

Parental Readiness: The Relationship Between Knowledge and Emotional Well-Being in Mothers

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ABSTRACT

Background & Objective: Pregnancy is an important phase that requires comprehensive readiness, including physical, emotional, and knowledge aspects, to prepare for the role of parenthood. Pre-survey findings indicated unpreparedness in emotional, financial, and knowledge aspects, which may affect the parenting process after childbirth. This study aimed to determine the relationship between knowledge factors and the emotional condition of pregnant women with readiness for parenthood at RSU Mitra Mulia Husada. **Methods:** This study used a quantitative design with a cross-sectional approach. The sample consisted of 38 pregnant women selected using a purposive sampling technique. The study was conducted from October 1 to October 30, 2025, at RSU Mitra Mulia Husada. Data analysis was performed using the Gamma test. **Results:** The results showed that the majority of respondents had a high level of knowledge (52.6%) and moderate readiness for parenthood (55.3%), while most respondents also had a moderate level of emotional readiness (63.2%). Statistical analysis demonstrated a significant relationship between knowledge and readiness for parenthood with a p-value = 0.000. Meanwhile, emotional condition showed no significant relationship with readiness for parenthood with a p-value = 0.684. **Conclusion:** These findings indicate that knowledge readiness plays a more important role in preparing pregnant women for their new role as parents compared to emotional aspects. Therefore, prenatal education and psychological support need to be strengthened to improve pregnant women's readiness in carrying out child-rearing responsibilities.

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Introduction

Pregnancy is a process of fetal growth and development that begins from conception until the birth of the baby, affecting the mother's physical, mental, and social conditions. The normal duration of pregnancy is 280 days (40 weeks or 9 months and 7 days). Pregnancy is a normal reproductive process; however, special self-care is needed to ensure that both the mother and fetus remain healthy. Therefore, even a normal pregnancy carries certain risks, although it does not directly increase the risk

of maternal mortality (Efendi et al., 2022). Psychological changes experienced by some pregnant women show that anxiety tends to occur during the first and third trimesters, whereas in the second trimester pregnant women generally demonstrate greater acceptance of their pregnancy. The anxiety experienced in the first and third trimesters usually differs. In the first trimester, anxiety is commonly related to the condition of the pregnancy itself, while in the third trimester, anxiety is more often associated with facing childbirth and the responsibility of caring for the baby who will soon be born (Mardiana et al., 2022).

The process of becoming a parent is a transition that involves diverse emotional experiences. On one hand, the desire to become a parent is very strong for many adults, but on the other hand, the process of becoming a parent involves numerous changes that may cause stress. Parenting involves complex and dynamic interactions between the mental health of adult parents and the mental and physical health of the baby (Morales et al., 2018). The results of a pre-survey conducted among 38 pregnant women showed that only around 40% of respondents felt emotionally prepared to take on the role of parenthood. Meanwhile, 35% of respondents stated that they still lacked knowledge regarding pregnancy preparation and parenting. These findings indicate that readiness for parenthood is influenced by various factors, such as emotional aspects, financial conditions, knowledge, and social support. Support from spouses and extended family has also been proven to be an important element in strengthening the confidence of prospective parents in facing their new role (Rahmawati et al., 2020; Nugraha et al., 2022).

In Indonesia, the low level of adult knowledge regarding pregnancy preparation results in inadequate mental, physical, social, and financial preparation before becoming parents (Setyowati et al., 2017). Mothers who possess good knowledge about pregnancy readiness tend to make better pregnancy preparations compared to those with limited knowledge. A good level of knowledge encourages mothers to develop positive attitudes toward the importance of pregnancy readiness, and supportive conditions allow these attitudes to be reflected in actions based on the mother's understanding of what should be prepared during pregnancy (Follona et al., 2021).

Research by Setyowati et al. (2017) showed that readiness for parenthood includes several important aspects, including age at marriage, educational level, financial stability, emotional intelligence, psychosocial parenting patterns, knowledge of child development, as well as physical and health readiness. These factors are directly related to parents' ability to support children's social development, such as independence, emotional competence, and children's mental health. Research conducted by Atika & Rasyid (2018) demonstrated that economic factors significantly influence readiness for parenthood, especially in fulfilling children's needs sustainably. These findings are consistent with research by Lestari (2019), which revealed that couples with stable incomes have higher levels of readiness in planning child-rearing.

Basic knowledge regarding child developmental stages and parenting techniques is also a determining factor in the successful adaptation of new parents. Without adequate understanding, mothers often do not know proper breastfeeding techniques or appropriate developmental stimulation methods, such as the use of educational toys or optimal activity arrangements for children. A study by Setyowati et al. (2017) found that the level of knowledge among prospective parents was closely

related to their readiness to undertake parenting roles. Another study by Rosalinda et al. (2023) supported these findings by showing that prenatal education increases parents' confidence in parenting. Emotional maturity, particularly the ability to manage stress and emotions, is crucial in shaping empathetic and patient parenting patterns. The correlation between parental emotional instability and child abuse, even in extreme cases such as frustration leading to fatal violence, has been demonstrated by Lavi et al. (2021). Research by Kusaini et al. (2024) also revealed that emotional readiness plays an important role in reducing the risk of family conflict after childbirth, thereby supporting healthier parenting practices.

Based on pre-survey data conducted at RSU Mitra Mulia Husada involving four pregnant women who were about to become parents, various conditions of readiness were identified. The first mother (Mrs. Y) stated that she did not feel ready to become a parent because this was her first child, she did not understand how to care for a baby, and she had not prepared baby necessities such as clothing and savings for childbirth because she was unemployed. The second mother (Mrs. S), aged 57 years, explained that the pregnancy was unplanned, and she felt too old, exhausted from caring for children, and unwilling to have another child because she often became emotional and argued with her husband. The third mother (Mrs. R), aged 15 years, also admitted that she was not ready to become a parent because she was still in school, did not understand breastfeeding techniques, and felt immature to take responsibility for a baby. The fourth mother (Mrs. W) experienced stress and exhaustion due to work pressure and household conditions, which made her unable to focus on preparing for childbirth and childcare.

The findings of the pre-survey indicate unpreparedness in emotional, financial, and knowledge aspects, which may potentially affect the parenting process after childbirth. Therefore, further research is needed to analyze factors related to readiness for parenthood, particularly among pregnant women at RSU Mitra Mulia Husada. Based on the background above, the researcher is interested in conducting a study entitled: "The Relationship Between Maternal Knowledge and Emotional Condition with Readiness for Parenthood at RSU Mitra Mulia Husada."

Objective

Penelitian ini bertujuan untuk mengetahui hubungan antara faktor pengetahuan dan kondisi emosional ibu hamil dengan kesiapan menjadi orang tua di RSU Mitra Mulia Husada

Method

The study employed a quantitative research design with a cross-sectional approach. The sample consisted of 38 pregnant women selected using purposive sampling. The data collection instrument was a questionnaire. The study was conducted from October 1 to 30, 2025, at Mitra Mulia Husada General Hospital, and data analysis was performed using the Gamma test.

Results

Knowledge

TABLE 1 Frequency Distribution of the Knowledge Factor

| Knowledge Score | Frequency (n) | Percentage (%) |
|-----------------|---------------|----------------|
| Low | 7 | 18,4 |
| Medium | 11 | 28,9 |
| High | 20 | 52,6 |
| Total | 38 | 100 |

Table 1 shows that the majority of respondents – 20 people (52.6%) – have a high level of knowledge regarding pregnancy and readiness for parenthood. Eleven respondents (28.9%) fall into the moderate category, while 7 respondents (18.4%) have low levels of knowledge.

Emotional

TABLE 2 Frequency Distribution of Emotional Factors

| Emotional Score | Frequency (n) | Percentage (%) |
|-----------------|---------------|----------------|
| Low | 3 | 7,9 |
| Medium | 24 | 63,2 |
| High | 11 | 28,9 |
| Total | 38 | 100 |

Table 2 shows that the majority of respondents – 24 individuals (63.2%) – exhibited moderate emotional distress, followed by 11 individuals (28.9%) in the high category and 3 individuals (7.9%) in the low category. This indicates that the majority of pregnant women are able to manage their emotions fairly well, although some still experience emotional instability.

Readiness for Parenthood

TABLE 3. Frequency Distribution of Factors Related to Readiness for Parenthood

| Readiness Score | Frequency (n) | Percentage (%) |
|-----------------|---------------|----------------|
| Medium | 21 | 55,3 |
| High | 17 | 44,7 |
| Total | 38 | 100 |

Table 3 shows that the majority of respondents – 21 people (55.3%) – fall into the “moderate” category of parental readiness, while the remaining 17 people (44.7%) fall into the “high” category.

The Relationship Between Knowledge and Readiness for Parenthood at Mitra Mulia Husada General Hospital

TABLE 4. Relationship Between Knowledge and Readiness for Parenthood at Mitra Mulia Husada General Hospital

| Readiness | Knowledge | | | | | | Total | p-value | r-veluae | |
|-----------|-----------|------|--------|------|------|------|-------|---------|----------|----|
| | Low | | Medium | | High | | | | | |
| | N | % | N | % | N | % | N | % | | |
| Moderate | 0 | 0 | 1 | 4.8 | 20 | 95.2 | 21 | 100 | 0.000 | -1 |
| High | 7 | 41.2 | 10 | 58.8 | 0 | 0 | 17 | 100 | | |
| Total | 7 | 18.4 | 11 | 28.9 | 20 | 52.6 | 38 | 100 | | |

Based on the results of the analysis in Table 4 regarding the relationship between knowledge and readiness for parenthood at Mitra Mulia Husada General Hospital, a p-value of 0.000 was obtained, which is less than α (0.05). This indicates that there is a significant relationship between the level of knowledge and readiness for parenthood. Most respondents with high knowledge (95.2%) had a moderate level of readiness, while respondents with moderate and low knowledge tended to have high readiness.

The Relationship Between Emotional Well-Being and Parental Readiness at Mitra Mulia Husada General Hospital

TABLE 5. The Relationship Between Emotional Attachment and Readiness for Parenthood at Mitra Mulia Husada General Hospital

| Readiness | Emotional | | | | | | Total | p-value | r-veluae | |
|-----------|-----------|-----|--------|------|------|------|-------|---------|----------|--------|
| | Low | | Medium | | High | | | | | |
| | N | % | N | % | N | % | | | | |
| Moderate | 2 | 9.5 | 12 | 57.1 | 7 | 33.3 | 21 | 100 | 0.684 | -0.126 |
| High | 1 | 5.9 | 12 | 70.6 | 4 | 23.5 | 17 | 100 | | |
| Total | 3 | 7.9 | 24 | 63.2 | 11 | 28.9 | 38 | 100 | | |

Based on the analysis results in Table 5 regarding the relationship between emotional stability and readiness for parenthood at Mitra Mulia Husada General Hospital, a p-value of 0.684 was obtained, which is greater than α (0.05). This indicates that there is no significant relationship between the emotional level of pregnant women and their readiness to become parents. Although the majority of respondents had a moderate emotional level (63.2%), the distribution of readiness between the moderate and high categories did not show a significant difference.

Discussion Knowledge

The results in Table 4.1 show that the majority of respondents had a high level of knowledge, namely 20 people (52.6%). When associated with respondent characteristics, the largest group consisted of respondents with a senior high school education; however, many respondents with diploma (D3) and bachelor's (S1) degrees also contributed to the high knowledge category, indicating that educational background is an important factor in the ability to understand information related to pregnancy. In addition, the predominance of respondents aged 25–35 years, considered the mature reproductive age group, also supported the high level of knowledge because this group is generally more frequently exposed to reproductive health information.

Based on the questionnaire results, the lowest-scoring items were questions regarding knowledge of pregnancy danger signs and first-aid measures. Some pregnant women still did not fully understand abnormal physiological changes requiring immediate medical attention. This indicates that although general knowledge about pregnancy was relatively good, more specific aspects of knowledge still need improvement.

Furthermore, many respondents worked as housewives, and some had limited access to health information typically obtained from formal work environments. However, they still received education through antenatal examinations. The

frequency of regular antenatal care (ANC) visits also influenced the respondents' high knowledge scores. Thus, educational background, occupation, and age contributed to the variation in knowledge levels observed in this study.

Emotional Condition

As shown in Table 4.2, most respondents were in the moderate emotional category (63.2%). The dominance of respondents aged 25–35 years, categorized as young adulthood, influenced emotional stability because this group generally has better psychological maturity and coping abilities. In contrast, respondents aged below 25 years tended to show more fluctuating emotional conditions based on questionnaire results, as younger individuals often have less mature emotional regulation abilities.

In terms of occupation, respondents working as healthcare personnel had relatively more stable emotional scores, while those with high-stress occupations such as private employees/cashiers showed greater emotional fluctuations. This indicates that the work environment may influence the psychological condition of pregnant women.

From the questionnaire results, the lowest score in the emotional variable was related to the ability to control anxiety when facing physical changes during pregnancy. Many respondents admitted that they still easily worried about bodily changes and the condition of the fetus. In addition, several respondents entering the third trimester experienced increased anxiety regarding childbirth preparation, which is common during this phase.

These findings indicate that although most pregnant women had fairly good emotional regulation, factors such as age, occupation, and gestational age played important roles in determining emotional stability.

Readiness for Parenthood

The results in Table 4.3 show that more than half of the respondents were categorized as having moderate readiness for parenthood. Based on respondent characteristics, the majority were in the third trimester of pregnancy, which is the phase where physical, mental, and logistical preparations tend to increase. Advancing gestational age approaching childbirth usually influences both anxiety and increased awareness in preparing for the parental role.

When analyzed based on educational background, respondents with a senior high school education dominated the moderate readiness category. This suggests that although they understood the responsibilities of becoming parents, aspects such as stress management and basic parenting skills still needed improvement. In contrast, respondents with higher educational levels tended to have better readiness.

The lowest questionnaire scores related to readiness were found in items concerning preparedness for lifestyle changes after having a baby, such as adjusting sleep schedules and daily activities. Several respondents also reported not being fully prepared to face the burden of new responsibilities, especially regarding newborn care during the first weeks after birth.

In addition, housewives who did not experience formal workplace pressures had more time to prepare themselves; however, some admitted lacking information regarding early infant care. This indicates that readiness for parenthood is multifactorial and is not influenced by only one characteristic.

The Relationship Between Social Support and Readiness for Parenthood at RSU Mitra Mulia Husada

The results of this study showed a significant relationship between knowledge and readiness for parenthood, with a p -value = 0.000, indicating that the level of knowledge significantly affects mothers' readiness in undergoing pregnancy and preparing for parenthood. Mothers with better knowledge tended to have more mature readiness in understanding physical and psychological changes during pregnancy, as well as responsibilities after childbirth. Adequate knowledge helps mothers understand the importance of pregnancy check-ups, breastfeeding, and newborn care.

However, the distribution results showed that most mothers with high knowledge levels were still categorized as having moderate readiness. This can be explained by the fact that individuals with higher knowledge may also develop a more critical perspective regarding the parental role, leading them to feel not entirely ready. Mothers with broader insight into parenting responsibilities, financial challenges, and social roles within the family may perceive that readiness is determined not only by theoretical understanding but also by emotional readiness and environmental support.

These findings are consistent with studies by Putria (2018) and Li & Wang (2020), which stated that knowledge plays an important role in shaping behavior and readiness in facing new phases of life. In the context of pregnancy, knowledge forms the basis for making appropriate decisions regarding pregnancy care and psychological readiness for childbirth. The imbalance between knowledge and readiness often arises due to lack of experience, insufficient partner support, or anxiety before delivery.

Furthermore, the findings of this study also indicate that increased knowledge does not necessarily guarantee high emotional or psychological readiness. Factors such as social support, economic conditions, and previous pregnancy experiences also influence maternal readiness. According to Dere (2020), readiness for parenthood is not only the result of knowledge (cognitive factors), but is also strongly influenced by emotional/affective and social aspects. For example, research in India showed that readiness for pregnancy/motherhood is closely related to levels of anxiety and depression during pregnancy, which are affective factors in addition to cognitive factors.

Based on the results of this study, it can be concluded that knowledge and emotional condition are important aspects related to readiness for parenthood. These findings indicate that healthcare professionals such as midwives and nurses play a strategic role in providing accurate, consistent, and easily understood information during antenatal care (ANC). Balanced education and adequate emotional support help pregnant women understand the changes they experience and improve their readiness to undertake the role of parenthood.

In the context of pregnancy care services, increasing knowledge was not an intervention in this study but rather part of routine educational practices relevant to the findings in the field. Therefore, the results of this study emphasize that access to good information, effective communication with healthcare professionals, and emotional support are contributing factors to pregnant women's readiness in building healthy and high-quality families.

The Relationship Between Emotional Condition and Readiness for Parenthood at RSU Mitra Mulia Husada

The results of this study showed that the emotional condition of pregnant women did not have a significant relationship with readiness for parenthood. The p -value = 0.684 indicates that variations in readiness cannot be explained solely by emotional factors. This means that both mothers with high and moderate emotional conditions had relatively similar levels of readiness in facing the parental role. This condition may be influenced by other external factors such as partner support, economic conditions, or physical readiness, which also contribute to overall maternal readiness.

Although the statistical results showed no significant relationship, descriptively, most respondents with moderate emotional levels also had moderate readiness (57.1%). This suggests a tendency that emotional stability may support psychological readiness, although it is not the main determining factor. Mothers with stable emotions tend to be better able to cope with psychological changes during pregnancy and accept new responsibilities without excessive pressure.

These findings differ from the study by Putria (2018), which found that emotional condition played an important role in readiness for parenthood because it influenced individuals' ability to manage stress and adapt to changing roles. However, this difference may be due to the characteristics of respondents in the current study, most of whom were within healthy reproductive age and had received information from healthcare professionals, making emotional factors less dominant compared to knowledge and social support.

Theoretically, Dere (2020) explained that readiness for parenthood is the result of complex interactions among knowledge, emotional, and social factors. In this study, the low influence of emotional factors may have occurred because most mothers already had previous pregnancy experience (parity 2), making them more prepared even though their emotional condition was moderate. This means that empirical experience and environmental support can stabilize maternal readiness without depending on high emotional levels.

Based on the findings of this study showing that emotional condition did not have a significant relationship with readiness for parenthood, several possible factors may explain this result. One possibility is that emotional changes during pregnancy are fluctuating and strongly influenced by hormonal factors, so they do not always reflect the mother's overall readiness to face the parental role. In addition, some respondents may have had good coping mechanisms or social support – such as from spouses or family members – that helped stabilize their emotional condition, making it appear unrelated to readiness.

Another possible factor is that readiness for parenthood may be more strongly determined by knowledge and practical experience than by temporary emotional conditions. Many pregnant women had already received information regarding pregnancy and preparation for parenthood through antenatal education, previous experience, or other information sources, so their level of readiness may have remained high despite fluctuating emotional conditions. Therefore, the absence of a relationship between emotional condition and readiness in this study may be due to the presence of other more dominant supporting factors, such as knowledge, pregnancy experience, or family support patterns.

Conclusion

There was a significant relationship between knowledge and readiness for parenthood, indicating that higher knowledge is associated with better maternal readiness. There was no significant relationship between emotional condition and readiness for parenthood, suggesting that maternal readiness is more strongly influenced by other factors such as knowledge, social support, and experience.

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