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Abstract

Education pregnancy carried by the mother in a planned healthcare provider to prepare a group of pregnant women or with her husband in the delivery of information to a pregnant woman and other pregnant women. Educational pregnancy greatly affects the knowledge and attitude of pregnant women and families to maintain normal pregnancy and delivery, and do not be late helped if necessary. Increased self-efficacy has been gaining attention is high enough because it could have an impact on maternal and child health.

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The aim of this study is to assess Increased Efficacy of Self (ED) Before & After Education Period Pregnant (EMH) in the group along with her husband and group were not accompanied by her husband. This research was an intervention by using a quasi-experimental research design (Quasi-experimental) design with pre-test and post-test control group. Results showed the results of the Wilcoxon test significance value of 0.002 ($p < 0.05$) thus concluded that there was a significant increase of the self-efficacy of pregnant women who accompanied her husband before and after pregnancy education (EMH). Wilcoxon test results for groups that are not accompanied by her husband also significance value of 0.003 ($p < 0.05$), therefore we conclude that education during pregnancy increases significantly self-efficacy both pregnant women accompanied by husbands or not being accompanied by their husbands.

Keywords: Efficacy of Self; Education Pregnancy Period.

1. Introduction

Increased self-efficacy has been gaining attention is high enough because it could have an impact on maternal and child health even to the willingness of mothers breastfeed their babies efficacy associated with him [1,2,3]

Self-efficacy focuses on themselves to show the ability of certain behavior. According to social cognitive theory, low self-efficacy condition will affect the increase in anxiety and avoidance behaviors tend to occur toward activities that may aggravate the situation because it was not able to manage the aspects that can lead to risks. The ability of a person can be improved through education (education) so it will boost your confidence[4] and self-efficacy is not a specific behavior [5]. Education Pregnancy period (Antenatal education) is an action to repair maternal health conditions that gave birth to healthy for future generations. Educational mother during pregnancy performed by health providers is planned to prepare a group of pregnant women or with her husband in the delivery of information to a pregnant woman and other pregnant women[6].

Educational pregnancy greatly affects the knowledge and attitude of pregnant women and families to maintain normal pregnancy and delivery, and do not be late helped if necessary. Acceptance of self-efficacy results of research on education during pregnancy showed a p-value (0201) before the education and the p-value (0.001) 4 months after education [7]. Research on the effects of education during pregnancy to increased self-efficacy, indicating p-value (0.001) intervention group and p-value (0.57) in the control group [8]. The impact of increased self-efficacy to behavioral change shows the p-value (0.000) in the intervention group and p-value (0.596) in the control group [9].

Genesis 3T was late to recognize the danger signs and make decisions, too late to reach health facilities, health workers late addressed dealt mainly in state emergencies, so that the mother and the fetus died [10]. Maternal mortality in Gowa district associated with 3T is death at home (0.14%), on the way (0.21%), health center / RSIA (0.14%) and the highest mortality (0.79%) occurred in the Hospital [11].

Birth preparation and readiness to face complications (Birth Preparedness and Complication Readiness is the essential services of the ANC in the initiation by health personnel (health provider) when the ANC or home visits (home visit) by community health workers (community health worker), the first recommendation to WHO

[11], Birth preparation and readiness to face complications (PK3) meant that every pregnant woman during childbirth has a plan ahead of labor (labor plan) and readiness to face complications (complication readiness) from the beginning of pregnancy. Results showed decision-making (68.1%) chose skilled labor and give birth in health services, (33%) want at home rather than by health workers [12]. Results of other studies indicate (84.6%) is ready to fund and (12.9%) is ready for blood donors, 90% understand the danger signs of pregnancy and labor and delivery in faskes[13]. Based on the background that has been described, it can be formulated problem research namely the influence of self-efficacy (ED) before and after the education given during pregnancy (EMH) to the birth preparation and readiness to face complications (PK3) to prevent the occurrence of three is late (3T)

2. Materials and Methods

The study was conducted in the area of health centers Makassar. The ethical procedure was approved by the Ethical Commission of the University of Hasanuddin

1.1 Materials

The population in this experiment were all pregnant women who are in the working area and checked out at the health center Kampili. The sample in this study was pregnant women second and third trimester who present at health centers Kampili district. Gowa and met the inclusion criteria, willing and has signed a letter of approval (Willingness become Respondents).

1.2 Experimental

This research included in this type of research Quasi-experimental design with pre and post-test.

1.3 Intervention

Research conducted on 36 respondents, consisting of 17 respondents was accompanied by her husband and 9 respondents are not accompanied by her husband. Education begins with filling out the questionnaire and checklist (pretest) to assess the level of prior knowledge of the respondent before being given education (self-efficacy expectation).

3. Results

3.1 Improved Self Efficacy (ED) Before & After Pregnancy Period Education (EMH) in the group of women who, accompanied by husband

Table 1 shows no difference in self-efficacy increase in mothers who, accompanied by her husband before and after pregnancy education. In this study is 1 respondent with lower self-efficacy results after pregnancy education than before education. There are 12 respondents have fixed self-efficacy, and only 4 people have a better self-efficacy compared to prior education of the respondents were accompanied by the husband during

pregnancy education (EMH). Wilcoxon test results obtained significance value of 0.002 (p <0.05) thus concluded that there were significant differences on self-efficacy of pregnant women who accompanied her husband before and after pregnancy education (EMH).

Table 1: Efficacy of self-improvement (ED) before & after pregnancy period education (EMH) in the group of women who, accompanied by husband

Ranks			**significance**
Pretest-posttest		**n**	**(P)**
Self-efficacy	negative Ranks	1	0002*
	positive ranks	12	
	ties	4	
	Total	17	

**Wilcoxon Test*

3.2 Improved Self Efficacy (ED) Before and After Pregnancy Period Education (EMH), the mother accompanied the group who are not husband

Table 2: Efficacy of self-improvement (ED) before and after pregnancy period education (EMH), the mother accompanied the group who are not husband

Ranks			**significance**
Pretest-posttest		**N**	**(P)**
Self-efficacy	negative Ranks	2	0,003*
	positive ranks	12	
	ties	5	
	Total	19	

**Wilcoxon Test*

Table 3 shows no difference in improvement of self-efficacy in women who are not accompanied by the husband before and after pregnancy education, where there are two respondents who have lower self-efficacy after pregnancy education. While there were 5 respondents have fixed self-efficacy, and 12 respondents have a better self-efficacy after the education than before education of respondents who are not accompanied by the

husband during pregnancy education (EMH). Wilcoxon test results obtained significance value of 0.003 (p <0.05), therefore concluded that there are significant differences between self-efficacy education before and after pregnancy for women who are not accompanied by their husbands.

4. Discussion

This research generally aimed to analyze the influence of education during pregnancy (EMH) to the formation of high confidence of pregnant women (self-efficacy) in the face of labor so that she can deliver the baby safely. Future educational activities hall help pregnant women clearly identify danger signs in pregnancy and childbirth danger signs. Educational activities during pregnancy also help mothers make preparations birth and family prepared to face complications in case the mother had one of the danger signs during pregnancy period or before delivery. With the good preparation since the beginning of pregnancy, particularly the mothers included in the "four too" will not experience events "three delays" as one of the causes of maternal mortality in Indonesia at this time.

Self-efficacy (ED) of pregnant women are expected to rise after pregnant women were given educational materials through the booklet Education Period Pregnant (EMH), which contains a sign of knowledge about the dangers of pregnancy (ICC), the alarm delivery (TBP) and birth preparation and readiness to face complications (PK3) which is expected to assist pregnant mothers to recognize the onset of early danger signs of pregnancy and childbirth danger signs so that pregnant women, the husband, can immediately take a decision to seek help, rushed to the health facility attended by skilled health personnel trained and timely.

4.1 Differences in Efficacy Self Improvement (ED) Before & After Pregnancy Period Education (EMH) in the group of women who accompanied her husband

The results of this study (Table 2) showed that there were one respondent lower self-efficacy results after pregnancy education than before education. There were 12 respondents have fixed self-efficacy, and only 4 people have a better self-efficacy than before education respondents who accompanied by the husband during pregnancy education (EMH). Wilcoxon test results obtained significance value of 0.002 (p <0.05) thus concluded that there were significant differences on self-efficacy of pregnant women who accompanied her husband before and after pregnancy education (EMH)

The involvement of men, especially in developing countries more often as decision-makers in the daily life of pregnant. Mothers given antenatal education has a high self-efficacy on pain perception. This suggests that education during pregnancy provides a real change to assist pregnant mothers to increase the self-efficacy and decrease the labor pain of the first stage and the second stage[17] theoretically husband Mentoring role in increasing self-efficacy of pregnant women. Support social or moral support, especially from the husband will improve confidence in pregnant women. Giving suggestions, suggestions or verbally warning can be an influential factor in the increase in self-efficacy. Research carried out by[18] supported this research. Where the results of this study showed 60.4% the husband has a good practice and participate in PK3, husband reported that 51.3% of their wives attended by skilled personnel under the mentoring husband, 46.30% ask his wife to be

helped by trained personnel, there were 40 % husband and wife get information about health facilities, there are 26% of deliveries along with her husband. Husband his wife's role in the delivery process but has weak participation in the preparedness of complications.

Preparation yourself every pregnant woman face much-needed labor and delivery, to him it Pregnant women should realize the need for antenatal care in skilled health workers. Families should be aware and show that they are prepared to deal with labor, realize the importance of visiting the clinic, and the need to support the family. Husband's family support especially in financial terms, in the form of funds for labor, the selection and determination of the appropriate hospital and appropriate, and alternative options appropriate hospital if necessary referral. Society should remember that in case of complications of pregnancy and delivery should be assisted in the hospital instead of in health facilities plain and simple. Some of the factors that hinder the hospital seeking help to get pregnant outside of marriage, namely, transport, and challenges for people who can not afford to be exempt from fees. This research is the perception of the use of skilled labor in aid delivery. Where all deliveries took preparation and must recognize the danger signs of labor [19].

In addition to a husband's support, education and maternal parity effect on self-efficacy mother. This is due to the acceptance of educational practices during pregnancy can be determined by the mother's ability to understand and analyze as well as previous maternal experience. Mothers who have experienced a previous birth experience would more easily accept and increased self-efficacy with ease. It is inversely proportional to the newly pregnant mothers first has no experience will be more difficult to increase self-efficacy because of excessive anxiety usually associated processes especially during pregnancy and fear in childbirth.

The results of the study[20] associated with danger signs of pregnancy and childbirth mention that among the 384 participants of contained 17.4% had experienced experiences danger signs of pregnancy and reported visiting health workers after recognizing the danger signs. Among those who recognize the danger signs, 91% visited health services. 1.3% have no education, 45.6% elementary school, junior high school education 44.8%, and 8.3% have secondary and higher education. More than half of participants (58%) were able to explain one of three alarms. 31.5% have the right knowledge and at least four alarms and was 2.7% who did not know at all.

Therefore, there are various factors that can affect self-efficacy in pregnant women to get assistance husband when education is very important Although not yet fully visible involvement in this study. This mentoring process will help to improve the efficacy of her mother as well as helping mothers in decision making. In this study, some husbands still have confidence that the process of pregnancy is considered to be a wife task while the husband was given the job as the breadwinner. Confidence husbands in this study were made possible by the education factor on average respondents with secondary education and basic thereby affecting the knowledge of the husbands.

4.2 Differences in Efficacy Self Improvement (ED) Before & After Pregnancy Period Education (EMH), the mother group which is not accompanied by her husband

This study shows (Table 3) the increase in self-efficacy before and after the education of pregnancy in women who are not accompanied by the Wilcoxon test has significance value of 0.003 ($p < 0.05$), therefore concluded that there are significant differences in self-efficacy between before and after education during pregnancy for women who are not accompanied by their husbands. Birth parents demanded adjustments to the belief her skills include self-confidence, self-esteem, and competence. Mothers who have high ability will positively affect the interaction of the baby. Efficacy owned by a mother will have an impact on the process of pregnancy and childbirth. Good self-efficacy is proportional to the result of pregnancy and childbirth. In this study, although the mother was not accompanied by husband efficacy can be enhanced by the strong motivation of self-mother herself, the role of medical personnel and media assistance which helped in increasing self-efficacy. In addition childbirth experience can support increased self-efficacy mother, it is based on the results of research on groups that are not accompanied by the mother's husband with parity 2 were 9 people (25%) and parity ≥3 5 people (13.88%). Respondents mostly multipara cause the respondent has had previous experience of pregnancy and childbirth during pregnancy so that education provided can be easily accepted by the respondent. In addition, the level of anxiety in the mother multipara lower than primiparous mother, so education is more effective in women with low anxiety. The results support the study submitted by Suyami[21], that 84% experienced a decrease in anxiety, 18.2% had increased self-efficacy. It states that education is effective in lowering anxiety and improving the efficacy of the mother. Some things must be determined consistency. The findings in a study conducted by Tilden [22], advocated an increase in self-efficacy in labor associated with some wide variations to improve the outcome of pregnancy. It is evident that the efficacy in labor is a social factor that can be modified through increased efficacy of the successful intervention in the intervention. The study [23], resulted in both study groups were very interesting. The existence of a real change of self-efficacy is different for the two groups. The group showed no evidence of change. Self-efficacy for labor and birth increased after the given intervention efficacy models, In addition to pregnancy and childbirth, self-efficacy also have an impact on the postpartum period. Where a low self-efficacy in late pregnancy can cause postpartum depression. This is consistent with studies[24], which is looking for a relationship social support and depression postnatal against self efficacy get the result that a significant relationship was found between the function of social support and depression postnatal against self-efficacy will be parents after a given intervention for 6 months, The findings in this study indicate that the group of respondents who are not accompanied by her husband, in fact, responders remained high self-efficacy improvement after being given education. This is supported by the social, cultural, psychological and self-confidence that has been held previously, the social support apart from the support of her husband and factors before pregnancy and childbirth experience was instrumental in increasing self-efficacy even without accompanied by her husband. Pregnant mothers who have high self-efficacy, of course, will prepare everything from pregnant relating to the feeding process will be undertaken 6 months to 2 years old baby [25].

2. Conclusion

It was there was an increase in self-efficacy (ED) before and after pregnancy education (EMH) in the group of pregnant women who was accompanied by her husband and also it was found there was an increase in self-efficacy (ED) before and after pregnancy education (EMH) in the group of pregnant women who are not accompanied by their husbands. therefore we conclude that education during pregnancy increases significantly

self-efficacy both pregnant women accompanied by husbands or not being accompanied by their husbands.

3. Conflict Interests

The authors declare that they have no conflict interests.

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