

## Original Article

**Overview Of Knowledge And Motivation Of Pregnant Women In III Trimester Regarding Preparation For Birth**Erna Elfrida Simanjuntak<sup>1\*</sup><sup>1</sup>Garuda Putih College of Health Sciences, Indonesia

Article Information	ABSTRACT
Received: 1 November 2024 Revised: 8 January 2025 Accepted: 8 January 2025 Available online: 31 January 2025	Based on data from the number of births by health workers in 2024, there are 13,918 with a percentage of 92.7%. This type of research is descriptive research which aims to see a picture of the knowledge and motivation of third trimester pregnant women regarding preparation for childbirth. Population in This study included all 32 pregnant women in the third trimester regarding preparation for childbirth. The sampling technique used in this research was total sampling, namely 32 third trimester pregnant women. Data analysis was carried out univariately with the aim of obtaining an overview of the frequency distribution of each variable studied to facilitate data interpretation. The majority of respondents had sufficient knowledge about childbirth preparation, namely 18 respondents (56%), respondents who had good knowledge about childbirth preparation, namely 12 respondents (38%) and respondents who had poor knowledge, namely 2 respondents (6%). The majority of respondents had good motivation regarding childbirth preparation, namely 22 respondents (69%) and respondents who had poor motivation were 10 respondents (31%). Public health Office It is hoped that a policy can be made to increase the provision of counseling and counseling to pregnant women regarding childbirth preparation so that it can increase knowledge and good motivation for pregnant women regarding childbirth preparation.
<b>Keywords</b>	
Knowledge; Motivation, Pregnant	
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**INTRODUCTION**

Antenatal care in the third trimester is part of antenatal care in dealing with complications that can threaten the lives of pregnant women. In the visit, activities are more focused on detecting complications, preparing for birth and emergencies,

focused physical examinations and learning, where these activities are more specific than care visits. In the third trimester, the standards carried out by health workers by providing appropriate advice to pregnant women, husbands and their families to ensure that preparation for clean and safe

childbirth and a pleasant atmosphere will be well planned, in addition, transportation preparations and costs for referrals must also be prepared before childbirth (Nanny, 2011).

The knowledge of pregnant women about childbirth preparation is one of the most significant indicators in reducing the existing MMR because considering that 90% of maternal deaths occur around the time of childbirth. Approximately 95% of the causes of maternal death are obstetric complications that are often not predicted in advance, so the policy of the Ministry of Health (DepKes) to Accelerating the decline in maternal mortality rate is to ensure that every delivery assistance is assisted or at least accompanied by a midwife and obstetric services are provided as close as possible to all pregnant women (Saifuddin, 2001).

The number of deliveries by health workers in 2024 was 13,918 with a percentage of 92.7%. One of the health centers where the number of deliveries assisted by health workers was low was the Talang Banjar Health Center with a percentage of 82.8%. The emergence of behavior to prepare for childbirth is supported by the motivation to prepare for childbirth, namely the reasons or drives within humans that cause someone to do something (Sunaryo, 2004). Preparations for childbirth that need to be taken into account by pregnant women include transportation issues, the distance from home to the destination, the type of transportation, the difficulty or ease of the location traveled because this will affect the delay in assistance from home to the destination for childbirth. In addition, so that the delivery process can run normally, the mother is safe and the baby is healthy, funds are needed by the family. To reduce the level of anxiety in preparing for childbirth, pregnant women are expected to undergo counseling starting from the first, second and third trimesters (Salmah, 2006).

## METHOD

This type of research is a descriptive study that aims to see the description of knowledge and motivation of pregnant women in the third trimester about childbirth preparation in the Talang Banjar Health Center Work Area. The population in this study were all pregnant women in the third trimester in the Talang Banjar Health Center Work Area totaling 32 people. The sample in this study was taken using a total sampling technique of 32 people. Data collection was carried out by interviewing using a questionnaire. The collected data were analyzed univariately.

## RESULTS

### Univariate Analysis

Table 1. Knowledge

No	Question	Distribution			
		Correct		Wrong	
		f	%	f	%
1	What is meant by preparation for childbirth?	20	62,5	12	37,5
2	Where can mothers get counseling regarding childbirth preparation?	23	71,9	9	28,1
3	When should mothers get information about preparing for childbirth?	17	53,1	15	46,9
4	What is the purpose of childbirth preparation?	26	81,3	6	18,8
5	What should be prepared before giving birth?	20	62,5	12	37,5
6	Who will you choose to help	32	100	0	0

	you with your delivery?				
7	What are the benefits of childbirth preparation	24	75	8	25
8	What should be done to prepare funds for childbirth?	19	59,4	13	40,6
9	Why a birth companion needs to be prepared in preparation for childbirth	24	75	8	25
10	What kind of vehicle should a mother prepare before giving birth?	32	100	0	0

recapitulation of the answers to the knowledge of pregnant women in the third trimester about childbirth preparation in the Talang Banjar Health Center Work Area as follows: there are 4 questions that are most often answered incorrectly by respondents, namely when should mothers get information about childbirth preparation as many as 15 respondents (46.9%), which is done in preparing funds for childbirth as many as 13 respondents (40.6%), what is meant by childbirth preparation and what must be prepared before childbirth as many as 12 respondents (37.5%).

Knowledge is categorized into three, namely good if the correct answer is >76%, sufficient if the correct answer is 56-76%, and less good if the correct answer is <55%.

Table 2. Motivation

No	Statement	Distribution of motivation							
		S	%	S	%	T	%	S	%
1.	I will ask the midwife at the health center to explain what needs to be prepared before giving birth.	9	28,1	23	71,9	0	0	0	0
2.	I will ask my husband and family to help me prepare for childbirth.	13	40,6	19	59,4	0	0	0	0
3.	When doing a pregnancy check-up, I will still ask about preparation for childbirth.	3	9,4	28	87,5	1	3,1	0	0
4.	I will ask the midwife to help me choose a place to give birth later.	2	6,3	29	90,6	1	3,1	0	0
5.	I will prepare referral transportation, namely a car.	8	25	22	68,8	2	6,3	0	0
6.	Before giving birth, I will prepare funds so that I don't get confused when... later delivery	12	37,5	20	62,5	0	0	0	0

7	I will look for a good and appropriate blood donor to be my blood donor in the future.	5	1 5 , 6	2 4	7 5	3	9 , 4	0	0
8	I have prepared mother and baby supplies for the upcoming delivery.	1 5	4 6 , 9	1 5	4 6 , 9	2	6 , 3	0	0
9	I will prepare the components in preparation for childbirth because they will be needed in childbirth later.	1 2	3 7 , 5	2 0	6 2 , 5	0	0	0	0
10	I will ask my husband to be my birth companion later.	1 3	4 0 , 6	1 7	5 3 , 1	2	6 , 3	0	0

Motivation is categorized into two, namely good if the correct answer > median and less good if the correct answer < median.

## DISCUSSION

Based on the research results obtained, it is illustrated that most respondents have sufficient knowledge about childbirth preparation, namely 18 respondents (56%), respondents who have good knowledge about childbirth preparation are 12 respondents (38%) and respondents who have poor knowledge are 2 respondents (6%). With the high education of the respondents, this is what makes the knowledge of most respondents sufficient and good because the high education of the respondents makes it easy for respondents to apply the information they have

obtained. According to Notoadmodjo (2012), a person's knowledge is influenced by several factors, namely first education because the higher a person's education, the easier it is to apply the knowledge they have, second experience because knowledge is obtained from their own experience and the experience of others, third information because knowledge is obtained from sources of information both from print media, electronics, and health workers and fourth age because the more mature a person is, the more their ability to think abstractly and hypothetically increases. It can be seen that most respondents have a high education, namely high school/equivalent as many as 25 respondents (78.1%) and college as many as 3 respondents (9.4%) while respondents who have an education low, namely junior high school/equivalent 4 respondents (12.5%). In addition, most respondents are aged 20-35 years as many as 24 respondents (75%), age > 35 years as many as 6 respondents (18.7%), and age < 20 years as many as 2 respondents (6.3%) so with this reproductive age makes respondents faster to find information about childbirth preparation. In parity, most respondents have had > 2 children, namely 2 children as many as 13 respondents (40.6%), 3 children as many as 6 respondents (18.7%) and 4 children as many as 4 respondents (12.6%) while those who have 1 child are 9 respondents (28.1%). With the number of children, this also affects the knowledge of respondents because based on previous experiences, namely in previous pregnancies, respondents have more knowledge about childbirth preparation. The results of this study are similar to the results of a study conducted by Rahmaningrum (2012) regarding the Level of Knowledge of Mothers in the Third Trimester Regarding Childbirth Preparation at BPS Ariyanti Gemolong Sragen that most pregnant women have sufficient knowledge about childbirth preparation as much as 71.88%. In addition, it is also similar

to the results of a study conducted by Darwanti (2011) regarding the relationship between childbirth knowledge and preparation of facilities for facing childbirth in primigravida at the Wonogiri I Regional Health Center which said that most pregnant women have sufficient knowledge about childbirth preparation, namely 30%. The lack of respondent knowledge is still caused by mothers having never received information about childbirth preparation from health workers or family and mothers who less knowledgeable said that this was their first pregnancy so they had not received much information about childbirth preparation. Respondents who had good knowledge had received counseling from health workers and gained knowledge from previous experiences or from their families.

Based on the description above, mothers' knowledge about childbirth preparation is very important. Good knowledge in pregnant women is influenced by information that has been obtained from health workers, families, and previous childbirth experiences. The role of health workers is very necessary to continue to routinely provide information on childbirth preparation through counseling when mothers check their pregnancy and increase counseling for pregnant women so that mothers can know about childbirth preparation so that pregnant women can make preparations before childbirth properly.

### **Motivation**

Based on the research results obtained, it is clear that most respondents have good motivation about childbirth preparation, namely 22 respondents (69%) and respondents who have less good motivation are 10 respondents (31%).

Motivation is a conscious effort to influence a person's behavior so that his heart moves to act to do something so that certain results and goals are achieved. Motivation is influenced by several factors, namely

intrinsic factors and extrinsic factors. What is meant by intrinsic motivation is motivation that comes from within a person, while extrinsic motivation comes from outside a person. Factors intrinsic is education, experience and knowledge while extrinsic factors are economic, socio-cultural and environmental (Notoatmodjo, 2010).

In this study, good respondent motivation is influenced by the knowledge, experience and education of the respondents. Because the results of the study showed that there were 78.1% and 9.4% of respondents who had higher education, 56% and 38% of respondents had sufficient and good knowledge besides that most of the respondents had experience regarding previous preparation because most of them had >2 children so that this factor made the respondents' motivation high. With the high knowledge, education and experience of the respondents, the respondents' motivation to prepare for childbirth became even better. In addition, the high motivation of the respondents was also influenced by a good economy and good support from the family so that the respondents were willing to prepare for childbirth.

Based on the results of the study above, there were still respondents who had poor motivation in preparing for childbirth, namely 31%. The respondents' low motivation was because the respondents still considered that childbirth was not too close so that there were still respondents who had low motivation to prepare for childbirth. It appears that a person's knowledge and environmental factors will indirectly influence a person's motivation and behavior in preparing for childbirth.

Good motivation of respondents in preparing for childbirth is by preparing all components in preparation for childbirth such as the place of delivery, birth attendant, preparing transportation, birth companion, delivery costs, and blood donors. In addition, good motivation in

preparing for childbirth is by consulting with health workers regarding what to prepare before childbirth and holding discussions with the family to prepare components in preparation for childbirth. Poor motivation in preparing for childbirth is that respondents do not prepare components in preparation for childbirth and only do pregnancy checks without consulting health workers. Therefore, with knowledge and support from health workers, it will increase the motivation of mothers and mothers in preparing for childbirth properly. To increase motivation in respondents, the role of health workers is needed to always provide counseling and education for pregnant women regarding preparation for childbirth. In addition, the role of the family is also needed to increase the motivation of mothers to prepare for childbirth so that with the information obtained, the mother's motivation becomes even better.

## CONCLUSION AND RECOMENDATION

Based on the research on the description of knowledge and motivation of pregnant women in the third trimester regarding preparation for childbirth in the Talang Banjar Health Center Work Area, Jambi City, it can be concluded as follows: The results of the study showed that respondents who had sufficient knowledge about preparation for childbirth were 18 respondents (56%), respondents who had good knowledge were 12 respondents (38%) and respondents who had poor knowledge were 2 respondents (6%). The results of the study showed that respondents who had good motivation about preparation for childbirth were 22 respondents (69%) and respondents who had poor motivation were 10 respondents (31%).

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