

## Enhancing Maternal Confidence Through Controlled Childbirth: A Holistic Community-Based Approach in Beru-Beru Village

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### ABSTRACT

*Physical and psychological readiness of pregnant women plays a crucial role in ensuring a smooth delivery process and a positive childbirth experience. However, in Beru-Beru Village, Kalukku District, low levels of readiness are still observed, influenced by limited knowledge, socio-cultural factors, and traditional beliefs. This activity aimed to improve maternal knowledge and physical as well as psychological readiness through health education using leaflet-based media. The implementation method included a pre-test, delivery of educational material, discussion, post-test, and subsequent monitoring and evaluation. The program involved 32 participants, including expectant mothers, pregnant women, community health volunteers, and family members. The results showed a significant increase in knowledge, from 40.6% of participants with good knowledge in the pre-test to 93.8% in the post-test, representing a 53.2% improvement. Leaflet-based education proved effective in enhancing understanding and readiness for childbirth. This program is expected to serve as a sustainable intervention model to reduce delivery complications, increase maternal confidence, and promote a positive childbirth experience.*

### ABSTRAK

Kesiapan fisik dan psikologis ibu hamil merupakan faktor penting dalam menentukan kelancaran proses persalinan dan pengalaman melahirkan yang positif. Namun, di Desa Beru-Beru, Kecamatan Kalukku, masih ditemukan rendahnya kesiapan tersebut, dipengaruhi oleh keterbatasan pengetahuan, faktor sosial-budaya, dan keyakinan tradisional. Kegiatan ini bertujuan meningkatkan pengetahuan dan kesiapan fisik serta psikologis ibu hamil melalui penyuluhan kesehatan berbasis media leaflet. Metode pelaksanaan meliputi pre-test, penyampaian materi edukasi, tanya jawab, post-test, serta monitoring dan evaluasi. Sasaran kegiatan adalah 32 responden yang terdiri dari calon ibu hamil, ibu hamil, kader posyandu, dan keluarga. Hasil kegiatan menunjukkan adanya peningkatan signifikan pengetahuan, dari 40,6% responden yang memiliki pengetahuan baik pada pre-test menjadi 93,8% pada post-test, atau meningkat sebesar 53,2%. Edukasi dengan media leaflet terbukti efektif dalam meningkatkan pemahaman dan kesiapan ibu menghadapi persalinan. Kegiatan ini diharapkan dapat menjadi model intervensi yang berkelanjutan untuk menurunkan risiko komplikasi persalinan, meningkatkan kepercayaan diri ibu, serta mendukung pencapaian pengalaman melahirkan yang positif.

## INTRODUCTION

Childbirth is a physiological process marking the end of pregnancy, characterized by the expulsion of the fetus from the uterus, either spontaneously or through medical intervention (1). This process requires optimal readiness, not only physically but also psychologically, to ensure the mother can undergo labor safely, smoothly, and with a positive birth experience. Physical readiness includes being in prime health, fulfilling nutritional needs, engaging in appropriate physical activity, and undergoing routine antenatal care, while psychological readiness encompasses stress management, self-confidence, and emotional support from both family and healthcare providers (2).

Field observations indicate that low physical and psychological readiness among pregnant women remains a problem in several regions, including Beru-Beru Village, Kalukku District, Mamuju Regency. Interviews with local *posyandu* (integrated health post) cadres revealed that many pregnant women do not fully understand the comprehensive steps needed to prepare for childbirth and are still influenced by myths and traditional beliefs that may hinder proper preparation. This lack of knowledge can increase the risk of anxiety, stress, and complications during delivery, ultimately affecting the safety of both mother and baby (3).

Health education interventions have been proven effective in improving childbirth preparedness. Participatory counseling, supported by health promotion media such as leaflets, can facilitate pregnant women's understanding of physical and psychological preparation while encouraging positive behavioral changes(4). Previous studies have shown that print media-based education can significantly enhance pregnant women's knowledge and skills, thereby increasing their self-confidence and readiness for childbirth(5).

Beru-Beru Village, with its unique socio-cultural context and specific geographical challenges, requires an educational approach that is both contextual and easily accepted by the community. Therefore, this counseling program was designed to provide accurate knowledge, dispel misconceptions, and equip pregnant women with adequate physical and psychological preparation skills. This intervention is expected to serve as a sustainable community empowerment model to improve maternal health and reduce the risk of childbirth complications.

## METHODS

This study employed a *pre-experimental* design with a **one-group pre-test–post-test** approach to evaluate the effectiveness of health education using leaflet media in improving pregnant women's physical and psychological readiness for childbirth. This design was chosen because it allows measurement of changes in knowledge before and after the intervention within the same group(6). The program was conducted on June 26, 2025, at the Beru-Beru Village Office, Kalukku District, Mamuju Regency, West Sulawesi, Indonesia. The location was selected based on accessibility, community support, and preliminary findings indicating low levels of childbirth preparedness in the area. A total of 32 participants were recruited using *purposive sampling*, consisting of pregnant women, women planning to become pregnant, *posyandu* cadres, and family members of expectant mothers. Inclusion criteria included willingness to participate in all program activities, residency in Beru-Beru Village, and the ability to read and understand the leaflet content.

The intervention was delivered through face-to-face counseling using a leaflet titled “*Physical and Psychological Readiness to Welcome Your Baby*”. The content included: (1) the definition of childbirth, (2) aspects of physical readiness (balanced nutrition, light exercise, adequate rest, regular health check-ups, preparation of delivery items, and recognition of labor signs), (3) aspects of psychological readiness (emotional support, stress management, partner involvement, and mental well-being), and (4) additional childbirth tips. Materials were delivered interactively with a question-and-answer session and adapted to the local socio-cultural context (7).

Data collection was conducted using a questionnaire with 10 multiple-choice questions related to childbirth preparedness. The questionnaire was administered twice: before the intervention (*pre-test*) and after the intervention (*post-test*). Data were analyzed descriptively to determine participants' characteristics and calculate the percentage increase in knowledge (6,8). Prior to participation, informed consent was obtained from all respondents, and confidentiality of participant data was maintained in accordance with ethical research principles.

## RESULT AND DISCUSSION

### RESULT

#### *Respondent Characteristics*

Table 01. Frequency Distribution of Respondent Characteristics

| Characteristics             | Count |      |
|-----------------------------|-------|------|
|                             | F     | %    |
| Age                         |       |      |
| < 30 Years Old              | 13    | 41   |
| >30 Years Old               | 19    | 59   |
| Occupation                  |       |      |
| Housewife                   | 20    | 62,5 |
| Private Employee            | 7     | 21,9 |
| Otherd                      | 5     | 15,6 |
| Education                   |       |      |
| Junior high school          | 4     | 12,5 |
| Senior high school          | 16    | 50   |
| Bachelor Degree/<br>Diploma | 12    | 37,5 |

Source: Primary Data, 2025

Based on Table 01 regarding the frequency distribution of respondent characteristics, most participants were in the >30 years age group, totaling 19 people (59%), while 13 participants (41%) were under 30 years old. This indicates that the majority of respondents were in a mature reproductive age, which, in theory, is associated with greater life experience and better potential readiness to receive and apply information (7).

In terms of occupation, the majority of respondents were housewives (62.5%), followed by private-sector employees (21.9%), and other occupations (15.6%). This suggests that most respondents had more flexible time to attend counseling sessions and actively participate in the learning process, although environmental factors and family support still play an important role in applying the health information obtained.

Regarding the highest level of education, most respondents were high school graduates (50%), followed by those with a diploma or bachelor's degree (37.5%), and junior high school graduates (12.5%). The predominance of medium to higher education levels among participants is expected to facilitate understanding of the counseling material provided. However, the presence of respondents with lower education levels still requires the use of simple, communicative delivery methods, supported by visual media such as leaflets, to ensure that messages are conveyed effectively (9).

### DISCUSSION

The analysis showed that before the intervention, the majority of respondents had low levels of knowledge regarding physical and psychological readiness for childbirth, with 59.4% classified as having poor knowledge and only 40.6% classified as having good knowledge. After counseling using leaflet media, there was a significant improvement, with 93.8% of respondents categorized as having good knowledge and only 6.2% remaining in the poor category. This 53.2% increase demonstrates that the educational intervention was effective in improving participants' understanding.

These findings are consistent with Rahman et al. (2022), who reported that counseling using printed media such as leaflets can present information in a concise, appealing, and memorable manner, significantly enhancing target participants' knowledge. Leaflets also allow participants to revisit the information provided, enabling the learning process to extend beyond the counseling session and continue independently at home (4).

In addition, the face-to-face counseling method with direct interaction allowed participants to ask questions and receive clarification, contributing to better understanding (7). This is particularly important given that most respondents in this study were housewives with a medium-level educational background, who benefit from a communicative and visually supported approach to facilitate comprehension.

This substantial increase in knowledge impacts not only technical understanding but also has the potential to reduce anxiety and improve mothers' mental readiness for childbirth. Previous research has shown that mothers with good knowledge about the childbirth process tend to have lower anxiety levels and better readiness, ultimately supporting a smoother and safer delivery process (10).

Thus, the results of this study confirm that health education interventions using leaflets combined with direct delivery are an effective strategy for improving pregnant women's knowledge and can be recommended as a sustainable community-level program to support maternal health.

### CONCLUSION

Health counseling using leaflet media proved effective in increasing the knowledge of pregnant women and women planning pregnancy regarding physical and psychological readiness for childbirth in Beru-Beru Village, Kalukku District. Post-test results showed an increase in the proportion of respondents with good knowledge from 40.6% to 93.8%, representing a 53.2% improvement compared to the pre-test. This intervention not only provided a better understanding of the steps required for childbirth preparation but also has the potential to strengthen mental readiness and reduce anxiety before delivery. These findings support the notion that community-based health education, particularly through communicative printed media, can serve as a sustainable strategy to improve maternal health and promote a positive childbirth experience.

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