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## Effect of awareness program on knowledge regarding birth preparedness & complication readiness among the primigravida women in a selected rural community, Murshidabad, West Bengal

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### Abstract

**Aim:** To assess the pre-test & post-test level of knowledge regarding birth preparedness & complication readiness among the primigravida women; assess the effect of an awareness program on knowledge regarding birth preparedness & complication readiness among primigravida women and to find out the association of pretest knowledge score regarding birth preparedness & complication readiness with selected demographic characteristics of primigravida women.

**Design:** "Quasi-experimental one group Pre-test-post-test research design"

**Methods:** CIPP (Context input process product) model was used to assess the effect of awareness program on knowledge regarding birth preparedness and complication readiness among the primigravida women. In this present study, a total of two blocks (Beldanga I and II) were selected by a simple random sampling method under Berhampore Sadar subdivision of Murshidabad district, West Bengal. From two Block Primary Health centers 18 subcentres were selected randomly (from each block 9 subcentres) by cluster sampling technique. A total of 198 primigravida women were selected under Beldanga Block Primary Health Centre & Saktipur Block Primary Health Centre.

**Results:** Majority 57.23% of the primigravida women were within the age group between 19-24 years of age group. Most of the 49.34% primigravida women had primary education. Most of the primigravida women 73.03% had a monthly income of 5000-24000 Rs. Majority 51.97% of primigravida women were within the gestational age of between 28-32 weeks of gestation. Majority of 51.98% of the primigravida women had average knowledge & most of the 48.02% primigravida women had poor knowledge in the pretest on birth preparedness and complication readiness in Pretest level of knowledge. In Post-test level of knowledge, after the implementation of awareness program on birth preparedness and complication readiness, the majority 79.61% had average knowledge & most 20.39% of the primigravida women had good knowledge in the post-test. The calculated t value was 37.17 at df (151) at 0.05 level of significance higher than the tabulated t value of 1.96 at df (151) at 0.05 level of significance. There was a statistically significant association between the pretest knowledge score with the educational qualification and monthly family income of primigravida women at 0.05 level of significance.

**Conclusions:** The awareness program was effective enough for gaining knowledge.

**Keywords:** Birth preparedness and complication readiness, primigravida women, rural community, awareness program

### 1. Introduction

The two most pressing challenges in healthcare are neonatal and maternal mortality. Planning for a healthy birth and thinking ahead to the steps will be necessary in an emergency. Each year several women get pregnant. Numerous changes happened in woman's physiques throughout the period of carrying a child as a consequence of construction for an upcoming delivery. Pregnancy is a vital period not only for the woman who is pregnant but also for the family members and relatives. There is a delightful flash in the life of the family members most probably of the community <sup>[1]</sup>. But sometimes pregnancy is enveloped with countless obstacles.

**2. Background of the study**

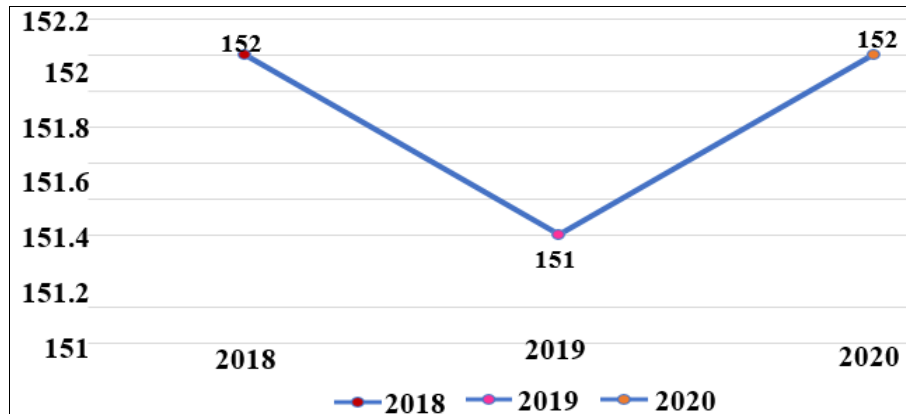
The antenatal, postnatal, and intranatal periods are the three phases in any pregnant woman’s life [2]. Due to Pregnancy, childbirth, and pregnancy-related complications, every year half of a million women die [3].

Birth preparedness and complication readiness are a prevent full practices which should be adopted by the mother as well as by the family in the prevention of complications like danger signs related to pregnancy and childbirth & provides sufficient information when the mother has to seek medical

care. During the check-up, the health care provider should give the required information for the necessary things like the garments for the baby and the mother, all kinds of reports so that before the anticipated due date the pregnant woman along with her family member get ready.

**2.1 Global overview**

In 2020, the global maternal mortality ratio was 152 deaths per 100,000 live births and 151 deaths per 100,000 live births in 2019, 152 deaths per 100,000 live births in 2018.[4]

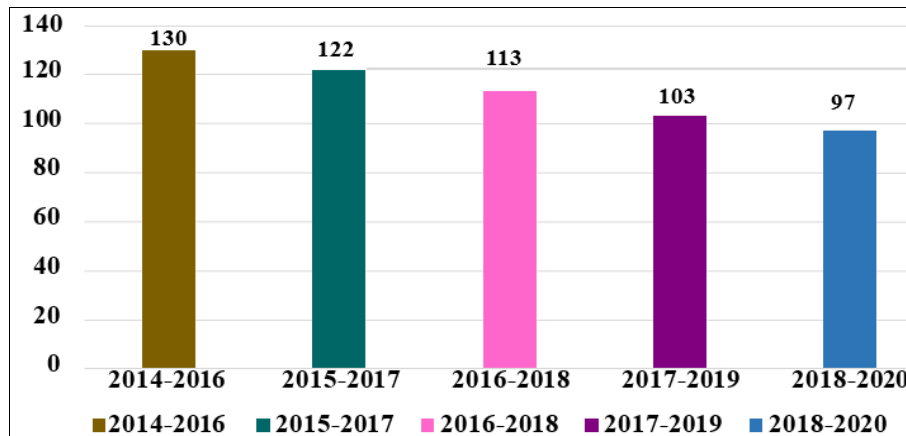


Source: Maternal Mortality (gatesfoundation.org)

Fig 1: Line diagram showing year-wise global maternal mortality ratio

**2.2 Indian scenario:** The maternal Mortality Ratio (MMR) per 100000 live births in India- was 130 (2014-2016), 122

(2015-2017), 113 (2016-2018), 103 (2017-2019), and 97 (2018-2020) according to the sample registration system.[5]

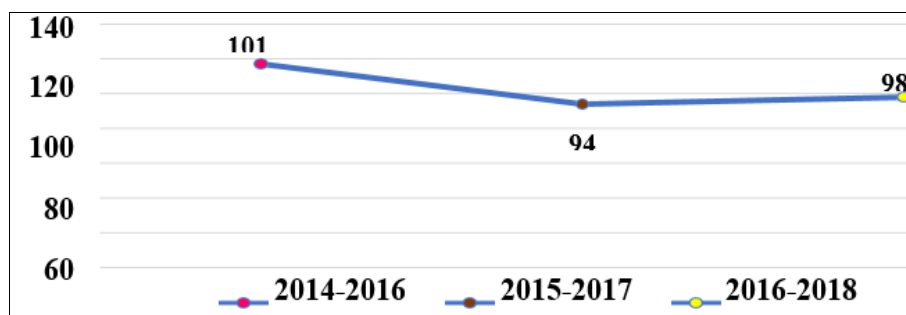


Source: sample registration system, UNICEF

Fig 2: Column diagram showing year-wise maternal mortality ratio in India

The maternal mortality ratio per 100000 live births in West Bengal was – from 2014-2016 maternal Mortality Ratio was

101, in 2015-2017 maternal Mortality Ratio was 94, 2016-2018 maternal Mortality Ratio was 98 [5].



Source: Sample registration system, UNICEF

Fig 3: Line diagram showing year-wise maternal mortality ratio in West Bengal

During the antenatal period at least four antenatal check-ups should be received by the antenatal mothers as per World Health Organization. Birth preparedness is the core of attention of the antenatal period that helps to plan certain things like identifying the skilled provider for birth, Transport, finances, identification of the nearest place of birth, identification of the support people, recognizing the signs of Labor, prevention of early danger signs like preeclampsia, eclampsia [6].

**3. Aims of the study**

The aims are:

1. To assess the pretest level of knowledge regarding birth preparedness & complication readiness among the primigravida women.
2. To assess the post-test level of knowledge regarding birth preparedness & complication readiness among the primigravida women after the implementation of the awareness program.
3. To assess the effect of an awareness program on knowledge regarding birth preparedness & complication readiness among primigravida women.
4. To find out the association of pretest knowledge score regarding birth preparedness & complication readiness with selected demographic characteristics of primigravida women.

**Hypothesis**

**H1:** There is a significant change in the knowledge score of primigravida women after the administration of awareness program regarding birth preparedness & complication readiness at 0.05 level of significance.

**H2:** There is a significant association between the pretest knowledge score regarding birth preparedness & complication readiness among primigravida women with selected demographic characteristics at 0.05 level of significance.

**4. Materials and Methods**

**4.1 Research Design:** The study was planned to conduct in Murshidabad district, West Bengal. Out of 27 blocks total of two blocks were selected. After random selection of subdivisions under Murshidabad district. Final study was conducted in between March 2023 to mid-April 2023 in selected subcentres and primary health centres under Beldanga I block comprised 3,41,901 population and Beldanga II block comprised 2,82,357 population of the Berhampore Sadar subdivision of Murshidabad District. From two Block Primary Health centers 18 subcentres were selected randomly (from each block 9 subcentres). A total of 198 primigravida women were selected by cluster sampling technique from rural community of Murshidabad district.

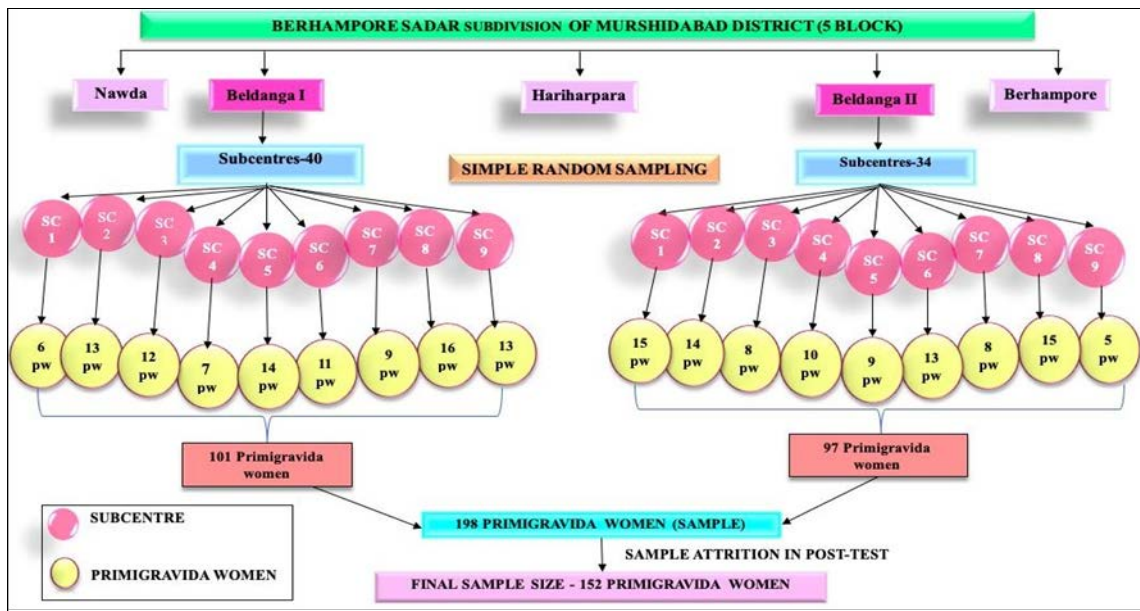


Fig 4: Diagrammatic presentation on multistage cluster sampling technique

**5. Results**

The collected data were coded, tabulated, analyzed and interpreted as per the objectives.

**5.1 Findings related to description of the demographic characteristics of primigravida women**

Data in table no 1, represented that the majority 57.23% of the primigravida women were within the age group between 19-24 years of age group, most of the 31.58% were within < 19 years of age group, 9.87% were within the age group between 25-30 years and only 1.32% were within >30 years of age group. The majority of 73.68% of the primigravida women were Muslim and the rest 26.32% of the

primigravida women were Hindu. Data also revealed that most of the 49.34% primigravida women had primary education, 25.66% had secondary education, 17.76% had Higher secondary education, and the rest of 7.24% had Graduation.

**All of the primigravida women were homemakers**

Most of the primigravida women 73.03% had a monthly income of 5000-24000 Rs, 21.05% had a monthly income of 24001-43000 Rs, 3.95% had a monthly income of 43001-62000, 1.32% had a monthly income of 62001-81000 & 0.65% had a monthly income of 81001- 100000 Rs.

**Table 1:** Frequency and percentage distribution of primigravida women according to demographic characteristics n=152

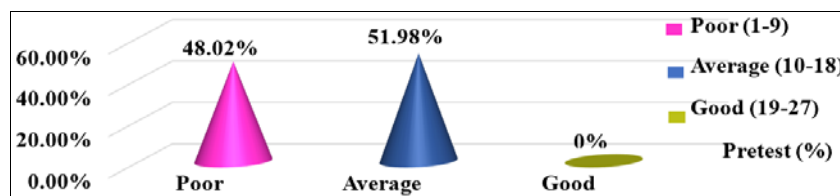
Variables	Frequency (f)	Percentage (%)
<b>Age in years</b>		
< 19 years	48	31.58
19-24 years	87	57.23
25-30 years	15	9.87
>30 years	2	1.32
<b>Religion</b>		
Hindu	40	26.32
Muslim	112	73.68
<b>Educational Qualification</b>		
Primary	75	49.34
Secondary	39	25.66
Higher Secondary	27	17.76
Graduate	11	7.24
<b>Occupation</b>		
Homemaker	152	100
<b>Monthly family income in Rs</b>		
5000-24000	111	73.03
24001-43000	32	21.05
43001-62000	6	3.95
62001-81000	2	1.32
81001-100000	1	0.65
<b>Support person</b>		
Mother	115	75.66
Mother-in-law	37	24.34
<b>Gestational age in weeks</b>		
28-32 weeks	73	48.03
33-37 weeks	79	51.97
<b>Type of family</b>		
Nuclear	32	21.05
Joint	120	78.95

Support person of the majority 75.66% of the primigravida women were mothers and the mother-in-law was the support person for the rest of 24.34% of primigravida women. Data also presented that the majority 51.97% of primigravida women were within the gestational age of between 28-32 weeks of gestation & rest of the 48.03% primigravida women were within gestational age between 33-37 weeks of gestation. Majority 78.95% of primigravida women belonged to joint family and the rest of the 21.05% of primigravida women belonged to the nuclear family.

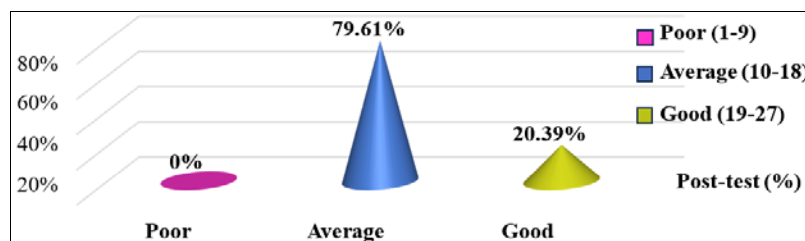
**5.2 Findings related to the frequency and percentage distribution of pretest and post-test level of knowledge regarding birth preparedness & complication readiness among the primigravida women**

**Table 2:** Frequency and percentage distribution of pre-test level of knowledge regarding birth preparedness and complication readiness among primigravida women n=152

Level of knowledge	Range	Pre-test (f)	Pre-test (%)
Poor	(1-9)	73	48.02%
Average	(10-18)	79	51.98%
Good	(19-27)	0	0%



**Fig 5:** Cone diagram showing the distribution of pre-test level of knowledge regarding birth preparedness and complication readiness among the primigravida women



**Fig 6:** Cone diagram showing the distribution of post-test level of knowledge regarding birth preparedness and complication readiness among the primigravida women

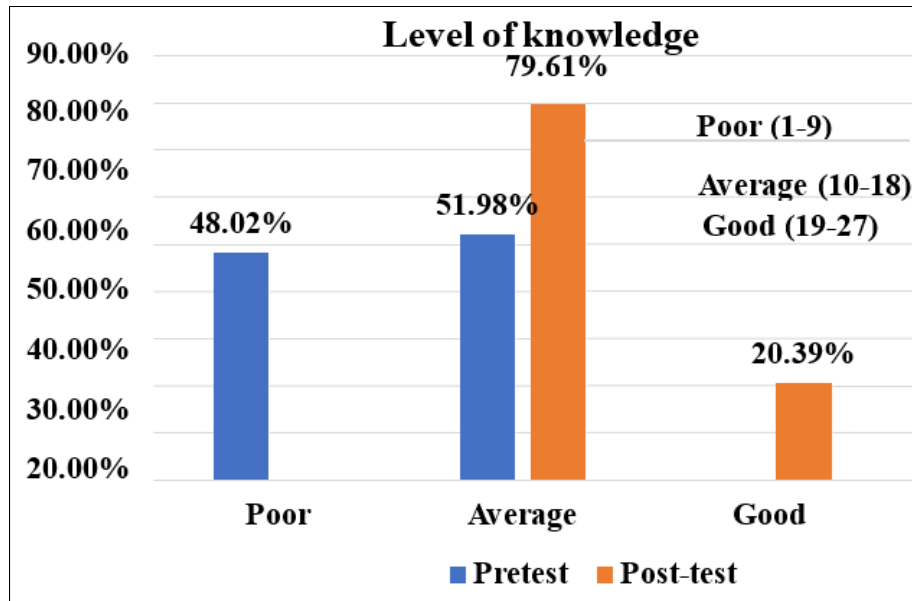


**Table 3:** Frequency and percentage distribution of post-test level of knowledge regarding birth preparedness and complication readiness among primigravida women n=152

Level of knowledge	Range	Post-test (f)	Post-test (%)
Poor	(1-9)	0	0%
Average	(10-18)	121	79.61%
Good	(19-27)	31	20.39%

Table no 2 and fig no 5, showed that the majority 51.98% of the primigravida women had average knowledge & most of

the primigravida women had poor knowledge 48.02% and none of them had good knowledge in the pretest on birth preparedness and complication readiness. Table no 3 and fig no 6, represented that the majority 79.61% of the primigravida women had average knowledge & most of the primigravida women 20.39% had good knowledge and none of them had poor knowledge in the post-test after implementation of the awareness program on birth preparedness and complication readiness. n=152



**Fig 7:** Column diagram showing the comparison of level of knowledge in the pre-test and post-test regarding birth preparedness and complication readiness among the primigravida women

Data presented in fig 7 depicted that the majority 51.98% of the primigravida women had average knowledge & most of the primigravida women had poor knowledge 48.02% and none of the primigravida women had good knowledge in the pretest on birth preparedness and complication readiness. The majority 79.61% of the primigravida women had average knowledge & most of the 20.39% primigravida women had good knowledge and none of them had poor knowledge in the post- test after implementation of the awareness program on birth preparedness and complication readiness.

**Table 4:** Mean, Median, and Standard deviation of pretest and post-test knowledge score among primigravida women regarding birth preparedness and complication readiness

Assessment	Mean	Median	SD
Pretest	9.68	10	2.32
Post-test	16.66	16	2.01

n=152

Data in table no 4, presented that the mean of the pretest knowledge score of primigravida women regarding birth preparedness and complication readiness was 9.68, median was 10, & Standard deviation was 2.32.

The mean of the Post-test knowledge score of primigravida women regarding birth preparedness and complication readiness was 16.66, median was 16 and standard deviation was 2.01.

**5.3 Findings related to comparison of the pretest & post-**

**test knowledge score among primigravida women regarding birth preparedness and complication readiness. This section also highlighted the effect of the awareness program by calculating the t value among the mean pretest and post-test knowledge score.**

**Table 5:** Mean, Mean difference, Standard deviation & t-test value of pre and post - test knowledge scores among primigravida women on birth preparedness and complication readiness n=152

Assessment	Mean	Mean difference	SD	df	t value
Pre-test	9.68				
Post-test	16.66	6.98	2.31	151	37.17

Paired t=1.96, df (151); p< 0.05, \* level of significance  
 Table no 5, manifested that the calculated mean of the post-test knowledge score was 16.66 and the mean of the pre-test knowledge score was 9.68. The mean difference was 6.98 and Standard deviation (SD) was 2.31.  
 Paired t-test was calculated to find out the effect of awareness program. The obtained t value was 37.17 at df (151) at 0.05 level of significance was higher than the tabulated t value (1.96) at df (151) at 0.05 level of significance.

**5.4 Hence, the null hypothesis was rejected & research hypothesis was accepted**

It was indicated that the significant difference between the mean pretest and post-test knowledge score among the primigravida women was a true change not by chance There was a significant difference observed between the mean

pretest and post-test knowledge scores after the administration of the awareness program regarding birth preparedness and complication readiness at 0.05 level of significance. From the findings, it can be concluded that the awareness program was effective enough in terms of gaining knowledge regarding birth preparedness & complication readiness among primigravida women.

### 5.5 Findings related to Association of pretest knowledge score regarding birth preparedness & complication readiness among the primigravida women with selected demographic characteristics

**Table 6:** Association between the pretest knowledge score regarding birth preparedness and complication readiness with the selected demographic characteristics

Variables	Below Median	At or Above Median	Chi- square value
<b>Age in years</b>			
Below 20 Years	38	32	2.04
At and above 20 years	35	47	
<b>Religion</b>			
Hindu	18	22	0.21
Muslim	55	57	
<b>Support person</b>			
Mother	59	56	2.03
Mother-in-law	14	23	
<b>Type of family</b>			
Nuclear	17	15	0.42
Joint	56	64	
<b>Gestational age in weeks</b>			
28-32 weeks	40	33	2.68
33-37 weeks	33	46	
<b>Educational Qualification</b>			
Below Secondary	50	25	20.61*
At & Above Secondary	23	54	
<b>Monthly family income in RS</b>			
Below 17000	42	30	5.81*
At and above 17000	31	49	

n=152

At df (1) at 0.05 level of significance Chi-square ( $\chi^2$ ) = 3.84 \* = Significant

Data presented in table no 6, highlighted that there was no statistically significant association between pretest knowledge score with the age, religion, type of family, gestational age in weeks & support person of primigravida women as the calculated chi-square values were 2.04, 0.21, 2.03, 0.42, 2.68 at df (1) respectively lower than the value 3.84 with df (1) at 0.05 level of significance.

The above table also manifested that there was statistically significant association between the pretest knowledge score with the educational qualification and monthly family income of primigravida women as the calculated chi-square values were 20.61 and 5.81 respectively higher than the value 3.84 with df (1) at 0.05 level of significance.

Hence, the null hypothesis was accepted and the research hypothesis was rejected.

## 6. Discussion

### 6.1 Pre-test level of knowledge regarding birth preparedness & complication readiness:

In the present study majority of 51.98% of the primigravida women had average knowledge & most of the primigravida women had poor knowledge 48.02% in the pretest on birth

preparedness and complication readiness.

The present study findings were supported by the following study findings

Verma M, Biswal A, Santosh S (2023) carried out a true experimental one-group pretest post- test design on “A study to assess the effectiveness of educational programs regarding birth preparedness among primi antenatal mothers attending Anganwadi selected area of Bhilai-3.” The study highlighted that before the implementation of the educational program, 56.6% had average knowledge and 31.6% had poor knowledge [7].

The study conducted in 2020 by Okafur O U, Yewande A I on “Effect of Antenatal Education among pregnant women on Knowledge and Utilization of facility-based delivery services in two health institutions in Alimosho, Lagos State”. The study revealed the frequency of knowledge was 50% in average & 38.7% had below-average knowledge in the pretest in the experimental group [8].

### 6.2 Post-test level of knowledge regarding birth preparedness & complication readiness after implementation of awareness program

In the present study, after the implementation of awareness program on birth preparedness and complication readiness, the majority 79.61% had average knowledge & most 20.39% of the primigravida women had good knowledge in the post-test.

The present study findings were supported by the following study findings

An experimental nonequivalent posttest only control group design study was conducted in 2022 by Sharma N, Vyas H *et al.* on “Effectiveness of childbirth education program on knowledge, intrapartum behavior and pregnancy outcome among selected primigravida mothers at AIIMS Jodhpur.” The study findings showed that 56% of the primigravida women developed excellent knowledge & 32% had good knowledge in the post-test [9].

Yuvashree R, Amutha T *et al.* (2022) conducted a quasi-experimental study on the “Effectiveness of a nurse-led birth preparedness package on knowledge, childbirth attitude, and self-efficacy among primigravida women” at selected Government hospital, Tiruttani, Tiruvallur district. The study findings revealed that percentage of knowledge was improved in the experimental group as the primigravida women had 75% inadequate knowledge in the pretest but after implementation of the program, it was moved to 77.5% with an adequate level of knowledge [10].

### 6.3 Effect of awareness program among primigravida women on birth preparedness and complication readiness

In this study Mean of the Pretest knowledge score on birth preparedness and complication readiness was 9.68 and Standard deviation was 2.31 whereas mean of the post-test knowledge score was 16.66. The calculated t value was 37.17 at df (151) at 0.05 level of significance higher than the tabulated t value of 1.96 at df (151) at 0.05 level of significance.

The present study findings were supported by the following study findings

Yuvashree R, Amutha T *et al.* (2022) conducted a quasi-experimental study on the “Effectiveness of a nurse-led birth preparedness package on knowledge, childbirth

attitude, and self-efficacy among primigravida women” at selected Government hospital, Tiruttani, Tiruvallur district. The study revealed that in the pretest the mean knowledge score between the participants of the control group and experimental groups were 10.53 and 10.70 respectively but after the intervention, the post-test knowledge mean score between the control group and experimental group were 11.30 and 19.25. The calculated t value at  $p < 0.001$  was 18.31 in the knowledge score [10].

An interventional trial was executed by Deotale I, Deshmukh A *et al.* in August 2020 on “Assess the effectiveness of video-assisted teaching on knowledge regarding childbirth preparation among primigravida mother in a hospital in Maharashtra”. Study results showed calculated t- was 28.09 which is highly significant at a 5% level of significance at df (29). Mean pretest knowledge score was 6.90 & 21.80 was the mean post-test knowledge score [11].

#### 6.4 Association of pretest knowledge score regarding birth preparedness & complication readiness with their selected demographic characteristics of primigravida women

There was no statistically significant association between the pretest knowledge score with the demographic characteristics of primigravida women (age, religion, support person, type of family, gestational age in weeks) at 0.05 level of significance.

There was a statistically significant association between the pretest knowledge score with the educational qualification & monthly family income of primigravida women at 0.05 level of significance.

The present study findings were supported by the following study findings

Deka T R, Baishya K. A (2021) carried out “A descriptive study to assess Birth Preparedness & Complication Readiness among antenatal primigravida mothers in a selected Hospital of Guwahati, Assam.” The study findings revealed that there was no statistically significant association found between birth preparedness and selected demographic variables as calculated chi-square values in case of age, education, religion, area of residence, occupation, monthly family income was 0.151, 0.830, 0.555, 0.536, 0.737, 2.073 at 0.05 level of significance [1].

An exploratory cross-sectional study was carried out by Alatawi M, Faheem W A *et al.* (2021) on “Knowledge, attitude and practice of primigravida women on birth preparedness.” In this study, it was observed that there was a significant association between the level of knowledge with the educational level of primigravida women as the p value was  $< 0.0001$  and there was no significant association found between the age group, marital status, occupation, monthly family income & residence as the calculated were 0.085, 0.142, 0.175, 0.552, 0.462 at 0.05 level of significance [2].

A hospital-based cross-sectional study was conducted by Viswanathan V T, Patil SS *et al.* (2020) named “Study to assess birth preparedness and complication readiness to promote safe motherhood among women from a rural area of Maharashtra.” Findings manifested that there was a statistically significant association found among the educational status, socio-economic status, type of family, & status of pregnancy (natal) of the mothers as the P values were 0.001, 0.000, 0.002, & 0.02 respectively at 0.05 level

of significance [12].

#### 7. Conclusion

Based on the findings it can be concluded that most of the primigravida women had inadequate knowledge & after administration of the awareness program the knowledge level increased. Mean posttest knowledge score is 16.66 with SD 2.31 which is significantly higher than the mean pretest knowledge score 9.68 with SD 2.01. The calculated t value (37.17 at df 151) proved that there was a significant increase in the knowledge after conduction of awareness program so it was concluded that arrangement of this kind of awareness program was necessary for increasing the knowledge level regarding birth preparedness and complication readiness among Primigravida woman.

#### 8. Acknowledgement

The investigator's opportunity and strength to do this with divine benefits were made possible by the grace of lord Bajrangbali. This study project was put together by the researcher, however without the invaluable assistance of many people, the researcher's desire of completing a dissertation would not have come true. I would like to use this moment to express appreciation to all of the people who have supported, guided, aided, and encouraged me throughout the course of her two-year project, from the moment of origination to the culmination.

The investigator is profoundly obliged to all study participants for their unwavering collaboration, active engagement, and crucial cooperation without that the study would not have been succeed.

#### 9. Declarations

9.1 Funding: Personal

9.2 Conflict of interest: Not available

#### 10. References

1. Deka TR, Baishya K. A descriptive study to assess Birth Preparedness & Complication Readiness among antenatal primigravida mothers in a selected Hospital of Guwahati, Assam. International Journal of Science & Research (IJSR)- 2021 April 4[cited] 2022;10(4):727-732.  
DOI: 10.21275/SR21301191226. Available from: <https://www.ijsr.net/archive/v10i4/SR21301191226.pdf>
2. Alatawi M, Faheem W A, Alabdulaziz H. Knowledge, Attitude, Practice of primigravida women on Birth Preparedness. The Open Nursing Journal Jan[cited] 2022 June 8]. 2021;11:38-46.  
DOI: 10.2174/1874434602115010038 Available from: <https://opennursingjournal.com/VOLUME/15/PAGE/38/FULLTEXT/>
3. Affipunguh PK, Laar AS. Assessment of knowledge and practice towards Birth Preparedness and Complication Readiness among women in Northern Ghana: a cross-sectional study. International Journal of Scientific Reports- June[cited] 2022 July 9]. 2016;2(6):121-129 <https://doi.org/10.18203/issn.2454-2156.IntJSciRep20161878> Available from: <https://www.sci-rep.com/index.php/scirep/article/view/178>
4. Global progress and projection of maternal mortality. Available from Maternal Mortality (gatesfoundation.org). 05.08.2022.6:41 am.

5. Status of IMR and MMR in India. Available from <https://www.bing.com/search?pglt=41&q=maternal+mortality+ratio+in+west+bengal&cvid=498a6bd5fc314dddb306beaff1994c6&aqs=edge.0.019.19034j0j1&FORM=ANNTA1&PC=HCTS#05.06.2023.8:21pm>.
6. Samuel O, Ronnah A. Knowledge & attitude towards Birth Preparedness among primigravida mothers attending antenatal clinic at Bwindi Community Hospital. *Journal of Health, Medicine and Nursing*- [cited 2022 July 17]. 2019;58:10-23. Doi: <http://dx.doi.org/10.7176/JHMN/58-02>. Available from: [https://www.researchgate.net/publication/337161418\\_Knowledge\\_and\\_Attitude\\_Towards\\_Birth\\_Preparedness\\_Among\\_Prime\\_Gravid\\_Mothers\\_Attending\\_Antenatal\\_Clinic\\_at\\_Bwindi\\_Community\\_Hospital](https://www.researchgate.net/publication/337161418_Knowledge_and_Attitude_Towards_Birth_Preparedness_Among_Prime_Gravid_Mothers_Attending_Antenatal_Clinic_at_Bwindi_Community_Hospital)
7. Verma M, Biswal A, Santosh S. Effectiveness of educational program regarding birth preparedness among primi antenatal mothers attending Anganwadi selected area of Bhilai 3. *International Journal of Recent advances in Multidisciplinary topics*- Feb [cited 2023 March 22]. 2023;4(2):71-76. Available from: <https://journals.resaim.com/ijramt/article/view/2567?articlesBySameAuthorPage=2>
8. Okafor OU, Yewande AI. Effect of antenatal education on knowledge and utilization of facility-based delivery services among pregnant women in two health institutions in Alimosho, Lagos state. *International Journal of Research in Medical sciences*- October [cited 2023 May 7]. 2020;8(10):3457-3462. Doi: <https://doi.org/10.18203/2320-6012.ijrms20204216>. Available from: <https://www.msjonline.org/index.php/ijrms/article/view/8570>
9. Sharma N, Vyas H, Singh P. Effectiveness of childbirth education program on knowledge, intrapartum behavior and pregnancy outcome among selected primigravida mothers at AIIMS, Jodhpur. *European Journal of molecular and clinical medicine*- [cited 2023 April 12]. 2022;9(4):1680-1690. Available from: [https://ejmcm.com/article\\_18921\\_5067b10189810c48cf472dffac6eb766.pdf](https://ejmcm.com/article_18921_5067b10189810c48cf472dffac6eb766.pdf)
10. Yuvashree R, Amutha T, *et al*. Effectiveness of a nurse-led birth preparedness package on knowledge, childbirth attitude and self-efficacy among primigravida women. *International Centre for collaborative research journal of nursing research*- January-June [cited 2023 April 4]. 2022;7(1):64-81. Available from: <https://www.iccrjnr.com/downloads/ICCRJNR070105.pdf>
11. Deotale I, Deshmukh A, *et al*. Assess the effectiveness of video assisted teaching on knowledge regarding childbirth preparation among primigravida Mother in hospital. *Journal of Pharmaceutical Negative results*- [cited 2023 April 9]. 2022;13(7):1226-1235. <https://doi.org/10.47750/pnr.2022.13.S07.176>. Available from: <https://www.pnrjournal.com/index.php/home/article/view/2746>
12. Viswanathan VT, Patil SS, Joshi RN, Durgawale PM. Study to assess birth preparedness and complication readiness to promote safe motherhood among women from a rural area of Western Maharashtra. *Indian Journal of Community Medicine*- [cited 2022

September 14] 2020;45(4):511-515

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