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Assess the effectiveness of structured teaching program on knowledge and attitude of birth preparedness among primigravida mothers

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Abstract

Background: Birth preparedness is a safe motherhood initiative with the objective of planning for normal birth and anticipating actions needed in the case of emergency. The pregnant mother and their families are encouraged to effectively plan for births and deal with anticipated complication, if they occur it ensures that the readiness and timely utilization of skilled maternal and unit health care services.

Aim: To assess the effectiveness of structured teaching program on knowledge and attitude of birth preparedness among Primigravida mothers.

Design: Quasi Experimental one group pretest and posttest design was used.

Setting: The study was conducted in Government Medical College and Hospital, Thiruvallur, Tamilnadu in Maternal and Child Health Center.

Sample: Primigravida mothers in their third trimester who visited the antenatal OPD at Thiruvallur GH served as study participants.

Tools: Demographic Variables, Self-structured knowledge questionnaire, self-structured 5 point Likert Scale to assess the attitude.

Results: The study results showed that knowledge level in the pretest was 42(42%) of Primigravida mothers had moderately adequate knowledge, 41(41%) had inadequate knowledge and 17(17%) had adequate knowledge on birth preparedness whereas in the post test, 79(79%) had adequate knowledge and 21(21%) had moderate adequate knowledge on birth preparedness among Primigravida mothers. The attitude level in the pretest was 79(79%) of Primigravida mothers had moderately favourable attitude, 17(17%) had favourable attitude and 4(4%) had unfavourable attitude on birth preparedness whereas in the post test, 78(78%) had favourable attitude and 22(22%) had moderate favourable attitude on birth preparedness among Primigravida mothers. There was a significant ix difference between the pretest and post test score of knowledge and attitude which clearly infers that structured teaching programme on birth preparedness administered to the Primigravida mothers was found to be effective in improving their level of knowledge and attitude in the post test.

Keywords: Structured teaching program, birth preparedness, primigravida mothers

Introduction

Birth readiness is a comprehensive approach aiming at increasing the use of professional maternal and newborn health care in a timely manner. It's a programming tool for addressing several layers of delay causing causes (delay in seeking treatment, delay in reaching care, and delay in receiving care). It is one of the critical interventions that WHO recommends be included in the ANC package.

Preparing pregnant women for labor and delivery, as well as any potential difficulties that may develop at any point of the process, will help to reduce maternal mortality and morbidity. Engaging a wide range of stakeholders, including women, their families, the community, facilities, and providers, as well as planning for labor and its potential problems, can help to reduce delays in seeking care, accessing services, and receiving treatment in facilities. ANC follow-up is one of the interventions that helps women stay safe throughout their pregnancy and prepares them for delivery in facilities that provide high-quality care. (Tabassum, 2018)

The process of planning for a normal birth and anticipating the activities needed in the event of an emergency is referred to as birth readiness. It can be tested by the mothers' ability to recognize danger indications and their readiness to act in an emergency or during routine obstetric care. The mothers were supposed to make the following preparations: I finding a trained (skilled) birth attendant, (ii) finding a health facility, (iii) finding a mode of transportation, (iv) saving money, and (v) finding a blood donor in case of an obstetric emergency (Kaur *et al*., 2009).

Need for the study

Keeping organized, cheerful, relaxed, and correctly preparing can make the childbirth process go more smoothly. The provision of counsel and information is one of the most important functions of prenatal care to the woman concerning birth preparation, obstetric problems, and emergency preparedness. Birth preparedness and

complication readiness is a safe motherhood strategy that aims to reduce delays at the first, second, and third levels in order to facilitate the timely utilization of professional maternal and newborn care during childbirth and obstetrical emergencies. It comprises making preparations ahead to the birth and dealing with problems. Decisions are made and documented on matters such as the intended birth location, the preferred trained birth attendant, the items needed for birth, the birth companion, finding a compatible blood donor, and planning transportation ahead of time. (Mutiso *et al*., 2008). During pregnancy, labor, and the postpartum period, women and newborns require rapid access to expert care. Providing knowledge to pregnant women does not necessitate the use of equipment or machinery; rather, an effective midwife educator and the desire to listen to and follow directions, as well as their awareness, make pregnancy safer, resulting in a healthy mother and child. During her clinical placements and interactions with Primigravida women, the investigator saw that they lacked understanding about many areas of birth preparation. As a result, the researcher felt compelled to analyze Primigravida women's understanding of birth preparation. This study will aid in the identification of Primigravida women's awareness of birth readiness. (Abedzadeh *et al*., 2010)

Background of the study

Birth preparedness is a strategy for promoting fast access to expert maternal and neonatal care, particularly during childbirth, based on the idea that preparation for childbirth and anticipating complications reduces treatment delays.

Maternal death are assumed to be caused by three delays: deciding to seek proper care, arriving at an appropriate health facility, and receiving adequate emergency care while there. If pregnant women are prepared for birth and difficulties, these delays may be reduced.

Objectives of the study

The objectives of the study were to

- Assess the effectiveness of structured teaching program on knowledge and attitude of birth preparedness among primigravida mothers.
- Correlate the pretest and post test level of knowledge and attitude of birth preparedness among primigravida mothers.
- Associate the level of knowledge and attitude of birth preparedness among primigravida mothers with their selected demographic variables.

Aim of the study

To assess the effectiveness of structured teaching program on knowledge and attitude of birth preparedness among Primigravida mothers.

Research Hypothesis

H1: There will be a significant difference between pretest and posttest level of knowledge and attitude of birth preparedness among Primigravida mothers.

H2: There will be a significant relationship between knowledge and attitude of birth preparedness among Primigravida mothers.

H3: There will be a significant association between the post test knowledge and attitude score with their selected demographic variables among Primigravida mothers.

Methods

Design: Quasi-experimental one-group pretest and post-test design was chosen.

Setting: The study was conducted in Government Medical College and Hospital, Thiruvallur, Tamilnadu in Maternal and Child Health Center.

Sample: Primigravida mothers in their third trimester who visited the antenatal OPD at Thiruvallur GH served as study participants.

Sample size: The sample size for this investigation was set at 100 people.

Sampling technique: Purposive Sampling Technique.

Sample size calculation: The sample size was estimated based on previous study results and by Power Analysis. The supportive study used to calculate the sample size is "A study to assess the effectiveness of planned teaching programme on knowledge and attitude regarding birth preparedness among Primigravida women in selected rural areas at Mangalore". This study finding was 36%. It is expected to improve 20% after intervention with 95% of confidence and 80% of power of the study.

Tools for data collection

Section 1: Demographic variables of primigravida mothers: Demographic data consists of Age, Religion, Education of women, Occupation, Monthly income of the family in rupees, Type of family, Source of Information, Type of food habit.

Section 2: Self structured knowledge questionnaire: The tool used to assess the knowledge on Birth preparedness among primigravida mothers. The tool consisting of 30 questions. Each correct answer 33 carries '1' mark and wrong answer carries '0' mark. So total score is 30. Out of 30 marks, the knowledge level will be classified.

Section 3: Self structured 5 point Likert attitude scale: The tool used to assess the Attitude on Birth preparedness among Primigravida mothers. The tool consisting of 14 questionnaire, 7 positive attitude questions and 7 negative attitude questions. (In positive attitude questions, strongly agree carries 5 marks, agree carries 4 marks, neutral carries 3 marks, disagree carries 2 marks and strongly disagree carries 1 mark and in negative attitude questions, strongly disagree carries 5 marks, disagree carries 4 marks, neutral carries 3 marks, agree carries 2 marks and strongly agree carries 1 mark). So total score is 70. Out of 70 marks, the attitude level will be classified.

Ethical considerations

Ethical Clearance was obtained from Institutional Ethics Committee, ACS Medical College and Hospital (No.303/2021/IEC/ACSMCH Dt.10.08.2021). Informed

consent was obtained in writing from the mothers. The confidentiality of the information submitted to the researcher was guaranteed to the participants chosen for the study.

Pilot study

A pilot study was conducted on 10% of the total sample. Pretest was conducted on 02.11.2021 and intervention (Structured Teaching Program of Birth Preparedness) also given on the same day. Post test was 35 conducted on 09.11.2021 (1 week interval). Self-structured 30 knowledge questionnaire and self-structured 5 point Likert scale which contains 14(7 positive attitude questions and 7 negative attitude question) questionnaire with 8 demographic variables were used to collect the data. On the basis of the pilot study. The pilot sample was excluded from the final analysis.

Data collection procedure

The study's goal was presented to each sample in order to gain their full cooperation. The subjects' consent was acquired. There was sufficient privacy. Pretest has been done with the help of questionnaire and attitude scale. With the use of flash cards, a structured teaching programme has been implemented as an intervention. The STP explains about decision making in the emergency, skilled attendant at birth, supplies needed for clean delivery, identify the support people, establish a financial plan for delivery, blood donor, saving cost for normal delivery, transportation and also focused on nutritional aspects, antenatal exercises, sexual intercourse in pregnancy, exclusive breastfeeding practices, hygienic practices and comfort measures. In one week interval post test were conducted for the same mothers.

Results

Characteristics of the study sample

4% of Primigravida mothers aged between 18-21 years, 34% of Primigravida mothers were aged between 22-25 years, 31% were aged between 26-29 years, 27% were aged between 30-33 years, 4% were aged above 33 years. 65% were Hindus, 4% were Muslim, 31% were Christian. 50% of women had higher secondary as education, 7% had no formal education, 26% had primary education, 17% were graduate and above. 83% were housewives, 17% were private job. 91% had monthly income of 10,001 - 15,000, 3% had monthly income of rupees less than 5000, 4% had monthly income of rupees 5001-10,000, 2% had monthly income of rupees 15,000-20000. 71% belonged to joint family, 29% belonged to nuclear family. 46% had magazines as source of information, 42% had social media as source of information and 93% were non vegetarian, 7% were vegetarian.

Table 1: Frequency and percentage distribution of demographic variables of primigravida mothers. N=100

Demographic Variables	Frequency	Percentage
Age (in years)		
18 – 21	4	4.0
22 – 25	34	34.0
26 – 29	31	31.0
30 – 33	27	27.0
>33	4	4.0
Religion		
Hindu	65	65.0
Muslim	4	4.0
Christian	31	31.0
Others	-	-
Education of women		
No formal education	7	7.0
Primary school	26	26.0
Higher secondary	50	50.0
Graduate and above	17	17.0
Occupation		
House wife	83	83.0
Coolie	-	-
Private job	17	17.0
Government job	-	-
Monthly income of the family in rupees		
≤5000	3	3
5,001-10,000	4	4
10,001-15,000	91	91.0
15,000-20,000	2	2.0
Type of family		
Nuclear	29	29.0
Joint	71	71.0
Source of information		
Social media	42	42.0
Mass media	10	10.0
Newspaper and books	2	2.0
Magazines	46	46.0
Type of food habits		

Vegetarian	7	7.0
Non-vegetarian	93	93.0

Table 2: Frequency and percentage distribution of pretest and post test level of knowledge of birth preparedness among primigravida mothers. N = 100

Level of Knowledge	Pretest		Post Test	
	F	%	F	%
Inadequate (≤50%)	41	41.0	0	0
Moderately Adequate (51 – 75%)	42	42.0	21	21.0
Adequate (>75%)	17	17.0	79	79.0

The table 2 depicts that in the pretest, 42(42%) of Primigravida mothers had moderately adequate knowledge, 41(41%) had inadequate knowledge and 17(17%) had adequate knowledge on birth preparedness whereas in the post test, 79(79%) had adequate knowledge and 21(21%) had moderate adequate knowledge on birth preparedness among Primigravida mothers.

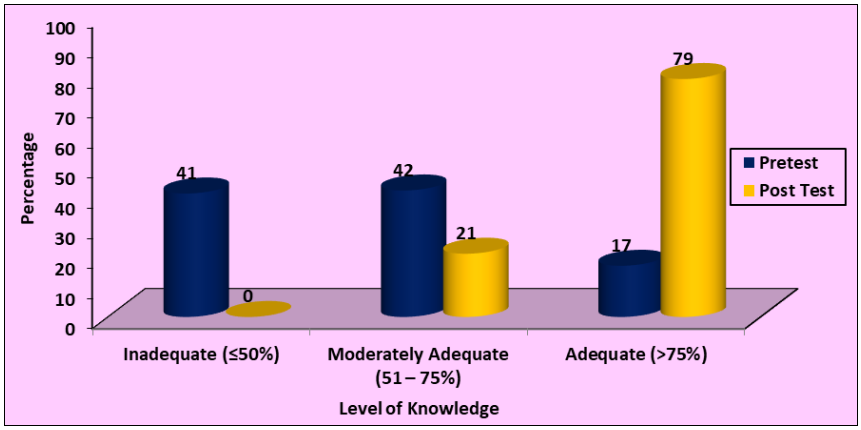

Fig 1: Percentage distribution of pretest and post test level of knowledge of birth preparedness among primigravida mothers.

Table 3: Frequency and percentage distribution of pretest and post test level of attitude of birth preparedness among primigravida mothers. N = 100

Level of Attitude	Pretest		Post Test	
	F	%	F	%
Unfavourable (≤50%)	4	4.0	0	0
Moderately Favourable (51 – 75%)	79	79.0	22	22.0
Favourable (>75%)	17	17.0	78	78.0

The table 3 portrays that in the pretest, 79(79%) of Primigravida mothers had moderately favourable attitude, 17(17%) had favourable attitude and 4(4%) had unfavourable attitude on birth preparedness whereas in the post test, 78(78%) had favourable attitude and 22(22%) had moderate favourable attitude on birth preparedness among Primigravida mothers.

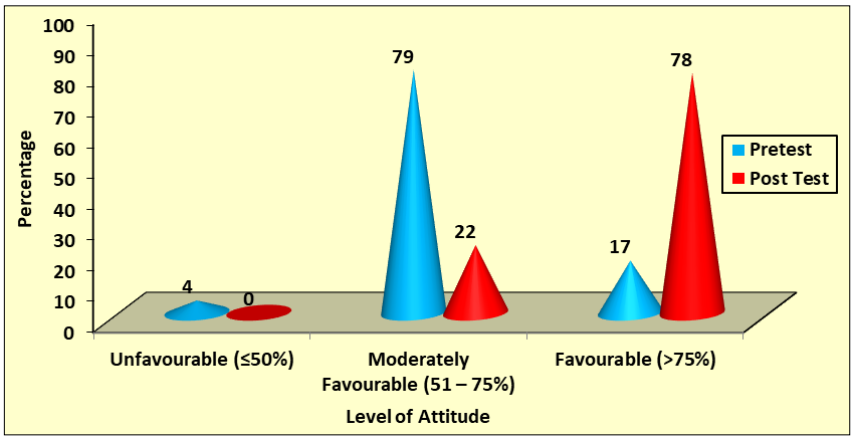

Fig 2: Percentage distribution of pretest and post test level of attitude of birth preparedness among primigravida mothers

Table 4: Effectiveness of structured teaching programme on knowledge of birth preparedness among Primigravida mothers. N = 100

Test	Mean	S.D	Mean Difference	Paired 't' test Value
Pretest	16.82	4.60	6.59	t=12.572 p=0.0001, S***
Post Test	23.41	1.96		

***p<0.001, S – Significant

The table 4 shows that in the pretest the mean score of knowledge was 16.82±4.60 and the post test mean score of knowledge was 23.41±1.96. The mean difference score was 6.59. The calculated paired 't' test value t = 12.572 shows that there was significant difference between the pretest and post test score of knowledge which clearly infers that structured teaching programme on birth preparedness administered to the primigravida mothers was found to be effective in improving their level of knowledge in the post test

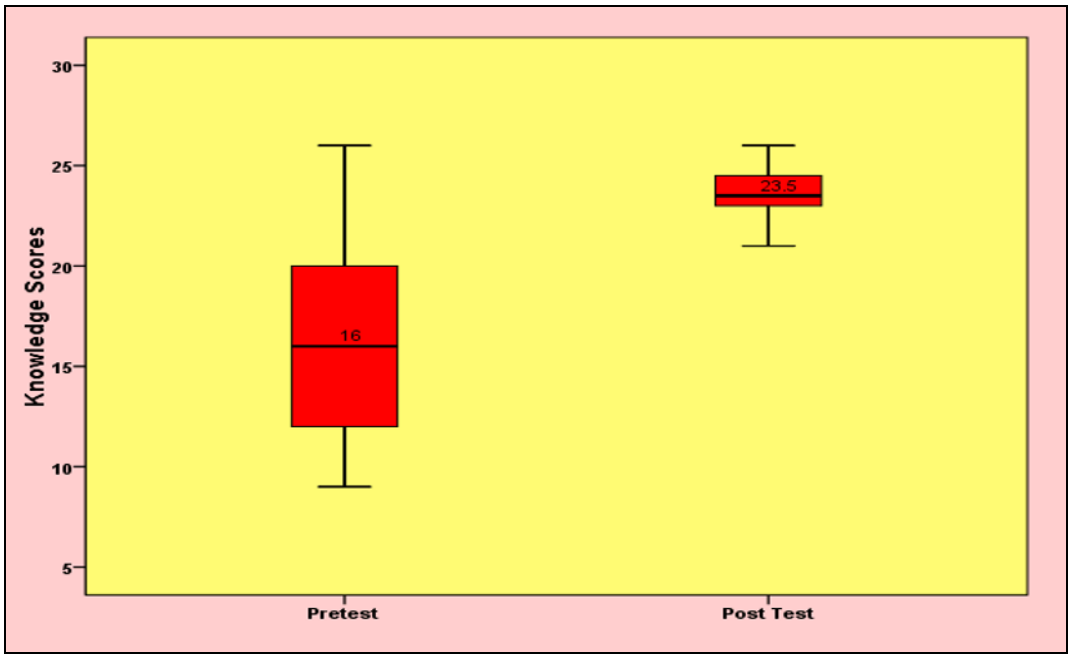

Fig 3: Boxplot showing the effectiveness of structured teaching programme on knowledge of birth preparedness among primigravida mothers (Median: Pretest – 16.0, Post Test – 23.5)

Table 5: Effectiveness of structured teaching programme on attitude of birth preparedness among Primigravida mothers. N = 100

Test	Mean	S.D	Mean Difference	Paired 't' test Value
Pretest	45.65	6.29	9.80	t=12.940 p=0.0001, S***
Post Test	55.45	4.20		

***p<0.001, S – Significant

The table 5 shows that in the pretest the mean score of attitude was 45.65±6.29 and the post test mean score of attitude was 55.45±4.20. The mean difference score was 9.80. The calculated paired 't' test value t = 12.940 shows that there was significant difference between the pretest and post test score of attitude which clearly infers that structured teaching programme on birth preparedness administered to the primigravida mothers was found to be effective in improving their level of attitude in the post test.

Table 6: Correlation between pretest and post test knowledge and attitude scores of birth preparedness among Primigravida mothers. N = 100

Test	Variables	Mean	S.D	Karl Pearson's Correlation 'r' Value
Pretest	Knowledge	16.82	4.60	r=0.046 p=0.652, N.S
	Attitude	45.65	6.29	
Post Test	Knowledge	23.41	1.96	r=0.556 p=0.0001, S***
	Attitude	55.45	4.20	

***$p \leq 0.001$, S – Significant

Table 6 shows that the pretest mean knowledge score was 16.824.60 and the pretest mean attitude score was 45.656.29. The estimated Karl Pearson's Correlation value of r = 0.046 indicates a weak positive correlation that is statistically significant. Table 6 further shows that the post-test mean knowledge score was 23.411.96 and the post-test mean attitude score was 55.454.20. The estimated Karl Pearson's Correlation value of r = 0.556 indicates that there is a positive correlation that is statistically significant at the p0.001 level. This implies that as primigravida mother's knowledge of birth preparation improves, so does their attitude.

Table 7: Association of posttest level of knowledge of birth preparedness among primigravida mothers with their selected demographic variables. N = 100

Demographic Variables	Moderately Adequate		Adequate		Chi-Square Test & p-value
	F	%	F	%	
Age (in years)					χ^2=4.030 d.f=4 p=0.402 N.S
18 – 21	1	1.0	3	3.0	
22 – 25	8	8.0	26	26.0	
26 – 29	9	9.0	22	22.0	
30 – 33	3	3.0	24	24.0	
>33	0	0	4	4.0	
Religion					χ^2=2.019
Hindu	16	16.0	49	49.0	

Muslim	0	0	4	4.0	d.f=2 p=0.364 N.S
Christian	5	5.0	26	26.0	
Others					
Education of women					χ^2=2.590 d.f=3 p=0.459 N.S
No formal education	1	1.0	6	6.0	
Primary school	8	8.0	18	18.0	
Higher secondary	10	10.0	40	40.0	
Graduate and above	2	2.0	15	15.0	
Occupation					χ^2=0.079 d.f=1 p=0.779 N.S
House wife	17	17.0	66	66.0	
Coolie	-	-	-	-	
Private job	4	4.0	13	13.0	
Government job	-	-	-	-	
Monthly income of the family in rupees					χ^2=8.441 d.f=3 p=0.038 S*
≤5000	0	0	3	3.0	
5,001 – 10,000	3	3.0	1	1.0	
10,001 – 15,000	18	18.0	73	73.0	
Above 15,000	0	0	2	2.0	
Type of family					χ^2=1.068 d.f=1 p=0.301 N.S
Nuclear	8	8.0	21	21.0	
Joint	13	13.0	58	58.0	
Source of information					χ^2=1.731 d.f=3 p=0.630 N.S
Social media	7	7.0	35	35.0	
Mass media	2	2.0	8	8.0	
Newspaper and books	0	0	2	2.0	
Magazines	12	12.0	34	34.0	
Type of food habits					χ^2=0.260 d.f=1 p=0.610 N.S
Vegetarian	2	2.0	5	5.0	
Non-vegetarian	19	19.0	74	74.0	

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

The table 7 shows that the demographic variable monthly income of the family (χ^2=8.441, p=0.038) had shown statistically significant association with post test level of knowledge of birth preparedness among primigravida mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with post test level of knowledge of birth preparedness among primigravida mothers.

Table 8: Association of post test level of attitude of birth preparedness among Primigravida mothers with their selected demographic variables. N = 100

Demographic Variables	Moderately Favourable		Favourable		Chi-Square Test & p-value
	F	%	F	%	
Age (in years)					χ^2=2.555 d.f=4 p=0.635 N.S
18 – 21	0	0	4	4.0	
22 – 25	10	10.0	24	24.0	
26 – 29	6	6.0	25	25.0	
30 – 33	5	5.0	22	22.0	
>33	1	1.0	3	3.0	
Religion					χ^2=2.169 d.f=2 p=0.338 N.S
Hindu	17	17.0	48	48.0	
Muslim	1	1.0	3	3.0	
Christian	4	4.0	27	27.0	
Others					
Education of women					χ^2=8.068 d.f=3 p=0.045 S*
No formal education	1	1.0	6	6.0	
Primary school	5	5.0	21	21.0	
Higher secondary	16	16.0	34	34.0	
Graduate and above	0	0	17	17.0	
Occupation					χ^2=0.028 d.f=1 p=0.867 N.S
House wife	18	18.0	65	65.0	
Coolie	-	-	-	-	
Private job	4	4.0	13	13.0	
Government job	-	-	-	-	
Monthly income of the family in rupees					χ^2=1.492 d.f=3 p=0.684 N.S
≤5000	0	0	3	3.0	
5,001 – 10,000	1	1.0	3	3.0	
10,001 – 15,000	21	21.0	70	70.0	

Above 15,000	0	0	2	2.0	
Type of family					χ^2=1.943 d.f=1 p=0.163 N.S
Nuclear	9	9.0	20	20.0	
Joint	13	13.0	58	58.0	
Source of information					χ^2=1.249 d.f=3 p=0.741 N.S
Social media	8	8.0	34	34.0	
Mass media	2	2.0	8	8.0	
Newspaper and books	0	0	2	2.0	
Magazines	12	12.0	34	34.0	
Type of food habits					χ^2=1.908 d.f=1 p=0.167 N.S
Vegetarian	3	3.0	4	4.0	
Non-vegetarian	19	19.0	74	74.0	

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

The table 8 shows that the demographic variable education of women (χ^2=8.068, p=0.045) had shown statistically significant association with post test level of attitude of birth preparedness among primigravida mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with post test level of attitude of birth preparedness among primigravida mothers.

Discussion

Distribution of the sample according to their demographic variables

Majority of the sample in the demographic variables of the study shows that 34(34%) of Primigravida mothers were aged between 22-25 years, 65(65%) were Hindus, 50(50%) of women had higher secondary education, 83(83%) were housewives, 91(91%) had monthly income of 10,001-15,000, 71(71%) belonged to joint family, 46(46%) had magazines as source of information and 93(93%) were non-vegetarian.

The first objective of the study is to assess the pretest and post test level of knowledge and attitude of birth preparedness among Primigravida mothers.

Among all the samples, the study depicts that in the pretest, 42(42%) of Primigravida mothers had moderately adequate knowledge, 41(41%) had inadequate knowledge and 17(17%) had adequate knowledge on birth preparedness whereas in the post test, 79(79%) had adequate knowledge and 21(21%) had moderate adequate knowledge on birth preparedness among Primigravida mothers.

Among all the samples, the study portrays that in the pretest, 79(79%) of Primigravida mothers had moderately favourable attitude, 17(17%) had favourable attitude and 4(4%) had unfavourable attitude on birth preparedness whereas in the post test, 78(78%) had favourable attitude and 22(22%) had moderate favourable attitude on birth preparedness among Primigravida mothers.

The above findings was supported by a cross sectional study on "A study on knowledge, attitude and practices regarding birth preparedness among pregnant women attending antenatal clinic at a tertiary care hospital" by Rajvir Kaur, Poonam Taneja and Isha Nandal. Background of the study is antenatal care is the clinical assessment of both mother and fetus, during the period of pregnancy. To reduce the 58 maternal and infant mortality rate birth preparedness classes has to be taken. Purposive sampling was used to choose 200 pregnant mothers in their third trimester. On assessment, the study results were only 55% women had adequate knowledge regarding birth preparedness. 90% women had positive attitude towards birth preparedness and 70% were practicing this adequately.

The second objective is to assess the effectiveness of structured teaching program on knowledge and attitude of birth preparedness among Primigravida mothers.

According to the findings, the pretest mean knowledge score was 16.82±4.60,while the post test mean knowledge score was 23.41±1.96. The mean difference score was 6.59. The calculated paired 't' test value t = 12.572 shows that there was significant difference between the pretest and post test score of knowledge which clearly infers that structured teaching programme on birth preparedness administered to the Primigravida mothers was found to be effective in improving their level of knowledge in the post test.

The study findings shows that in the pretest the mean score of attitude was 45.65±6.29 and the post test mean score of attitude was 55.45±4.20. The average 59 difference was 9.80. The paired 't' test value t = 12.940 shows that there was significant difference between the pretest and post test score of attitude which clearly infers that structured teaching programme on birth preparedness administered to the Primigravida mothers was found to be effective in improving their level of attitude in the post test.

The above findings are consistent with Kaur et.al., (2020) in a cross sectional study on "to assess the effectiveness of structured teaching programme of knowledge and attitude and practice of birth preparedness and complication readiness among primi mothers attending Antenatal OPD in Tarta City". The study result were 48% had adequate knowledge in pretest whereas in post test 92% of women had adequate knowledge and 17% had favourable attitude in pretest, where as in posttest 88% of women had favourable attitude towards birth preparedness and complication readiness and 70% of them where doing it adequately. Hence Hypothesis H1 was accepted.

The third objective is to correlate the pretest and post test level of knowledge and attitude of birth preparedness among Primigravida mothers .

The study found that the pretest mean knowledge score was 16.82±4.60 and the pretest mean attitude score was 45.65±6.29. The estimated Karl Pearson's Correlation value of r = 0.046 indicates a poor positive correlation that was found to be statistically significant, as well as the fact that

the mean knowledge score was 23.41±1.96 and the mean attitude score was 55.45±4.20 in the post test. The calculated Karl Pearson's Correlation value of r = 0.556 shows a positive correlation which was found to be statistically significant at $p<0.001$ level. This clearly infers that when the knowledge of birth preparedness among primigravida mothers increases their attitude level also increases.

The above findings were consistent with Shaaban *et al*., (2020), in the study on "Effect of implementing educational program of knowledge and practice of childbirth preparation with labor process among pregnant women". Result and conclusion were in the pretest mean score of knowledge (111.37±9.54) and practice (115.23±3.26). The post test mean score of knowledge (123.63±5.76) and practice (120.20±9.55). The study confirmed that significant increase in the 60 knowledge level was also increased the practice level of childbirth among pregnant mothers. Hence H2 was accepted.

The fourth objective is to associate the level of knowledge and attitude of birth preparedness among Primigravida mothers with their selected demographic variables.

The study findings shows that the demographic variable monthly income of the family (χ 2=8.441, p=0.038) had shown statistically significant association with post test level of knowledge of birth preparedness among Primigravida mothers at $p<0.05$ level and the other demographic variables had not shown statistically significant association with post test level of knowledge of birth preparedness among Primigravida mothers.

The study revealed that the demographic variable education of women (χ 2=8.068, p=0.045) had shown statistically significant association with post test level of attitude of birth preparedness among Primigravida mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with post test level of attitude of birth preparedness among Primigravida mothers. This is true as education of women is needed to encounter myth regarding pregnancy and childbirth and also helpful to attend the antenatal care visit properly.

The above findings were supported by Raayani, *et al*., (2016) in a descriptive correlational study on knowledge and self-efficacy of child birth preparation among pregnant mothers at Iran. The result showed that the demographic variable age, source of information, education(X^2=10.442, p=0.015) had shown statistically significant association with knowledge of child birth preparation among pregnant mothers at p<0.05 level. Hence Hypothesis H3 was accepted.

Nursing implications

The findings of the study has implications of various areas of nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

Nursing is a health-care profession dedicated to assisting individuals, families, and communities in achieving, maintaining, or regaining maximum health and quality of life. Pregnant women's health and well-being can be greatly aided by health professionals who operate primarily in antenatal clinics and in community settings. A nurse's understanding of prenatal, Intranatal, and postnatal preparation should be appropriate. A midwife should demonstrate the self-fetal monitoring, importance of breastfeeding and breastfeeding positioning, perineal and breast care to the mother who attending the antenatal clinic. The investigator realized from her own experience that Primigravida women who are not well educated have limited understanding of birth preparation, so it is the nurse's responsibility to teach and demonstrate Primigravida women on this topic.

Nursing education

As an educator, a nurse must be aware of the numerous health issues that people face. Nurses and other health-care professionals should have the knowledge and skills to teach women about birth preparation. Nurse educators have an important role in improving women's awareness, so they should plan and arrange health education for them. As a result, there will be a better pregnancy outcome. 63 Nurses should be well-versed in the principles and significance of birth preparation. Only then will they be able to educate the public. When women come in for their regular health checkups, this training can be delivered.

Nursing administration

The nurse administrator is responsible for overseeing and managing health care workers, and they must also be knowledgeable about how to provide high quality care to patients in a hospital setting. They must also serve as the health-care system's risk managers. Nurses who work in nursing administration should develop this expertise in order to get work in remote locations. It's possible that people in rural areas aren't getting enough information about birth preparation. As a result, it is up to her to raise their living standards by providing high-quality health care.

Nursing research

A nurse must collect information on birth preparation, including all three components of prenatal, Intranatal, and postnatal care. Nurses must collect information on birth preparations. Research is one method of assessing people's knowledge levels. The current study focuses on the knowledge of Primigravida women attending a prenatal clinic on birth readiness. So as to ascertain their knowledge in order to avoid more complications.

Limitation

Limitation of this study were

- This research is only conducted among Primigravida mothers who are all in third trimester.
- The research is done in only one hospital.

Recommendation for further study

The following recommendations have been made in light of the current research study findings:

- A bigger sample of Primigravida women may be used.
- Multigravida women could be the subject of a similar study.
- A study of Primigravida women in all three trimesters might be undertaken in a similar way.

- The study can be made feasible by using telephone interview method

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