months ago	
B7	The testing of urine in pregnancy can tell the following of a woman (Choose all the right answers)	1. Infection of the bladder	
		2. Sugar diabetes	
		3. Vaginal infection	
		4. Vaginal bleeding	
		5. When kidneys work abnormally	
		6. If the liver works abnormally	

I'm going to read some statements. I want you to tell me if the statement is True or False for each one. You can also say you 'Don't know' if you are unsure.

No	Statement	Options	True	False	Don't know unsure
B8	Which of the following are 'dangers signs' or aspects that can indicate potential serious problems of high blood pressure in pregnancy? Choose all the right answers	1. It is not possible to know			
		2. Constant headache			
		3. Swelling of eyes, face, hands when waking up in the morning			
		4. Sudden severe pain on the stomach			
		5. Seeing spots or other visual changes			
		6. Sudden shortness of breath			
		7. Continuous nausea and vomiting after 20 weeks			
B9	If high blood pressure is not identified and treated <u>in pregnancy</u> what kind of problems can develop? Choose all the right ones.	1. Seizures/convulsions or fits			
		2. Stroke			
		3. Organ damage (brain, heart and kidneys)			
		4. Detachment of the placenta from the uterus with bleeding			
		5. Death of the baby			
		6. Death of a mother			
		7. Life-long health problems			
B10	What are the things that a person should do if they have high blood pressure in pregnancy? Choose all the right ones.	1. Seek medical assistance from a health professional			
		2. Adhere to the treatment prescribed			
		3. Adjust food to low salt eating programme			
		4. Take the calcium supplement as prescribed			
		5. Bed rest in the day			
		6. Learn about the danger signs of high blood pressure in pregnancy			
		7. Monitor the blood pressure every day			
B12	How many Antenatal care visits are recommended for pregnant women in South Africa? Choose the best response.	1 Four to five visits as scheduled			
		2. Eight visits as scheduled			

Q #	SECTION C: ATTITUDES					
C1.	<p>Tell me to what degree you agree or disagree with <u>each of these statements</u>. Choose one response for each statement. The responses are:</p> <p>1. Strongly agree: I agree with this statement</p> <p>2. Agree: I agree with most of this statement</p> <p>3. Disagree: I don't agree with some of this statement</p> <p>4. Strongly disagree: I don't agree with this statement</p> <p>5. Don't know/No response: I don't know how to answer this statement</p>					
Key	STATEMENTS	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Don't know/ No response 5
P	I feel happy about this current pregnancy.					
S	People must take responsibility for their own health.					
S	Women must make decisions about their health in pregnancy.					
P	Generally I feel it is a risk to be pregnant.					
H	Only a health professional like a doctor or nurse, is qualified to manage a person's healthcare in pregnancy.					
P	My family is happy about this current pregnancy.					
H	The clinic-staff can treat a pregnant woman with blood pressure issues.					
S	A pregnant woman only needs to come to the clinic when she has a problem.					
H	It is important know what the blood pressure is when checked at each visit during pregnancy.					
S	I want to learn about my blood pressure and health in pregnancy.					
H	Nurses at public health facilities always give the best care to a pregnant women					
P	Being pregnant changes my lifestyle a lot (like the food I eat or activities I can do) compared to when I am not pregnant.					
S	People cannot monitor their own health.					

Key for attitude (for office use only):

P – Attitudes on current pregnancy/pregnancy in general (Emotion (4))

H – Views Health during pregnancy (Value)(4)

S – Views on Self-efficacy/availability of support (Emotion)(5)

D	SECTION D: PRACTICES Answer yes, no or not sure on all the statements		yes	no	Not sure		
D1	I have used a traditional healer during this pregnancy.						
D2	I have used traditional medicine during this pregnancy.						
D3	I have used 'over-the-counter' medicine I purchased from a pharmacy/got from a clinic during this pregnancy.	1. Yes 2. No	If No, Skip to D4				
D4	I used over the counter medication during this pregnancy for the following problems: Tick all that apply.	1. Pain relief	Multiple responses allowed				
		2. Swelling					
		3. Stomach ache					
		4. Blocked nose					
		5. Headache					
		6. Heartburn					
		7. To clean my 'blood' / bowels					
		8. Vitamins					
D5	<p>Now I'm going to ask you about movement (physical exercise) in the past 6 months. Choose one response for each statement. The responses are:</p> <p>1. Every day (7 days in the last week) 2. On most days (4 or more days in the last week) 3. On some days (3 or less days in the last week) 4. Never (0 days in the last week) 5. Don't know/No response</p>						
In the past week, how often did you:			Every day 7 days	Most days 4 >	Some days 3 <	Never 0	Don't know/ No response
			1	2	3	4	5
	Sleep for 8 hours or more at night.						
	Rest (off your feet) for 30 minutes or more, regularly during the day.						
	Sit for more than 4 hours, without getting up/moving around at a given time.						
	Stand on your feet for more than 6 hours at a time.						
	Walk for at least 20 minutes.						
	Exercise for at least 20 minutes.						
	Relax for at least 20 minutes (took a bath, listened to music, talked with a friend, read a book, etc.).						

Now I'm going to ask you about your daily eating habits for the last 6 months.

1. **Every day** (7 days)
2. **On most days** (4 or more)
3. **On some days** (3 or less days)
4. **Never** (0 days)
5. **Don't know/No response**

I have the habit of eating the following		Every day 7 days	Most days 4 >	Some days 3 <	Never 0 days	Don't know/ No response
		1	2	3	4	5
D6	I have at least 2 fruits per day.					
D7	I have vegetables at least 2-3 times a day "serving", we mean one cup (250 ml) of vegetables.					
D8	I have carbohydrates like bread, pasta or maize (pap), samp (corn kernels), Quinoa more than 3 times per day.					
D9	I have cheese once a day.					
D10	I have yogurt or maas once a day.					
D11	I take a glass of milk one everyday					
D12	I have "protein" like red meat (like lamb, beef or venison), chicken, beans, eggs or legumes more than 2 times a day.					
D13	Drink at least 8 glasses of water (excluding other drinks).					
D14	Fizzy drinks or cool drinks (Coke, Fanta, Sprite, etc).					
D15	Fruit Juice					
D16	Alcoholic beverages					
D17	Tea or coffee					
D18	Additional sugar (in coffee, tea, cereal, other food)					
D19	Pre-packaged food (boxed fish fingers, chips, or other meals)					
D20	Takeaways (McDonalds, KFC, Nandos)					
D21	"Junk" foods like potato chips, popcorn, sweets, chocolate or baked goods, salted nuts.					
D22	I take calcium supplements (calcium tablets) daily as given by the clinic?	1. Yes 2. No 3. Don't know/unsure				
D23	I take the iron supplement daily as prescribed by the clinic.	1. Yes 2. No 3. Don't know/unsure				

We are now finished with our survey. Thank you for your time!

Supportive References:

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