

Effect of Health Promotion Using Leaflets on Childbirth Readiness in Pregnant Women

Cholijah Oktapia¹, Jenny Anna Siauta¹, Suprihatin¹

¹ Department of Midwifery, Faculty of Health Sciences,
Universitas Nasional, Indonesia

Correspondence should be addressed to:
Jenny Anna Siauta
jenny.siauta@civitas.unas.ac.id

Abstract:

The prevalence of pregnant women with K4 coverage at the Cilincing Community Health Center in 2022 remains up to the target. There are still pregnant women who do not have an immature birth plan, so they still choose to give birth to a non-health worker. This study aims to determine the effect of health promotion using leaflets on childbirth readiness in pregnant women. This quasi-experiment research uses a pre and post-test design. The sample in this study amounted to 31 people. The sampling technique uses purposive sampling. The research instrument consists of a questionnaire regarding childbirth readiness, tested for validity and reliability using Cronbach's alpha coefficient of 0.876. Data were analyzed using descriptive statistics and paired sample T-Test to determine the effect of health promotion using leaflets on childbirth readiness. The research results show an influence of health promotion using leaflets on pregnant women's readiness to give birth, with a p-value of 0.000 ($p < 0.05$). Health promotion using leaflets increases childbirth readiness in pregnant women. It is hoped that this research can provide additional insight for readers, especially prospective midwives, so they can later apply it when providing midwifery care services to pregnant women.

Article info:

Submitted:
09-02-2024
Revised:
19-03-2024
Accepted:
25-03-2024

Keywords:

health promotion; leaflets; childbirth readiness; pregnant women

DOI: <https://doi.org/10.53713/htechj.v2i2.166>

This work is licensed under CC BY-SA License.



INTRODUCTION

Based on data from the World Health Organization (WHO), the maternal mortality rate (MMR) is quite high; around 287,000 women died during pregnancy and after giving birth in 2020. Nearly 95% of all maternal deaths occurred in low and lower-middle-income countries in 2020, and most of them are preventable (WHO, 2023). According to the Indonesian Ministry of Health, in 2022, the maternal mortality rate will be around 183 per 100 thousand births. This condition is very different from Malaysia, with an MMR of 20 per 100 thousand births. The causes of direct maternal death in Indonesia are dominated by postpartum hemorrhage, hypertension/eclampsia, and infection. The indirect cause of maternal death is that there are still many cases of 3 too late (too late to decide, too late to reach a health service, and too late to get service at a health facility) and four too (too young to give birth, too old to give birth, too often or too close to birth, and too many children) (Republic of Indonesia Ministry of Health, 2023).

According to data from the Central Statistics Agency of DKI Jakarta Province, in 2020, the number of pregnant women was 183,617 people, and this experienced an increase in 2021, with the number of pregnant women 218,601 people (BPS DKI Jakarta, 2022). Based on data from Local Monitoring of Maternal and Child Health (PWS KIA) at the Cilincing Community Health Center in 2022, the coverage of the 1st Visit (K1) was 100% of the target of 100%. The coverage

of contact at least four times during pregnancy (K4) was 96% of the target 100%. Then, coverage for birth planning was 100%, and births assisted by health workers were 96%. The incidence of maternal complications at the Cilincing Community Health Center was 89.40% (PWS KIA, 2022).

Pregnancy is a natural development where a woman nurtures the fetus, growing in her womb for nine months. This process begins when sperm fertilizes an egg, then the fertilized egg attaches to the lining of the uterus and finally forms an embryo (Rahmawati & Murtaqib, 2024). Pregnant women in Western countries often prepare a birth plan outlining how they want to proceed with their labor. Birth plan discussions can be used as a communication tool during pregnancy to help expectant parents discuss their concerns, questions, preferences, and available options with each other and their care providers (Khusniyati, 2020).

Childbirth preparation is everything prepared to welcome the birth of a child to a pregnant woman. Childbirth preparation aims to prepare all needs during pregnancy and birth. Prospective mothers can entrust themselves to a midwife or doctor in preparing for and facing childbirth. Consultation meetings and conveying complaints create a relationship between the expectant mother and the midwife or doctor who will help her (Yuliana & Wahyuni, 2020).

Providing a birth plan in a medical facility is an effective way to meet pregnant women's birth expectations, giving them more control over the birth process and their overall positive experience. Written birth plans encourage women to clarify wishes and expectations and communicate with their providers to create a realistic care plan during labor. The tensions between health professionals and patients caused by birth plans reflect larger problems with contemporary maternity care, conflicting beliefs about birth, what constitutes safe, effective care, and ethical issues related to informed consent and informed refusal (Khusniyati, 2020).

Health education is an effort made by a person to achieve the ability to maintain good health in everyday life. Health workers are responsible as educators for providing health information to motivate patients to maintain their health (Kurniyawan et al., 2023). Health promotion is an effort or activity to create community behavior conducive to health. The term health promotion was previously known as health education, the main aim of which was to educate the public to increase public awareness or knowledge about health and, more importantly, achieve good health behavior. Health promotion is carried out by providing information and communication such as counseling and campaigns, electronic media, print media, and leaflets to increase knowledge, attitudes, and practices in society so that people can be healthier and have an awareness of changing and improving their health status (Aisyiah et al., 2021).

Based on an initial survey conducted on 17-19 October at the Cilincing Community Health Center on 10 TM III pregnant women. Of the ten pregnant women, 6 of them were not ready to face childbirth, while four people were ready to face childbirth. These problems interested the author in researching "The influence of health promotion using leaflets on childbirth readiness in pregnant women at the Cilincing Community Health Center, North Jakarta." The research problem formulates whether health promotion is influenced by leaflets on childbirth readiness in pregnant women at the Cilincing Community Health Center, North Jakarta. The research aimed to analyze the effect of health promotion using leaflets on childbirth readiness among pregnant women at the Cilincing Community Health Center, North Jakarta.

METHOD

This quantitative research design uses a quasi-experiment study with a one-group pre-post design. The population in this study was all 34 Trimester primigravida pregnant women who visited the Cilincing Community Health Center during the research, 27-28 December 2023, with the

sampling technique in this study using purposive sampling of 31 people. Data analysis through univariate and bivariate analysis. The paired sample t-test is presented.

RESULT

Univariate Analysis

Table 1. Average Readiness for Childbirth in Pregnant Women Before and After Being Prompted Using Leaflets at the Cilincing Community Health Center North Jakarta (n=31)

Group	N	Mean	Min	Max	Std. Dev
Pre	31	45.23	39	50	2.655
Post		54.81	50	58	1.905

Based on Table 1, data shows that the average birth readiness of pregnant women at the Cilincing Community Health Center, North Jakarta, before being given health promotion using leaflets to 31 respondents, the average birth readiness was 45.23 with a minimum value of 39 and a maximum of 50 and a standard deviation of 2.655. The average readiness for childbirth among pregnant women at the Cilincing Community Health Center, North Jakarta, after being given health promotion using leaflets, was 54.81, with a minimum value of 50, a maximum of 58, and a standard deviation of 1.905.

Bivariate Analysis

Table 2. The Effect of Health Promotion using Leaflets on Childbirth Readiness in Pregnant Women at the Cilincing Community Health Center North Jakarta

Variable	Mean	Difference Mean	N	Std. Dev	p-value
Pre	45.23	9.58	31	2.605	0.000*
Post	54.81				

*Paired Sample T Test

Based on Table 2, it is found that health promotion using leaflets has a significant influence on the readiness for childbirth in pregnant women at the Cilincing Community Health Center, North Jakarta. It is known that the average readiness for childbirth before being given health promotion using leaflets is 45.23. In contrast, after being given health promotion using leaflets, maternal readiness for childbirth has a mean of 54.81, with a standard deviation of 2.605. The results of the T-dependent test have a significance value of <0.05 , namely 0.000, so H_0 is rejected, so it is concluded that there is an influence of health promotion using leaflets on childbirth readiness in pregnant women at the Cilincing Community Health Center, North Jakarta.

DISCUSSION

Average Labor Readiness Before and After being Given Health Promotion using Leaflets

Based on the research results, it is known that the average birth readiness of pregnant women at the Cilincing Community Health Center, North Jakarta, before being given health promotion using leaflets to 31 respondents, the average birth readiness was 45.23 with a minimum value of 39 and a maximum of 50 and a standard deviation of 2.655. The average readiness for childbirth among pregnant women at the Cilincing Community Health Center, North Jakarta after

being given health promotion using leaflets was 54.81 with a minimum value of 50, a maximum of 58, and a standard deviation of 1.905. This shows that pregnant women's average readiness for childbirth is improving.

Researchers assume that leaflet media is easy to use in providing health promotion because it is a classic learning media, easy to use; leaflet media is also very interesting and is equipped with various pictures to make it easier for pregnant women to receive information about childbirth readiness.

This is in line with research by Meki (2021) that, after being given education using leaflets, there was a change in the average value of knowledge of pregnant women regarding childbirth preparation. The results of this research are also strengthened by the research of Awanda et al. (2019) regarding the influence of counseling using flipchart media on the knowledge and attitudes of pregnant women about exclusive breastfeeding at the Tuban Community Health Center, Tuban Regency, where the value of good readiness of pregnant women before being given a flipchart was 36.7%, then increased after being given the intervention to 85%.

The Effect of Health Promotion Using Leaflets on the Readiness of Pregnant Women

Based on the results of data analysis, it is known that health promotion using leaflets has a significant influence on childbirth readiness in pregnant women at the Cilincing Community Health Center, North Jakarta, with a significance value of <0.05 , namely 0.000, meaning that there is an influence of health promotion using leaflets on childbirth readiness in pregnant women at the Community Health Center, Cilincing, North Jakarta.

The researcher assumes that before the health promotion intervention was carried out using leaflets, most of the respondents' birth readiness was not good, whereas, after the health promotion, most of the respondents' childbirth readiness was good. This is because most respondents received information about childbirth preparation before being given the health promotion. Childbirth readiness in pregnant women includes physical, psychological, and financial readiness. From the research results, it is known that the majority are financially prepared. The research results were also influenced by the fact that the information received needed to be completed and accurate, which caused respondents to have poor knowledge, thus affecting the mother's physical and psychological readiness. Meanwhile, after the health promotion was carried out using leaflets, respondents gained increased knowledge about childbirth preparation so that at the time of childbirth, respondents knew what preparations were and what to do when there were signs of labor; this shows that leaflets are effective in increasing childbirth readiness in pregnant women.

Pregnant women in Western countries often prepare a birth plan outlining how they want to proceed with their labor. Birth plan discussions can be used as a communication tool during pregnancy to help expectant parents discuss their concerns, questions, preferences, and available options with each other and their care providers (Khusniyati, 2020).

Providing a birth plan in a medical facility is an effective way to meet pregnant women's birth expectations, giving them more control over the birth process, and for their overall positive experience. Written birth plans encourage women to clarify wishes and expectations and communicate with their providers to create a realistic care plan during labor. The tensions between health professionals and patients caused by birth plans reflect larger problems with contemporary maternity care, conflicting beliefs about birth, what constitutes safe, effective care, and ethical issues related to informed consent and informed refusal, using Leaflets as an educational tool and an effort to increase information for pregnant women (Khusniyati, 2020).

CONCLUSION

The average readiness for childbirth among pregnant women after being given health promotion on childbirth preparation increased compared to before they were given health promotion using leaflets. Using leaflets in health promotion influences childbirth readiness among pregnant women at the Cilincing Community Health Center, North Jakarta.

ACKNOWLEDGEMENT

It is hoped that this research can provide additional insight for readers, especially prospective midwives, so they can apply it later when providing midwifery care services to breastfeeding mothers. It is hoped that they can develop electronic leaflets that can be accessed throughout the range and can be used for learning in educational institutions and used when going out into the community in community service so that it can be useful for the community, especially pregnant women and families who are preparing for childbirth.

CONFLICT OF INTEREST

There is no conflict of interest in conducting this research.

REFERENCES

- Aisyiah, A., Wowor, T. J., & Ahufruan, Y. (2021). The Effect of Health Promotion of Animation Videos on Behavior of Prevention of Dengue Heavenly Fever In the Work Area of Health Center, Pasar Minggu District South Jakarta City Year 2021. *Nursing and Health Sciences Journal (NHSJ)*, 1(2), 107-111. <https://doi.org/10.53713/nhs.v1i2.41>
- Awanda, P. N., & Puspowa SD. (2019). The Effect of Counseling Using Flip Chart Media on the Knowledge and Attitudes of Pregnant Women about Exclusive Breastfeeding at the Tuban Community Health Center, Tuban Regency. Muhammadiyah University of Surakarta.
- BPS DKI Jakarta., (2022). Number of Pregnant Women, Having K1 Visits, K4 Visits, Chronic Energy Deficiency (KEK), and Receiving Iron (Fe) Tablets in DKI Jakarta Province 2019-2021. BPS. <https://jakarta.bps.go.id/indicator/30/522/1/>. Accessed 21 October 2023.
- Khusniyati. (2020). Use of Leaflets for Childbirth Preparation and Postpartum Contraception Planning for Pregnant Women. *Journal of Health Sciences Media*, 9(2), 145-155
- Kurniyawan, E., Kartika, P. D. P., Siswoyo, Wantiyah, Murtaqib, Deviantony, F., & Fitria, Y. (2023). Perioperative Health Education Improves Coping Mechanisms in Preoperative Cataract Patients. *Health and Technology Journal (HTechJ)*, 1(1), 9–15. <https://doi.org/10.53713/htechj.v1i1.2>
- Meki, S. Y. (2021). Effectiveness of Flip Sheets and Animation Videos on Primigravida's Knowledge about Childbirth Preparation. *Thesis*. Jakarta III Health Polytechnic.
- PWS KIA. (2022). *Local Area Monitoring of Maternal Health*. Cilincing.
- Rahmawati, I., & Murtaqib, M. (2024). Efforts to Deal with the Impact of Adolescent Pregnancy through a Holistic Approach: A Literature Review. *Nursing and Health Sciences Journal (NHSJ)*, 4(1), 83-90. <https://doi.org/10.53713/nhsj.v4i1.329>
- Republic of Indonesia Ministry of Health. (2023). Maternal Mortality Rate in Indonesia in 2022, Ministry of Health of the Republic of Indonesia. Jakarta.
- WHO. (2023). *Maternal Mortality*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

Yuliana, A., & Wahyuni, T. (2020). Pengetahuan ibu hamil primigravida tentang persiapan persalinan di desa wonorejo kecamatan mojolaban kabupaten sukoharjo. *Infokes: Jurnal Ilmiah Rekam Medis Dan Informatika Kesehatan*, 10(2), 34-43.