Journal of Innovative and Creativity
Journal Homepage: https://joecy.org/index.php/joecy
e-mail: journaljoecy@gmail.com

Faculty of Education
University of Pahlawan Tuanku Tambusai
ISSN 2775-771X (Online)
ISSN 2962-570X (Printed)
5 (3) 2025, Page: 52150-52156

THE RELATIONSHIP BETWEEN SELF-EFFICACY AND PREPARATION TO FACE LABOR IN PREGNANT WOMEN IN THE THIRTY TRIMESTER AT PMB ZURRAHMI PEKANBARU

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Published: Juli , 2025

ABSTRACT

Childbirth is a physiological process that requires optimal physical and psychological readiness of pregnant women. Readiness for childbirth reflects a woman's physical, psychological, and planning preparedness in facing labor. One important psychological factor influencing readiness is self-efficacy, defined as an individual's belief in their ability to manage situational demands. This study aimed to analyze the relationship between self-efficacy and readiness for childbirth among third-trimester pregnant women at PMB Zurrahmi Pekanbaru. A correlational analytical design with a cross-sectional approach was applied. A total of 40 respondents were selected using purposive sampling. Data were collected using a self-efficacy questionnaire adapted from the Childbirth Self-Efficacy Inventory (CBSEI) and a childbirth readiness questionnaire based on the Birth Preparedness and Complication Readiness (BPCR) framework. The data were analyzed using univariate analysis and Spearman correlation. The results showed that most respondents had high self-efficacy (70.0%) and were categorized as ready for childbirth (90.0%). A significant positive correlation was found between self-efficacy and childbirth readiness ($p = 0.018$; $r = 0.364$), indicating a low to moderate strength of association In conclusion, self-efficacy is significantly associated with readiness for childbirth. Strengthening maternal self-efficacy should be integrated into antenatal care to enhance comprehensive childbirth preparedness.

Keywords : Self-efficacy, childbirth readiness, pregnant women in the third trimester.

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INTRODUCTION

Pregnancy is a physiological process experienced by women, culminating in childbirth, a significant event in a mother's life that requires comprehensive physical and psychological preparation to ensure optimal delivery (Ministry of Health of the Republic of Indonesia, 2020). Entering the third trimester, pregnant women experience various changes that influence their readiness for childbirth. In addition to physical changes, cognitive and affective factors developed during pregnancy also influence how mothers prepare for childbirth (N. Hikmah et al., 2019).

The World Health Organization emphasizes that modern midwifery care must be oriented toward a positive childbirth experience, with the mother's psychological readiness being a key indicator. Therefore, strengthening psychological aspects from the ANC period, particularly in the third trimester, needs to be an integral part of midwifery care because it is directly related to the mother's ability to adapt and actively participate during labor (WHO, 2018).

One of the psychological factors that plays a crucial role in shaping childbirth readiness is self-efficacy, which is a significant predictor of individual decision-making regarding health behaviors, facilitating the adoption of health-promoting actions and the reduction of harmful ones. This relates to an individual's belief in their ability to manage and cope with challenging situations, including childbirth. Pregnant women with high levels of self-efficacy tend to have higher self-confidence, more adaptive attitudes, and better mental preparedness for childbirth. Confidence in one's own abilities helps mothers play an active and cooperative role during labor (Bandura, 2018; Izadirad et al., 2017).

Self-efficacy is formed through several sources, including previous pregnancy experiences, indirect experiences through others, verbal support from the environment, and physiological and emotional responses. These factors influence a mother's attitudes, emotions, and behaviors in preparing for childbirth (Izadirad et al., 2017; Fitri et al., 2023).

Pregnant women with low self-efficacy tend to be less able to control their physical and psychological responses during labor, putting them at risk of experiencing a suboptimal labor process. Low confidence in one's abilities can make it difficult for mothers to relax, make pushing ineffective, and increase pelvic floor muscle tension, which can ultimately contribute to an increased risk of perineal trauma, including episiotomy or more extensive perineal tears (Bandura, 2018; Lowdermilk et al., 2016).

Furthermore, unstable psychological conditions and lack of self-control during labor can trigger extreme fatigue, hyperventilation, and even a vasovagal response, potentially causing dizziness and even syncope (fainting) during labor (Bobak et al., 2016; Cunningham et al., 2018). Therefore, strong self-efficacy is a crucial factor in helping mothers maintain self-control, follow the directions of healthcare providers, and experience a safer and more controlled labor. This situation highlights the need to strengthen the mother's internal factors, one of which is through increasing self-efficacy, as part of comprehensive ANC services.

Various studies have shown that the psychological aspects of pregnant women, including self-confidence, play a role in childbirth readiness. Self-efficacy is seen as a protective factor that helps mothers build mental readiness and a positive attitude toward childbirth (N. Hikmah et al., 2019; Izadirad et al., 2017).

Data from the 2017 Indonesian Demographic and Health Survey (SDKI) shows that the psychological preparedness of pregnant women, particularly during the third trimester, remains a challenge in maternal health services. Meanwhile, in 2019, the WHO stated that approximately 12,230,142 pregnant women worldwide experienced problems during the third trimester of labor.

with 30% showed anxiety associated with the labor process (Sari et al., 2019). The prevalence of anxiety in pregnant women in Indonesia is 373,000,000, with 107,000,000 (28.7%)

state anxiety when approaching labor (Nainggolan, 2020). Research on the relationship between self-efficacy and husband support regarding anxiety during labor in third-trimester pregnant women at Bumil Pamil, South Jakarta, showed a significant correlation, with $R = 0.876$, $R^2 = 0.768$, and $p = 0.000$; $p < 0.05$, which indicates a substantive relationship between self-efficacy, partner support, and anxiety in preparation for labor (Ika Fitriyanti Soleha & Rilla Sovitriana, 2024).

Based on this description, the study entitled "The Relationship between Self-Efficacy and Childbirth Readiness in Third Trimester Pregnant Women at PMB Zurrahmi Pekanbaru" is important to conduct. This study aims to analyze the role of self-efficacy in shaping pregnant women's readiness for childbirth. It is also hoped that it can provide a scientific basis for midwives and health workers in improving the quality of antenatal care, particularly in optimally preparing pregnant women for childbirth.

METHOD

The type of research that will be used in this study is quantitative research with a descriptive design.

descriptive analytic using a cross-sectional approach which is carried out by collecting data at a certain time, where the variables of self-efficacy and readiness to face childbirth are measured simultaneously.

In this study, no treatment or repeated measurements (pretest–posttest) were administered, so the researcher only observed and analyzed the relationship between variables based on the conditions existing in the respondents when data was collected.

The location or place of this research was conducted at PMB Zurrahmi, Pekanbaru City and was implemented in January 2026.

The population in this study involved 40 pregnant women in their third trimester at the Zurrahmi Pre-natal Care Center (PMB Zurrahmi) in Pekanbaru City. The study population included 40 pregnant women in their third trimester, based on their gestational age from their last menstrual period (LMP) between November 2025 and March 2026, using a non-probability sampling technique with a purposive sampling approach.

The research instruments used were a self-efficacy questionnaire and a childbirth readiness questionnaire that had been used and tested in previous studies, so that the instruments were considered to have met the validity and reliability requirements.

The measurement of self-efficacy of pregnant women in the third trimester in this study used a questionnaire adapted from the Childbirth Self-Efficacy Inventory (CBSEI) using a Likert scale of 1–4 which assesses physical, psychological, and birth planning readiness.

Data collection is presented in the form of a frequency distribution table and analyzed to determine the relationship between the self-efficacy of pregnant women in the third trimester and their readiness to face childbirth.

The statistical test used was the Spearman Rank (Spearman's rho) test because the data obtained were ordinal and aimed to determine the relationship between two variables. The significance level (α) used in this study was 0.05.

RESULTS AND DISCUSSION

Univariate analysis was conducted to determine the relationship between the self-efficacy of pregnant women in the third trimester and their readiness to face childbirth in the form of the following distribution table:

Table 1. Frequency Distribution of Respondents' Ages

No.	Age	f	%
1.	< 20 years	1	2.5%
2.	20 – 35 years	33	82.5%
3.	> 35 years	6	15.0%
	Total	40	100%

Source: Primary Research Data, 2026.

It was found that the majority of respondents were in the 20–35 age group, namely 33 people (82.5%), which is a healthy reproductive age. Respondents aged >35 years numbered 6 people (15.0%), while only 1 respondent aged <20 years (2.5%).

Table 2. Distribution of education frequency

No.	**Education**	***f***	**%**
1.	Elementary (Junior High School)	1	2.5
2.	Middle School (SMA)	24	60.0
3.	High (D3/S1)	15	37.5
	Total	40	100%

Source: Primary Research Data, 2026.

It is known that the majority of respondents' education levels are in the secondary education category (SMA), namely 24 respondents (60.0%), followed by higher education (D3/S1) with 15 respondents (37.5%), and basic education (SMP) with 1 respondent (2.5%).

Table 3. Distribution of job frequency

No.	**Work**	***f***	**%**
1.	Work	11	27.5
2.	Not working/housewife	29	72.5

Total	40	100%

Source: Primary Research Data, 2026.

It is known that the majority of respondents do not work or have the status of housewives, as many as 29 respondents (72.5%), while respondents who work are 11 respondents (27.5%).

Table 4. Frequency distribution of parity

No.	Parity	*f*	%
1.	Primigravida	18	45.0
2.	Multigravida	22	55.0
3.	Grandemultipara	0	0
	Total	40	100%

Source: Primary Research Data, 2026.

It is known that 22 respondents (55.0%) had multigravida status and 18 respondents (45.0%) had primigravida status.

Table 5. Distribution of Self-Efficacy Levels of Pregnant Women in the Third Trimester (n=40)

No.	Self-Efficacy Level	f	%
1.	Low	2	5.0
2.	Currently	10	25.0
3.	Tall	28	70.0
	Total	40	100.0

Source: Primary Research Data, 2026.

It was found that the majority of pregnant women in their third trimester had a high level of self-efficacy, namely 28 respondents (70.0%). Ten respondents (25.0%) had a moderate level of self-efficacy, while only two (5.0%) had a low level of self-efficacy.

Table 6. Distribution of readiness to face childbirth (n=40)

No.	Childbirth Readiness	f	%
1.	Not Ready	4	10.0
2.	Ready	36	90.0
	Total	40	100.0

Source: Primary Research Data, 2026.

It was found that the majority of pregnant women in their third trimester were in the preparedness category (36 respondents, 90.0%). Meanwhile, only 4 respondents (10.0%) were in the unprepared category.

Table 7. Relationship between self-efficacy and readiness to face childbirth in third trimester pregnant women (n=40)

Self Efficacy	n	n	Total	p-value	r Spearman
Low	1	2.5	1		
Currently	8	20.0	2	0,000	0.684
Tall	27	67.5	1		
Total	36	90.0	4		

Source: Primary Research Data, 2026.

The results showed that most respondents with high self-efficacy were in the preparedness category (27 respondents (67.5%), while only one respondent (2.5%) was unprepared. In the moderate self-efficacy group, eight respondents (20.0%) were ready, and two respondents (5.0%) were unprepared. Meanwhile, in the low self-efficacy group, one respondent (2.5%) was in the preparedness and unpreparedness categories.

Table 8. Relationship between self-efficacy and readiness to face childbirth in third trimester pregnant women (n=40)

Self Efficacy	n	n	Total	p-value	r Spearman
Low	1	2.5	1		
Currently	8	20.0	2	0,000	0.684
Tall	27	67.5	1		
Total	36	90.0	4		

Source: Primary Research Data, 2026.

The results showed that most respondents with high self-efficacy were in the preparedness category (27 respondents (67.5%), while only one respondent (2.5%) was unprepared. In the moderate self-efficacy group, eight respondents (20.0%) were ready, and two respondents (5.0%) were unprepared. Meanwhile, in the low self-efficacy group, one respondent (2.5%) was in the preparedness and unpreparedness categories.

DISCUSSION

DescriptionSelf-Efficacy of Pregnant Women in Third Trimester

The results show that the majority of pregnant women in their third trimester at PMB Zurrahmi Pekanbaru have a high level of self-efficacy, with 28 respondents (70.0%). Ten respondents (25.0%) fell in the moderate category, while only two (5.0%) fell in the low category. These results indicate that most pregnant women have good confidence in their abilities to cope with the labor process. This confidence is reflected in the mothers' ability to control their emotions, understand the stages of labor, follow the directions of health workers, and be prepared to make the right decisions when facing labor situations.

Bandura (2018) explains that self-efficacy is formed through four main sources: successful experiences, vicarious experiences or observations of others, verbal support from the environment, and the individual's physiological and emotional state. Pregnant women who regularly attend ANC generally receive counseling on childbirth preparation, thereby increasing their confidence in facing childbirth. The author assumes that the high level of self-efficacy in the majority of respondents is influenced not only by theoretical factors but also by other factors.

Based on the Spearman correlation test results in Table 8, a p-value of <0.05 was obtained, indicating a significant relationship between self-efficacy and preparedness for childbirth. The correlation coefficient indicates a positive relationship, indicating that increased self-efficacy is in line with increased maternal preparedness for childbirth.

Overview of Readiness for Childbirth

The results of the univariate analysis showed that the majority of pregnant women in the third trimester were in the category of being ready to face childbirth, namely 36 respondents (90.0%), while only 4 respondents (10.0%) were not ready.

This high level of preparedness is likely influenced by the role of health workers, particularly midwives, who provide education and support during pregnancy. The World Health Organization (2018) emphasizes that maternal preparedness is a crucial indicator of a positive birth experience, as mothers who are mentally and physically prepared tend to be more cooperative, able to follow the directions of health workers, and have better emotional control during labor.

The authors assume that the proportion of pregnant women who are prepared is closely related to relatively consistent patterns of antenatal care utilization and the practice of planning for

childbirth early in pregnancy. These habits and access to services likely contribute to better preparedness for childbirth.

The Relationship Between Self-Efficacy and Readiness for Childbirth

Results analysisbivariate analysis using the Spearman correlation test showed a significant relationship between*self-efficacy*with readiness to face childbirth in pregnant women in the third trimester, with a p value = 0.000 ($p < 0.05$).

The correlation of $r = 0.684$ indicates a strong and positive relationship. This means that the higher a pregnant woman's self-efficacy, the higher her level of preparedness for childbirth.

Theoretically, these findings support Bandura's (2018) concept that individuals with high self-efficacy will be more optimistic, have better self-control, and are able to face challenges with adaptive coping strategies. In the context of pregnancy, mothers who believe in their abilities will be more active in seeking information, attending prenatal classes, preparing for childbirth needs, and building good communication with health workers. The author assumes that the positive relationship between self-efficacy and readiness for childbirth in this study does not solely reflect the strength of psychological beliefs, but also illustrates how these beliefs are translated into real behavior during pregnancy.

CONCLUSION

Based on the results of this study, the majority of pregnant women in their third trimester at PMB Zurrahmi Pekanbaru had high self-efficacy (70.0%) and were in the ready category for childbirth (90.0%), and a positive and significant relationship was found between self-efficacy and childbirth readiness ($p < 0.05$; $r = 0.684$). These findings indicate that increased maternal self-confidence regarding the ability to face childbirth is closely related to increased physical, psychological, and birth planning readiness. Descriptively, most respondents were aged 20–35 years, had secondary education, and were multigravida, which likely contributed to access and utilization of antenatal services that support the formation of self-efficacy. The results of the analysis support Bandura's theory that sources of self-efficacy such as direct experience, observation, verbal support, and physiological and emotional responses play a role in shaping maternal readiness for childbirth.

This study has limitations, namely its cross-sectional design, which precludes causal conclusions, and its relatively small sample size from a single facility, thus limiting the representativeness and generalizability of the findings. The use of an adapted questionnaire instrument, despite having been tested for validity and reliability in previous studies, still carries the risk of self-reporting bias. Future research is recommended to use a longitudinal or interventional design with a larger sample size and a multi-center approach to test the causal relationship between self-efficacy and childbirth preparedness and to evaluate the effectiveness of self-efficacy strengthening programs. Practically, these results imply the need to integrate self-efficacy strengthening strategies into antenatal care, for example through structured counseling, childbirth education, coping techniques training, and partner involvement, to improve maternal preparedness for childbirth and support a positive birth experience.

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