FACTORS INFLUENCING PREGNANT WOMEN'S COMPLIANCE IN ATTENDING PREGNANCY WOMEN'S CLASSES

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ABSTRAK : FAKTOR YANG MEMENGARUHI KEPATUHAN IBU HAMIL MENGIKUTI KELAS IBU HAMIL

Berdasarkan data WHO (2020), kelas ibu prenatal terbukti dapat mengurangi angka kematian ibu, karena dengan kelas ibu hamil dapat mengetahui kondisi kehamilan dan pencegahan masalah kehamilan yang terjadi pada ibu hamil. WHO menjelaskan bahwa sekitar 287.000 ibu mengalami risiko tinggi kehamilan. Data Puskesmas Sarulla diketahui capaian yang mengikuti kelas ibu hamil sebanyak (67.4%) jauh dari target 100%. Tujuan Penelitan untuk ini untuk mengetahui Faktor Yang Memengaruhi Kepatuhan Ibu Hamil Mengikuti Kelas Ibu Hamil di Wilayah Kerja Puskesmas Sarulla Kabupaten Tapanuli Utara. Desain penelitian adalah analitik research dengan menggunakan cros sectional. Populasi dalam penelitian adalah seluruh ibu hamil yaitu sebesar 67 orang. Sampel menggunakan total populasi yaitu ibu hamil trimester III sebanyak 67 orang. Data yang digunakan dengan menggunakan data primer dan sekunder. Analisa data menggunakan univariat, bivariate dan multivariate menggunakan uji regresi binary. Hasil penelitian diperoleh dengan menggunakan uji chi square, ada pengaruh Pendidikan dengan Kepatihan Ibu Hamil Mengikuti Kelas Ibu Hamil, ada pengaruh Pengetahuan, tidak ada jarak fasilitas kesehatan, ada pengaruh Peran tenaga kesehatan, Ada pengaruh dukungan keluarga. Faktor yang paling dominan yaitu Pengetahuan 15 kali mempengaruhi kepatuhan Ibu Hamil Mengikuti Kelas Ibu Hamil di Wilayah Kerja Puskesmas Sarulla Kabupaten Tapanuli Utara. Kesimpulan ada pengaruh pendidikan, pengetahuan, tenaga kesehatan, dan dukungan keluarga dengan Kepatihan Ibu Hamil Mengikuti Kelas Ibu Hamil di Wilayah Kerja Puskesmas Sarulla. Diharapkan kepada tenaga kesehatan lebih aktif melakukan sosialisasi mengenai pentingnya kelas ibu hamil melalui berbagai media seperti posyandu, puskesmas, media sosial, dan kegiatan masyarakat lainnya.

Kata Kunci : Pendidikan, Pengetahuan, Jarak ke fasilitas, Kelas ibu Hamil

ABSTRACT

Background: According to WHO data (2020), prenatal classes have been shown to reduce maternal mortality, as they provide information on pregnancy outcomes and prevent pregnancy-related complications. The WHO explains that approximately 287,000 women experience high-risk pregnancies. Data from the Sarulla Community Health Center (Puskesmas) indicates that 67.4% of those attending prenatal classes are far from the 100% target. Objective: the purpose of this study was to determine factors influencing pregnant women's adherence to prenatal classes in the Sarulla Community Health Center's work area in North Tapanuli Regency. Methode: the research design was analytical research using a cross-sectional approach. The population was all 67 pregnant women. The sample size was 67 pregnant women in their third trimester. Primary and secondary data were used. Data analysis used univariate, bivariate, and multivariate analysis using binary regression tests. Result: The results of the study, obtained using a chi-square test, showed an effect of education on the participation of pregnant women in pregnancy classes, knowledge on the participation of pregnant women, distance to health facilities, the role of health workers, and family support. The most dominant factor was knowledge, which significantly influenced pregnant women's adherence to pregnancy classes in the Sarulla Community Health Center, North Tapanuli Regency. Conclusion: Education, knowledge, health workers, and family support influence the participation of pregnant women in pregnancy classes in the Sarulla Community Health Center. Suggestion: health workers are expected to be more active in promoting the importance of pregnancy classes through various media such as integrated health posts (Posyandu), community health centers, social media, and other community activities.

Keywords: Education, Family Support, Knowledge, Pregnancy Classes

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INTRODUCTION

Mothers and children are family members who deserve priority in health care, as they are vulnerable to the general circumstances of their families and their surroundings. Therefore, assessing the health status and performance of maternal and child health efforts is crucial, as it is a government priority program (Handayani et al. 2021).

One of Indonesia's national priority programs in the health sector is improving maternal and child health, particularly among the most vulnerable groups: pregnant women, women in labor, and infants during the perinatal period. The success of maternal health programs can be measured by one key indicator, the maternal mortality rate (MMR).(Robin 2021).

According to the World Health Organization (WHO), it claims that approximately 75–85% of all pregnant women will experience pregnancy-related and potentially life-threatening complications during pregnancy (WHo 2023). However, each country welcomes the birth of a baby in a different way. Therefore, they take yoga classes for pregnant women to reduce complications. These customs naturally impact the culture of each country. Across the globe, from the Arctic to Asia, Europe, Africa, and South America, there is much to be found in the way people treat pregnant women (WHO 2019).

The maternal mortality rate (MMR) remains a serious health problem in developing countries. According to the Ministry of Health, the number of maternal deaths in Indonesia in 2020 shows an increasing trend. The number of maternal deaths was recorded at 97.6 per 100,000 live births (4,627 cases) (KEMENKES 2014).

The maternal mortality rate (MMR) in Indonesia remains a major concern in 2024. According to data from the Central Statistics Agency (BPS), Indonesia's MMR in 2020 was recorded at 189 per 100,000 live births (Putri, Amalia, and Kusmawati 2022). Meanwhile, estimates from several international institutions indicate a slightly lower figure, at around 173 per 100,000 live births. Comparisons with ASEAN countries show that Indonesia ranks third highest in MMR, after Cambodia and Myanmar. This indicates that despite the decline, Indonesia still faces significant challenges in reducing MMR to lower levels (Robin 2021).

Based on the Minister of Health Regulation (Permenkes) Number 97 of 2014 which regulates the class for pregnant women (KIH) which aims to improve the knowledge and skills of pregnant women (Ariyanti and Jalilah 2021). In Permenkes Number 97 of 2014 with the target of covering all pregnant women in the working area of Puskesmas or health service facilities (100%), KIH is organized through the provision of group learning facilities for pregnant women. KIH implementation is carried out by providers of antenatal health services and attended by pregnant women, partners, and/or families (Cholifah et al. 2021). In addition to Permenkes Number 97 of 2014, there are also other laws and regulations related to maternal health services, namely Presidential Instruction Number 5 of 2022. This Presidential Instruction regulates increasing access to health services for pregnant women, childbirth, postpartum women, and newborns with health services before pregnancy (preconception), pregnancy, childbirth, and the postpartum period, the provision of contraceptive services, and sexual health services (Kusumawati 2016).

The implementation of classes for pregnant women recommended in the Minister of Health Regulation (Permenkes) Number 97 of 2014 is a minimum of 3 times, which is carried out once in the 1st trimester, once in the 2nd trimester and once in the 3rd trimester. This is expected to increase the knowledge of pregnant women about signs of middle pregnancy, difficulties in childbirth, nutritional management and healthy lifestyles, breastfeeding and baby care, and the potential for increasing maternal mortality rates. (Kusumawati 2016).

According to the World Health Organization (WHO) in 2020, prenatal classes for mothers were proven to reduce maternal mortality rates, because with classes, pregnant women can find out about pregnancy conditions and prevent pregnancy problems that occur in pregnant women. (4). WHO explains that around 287,000 mothers experience high-risk pregnancies, due to complications of pregnancy and childbirth, such as bleeding 28%, preeclampsia/eclampsia 24%, infection 11%, and indirect causes (obstetric trauma) 5% and most cases of mothers in the world occur in developing countries due to pregnant women not attending pregnancy classes, so pregnant women do not know the dangers of pregnancy (Sholihah, Rosida, and Esti 2019).

Based on data from the Indonesian Ministry of Health (2020), the number of pregnant women was 5,265,493. The average percentage of community health centers (Puskesmas) that implemented prenatal classes in Indonesia in 2019 was 93.14% (9,439 Puskesmas). This number decreased compared to the average percentage in 2018 of 94.33% (9,426 Puskesmas) with the target. The report results indicate a decrease in

participation of pregnant women in prenatal classes. (Hariyani, Nursinta, and Tribintari 2022).

Based on data in North Sumatra Province, the number of maternal deaths reported in 2020 was 187 people with a distribution of maternal deaths of 62 pregnant women, 64 maternal deaths during childbirth, 61 postpartum maternal deaths with the highest average district being Asahan Regency with 15 cases, Serdang Bedagai Regency with 14 cases, Deli Serdang Regency and Medan City: each with 12 cases. According to the North Sumatra Provincial Health Office, there was a decrease in the maternal mortality rate of 132 cases. In 2023, the number of maternal deaths increased to 202 cases. If the number of maternal deaths is converted to MMR, the MMR in North Sumatra Province in 2023 was 69.1% per 100,000 live births. However, this figure is believed not to reflect the actual number, because it is predicted that there are still many maternal deaths that have not been recorded and reported. (Sholihah et al. 2019).

Efforts to accelerate the reduction of maternal mortality can be carried out by ensuring that every mother is able to access quality maternal health services, such as maternal health services, delivery assistance by trained health workers in health care facilities, post-natal care for mothers and babies, special care and referrals in the event of complications, ease of obtaining maternity and birth leave and family planning services. (Utara 2021).

Maintaining health during pregnancy is something that needs to be considered carefully, namely through pregnancy classes, there is interaction and sharing of experiences between participants (pregnant women with pregnant women) and pregnant women with midwives or health workers about pregnancy, body changes, and complaints during pregnancy, pregnancy care, childbirth, postpartum care, baby care, local myths or beliefs, diseases and birth certificates, so that through pregnancy classes it is hoped that pregnant women can have the ability to carry out early detection of risk factors during pregnancy so that it can reduce maternal mortality and morbidity (Kemenkes 2015).

According to data from the North Tapanuli Regency Health Office, the entire region offers prenatal classes, funded through Health Operational Assistance (BOK) funds. According to data from the North Tapanuli Regency Health Office, in 2023, the average attendance rate for prenatal classes was 62.9%, with 1,114 registered pregnant women, compared to the target of 100%. Based on the 2023 data, this still falls short of the target set by the North Tapanuli Regency Health Office (Dinkes Sumut 2022).

The impact of mothers who do not attend pregnancy classes can result in loss of benefits, such as not getting the expected results from pregnancy classes, not being able to interact and share experiences with other pregnant women (pregnant women with other pregnant women) and not knowing enough about changes in the understanding and behavior of pregnant women in care during pregnancy, so that they are less prepared for childbirth, and if there is a risk to the pregnant woman, it is not immediately detected by health workers. (Ariska 2023).

Regularly attending prenatal classes offers many important benefits for expectant mothers, both physically, mentally, and emotionally. This activity is not simply about listening to information; it is an active learning process that equips mothers with knowledge, skills, and confidence throughout pregnancy and delivery.

Efforts to improve midwifery services through prenatal classes are a program implemented to facilitate pregnant women in learning and improving their knowledge and skills in healthcare. Prenatal classes benefit mothers by increasing their knowledge, positive attitudes, and behaviors in preparing for childbirth, obtaining information on maternal and child health, identifying high-risk pregnancies, and enhancing their skills. (Kemenkes 2015).

According to a midwife at the Sarulla Community Health Center, prenatal classes have been implemented. However, many pregnant women in the Sarulla Community Health Center area have not yet fully utilized these classes. They still believe that the classes are not beneficial enough for them, resulting in a high risk of pregnancy complications, such as hypertension, low birth weight (LBW), postpartum infections, and various other risks. Based on the number of pregnant women who did not attend prenatal classes in 2023, five experienced problems during pregnancy and childbirth, including anemia, retained placenta, and uterine atony.

Based on the information described, the author is interested in conducting research on factors influencing pregnant women's compliance with prenatal classes in the Sarulla Community Health Center area in North Tapanuli Regency.

RESEARCH METHODS

The research used an analytical survey with a cross-sectional approach. This study was conducted in the Sarulla Community Health Center

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(Puskesmas) working area in North Tapanuli Regency. The study population consisted of all 67 pregnant women in December 2024. The total population was sampled, consisting of all 67 pregnant women in their third trimester who underwent pregnancy check-ups in the Sarulla Community Health Center working area. Data collection techniques included primary data, consisting of 67 pregnant women in December 2024. Data collection was conducted using a questionnaire. Secondary data consisted of data from the Ministry of Health and others. Tertiary data was obtained from published manuscripts, such as those from the WHO and the Ministry of Health. Data analysis included univariate, bivariate, and multivariate data.

RESEARCH RESULTS

Table 1
Frequency Distribution of Age, Parity, Education, and Occupation Categories in the Sarulla Community Health Center Work Area

Kategori	n	Persentase
Age		
<20 years	3	4.5
20-35 years	50	76.4
>35 years	14	20.9
Education		
Higher (D3, D4, Bachelor's, Master's, Doctorate)	27	40.3
Low (Elementary, Middle, High School)	40	59.7
Occupation		
Civil Servant/Honorary	6	9.0
Laborer	4	6.0
Self-Employed	9	13.4
Housewife	40	59.7
Farmer	8	11.9

Based on the table, it shows that of the 67 respondents in the Sarulla Health Center Working Area in 2025, the majority of respondents were aged 20-35 years, as many as 50 people (76.4%), based on parity, the majority were scundigravida as many as 27 people (40.3%), based on education, the majority were low-educated as many as 40 people (59.7%) and based on occupation, the majority of respondents were housewives as many as 40 people (59.7%).

Table 2
Frequency Distribution of Knowledge in the Sarulla Health Center Work Area

Variable	n	Persentase
Knowledge		
Good	42	62.7
Not enough	25	37.3
Distance to Health Facilities		
Near	30	44.8
Far	37	55.2
Role of Health Workers		
Good	48	71.6
Not enough	19	28.4
Family Support		
Support	41	61.2
Does not support	26	38.8
Implementation of Pregnant Women's Class		
Compliant	41	61.2
Disobey	26	38.8

Based on the table above, it shows that from 67 respondents, it was found that the knowledge of respondents in the Sarulla Health Center Working Area was good for 42 people (62.7%) and less for 25 people (37.3%). It was found that the distance to health facilities in the Sarulla Health Center Working Area was close for 30 people (44.8%) and far for 37 people (55.2%). It was found that the role of health workers in the Sarulla Health Center Working Area was good for 48 people (71.2%) and less for 19 people (28.4%). It was found that family support in the Sarulla Health Center Working Area supported for 41 people (61.2%) and did not support for 26 people (38.8%). It was found that the compliance of pregnant women in attending the implementation of pregnancy classes in the Sarulla Health Center Working Area was compliant for 41 people (61.2%) and did not support for 26 people (38.8%).

Bivariate Analysis

Table 3
Relationship between Education and the Percentage of Pregnant Women Attending Pregnancy Classes

Variable	Compliance of Pregnant Women in Attending Pregnancy Classes				Total		P-Value
	Obedient		Disobedient				
	n	%	n	%	n	%	
Education							
High	21	31.3	6	9.0	27	40.3	0.042
Low	20	29.9	20	29.9	40	59.7	
Knowlege							
Good	36	53.7	6	9.0	42	62.7	0.000
Not enough	5	7.5	20	29.9	25	37.3	
Distance to Health Facilities							
Near	17	25.4	13	19.4	30	44.8	0.665
Far	24	35.8	13	19.4	37	55.2	
Role of Health Workers							
Good	34	50.7	14	20.9	48	71.6	0.022
Not enough	7	10.4	12	17.9	19	28.4	
Family Support							
Support	35	52.2	6	9.0	41	61.2	0.000
Not Support	6	9.0	20	29.9	26	38.8	

The results of statistical tests indicate that there is a relationship between education and the compliance of pregnant women in attending pregnancy classes in the Sarulla Community Health Center Work Area (p = 0.042). The results of statistical tests indicate that there is a relationship between knowledge and the compliance of pregnant women in attending pregnancy classes in the Sarulla Community Health Center Work Area (p = 0.000). The results of statistical tests indicate that there is no relationship between distance to health facilities and the compliance of pregnant women in attending pregnancy classes in the Sarulla Community Health Center Work Area (p = 0.665). The results of statistical tests indicate that there is a relationship between the role of health workers and the compliance of pregnant women in attending pregnancy classes in the Sarulla Community Health Center Work Area (p = 0.022). The results of statistical tests show that there is a relationship between family support and the compliance of pregnant women in attending pregnancy classes in the Sarulla Community Health Center Working Area (p = 0.000) at a significance level of α equal to 0.05 with an OR value of 19,444 (5,527-68,406) stating that family support is 19 times more influential in the compliance of pregnant women in attending pregnancy classes than not receiving family support.

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Table 4
Multivariate Test

Variable	B	P value	OR	95 % CI
Education	1.817	0.038	6.154	1.101-34.397
Knowlege	2.714	0.001	15.086	3.028-75.187
Family Support	2.561	0.002	12.947	2.585-64.857
Constant	-10.914	0.000	0.000	-

The results showed that all variables had a p value <0.05, namely the education variable with a p value = 0.038 with an OR of 6.154 (1.101-34.397) and knowledge with a significance value of 0.001 with an OR value of 15.086 (2.018-18.807), and family support with a p value = 0.02 with an OR value of 12.947 (2.585-64.857). This shows that knowledge is the 15 most dominant factor that influences the compliance of pregnant women in attending pregnancy classes in the Sarulla Health Center Working Area in 2025.

DISCUSSION

The Relationship Between Education and Pregnant Women's Compliance with Pregnant Women's Classes

The results indicate a relationship between education and pregnant women's compliance with prenatal classes in the Sarulla Community Health Center (Puskesmas) work area.

These results align with Purnama's 2020 study, "Factors Influencing Mothers' Participation in Prenatal Classes at the Hutarakyat Community Health Center in Dairi Regency." The results showed that knowledge, husband's support, and health worker support influenced maternal participation in prenatal classes, while education, employment, and accessibility of health facilities did not influence maternal participation in prenatal classes. The most dominant variable influencing maternal participation in prenatal classes was health worker support (14).

These results align with Desysusanti's (2024) study, which revealed a correlation between education and the impact of prenatal classes on improving pregnant women's knowledge. The conclusion of this study is that there is a correlation between education and the impact of the Prenatal Class application on improving pregnant women's knowledge in the Kota Baru Community Health Center, Riau, in 2022 (Desysusanti and Wati 2024).

Education can be defined as a process using specific methods to enable people to acquire knowledge, understanding, and behaviors appropriate to their needs. Education is one of the factors in Andersen and Green's model related to the utilization of health services. A person's formal education will influence their knowledge. People with higher levels of formal education will have greater knowledge than those with lower levels of formal education because they are more able and more easily able to experience the meaning and importance of health and the utilization of health services (Rahayu, Ambarika, and Chusnatayaini 2020).

The Relationship Between Knowledge and Pregnant Women's Compliance in Attending Pregnancy Classes

The results indicate a significant relationship between knowledge and pregnant women's compliance in attending pregnancy classes in the Sarulla Community Health Center (Puskesmas) work area.

These findings are supported by research by Andy Sinta (2021), which showed a significant effect of implementing pregnancy classes on the ability to detect early pregnancy complications. There is a significant effect of education in the implementation of pregnancy classes on the ability to detect early pregnancy complications. (Ilmiyani 2021).

Pregnant women's limited knowledge about prenatal classes can hinder behavioral changes that support a healthy pregnancy. Several factors influence pregnant women's participation in these classes, including a lack of information about their availability and ineffective timing (Pratiwi and KM 2021). The impact of not attending prenatal classes is that pregnant women do not gain a good understanding of pregnancy and childbirth care, which can lead to delayed risk detection. (Syam et al. 2022).

According to the researchers' assumptions, the results of this study indicate that pregnant women's interest in participating is still low, as it is still far from the national target of 80%. Considering the understanding and purpose of pregnancy classes, they are very beneficial for pregnant women, especially primigravida. This is possibly due to a lack of awareness among pregnant women about the many benefits of pregnancy classes, and also because not everyone enjoys physical activities

such as gymnastics. It is hoped that community health centers (health workers) and families will provide encouragement and motivation to be more confident and actively participate in pregnancy classes.

The Relationship Between Distance to Health Facilities and Pregnant Women's Compliance with Pregnant Women's Classes

The results showed no effect of distance to health facilities on pregnant women's compliance with prenatal classes in the Sarulla Community Health Center (Puskesmas) work area.

These results align with Nur Santi's research, which found that knowledge, husband's support, and health worker support influenced maternal participation in prenatal classes at Hutarakyat Community Health Center, but no effect of education, employment, or accessibility to health facilities on maternal participation in prenatal classes at Hutarakyat Community Health Center. The most dominant variable influencing maternal participation in prenatal classes was support from health workers.

These results align with Erlenie's (2021) research. Pregnant women had a positive perception of the availability, benefits, ease of access, and location of health facilities. Similarly, pregnant women had a positive perception of the benefits and safety of childbirth, the ability of the staff, and the completeness of delivery equipment at health facilities. Only perceptions of the dangers of home birth and the ease of delivery at health facilities were considered adequate. In conclusion, pregnant women in Banjar Regency have a positive perception of childbirth at health facilities. (Dia 2021).

Access to health services is crucial to the implementation of health care systems worldwide. This is crucial because measuring the utility and accessibility of services is part of the existing health policy system. However, access remains a complex concept. Access to health services is a health service. It must be accessible to the public, regardless of geographic, social, economic, organizational, or linguistic barriers. Geographical conditions can be measured by distance, travel time, mode of transportation, and/or other physical barriers that may prevent someone from receiving health care (Kesuma 2024).

According to researchers, there is no influence of the accessibility of health facilities on the participation of mothers in attending prenatal classes because the location of the research results shows that more respondents whose facilities are far from home still attend prenatal classes according to the recommended schedule. Prenatal classes are held at each sub-health center every month, according to a predetermined schedule. The location of each sub-health center is easy to find (reach) from the respondent's home by foot, pedicab, two-wheeled and four-wheeled vehicles, but most of the health facilities are also far away and the terrain from the house is somewhat hilly. So the accessibility of health facilities cannot affect the participation of pregnant women in attending prenatal classes.

The Relationship Between the Role of Health Workers and Pregnant Women's Attendance at Pregnant Women's Classes

The results indicate an influence between the role of health workers and pregnant women's compliance with attending prenatal classes in the Sarulla Community Health Center (Puskesmas) work area.

The results of this study align with those of Beti Ariska (2022) on the Influence of Maternal Knowledge, Motivation, and the Role of Health Workers on Participatory Behavior in Prenatal Class Attendance in the Gantung Community Health Center Work Area, East Belitung Regency, in 2022. The results of this study indicate a relationship between maternal knowledge and attendance at prenatal classes, maternal motivation and attendance at prenatal classes, and the role of health workers and attendance at prenatal classes.(Ariska 2023).

Support from health workers is extremely helpful, as it significantly motivates high-risk pregnant women to participate in prenatal classes. Health workers, or midwives, frequently perform antenatal checks and interact with pregnant women, making them more likely to follow the midwife's guidance. Frequent interaction significantly impacts trust and acceptance of the midwife's presence. The motivation and support provided by the midwife significantly impacts the mother's participation in the prenatal classes (22).

According to researchers, the lack of compliance of pregnant women to participate in prenatal classes despite being supported by health workers, especially midwives, is due to the implementation of prenatal classes held in the morning, so that mothers who have work in the morning will affect the absence of the health program implementation and do not have time to attend prenatal classes. Some pregnant women work as farmers, whose work as farmers allows flexible time to go to work. It is better if the prenatal

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classes can be held earlier in the morning and start the prenatal class activities on time. So that pregnant women can still attend prenatal classes without disrupting their work as farmers.

The Relationship Between Family Support and Pregnant Women's Compliance in Attending Pregnant Women's Classes

The results indicate an influence of family support on pregnant women's compliance in attending prenatal classes in the Sarulla Community Health Center Work Area.

The results of this study align with those of Lusi Andriani (2023) on Factors Influencing Mothers' Participation in Prenatal Classes (15). The results showed a significant relationship between knowledge, husband's support, parity, and economic status. In the multivariate analysis, the most dominant factor was maternal parity (Andriani, Ratna, and Mariati 2023)

Support (motivation) plays a significant role in determining a mother's health status. The involvement of family members or close relatives, especially partners/husbands, can facilitate behavioral changes and raise awareness of healthy lifestyle choices. Family encouragement and support for pregnant women to attend prenatal classes and other pregnancy check-ups are essential (Siahaan et al. 2024). Family or husband support can be measured by observing whether or not the mother supports the class. Husband support for the prenatal class program can be seen from the husband's participation in at least one prenatal class meeting (Yulita and Delyka 2023).

Support (motivation) plays a significant role in determining a mother's health status. The involvement of family members or close relatives, especially partners/husbands, can facilitate behavioral changes and raise awareness of healthy lifestyle choices. Family encouragement and support for pregnant women to attend prenatal classes and other pregnancy check-ups are essential. Family or husband support can be measured by observing whether or not the mother supports the class. Husband support for the prenatal class program can be seen from the husband's participation in at least one prenatal class meeting. (Sipayung, Hasbiah, and Puspitasari 2022).

According to researchers, the less support a husband receives, the more likely a pregnant woman is to not regularly participate in prenatal classes. Husbandly support is crucial. The husband's role in pregnancy is not limited to decision-making; he is also expected to be vigilant and attentive to the mother's health and safety. Husbandly support significantly contributes to the development of healthy maternal behaviors, as pregnant women are more likely to follow their husband's advice. Therefore, husbandly support is a significant factor in maternal participation in prenatal classes.

The Most Dominant Factors Affecting Pregnant Women's Compliance in Attending Pregnant Women's Classes

The analysis of the table shows that knowledge is the 15th most dominant factor influencing pregnant women's compliance in attending prenatal classes in the Sarulla Community Health Center Work Area in 2025.

This study's results align with Mariana Septiana's (2020) study on Factors Associated with Pregnant Women's Participation in Prenatal Exercises in Prenatal Classes (Nasution and Harahap 2020). The results showed that respondents with the highest knowledge were 60% in the poor category, 67.5% had a basic education level, 67.5% were working women, and 55% did not participate in prenatal exercise. There is a relationship between knowledge, education, and employment, and pregnant women's participation in prenatal exercise classes. Knowledge, education, and employment simultaneously influence pregnant women's participation in prenatal exercise (ANARKIE, SARI, and KURNIA 2025).

Knowledge is a guideline for shaping one's actions. Society has certain thought patterns, and these patterns are expected to change with experience, education, and knowledge gained through interaction with their environment (Afranika and Pratama 2023). Knowledge essentially consists of a number of facts and theories that enable a person to solve the problems they face. Knowledge is a crucial tool for shaping one's actions based on experience. Increasing mothers' knowledge about prenatal classes should be done through counseling at integrated health posts (Posyandu), prenatal classes, and through home visits by health workers. The higher the level of knowledge of prenatal classes, the greater the respondents' participation in regular prenatal classes (Muktapa 2021).

The results of this study are in accordance with the government's expectations in the purpose of implementing pregnant women's classes by attending pregnant women's classes as a means to learn together about health for pregnant women which aims to increase knowledge, change attitudes and behavior of mothers in order to understand about pregnancy, body changes and complaints during pregnancy, pregnancy care, childbirth,

postpartum care, postpartum family planning, newborn care, local myths/beliefs/customs, infectious diseases and birth certificates. Any little information obtained by pregnant women in pregnant women's classes will be useful for psychological preparation and reduce stress in pregnant women in undergoing pregnancy, childbirth, postpartum and newborn care (Kemenkes 2015).

CONCLUSIONS

There is an influence of education, knowledge, the role of health workers, and family support on pregnant women's compliance in attending prenatal classes, but there is no influence of distance to health facilities on pregnant women's compliance in attending prenatal classes in the Sarulla Community Health Center Work Area in 2025. The most dominant factor is knowledge, which is 15 times the most dominant factor influencing pregnant women's compliance in attending prenatal classes in the Sarulla Community Health Center Work Area in 2025.

SUGGESTIONS

It is hoped that health workers at the Sarulla Community Health Center will increase knowledge by involving health workers in providing counseling to all pregnant women to attend prenatal classes and creating a WhatsApp group by sending promotional videos about the importance and benefits of prenatal classes.

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