

Pregnant Women's Experiences in Attending Pregnancy Women's Classes at Nabire District Community Health Center, Central Papua

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ABSTRACT

This study explores the experiences of pregnant women participating in prenatal classes at three health centers in Nabire Regency, representing urban, transmigration, and semi-rural areas. Using a qualitative phenomenological approach, four main themes emerged: positive experiences marked by increased knowledge and comfort; multifaceted benefits including educational, practical, preventive, and psychological aspects; various obstacles such as limited access, lack of information, and insufficient family support; and motivating factors like personal motivation, family encouragement, and ease of access. The findings highlight the value of prenatal classes while emphasizing the need for improved accessibility and culturally contextualized approaches to enhance participation and program effectiveness.

INTRODUCTION

Amidst the expanse of mountains and tropical forests of Papua, Nabire Regency presents complex health challenges, especially in efforts to reduce maternal and infant mortality rates. In this region, with challenging geographical characteristics and rich cultural diversity, prenatal classes are one of the important interventions that are expected to improve mothers' knowledge and readiness in facing pregnancy and childbirth. This program is present as a bridge of knowledge between professional health workers and the community, especially prospective mothers who need a comprehensive understanding of the healthy pregnancy process. Since 2019, the Ministry of Health of the Republic of Indonesia has emphasized that prenatal classes are not just a formality of the program, but a strategic effort to improve mothers' understanding of pregnancy, childbirth, postpartum, and newborn care.

All of this has a noble goal: to reduce the risk of complications that can threaten the lives of mothers and babies. However, implementing this program in an area like Nabire, with unique geographical and social challenges, requires an approach that goes beyond standard knowledge transfer. Previous studies have revealed that the success of the prenatal class program is influenced by many interrelated factors. Yulita and colleagues (2020) emphasized that accessibility, family support, and education level are determining factors for pregnant women's participation in this program. Meanwhile, the mother's personal motivation in seeking health information and the ability of health workers to deliver material in an interesting and easy-to-understand way also play an important role, as found by Hidayati and Wulandari (2021) in their study.

The success of the prenatal class also depends on the quality of the material delivered and the learning methods applied. Fitriana and colleagues (2019) in their study found that health workers who were able to communicate well and provide supportive assistance had a significant impact on increasing pregnant women's understanding and satisfaction with this program. This shows that in addition to the technical aspects of knowledge, relational and emotional dimensions are also key factors in the success of the program. In a broader social context, support from husbands and immediate family has been shown to be a determining factor in the success of this program.

Rahmadini and team (2021) noted that husbands who are actively involved in supporting their wives' pregnancies tend to increase mothers' participation in maternal and child health programs, including prenatal classes. This finding emphasizes the importance of an approach that involves the entire family, not just focusing on pregnant women as individuals. In the midst of modern health services, cultural factors and traditional beliefs still have a strong influence on pregnant women's participation in health programs. Putri and colleagues (2022) emphasized that some communities still rely on traditional methods in dealing with pregnancy and childbirth.

This shows that programs such as prenatal classes need to be adapted to local wisdom so that they are more easily accepted and integrated into the daily practices of the community. The physical aspect of implementing prenatal classes is also no less important. The readiness of infrastructure and facilities at the

health center, such as comfortable study rooms, availability of teaching aids, and interactive delivery methods, can increase the interest of pregnant women to actively participate, as expressed by Sari and Lestari (2020). When prenatal classes are only carried out as a formality without considering the comfort and needs of the mother, their effectiveness will decrease drastically. Statistical data in Nabire Regency shows interesting variations in participation.

In 2023, out of 197 pregnant women registered at the Nabire City Health Center, only 114 people (57.9%) attended prenatal classes. However, in 2024 there was a significant increase where out of 213 pregnant women, 202 people (94.8%) participated in this program. Despite the increase in participation, there are still pregnant women who have not been reached or are not motivated to participate in this very beneficial program. This background is what prompted an in-depth study of the experiences of pregnant women in participating in pregnancy classes in Nabire Regency.

By understanding their subjective experiences, perceived benefits, challenges faced, and factors that encourage or inhibit participation, it is hoped that more effective strategies can be found to optimize the pregnancy class program in this region. Ultimately, the findings of this study are expected to provide a real contribution to improving the quality of maternal health services and reducing maternal and infant morbidity and mortality in Nabire Regency, Central Papua.

THEORETICAL REVIEW

The Concept of Pregnancy in Scientific and Social Perspectives

Pregnancy is not just a biological phenomenon, but a complex journey involving physiological, psychological, and social aspects in a woman's life. Scientifically, Cunningham and colleagues (2022) define pregnancy as a physiological process that occurs when a fertilized egg develops into a fetus in the uterus for approximately 40 weeks. This sacred period is divided into three important stages: the first trimester (0-12 weeks) which is a critical period for the formation of fetal organs, the second trimester (13-28 weeks) which is marked by rapid fetal growth and the beginning of movement, and the third trimester (29-40 weeks) which is a period of organ function maturation and preparation for childbirth (Bobak et al., 2021). During this nine-month journey, the mother's body undergoes extraordinary transformations to accommodate the growth of the fetus. Manuaba (2018) emphasized that during this period, mothers need special attention to their physical and psychological health to prevent complications such as preeclampsia, anemia, or premature labor. This is where pregnancy classes become an important intervention in the maternal health system.

Pregnant Women's Class: A Bridge of Knowledge and Empowerment

Prenatal classes are not just formal educational spaces, but rather a means of empowerment designed to improve health literacy and skills of pregnant women in undergoing healthy pregnancies and safe childbirth. The Indonesian Ministry of Health (2020) defines it as an educational program that aims to improve the knowledge and skills of pregnant women in dealing with

pregnancy, childbirth, postpartum, and newborn care. The curriculum of the prenatal classes is designed comprehensively, covering important aspects that every prospective mother needs to understand. WHO (2019) explains that the material taught in this class includes optimal nutrition for pregnant women, signs of pregnancy dangers that must be watched out for, mental and physical preparation for childbirth, postnatal care, and the importance of breastfeeding as the best nutrition for babies. BKKBN (2021) in its publication emphasized that active participation in prenatal classes has been shown to increase maternal readiness for childbirth and reduce the number of pregnancy complications.

Factors Influencing Pregnant Women's Participation

Pregnant women's participation in these educational classes is not formed in a vacuum, but is influenced by various interrelated factors. Rahayu and Yuliana (2018) identified that maternal knowledge and attitudes are very influential internal factors; mothers with a good understanding of the benefits of prenatal classes are more likely to actively participate in the program. The social dimension, especially support from the closest circle, also plays a crucial role. Munawaroh (2022) in her research found that support from husbands and families greatly influenced mothers' decisions to attend prenatal classes. This finding emphasizes the importance of a family-centered approach in maternal health promotion. Structural aspects such as accessibility and availability of facilities are no less important. Yuliani (2021) showed that the availability of services, distance to health facilities, and class time are determining factors in the level of maternal participation. This explains why in remote areas with limited infrastructure, participation in prenatal classes tends to be lower. The fourth factor that should not be ignored is the quality of interaction between health workers and pregnant women. Suryaningsih (2014) emphasized that good communication and approach from health workers can increase the motivation of pregnant women to attend pregnancy classes. This confirms that interpersonal skills of health workers are as important as their technical competence.

Theoretical Models: Bridging the Perspective Gap

To comprehensively understand the phenomenon of pregnant women's participation in educational classes, this study adopted two complementary theoretical models: the Health Belief Model (Becker, 1974) and Notoatmodjo's (2012) health behavior theory. The Health Belief Model explains that an individual's decision to take a particular health action is influenced by their perceptions of perceived susceptibility, perceived severity, perceived benefits, and perceived barriers, as well as modifying factors such as demographic characteristics, knowledge, and cues to action. Meanwhile, Notoatmodjo (2012) expanded this understanding by adding a socio-cultural dimension to the formation of health behavior. He emphasized that health behavior is not only influenced by internal factors of the individual, but also by the social, economic, and cultural contexts in which the individual lives and interacts. This perspective is very relevant in understanding the dynamics of pregnant women's participation in health programs in areas with socio-cultural diversity such as Nabire Regency. The integration of these two theoretical models forms a

comprehensive framework that allows researchers to examine the experiences of pregnant women not only from an individual perspective, but also in a broader social, cultural, and structural context. Thus, the phenomenon of pregnant women's participation in pregnancy classes can be understood as the result of a complex interaction between individual perceptions, social support, accessibility of services, quality of interaction with health workers, and the socio-cultural context in Nabire Regency.

METHODOLOGY

Phenomenological Approach: Unveiling Subjective Experience

To deeply understand the reality of pregnant women's experiences in attending prenatal classes, this study uses a qualitative method with a phenomenological approach. This approach was chosen because of its ability to explore the essence of life experiences from the perspective of the research subjects themselves, allowing researchers to obtain a rich and in-depth picture of the phenomenon being studied (Hasmi, 2018). Through this method, researchers can explore the meanings, perceptions, and obstacles faced by pregnant women in the socio-cultural context that is typical of Nabire Regency, Central Papua. Phenomenology as a philosophical and methodological approach allows researchers to set aside personal assumptions (bracketing) and truly dive into the subjective experiences of informants. This is very important considering the complexity of the experiences of pregnant women which are influenced by personal, social, and cultural factors that may differ from the assumptions or experiences of researchers.

The place dimension includes three Community Health Centers with different regional characteristics in Nabire Regency, namely Nabire City Community Health Center representing urban areas, Wadio SP3 Community Health Center representing transmigration areas, and Wanggar Sari Community Health Center representing semi-rural areas. The selection of these three different locations allows researchers to obtain richer and more diverse perspectives on the experiences of pregnant women in different socio-geographical contexts. The actor dimension involves pregnant women who do and do not attend pregnancy classes, health workers who organize the program, and families who play a role in making decisions about maternal attendance. The activity dimension includes experiences during classes, interactions with health workers, and the dynamics of obstacles and benefits felt in the context of this program. Using the principle of purposive sampling, this study involved a total of 28 informants who were selected based on specific criteria relevant to the research objectives. Of these, 23 were pregnant women with various demographic characteristics, pregnancy experiences, and levels of participation in pregnancy classes.

Data collected from interviews, observations, and documentation were analyzed using thematic analysis techniques developed by Braun and Clarke (2006). The analysis process took place in several interrelated systematic stages: The first stage is data reduction, where all interview transcripts, observation notes, and relevant documents were organized and sorted to identify the information most relevant to the research objectives. The researcher conducted

repeated readings of the transcripts to gain a deep understanding of the data content. The second stage involved categorization and identification of themes, where the reduced data were systematically coded and organized into meaningful categories. From these categories, the researcher identified patterns, relationships, and key themes that emerged related to the experiences of pregnant women, such as perceived benefits, obstacles faced, and motivating factors for participation. The final stage is interpretation and drawing conclusions, where the researcher interpreted the themes that emerged, identified relationships between themes, and drew comprehensive conclusions about the experiences of pregnant women in attending prenatal classes. This interpretation is done by considering the socio-cultural context of Nabire Regency and the theoretical framework used in the study. To ensure the validity of the data, the researcher applied source triangulation techniques (comparing data from different informants), method triangulation (comparing data from interviews, observations, and documentation), and member checking (confirming interpretations with informants). This approach increases the credibility and transferability of the research findings.

RESEARCH RESULTS

Informant Profiles and Characteristics: The Faces Behind the Numbers

In the midst of the vast expanse of Nabire Regency, this study managed to reach 28 informants with diverse backgrounds, experiences, and roles in the context of the pregnant women's class. Of these, 23 were pregnant women who were the main focus of the study, while the other 5 were supporting informants consisting of health workers and family members of pregnant women. The diversity of informants provides a wealth of perspectives that deepens understanding of the phenomenon being studied. The pregnant women who participated in this study ranged in age from 18 to 42 years, with the majority being in the productive age group of 20-30 years. This age variation is interesting to observe because it reflects that the pregnant women's class is attended by women from various stages of life, from late adolescence to women who are at high risk due to age factors. In terms of education, most informants have secondary education backgrounds (junior high school and high school), with only a few pursuing higher education.

This illustrates the socio-economic reality in Nabire Regency and implies the importance of a simple and applicable health communication approach. In terms of employment status, the majority of pregnant women work as housewives (IRT), with a small number working as teachers or private employees. This pattern underlines the importance of considering the timing of the class implementation that fits the daily routine of housewives. Meanwhile, the gestational age of the informants varied between 4 and 9 months, with the majority starting to actively attend the mother class in the second trimester of pregnancy, when the fetus began to develop rapidly and the pregnancy was more stable. Pregnant mother informants were evenly distributed across the three health center work areas that were the focus of the study: Nabire Kota Health Center which serves urban areas, SP3 Wadio Health Center which serves transmigration areas, and Wanggar Sari Health Center which serves semi-rural

areas. Some of them were active participants in the mother class, while others had never attended the class due to various obstacles that will be discussed further in this study. In addition to pregnant women, this study also involved supporting informants who provided complementary perspectives, such as the head of the health center who understood the context of the policy and program implementation, the person in charge of the KIA program who managed the implementation of the mother class directly, and the parents of pregnant women who represented the role of the family in supporting the participation of pregnant women in this health program.

Pregnant Women's Experiences: Narratives from Three Different Regions

The journey of attending prenatal classes turned out to present a spectrum of diverse experiences, depending on the geographical, social, and personal context of each mother. This study reveals the various nuances of these experiences from three different health centers in Nabire Regency. At Nabire Kota Health Center, which is located in the center of government and commerce in Nabire Regency, the majority of pregnant women reported positive experiences in attending prenatal classes. They expressed enthusiasm and satisfaction with the new knowledge they gained, especially related to pregnancy care, nutrition, and childbirth preparation. One informant stated enthusiastically, "I am happy to attend prenatal classes because I can learn a lot about pregnancy, from eating to how to give birth" (I1). Another informant added, "I feel comfortable attending this class because the material is easy to understand and I can practice it at home" (I2). These positive experiences underscore the effectiveness of prenatal classes as a practical and relevant means of health education. However, not all mothers in Nabire Kota can access the benefits of prenatal classes. Several informants who had never attended classes revealed specific obstacles they faced, as conveyed by the following informant: "I haven't attended a prenatal class, because there is no transportation. But I want to attend so I can get more information" (I11). This transportation obstacle is a recurring theme that shows the accessibility gap, even in urban areas.

Moving to the SP3 Wadio Health Center which serves the transmigration area, the experiences of pregnant women in attending classes show a slightly different nuance. Informants from this area emphasized that the prenatal class had helped them feel more prepared for childbirth and understand the importance of nutrition during pregnancy. "I attended because I wanted to know more about pregnancy and so I could be better prepared" (I6), said one informant. Another informant highlighted the educational aspect of the class: "I attended the prenatal class because I wanted my child to be healthy. In the class I learned about how to care for children, nutritious food, and the dangers of pregnancy" (I7). Social support, especially from husbands, seemed to be more pronounced in the SP3 Wadio area, as expressed by the following informant: "My husband supports me. I am enthusiastic about attending the class because I want my child to be healthy" (I8). However, obstacles also remain, especially related to schedules and access to information: "I haven't participated because I'm busy and often forget the schedule" (I13) and "I didn't participate because there was no

transportation and sometimes I couldn't get information" (I14). At the Wanggar Sari Health Center, which serves a semi-rural area, the experiences of pregnant women showed greater complexity. Several informants expressed the practical benefits of the pregnancy classes: "I feel comfortable when I participate in the pregnant women's class because the material is useful, and I am motivated to take care of my pregnancy" (I9). Others highlighted the preventive benefits: "The pregnant women's class helped me recognize pregnancy dangers such as high blood pressure" (I21). However, in this area, the obstacles to participation appeared more complex, involving social and logistical factors: "I didn't participate because I forgot the time and there was no transportation. But I wanted to know more" (I16). More worryingly, there were also socio-cultural factors that inhibited participation: "I didn't participate because my husband forbade me, but I wanted to know what was discussed in the class" (I22). These statements imply gender dynamics and power relations within the household that influence women's access to health services.

The Multi-Dimensional Benefits of Prenatal Classes

From the informants' narratives, it was revealed that the prenatal class provided four main dimensions of complementary benefits: educational, practical, preventive, and psychological benefits. Educational benefits were reflected in the increase in mothers' knowledge about various aspects of pregnancy, childbirth, and infant care. Informants consistently stated that they received comprehensive and easy-to-understand information about nutrition during pregnancy, stages of labor, and how to care for newborns. One informant from the Nabire City Health Center enthusiastically stated, "I am happy to join the prenatal class because I can learn a lot about pregnancy, from eating to how to give birth" (I1). This educational benefit is very important, especially for mothers who are pregnant for the first time and do not yet have adequate knowledge about the process of pregnancy and childbirth. Practical benefits can be seen from how pregnant women can immediately apply the knowledge gained in their daily lives. An informant from the SP3 Wadio Health Center explained, "The material presented is easy to understand and I can practice it at home" (I2).

This shows that prenatal classes not only provide theoretical information, but also practical skills that are useful in undergoing a healthy pregnancy, such as relaxation techniques, prenatal exercises, or a balanced diet. Preventive benefits are one of the aspects most appreciated by informants. The ability to recognize signs of pregnancy danger and act appropriately can save the lives of mothers and babies. An informant from Wanggar Sari Health Center said, "After taking the prenatal class, I know the signs of danger and pay more attention to myself and my baby" (I3). This shows a significant increase in health literacy, which can have an impact on reducing pregnancy and childbirth complications. The fourth dimension of benefits is psychological benefits, which often receive less attention in health program evaluations. Informants said that prenatal classes increase their self-confidence, reduce anxiety about facing childbirth, and create a sense of community among fellow pregnant women. "The mother class made me more prepared for my first childbirth" (I19), said an informant from

Nabire City Health Center. These psychological benefits are no less important than other benefits, because a positive mental state contributes to the success of pregnancy and childbirth.

Barriers to Participation: A Multi-Layered Challenge

Although the prenatal classes offer a variety of benefits, this study also identified a number of obstacles that hinder optimal participation of pregnant women in the program. These obstacles can be categorized into four main themes: limited transportation, lack of information about the schedule, schedule conflicts with other activities, and lack of family support. Limited transportation emerged as a dominant obstacle in all three study areas, but with varying degrees of severity. In the Nabire Kota Health Center, despite being in an urban area, some pregnant women still experienced transportation difficulties: "I did not attend the prenatal classes because of transportation constraints" (I20). This obstacle was more pronounced in the SP3 Wadio and Wanggar Sari areas, where the distance between home and the health center tends to be further and public transportation is very limited. In Wanggar Sari, some health cadres even took the initiative to pick up pregnant women from their homes: "Sometimes the cadres pick up pregnant women from their homes because their homes are far away and there is no transportation" (I24).

Lack of information about the class schedule was the second significant obstacle. Many informants who had never attended a class said that they did not know when and where the class was held. "I haven't joined because I forget the time and sometimes don't know the schedule" (I3), said an informant from Nabire City Health Center. Another informant added, "I often don't know the information, no one reminds me or takes me" (I4). This shows a gap in the communication system and the dissemination of information about pregnancy classes. The class schedule that often clashes with the daily activities of pregnant women is also an important obstacle. At Wanggar Sari Health Center, an informant said, "I am constrained by time that often clashes with other activities" (I9). Another informant added, "Classes are not held routinely, sometimes they are delivered suddenly. I am constrained by being busy and can't attend pregnancy classes" (I21). This schedule mismatch becomes more complex considering that the majority of informants are housewives with various domestic responsibilities. The fourth obstacle identified was the lack of family support, especially from their husbands. Although most informants reported receiving support from their families, several cases indicated significant socio-cultural barriers. At Wanggar Sari Health Center, an informant said, "I didn't come because my husband forbade me, but I wanted to know what was discussed in class" (I22). This statement illustrates the gender and authority dynamics in the household that can limit women's access to health services.

Participation Driving Factors: Pillars of Program Success

Amidst the various obstacles, this study also identified four main factors that encourage active participation of pregnant women in prenatal classes:

personal motivation, support from husbands and families, awareness of the importance of pregnancy health, and easy access to locations and schedules. Personal motivation to increase knowledge emerged as the most dominant driving factor at the Nabire City Health Center. Informants expressed a strong desire to learn and prepare themselves for pregnancy and childbirth. "Because I think this is the best for my child" (I19) and "To gain knowledge" (I11) are statements that reflect strong internal motivation. This indicates an awareness of the importance of health education among pregnant women in urban areas. Support from husbands and families plays a very significant role in encouraging participation of pregnant women, especially in the SP3 Wadio area.

Informants stated that this support was not only in the form of permission to attend classes, but also emotional and logistical support such as driving to the class location. "Yes, my husband thinks this is the best" (I19) and "My husband supports me. I am enthusiastic about joining the class because I want my child to be healthy" (I13) are statements that indicate the importance of the partner's role in supporting maternal health. Awareness of the importance of maintaining pregnancy health is the third driving factor identified in all research areas. Informants showed an understanding that pregnancy needs to be monitored and managed well to maintain the health of the mother and fetus. "So that the pregnancy period is controlled" (I20) and "So that my pregnancy is better monitored and I know what is allowed and what is not allowed" (I22) are expressions that reflect this awareness. The fourth factor that encourages participation is ease of access to the location and schedule, which was mainly mentioned by informants from the Wanggar Sari Health Center. "The place of implementation is affordable" (I9) and "Scheduled time, the place of implementation is affordable" (I16) indicate that physical accessibility and time greatly influence mothers' decisions to join prenatal classes. In some places, the role of health cadres in picking up and reminding pregnant women about the class schedule is a supporting factor that is highly appreciated: "I was invited by the cadre and told the schedule" (I24).

DISCUSSION

Making Sense of Experience: Reflections from Three Different Regions

The experiences of pregnant women in attending pregnancy classes at three community health centers in Nabire Regency showed uniformity in terms of perceived benefits, but had variations in terms of obstacles and motivations influenced by the geographical and socio-cultural contexts of each region. This finding confirms that the implementation of maternal health programs needs to consider local characteristics to maximize their effectiveness. At the Nabire Kota Community Health Center, which is located in the urban center with better infrastructure and access to information, pregnant women tended to have positive experiences and considered pregnancy classes as an effective educational tool. They appreciated the increased knowledge and practical skills gained, and felt more confident in facing childbirth. This finding is consistent with Fatriani's (2018) research which showed that pregnancy classes were effective in improving the knowledge and attitudes of pregnant women. In their study, maternal knowledge of Early Initiation of Breastfeeding (IMD) increased

from 30.8% to 100%, and positive attitudes towards IMD increased from 53.8% to 84.6% after attending the prenatal class. Meanwhile, at the SP3 Wadio Health Center, which serves a transmigration area with more heterogeneous population characteristics, the experiences of pregnant women showed an emphasis on aspects of readiness for childbirth and understanding the importance of nutrition. Class participants in this area tend to be younger and first-time pregnancies (primigravida), so their curiosity and enthusiasm are higher. This is in line with the study of Nova et al. (2023) at the Tanjung Karang Health Center, Mataram, which found that prenatal classes were very effective in increasing knowledge of pregnancy health in primigravida pregnant women, with an average increase in knowledge from 63.33% before class to 83.33% after class.

At the Wanggar Sari Health Center, which is located in a semi-rural area with greater geographical challenges, the experiences of pregnant women were more varied. Although participants reported similar benefits to the other two areas, accessibility, schedule, and socio-cultural barriers appeared to be more prominent. These findings underscore the importance of a contextual approach in implementing the prenatal class program, taking into account the geographic and socio-cultural characteristics of the local community. The main differences between the three health centers were in accessibility and social support. In Nabire City and SP3 Wadio Health Centers, husband/cadre support was quite strong, while in Wanggar Sari logistical constraints such as transportation and information were the main challenges. Another difference was in the demographic characteristics of the participants: participants in the prenatal class at Wadio SP3 Health Center tended to be younger and were pregnant for the first time, so their curiosity was higher compared to participants in Nabire City, the majority of whom were multigravida.

Multi-Dimensional Benefits: More Than Just Knowledge

The study findings show that the benefits of prenatal classes go beyond simply increasing knowledge. The four dimensions of benefits identified – educational, practical, preventive, and psychological – describe the comprehensive impact of the program on maternal health and well-being. The educational benefits of increasing knowledge about pregnancy, childbirth, and infant care are consistent with previous studies. Yuliani et al. (2019) found that counseling and education in prenatal classes increased maternal awareness of pregnancy danger signs by up to 72%, which contributed to increased use of timely health services. The practical benefits expressed by informants are in line with the study by Wulandari and Setyawati (2021) which highlighted the effectiveness of interactive and contextual prenatal classes in improving mothers' practical skills in caring for pregnancy and preparing for childbirth. The applied learning approach allows pregnant women to directly apply the knowledge gained in their daily lives. The preventive benefits felt by informants are a significant contribution of prenatal classes to efforts to prevent complications of pregnancy and childbirth. The ability to recognize danger signs and act quickly can reduce the risk of maternal and infant morbidity and mortality. This is in line with the main objective of the Ministry of Health in organizing prenatal classes

as stated in the program implementation guidelines. No less important are the psychological benefits in the form of increased self-confidence and mental readiness to face childbirth. This finding strengthens the research results of Sihombing et al. (2022) which found that mothers who regularly attend classes tend to have lower levels of anxiety and higher self-confidence in facing the labor process. This psychological aspect often receives less attention in the evaluation of health programs, even though it contributes significantly to positive pregnancy and childbirth experiences.

Barriers to Participation: Beyond Technical Issues

The obstacles faced by pregnant women in attending prenatal classes are not only technical in nature such as transportation and schedules, but also involve more complex social, cultural, and structural factors. A deeper understanding of these obstacles is essential to increase the coverage and effectiveness of future programs. Transportation obstacles expressed by many informants in the three health centers indicate that physical accessibility is still a significant barrier, even in urban areas. This is in line with the findings of Handayani et al. (2021) who identified transportation as one of the main inhibiting factors in participating in prenatal classes. This obstacle illustrates the reality of infrastructure in Nabire Regency and emphasizes the importance of alternative strategies such as mobile classes or providing transportation assistance for pregnant women. The lack of information about class schedules reflects a communication gap between service providers and the target community. This segmentation of information can be caused by the limitations of the communication channels used or an ineffective socialization approach.

These findings indicate the need for a more comprehensive communication strategy that is appropriate to the local context, such as the use of social media, short messages, or the use of health cadre networks. Class schedules that clash with mothers' daily activities indicate a lack of flexibility in program planning. The majority of informants are housewives with various domestic responsibilities that cannot be left alone. This emphasizes the importance of a participatory approach in determining the time of class implementation, by involving pregnant women in the decision-making process. The lack of family support, especially from husbands, as expressed by several informants at the Wanggar Sari Health Center, reflects the gender dynamics and power relations in the household which are still a challenge in increasing women's access to health services. This finding is consistent with the study by Sari and Mulyani (2022) which identified psychosocial barriers to participation in pregnant women's classes. This indicates the need for an approach that involves husbands and other family members in maternal health programs.

Driving Factors: Key to Program Success

Understanding the factors that drive pregnant women's participation is essential to improving the effectiveness of prenatal class programs. The four driving factors identified in this study—personal motivation, family support, health awareness, and accessibility—demonstrate the complexity of health behavior determinants involving individual, social, and structural aspects.

Strong personal motivation to increase knowledge reflects awareness and desire to learn, which are important assets in improving health literacy. This finding is consistent with the results of Wahyuni et al.'s (2021) study, which stated that internal factors such as personal motivation and awareness of pregnancy health play a major role in encouraging pregnant women's participation in educational activities.

This shows the importance of health promotion strategies that can stimulate the intrinsic motivation of pregnant women. The support of husbands and families expressed by many informants emphasized that health behavior, including participation in educational programs, does not occur in a vacuum but is influenced by the closest social context. Suradi and Ningsih (2020) in their study also emphasized that family support, especially husbands, is a determinant of the success of mothers' participation in reproductive health programs. These findings underscore the importance of a family-based approach in maternal health promotion. The awareness of the importance of pregnancy health expressed by informants indicates an understanding of pregnancy risks and the benefits of regular monitoring. This is in line with the concept of perceived susceptibility and perceived benefits in the Health Belief Model (Becker, 1974), which states that perceptions of susceptibility to health risks and the benefits of preventive measures are important factors in health decision making.

Personal motivation to gain knowledge emerged as the main driving factor in Nabire City Health Center, where pregnant women showed high curiosity about the pregnancy process and childbirth preparation. Most informants from this area revealed that they actively seek health information to ensure a healthy pregnancy and safe delivery. Statements such as "Because I think this is the best for my child" (I19) and "To gain knowledge" (I11) reflect a strong internal awareness of the importance of prenatal health education. This phenomenon is in line with the concept of the "Health Belief Model" proposed by Rosenstock (1974), where individual perceptions of the benefits of preventive measures are the main drivers of health behavior. In the context of Nabire City, which is an urban area with a relatively higher literacy rate, the desire to obtain information from trusted sources such as health workers appears to be more dominant than other external factors.

Meanwhile, in Wadio SP3 Health Center, partner support plays a significant role in encouraging pregnant women's participation. Social interaction within the family, especially the husband-wife relationship, has been shown to be a strong determinant in decision-making related to maternal health. The statement "My husband supports me. I am enthusiastic about attending classes because I want my child to be healthy" (I8) illustrates how emotional and instrumental support from a partner can increase a mother's motivation to participate in prenatal classes. This finding reinforces the results of Wahyuni et al.'s (2021) study which emphasized that although internal factors such as personal motivation are important, in the context of a collective culture, support from the closest social circle – especially the husband – has a significant influence on the health behavior of pregnant women. In semi-urban areas such as SP3 Wadio, family ties and the hierarchy of decision-making in the household still

greatly influence pregnant women's access to health services. The finding that ease of access and schedules are determining factors at the Wanggar Sari Health Center is consistent with Lestari's (2019) study which showed that physical accessibility greatly influences the participation of pregnant women in rural areas. This aspect includes the distance to health facilities, the availability of transportation, and the suitability of the implementation schedule with the daily activities of mothers. In remote areas such as Wanggar Sari, where transportation infrastructure is still limited and the distance between settlements is quite far, a strategic location for implementing classes is a major consideration. The statements "Accessible place of implementation" (I9) and "Scheduled time, affordable place of implementation" (I16) indicate that although there is internal motivation, without adequate logistical support, active participation is difficult to achieve.

This is also reinforced by Munawaroh's (2022) research which found a positive correlation between short travel distances and the level of attendance of pregnant women in prenatal education programs in rural areas. The differences in driving factors in these three Puskesmas areas indicate the importance of a contextual approach in maternal and child health programs. In urban areas (Nabire City), strategies to increase participation can focus on strengthening educational content and interactive delivery methods to meet the cognitive needs of pregnant women. Meanwhile, in semi-urban areas (SP3 Wadio), the approach of pregnant women's classes involving husbands or close relatives can be more effective in increasing participation. Meanwhile, in the interior (Wanggar Sari), the implementation of a mobile class system or a pick-up approach can overcome accessibility constraints. This diversity emphasizes the need for an adaptive and responsive model for implementing pregnant women's classes to the socio-geographical characteristics of each region.

CONCLUSION AND RECOMMENDATIONS

Based on the research results, it can be concluded that the experiences of pregnant women in attending pregnancy classes at three Community Health Centers in Nabire Regency show variations influenced by local geographic, social, and cultural contexts. The different characteristics of the areas—urban (Nabire City), semi-urban (SP3 Wadio), and interior (Wanggar Sari)—result in diverse participation dynamics with specific challenges and motivating factors. Most pregnant women who attended pregnancy classes expressed positive experiences, felt comfortable, and were enthusiastic because the material presented was easy to understand and relevant to their needs. The interactive delivery method and supportive atmosphere make pregnancy classes not only a means of education, but also a social space that allows mothers to share experiences and support each other.

At the Nabire City Community Health Center which has more adequate facilities, this positive experience is supported by the availability of teaching aids and visual materials that enrich the learning process. The four main benefits felt by pregnant women are: educational benefits (knowledge of nutrition and danger signs), practical benefits (application in daily life), preventive benefits (early detection of the risk of complications), and psychological benefits (self-

confidence and emotional readiness). Educational benefits were mainly felt by primigravida pregnant women who had no previous pregnancy experience, while practical benefits were more dominantly expressed by multigravida mothers who could compare their current pregnancy conditions with previous experiences. At Wanggar Sari Health Center, preventive benefits were given special emphasis given the more limited accessibility to health facilities, so the ability to recognize danger signs early on was crucial. The main obstacles included limited transportation, lack of information about class schedules, implementation times that clashed with other activities, and minimal support from husbands or families. At Nabire City Health Center, information constraints and inconsistent schedules were the main complaints, while at SP3 Wadio and Wanggar Sari, limited transportation and long distances were significant obstacles.

Cultural factors such as taboos during pregnancy and social stigma sometimes also influenced mothers' decisions to participate, especially in groups of mothers with low educational backgrounds and living in remote areas. Factors driving active participation of pregnant women included personal motivation to gain knowledge, awareness of the importance of pregnancy health, support from husbands/family, and ease of access to class locations. This study found differences in motivation patterns based on region: in Nabire City, internal motivation to obtain health information was more dominant; in SP3 Wadio, spousal support was a key factor; while in Wanggar Sari, physical accessibility was the main determinant of participation rates. These findings confirm that a "one size fits all" approach is not appropriate for a diverse context such as Nabire Regency.

Therefore, the local government and health department need to provide specific policy and budget support for the prenatal class program. Adequate resource allocation for the provision of teaching aids, educational materials, and cadre incentives is a long-term investment to reduce maternal and infant mortality rates. Developing a specific line item in the regional health budget can ensure the sustainability of this program. Conduct regular supervision and monitoring of health centers. Technical assistance and regular evaluation help identify implementation problems and timely improvements. Developing a recording and reporting system integrated with the KIA program can provide a comprehensive picture of program achievements and challenges. Integrate prenatal classes into regional priority programs to reduce maternal and infant mortality rates. Synchronization with other health initiatives such as the Healthy Indonesia Program with a Family Approach (PIS-PK) or the Healthy Living Community Movement (GERMAS) can strengthen the strategic position of prenatal classes in the regional health system. Determining the target coverage of prenatal classes as one of the performance indicators of health centers can also increase commitment to program implementation.

FURTHER STUDY

This study has several limitations that need to be considered in interpreting the results. First, the study was conducted in only three Community

Health Centers in Nabire Regency, so it cannot be generalized widely to all regions of Indonesia which have different socio-cultural diversities. Second, the interview data collection method relies on the honesty and memory of informants, which can be influenced by various factors including social bias and the desire to provide answers that are considered valid. Third, the time constraints of the study did not allow for longitudinal observation to see long-term behavioral changes after attending the prenatal class.

Future research could combine qualitative and quantitative approaches to objectively measure changes in knowledge, attitudes, and practices of pregnant women before and after attending classes, while still exploring their subjective experiences. In addition, future research could conduct experimental studies comparing the effectiveness of different delivery methods in prenatal classes (such as conventional lectures versus participatory or digital approaches) and longitudinal studies. by following pregnant women from early pregnancy to postpartum to see the long-term impact of prenatal classes on pregnancy outcomes, childbirth, and infant care.

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