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Effectiveness of Video-Assisted Teaching on Knowledge and Attitude Regarding Birth Preparedness and Complication Readiness

Ms. Simran Khokher[1], Prof. Rossily Nirmal[2]

[1]P.G Tutor, Obstetrics and Gynaecology Nursing, Sardar Patel College Of Nursing
[2]Principal, Obstetrics and Gynaecology Nursing, Sahara College Of Nursing and Paramedical Sciences

Abstract
Maternal and neonatal health is a global priority, particularly in regions where healthcare access remains a challenge. Birth preparedness and complication readiness is a proactive approach aimed at reducing maternal and neonatal mortality by ensuring that pregnant women and their families are well- informed and prepared for childbirth. This study evaluates the effectiveness of video-assisted teaching in enhancing antenatal mothers' knowledge and attitude regarding Birth preparedness and complication readiness.

Keywords: BPCR; Antenatal mothers; Knowledge; Attitude; Video- assisted teaching.

1. Introduction

Pregnancy and child birth is one of the greatest events in the life of a woman which she aspires and longs for with great expectations. She has fantasies about pregnancy and motherhood, but when confronted with reality, many of them doubt their ability to cope with these great events.[1] Childbirth, labor, parturition or delivery, is the completion of pregnancy where one or more babies exits the internal environment of the mother via vaginal delivery or through caesarean section.[2] The health of a mother is bound with health of a new-born which to a large extent, reflect the development of the society as a whole.[3] **According to WHO** Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most of them are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as a part of women care. The major complications that account for maternal deaths are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia) and other complications from delivery.[4] **In the context of the Sustainable Development Goals (SDG),** countries have united behind the target to accelerate the decline of maternal mortality by 2030. SDG includes an ambitious target: "Reducing the global MMR to less than 70 per 100000 births, with no country having a maternal mortality rate of more than twice the global average".[5]Thaddeus and Maine outlined three delays that influence the provision and use of obstetric services **(a) Delay in deciding to seek care when complication occurs:** This includes factors like lack of awareness about complications or cultural beliefs that discourage seeking help. **(b) Delay in reaching facility:** This can be due to distance, lack of transportation, or difficult terrain and **(c) Delay in receiving care:** This can be due to inadequate facilities, lack of trained personnel, or poor quality of care.[6] To

address the above-mentioned delays **Johns Hopkins Program for International Education in Gynaecology and Obstetrics [JHPIEGO]** developed the Birth Preparedness and Complication Readiness [BPCR] concept to ensure that pregnant mothers receive the care they require without undue delay.[7] **Key elements of BPCR tool are:** Arrangement for transportation, saving money for delivery, identifying skilled birth attendant, identifying place of delivery, identifying blood donor in the case of emergency and danger signs during pregnancy, labor, postpartum and newborn.[8] The researcher witnessed antenatal mothers in the antenatal OPDs during her clinical experience and noted that the mothers were ignorant about birth preparedness. Many post-natal mothers verbalized that their child birth experience was 'appalling'. Hence the researcher felt that mothers should be educated on child birth preparedness and complication readiness so as to enable them to have a joyful and healthy childbirth experience.

2. Materials and Methods

2.1 Study approach- quantitative approach

2.2 Study design - quasi-experimental, two-group pre-test post-test design

2.3 Study setting- community health centre Sarojini Nagar, Lucknow.

2.4 Participants- Sixty antenatal mothers (n=60)**,** including primigravida and second gravida, were selected and divided into control (n=30) and experimental (n=30) groups

2.5 Sampling – non probability purposive sampling technique.

2.6 Eligibility criteria-

Inclusion criteria- Antenatal mothers who were primigravida and second gravida , Antenatal mothers who were visiting CHC Sarojini Nagar for antenatal visits, Antenatal mothers who were willing to participate in the video-assisted teaching and Antenatal mothers who were available at the time of data collection.

Exclusion criteria - Antenatal Mothers who had previously attended birth preparedness and complication readiness teaching and Antenatal Mothers who were having high risk pregnancy.

2.6 Intervention- The data was collected in period of 30 days. Pre-interventional Data was collected from control and experimental group video assisted teaching was done on experimental group after 7 days post-interventional data was collected from both the groups.

2.7-Data collection tools- Data were collected using demographic variable, a structured questionnaire for knowledge and a three-point Likert scale for attitude toward BPCR.

2.8 Statistical analysis: Descriptive and inferential statistics were used for analysing the data.

3. Results

3.1 Demographic variable

A total of 60 antenatal mothers participated in the study, with 30 participants in the control and experimental groups.

Table No. 3.1.1 Frequency, percentage distribution of demographic variables of antenatal mothers in control group. N=30

S.No	Demographic data	Frequency (f)	Percentage (%)

1.	**Age in years**		
a)	18-25	10	33.33
b)	26-32	11	36.67
c)	33 and above	9	30
2.	**Religion**		
a)	Hindu	19	63.33
b)	Muslim	11	36.67
c)	Christian	0	0
d)	Others	0	0
3.	**Gestational age in weeks**		
a)	Up to 12	4	13.33
b)	13-28	13	43.33
c)	29-40	13	43.33
4.	**Number of antenatal visits**		
a)	Less than 2	8	26.67
b)	3-5	12	40
c)	6-8	8	26.67
d)	More than 8	2	6.67
5.	**Gravida**		
a)	Primigravida	13	43.33
b)	Second gravida	17	56.67
6.	**Education qualification**		
a)	Informal	13	43.33
b)	Primary	17	56.67
c)	Secondary	0	0
d)	Graduation and above	0	0
7.	**Occupation**		
a)	Homemaker	27	90
b)	Government job	0	0
c)	Private job	0	0
d)	Self employed	3	10
8.	**Family type**		
a)	Joint	22	73.33
b)	Nuclear	8	26.67
9.	**Monthly income in Rupees**		
a)	Less than Rs 10,000	10	33.33
b)	10,001 to 20,000	16	53.33
c)	20,001 to 30,000	4	13.33

d)	>30,001	0	0
10.	**Do you have any information regarding birth preparedness and complication readiness.**		
a)	No	20	66.67
b)	Yes	10	33.33
11.	**If yes then source of information**		
a)	Health personnel	6	60
b)	Relatives	3	30
c)	Friends	0	0
d)	Media	1	10
Total		**30**	**100%**

Table No. 3.1.2 Frequency, percentage distribution of demographic variables of antenatal mothers in experimental group.

N=30

S.No	Demographic data	Frequency (f)	Percentage (%)
1.	**Age in years**		
a)	18-25	7	23.33
b)	26-32	12	40.0
c)	33 and above	11	36.67
2.	**Religion**		
a)	Hindu	16	53.33
b)	Muslim	14	46.67
c)	Christian	0	0
d)	Others	0	0
3.	**Gestational age in weeks**		
a)	Up to 12	3	10
b)	13-28	9	30
c)	29-40	18	60
4.	**Number of antenatal visits**		
a)	Less than 2	5	16.67
b)	3-5	10	33.33
c)	6-8	12	40
d)	More than 8	3	10
5.	**Gravida**		
a)	Primigravida	14	46.67
b)	Second gravida	16	53.33
6.	**Education qualification**		
a)	Informal	12	40
b)	Primary	18	60

c)	Secondary	0	0
d)	Graduation and above	0	0
7.	**Occupation**		
a)	Homemaker	27	90
b)	Government job	0	0
c)	Private job	0	0
d)	Self employed	3	10
8.	**Family type**		
a)	Joint	20	66.67
b)	Nuclear	10	33.33
9.	**Monthly income in Rupees**		
a)	Less than Rs 10,000	18	60
b)	10,001 to 20,000	8	26.67
c)	20,001- to 30,000	3	10
d)	>30,001	1	3.33
10.	**Do you have any information regarding birth preparedness and complication readiness**		
a)	No	23	76.67
b)	Yes	7	23.33
11.	**If yes then source of information**		
a)	Health personnel	5	71.42
b)	Relatives	2	28.57
c)	Friends	0	0
d)	Media	0	0
TOTAL		**30**	**100%**

3.2 Assessment of pre-interventional knowledge in control and experimental group.

At baseline the control and experimental groups were assessed using the knowledge questionnaire regarding birth preparedness and complication readiness. The pre-test score of both groups are presented in the Table 3.2.1 and 3.2.2

Table 3.2.1: Frequency and percentage distribution of pre-interventional level of knowledge among antenatal mothers regarding BPCR in control group.

N=30

LEVEL OF KNOWLEDGE	PRE-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Good Knowledge				

	0	0		
Average Knowledge	12	40		
Poor Knowledge	18	60	9.63	3.39

Table 3.2.2: Frequency and percentage distribution of pre-interventional level of knowledge among antenatal mothers regarding BPCR in the experimental group.

N=30

LEVEL OF KNOWLEDGE	PRE-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Good Knowledge	0	0		
Average Knowledge	10	33.33	9.63	2.46
Poor Knowledge	20	66.67		

3.3 Assessment of post-interventional knowledge in control and experimental group.

The control and experimental groups were assessed using the knowledge questionnaire regarding birth preparedness and complication readiness. The post-test score of both groups are presented in the Table 3.3.1 and 3.3.2

Table 3.3.1: Frequency and percentage distribution of post-interventional level of knowledge among antenatal mothers regarding BPCR in control group.

N=30

LEVEL OF KNOWLEDGE	POST-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Good Knowledge	0	0		
Average Knowledge	12	40		
Poor Knowledge	18	60	9.43	1.78

Table 3.3.2: Frequency and percentage distribution of post-interventional level of knowledge among antenatal mothers regarding BPCR in experimental group.
N=30

LEVEL OF KNOWLEDGE	POST-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Good Knowledge	26	86.67	23.10	4.95
Average Knowledge	4	13.33		
Poor Knowledge	0	0		

3.4 Assessment of pre-interventional attitude in control and experimental group.
At baseline the control and experimental groups were assessed using the 3-point Likert scale regarding birth preparedness and complication readiness. The pre-test scores of both groups are presented in Tables 3.4.1 and 3.4.2

Table 3.4.1: Frequency and percentage distribution of pre-interventional level of attitude among antenatal mothers regarding BPCR in control group.
N=30

LEVEL OF ATTITUDE	PRE-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Favourable attitude	0	0	14.27	4.78
Moderately favourable	10	33.33		
Unfavourable attitude	20	66.67		

Table 3.4.2: Frequency and percentage distribution of pre-interventional level of attitude among antenatal mothers regarding BPCR in experimental group.

N=30

LEVEL OF ATTITUDE	PRE-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Favourable attitude	0	0	14.27	4.78
Moderately favourable	10	33.33		
Unfavourable attitude	20	66.67		

3.5 Assessment of post-interventional attitude in control and experimental group.

The control and experimental groups were assessed using the 3-point Likert scale regarding birth preparedness and complication readiness. The post-test scores of both groups are presented in Tables 3.5.1 and 3.5.2

Table 3.5.1: Frequency and percentage distribution of post-interventional level of attitude among antenatal mothers regarding BPCR in control group.

N=30

LEVEL OF ATTITUDE	POST-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Favourable attitude	0	0	14.1	4.8%
Moderately favourable	8	26.67		
Unfavourable attitude	22	73.33		

Table 3.5.2: Frequency and percentage distribution of post-interventional level of attitude among antenatal mothers regarding BPCR in the experimental group.

N=30

LEVEL OF ATTITUDE	POST-INTERVENTIONAL SCORES		MEAN	SD
	Frequency (f)	Percentage (%)		
Favourable attitude	30	100	42.2	3.8
Moderately favourable	0	0		
unfavourable attitude	0	0		

3.6 Assessment of video-assisted teaching on knowledge in the experimental group.

Table 3.6 - This section describes the effectiveness of video-assisted teaching on knowledge score regarding BPCR in the experimental group.

N=30

GROUP	MEAN KNOWLEDGE SCORE	MEAN ATTITUDE PERCENTAGE	SD	UNPAIRED t-TEST SCORE	pvalue
Control group (Post- test)	9.43	31.43%	1.78	14.23	<0.05
Experimental group (post-test)	23.10	77%	4.95		

A marked difference was observed in post-interventional knowledge mean of control group was 9.43 and SD was 1.78 respectively. Whereas the post-interventional mean of the experimental group was 23.10 and SD was 4.95. The difference was statistically significant (unpaired t= 14.23, p<0.05)

3.7 Assessment of video-assisted teaching on attitude in the experimental group.

Table 3.7- This section describes the effectiveness of video-assisted teaching on attitude score regarding BPCR in the experimental group.

GROUP	MEAN ATTITUDE SCORE	MEAN ATTITUDE PERCENTAGE	SD	UNPAIRED t-TEST SCORE	p-value
Control group (Post- test)	14.1	29.37%	4.8	25.13	<0.05
Experimental group (post-test)	42.2	87.92%	3.8		

A marked difference was observed in post-interventional attitude mean of control group was 14.1 and SD was 3.8 respectively. Whereas the post-interventional mean of the experimental group was 42.2 and SD was 3.8 The difference was statistically significant (unpaired t= 25.13, p<0.05)

3.8 Association between the pre-interventional knowledge score with their demographic variable of the control and experimental group.

Table 3.8.1- Association between pre-interventional level of knowledge among antenatal mothers in control group with their selected socio-demographic variables

N=30

Demographic variables	Poor	Average	Good	df	X2 value	p value	Remarks
Age in years							
18-25	6	4	0	2	0.303	0.857	NS
26-32	6	5	0				
33 and above	6	3	0				
Religion				1	0.096	0.757	NS
Hindu	11	8	0				
Muslim	7	4	0				
Christian	0	0	0				
Others	0	0	0				
Gestational age in weeks							
Up to 12	3	1	0	2	1.875	0.392	NS
13-28	6	7	0				

29-40	9	4	0				
Number of antenatal visits							
Less than 2	5	3	0	3	3.785	0.286	NS
3-5	5	7	0				
6-8	6	2	0				
More than 8	0	2	0				
Gravida							
Primigravida	7	6	0	1	0.362	0.547	NS
Second gravida	11	6	0				
Education qualification							
Informal	7	6	0	1	0.362	0.547	NS
Primary	11	6	0				
Secondary	0	0	0				
Graduation and above	0	0	0				
Occupation							
Homemaker	16	11	0	1	0.062	0.804	NS
Government job	0	0	0				
Private job	0	0	0				
Self employed	2	1	0				
Family type							
Joint family	14	8	0	1	0.455	0.500	NS
Nuclear family	4	4	0				
Monthly income							
Less than Rs 10,000	7	3	0	2	1.458	0.482	NS
10,001 to 20,000	8	8	0				
20,001 to 30,000	3	1	0				
>30,001	0	0	0				
Do you have any information regarding birth preparedness and complication readiness							
No	17	3	0	1	15.625	0.000	**S**
Yes	1	9	0				
If yes then source of information							
Health personnel	1	5	0	3	15.903	0.001	**S**
Relatives	0	3	0				
Friends	0	0	0				
Media	1	0	0				

*P<0.05 level of significance

S*- Significant

NS*- Non-Significant

The association between selected demographic variables and pre-test knowledge was examined using the chi-square test. A statistically significant association was observed between previous knowledge regarding birth preparedness and complication readiness and source of information with the pre-interventional knowledge score in the control group.

Table 3.8.2- Association between pre-interventional level of knowledge among antenatal mothers in experimental group with their selected socio-demographic variables

N=30

Demographic variables	**Poor**	**Average**	**Good**	**df**	**X2 value**	**p value**	**Remarks**
Age in years							
18-25	5	2	0	2	0.628	0.730	NS
26-32	7	5	0				
33 and above	8	3	0				
Religion				1	0.067	0.796	NS
Hindu	11	5	0				
Muslim	9	5	0				
Christian	0	0	0				
Others	0	0	0				
Gestational age in weeks							
Up to 12	1	2	0	2	1.750	0.417	NS
13-28	6	3	0				
29-40	13	5	0				
Number of antenatal visits							
Less than 2	2	3	0	3	2.025	0.567	NS
3-5	7	3	0				
6-8	9	3	0				
More than 8	2	1	0				
Gravida							
Primigravida	10	4	0	1	0.268	0.605	NS
Second gravida	10	6	0				
Education qualification							
Informal	9	4	0	1	0.068	0.794	NS
Primary	11	6	0				
Secondary	0	0	0				
Graduation and above	0	0	0				
Occupation							
Homemaker	18	9	0	1	0.00	1.00	NS
Government job	0	0	0				

Private job	0	0	0				
Self employed	2	1	0				
Family type							
Joint family	12	8	0	1	1.200	0.273	NS
Nuclear family	8	2	0				
Monthly income							
Less than Rs 10,000	13	5	0	3	1.750	0.626	NS
10,001 to 20,000	4	4	0				
20,001 to 30,000	2	1	0				
>30,001	1	0	0				
Do you have any information regarding birth preparedness and complication readiness							
No	17	6	0	1	2.329	0.127	NS
Yes	3	4	0				
If yes then source of information							
Health personnel	3	2	0	2	4.643	0.098	NS
Relatives	0	2	0				
Friends	0	0	0				
Media	0	0	0				

*P<0.05 level of significance

S*- Significant

NS*- Non-Significant

Shows there is no significant relationship between age in years, Religion, Gestational age, Number of antenatal visits, Gravida, Education qualification, Occupation, Family type, Monthly income in rupees, Do you have any previous knowledge regarding birth preparedness and complication readiness and source of information with pre-interventional knowledge score.

3.9 Association between the pre-interventional level of attitude score with their demographic variables in the control and experimental groups.

Table 3.9.1- Association between pre-interventional level of attitude among antenatal mothers in control group with their selected socio-demographic variables

N=30

Demographic variables	Poor	Average	Good	df	X2 value	p value	Remarks
Age in years							
18-25	10	0	0	2	1.527	0.466	NS
26-32	11	0	0				
33 and above	9	0	0				
Religion				1	1.794	0.180	NS

Hindu	19	0	0				
Muslim	11	0	0				
Christian	0	0	0				
Others	0	0	0				
Gestational age in weeks							
Up to 12	4	0	0	2	0.577	0.749	NS
13-28	13	0	0				
29-40	13	0	0				
Number of antenatal visits							
Less than 2	8	0	0	3	2.250	0.522	NS
3-5	12	0	0				
6-8	8	0	0				
More than 8	2	0	0				
Gravida							
Primigravida	13	0	0	1	1.086	0.297	NS
Second gravida	17	0	0				
Education qualification							
Informal	13	0	0	1	0.271	0.602	NS
Primary	17	0	0				
Secondary	0	0	0				
Graduation and above	0	0	0				
Occupation							
Homemaker	27	0	0	1	1.667	0.197	NS
Government job	0	0	0				
Private job	0	0	0				
Self employed	3	0	0				
Family type							
Joint family	22	0	0	1	4.176	0.041	**S**
Nuclear family	8	0	0				
Monthly income							
Less than Rs 10,000	10	0	0	2	0.300	0.861	NS
10,001 to 20,000	16	0	0				
20,001 to 30,000	4	0	0				
>30,001	0	0	0				
Do you have any information regarding birth preparedness and complication readiness							
No	20	0	0	1	1.875	0.171	NS

Yes	10	0	0				
If yes then source of information							
Health personnel	1	5	0	3	4.125	0.248	NS
Relatives	0	3	0				
Friends	0	0	0				
Media	1	0	0				

*P<0.05 level of significance

S*- Significant

NS*- Non-Significant

Shows there is no significant relationship between age in years, Religion, Gestational age, Number of antenatal visits, Gravida, Education qualification, Occupation, Family type, Monthly income in rupees, Do you have any previous knowledge regarding birth preparedness and complication readiness and source of information. Only relationship exists between family type with pre-interventional attitude score in control group.

Table 3.9.2- Association between pre-interventional level of attitude among antenatal mothers in experimental group with their selected socio-demographic variables.

N=30

Demographic data	**Poor**	**Average**	**Good**	**df**	**X2 value**	**p value**	**Remarks**
Age in years							
18-25	4	3	0	2	0.468	0.792	NS
26-32	8	4	0				
33 and above	8	3	0				
Religion				1	0.268	0.605	NS
Hindu	10	6	0				
Muslim	10	4	0				
Christian	0	0	0				
Others	0	0	0				
Gestational age in weeks							
Up to 12	1	2	0	2	2.000	0.368	NS
13-28	7	2	0				
29-40	12	6	0				
Number of antenatal visits							
Less than 2	2	3	0	3	2.400	0.494	NS
3-5	8	3	0				
6-8	8	4	0				
More than 8	2	1	0				
Gravida							
Primigravida	10	4	0	1	0.268	0.605	NS

Second gravida	10	6	0				
Education qualification							
Informal	13	0	0	1	0.068	0.794	NS
Primary	17	0	0				
Secondary	0	0	0				
Graduation and above	0	0	0				
Occupation							
Homemaker	27	0	0	1	1.667	0.197	NS
Government job	0	0	0				
Private job	0	0	0				
Self employed	3	0	0				
Family type							
Joint family	20	0	0	1	3.675	0.055	**S**
Nuclear family	10	0	0				
Monthly income							
Less than Rs 10,000	18	0	0	3	3.250	0.355	NS
10,001 to 20,000	8	0	0				
20,001 to 30,000	3	0	0				
>30,001	1	0	0				
Do you have any information regarding birth preparedness and complication readiness							
No	23	0	0	2	0.672	0.715	NS
Yes	7	0	0				
If yes then source of information							
Health personnel	1	5	0	1	0.093	0.760	NS
Relatives	0	3	0				
Friends	0	0	0				
Media	1	0	0				

*P<0.05 level of significance

S*- Significant

NS*- Non-Significant

Shows there is significant relationship between family type and pre-interventional attitude score in the experimental group.

3.10 Correlation between pre-interventional level of knowledge and attitude regarding BPCR among antenatal mothers in the control group and experimental group.

Table 3.10.1 Correlation between pre-interventional level of knowledge and attitude regarding BPCR among antenatal mothers in the control group.

Research variable	Mean	S.D	r value	Correlation
Level of knowledge	9.63	3.39	r=0.646	it indicates a moderate positive correlation coefficient.
Attitude score	14.27	4.78		

Shows there was a moderate positive correlation coefficient (r=0.646) between level of knowledge and attitude score of antenatal mothers regarding birth preparedness and complication readiness in the control group.

Table 3.10.2 Correlation between pre-interventional level of knowledge and attitude regarding BPCR among antenatal mothers in the experimental group.

Research variable	Mean	S.D	r value	Correlation
Level of knowledge	9.37	2.33	r=0.538	Indicates a moderate positive correlation coefficient.
Attitude score	14.2 7	4.78		

Showed there was moderate positive correlation coefficient (r=0.538) between the level of knowledge and attitude score of antenatal mothers regarding birth preparedness and complication readiness in the experimental group.

4. Discussions:

The data from the present study showed pre-interventional assessment of level of knowledge among antenatal mothers in control group was 18(60%) of antenatal mothers had poor level of knowledge, 12(40%) had average level of knowledge and 0)0%) had good level of knowledge. The mean knowledge score across the participants was 9.63, with a standard deviation of 3.39. Pre-interventional assessment of level of knowledge among antenatal mothers in experimental group was almost 20(60.67%) antenatal mothers demonstrated poor knowledge, 10(33.33%) showed average knowledge, and 0(0%) exhibited good knowledge. The mean knowledge score across the participants was 9.63, with a standard deviation

was 2.46. The Post interventions knowledge score in control group showed majority 18(60%) demonstrated poor knowledge, 12(40%) showed average knowledge, and 0(0%) exhibited good knowledge. The mean knowledge score across the participants was 9.43, with a standard deviation of 1.78. The post interventional knowledge score in experimental group showed majority 26(86.67%) demonstrated good knowledge, 04(13.33%) showed average knowledge, and 0(0%) exhibited poor knowledge. The mean knowledge score across the participants was 23.10 with a standard deviation of 4.95. Indeed, the study successfully accomplished its objective the post- interventional knowledge and attitude score in experimental group are higher than the pre-interventional level of knowledge and attitude. Unveiling substantial enhancements in knowledge and attitude score.

The study also identified post-interventional mean of experimental group was 23.10 and SD was 4.95. The obtained unpaired t-test value was 14.23, $p< 0.05$ Since, the value obtained using unpaired 't' test was more than the table value, statistical result examined significant difference between post-interventional knowledge score. Hence, the result examined that the video assisted teaching was effective and have helped in increasing the post-test knowledge score regarding BPCR in experimental group. Whereas post-interventional attitude mean in experimental group was 42.2 and SD was 3.8 the obtained unpaired t-test value was 25.13, $p< 0.05$ Since, the value obtained using unpaired 't' test was more than the table value, statistical result examined significant difference between post- interventional attitude score in experimental group. In conclusion, these combined findings robustly affirm the accomplishment of the objective, demonstrating the effectiveness of the video assisted teaching in enhancing knowledge and attitude regarding birth preparedness and complication readiness.

The study also did a comprehensive examination of various demographic variables and showed no significant relationship between age in years, Religion, Gestational age, Number of antenatal visits, Gravida, Education qualification, Occupation, Family type, Monthly income in rupees. But significant relationship exists with previous knowledge regarding birth preparedness and complication readiness and source of information with the pre-interventional knowledge score. There is no significant relationship between age in years, Religion, Gestational age, Number of antenatal visits, Gravida, Education qualification, Occupation, Family type, Monthly income in rupees and do you have any previous knowledge regarding birth preparedness and complication readiness and Source of information. But relationship exists between family type with the pre-interventional attitude score.

The findings of the present study revealed there was moderate positive correlation coefficient (r=0.646) between level of knowledge and attitude score of antenatal mothers regarding birth preparedness and complication readiness in control group. And there was moderate positive correlation coefficient (r=0.538) between level of knowledge and attitude score of antenatal mothers regarding birth preparedness and complication readiness in experimental group. Therefore, the present study indicated a positive correlation between knowledge and attitude score. Thus, the objective of the study aimed at understanding the correlation between knowledge and attitude score among antenatal mother was fulfilled.

5. Strengths and limitations :

5.1 Strengths

- Use of a quasi-experimental two-group pre-test post-test design
- Video assisted teaching provided a structured and standardised educational intervention
- Assessment of both knowledge and attitude

5.2 limitations

- The study was limited to a small sample size of 60 antenatal mothers, 30 in the control group and 30 in the experimental group, which may not be representative of the larger population.
- The study was conducted in a single community health centre, limiting the generalizability of the findings.
- The study focused solely on antenatal mothers.

6. Implications :

- Educate pregnant women and their families on danger signs during pregnancy, labour, postpartum, and in new-borns.
- Help mothers plan for place of delivery , skilled birth attendant, emergency transport, saving money for delivery and emergencies, Identifying a blood donor if needed.
- Integrate birth preparedness and complication readiness (BPCR) concepts into nursing education programs
- Include case studies and real-life scenarios to help students understand maternal health challenges and interventions
- Utilize simulation labs to train nursing students on emergency obstetric care and birth preparedness counselling.
- Organize workshops with obstetricians, nutritionists, and community health workers.
- Develop and implement hospital policies that emphasize birth preparedness and complication readiness (BPCR) in antenatal care.

7. Conclusion:

The findings of this study highlighted that video-assisted teaching is an effective educational strategy for improving BPCR knowledge and attitude among antenatal mothers by contributing to better maternal and neonatal health outcomes.

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