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THE INFLUENCE OF EMPOWERMENT BY TRAINING AND MENTORING OF PREGNANT WOMEN AGAINST ACTS OF CHOOSING CHILDBIRTH IN THE MATERNITY CLINIC MEDAN CITY INDONESIA

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***Key words** : Pregnant women, Empowerment, Action choose delivery*

Abstract–Labor's election there are two ways, i.e. labor through vagina (vaginal pervaginam) about (80%) and childbirth sectio caesarea (SC) that is delivered through the walls of the abdomen around the safe Labor (20 is the right of pregnant women then need empowerment by training and mentoring of pregnant women against acts of choosing childbirth. **Material & Methode :** This study used a quasi-experimental design uses quantitative experiments with samples of 50 pregnant women i.e. 25 expectant mothers in the intervention group and 25 pregnant women in the control group. Data analysis done to see the changes before and after the intervention and comparing the measurement results in the intervention group and Group Test t kontroldengan. then for the dependent and independent variable relationships using linear regression test. On the research. Results of research changes the Act of choosing childbirth after the empowerment phase 1 with training and mentoring i.e. 6.08 be 5.00 with a value of p 0.0001, change action < choosing childbirth after the empowerment phase 2 i.e. 6.40 be 7.16 value of p 0.0001 < average value changes the Act of choosing childbirth before (pre-test ^ 1) and after (post-test 1 ^) namely 5.04 became 5.84 value p < 0.0001. **Recommendation:**Policy advice to adopt and use the method of empowerment by training and mentoring for action choose the good and true birth in Clinics and Maternity Clinic

INTRODUCTION

These last few years in developing countries the number of pain and maternal mortality is still high. This raises concerns of various parties to improve the quality of reproductive health services. While the professional health care personnel and organizations in the developing countries are actively seeking effective ways. to be able to prevent maternal mortality and improve women's health care. As for the quality care provided from a variety of multidisciplinary and technology resources as well as human beings. In order to serve better public health, need for activities that guarantee quality and should be actively promoted in collaboration with the community. While the assessment of URkualitas.dan increase in activity is relevance to the public health sector and the Organization of community-based health care (Choudry, 2005).

There are two ways i.e. labor vaginal known as natural (vaginal childbirth) labor and childbirth caesarean section (CS). The term childbirth caesarean section (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; Lia *et al.,* 2010).

Labor caesarean section(CS) intended for certain medical indications, which is divided into an indication for mother and baby to indication. CS childbirth should be understood as an alternative to vaginal childbirth when performed normally can no

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longer (Patricia, 2005; Lang, 2011). Although labor (90%) categories include vaginal childbirth without complications, but in the event of complications then handling always cling to the priority the safety of mother and baby. This CS is labor that last option after considering the ways vaginal birth or pervaginam not worth it to do (Akhmad, 2008; Asamoah *et al.*, 2011).

CS proper labor performed is in accordance with medical indications that could potentially save mothers and babies. CS timely and safe will reduce the number of pain and maternal maternal mortality in a country and in the world which are the main challenges faced by the national health system (Ronsmans C, Holtz S, Stanton C 2006) and Betrán AP *et al.*, 2007).

However with the growing sophistication of medical science in the field of obstetrics that view began to shift. caesarean section became the alternative labor. In Washington DC in 1994 showed that half of the amount of CS recorded, really isn't medically necessary or with indication non medical. Caesarean Section Rate (CSR) has increased since year 1970 which made the public health debate. This new issue has led to the introduction of a new indication in childbirth CS i.e. medical indication and indication of non medical is often referred to with an indication of the social. Despite the increase in childbirth CS is a phenomena in the world, but vary greatly both in Indonesia and international countries (James, 2009).

The World Health Organization has published a revision in 1994, stating that labor figures ranging between CS (5-15%) (World Health Organization, 1994). CS labor in developing countries associated with an increase in the number of maternal morbidity in pain significantly (Althabe *et al.*, 2006 and Hofmeyr *et al.*, 2005), especially childbirth CS elective (Oladapo *et al.*, 2007) and childbirth without medical indication CS (MacDorman *et al.*, 2006). Increased morbidity and mortality of infants associated with childbirth CS in developing countries (Villar J, Valladares, Wojdyla *et al.*, 2006), Althabe *et al.*, 2006; MacDorman *et al.*, 2006).

To overcome high labor CS efforts leave vaginal birth after caesarean (VBAC) (MacDorman M, Declercq E, Menacker *et al.*, 2011), however, in a country that low-income, Labor to lower CS (less than 1%) it is associated with high infant and maternal mortality. The death due to inability to perform labor CS while childbirth medical indication CS (Althabe *et al.*, 2006, Ronsmans C, Holtz S, Stanton c. 2005).

Strategic plan vision to be achieved the Ministry of health year 2010-2014 is "healthy communities that are independent and equitable". This vision is poured into four Missions, namely (1) to increase the degree of health through empowerment, including the private sector and civil society, (2) protect health by guaranteeing availability of health plenary efforts, prevalent, quality and justice, (3) ensure the availability and equitable distribution of health resources, and (4) creating a good national governance (Kemenkes 2009).

The laws of Indonesia, the number 36 year 2009 about health that health development should be aimed at raising awareness, willingness, and ability to live extended community, as an investment for the development of community resources. Everyone shall be obliged to join the manifest, sustain and improve public health degrees extended. The Government is responsible to empower and encourage active participation in all forms of health efforts.

Empowerment is the ability of reproduction in the field kaitannnya to the process of pregnancy, childbirth, childcare, education and socialization. Every pregnant women face the risk of the occurrence of pain morbidity and mortality (mortality), so one of the attempts of lowering the level of pain and the death of the mother and baby were improving health status of pregnant women, mothers and maternity the mother during childbirth.

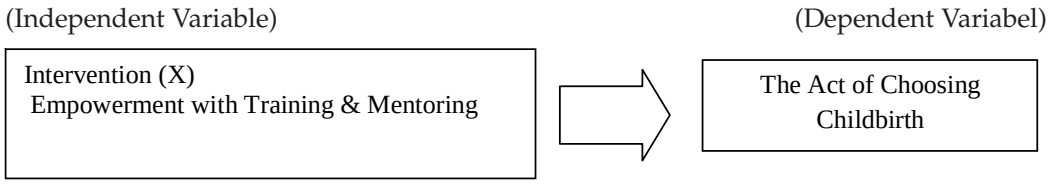
Childbirth is physiologically registration (80-100%) and pathological labor including labor CS just around (10-20%) of the whole pregnancy so the Government recommends that the labor numbers only as CS (5-15%). The World Health Organization (WHO) in 1985 declared that "There is no justification for any region to have CS rates higher than (15%)".

Helplessness of women in choosing the right delivery towards her pregnancy is still low due to actions in choosing childbirth doesn't match any indication then this needs to be done in terms of empowerment by allowing pregnant women. Empowerment in overcoming powerlessness of pregnant women conducted by the training and mentoring.

MATERIAL AND METHODS

Purpose Research

1. Prove the influence of empowerment against the



Quantitative research design uses "Quasi Experiment"

Fig. 2.1. Research Concept Framework

Act of choosing labor by pregnant women at maternity clinic of Medan city Indonesia

2. Prove the influence of empowerment against the Act of choosing labor by pregnant women at maternity clinic of Medan city Indonesia

2.2 The framework of the concept of research

Intervention **: O1 X1 O2 X2O3**

Control **: O4 X0O5**

Fig. 2.1. Model of Quasi Experiment

Description:

O1: The Act of choosing childbirth before the empowerment

O2: The Act of choosing childbirth after the empowerment phase 1 and before the empowerment phase 2

O3: The Act of choosing childbirth after the empowerment phase 2

X 0: Without Empowerment by training and mentoring

X 1: The empowerment phase 1

X 2: The empowerment phase 2

O4, O5: The Act of choosing childbirth without empowerment with assessment of pre and post test 1, test 1.

RESULTS

The age of pregnant mothers in the intervention grouped < 20 years and ≥ 35 years. The distribution of age of pregnant women in the intervention group and the control group was the same with ≥ 35 and 20 years of <(24%) and spread with aged 20-35 years of (74%). In general the parity of pregnant women in the intervention group are the same with parity 1-2 as many as 11 pregnant women (48%) and parity more than 2 children as much as 14 pregnant women (52%) and when there was no equality test is performed. Income pregnant women equivalent to intervention group 1-2 million (36%) and more than 2 million (64%). Education of pregnant women in the intervention group were not much different from the control group, since most of the (high school) for (72%) and low education as much as (28%). Education of pregnant women in the control group, most finished high school registration (68%) and education (32%) as much low.

Action Choose Delivery

To know the Act of choosing labor by pregnant women prior to training interventions pregnant women between the intervention group and the control group performed a test result, Mann Whitney looks like in the following table.

Table 3.1. the above looks no different (p value > 0.05) between the intervention group with a control group before research p value as follows; Action choose the delivery (p value = 0,818). It can be concluded that the respondents in the intervention and control is homogeneous.

Action Choose Delivery by pregnant women before and after the Empowerment phase 1

The Act of choose of pregnant women were measured using the 10 questions, the following can be seen in the table below:

Table 3.2. shows that majority of the intervention were given before the answer does not fit on the number 5 i.e. Decision-making to childbirth done after knowing the information from health workers such as doctors, midwives, etc. 21 people (84.0) and the majority of answering question number 2 is appropriate i.e. Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads

Table 3.1 Action Choose Delivery in the intervention group and the control group

No	Variabel	Intervention group	Control group^	p value	
1	Action Choose Delivery	Mean/ MedMin/Max	5,00 / 5,00 4–6	5,04 / 5,004–6	0,818

closed Placenta, infants born large etc many as 20 persons (80,0%). After given empowerment Stage 1 question answered most appropriate by the respondents is the question number 2 i.e. Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads closed Placenta, infants born large etc as many as 20 persons (80,0%).

Action Choose Delivery by pregnant women before and after the Empowerment phase 2

table 3.3 the above shows that before empowerment given stage 2 overwhelming majority answered aren't appropriate at number 8, namely. The choice of labor done for reasons related to the safety of the mother as many as 13 people (52.0) and the majority answer according to questions number 6 ie Vaginal birth is pregnant because the payout is cheaper compared to childbirth CS as many as 19 people (76,0%). After being given the empowerment phase 1 of the questions most frequently answered accordingly by the respondents is the question number 2 and 3, namely Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads closed Placenta, infants born large etc. and Mother choose childbirth CS due to medical reasons such as to keep the vagina is not broken, can't stand the pain, precious child, wanted the date and hour of birth, lifestyle, etc. each of as many as 20 persons (80,0%).

Action Chose Labor before and after the Empowerment phase 1 and 2

Based on Table 3.4 can be explained that the Act of choosing childbirth before empowerment obtained average value the Act of choosing the right delivery 5.00. The average value of the Act of choosing the right delivery after the empowerment phase 1, the average value of 6.08. The average value of the Act of choosing the right delivery before the empowerment phase 2 the average value of 6.40 while the average value of the Act of choosing the right delivery after the empowerment phase 2 the average value of 7.16. It can be concluded that there is an increase in acts of choosing the right delivery after the empowerment phase 1 and phase 2.

Table 3.2. Frequency distribution of answers Action choose delivery by pregnant women before and after the Empowerment phase 1 in the intervention group

No	Pertanyaan	*Pre-test 1*				*Pos-test 1*			
		good		Not good		good		Not good	
		n	%	n	%	n	%	n	%
1.	The Act of choosing childbirth caesarean section because mother's request.	15	60,0	10	40,0	15	60,0	10	40,0
2.	Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads closed Placenta, infants born large etc.	20	80,0	5	20,0	20	80,0	5	20,0
3.	Mother choose childbirth CS due to medical reasons such as to keep the vagina is not broken, can't stand the pain, precious child, wanted the date and hour of birth, lifestyle, etc.	16	64,0	9	36,0	18	72,0	7	28,0
4.	Decision-making to childbirth done after knowing the information from friends, families who have experienced the CS.	8	32,0	17	68,0	13	52,0	12	48,0
5.	Decision-making to childbirth done after knowing the information from health workers such as doctors, midwives, etc.	4	16,0	21	84,0	13	52,0	12	48,0
6.	Vaginal birth is pregnant because the payout is cheaper compared to childbirth CS	14	56,0	11	44,0	19	76,0	6	24,0
7.	Labor CS selected mother because easier labor action	11	44,0	14	56,0	13	52,0	12	48,0
8.	The choice of labor done for reasons related to the safety of the mother	7	28,0	18	72,0	10	40,0	15	60,0
9.	Selection of labor done for not understand labour secure	16	64,0	9	36,0	17	68,0	8	32,0
10.	Labor sectio caesarea in interest because of better family income	14	56,0	11	44,0	14	56,0	11	44,0

Action Choose Delivery by pregnant mothers (Pre-test^) and (Post-test^) in the control group

From table 3.5 above shows that in pre-test^ a majority answer Action chose labor doesn't match at number 8, namely The choice of labor done for reasons related to the safety of the mother as many as 20 persons (80,0%) and the majority of answering question number 9 match i.e. Selection of labor done for not understand labour secure. as many as 19 people (76,0%). On the post-test^ questions most frequently answered action choose appropriate delivery by the respondents is the question number 3 i.e. Mother choose childbirth CS due to medical reasons such as to keep the vagina is not broken, can't stand the pain, precious child, wanted the date and hour of birth, lifestyle, etc. as many as 20 persons (80,0%).

Action Choose Delivery by pregnant mothers (Pre-test^) and after (Post-test^) in the control group

Based on Table 3.6 can be explained that the Act of choosing the right delivery before (pre-test^) obtained average value 5.04. The average value of the Act of choosing childbirth after (post-test^) is 5.84. It can be concluded that there is an increase in the average value of the Act of choosing the right delivery of 0.80.Bivariat Analysis

Influence Empowerment Act of Choosing Childbirth In the intervention group

The first stage in the research of quasi experiment

Table 3. Frequency distribution of answers Action choose delivery by pregnant women before and after the Empowerment phase 2 in the intervention group

No	Pertanyaan	Pre-test 2				Pos-test 2			
		Good		Not Good		Good		Not Good	
		n	%	n	%	n	%	n	%
1.	The Act of choosing childbirth caesarean section because mother's request.	15	60.0	10	40.0	15	60.0	10	40.0
2.	Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads closed Placenta, infants born large etc.	20	80.0	5	20.0	20	80.0	5	20.0
3.	Mother choose childbirth CS due to medical reasons such as to keep the vagina is not broken, can't stand the pain, precious child, wanted the date and hour of birth, lifestyle, etc.	18	72.0	7	28.0	20	80.0	5	20.0
4.	Decision-making to childbirth done after knowing the information from friends, families who have experienced the CS.	13	52.0	12	48.0	16	64.0	9	36.0
5.	Decision-making to childbirth done after knowing the information from health workers such as doctors, midwives, etc.	13	52.0	12	48.0	16	64.0	9	36.0
6.	Vaginal birth is pregnant because the payout is cheaper compared to childbirth CS	19	76.0	6	24.0	19	76.0	6	24.0
7.	Labor CS selected mother because easier labor action	18	72.0	7	28.0	20	80.0	5	20.0
8.	The choice of labor done for reasons related to the safety of the mother	12	48.0	13	52.0	16	64.0	9	36.0
9.	Selection of labor done for not understand labour secure	18	72.0	7	28.0	19	76.0	6	24.0
10.	Labor sectio caesarea in interest because of better family income	14	56.0	11	44.0	18	72.0	7	28.0

Table 3.4. Action Choose Delivery by pregnant women before and after Empowerment phase 1 and 2 in the intervention group

Action Choose Delivery	n		Med	SD	Min	Maks
Pre-test 1	25	5,00	5,00	0,577	4,00	5,00
Pos-test 1	25	6,08	6,00	0,571	5,00	7,00
Pre-test 2	25	6,40	6,00	0,64	5,00	7,00
Pos-test 2	25	7,16	7,00	0,47	6,00	8,00

after abnormal Gaussian data is viewed or not influence empowerment by training and mentoring actions against choosing childbirth using the wilcoxon test.

Based on table 3.7 above changes the average value of the Act of choosing childbirth (pre-test 1) with (post-test 1) after being given the empowerment phase 1 i.e. 6.08 be 5.00 with a value of p<0.0001, it can be inferred that there is an influence of the empowerment phase 1 actions against vote labor. Changes in the average value of the Act of choosing childbirth (pos-test 1) with (pre-test 2) after being given the empowerment phase 2 i.e. 6.08 became 6.40 value p< 0.005, then can be concluded that there is a difference of actions choose childbirth after the empowerment phase 1 with before the empowerment phase 2. Changes in the average value of the Act of choosing childbirth (pre-test 2) with (post-test 2) after being given the empowerment phase 2 i.e. 6.40 be 7.16 value of p< 0.0001, then can be inferred that there is an influence of the stage 2 empowerment against action choose delivery by pregnant women.

Action Choose Delivery by pregnant women in the control group

The first stage in a quasi experimental research see

Table 3.7. Influence Empowerment against Action choose Delivery by pregnant women In the intervention group

Action Choose Delivery	Mean	*Z*
The Act of Choosing childbirth		
Pre-test 1	5,00	
Pos-test 1	6,08	0,0001
Pre-test 2	6,40	0,005
Pos-test 2	7,16	0,0001

Table 5. Frequency distribution Answers Action Choose Delivery by Pregnant Mothers before (Pre-test) and after (Post-test) in the Control Group

No	Pertanyaan	*Pre-test 1^*				*Pos-test 1^*			
		Good		Not Good		Good		Not Good	
		n	%	n	%	n	%	n	%
1.	The Act of choosing childbirth caesarean section because mother's request.	14	56,0	11	44,0	15	60,0	10	40,0
2.	Mother choose childbirth CS due to medical reasons such as a narrow pelvis, roads closed Placenta, infants born large etc.	18	72,0	7	28,0	19	76,0	6	24,0
3.	Mother choose childbirth CS due to medical reasons such as to keep the vagina is not broken, can't stand the pain, precious child, wanted the date and hour of birth, lifestyle, etc.	19	76,0	6	24,0	20	80,0	5	20,0
4.	Decision-making to childbirth done after knowing the information from friends, families who have experienced the CS.	9	36,0	16	64,0	12	48,0	13	52,0
5.	Decision-making to childbirth done after knowing the information from health workers such as doctors, midwives, etc.	6	24,0	19	76,0	13	52,0	12	48,0
6.	Vaginal birth is pregnant because the payout is cheaper compared to childbirth CS	14	56,0	11	44,0	17	68,0	8	32,0
7.	Labor CS selected mother because easier labor action	11	44,0	14	56,0	13	52,0	12	48,0
8.	The choice of labor done for reasons related to the safety of the mother	5	20,0	20	80,0	7	28,0	18	72,0
9.	Selection of labor done for not understand labour secure	15	60,0	10	40,0	15	60,0	10	40,0
10.	Labor sectio caesarea in interest because of better family income	15	60,0	10	40,0	15	60,0	10	40,0

Table 3.6. Action Choose Delivery by pregnant mothers before (Pre-test^) and after (Post-test^) in the control group

Action Choose Delivery	n		Med	SD	Min	Maks
*Pre-test 1^*	25	5,04	5,00	0,73	4,00	6,00
*Pos-test 2^*	25	5,84	6,00	0,74	4,00	7,00

the normality of data after the data is Gaussian normal not can see there is no difference in the action or choose childbirth using the wilcoxon test.

Based on table 3.8 above changes Changes the value of an average act of choosing childbirth before (pre-test ^ 1) and after (post-test 1 ^) namely 5.04 became 5.84 with a value of p< 0.0001, then can be concluded that there is a difference (pre-test 1 ^) and (post-test 1 ^) in the control group against the Act of choosing labor by pregnant women.

The difference Increased Effectiveness of actions Choose Delivery by pregnant women in the intervention group and the control group

The second stage in the research is to see the difference in the effectiveness of the intervention group and the control group against the knowledge, attitudes and actions choosing childbirth using the Mann-Whitney test

Table 3.8. The Act of Choosing Childbirth (Pre-Tets) and (Post-Test) in the control group

Variabel	Mean	*Z*
The Act of Choosing childbirth		
*Pre-test 1^*	5,04	
*Pos-test 1^*	5,84	0,0001

Choose actions based tabel 3.9 on changes of labor stated that the increase in the average labour vote action in the intervention group who were given higher compared with empowerment Act of choosing childbirth in the control group without empowerment by training and mentoring (2.16/ 0.80).

CONCLUSIONS AND SUGGESTIONS

Influence Empowerment against the Act of Choosing labor

Above changes the value of the average action before (pre-test 1) and after (post-test 1) granted the empowerment phase 1 i.e. 6.08 be 5.00 with a value of p<0.0001 it can be inferred that there is an influence of the empowerment phase 1 actions against vote labor. Change the value of the average labour vote after action (pos-test 1) and prior (pre-test 2) granted the empowerment phase 2 i.e. 6.08 became 6.40 value p< 0.005, then can be concluded that there is a difference of actions choose childbirth after the empowerment phase 1 with before the empowerment phase 2. Change the value of the average action before (pre-test 2) and after (post-test 2) granted the empowerment phase 2 i.e. 6.40 be 7.16 value of p<0.0001, then can be inferred that there is an influence of the empowerment phase 2 with select action labor by pregnant women.

The results of the measurement in the area of intervention for pre-test 1 with the final measurement research (post-test 2) shows the difference in meaning (p value < 0.05). This illustrates a method of empowerment by training and mentoring can significantly improve actions choose vaginal birth by pregnant women. Changing the value of the average action before (pre-test ^ 1) and after (pre-test 2 ^) namely 5.04 became 5.84 with a value of p 0.0001, then < can be inferred that there is an increased action choose vaginal birth. Meanwhile, the Act of choosing childbirth pervaginam by pregnant mothers in the control areas to test the early research (pre-test 1 ^) and at the end of the study (pos-test 2 ^) shows the results meaningful. The increase happened to dibberikan compared to the increased empowerment without given empowerment by training and mentoring. The occurrence of this increase in control group can be caused, pregnant women exposed to information about the Act of choosing childbirth through midwives at the time of examination of the pregnancy and the mass media.

Research results showed Rodgers (2004) results are similar, that acceptance is good and persistent against training curriculum which deals with identification of pregnancies at risk, and labor management practices enhancing emergency referral of pregnant women trained to formal health care facilities than for pregnant women are not

Table 3.9. Effectiveness against Increased Action Choose Delivery by pregnant women in the intervention group and the control group

Variabel	Mean/Median	Z	*P*
Changes to the Act of choosing childbirth			
Intervention Group	2,16/2,00	-5,285	0,0001
Control Group	0,80/1,00		

trained and also research results Goodburn *et al.*, (2000), which shows the percentage between the trained labor which secure greater than untrained.

According to Behague, (2002) childbirth decisions SC in Italy affected by pregnant mothers, doctors, and an assessment of the social environment. Research done to mothers who live in the urbanized area of Pelotas Brazil, that mothers whose family income and high education choose childbirth SC, to avoid prejudice medium social class or the poor. Assessment of the social environment is very encouraging mother for childbirth SC. Mother afraid of social appraisal under standard (Behague *et al.*, 2002). Higher education tend to have high demand against the Ministry of health (Trisnantoro, 2005).

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, DeVellis and Sleath, 2002):

1. Improve the influence of the intervention for health behavior change.
2. 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 well with health workers.
3. 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, DeVellis and Sleath, 2002). The role of midwives needed in choosing labor. A midwife was very instrumental in the event of childbirth and complications of childbirth or the healing of various ailments experienced by pregnant mother (Salham *et al.*, 2006). Formal cooperation between individuals, groups or organizations to achieve a mutually agreed objectives (Salham *et al.*, 2006).

Advice

5.1. Health maternal and child health community development Directorate,

1. The results of this study demonstrate the influence of empowerment by training and mentoring to increased action chose labor, therefore, suggested the existence of a policy for replication of empowerment by training and mentoring in the maternity clinic and other Clinics taking into account socio-cultural similarities. Remember the pregnant women more often interact with other expectant mothers are expected to be continuing that empowerment is becoming a good program for expectant mothers

2. Empowerment with effective training and mentoring so that needs to be in the mix for each activity in the maternity Clinic and clinics given pregnant women who have been trained are able to share training materials to other pregnant women who observed at the time of accompaniment of pregnant women who have been trained are able to become change agents in the Act of choosing childbirth because pregnant women comes from the community and local culture and customs in the area

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