

## Research Article

# Community Based Study to Know Awareness of Birth Preparedness, and Complications Readiness Amongst Rural, Tribal Pregnant Women

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**Keywords**

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**Abstract**

**Background:** Birth preparedness and complications readiness during pregnancy are meant for safe birth with prevention of maternal, neonatal illnesses, deaths and safe future life of mother and baby. It is essential that women and their families are aware of BPCR and take required timely actions as per the need.

**Objective:** Study was carried out to know about rural, tribal pregnant women's awareness and attitude towards BPCR.

**Material Methods:** Community based study was conducted in tribal communities of 100 villages of rural, hilly forestry Melghat of Amravati, Maharashtra, India. Information was collected from 1040 women of 15-45 years, who had 5 months onwards pregnancy.

**Results:** Of 1040 study subjects, 757 (72.8%) knew that there was something like BPCR, but in very scanty way, 259 (24.9%) said BPCR meant being aware of safety of baby, 69 (6.6%) said safety of mother, 226 (21.7%) did say to understand about prevention of complications, 135 said (13%) to know about diet and immunization and 68 (6.5%) said to know about hygiene. But 283 (27.2%) were not even aware that there was anything like BPCR. When asked how does BPCR benefit, 373 (35.9%) said anemia is diagnosed and therapy is possible, 242 (23.3%) said knowledge about contraception is gained, 127 (12.2%) did say that it helps in deciding place of birth, 114 (11%) said planning birth companion, 102 (9.8%) for arranging finances for birth and 82 (7.9%) said knowledge of complications helps.

**Conclusion:** Some pregnant women were aware of BPCR, but had very scanty information, quite a few were not aware. A lot of awareness needs to be created in rural tribal women about BPCR.

**BACKGROUND**

Birth preparedness and complications readiness (BPCR) during pregnancy are meant for prevention of maternal and neonatal complications and safe, timely and appropriate action if complications occur, so that there is prevention of severe illnesses, death of the mother and the baby as well as mother and baby have safe future life. BPCR helps women to consider available maternal health services during pregnancy and prepare for prevention and timely action for potential complications. Ijang et al<sup>1</sup> reported that though global annual number of maternal deaths decreased to an estimated 303,000 in 2015, avoidable morbidity and mortality remained a formidable challenge in many developing countries, which accounted for approximately 99% (302,000) of the global maternal deaths in 2015. BPCR is a strategy that has been globally endorsed as an essential component of safe motherhood programs meant to reduce delays in care to reduce maternal mortality and neonatal mortality rates. Lack of BPCR delays timely health seeking. Identification of complications, seeking timely health care and reaching right place

and at right time are essential. BPCR is also a strategy to promote the timely use of skilled maternal and neonatal care based on the understanding that preparing for childbirth and being ready for complications are likely to reduce delay in obtaining right care. Delivery assisted by Skilled Birth Attendant (SBA) is the single most important intervention to prevent maternal mortality. However Bhaumik et al<sup>2</sup> add space that there are lacunae, as the BP/CR messages do not translate to complete comprehensive full utilization of facility delivery.

**OBJECTIVE**

Community based study was carried out to know about the rural tribal pregnant women's awareness of BPCR and its advantages.

**MATERIAL AND METHODS**

Study was carried out in tribal communities of 100 villages of hilly forestry area of Melghat of Amravati Maharashtra, India after approval of institute's ethics committee.

In these villages community based mother child care services were initiated, after having created a multispecialty health facility for 24 hours. 7 days services in one of these 100 villages. Information was collected from 1040 pregnant women of 15-45 years by including minimum 10 women with 5 months onwards pregnancy, randomly from each village. Interviews were conducted by using a pretested tool using the language which women understood. Some questions needed closed ended, yes or no answers and other short answers.

## RESULTS

In the present study of 1040 pregnant women, 757 (72.8%) said that they were aware about BPCR but had scratchy knowledge of what does it mean and how does it benefit, 259 (21.9%) women said it was needed for the safety of the baby, 226 (21.7%) said to prevent complications, 135 (13.0%) said to know about diet and immunization advice, 69 (6.6%) said to be aware of needs for safety of mother and 68 (6.5%) for hygiene. Around 27% women were not even aware that there was anything like BPCR. Out of 1040 study subjects, 320 (99.1%) of 323 women of 15 to 19 years, said they were aware of BPCR but when asked about what does it mean, 204 (63.2%) said being aware for safety of baby, 78 (24%) safety of the mother, 21 (6.5%) said to know about prevention of complications, 14 (4.3%) said have diet and immunization advice and 3 (0.9%) for learning about hygiene. Of 1040 study subjects, 56 were illiterate and 48 (85.7%) of them had some awareness of BPCR and 52 (92.9%) had kept some money aside for birth and new born.

All 943 (100%) housewives said they were aware that there was something like BPCR but they had no idea what needed to be known or done. When asked what does it mean, 49 (5.2%) said it meant to get dietary and immunization advice As the parity increased the number of women who said they were aware of BP increased. However 114 (97.4%) of 117 primigravida had kept some money aside for birth and new born, 291 (63.1%) of 461 women with 5 or more births, had kept money aside and 102 (87.2%) of 117 who had one child said they were aware of BPCR.

When asked how does BPCR benefit, 373 (35.9%) said anemia is diagnosed and could be treated, 242 (23.3%) said knowledge about contraception is achieved, 127 (12.2%) said it helped in deciding place of birth, 114 (11%) said it was possible to decide about birth companion, 102 (9.8%) said money could be arranged for birth and 82 (7.9%) said awareness about complications.

## DISCUSSION

BPCR is the strategy to help women to plan for needs of births and use of available maternal health services and stay prepared for potential complications and get skilled providers at birth [1]. Reported that the concept of BPCR developed by the organizations of the United Nations helped to have awareness that pregnant women and their families seek health care without delay in case of complications. Its benefits have been proven in several countries. Reproductive and child health services providers needed to know and use the opportunities during antenatal care for the best of BPCR of women and their families. BPCR is among the key interventions that can reduce maternal mortality. In the present study of 1040 pregnant study subjects, 757 (72.8%) women said they were aware about BPCR but had

very scratchy knowledge of BPCR and its benefits, 259 (21.9%) said it was needed for the safety of the baby but how, they did not know, 226 (21.7%) said to prevent complications, 135 (13.0%) said to know about diet and immunization advice, 69 (6.6%) safety of the mother and 68 (6.5%) said for hygiene. Around 27% women did not know that there was anything like BPCR. In the study by (1), of the 345 pregnant women, 159 (46.1%) were aware of BPCR, but the practice of BPCR was unsatisfactory, as only 65 (18.8%) women were considered prepared Ekabua et al. [2]. Have reported that educational status was the best predictor of awareness of BPCR, but not a good predictor of intention to attend desired antenatal clinic sessions. Plans to identify means of transport and the place of childbirth were related to greater awareness of BPCR. Parity was a highly significant predictor of planning to save money for childbirth and associated with greater awareness of community's financial support system.

Tsegaw et al. [3] reported good knowledge of BPCR in 45.2% of pregnant women. In the multivariable analysis, having history of childbirth, having intended pregnancy, being governmental employee, and having antenatal care visits were independently and significantly associated with good knowledge of BPCR Henok [4]. Also suggested that it was better if local health system arranged community based education and empowered women by expanding educational opportunities Mulugeta et al. [5]. Have reported that in a quantitative facility based cross-sectional study, the knowledge of BPCR amongst primigravida was low. Information given about dangers and BP during antenatal follow up was not comprehensive. Health care providers, health facility, other partners, program level managers and policy makers needed to take responsibility and work together to improve the health education and increase knowledge of BPCR through easily accessible health education strategies Zepre et al. [6] also reported relatively low BPCR, calling for more interventions beyond mere awareness and suggested that aviating transportation services and ensuring services free of charge would help in improving real benefits of BPCR and their benefits Dasanayake et al. [7]. With a descriptive cross sectional study, reported that BPCR were well-known concepts among third trimester mothers. Level of knowledge and BPCR practices were satisfactory among their study subjects. Women with higher maternal age had poor knowledge of BPCR. Women with better educational level and planned pregnancy had satisfactory practices on BPCR. Florence et al [10] also reported that the knowledge about BPCR was higher among the educated respondents.

Moshi et al [11] also reported that in their study too knowledge about BPCR was low August et al. [8]. Reported that it was not clear why BP messages did not translate into utilisation of facility delivery. In the present study many women had no idea but those who were aware also had scratchy awareness and the real awareness of BPCR and its impact were almost nonexistent Letose et al [9]. Also reported BPCR was low in their study; though significantly higher in urban women and researchers suggested that health workers should counsel every woman on BPCR components during first antenatal care visit and subsequent visits Kamineni et al. [10]. Reported that nearly three-fourth pregnant women attending a tertiary care hospital in an urban area were birth prepared. However, emergency readiness and awareness of danger signs were very poor Bintabara et al. [11]. Also reported

**Table 1:** Awareness of Birth Preparedness Complications Readiness.

| Variables        | Total | Awareness |      |     |      | If Yes, Information |      |                |      |                         |      |   |      |          |      |
|------------------|-------|-----------|------|-----|------|---------------------|------|----------------|------|-------------------------|------|---|------|----------|------|
|                  |       | Yes       | %    | No  | %    | Safety of Mother    | %    | Safety of Baby | %    | Complications Awareness | %    | Knowledge about diet immunization advices | %    | Hygienic | %    |
| AGE              |       |           |      |     |      |                     |      |                |      |                         |      |   |      |          |      |
| 15 to 19         | 323   | 320       | 99.1 | 3   | 0.9  | 78                  | 24   | 204            | 63.2 | 21                      | 6.5  | 14  | 4.3  | 3        | 0.9  |
| 20 to 24         | 536   | 529       | 98.7 | 7   | 1.3  | 131                 | 24.4 | 241            | 45.0 | 66                      | 12.3 | 73  | 13.6 | 18       | 3.4  |
| 25 to 29         | 109   | 109       | 100  | 0   | 0.0  | 11                  | 10.1 | 54             | 49.5 | 6                       | 5.5  | 22  | 20.2 | 16       | 14.7 |
| 30 to 34         | 68    | 66        | 97.1 | 2   | 2.9  | 9                   | 13.2 | 19             | 27.9 | 22                      | 32.4 | 10  | 14.7 | 8        | 11.8 |
| 35 to 39         | 4     | 4         | 100  | 0   | 0.0  | 1                   | 25.0 | 2              | 50.0 | 0                       | 0.0  | 1   | 25.0 | 0        | 0.0  |
| EDUCATION        |       |           |      |     |      |                     |      |                |      |                         |      | 0   |      |          |      |
| ILLITERATE       | 56    | 48        | 85.7 | 8   | 14.3 | 3                   | 5.4  | 24             | 42.9 | 18                      | 32.1 | 11  | 19.6 | 0        | 0.0  |
| PRIMARY          | 321   | 319       | 99.4 | 2   | 0.6  | 96                  | 29.9 | 156            | 48.6 | 27                      | 8.4  | 28  | 8.7  | 14       | 4.4  |
| SECONDARY        | 358   | 356       | 99.4 | 2   | 0.6  | 82                  | 22.9 | 177            | 49.4 | 51                      | 14.2 | 37  | 10.3 | 11       | 3.1  |
| HIGHER SECONDARY | 196   | 196       | 100  | 0   | 0.0  | 41                  | 20.9 | 58             | 29.6 | 22                      | 11.2 | 46  | 23.5 | 29       | 14.8 |
| GRADUCATE        | 66    | 66        | 100  | 0   | 0.0  | 9                   | 13.6 | 22             | 33.3 | 8                       | 12.1 | 9   | 13.6 | 18       | 27.3 |
| POST GRADUCATE   | 43    | 43        | 100  | 0   | 0.0  | 8                   | 18.6 | 26             | 60.5 | 4                       | 9.3  | 4   | 9.3  | 1        | 2.3  |
| ECONOMIC STATUS  |       |           |      |     |      |                     |      |                |      |                         |      |   |      |          |      |
| UPPER            | 43    | 43        | 100  | 0   | 0.0  | 11                  | 25.6 | 29             | 67.4 | 2                       | 4.7  | 1   | 2.3  | 0        | 0.0  |
| UPPER MIDDLE     | 51    | 51        | 100  | 0   | 0.0  | 4                   | 7.8  | 39             | 76.5 | 3                       | 5.9  | 4   | 7.8  | 1        | 2.0  |
| UPPER LOWER      | 142   | 142       | 100  | 1   | 0.7  | 33                  | 23.2 | 49             | 34.5 | 44                      | 31.0 | 10  | 7.0  | 6        | 4.2  |
| LOWER MIDDLE     | 186   | 186       | 100  | 3   | 1.6  | 37                  | 19.9 | 79             | 42.5 | 22                      | 11.8 | 25  | 13.4 | 23       | 12.4 |
| LOWER            | 618   | 618       | 100  | 8   | 1.3  | 113                 | 18.3 | 366            | 59.2 | 66                      | 10.7 | 52  | 8.4  | 21       | 3.4  |
| PROFESSION       |       |           |      |     |      |                     |      |                |      |                         |      |   |      |          |      |
| HOUSEWIFE        | 943   | 943       | 100  | 0   | 0.0  | 141                 | 15.0 | 466            | 49.4 | 221                     | 23.4 | 49  | 5.2  | 66       | 7.0  |
| OWNFARM LABOUR   | 53    | 51        | 96.2 | 2   | 3.8  | 17                  | 32.1 | 26             | 49.1 | 3                       | 5.7  | 6   | 11.3 | 1        | 1.9  |
| LABOURER         | 40    | 34        | 85.0 | 6   | 15.0 | 5                   | 12.5 | 26             | 65.0 | 0                       | 0.0  | 8   | 20.0 | 1        | 2.5  |
| OTHERWORK        | 4     | 0         | 0.0  | 4   | 100  | 0                   | 0.0  | 0              | 0.0  | 0                       | 0.0  | 0   | 0.0  | 0        | 0.0  |
| PARITY           |       |           |      |     |      |                     |      |                |      |                         |      |   |      |          |      |
| P.1              | 117   | 102       | 87.2 | 15  | 12.8 | 9                   | 7.7  | 24             | 20.5 | 29                      | 24.8 | 31  | 26.5 | 9        | 7.7  |
| P.2              | 103   | 78        | 75.7 | 25  | 24.3 | 16                  | 15.5 | 24             | 23.3 | 17                      | 16.5 | 17  | 16.5 | 4        | 3.9  |
| P.3              | 155   | 141       | 91.0 | 14  | 9.0  | 11                  | 7.1  | 59             | 38.1 | 41                      | 26.5 | 29  | 18.7 | 1        | 0.6  |
| P.4              | 204   | 157       | 77.0 | 47  | 23.0 | 22                  | 10.8 | 31             | 15.2 | 50                      | 24.5 | 23  | 11.3 | 31       | 15.2 |
| P.5 Above        | 461   | 279       | 60.5 | 182 | 39.5 | 11                  | 2.4  | 121            | 26.2 | 89                      | 19.3 | 35  | 7.6  | 23       | 5.0  |
| TOTAL            | 1040  | 757       | 72.8 | 283 | 27.2 | 69                  | 6.6  | 259            | 24.9 | 226                     | 21.7 | 135                                       | 13.0 | 68       | 6.5  |

that the proportion of women who were prepared for birth and its complications were low. In a hospital based study Padaguggari et al. [12] reported that three-fourth pregnant women attending antenatal clinic in a tertiary care teaching hospital had average knowledge regarding BPCR 77.1%, three-fourth of them had good knowledge practice too (75.8%) Rai [13]. Reported that in a hospital based study antenatal mothers had inadequate knowledge with poor practices and were not associated with any socio-demography components, except knowledge was found to have association with occupation. In the study by Nkwosa et al.

[14] BPCR knowledge and practice among the respondents was satisfactory. The study revealed that pregnant women relied a lot on information provided by their health care providers during antenatal period. So they needed to know.

In a hospital based study by Mbonu [15], few pregnant women had made adequate arrangements in anticipation for a safe delivery Moinuddin et al. [16]. Suggested that greater emphasis on BPCR interventions tailored for hard to reach areas was needed to improve skilled birth attendance, care seeking

**Table 2:** Awareness of Advantages of Birth Preparedness Complications readiness.

| Variables        | Total | Awareness of Birth Preparedness Complications Readiness |      |                 |      |                  |      |   |      |                               |      |                                    |      |
|------------------|-------|---|------|-----------------|------|------------------|------|---|------|-------------------------------|------|------------------------------------|------|
|                  |       | Deciding place of birth                                 | %    | Money for birth | %    | Birth companions | %    | Knowledge about anemia and its correction | %    | Knowledge about contraception | %    | Knowledge about other complication | %    |
| AGE              |       |   |      |                 |      |                  |      |   |      |                               |      |                                    |      |
| 15 to 19         | 323   | 21  | 6.5  | 33              | 10.2 | 41               | 12.7 | 131                                       | 40.6 | 71                            | 22.0 | 26                                 | 8.0  |
| 20 to 24         | 536   | 41  | 7.6  | 66              | 12.3 | 41               | 7.6  | 221                                       | 41.2 | 97                            | 18.1 | 70                                 | 13.1 |
| 25 to 29         | 109   | 15  | 13.8 | 41              | 37.6 | 31               | 28.4 | 6   | 5.5  | 7                             | 6.4  | 9                                  | 8.3  |
| 30 to 34         | 68    | 11  | 16.2 | 8               | 11.8 | 21               | 30.9 | 14  | 20.6 | 5                             | 7.4  | 9                                  | 13.2 |
| 35 to 39         | 4     | 0   | 0.0  | 0               | 0.0  | 2                | 50.0 | 2   | 50.0 | 0                             | 0.0  | 0                                  | 0.0  |
| EDUCATION        |       |   |      |                 |      |                  |      |   |      |                               |      |                                    |      |
| ILLITERATE       | 56    | 4   | 7.1  | 2               | 3.6  | 17               | 30.4 | 21  | 37.5 | 6                             | 10.7 | 6                                  | 10.7 |
| PRIMARY          | 321   | 42  | 13.1 | 19              | 5.9  | 26               | 8.1  | 66  | 20.6 | 79                            | 24.6 | 89                                 | 27.7 |
| SECONDARY        | 358   | 41  | 11.5 | 31              | 8.7  | 149              | 41.6 | 59  | 16.5 | 41                            | 11.5 | 37                                 | 10.3 |
| HIGHER SECONDARY | 196   | 31  | 15.8 | 26              | 13.3 | 79               | 40.3 | 21  | 10.7 | 14                            | 7.1  | 25                                 | 12.8 |
| GRADUCATE        | 66    | 6   | 9.1  | 3               | 4.5  | 9                | 13.6 | 4   | 6.1  | 33                            | 50.0 | 11                                 | 16.7 |
| POST GRADUCATE   | 43    | 11  | 25.6 | 6               | 14.0 | 21               | 48.8 | 1   | 2.3  | 0                             | 0.0  | 4                                  | 9.3  |
| ECONOMIC STATUS  |       |   |      |                 |      |                  |      |   |      |                               |      |                                    |      |
| UPPER            | 43    | 4   | 9.3  | 1               | 2.3  | 4                | 9.3  | 11  | 25.6 | 19                            | 44.2 | 4                                  | 9.3  |
| UPPER MIDDLE     | 51    | 11  | 21.6 | 6               | 11.8 | 21               | 41.2 | 4   | 7.8  | 4                             | 7.8  | 5                                  | 9.8  |
| UPPER LOWER      | 142   | 2   | 1.4  | 25              | 17.6 | 29               | 20.4 | 61  | 43.0 | 21                            | 14.8 | 4                                  | 2.8  |
| LOWER MIDDLE     | 186   | 41  | 22.0 | 64              | 34.4 | 16               | 8.6  | 25  | 13.4 | 14                            | 7.5  | 26                                 | 14.0 |
| LOWER            | 618   | 166   | 26.9 | 59              | 9.5  | 64               | 10.4 | 241                                       | 39.0 | 29                            | 4.7  | 59                                 | 9.5  |
| PROFESSION       |       |   |      |                 |      |                  |      |   |      |                               |      |                                    |      |
| HOUSEWIFE        | 943   | 79  | 8.4  | 67              | 7.1  | 41               | 4.3  | 461                                       | 48.9 | 201                           | 21.3 | 94                                 | 10.0 |
| OWNFARM LABOUR   | 53    | 12  | 22.6 | 5               | 9.4  | 11               | 20.8 | 16  | 30.2 | 2                             | 3.8  | 7                                  | 13.2 |
| LABOURER         | 40    | 1   | 2.5  | 0               | 0.0  | 3                | 7.5  | 26  | 65.0 | 6                             | 15.0 | 4                                  | 10.0 |
| OTHERWORK        | 4     | 0   | 0.0  | 0               | 0.0  | 3                | 75.0 | 0   | 0.0  | 0                             | 0.0  | 1                                  | 25.0 |
| PARITY           |       |   |      |                 |      |                  |      |   |      |                               |      |                                    |      |
| P.1              | 117   | 3   | 2.6  | 2               | 1.7  | 41               | 35.0 | 67  | 57.3 | 2                             | 1.7  | 2                                  | 1.7  |
| P.2              | 103   | 11  | 10.7 | 23              | 22.3 | 31               | 30.1 | 26  | 25.2 | 4                             | 3.9  | 8                                  | 7.8  |
| P.3              | 155   | 19  | 12.3 | 21              | 13.5 | 12               | 7.7  | 28  | 18.1 | 41                            | 26.5 | 34                                 | 21.9 |
| P.4              | 204   | 69  | 33.8 | 51              | 25.0 | 19               | 9.3  | 11  | 5.4  | 24                            | 11.8 | 30                                 | 14.7 |
| P.5 Above        | 461   | 25  | 5.4  | 5               | 1.1  | 11               | 2.4  | 241                                       | 52.3 | 171                           | 37.1 | 8                                  | 1.7  |
| TOTAL            | 1040  | 127   | 12.2 | 102             | 9.8  | 114              | 11.0 | 373                                       | 35.9 | 242                           | 23.3 | 82                                 | 7.9  |

for complications and essential newborn care and facilitate reductions in maternal and neonatal mortality in low performing districts in Bangladesh August [8]. Reported that community perceptions were in favor of using skilled care for BP/CR during pregnancy. However, issues related to inability to prepare in advance hinder the realization of the intention to use skilled care Saidu et al. [17].

Also did a community-based cross-sectional study and reported that women in the study area had poor knowledge and practice of BP/CR although perception was good. Education of the husband was the only significant predictor of knowledge of BP/CR, and husband’s occupation and respondent’s knowledge of BP/CR were the significant predictors of practice and suggested that efforts should be made to improve the educational status of the community, since education was a predictor of knowledge.

Bekele et al. [18] also reported that knowledge of maternity danger signs and BPCR were low and opined that enhancing women's awareness and improving the quality of labour wards would improve delivery service utilization. In a study carried out to explore the association between knowledge of maternity dangers and BP among recently delivered women in Uganda, the prevalence of recently delivered women who had knowledge BP for key dangers was very low and researchers suggested that universal primary and secondary education programmes ought to be promoted so as to enhance the impact of knowledge of key dangers on BP practices [19]. Cheptum et al. [19]. Reported that it needed to go beyond awareness and effort should also be made to improve its practice Takahashi et al. [20].

Did a study to assess the level of knowledge, attitudes of BP/CR and the association between knowledge, attitudes and BP/CR and found low level of knowledge, neutral level of attitude and moderate level of BP/CR. There were significant differences of BP/CR between those with and without occupation and among rich and poor. In order to improve knowledge on BP/CR, it is important to strengthen health education through ANC and community with special focus on the poor and those with lesser parity.

Of 1040 study subjects of the present study, when asked about benefits of BPCR, 373 (35.9%) said if anemia was diagnosed its correction was possible, 242 (23.3%) said contraception knowledge was gained, 127 (12.2%) said place of birth and 114 (11%) birth companion could be decided and only 102 (9.8%) said money for birth could be planned and only 82 (7.9%) said that knowledge of complications was gained.

Bhaumik [21] did a qualitative study using focus group discussions (FGDs) explored the perceptions of the community and reported that the perceptions of the community regarding BP/CR were in favor of skilled care. The community was aware of the importance of attending ANC, saving money for buying supplies and organizing transport, but there was little awareness about recognizing complications and importance emergency care and it was important to provide information on BP/CR and schemes available for birth safely.

In the study by Dave et al. [22], 65.43% were found to have positive knowledge and practices of BP/CR. The variables which had significant effect on BPCR were: education, socioeconomic class, age at the time of marriage, order of pregnancy, mode of last delivery, number of live children, history of abortion, and duration of current pregnancy. BPCR improve preventive behavioral practices among to be mothers; thereby leading to improvement in care-seeking during obstetric emergency Bishaw et al. [23]. Reported that in Ethiopia the proportion of mothers who prepared for birth and its complications was low. Women living in urban area, having antenatal care visit, with history of stillbirth and those aware of danger signs during labor/childbirth were positively associated with BPCR.

Health facilities should strengthen health services in promoting early antenatal attendance and improving the information given during the follow up, with special emphasis given to BP. Shukla et al. [24] reported that focused BP counseling and CR could play an important role in increasing the baseline knowledge of

pregnant women regarding pregnancy-related complications and bring out desirable ideal health-seeking behavior changes during pregnancy, measures related to BPCR during pregnancy play an important role in producing better pregnancy outcome. Azeze et al. [25] in their study to assess the practice and factors associated with BPCR among women in Southern Ethiopia reported that although not satisfactory in view of expectations, a relatively higher practice of BPCR had been observed in the study area compared with the previous reports. Healthcare workers at the grass root should be encouraged to involve women's partners and/or family members while explaining BPCR with a special emphasis on older and uneducated women in order to improve the practice.

## CONCLUSION

Some rural tribal pregnant women did say they were aware about BPCR, but the number was small. Amongst those who said they had awareness also the information was scatchy. Quite a few did not know anything. A lot of awareness needs to be created about the meaning of BP and CR and also help women and families.

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