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Qualitative Study: Empowerment Training and Mentoring of Pregnant Women in Childbirth in Maternity Clinic X, Medan City, Indonesia

Samsider Sitorus, Lusiana Gultom, Efendi Sianturi and dan Elisabet Surbakti
Department of Polytecnic of Health, North Sumatra, Indonesia

Abstract: Every woman desires persalinannya runs smoothly and can give birth to a baby with perfect. There are two ways, i.e., labor labor through vagina known as natural (normal) labor and childbirth or Caesarean Section (CS). The term childbirth caesarea section comes from the Latin cedere which means cutting or slashing. In the science of obstetrics, the term refers to surgery aimed at giving birth to a baby with open abdominal wall and uterus of the mother. Case study with Rapid Assessment Procedures (RAP) and the analysis of the theme. RAP (Rapid Assessment Procedure) is an approach or qualitative studies that can be done quickly (ranging from 1-2 month) about the conduct of the election-related labor. Other social researchers who do not have a profound anthropological background can do RAP. Empowerment by training and mentoring at the age of 28-40 week of pregnancy gives satisfactory results of pregnant women. Empowerment by training and mentoring of pregnant women can take the decision to choose a safe delivery: with vaginal childbirth. Experience in choosing childbirth imaged that expectant mothers giving birth because the election decisions expectant mothers understand that childbirth is a natural childbirth, medical tool sophisticated gives birth to the thought that CS is a secure delivery and quick process without considering the risk of delivery. Empowerment by training and mentoring give the perception of to the pregnant women in choosing childbirth this very needs to be applied at the maternity clinic when pregnant women are already getting bored with her pregnancy and want to immediately terminate pregnancies with childbirth CS. Physiological where labor must wait the coming pain so scary for pregnant women. Empowerment by training and mentoring very help pregnant women give birth in the selection decision.

Key words: Pregnant women, choose childbirth, empowerment, training, labor

INTRODUCTION

Every woman desires chidbirth runs smoothly and can give birth to a baby with perfect. There are two ways, i.e., labor through vagina known as natural (normal) labor and childbirth or Caesarean Section (CS). The term childbirth CS comes from the latin cedere which means cutting or slashing. In the science of obstetrics, the term refers to surgery aimed at giving birth to a baby with open abdominal wall and uterus of the mother (Todman, 2007).

In these countries, the pattern of increasing numbers of labor CS similar to those observed in the United Kingdom until 1990. The CS labor figures around (2-6%) in the 1970s, rising to the (8-12%) in 1980 and (12-13%) in 1990 and further improvement of CSR didn't happen as the increase that occurred in the United Kingdom and Nordic countries because in Scotland only as (12-14%) because the government made a policy that labor CS must comply with medical indications. This number did not pass the number recommended by WHO (1994) after roughly (10-15%).

In the United States increased Caesarean Section Rate (CSR) 3 time higher than that of the countries above. In 1970 the CSR about (6%) became (17%) in 1980 and (24%) in 1990. This increase is called an epidemic of birth CS 1992. CS birthing indications are increasingly focused on medical indication. The application of medical indications on childbirth CS can lower the CSR. According to the research of Belizan *et al.* (1999) suggests that the CSR in the 19 States in the United States were sourced from 12 countries ranged between (16.8-40%) (Belizan *et al*., 1999). The doctors insurance companies, national policy makers, consumer protection and the prevention of labor CS agreed to formulate that CSR is already too high. They try to lower the CSR by creating policies, namely the delivery of medical indications should be with CS.

Strategic promotions in showing the third strata of society that needs to be done. Primary strata is directly necessary active role-driven through the efforts of the movement or empowerment. The secondary strata is the opinion makers, need to be built or brought together to cultivate a new cultural or behavioral norms in order to

Corresponding Author: Samsider Sitorus, Department of Polytecnic of Health, North Sumatra, Indonesia

follow. This is done through the mass media, traditional media, custom or any media in accordance with circumstances, problems and potential. While the tertiary strata are decision makers and specifiers to do policy advocacy, through various means of appropriate circumstances, approach the issue as well as the potential that exists. This was done in order to be healthy so insightful policy gives positive impacts for health in this case to reduce labor CS with indication of non medical so need empowerment by training and mentoring so that labor is done by medical indications CS.

The purpose of the obstetrics service standard can protect women by providing quality assurance services, competent and appropriate service standards for mothers and babies fit expectations continuously. Midwifery services are professionally so that is expected to reduce labor CS and maternal mortality as well as the baby.

Service of obstetrics and gynaecology is crucial considering the maternal mortality and infant mortality in Indonesia is still high. Infant mortality per 1000 live births 34 in 2007 demographic and health survey Indonesia. The 228 maternal mortality rates per 100,000 live births in 2007 (SDKI) be 359 in the year 2012. Increased battery this is a problem that must be solved because of the risk of death by childbirth CS 25 times greater compared with vaginal birth (Clark *et al*., 2008).

In Indonesia, there is a regulation that describes the standard criteria in order for labor caesarean section can be done. Although, it has not been discussed in detail but the regulation could be made in the implementation of the reference CS. Referring to the WHO, Indonesia has numeric criteria caesarean section standard between 15-20% to hospital references. That figure is used also for the consideration of Akreditisasi Hospital (Gondo, 2010).

In accordance with the paradigm of health and health recovery efforts without leaving sufferers, the need for early ambulasi gradually for patients post, CS during his time in the hospital. Ambulasi early is an act of rehabitatif (recovery) is done after the patient is aware of the influence of anaesthetic and after childbirth SC. This time sick will add sufferers causes and preventive promotif neglected efforts based on the opinion of experts 2007.

Empowerment is the planned combination of the mechanisms of educational, political, environmental, regulatory and organizational mechanisms that support actions and living conditions that are conducive to the health of individuals, groups and communities. Empowerment is an effort to increase the ability of pregnant women through learning from by for and with pregnant women, so that they can help themselves as well as develop activities that are supported by the resources of the community, according to local socio-cultural and supported by public policies that insightful health (Depkes, 2008).

Along with the progress of time, arising concerns about labor sectio caesarea that was originally made on medical indication but in fact is currently done without medical indication. The results of the study in a few hospitals in China and Taiwan showed an increase in the number of birth caesarean section which reached numbers (70%). The mother of the potential labor CS not because the baby is at risk but only because it wanted to get certain hours or days of birth (Zhang *et al*., 2008).

Some of the reasons other non medical factor is the convenience of the doctor. Birthing CS was regarded by surgeons obstetrics and gynaecology is shorter. In addition, there are some women who ask labor CS because it does not want to experience pain in the vaginal birth (Sarmana, 2004). Another reason is that labor CS safer for mother and baby compared with vaginal birth and it is increasingly considered to be common worldwide (World Health Organization).

That problem is need for efforts to improve the quality of service provided, among other through Empowerment improvements in the behavior of women against pregnancy, childbirth, either continuing education training or counseling, development of competencies and standards of competence of midwives and the technology in the era of globalization according to the standard of the International Confederation of Midwives (ICM) as well as the condition of a dynamic society (Churchill, 1866).

MATERIALS AND METHODS

Research objectives: The empowerment by training and mentoring of consider the background characteristics and the ability of pregnant women in (clinic Santi) Medan City. Indonesia and Conduct the exploration and eklplanasi empowerment against the behavior of the labor vote in the pregnant women in (clinic Santi) Medan City. Qualitative research design in use is a case study with the approach of the RAP (Rapid Assessment Procedure) is an approach or qualitative studies that can be done quickly (ranging from 1-2 month) about the conduct of the election-related labor. Through RAP, this can also be done for understanding the success, problems encountered in the implementation of program-health progam. Other social researchers who do not have a profound anthropological background can do RAP. The use of qualitative methods in this study using RAP approach as for the purpose of qualitative research here to obtain in-depth information about:

- Experience of pregnant women in choosing childbirth and health message across to other expectant mothers about childbirth
- Perception of expectant mothers after childbirth through
- The experience of childbirth mother

The experience and perception of expectant mothers who choose vaginal birth or CS. This research was qualitative research with an in-depth interview to the pregnant women with gestational age of 28-40 week of 25 pregnant women are given training and mentoring

RESULTS

Description of childbirth is paid health insurance or Badan Penyelenggara Jaminan Kesehatan (BPJS): Description of childbirth in Medan City will be on the labor data explain CS and a vaginal birth at pay health insurance health in Indonesia namely Badan Penyelenggara Jaminan Kesehatan (BPJS) in the town of Medan started from January to December 2014. This data is the description of the high number of labor CS in Medan. As for the amount of labor that CS and normal Delivery in Table 1.

Based on Table 1 of the above noted that labor sectio caesarea is located on range (70-85%) and vaginal birth around (22-30%) while in the health service center clinic that vaginal birth is almost entirely due to childbirth clinic does is vaginal birth if the birth sectio caesarea should do the referrals to the hospital. The number of Labor sectio caesarea the most high was June around (85.01%). Labor sectio caesarea is the lowest in the month of November (78.82%).

Based on Fig. 1 note that each month of CSR in Medan City that paid health insurance or high and decrease BPJS CSR occurred, since October until December, 2015. This decline is due to do a variety of activities including training, empowerment by researchers and advocacy carried out by health insurance as well as the existence of oversight to the labor action in the selection of provider and others. Based on Table 2, it is known that childbirth experienced by pregnant women at the clinic Santi after following the empowerment by training and mentoring namely vaginal birth 23 people (92%) and childbirth SC 2 people (8%).

In-depth interview expose to the mother giving birth in a given empowerment training and mentoring at the clinic Santi Medan City: In depth interview expose to the mother that gave birth to that at the age of 28-40 weeks of pregnancy provided training and mentoring.

Childbirth by mothers in the provided empowerment by training and mentoring the maternity clinic in the city of Medan

Informan 1, G4P3 Ab0 Age 36: I brought forth with labor for the operation of the Caesarean Section (CS) at once tubectomy, although I give training and mentoring I fixed at birth choice CS reason because I afraid get pregnant again at a later date because I already have 4 children but training and mentoring to make me more aware of the profit loss, the dangers and benefits of labor. pervaginam my CS and join training and mentoring made me increasingly aware of delivery and I will share my knowledge against other pregnant women around the place I live in order to be able to give a decision against the completion of pregnancy or childbirth that is right.

Informan 2, G2P1 Ab0 Age 31: I gave vaginal birth to because after following training and mentoring I have learned that vaginal birth is the best. So, I was able to set my options to give childbirth, although my husband

Table 1: Number of absolute labor in pay by the BPJS January-December 2014 in the city of Medan

	Caesarean section		Vaginal childbirth		Total of number	
Moon	Absolute	Percent	Absolute	Percent	Absolute	Percent
January	560.0	82.11	122.0	17.89	682.00	100
February	845.0	83.00	173.0	17.00	1.0180	100
March	1.038	80.40	253.0	19.60	1.2910	100
April	1.392	82.36	298.0	17.64	1.6900	100
May	1.804	83.17	365.0	16.83	2.1690	100
June	1.169	85.01	206.0	14.99	1.3750	100
July	1.623	80.70	388.0	19.30	2.0110	100
August	1.722	80.88	407.0	19.22	212900	100
September	1.751	80.46	425.0	19.54	217600	100
October	1.982	80.13	495.0	19.97	247700	100
November	1.601	78.82	430.0	21.18	203100	100
December	1.576	81.53	357.0	18.47	193300	100
January-December in clinic	0.000	00.00	3.181	100.0	318100	100
Total	17.063	70.59	7.108	29.41	24.1710	100

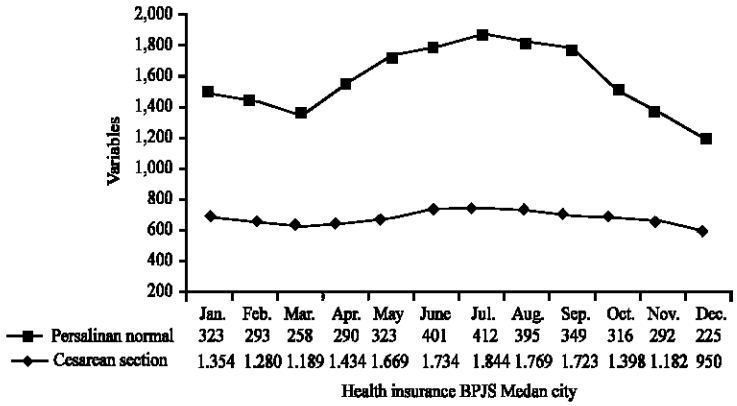

Fig. 1: Case of labor in the advanced reference health facility (FKRTL) in the city of Medan by 2015; data kasus persalinian Fasilitasi Kesehatan Rujukan Tingkat Lanjutan (FKRTL) Tahun 2015

Table 2: Childbirth after being given empowerment by training and mentoring at the clinic Santi by year 2015

	Total	
Variabel	n	Percentage
Childbirth		
Vaginal chidbirth	23	92.0
CS chidbirth	2	8.0
Total	25	100.0

suggested to give birth to the CS, my husband does not bear to see me past the pain at first childbirth because of pain in his time but I already know that the pain before his lighter compared with pain after childbirth especially after CS dope runs out. On my second pregnancy, I gave childbirth and I got mentoring by a midwife after 2 weeks of training. Training and mentoring by the midwife made us realize that vaginal birth is much more secure, easy, cheap and short healing time.

Informan 3, G2P1 Ab0 Age 23: My first vaginal birth and the right of my choice for my second child for vaginal birth. On training and mentoring to make know the benefits and risks of labor. So, I can take the decision to vaginal birth I was very lucky because the first delivery was vaginal birth due to chance alone. Training and mentoring makes me able to choose a good labor and materials that I received during my training I will share to brothers and my neighbors who are pregnant because of the risk of vaginal birth is much lighter compared to childbirth CS.

Informan 4, G3P2 Ab0 Age 33: My third delivery was vaginal birth I want to quickly take care of my baby because I gave birth to two children. Training and mentoring was able to create my childbirth decision in selecting and getting excited that my choice is a good option, i.e., vaginal birth. Training and mentoring makes giving responsibility to lead to other pregnant mothers in order to choose this because during vaginal birth of pregnant women including me think that labor CS very prestigious because it saw on television that many of the artists who give birth with CS and loaded in the news on television. Training and mentoring this made me increasingly understand the risks of vaginal birth and the risk of giving birth to CS.

Informan 5, G4P3 Ab0 Age 37: Training and mentoring this made me increasingly accept that pain can be accepted with patience and enjoy that pain is awaited as more often sick and the longer it will accelerate the process of childbirth pain physiology, I faced with the patient at the time of pain and mules I will stop doing the research at home for example cooking his increasingly strong grip me straight into the wall and turn down the stove and cook after the pain more frequently and stronger, so it not intolerable my husband went to the maternity clinic and examination of cervical opening turned out to be a midwife sudah 10 cm or complete and I was told by midwife straining. I am straining 3-5 times, then my son was born with a vaginal birth. I am after the parturition (40 day after delivery) will plan for KB tubektomi and I already order it to midwives in order to show the place that can help me to tubektomi.

Informan 6, G2P1 Ab0 Age 30: Training and mentoring so beneficial that made me choose to give birth normally. My midwife checked to a clinic with the opening of the cervix 4 cm and I was told the road in order to quickly process the road opening was born but I chose to home because close to the maternity clinic, after 4 h at home the pain grew stronger and increasingly frequent and increasingly ill and getting stronger. Me to a clinic while the road and ended up on a clinic midwife told tilts to the left because it's been 10 cm opening (complete) and the midwife prepare the instruments of labor I feel the pain

grew stronger and often 1 hour then the midwife told me to if there is such a feeling of straining bowel movements (chapter) half an hour later my baby was born healthy. I am very thankful for the baby born with a normal delivery with fewer risks than childbirth CS. My first child is also born with physiological birth.

Informan 7, G3P2 Ab0 Age 32: Training and mentoring made me take the decision to give birth to physiological maternity clinic. I gave birth to the physiology by the midwife because if I gave birth in hospital will generally bear CS. I gave birth physiology which really helped me in terms of finance because of the cheaper cost compared to giving birth to the CS by the time training and mentoring was taught to be able to share a message to pregnant women that otherwise I would advise neighbours and relatives to give birth physiology if no abnormalities due to more favorable and the mother could immediately provide or breastfeeding a new baby was born.

Informan 8, G1P0 Ab0 Age 22: Labor on this pregnancy with birth to CS karena I can't stand the pain of pain at the moment of his birth to normal and afraid, although I have in basic training and were accompanied by but I can't resist pain in my vaginal birth and before the pain starts or his already to hospital for childbirth CS I already feel stifling and uncomfortable at 36 week of pregnancy when performed Ultra Sono Grafi (USG) examinations where the result says that my baby is already quite a month my husband and I are planning to go directly spawned by the CS training and mentoring to make me understand that vaginal birth is best but I don't hold with ketidakyamanan at the time of pregnancy 36-38 week at the time of delivery of the CS does not feel pain because the anesthesia and the immediate surgery in the abdomen turns on when out of stock very pain pushers makes my tormented. I realize that in the training and mentoring that the midwife had already explained to me and as I feel. Once I feel that childbirth CS more pain than childbirth physiology. I highly recommend it to pregnant women not to like me because I'd like to try the following pregnancy vaginal birth. I asked the doctor in order to be on pregnancy following I sought for childbirth physiology.

Informan, 9 G1P0 Ab0 Age 19: Labor is labor that I experienced CS because the suggestion of doctors when the midwife refers me to the hospital with an indication of a big baby and allegedly did not pass through the pelvis training and mentoring makes me that in determining birth pregnant women should be koperatif because whenever possible vaginal birth in my pregnancy I am more happy because it is better than the labor training was very beneficial CS because I can share the materials that I received to expectant mothers another good around the place I live or with relatives who are pregnant. A safe labor is labor that is less risk to the mother or fetus, i.e., labor normal persalinan that I experienced was due to the doctor's suggestion of SC labor when the midwife refers me to the hospital with an indication of a big baby and allegedly did not pass through the pelvis, training and mentoring makes me that in determining birth pregnant women should be koperatif because whenever possible vaginal birth in my pregnancy I am more happy because it is better than the labor training was very beneficial CS because I be able to share the materials that I received to expectant mothers another good surrounding where I live or with relatives who are pregnant. A safe labor is labor that is less risk to the mother or fetus namely vaginal birth

Informan, 10 G1P0 Ab0 Age 33: My maternity normal vaginal birth because I think it's better I see a brother who gave birth to the CS old wounds healed and sometimes feel pain in the abdomen that dissected the time of activity of training and mentoring so as to give the sense that vaginal birth is birth is best for my mother birthing a normal vaginal birth because I think it's better I see a brother who gave birth to the CS old wounds healed and sometimes feel pain in the abdomen that dissected the time of activity of training and mentoring so give the notion that vaginal birth is the best delivery for the mother.

Informan, 11 G1P0 Ab0 Age 26: Training and mentoring of midwife birthing recommends that normal but my husband and I want the same birth date with the date of our wedding so we prefer giving birth to the CS but with continuous accompaniment I eventually gave birth to a normal but not in accordance with the date of our wedding because I had to wait until the arrival of the mark and the pain. My husband and I am happy because I can immediately take care of the baby and gave breast milk eksklusif pelatihan and accompanying benan recommends that maternity is normal but my husband and I want the same birth date with the date of our wedding so we prefer giving birth to the CS but with continuous accompaniment I eventually gave birth to a normal but not in accordance with the date of our wedding because I had to wait until the arrival of the mark and the pain. My husband and I am happy because I can immediately take care of the baby and provide exclusive breast milk.

Informan 12, G5P4 Ab0 Age 38: Training and mentoring makes me able to choose childbirth and can distinguish good labor and low risk before I vote labor sc because I was older and I've no strong power for straining. But training and mentoring gives the choice to give birth to a normal sehimgga, I melhirkan my children that 5 to vaginal birth with a midwife and I promise after parturition period finishes I will program KB tubektomy.

Informan 13, G2P1 Ab0 Age 25: My baby is breech position. I was encouraged to join the training. On training and mentoring, I taught before waking up every day do the position of sujud as prayer. On mentoring 2 that the head of the baby I had position under the above simpisis and finally, I can give birth to normal training and mentoring motivated me to share my experience to expectant mothers around the place, I live and even siblings and relatives who met the tolan, I always recommend that gave birth to normal.

Informan, 14 G3P2 Ab0 Age 30: Training and mentoring changed my views and thinking patterns that childbirth CS done when vaginal birth can not be done because of health reasons. The training gave me a good science that vaginal birth is labor that is ideal because the previous normal delivery. So, my perception for this one because I keep vaginal birth because I have no money for sc labor turned out to be much better given birth to normal daripadapersalinan CS. Vaginal birth is the best delivery.

Informan 15, G3P2 Ab0 Age 28: Training and mentoring gives pleasure and material obtained is also good. My view before training that childbirth is a very labor CS coveted by pregnant women even have prepared funds even program that will give birth to a child who though previous CS was born with vaginal birth but thanks alhamduliliah that at birth I experienced this with normal childbirth and I each met with the expectant mother conveys that it's always good and beautiful vaginal birth where very large benefits compared to childbirth CS. vaginal birth beneficial for the mother and the fetus.

Informan 16, G4P3 Ab0 age 34: Labor is the last one where I intent tubektomi sekalinan CS but thanks to training and mentoring I am thankful I am so normal childbirth I am excited and shared materials to give pregnant women the other so don't want to give birth without medical indication if SC, this training changed my mindset and motivate pregnant mothers so don't be happy with labor because of the lifestyle CS or too proud if labor CS.

Informan 17, G2P1 Ab0 Age 36: My previous delivery was vaginal birth at conception two, my husband suggests to give birth to the SC before pain directly to the hospital. Training/mentoring makes me know the effects of vaginal birth or CS, so I avoid childbirth CS. At birth I gave birth to a normal.

Informan 18, G3P2 Ab0 Age 28: Training and mentoring this gives a good knowledge to choose the delivery of safe and correct the cause of the condition of the baby and mother are good enough and not exposed to the drug. I am normal I may distribute maternity material as well as encourage pregnant women to give birth to another normal.

Informan 19, G4P3 Ab0 Age 36: Training and Mentoring provides an opportunity for vaginal birth because I already feel the birth of ago no hassle others training and mentoring I understand about labor loss both to the mother or fetus. Now mothers very proud when maternity CS but after I saw the video delivery CS was terrible because of the stomach in sayat I avidly storytelling with pregnant women wherever I encounter in order to give birth to normal.

Informan 20, G3P2 Ab 0 Age 26: I gave birth by vaginal birth because I already know the advantages and disadvantages of both types of delivery time in bekali on training and mentoring, we even taught to provide counselling to pregnant mothers around the residence of my neighborhood alhamdullilah, we are intent on giving birth to CS transforms into a vaginal birth.

Informan 21, G3P2 Ab0 Age 32: My two previous labor gave birth to normal training and mentoring this made my husband and I are increasingly receiving vaginal birth, my husband read books and readings are given training and even watched the video a husband, brother and a neighbor of mine who is pregnant.

Informan 22, G2P1 Ab0 Age 25: God bless you thanks to the training and mentoring I give birth pshyology because I already know the benefits and disadvantages of a birth pshyology and childbirth CS. Video In CS turned out to be a lot of blood coming out of pain before I enjoy vaginal birth (birth pshyology) by reading a paperback book and open video delivery.

Informan, 23 G2P1 Ab0 Age 21: Training and mentoring promotes me to normal maternity, childbirth two of my normal maternity and breastfeeding my baby me immediately.

Informan 24, G3P2 A b0 Age 32: Training and mentoring of blocking the intention to give three childbirth to CS I give birth normally.

Informan 25, G3P1 Ab0 Age 22: Training and mentoring of giving normal childbirth decisions because I have to take care of my baby and give breast milk and labor to (3) it's normal because I already understand the advantages of normal childbirth more than labor CS.

DISCUSSION

Based on the findings of the qualitative information obtained, the empowerment with the training and mentoring of expectant mothers in terms of labor makes a group of expectant mothers intervened very enthusiastic and passion to deliver the knowledge and material ten tang labor they earn to other expectant mothers, neighbors and family. This is of course based on reason, that surely with the foundation of the sectio caesarea delivery solution that is best for the safety of mothers and babies. Sectio caesarea childbirth should be understood as an alternative to the normal birth labor could not, though (80-90%) categories include normal childbirth or childbirth without complications but there are still many mothers choose childbirth sectio caesarea in completing her pregnancy. Whatever be the difficulty of labor, handling always cling to the priority the safety of mothers and babies (Akhmad, 2008).

The cause of labor this sectio caesarea can be due to a problem on the part of the mother or baby. There are two decisions of the labor first caesarea, sectio labor decision sectio caesarea already diagnosed earlier. Breech babies, among other causes, most cases of closed cervical placenta, twin babies, pregnancy at an advanced age, SC before and so on. The second is the decision taken suddenly because of the demands of emergency conditions. Examples of these cases include, among others, prolonged labor, the baby has not been born >24 h since the amniotic rupture, contractions are too weak and so forth (Akhmad, 2008).

Understanding of the relationship of interaction and communication with health behavior is very important for public health professions and health educators. Its benefits are (Lewis *et al*., 2002):

- Improve pengaruhtivitas intervention for health behavior change
- Concept and model of interaction and communication can be used as a tool of decision-making, preparation programs and creating an environment that enables the patient to interact as well with health researchers
- Improve pengaruhtivitas intervention of behavior change through mentoring colleagues (formal and informal) in the process of health behavior change

The influence of social and communication is very effective in changing health behaviors through a relationship based on trust, respect, power-sharing and decision-making. According to the concept of community empowerment and health education, programs would be more effective if the community more involved in the program planning to change their behavior. The concept of interdependence is crucial to assess which parts of the behaviour that is influenced by a person's interaction with other people and which is influenced by personal characteristics (Lewis *et al*., 2002).

For the promotion done by pregnant women according to Krasovek and Anderson in Bergstrom is one of the many roles of pregnant women. providing a safe labor and help. Prevent labor practices) which may endanger the health or life of the mother and the child. Recognize signs of dangerous pregnancy complications as well as refer pregnant women to giver more obstetric health services. Promote or give advice on treatment of pregnancy, antenatal care and Christmas as well as post natal. If required pregnant women can also play a role to provide interventions on the health of the mother and child and family by promoting vaginal birth.

Using empowerment with complete and comprehensive training as do require a few things should be noted like; Parties of clinics that will conduct the previous training must be special funding estimated, however the necessary funds is relatively not large, such as the costs for the Training Of Trainers (TOT) short for midwives, transport and consumption for pregnant women during training, a training place not too far from pregnant women.

CONCLUSION

Empowerment training in pregnant women with a 28-40 weeks of pregnancy can be a reference to the same area characteristics of Hami's mother because the mother can increase the willingness to give birth physiological.

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