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A Descriptive Study to Assess the Knowledge and Attitude on Birth Preparedness among Primigravida Mothers Attending Gynae OPD at Civil Hospital Sangrur, Punjab

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ABSTRACT

Statement of problem: "A Descriptive study to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab." A Descriptive research design was used for the present study. A study sample of primigravida mothers. Data was collected by knowledge questionnaire and likert scale. The data was analysed in the terms of frequency, percentage, distribution.

Material and method:
A study to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab. Descriptive research design was used. The sample size was 100 of Primigravida mothers under Purposive sampling technique. Knowledge was assessed by structured knowledge questionnaire and attitude was assessed by Likert scale.

Result
It was found that most of Primigravida mothers shows that 77(77%) had Average knowledge and mostly Primigravida mothers shows that 97(97%) had neutral attitude. The correlation between knowledge and attitude was significant. .

Conclusion
The study concluded that, the level of knowledge of primigravida mothers was average knowledge and attitude was neutral.

KEYWORDS: *Community health; nursing education*

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LIST OF ABBREVIATION USED

SR. NO.	ABBREVIATIONS	MEANING
1.	WHO	World Health Organization
2.	UNMDG	United Nation Millennium Development Goals
3.	SDG	Sustainable Development Goals
4.	ANC	Antenatal care
5.	BP	Birth preparedness
6.	OPD	Out patient department
7.	BMI	Body Mass Index
8.	CHC	Community Health Centre
9.	DHS	Directorate Of Health Services
10.	UNICEF	United nation Integrated Child Educational Fund
11	OPB	Oral polio Vaccine
12.	NCCP	National Cancer Control Program
13.	MOU	Memorandum Of Understanding

1. INTRODUCTION

Childbirth is a universally celebrated event yet for many thousands of women each day. Birth preparedness is the process of planning for the birth. Its Components include, Preparation for normal delivery, readiness to deal with complications, postnatal and new born care. It is a strategy to promote the timely use of skilled maternal care especially during childbirth, based on theory that preparing for childbirth reduces the delays in obtaining care.1 It also helps ensure that women can reach professional delivery care when labour begins. In addition, birth preparedness can help reduce the delays that occur when women experience obstetric complications, such as recognizing the complication and deciding to seek care, reaching a facility where skilled care is available and receiving care from qualified providers at the facility.[2] These delays have many causes, including logistical and financial concerns, unsupportive policies, and gaps in services, as well as inadequate community and family awareness and knowledge about maternal and newborn health issues.[3]

Motherhood is a great responsibility and it is woman's highest crown of honor. [4] Pregnancy is the state of carrying a developing fetus within a body. The word "pregnant" comes from Latin word 'pre' meaning before, '(g)natus' meaning birth, so the pregnant means before (giving) birth.[5] Pregnancy is the vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the better outcome of pregnancy.[6]

Pregnancy is not just a matter of waiting to give birth. It is often a defining phase in women life; can be joyful and pleasant experience. It can also be one of misery and suffering for few. Pregnancy is natural but it does not mean it is problem free.[7] Early and regular prenatal care is the best way to ensure the healthy outcome for mother and child. Understanding the development of changes during pregnancy helps to better provide anticipatory guidance and identifying deviation from the expected pattern of development.[8]

Women and newborns need timely access to skilled care during pregnancy, childbirth, and the postpartum/newborn period. So every pregnant woman and new born is at risk of complications. These complications can be prevented by doing the planning and preparations for the birth' well in advance. [9]

Historical evidence shows that no country has managed to bring its maternal mortality ratio below 100 per 100 000 live births without ensuring that all women are attended by an appropriately skilled health professional during labour, birth and the period immediately afterwards. Many of the complications that result in maternal deaths and many that contribute to perinatal deaths are unpredictable, and their onset can be both sudden and severe. Delay in responding to the onset of labour and such complications has been shown to be one of the major barriers to reducing mortality and morbidity surrounding childbirth. Information on how to stay healthy during pregnancy and the need to obtain the services of a skilled birth attendant, on recognizing signs of the onset of labour, and on recognizing danger signs for pregnancy-related complications and what to do if they arise would significantly increase the capacities of women, their partners and their families to remain healthy, to take appropriate steps to ensure a safe birth and to seek timely skilled care in emergencies. Interventions to reduce the other barriers to seeking care, such as transport costs, perceptions of poor quality of care and cultural differences, must also be addressed. [10]

Every pregnant woman is at risk of pregnancy complications which are unpredictable and can lead to morbidity or mortality of herself or her baby. Hence, the concept of birth preparedness and complication readiness in which the family and community should have an advanced planning and preparation to ensure safety and well being of the women and newborns throughout pregnancy, delivery and after delivery. Good plans and preparations will increase utilization of skilled care and reduce delays in accessing care in case of pregnancy and delivery complications. Lack of advance planning for use of a skilled birth attendant for normal births, and particularly inadequate preparation for rapid action in the event of obstetric complications, are well documented factors contributing to delay in receiving skilled obstetric care. [11]

In many societies in the world, cultural beliefs and lack of awareness inhibit preparation in advance for delivery and expected baby. Since no action is taken prior to the delivery, the family tries to act only when labor begins. The majority of pregnant women and their families do not know how to recognize the danger signs of complications. When complications occur, the unprepared family will waste a great deal of time in recognizing the problem, getting organized, getting money, finding transport and reaching the appropriate referral facility.

NEED FOR STUDY

Motherhood is a beautiful process during which the mother safely delivers a child. It is the magic of creation and care should be given to ensure safe

childbirth and safe motherhood.[23] Pregnancy is a very sensitive period in which unexpected life- threatening complications may arise at any period, from conception to the postpartum period. Maternal and neonatal mortality is an ongoing major public health problem in developing countries.[2] All maternal deaths are mainly due to the three phases of delay usually experienced in maternal care and this originates from inadequate or lack of birth and emergency preparedness.[24]

Birth preparedness helps ensure that women can reach professional delivery care when labor begins. This also reduces the delays that occur when women experience obstetric complications since it ensures the readiness and timely utilization of skilled maternal and neonatal health care.[25] The major components of BP/CR involved knowledge of danger signs, identification of a skilled birth attendant; identification of the closest appropriate care facility, plan for transportation to this care facility for delivery and/or obstetric emergencies, save money to pay for care and other resources, identification of a potential blood donor and decision maker in case of emergency.[26]

World Health Organization estimates that 300 million women in the developing world suffer from short-term or long-term morbidities brought about by pregnancy and childbirth. The current maternal mortality ratio in India is 167/100,000 live births (2011–2013), whereas the country's millennium development goal in this respect is 109/100,000 live births by 2015. High levels of infant mortality (50/1000 births), neonatal mortality (29/1000 live births), and maternal mortality (167/100,000 live births), and lower levels of deliveries with skilled assistance remain major public- health challenges in India.[27] According to world health organization maternal mortality is unacceptably high. About 295000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred in low resources settings, and most could have been prevented.[28]

The ministry of health and family welfare reports maternal mortality rate in India 130 per 100,000 live births in 2014-2016, 122 per 100,000 in 2015-2017, 113 per 100,000 in 2016-2018 and in Punjab 122 in 2016-2016, 122 per 100,000 in 2015-2017 and 129 per 100,000 in 2016-2018.[29]

Fabiola V. Moshi and Stephen M. Kibus et al. (2021) conducted a study on the impact of community based continuous training project on improving couples' knowledge on birth preparedness and complication readiness in rural setting Tanzania; A controlled quasi-experimental study. A multi-stage sampling technique was employed to obtain 561couples. Pre-test and post-training intervention information were collected using semi-structured questionnaires. The impact of CBCT was determined using both independent t-test and paired t-test. Linear regression analysis was used to establish the association between the project and the change in knowledge mean scores. The results of the study was At post-test assessment, knowledge mean scores were significantly higher in the intervention group among both pregnant women (m = 14.47±5.49) and their male partners (m = 14.1±5.76) as compared to control group among both pregnant women (m = 9.09±6.44) and their male partners (m = 9.98±6.65) with large effect size of 0.9 among pregnant women and medium effect size of 0.66 among male respondents. When the mean scores were compared within groups among both pregnant women and male partners in the intervention group, there were a significant increase in knowledge mean scores at post-test assessment as compared to pre-test assessment. This study concluded that this interventional study which focused on knowledge empowerment and behavior change among expecting couples was both feasible and effective on improving knowledge about birth preparedness and complication readiness in rural settings of Tanzania.[30]

Parmjit Kaur and Mr. Jibin Varghese (2018) conducted a study to assess the Knowledge and Attitude on Birth Preparedness among Primigravida Mothers attending Gynae OPD at selected Hospital Patiala, Punjab. Non – Experimental descriptive research design is used in this study.A quantitative approach with descriptive research design was used for this study. The sample consisted of 100 primigravida women. The sample was chosen by using non-probability purposive sampling technique. The data was collected by using structured knowledge questionnaire and rating scale. The results of this was mean knowledge score regarding birth preparedness was 24.90 and mean attitude score regarding birth preparedness was 6.80. Correlation of knowledge and attitude score regarding birth preparedness was found to have moderate positive correlation (r = 0.526) as calculated by Karl Pearson's coefficient of correlation which is statistically significant ($p<0.01$). It is concluded that more than half number of primigravida mother had good knowledge and one - third of primigravida mother had average knowledge regarding birth preparedness. That maximum number of primigravida mother strongly agrees with birth preparedness and minimum number of primigravida mother disagrees regarding birth preparedness.[31]

Vasundhara Kamineni and Anuradha D. Murki et al. (2017) conducted a study Birth preparedness and complication readiness in pregnant women attending urban tertiary care hospital at Hyderabad, Telangana, India. Six hundred pregnant women attending the outpatient department of a tertiary care hospital for the first time in an urban setting were interviewed using a tool. A semi-structured, interviewer-administered questionnaire was used to obtain relevant study data from the recruited women. The results of this study was Six hundred pregnant women were in the study. Mean age of respondents was 25.2 (±4) years. The mean gestation at enrolment was 18.7 ± 8 weeks. Among the women who participated in the survey, 20% were illiterate, 70% were homemakers and nearly 70% had a monthly family income >Rs. 15,197 (n = 405). Three hundred and sixteen mothers (52%) were primigravida. As defined in the study, 71.5% were birth prepared. However, 59 women (9.8%) did not identify a place of delivery, 102 (17%) had not started saving money, and 99 mothers (16.5%) were not aware of purchasing materials needed for delivery. This study concluded that nearly three-fourth pregnant women attending a tertiary care hospital in an urban area are birth prepared. However, emergency readiness and awareness of danger signs are very poor. Maternal education and early booking have an independent association with birth preparedness.[32]

At the hospital level, leading factors for high maternal mortality include knowledge gaps, low status of women and lack of emergency care access before, during and after delivery. Pregnant women and their families often ignore early warning signs due to lack of adequate knowledge and information about danger signs during pregnancy and labor and therefore delay seeking care.[33]

It is essential for women to have access to skilled health worker like nurses during pregnancy, delivery and after delivery and prompt adequate care for obstetric complications if the goal of reducing maternal morbidity and mortality must be achieved. In rural areas, the maternal mortality rate is very high as the majority of birth takes place at home unassisted and or assisted by unskilled persons, thus women who develop complications rarely receive emergency services.[34] The women have frightening experience during child birth, the different methods of child birth preparations, can be employed by nurses to change the frightening experience into joyful experience.[35]

The investigator during her clinical posting in hospital and interaction with primigravida mothers observed that they had poor knowledge and unfavourable attitude regarding various aspects of birth preparedness. Hence, the investigator felt need to assess the knowledge and attitude on birth preparedness. This study will help to identify awareness of birth preparedness among primigravida mothers. So, the aim of this study is enhance the knowledge and attitude regarding birth preparedness among Primigravida mothers attending Gynae OPD at civil hospitals Sangrur, Punjab.

RESEARCH PROBLEM

"A Descriptive study to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab."

AIM OF THE STUDY

"The aim of the study is to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab."

OBJECTIVES OF THE STUDY

1. To assess the knowledge on birth preparedness among primigravida mothers.
2. To assess the attitude on birth preparedness among primigravida mothers.
3. To correlate between knowledge and attitude on birth preparedness among primigravida mothers.
4. To find out the association of knowledge and attitude on birth preparedness among primigravida mothers attending gynae opd with selected socio demographic variables.

OPERATIONAL DEFINITIONS

1. **Assess-** "To judge or determine the significance, worth, or quality of". In this study it refers to collecting information regarding birth preparedness among Primigravida mothers.
2. **Knowledge-** Knowledge is a familiarity, awareness, or understanding of someone or something. In this study, it refers to the level of understanding regarding birth preparedness among Primigravida mothers by their correct responses to knowledge item of questionnaire.
3. **Attitude-** In this study it refers to the opinion expressed by primigravida mothers regarding birth preparedness plan.
4. **Birth preparedness-** In this study it refers to, birth preparedness (BP) is the process of planning for normal birth and anticipating actions needed during emergency.
5. **Primigravida Mothers-** In this study, it refers to mother who pregnant for first time and attending gynae opd at civil hospital sangrur.

ASSUMPTION

1. Primigravida mothers will have knowledge on birth preparedness.
2. Primigravida mothers will have favourable attitude on birth preparedness

DELIMITATIONS.

- The study will be conducted on Primigravida mothers only**.**
- The Duration in this study is 8 weeks only.
- The Sample size was used for this study is 100.
- The study will be conducted at civil hospital Sangrur only.

CONCEPTUAL FRAMEWORK

Conceptual framework is important in research because it helps the researcher to clear about elements, concepts or characteristics that are being studied and their relationship among each other. This study employed the health belief model. (French et al., 1992) asserts that The Health Belief Model (HBM) was developed as an attempt to explain the decision of an individual with respect to preventive health care. Personal beliefs influence on a person's health choices and behaviour. Further, (Calnan, 1984, Champion & Skinner, 2008) purposes that this model explains that health behaviour is determined by an individual's beliefs and perception about health problems and illness, and available resources address these problems. The researcher adopts the health belief model so as to understand the thoughts of the women, behaviour knowledge and attitude with regard to birth preparedness in civil hospital Sangrur. The HBM mainly builds on the following four components, which make theoretical constructs for the exploration of the perception of women in this study. The model postulates that the likelihood of behaviour (e.g. Birth preparedness) is predicted by (1) the individual's perceived threat towards the problem (severity of and susceptibility to the problem), (2) perceived seriousness (3) the perceived net benefit of adopting the behaviour (if the perceived benefit outweighs the perceived barrier), and (4) perceived barriers.

- **Perceived susceptibility:** Every pregnant woman is at risk of unexpected and unpredictable life-threatening complications that could lead to death or injury to herself or her infant (Hayden, 2009). Women's perceived susceptibility of maternal health complications reflects their sense of risk – namely, their internal calculation of how likely they are to suffer complications.
- **Perceived seriousness:** If mother does not see a health problem as risky or threatening, there is no stimulus to act. Perceived feeling about the seriousness of risk includes evaluation of both the medical consequences, including pain, disability, death and social consequences such as the impact on work, family and social relations. Perceived threat explains a women's belief about the seriousness, and how severe it can harm her. To decide on whether to seek medical care or not, one must believe in both susceptibility and severity, so health choices can be weighed.
- **Perceived benefits:** A mother's belief in giving importance to certain health actions decreases the risk of potential complications. Mothers tends to decide and adopt a healthy practice, when she believes that the decision they are taking would benefit Perception of the risk of pregnancy and obstetric complications are examined by assessing whether women decide based on the benefits. The perceived benefit of a positive childbirth outcome (maternal and newborn survival) reflects the end goal for Birth preparedness tend to adopt healthier behaviour when they believe that the new behaviour will reduce the chances of developing a disease and illness. Moreover, women may be ready to deal with a barrier if they feel there would be a beneficial outcome in the end. Therefore, the perception of barriers, and the role of women in this barrier is an important point to take into consideration.
- **Perceived barriers:** The last concept of HBM explains that decisions on health actionare influenced by perceived barriers to change. Perceived barriers to seeking timely care include an inability to reach facilities and afford treatment, mistrust of the health system, and socio-cultural context that affect a women's decision-making to seek emergency obstetric care, considering the perceived threat of complications.

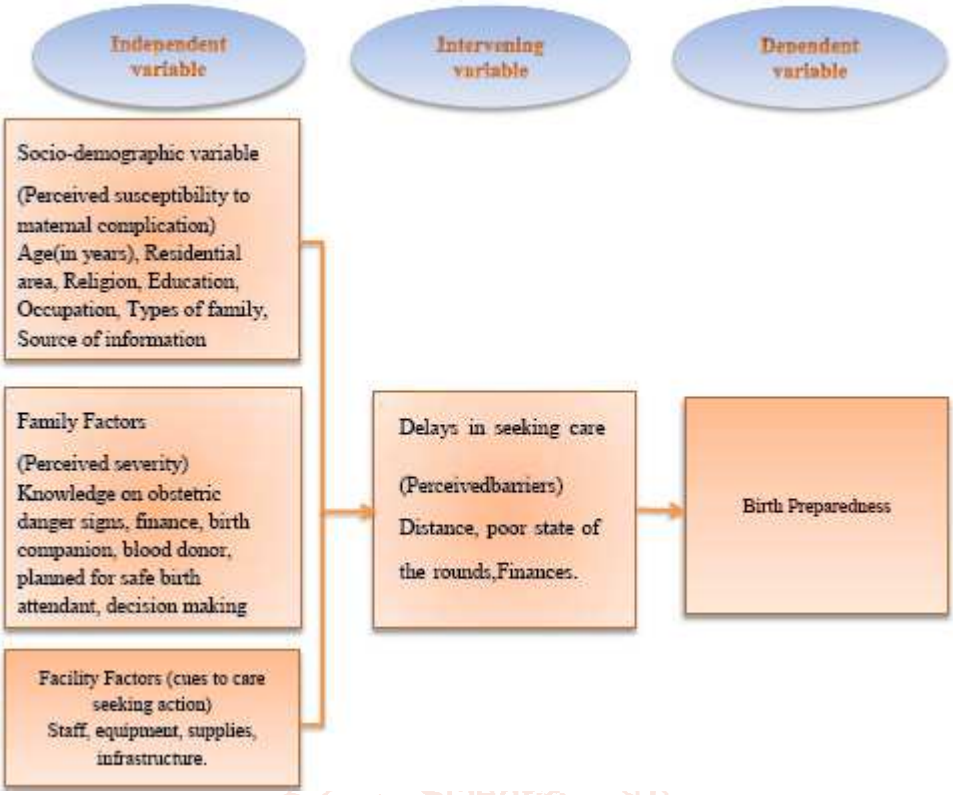


Figure no. 1 Health belief model French et al.

2. REVIEW OF LITERATURE

Review of literature is an important step in development of research project. It helps the investigator to develop insight into the problem and gain information on what has been done before. The related literature always serves as a foundation stone for a new study and also helps to develop into problem area.

The review of literature based on birth preparedness among primigravida mothers has been explained under heading:

1. Review of literature related to birth preparedness.
2. Review of literature related to knowledge regarding birth preparedness.
3. Review of Literature related to attitude regarding birth preparedness.

Section – I Review of literature related to birth preparedness.

Mahama Saaka and Lawal Alhassan (2021) conducted a study on Prevalence and predictors of birth preparedness and complication readiness in the Kassena-Nankana district of Ghana: an analytical crosssectional study. The study population comprised 600 postpartum women who had delivered within the last 12 months prior to the study. Primary outcome measure The primary outcome measure was BPACR. The Result shows that the prevalence of BPACR among recently delivered women was very low as less than 15% were able to mention at least three of the five basic components of birth preparedness/complication readiness that were fulfilled. This study concludes that BPACR practices were low. High educational attainment of the woman, having adequate knowledge about obstetric danger signs during pregnancy, older women (≥35 years) and women of low household wealth index were significant predictors of BPACR. The predictors identified should be given high priority by health authorities in addressing low prevalence of BPACR. 36

Fikru Letose and Bitiya Admassu et al. (2020) conducted a study on Birth preparedness, complication readiness and associated factors among pregnant women in Agnuak zone, Southwest Ethiopia: a community based comparative cross-sectional study. A community based comparative cross-sectional study design was conducted among 411 urban and 209 rural respondents who were selected using multi-stage stratified random sampling technique. Quantitative data were collected by interviewer administered questionnaire while qualitative data were collected from purposely selected 54 members of the community by using guiding checklist and analyzed by thematic areas. Birth preparedness and complication readiness was measured using five birth preparedness and complication readiness items then women who scored at least three were considered as well prepared. The results shows that A total response rate of the study was 97.3%. The prevalence of birth preparedness and complication readiness was significantly higher among urban respondents (P = 25.8%; p < 0.05). This study concluded that Prevalence of birth preparedness

and complication readiness was low in this study, though significantly higher in urban area. Three-fourth of women planned to attend 4+ antenatal care visits indicating opportunity to counsel them on birth preparedness and complication readiness which increases its prevalence. Health workers should counsel every woman on birth preparedness and complication readiness components during her first antenatal care visit and subsequent visits.[37]

Miteku Andualem Limenih and Habitamu Gebrehana Belay et al. (2019) conducted a study on Birth preparedness, readiness planning and associated factors among mothers in Farta district, Ethiopia: a cross-sectional study. A community- based cross-sectional study was conducted among 676 mothers from 1st October to December, 2016. Multistage sampling technique was used to select study participants. Data were collected using structured and pretested questionnaire. Bivariate and multivariable logistic regression models were fitted to identify factors associated with the practice of birth preparedness and complication readiness plan. The results of the study was (81.2%) of respondents had heard about birth preparedness and complication (23.1%) were knowledgeable for obstetric danger signs. The study concluded that the overall proportion of women who prepared for birth and its complication readiness was found to be low. Educating women, encouraging pregnant women to utilize antenatal care, creating awareness on danger signs during pregnancy and childbirth might increase women's birth preparation and complication readiness plan.[38]

Jesmin Pervin and U. Tin Nu et al. (2018) conducted a study Level and determinants of birth preparedness and complication readiness among pregnant women: A cross sectional study in a rural area in Bangladesh. A community-based cross-sectional survey was conducted from June- October 2015 on a randomly selected 2262 women who delivered live or stillbirth during the year 2014. A pretested and structured questionnaire was used for data collection. The results of this study was participants with "good knowledge", measured by the ability to recognized three or more danger signs, in pregnancy and delivery were 26% and 23%, respectively. Out of four BP/CR components, about 15% women saved money, 12% women identified facility for delivery, 9.6% women planned to deliver by skilled birth attendant and 5.3% of women arranged transport. About 12% of women were "well prepared", measured by planning of at least two components, for skilled childbirth and emergency obstetric complication. The study concluded that a low level of maternal knowledge of danger signs and BP/CR among pregnant women. Further, low socioeconomic status, fewer ANC visits and poor knowledge in recognition of dangers signs on maternal health were associated with low BP/CR. More emphasis should be placed on the quality of information offered to the pregnant women during the prenatal contact and women from low socio-economic gradient should be prioritized to optimize the impact of future BP/CR interventions.[39]

Nath Kiataphiwasu and Kasemsis Kaewkiattikun (2018) conducted a study on Birth preparedness and complication readiness among pregnant women attending antenatal care at the Faculty of Medicine Vajira Hospital, Thailand. This cross- sectional study was conducted among pregnant women attending the antenatal clinic at the Department of Obstetrics and Gynecology, Faculty of Medicine Vajira Hospital, Thailand. The participants were interviewed using the BPCR index developed by the John Hopkins Program for International Education in Gynecology and Obstetrics. The Results of the study out of total 672 pregnant women, the proportion of good BPCR was 78.6%. This study concluded that the proportion of good BPCR among pregnant women attending antenatal care was high. Associated factors of good BPCR were adult pregnancy, married status, high education, employed, high income, extended family, multiparity, first antenatal visit at #12 weeks and long-distance transportation. Predictive factors for good BPCR were high education, high income, multiparity and extended family.[40]

Section-II Review of literature related to knowledge regarding birth preparedness.

Rajvir Kaur and Poonam Taneja et al. (2021) conducted a study to assess study on knowledge, attitude and practices regarding antenatal care among pregnant women attending antenatal clinic at a tertiary care hospital. A cross-sectional study was undertaken among 200 pregnant women in their 3rd trimester attending the OPD in a Tertiary Care Hospital of Gurugram, Haryana. Predesigned questionnaire was used for collecting data by interview after obtaining informed consent. This study revealed that about 55% women had adequate knowledge regarding ANC. It was found that almost all the variables such as age, parity, level of education, occupation and type of family had a significant association with awareness about ANC. 90% women were having a positive attitude towards ANC. Around 70%, women were practicing this adequately. This study concluded that these results can be used to design a Health Intervention Program targeting to upgrade the maternal health practices and ultimately progress the health status of the women.[41]

Bharti Weljale and Farhin Sayyed (2020) conducted a study on quasi experimental study to assess the Effectiveness of Prenatal Education Regarding Birth Preparedness and its Outcome among 60 Primi Antenatal Mothers Attending Obstetrics and Gynecology Outpatient Department, Pravara Rural Hospital, Loni (BK. Non-probability purposive sampling was used to assess the effectiveness of prenatal education regarding awareness on birth preparedness and its outcome among primi antenatal mothers. The self-prepared and content validated structured questionnaire (for assessment of knowledge) and checklist (for assessment of maternal and fetal characteristics) was used for the data collection. During the health teaching, the educative materials like PPT, video, demonstration were used. The Results of the study in relation to overall in pretest, the awareness score on prenatal education regarding awareness on birth preparedness was (21.41±9.25), which is 42.82%, and 41.45± which is 2.38%, which is 82.9% of posttest, respectively The paired t-test shows significant difference between pre- and posttest awareness where the overall ($t=2.65$) at $p < 0.05$. Co-relation between posttest awareness score and maternal and fetal outcomes. Karl Pearson coefficient of correlation was used to find out the correlation between posttest awareness score and maternal and fetal outcomes, and $r = 0.75$ shows that prenatal education on birth preparedness was positively correlated with maternal and fetal outcomes. The study concluded that the prenatal education was found to be effective in improving the awareness on birth preparedness among primi antenatal mothers. It emphasized that having the prenatal education with educative materials improved the awareness on birth preparedness among primi antenatal mothers.[42]

Anjali Sunil Yadav and ArchanaDhanawade (2020) conducted a study to assess the effectiveness of structured teaching programme regarding birth preparedness on knowledge among primigravida mothers attending antenatal OPD's at selected Urban health centers of Sangli, Miraj and Kupwad Corporation area. Non probability purposive sampling method 45 samples were preferred. A self structuredvquestionnaire tool was used to evaluate the efficiency of structured teaching programme ."General system model by Ludwig Bertanlanffy" was adopted as a theoretical base for framework of the study. Analysis was done using frequency and percentage distribution and paired test. The results showed that showed 22(48.89%) had poor knowledge, 23(51.11%) had average knowledge and none of them had good knowledge in pre-test. In post test none of them had poor knowledge, 11(24.44%) mothers had average knowledge, and 34 (75.56%) mothers had good knowledge. It was concluded from the above result that the structured teaching increased the knowledge level of primigravida mothers in the post test.[43]

Chidebe Christian Anikwe and Bartholomew Chukwunonye Okorochukwu et al. (2020) conducted a study Birth Preparedness and Complication Readiness among Pregnant Women in a Secondary Health Facility in Abakaliki, Ebonyi State, Nigeria.. A cross-sectional survey was done to the knowledge of BP/CR with its determinants and BP/CR index among pregnant women in Abakaliki, southeast Nigeria among 450 randomly selected antenatal attendees at Mile Four Hospital, Abakaliki, Nigeria. The data were obtained using a pretested interviewer- administered structured questionnaire adapted from the maternal and neonatal health program handbook of the Johns Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO). The data obtained were analyzed using percentages, chi-square, and odds ratios. The level of significance is at P value < 0.05. The Results of the study was the birth preparedness and complication readiness index was 41.9%. Only 44.9% and 36.9% of the study population had adequate knowledge of birth preparedness (BP) and complication readiness (CR), respectively. This study concluded that knowledge of BP/CR is suboptimal. The determinant of this knowledge is antenatal booking. It is recommended that women should have adequate antenatal care education to improve their knowledge of BP/CR. This will help to increase the low BP/CR index seen in our study.[44]

Masudio Florence and Catherine Atuhaire et al. (2019) conducted a study to assess Knowledge and practice of birth preparedness and complication readiness among pregnant women attending antenatal clinic in Openzinzi Hciii, Adjumani District, Uganda. A descriptive cross sectional study design with a sample of 80 respondents was used for the study. Simple random sampling was used to select the respondents in the study area. A research administered questionnaire was used for data collection. The Results of the study most of the respondents (27.5%) were in thevage group of 26- 35 years. The majority 43.75% ended at primary level of education, 50% were unemployed, and the majority 71.25% and 70% knew identifying skilled birth attendants and health facilities respectively as components of BPACR. 76.25% of the respondents mentioned vaginal bleeding and 62.5% over vomiting as danger signs in pregnancy while 12.5% did not know any danger sign in pregnancy. 76.25%

identified place for skilled birth, 66.25% identified skilled birth attendant, and only 15% identified blood donor. This study concluded that the practice of BPACR was poor among the pregnant women attending antenatal care at Openzinzi Health Centre III in Adjumani District. The knowledge about BPACR was higher among the educated respondents involved in the study.[45]

Iravva F. Padaguggari and M. S. Shivaswamy et al. (2018) conducted a cross-sectional study on knowledge and practices regarding birth preparedness and complication readiness among pregnant women attending antenatal clinic at KLE'S Dr. Prabhakar Kore Hospital and Medical Research Center, Belagavi. The study was carried out in 2400-bedded tertiary care teaching hospital. A total of 384 pregnant women attending the antenatal clinic at the tertiary care teaching hospital were included in the study by purposive sampling. A descriptive approach was adopted, including collection of information from the pregnant women through a pretested and structured interview questionnaire. The results of the study among 384 pregnant women 296 (77.1%) had moderate level of knowledge and 66 (17.2%) women had poor level of knowledge and only 22 of the women (5.7%) had good level of knowledge. In the level of practice about BP and CR, there were 291 (75.8%) had a thorough awareness about the practices and <25% i.e. 93% of the respondents (24.2%) had moderate level of knowledge regarding the practice. The study concluded that three-fourth pregnant women attending antenatal clinic in a tertiary care teaching hospital had average knowledge regarding BP and CR was found to be average (77.1%), whereas in practice, three-fourth of them had good practice (75.8%). Hence, there is a need to retrain health-care workers about BP and CR to educate women in early pregnancy.[2]

Section- III Review of literature related to attitude regarding birth preparedness.

Munirah Alatawi and Wafaa A. Faheem et al. (2021) conducted a study to assess Knowledge, Attitude, and Practice of Primigravida Women on Birth Preparedness. An exploratory descriptive cross-sectional study was conducted. A convenience sample of 200 primigravida women who attended King Fahad Specialist hospital in Saudi Arabia. A self-administered questionnaire was used to collect the data. The Results of this study was approximately two-thirds of the primigravida women (65.0%) had a moderate level of knowledge of BP, and 96.5% had a favorable attitude toward BP. A good level of practice was observed in 58.5% of the primigravida women. The study concluded that Primigravida women had a moderate level of BP knowledge, good BP practice, and a highly favorable attitude toward BP. Hence, antenatal care clinics are vitally important for pregnant women because they can provide BP education. Governmental institutions and their affiliates that are assigned to the sector of maternal health should develop strategies to improve BP at the individual and community levels.[18]

Shobha Tiwari (2019) conducted a study on awareness and attitude regarding birth preparedness and complication readiness among pregnant women. This study was conduct in PHCs of Kathmandu. A descriptive crosssectional research design was used for the study. The total sample of 115 respondents were used by using non– probability purposive sampling technique. Semi-structured interview schedule and Likert's scale tool was used for collection of information. The study revealed that More than three quarter (83.5%) of respondents have the good level of awareness and 68% of the respondents have the positive attitude level of regarding BP/CR. There was significant association between level of awareness with age (p=0.006) and religion (p=0.047), positive level of attitude and level of education (p=0.056), religion (p=0.031) and employment status (p=0.025). There was positive correlation (r=0.186) between awareness and attitude regarding BP/CR. This study concluded that 55.7% of the pregnant women answered that BP/CR is to prepare the transportation, blood donor, health care provider, institute, money and danger signs.[46]

Okello Samue and Akatuhurira Ronnah (2019) conducted a study to assess Knowledge and Attitude Towards Birth Preparedness Among Prime Gravid Mothers Attending Antenatal Clinic at Bwindi Community Hospital. A descriptive cross sectional study design was used and purposive convenient sampling method was used to sample 80 participants. An interviewer administered questionnaire was used to collect data. Data collected was analyzed using Microsoft Excel and presented in tables, graphs, pie charts frequencies and percentages. The results showed that more than a half (56%) of the participants had inadequate knowledge on birth preparedness. Although all participants had attended ANC, a significant number (38.8%) had never heard about birth preparedness. Although more than half (59%) had knowledge on things to be done, only (36.8) and (30.6) knew identification of skilled providers and means of transport respectively. Majority (92%) of participants had inadequate knowledge on additional requirements with no (0%) participant knowing identification of money for emergency as a must requirement for birth

preparedness. Much as participants had positive attitude on birth preparedness, majority (87.8%) had negative attitude on identification blood donor when preparing to deliver. In conclusion significant number of participants had never heard about BPP and all participants had no knowledge on saving money for emergency and on additional requirements. Therefore there is need for health workers to provide adequate health education regarding BPP and continuously review it with a mother on each visit.[47]

Mbonu and Ebere Ogonna (2018) conducted a study to assess Knowledge, Attitude and Practice of Birth Preparedness and Complication Readiness Amongst Pregnant Women in Etiosa Lga, Lagos. A systematic sampling technique was used to select the respondents .The data used for this study were collected from pregnant women attending antenatal care in Six Primary Health Care centers in Etiosa local government area of Lagos State, using a structured pretested English language, interviewer-administered questionnaire. The Result shows that the mean age of the respondents was 28.9 years, with standard deviation of 5.3 years. The proportion of respondents who have been prepared for birth and for its possible complication was 124 (33.4%). A higher proportion of the married women 212 (72.6%) were better prepared for birth and ready for its possible complication. 120 (83.9%) of pregnant women who had attended tertiary education were prepared for birth and for its complications (p=0.001). This study concluded that few pregnant women had made adequate arrangements in anticipation for a safe normal delivery.[48]

Shiferaw Bekele Tadesse Alemayehu (2018) conducted a study to assess knowledge, attitude and practice on birth preparedness and complication readiness among pregnant women attending antenatal care at chiro zonal hospital eastern Ethiopia. Hospital based cross sectional study was conducted on a sample of 418 pregnant women. Exit interview using a pretested structured questionnaire was used to collect data from pregnant women attending antenatal care at Chiro zonal hospital. The result shows that Twenty percent had knowledge of one key danger signs during pregnancy, child birth and postpartum and 61.2% had favorable attitudes towards birth preparedness and complication readiness. Knowledge of at least one key danger signs during pregnancy, child birth and postpartum, attitudes towards birth preparedness and practice of birth preparedness were associated with birth preparedness and complication readiness. The study concluded that Both knowledge of obstetric danger signs and birth preparedness and complication readiness were low. Enhancing women's awareness and improving the quality of labour wards would improve delivery service.[49]

Preety Narula (2015) conducted a study on Knowledge and Attitude of Antenatal Women regarding Birth Preparedness: A Cross-Sectional Study. A cross- sectional descriptive study was conducted to assess the knowledge and attitude of antenatal women regarding birth preparedness at an antenatal OPD of tertiary care hospital at Ludhiana (Punjab).. The study sample of 200 antenatal women was selected purposively after meeting the inclusion and exclusion criteria. The structured knowledge questionnaire and attitude rating scale was used to assess knowledge and attitude of antenatal women regarding birth pre-paredness. The result of the study shows that 49.5 percent of antenatal women had good knowledge and 99 percent had positive attitude regarding birth preparedness. Demographic variables like age and religion had significant influence on the knowledge but parity had significant influence on attitude of antenatal women ($p<0.05$) regarding birth preparedness. Type of family had no significant effect on the knowledge and attitude of antenatal women regarding birth preparedness. The study concluded that As maximum number of antenatal women had good knowledge and positive attitude regarding birth preparedness but still there is a need that knowledge should be provided to those women who lack knowledge regarding birth preparedness so that they can make an advance planning for childbirth and post-natal/ newborn period. The government officials and partners working in areas of maternal health should come up with strategies to improve birth preparedness at individual and community level.[50]

3. METHODOLOGY

Research methodology is a way to systematically solve the problem. Research methodology adopted for the study includes research design, description of setting, variables, population, sample and sampling technique, development and description of tools used for data collection, content validity and reliability of the tool, pilot study, procedure for data collection and plan for data analysis.

Research Design

A Descriptive design was used to conduct the study.

Research Setting

The study was conducted in selected Gynae OPD at civil hospital Sangrur, Punjab.

Target Population

The target population of this study was Primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab.

Sample Size & Sampling Technique

- The total sample was 100 Primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab.
- In this study was used Purposive sampling technique.

Inclusion Criteria& Exclusion criteria

The study includes:

- Primigravida mothers who are present at the time of study.
- Primigravida mothers who are willing to participate.
- Primigravida mothers who can understand read and write in English and Punjabi only.

The study excludes:

- Primigravida mothers who are selected during pilot study.
- Primigravida mothers who are not willing to participate.
- Primigravida mothers who are not present at the time of data collection.

Selection & Development of tool

The most important aspect of investigation is the collection of appropriate information which provides necessary data to answer the question that were raised in the study. So, the tool was developed on the basis of review of literature and Consultation with experts from nursing and research field.

Description of tool

- **SECTION A:** Consists of selected demographic variables.
- **SECTION B:** Structured Knowledge questionnaire was used to assess the knowledge regarding birth preparedness among Primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab.

CRITERIA MEASURE OF KNOWLEDGE SCORE		
Category Score	Percentage	Frequency
GOOD KNOWLEDGE(21-30)	6%	6
ABVERAGE KNOWLEDGE(11-20)	77%	77
POOR KNOWLEDGE(0-10)	17%	17

Maximum Score=30 Minimum Score=0

SECTION C: Likert scale was used to assess the attitude regarding birth preparedness among Primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab.

CRITERIA MEASURE OF ATTITUDE SCORE		
Category Score	Percentage	Frequency
POSITIVE ATTITUDE(60-80)	3%	3
NEUTRAL(38-59)	97%	97
NEGATIVE ATTITUDE(16-37)	0%	0

Maximum Score=80 Minimum Score=16

Validity of tool

The content validity of tool of knowledge was assessed by structured knowledge questionnaire and attitude was done by Likert scale can be done by expert opinion on relevance of items. The tools will be given to the experts of Community health nursing, as per their suggestions, needed amendments will be done.

Reliability of tool

The reliability of the tool will be established by split-half method by Karl Pearson's coefficient of correlation. Results had shown that the reliability of the self- structured questionnaire tool was 0.90 and likert scale 0.75 that the tool was reliable.

Pilot Study

Pilot study was conducted on 10% (ten) of total sample. Pilot study was conducted to see the feasibility and reliability of study after obtaining the formal permission from Civil hospital Sangrur, Punjab with following objectives:

- To assess the availability of study subjects.
- To assess the feasibility and practicability of using the research tool.
- To refine and find out the procedural deficiency in methodology.
- To estimate the time required for each study subjects.

Formal permission was obtained and on 1st day of data collection consent was obtained and the investigator explained the purpose of the study, then knowledge assessed by structured knowledge questionnaire and attitude by likert scale then data was collected. Findings of the pilot study revealed that it was feasible to conduct the study and criterion measure was found to be effective. The plan of statistical analysis was determined first. The investigator did not face any problem while conducting the pilot study.

Data Collection Procedure

1. A prior formal permission was obtained from the concerned authorities.
2. The investigator was used Purposive sampling technique.

3. The purpose of the study was explained and written informed consent was obtained from the Primigravida mothers. Rapport was established to gain confidence of adolescents.
4. The investigator was select sample as per inclusion criteria.
5. The investigator was consent from primigravida mothers.
6. The knowledge assessed by structured knowledge questionnaire and attitude by likert scale among Primigravida mothers was assessed on day 1.

Ethical Considerations

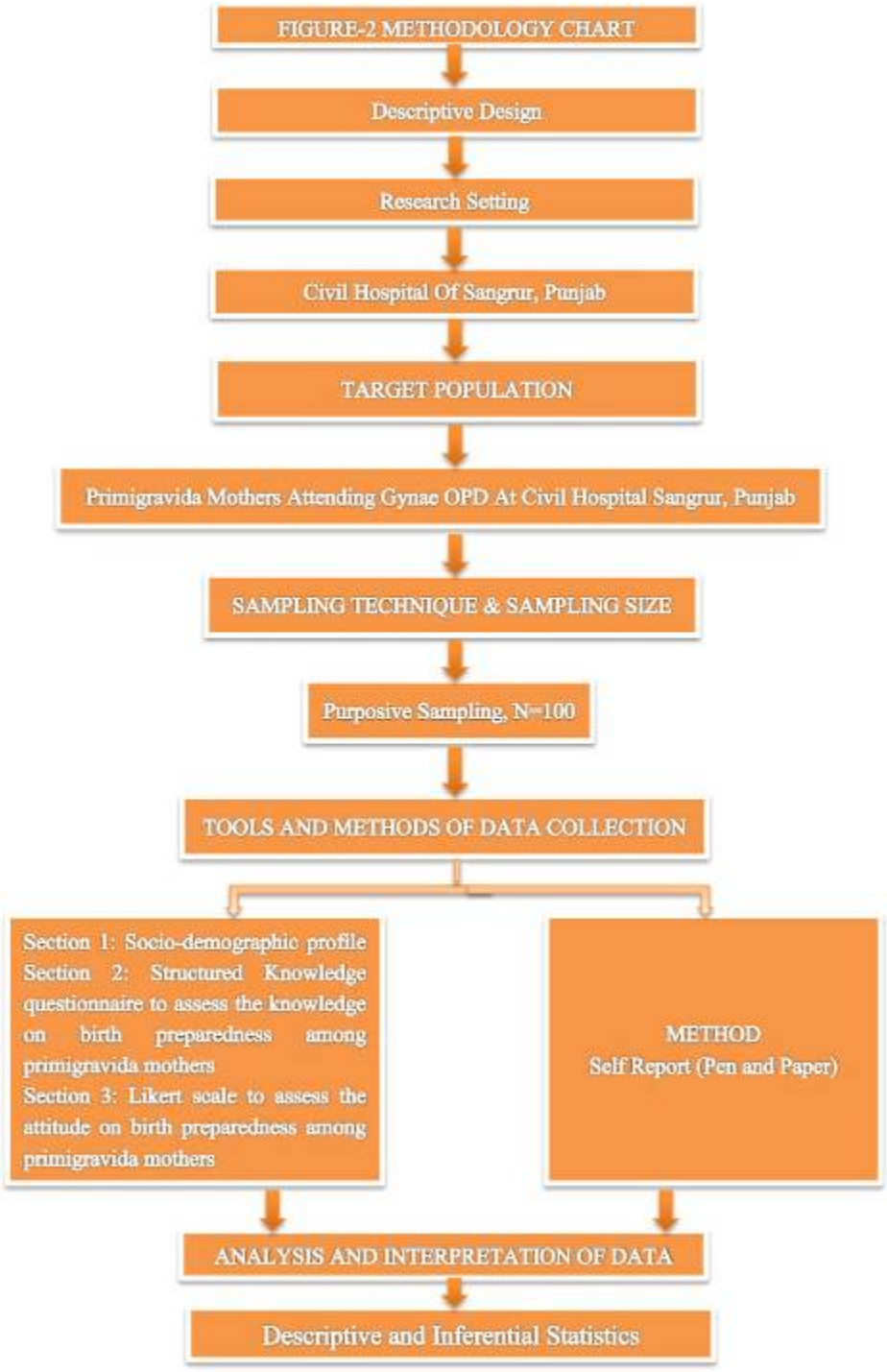
- Ethical consideration was taken from Civil hospital sangrur, Punjab.
- Written informed consent was taken from Primigravida mothers.

Plan for data analysis

Data analysis enables the investigator to reduce, summarize, organize, interpret and communicate numerical information, (Polit, Beck and Hungler 1995). Data analysis was planned in accordance with objective of the research study. It was accomplished with the use of descriptive and inferential statistics in form of tables and figures.

Descriptive statistics: frequency and percentage distribution will be used to analyse the demographic profile of Primigravida mothers.

Inferential statistics: Chi- square test will be used to find out association between knowledge and attitude score with their socio demographic characteristics.



4. ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the details of analysis and interpretation of the data obtained from 100 Primigravida mothers to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab. In this descriptive research design was used.

Analysis and interpretation had done in accordance with the objectives laid down for the study. The data was analysis by calculating the score in terms of the arithmetic mean, percentage, standard deviation, chi square test.

Objectives of the study

1. To assess the knowledge on birth preparedness among primigravida mothers.
2. To assess the attitude on birth preparedness among primigravida mothers.
3. To correlate between knowledge and attitude on birth preparedness among primigravida mothers.
4. To find out the association of knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

Assumptions

1. Primigravida mothers will have knowledge on birth preparedness.
2. Primigravida mothers will have favourable attitude on birth preparedness

Organization and presentation of the findings

To begin with the data was entered on a master sheet for tabulation & statistical processing. The data was analyzed and interpreted by using descriptive& inferential statistics. The findings are presented under the following sections:

Section I: Frequency and percentage distribution of Primigravida mothers as per their socio demographic variables.

Section II: Analysis of knowledge on birth preparedness among primigravida mothers.

Section III: Analysis of attitude on birth preparedness among primigravida mothers.

Section 1V: Analysis to correlate between knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Section V: Analysis of association of knowledge and attitude on birth preparedness among primigravida mothers with their selected socio demographic variables.

SECTION-I FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRIMIGRAVIDA MOTHERS AS PER THEIR DEMOGRAPHIC VARIABLES.

Table 3: Frequency and percentage distribution of primigravida mothers as per their socio demographic variables.

N=100

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Age of Mother (years)	21-25	24	24%
	26-30	50	50%
	31-35	23	23%
	36-40	3	3%
Residential Area	Rural	47	47%
	Urban	53	53%
Religion	Sikh	57	57%
	Hindu	9	9%
	Muslim	13	13%
	Christian	21	21%
Education	Graduate	32	32%
	Middle school certificate	31	31%
	Primary school certificate	20	20%
	Illiterate	17	17%

Occupation	Governmental job	29	29%
	Private job	28	28%
	House wife	24	24%
	Craft and related trade worker	19	19%
Types of Family	Nuclear family	32	32%
	Joint family	68	68%
Source of Information	Printed media	25	25%
	Mass media	31	31%
	Relatives	28	28%
	Health care workers	16	16%

Figure No. 3– Bar chart show that Distribution of Primigravida mothers according to Age.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Age of Mother (years)	21-25	24	24%
	26-30	50	50%
	31-35	23	23%
	36-40	3	3%

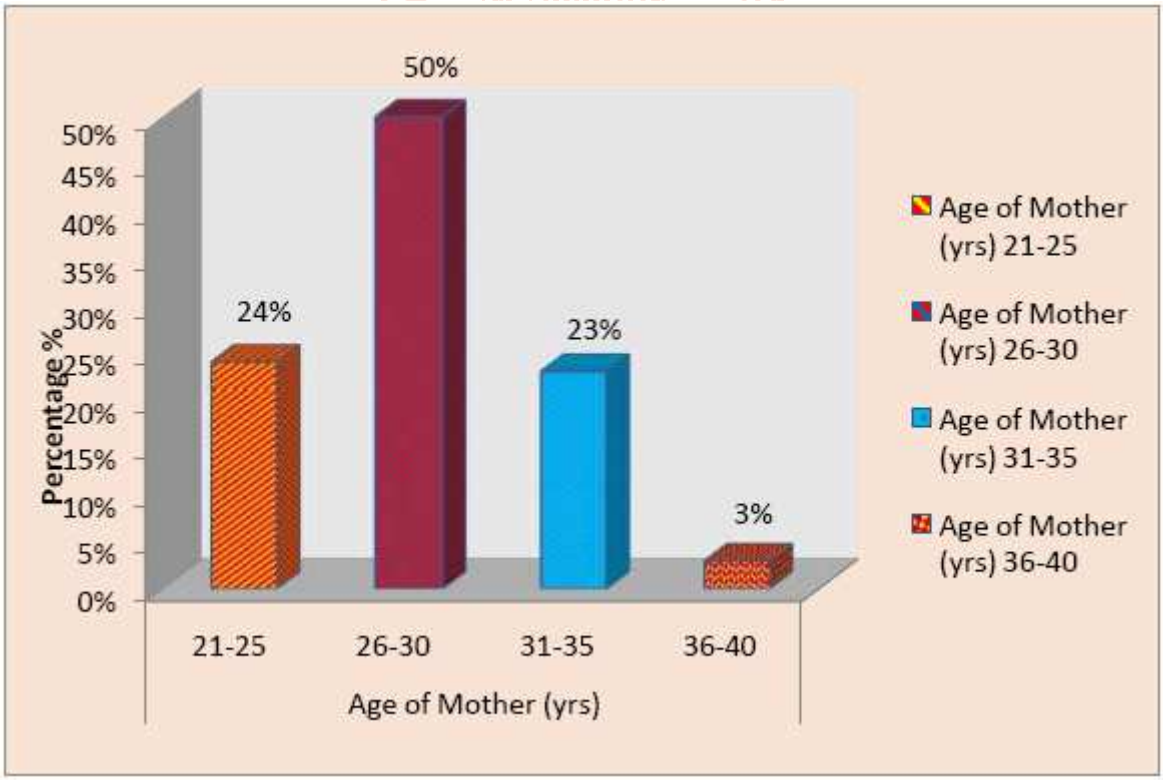


Figure No. 3 Shows that relation to age majority of the primigravida mothers 24(24%) were in the age group of 21-25 years, 50(50%) were in the age group 26-30 years, 23(23%) were in the age group of 31-35 years and 3(3%) were in the age group of 36-40 years.

Figure No. 4– Bar chart show that Distribution of Primigravida mothers according to Residential area.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Residential Area	Rural	47	47%
	Urban	53	53%

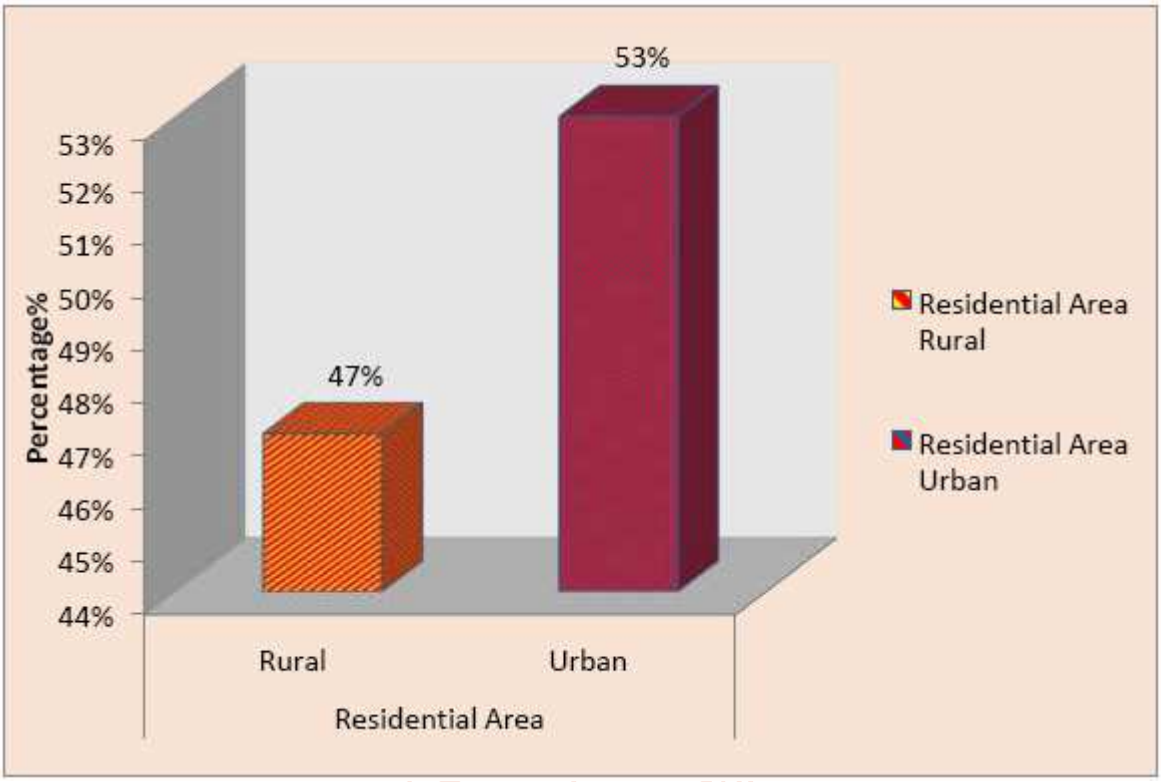


Figure No.4 Shows that relation to residential area majority of the primigravida mothers 47(47%) were from rural area and 53(53%) were from urban area.

Figure No. 5– Bar chart show that Distribution of Primigravida mothers according to Religion.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Religion	Sikh	57	57%
	Hindu	9	9%
	Muslim	13	13%
	Christian	21	21%

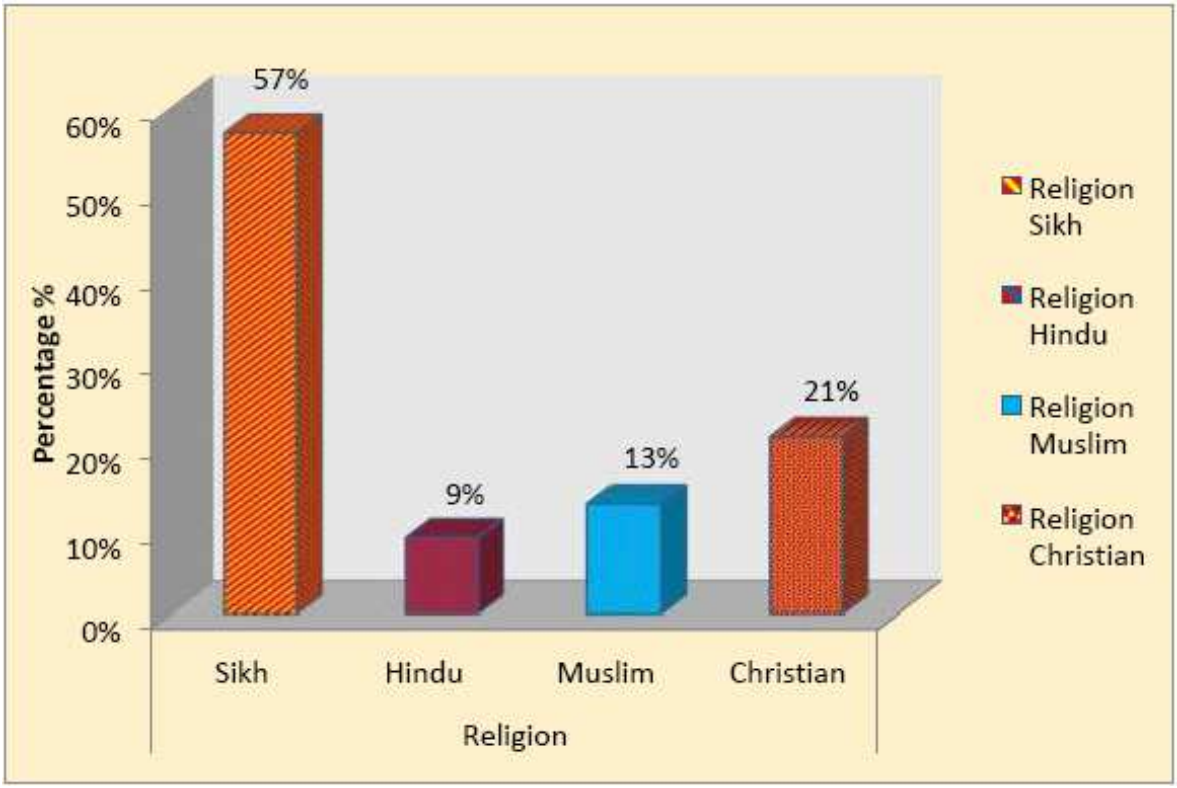


Figure No.5 Shows that relation to religion majority of the primigravida mothers 57(57%) were from Sikh religion, 9(9%) were from Hindu religion, 13(13%) were from Muslim religion and 21(21%) were from Christian religion.

Figure No. 6– Bar chart show that Distribution of Primigravida mothers according to their Education.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Education	Graduate	32	32%
	Middle school certificate	31	31%
	Primary school certificate	20	20%
	Illiterate	17	17%

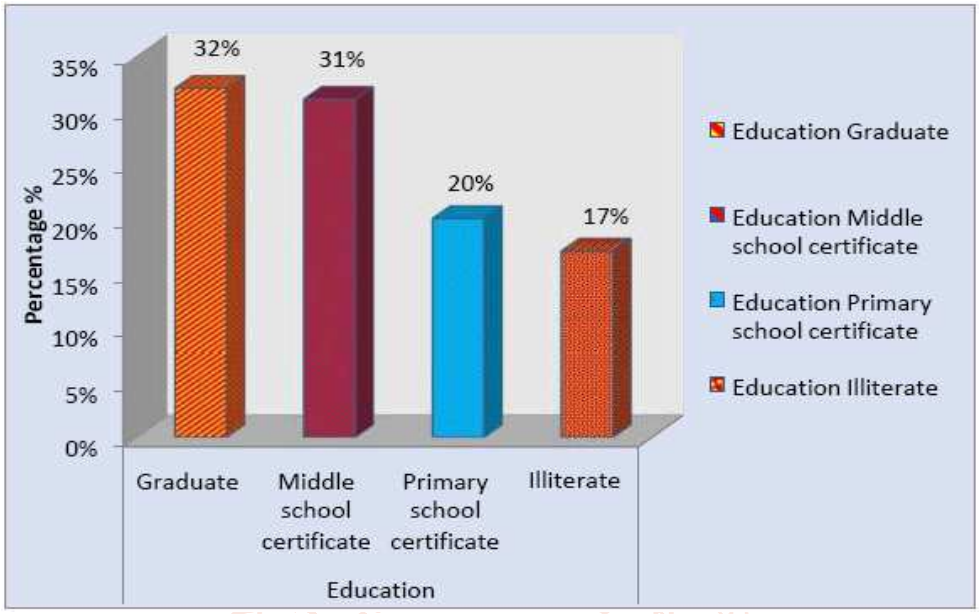


Figure No.6 Shows that relation to their education majority of the primigravida mothers 32(32%) were Graduate, 31(31%) were Middle school certificate, 20(20%) were Primary school certificate and 17(17%) were Illiterate.

Figure No. 7– Bar chart show that Distribution of Primigravida mothers according to their occupation.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Occupation	Governmental job	29	29%
	Private job	28	28%
	House wife	24	24%
	Craft and related trade worker	19	19%

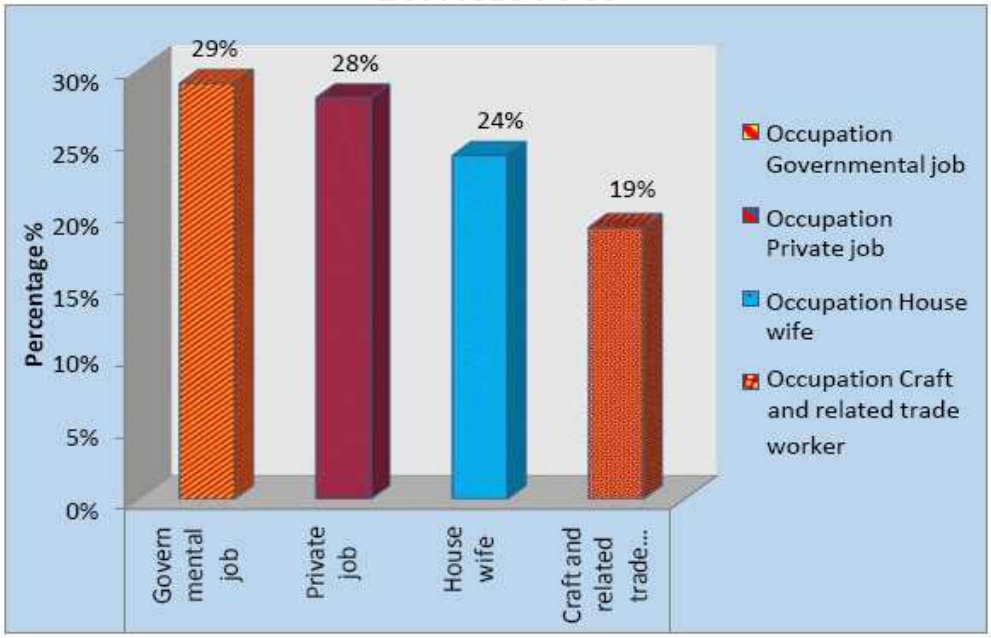


Figure No.7 Shows that relation to their occupation majority of the primigravida mothers 29(29%) were Governmental job, 28(28%) were Private job, 24(24%) were House wife and 19(19%) were Craft and related trade worker.

Figure No. 8– Bar chart show that Distribution of Primigravida mothers according to their types of family.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Types of Family	Nuclear family	32	32%
	Joint family	68	68%

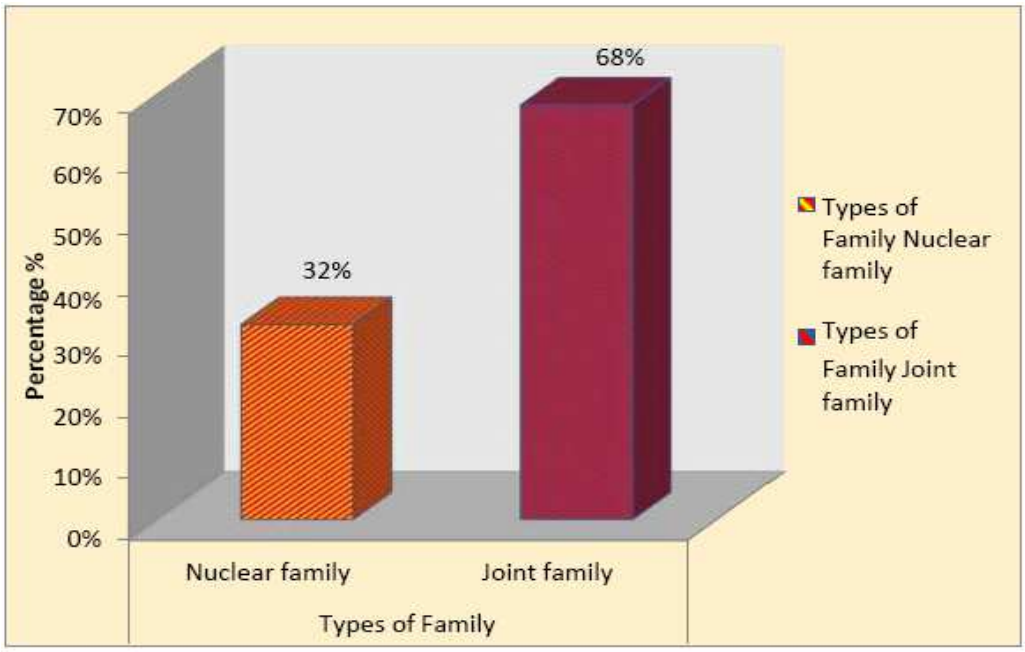


Figure No.8 Shows that relation to their type of family majority of the primigravida mothers 32(32%) were from nuclear family and 68(68%) were from joint family.

Figure No. 9– Bar chart show that Distribution of Primigravida mothers according to source of information.

SECTION-1 SOCIO DEMOGRAPHIC VARIABLE		Frequency	Percentage (%)
Source of Information	Printed media	25	25%
	Mass media	31	31%
	Relatives	28	28%
	Health care workers	16	16%

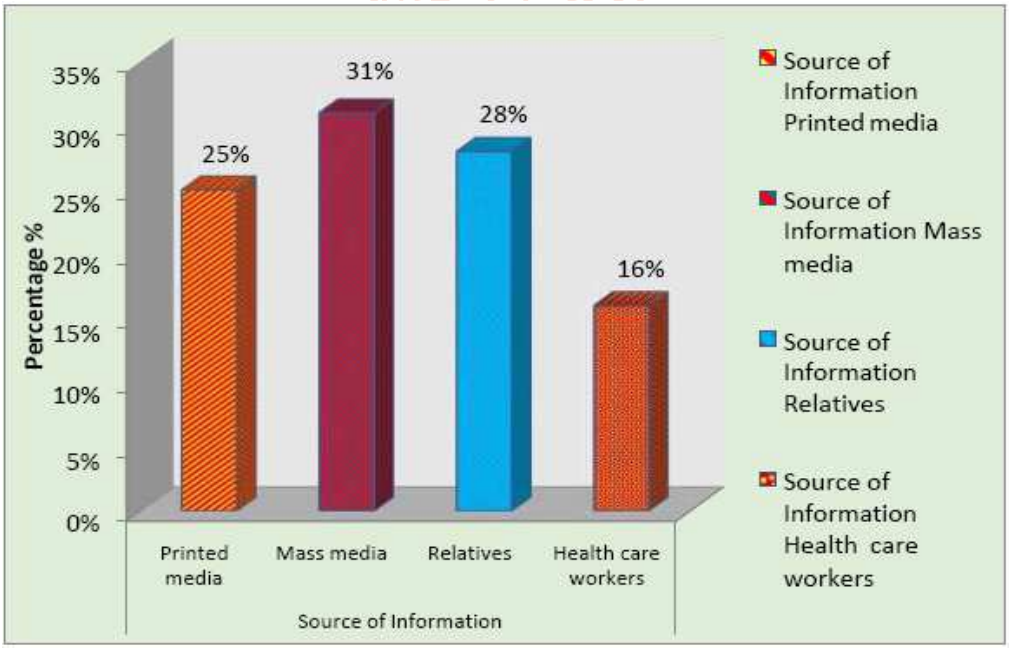


Figure No.8 Shows that relation to their source of family majority of the primigravida mothers 25(25%) were information from Printed media, 31(31%) were information from Mass media, 31(31%) were information from Relatives and 16(16%) were information from Health care workers.

SECTION-II ANALYSIS OF KNOWLEDGE ON BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA MOTHERS.

Table no. 4 Assessment of knowledge on birth preparedness among primigravida mothers.

Level of knowledge	Level of score	Frequency	Percentage (%)
Good knowledge	21-30	6	6%
Average knowledge	11-20	77	77%
Poor knowledge	0-10	17	17%

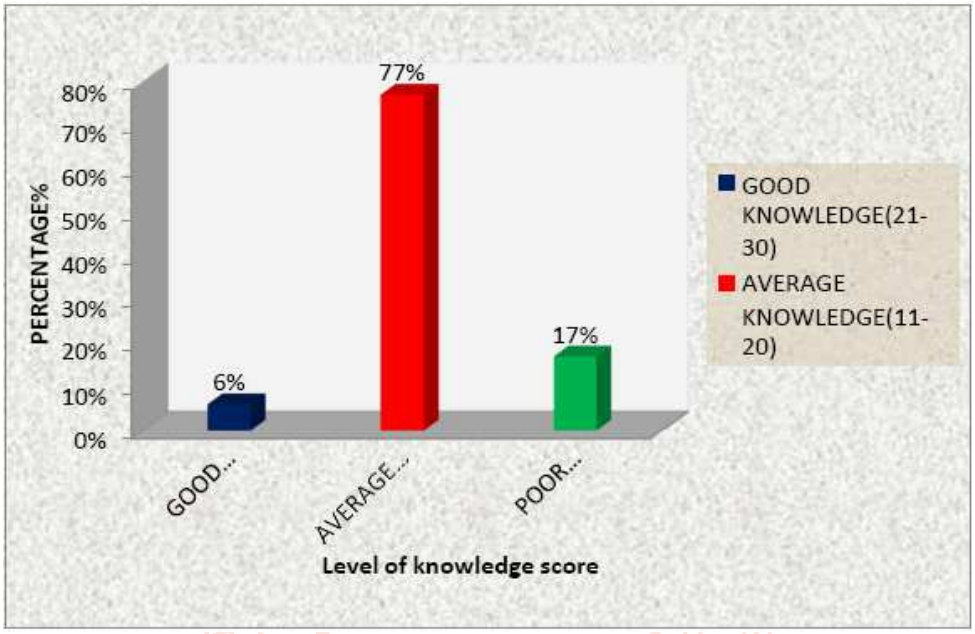


Figure No. 10 Distribution of Primigravida mothers according to their level of knowledge score.

Figure No. 10 Shows that 100 Primigravida mothers 6(6%) had good knowledge followed by 77(77%) had Average knowledge and 17(17%) had poor knowledge.

SECTION-III ANALYSIS OF ATTITUDE ON BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA MOTHERS.

Table no. 5 Assessment of Attitude on birth preparedness among primigravida mothers.

Level of Attitude	Level of score	Frequency	Percentage (%)
Positive attitude	60-80	3	3%
Neutral attitude	38-59	97	97%
Negative attitude	16-37	00	00%

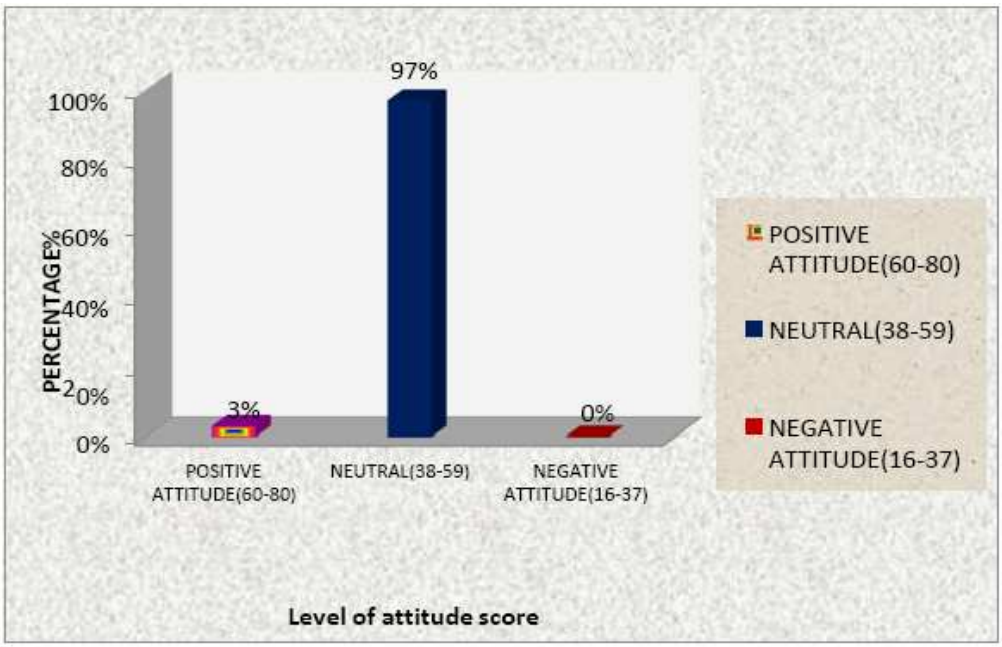


Figure No. 11 Distribution of Primigravida mothers according to their level of attitude score.

Figure No. 11 Shows that 100 Primigravida mothers 3(3%) had positive attitude followed by 97(97%) had neutral attitude and 00(00%) had negative knowledge.

SECTION IV ANALYSIS TO CORRELATE BETWEEN KNOWLEDGE AND ATTITUDE ON BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA MOTHERS ATTENDING GYNAE OPD AT CIVIL HOSPITAL SANGRUR, PUNJAB.

Table no. 6 To correlate between knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Pearson's Correlation	Pair1	
	KNOWLEDGE Score	ATTITUDE Score
Mean	13.28	52.33
SD	3.114	5.123
N	100	
Correlation	0.446	
Table Value	0.197	
P Value	<0.001	
Result	Significant	

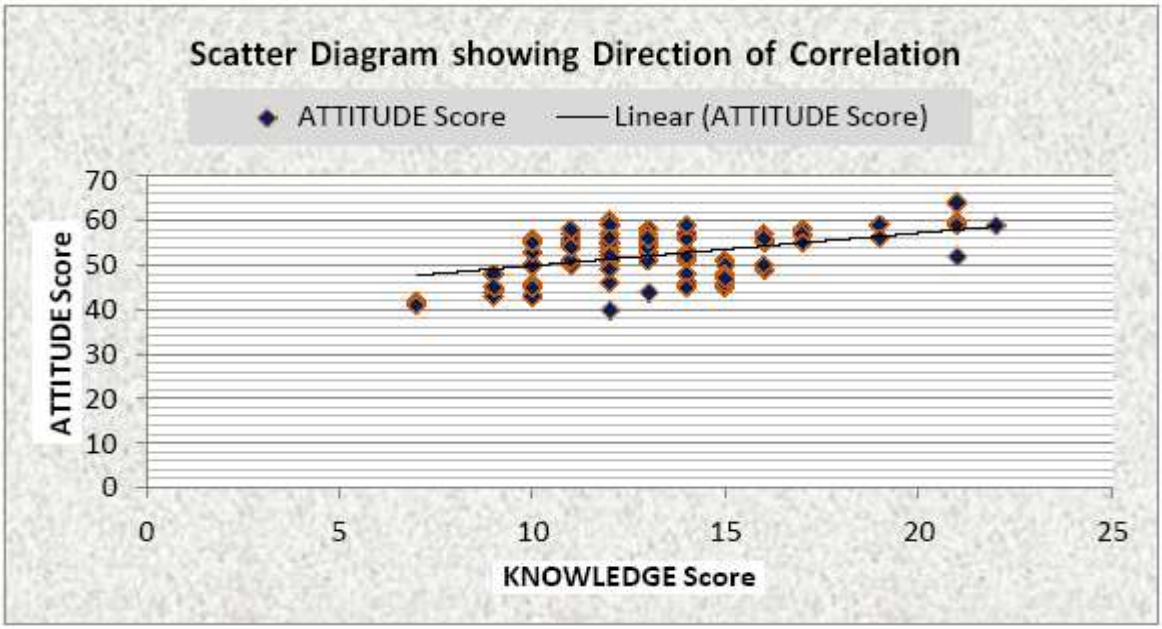


Figure No. 12 To correlate between knowledge and attitude on birth preparedness among primigravida mothers.

Figure No. 11 Shows that 100 Primigravida mothers in knowledge score the mean 13.28, the standard deviation is 3.114. In attitude score the mean 52.33, the standard deviation is 5.123. The correlation between knowledge and attitude is 0.446 and table value 0.197. The result shows that it was significant.

SECTION V ANALYSIS OF ASSOCIATION OF KNOWLEDGE AND ATTITUDE ON BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA MOTHERS WITH THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES.

Table no. 7 To find out the association of knowledge on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

Socio Demographic Variables		Levels (N=100)			Association of knowledge on birth preparedness among primigravida mothers.				
Variable	Opts	Good Knowledge	Average Knowledge	Poor Knowledge	Chi Test	P Value	df	Table Value	Result
Age of Mother (years)	21-25	2	17	5	10.178	0.117	6	12.592	Not Significant
	26-30	0	42	8					
	31-35	4	15	4					
	36-40	0	3	0					

Residential Area	Rural	3	34	10	1.226	0.542	2	5.991	Not Significant
	Urban	3	43	7					
Religion	Sikh	4	43	10	4.569	0.600	6	12.592	Not Significant
	Hindu	0	6	3					
	Muslim	0	12	1					
	Christian	2	16	3					
Education	Graduate	3	26	3	10.134	0.119	6	12.592	Not Significant
	Middle school certificate	0	25	6					
	Primary school certificate	1	17	2					
	Illiterate	2	9	6					
Occupation	Governmental job	3	23	3	8.352	0.213	6	12.592	Not Significant
	Private job	2	18	8					
	House wife	1	18	5					
	Craft and related trade worker	0	18	1					
Types of Family	Nuclear family	4	22	6	3.814	0.148	2	5.991	Not Significant
	Joint family	2	55	11					
Source of Information	Printed media	2	17	6	2.738	0.841	6	12.592	Not Significant
	Mass media	2	25	4					
	Relatives	2	22	4					
	Health care workers	0	13	3					

Table 7 depicts that to find out the association of knowledge on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

It is elicited that chi square value of the Mother's Age [in years] was x^2= 10.178, Residential area was x2= 1.226, Religion was x2= 4.569, Education was x^2=10.134, Occupation x^2= 8.352, type of family was x^2=3.814 and Source of Information was x^2= 2.738 was non-significant which is less than the table value at 0.05 level of significance. So, there is no significant association.

OBJECTIVES

Table no. 8 To find out the association of attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

Socio Demographic Variables		Levels (N=100)			Association of attitude on birth preparedness among primigravida mothers.				
Variable	Opts	Positive Attitude	Neutral	Negative Attitude	Chi Test	P Value	df	Table Value	Result
Age of Mother (yrs)	21-25	1	23	0	4.315	0.229	3	7.815	Not Significant
	26-30	0	50	0					
	31-35	2	21	0					
	36-40	0	3	0					
Residential Area	Rural	1	46	0	0.232	0.630	1	3.841	Not Significant
	Urban	2	51	0					
Religion	Sikh	2	55	0	0.955	0.812	3	7.815	Not Significant
	Hindu	0	9	0					
	Muslim	0	13	0					
	Christian	1	20	0					

Education	Graduate	1	31	0	1.721	0.632	3	7.815	Not Significant
	Middle school certificate	0	31	0					
	Primary school certificate	1	19	0					
	Illiterate	1	16	0					
Occupation	Governmental job	1	28	0	3.001	0.391	3	7.815	Not Significant
	Private job	2	26	0					
	House wife	0	24	0					
	Craft and related trade worker	0	19	0					
Types of Family	Nuclear family	2	30	0	1.708	0.191	1	3.841	Not Significant
	Joint family	1	67	0					
Source of Information	Printed media	1	24	0	0.618	0.892	3	7.815	Not Significant
	Mass media	1	30	0					
	Relatives	1	27	0					
	Health care workers	0	16	0					

Table 8 depicts that to find out the association of attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

It is elicited that chi square value of the Mother's Age [in years] was x^2= 4.315, Residential area was x2= 0.232, Religion was x2= 0.955, Education was x^2=1.721, Occupation x^2= 3.001, type of family was x^2=1.708 and Source of Information was x^2= 0.618 was non-significant which is less than the table value at 0.05 level of significance. So, there is no significant association.

5. DISCUSSION

The findings of the study had been discussed in accordance with the objectives of the study. This was Descriptive study to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Objective-1: To assess the knowledge on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Table no. 4 Figure No. 10 Shows that 100 Primigravida mothers 6(6%) had good knowledge followed by 77(77%) had Average knowledge and 17(17%) had poor knowledge.

A similar study had conducted by Iravva F. Padaguggari and M. S. Shivaswamy et al. (2018) a cross-sectional study on knowledge and practices regarding birth preparedness and complication readiness among pregnant women attending antenatal clinic at KLE'S Dr. Prabhakar Kore Hospital and Medical Research Center, Belagavi. The study was carried out in 2400-bedded tertiary care teaching hospital. A total of 384 pregnant women attending the antenatal clinic at the tertiary care teaching hospital were included in the study by purposive sampling. A descriptive approach was adopted, including collection of information from the pregnant women through a pretested and structured interview questionnaire. The results of the study among 384 pregnant women 296 (77.1%) had moderate level of knowledge and 66 (17.2%) women had poor level of knowledge and only 22 of the women (5.7%) had good level of knowledge.

Objective-2: To assess the attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Table no. 5 Figure No. 11 Shows that 100 Primigravida mothers 3(3%) had positive attitude followed by 97(97%) had neutral attitude and 00(00%) had negative knowledge.

A similar study had conducted by Munirah Alatawi and Wafaa A. Faheem et al. (2021) a study to assess Knowledge, Attitude, and Practice of Primigravida Women on Birth Preparedness. An exploratory descriptive cross-sectional study was conducted. A convenience sample of 200 primigravida women who attended King Fahad Specialist hospital in Saudi Arabia. A self-administered questionnaire was used to collect the data. The Results of this study was approximately two-thirds of the primigravida women (65.0%) had a moderate level of knowledge of BP, and 96.5% had a favorable attitude toward BP.

Objective-3: To correlate between knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Table no. 5 Figure No. 12 Shows that 100 Primigravida mothers in knowledge score the mean 13.28, the standard deviation is 3.114. In attitude score the mean 52.33, the standard deviation is 5.123. The correlation between knowledge and attitude is 0.446 and table value 0.197. The result shows that it was significant.

A similar study had conducted by Parmjit Kaur and Mr. Jibin Varghese (2018) a study to assess the Knowledge and Attitude on Birth Preparedness among Primigravida Mothers attending Gynae OPD at selected Hospital Patiala, Punjab. Non – Experimental descriptive research design is used in this study. A quantitative approach with descriptive research design was used for this study. The sample consisted of 100 primigravida women. The sample was chosen by using non- probability purposive sampling technique. The data was collected by using structured knowledge questionnaire and rating scale. The results of this was mean knowledge score regarding birth preparedness was 24.90 and mean attitude score regarding birth preparedness was 6.80. Correlation of knowledge and attitude score regarding birth preparedness was found to have moderate positive correlation (r = 0.526) as calculated by Karl Pearson's coefficient of correlation which is statistically significant ($p<0.01$).

Objective-4: To find out the association of knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

Table 7 depicts that to find out the association of knowledge on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

It is elicited that chi square value of the Mother's Age [in years] was x^2= 10.178, Residential area was x2= 1.226, Religion was x2= 4.569, Education was x^2=10.134, Occupation x^2= 8.352, type of family was x^2=3.814 and Source of Information was x^2= 2.738 was non-significant which is less than the table value at 0.05 level of significance. So, there is no significant association.

Table 8 depicts that to find out the association of attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

It is elicited that chi square value of the Mother's Age [in years] was x^2= 4.315, Residential area was x2= 0.232, Religion was x2= 0.955, Education was x^2=1.721, Occupation x^2= 3.001, type of family was x^2=1.708 and Source of Information was x^2= 0.618 was non-significant which is less than the table value at 0.05 level of significance. So, there is no significant association.

A similar study had conducted by Masudio Florence and Catherine Atuhaire et al. (2019) a study to assess Knowledge and practice of birth preparedness and complication readiness among pregnant women attending antenatal clinic in Openzinzi Hciii, Adjumani District, Uganda. A descriptive cross sectional study design with a sample of 80 respondents was used for the study. Simple random sampling was used to select the respondents in the study area. A research administered questionnaire was used for data collection. The Results of the study most of the respondents (27.5%) were in the age group of 26- 35 years. The majority 43.75% ended at primary level of education, 50% were unemployed, and the majority 71.25% and 70% knew identifying skilled birth attendants and health facilities respectively as components of BP/CR.

6. Summary, Conclusion and Recommendations

Summary

The present study a descriptive study to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Birth Preparedness and Complication Readiness (BP/CR) is an intervention introduced by World health organization to plan for births and deal with emergencies during pregnancy, labor and postpartum period. BP/CR is a key component in safe motherhood programs which are globally accepted.[11] Birth Preparedness and Complication Readiness (BP/CR) is a strategy to promote timely use of skilled maternal care during pregnancy, childbirth, or early postnatal period, especially in women with obstetric complications.

The aim of the study is to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab. The objectives of the study is To assess the knowledge on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab. To assess the attitude on birth preparedness among primigravida mothers attending Gynae OPD at civil hospital Sangrur, Punjab. To correlate between knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab. To find out the association of knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

The research design was descriptive research design. The study was conducted in civil hospital Sangrur, Punjab. The target population was Primigravida mothers The sample size was 100 Primigravida mothers. Purposive sampling technique was used. Inclusion Criteria include. The study includes Primigravida mothers who are present at the time of study. Primigravida mothers who are willing to participate. Primigravida mothers who can understand read and write in English and Punjabi only.

The study excludes Primigravida mothers who are selected during pilot study. Primigravida mothers who are not willing to participate. Primigravida mothers who are not present at the time of data collection. Content validity of the tool was established and reliability of the tool was established by using split half method.

A pilot study was conducted on 10 of total sample. The main study was conducted personally by the researcher after taking the written consent from Primigravida mothers. Data was collected to assess on day 1 by structured knowledge questionnaire and attitude was assessed by Likert scale on birth preparedness.

Major findings include:

Findings related to frequency and percentage distribution of Primigravida mothers as per their socio demographic variables.

Majority of Primigravida mothers shows that relation to age maximum number of mothers 50(50%) were in age group 26-30 years. Majority of Primigravida mothers of shows that relation to that relation to residential area maximum number of mothers 53(53%) were from urban areas. Majority of Primigravida mothers shows that relation religion maximum number of mothers 57(57%) were from Sikh religion. Majority of Primigravida mothers shows that relation education maximum number of mothers 32(32%) were graduate. Majority of Primigravida mothers shows that relation to occupation maximum number of mothers 29(29%) having governmental job. Majority of Primigravida mothers shows that relation to type of family 68(68%) were from joint family. Majority of Primigravida mothers shows that relation to source of information maximum number of mothers 31(31%) information from mass media.

Finding related to assess the knowledge on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Majority of Primigravida mothers shows that 77(77%) had Average knowledge.

Finding related to assess the attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Majority of Primigravida mothers shows that 97(97%) had neutral attitude.

Findings related to correlate between knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab.

Primigravida mothers in knowledge score the mean 13.28, the standard deviation is 3.114. In attitude score the mean 52.33, the standard deviation is 5.123. The correlation between knowledge and attitude is 0.446 and table value 0.197. The result shows that it was significant.

Findings to find out the association of knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD with selected socio demographic variables.

It was found that not significant association between level of knowledge with socio-bio-demographic characteristics. It was found that not significant association between level of attitude with socio-bio-demographic characteristics.

Conclusion

According to World Health Organization (WHO), Birth preparedness is an essential part of antenatal care including desired place of birth, preferred birth attendant, location of the nearest facility for birth, funds for expenses, supplies and materials to bring to a facility, identified labor and birth companions, identified support persons to take care other children at home, identified transportation to a facility; and identified blood donor if needed.

The main concept of this study was to assess the knowledge and attitude on birth preparedness among primigravida mothers attending Gynae OPD at Civil Hospital Sangrur, Punjab. It was found that most of Primigravida mothers shows that 77(77%) had Average knowledge and mostly Primigravida mothers shows that 97(97%) had neutral attitude. The correlation between knowledge and attitude was significant.

Implication of the Study

The section of the research report that focuses on nursing implication, usually it includes the specific suggestions for nursing practice, nursing education, nursing administration and nursing research.

NURSING IMPLICATIONS:

Nursing Practice:

- Care oriented approach help in the promotion of health and prevention of illness. Nurses are the

key persons of the health team who play a major role in effective health promotion and maintenance.

- This study implies a basis for developing standards of imparting knowledge in the community and educational institutes. Nurses can make primigravida women self-sufficient regarding birth preparedness and complication readiness.
- Nursing health personnel should have adequate knowledge and skill to educate women regarding birth preparation.
- Health personnel mainly working in antenatal clinic and in community set up, can play a very important role in promotion of health of pregnant women.
- ANM/Nurse should have adequate knowledge about antenatal, intranatal and postnatal preparations.
- A nurse educator plays a major role so they should plan and organize health teaching for them through mass media such as through radio, television, documentary films, pamphlets, leaflets and booklets.

Nursing Education:

- The nursing curriculum should consist of increased depth, content and activities which help to develop knowledge and skills in nurses in imparting knowledge regarding birth preparedness and complication readiness.
- The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about birth preparedness and complication readiness.
- The nurse should educate about the utilization of local health services and voluntary health service which helps in imparting knowledge regarding birth preparedness and complication readiness.
- Nurse educators need to prepare self-learning packages, power point presentations and video films which can be placed in the library.

Nursing Administration:

- Nursing administrators should plan in-service education programmes related to birth preparedness.
- They should plan and organize programme, taking into consideration of cost effectiveness and carry out successful educational programs.
- The nurse administrator should explore their potentials and encourage innovative ideas in preparation of appropriate information and modalities.
- Administrator should organize sufficient man power, money and material for disseminating health information.

Nursing Research:

- The investigator found scarcity in research works conducted by Indian Nurses on knowledge regarding birth preparedness and complications readiness among Primigravida women, therefore the findings of the study can be utilized by the nursing researchers for future studies.
- The study will motivate the beginning researchers to conduct same study with different variables on the large scale. The public and private agencies should also encourage research in this field through materials and funds.

Recommendations

- A similar study can be done on large samples to validate and generalize the result.
- A similar study can be conducted among health personnel's in community settings.
- A different sample can be done by using other teaching strategies i.e., video teaching programme, informational booklet, Pamphlets, Leaftes etc.
- Similar study can be carried out to assess the practice among primigravida mothers.
- Similar study can be done in another study setting.
- A pre-experimental study may also be planned regarding birth preparedness.

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