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Factor Analysis of Women's Empowerment in Tantri Class Participation for High Risk Pregnant Women

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ABSTRACT

Classes for pregnant women are an effort to detect high-risk pregnantwomen that began to be socialized since 2010 in Indonesia, Puskesmas Ciruas has a class for high-risk pregnant women called Tantri (Temukan Analisa Tatalaksana Ibu Hamil dan Nifas Resiko tinggi). This study aims to determine the factors of women's empowerment in the participation of Tantri classes for high-risk pregnant women in the Ciruas Health Center Working Area in 2024. The method used in this research is Mixed Methods. The number of samples in this study were 79 respondents using total sampling. Data analysis using Chi Square test and concurrent triangulation. The results showed 43 respondents (54.4%) had poor participation in Tantri class, there was a relationship between knowledge (Pv=0.013; OR 7.4), occupation (Pv=0.000; OR 11.4), and social support (Pv=0.002; OR 5.8), with Tantri class participation. The data was supported by qualitative research through in-depth interviews with 5 informants. There is no relationship between well-being of pregnant women with Tantri class participation (α> 0.05) the results of the interview revealed that well-being makes it easier for pregnant women to understand reality by emphasizing self-confidence so that mothers always participate in Tantri class. It is recommended for the practice site to make a policy for high-risk pregnant women so that husbands participate in Tantri class at least once during the Tantri class and create an online forum for high-risk pregnant women who work.

Introduction (Cambria Bold 12 pt)

According to the World Health Organization (WHO), the maternal mortality rate (MMR) in the world according to around 295,000 maternal deaths with the most common causes of death for pregnant women are high blood pressure during pregnancy (preeclampsia and eclampsia), postpartum infections, bleeding, other diseases, and dangerous abortions and other high risks (WHO, 2021). Data obtained from ASEAN is that the highest maternal mortality rate is in Myanmar at 282.00 per 100,000 live births, in 2020 and Singapore is the country with the lowest maternal mortality because there are no deaths (ASEAN Secretariat, 2021).

According to (WHO, 2021), the most important causes of death experienced by mothers and babies include complications in childbirth such as bleeding and prolonged partus, almost all maternal and infant deaths occur in resource-limited areas, and most of these deaths could have been prevented by early detection and regular checks since pregnancy. Pregnant women who die as a result of complications during pregnancy and after pregnancy and then during labor, most likely complications occur during pregnancy and are most likely preventable and treatable. complications that occur before pregnancy may be even more unstable during pregnancy, especially if not handled properly (WHO, 2021).

High-risk pregnancy is a pregnancy process that will cause complications and can worry about the condition of the mother and baby besides being able to make death before the baby is

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born. The causes of high-risk pregnant women are maternal age> 35 years, age <20 years, height less than 145 cm, close child spacing <2 years, grande multipara, anemia, preecalmsia and others. (Christiana & Kurniawati, 2022).

Based on data from the Banten Provincial Health Office in 2020, the number of maternal deaths was 237 people out of 1000 births, the highest number of maternal deaths was in Serang Regency with 64 maternal deaths, (Banten Provincial Office 2021). According to the Serang Regency Health Office report, the number of high-risk pregnant women who occurred in 31 Puskesmas in Serang Regency in 2023 reached 10,754 people with a prevalence of 30.3%, one of the health centers with the most dominant prevalence of high-risk pregnant women was at Ciruas Health Center, Serang Regency. This shows that high-risk pregnant women need special treatment to prevent the increase of maternal mortality rate in Serang District (Serang District, 2023).

Efforts to detect pregnant women with high risk by presenting the pregnant women class program were held from 2010 in Indonesia. One of the forms obtained from the activities of pregnant women's classes is the understanding of pregnant women, changes in the behavior and behavior of pregnant women about the importance of carrying out early examination of risk factors during the pregnancy process. (Sample, n.d.).

Banten Province is one of the areas with the highest number of maternal and infant deaths in Indonesia. The position of maternal and infant mortality rates in Banten Province is always considered high. Serang Regency is a red zone area and is a priority in efforts to overcome maternal and infant mortality. This is evidenced by the involvement of Serang Regency in several Central Government programs as an effort to overcome maternal and infant mortality. Since 2009, Serang Regency, which has been supported by programs from the Central Government and foreign aid to overcome maternal and infant mortality, should have become a pilot area for other regions. However, the number of maternal and infant deaths in Serang Regency has not decreased significantly. Serang Regency has currently implemented the Maternal, Newborn and Toddler Health (KIBBLA) program as an effort to overcome maternal and infant mortality.

Currently, Serang District is implementing the Maternal, Newborn and Infant Health (MNCH) program to reduce maternal and infant mortality. Currently, the Maternal, Newborn and Infant Health program has a Regulation of the Regent of Serang No. 5/2011 on the Implementation Guidelines for the Implementation of Maternal, Newborn and Infant Health (KIBBLA) in Serang Regency. Because Serang Regency has the highest mortality rate, the KIBBLA program was established as an effort by the government to ensure that vulnerable communities receive quality health care. Vulnerable communities include pregnant women, mothers in labor, and postpartum women, as well as newborns, infants, and children under five. Therefore, special actions and more intensive efforts are needed in the implementation of health development with KIBBLA activities. This program not only has benefits for health development, but is also implemented as a response to the increasing/high maternal and infant mortality rates in Serang District. It is necessary to take a special approach and carry out special development in implementing health which is carried out with the running of KIBBLA activities. Not only as health development, KIBBLA activities are implemented to reduce the maternal mortality ratio which has not decreased in Serang District.

UPT Puskesmas Ciruas innovated the TANTRI class which was formed in 2018 with 1605 pregnant women and 320 High risk pregnant women in 2018. The Tantri innovation is the Discover Analysis of Management of High Risk Pregnant and Postpartum Women where detection activities carried out at UPT Puskesmas Ciruas through examining all pregnant women and postpartum women in each village according to schedule, activities are carried out at Poskesdes or Village offices as a place of service, which in its implementation is carried out integrated

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programs including: MCH, Nutrition, HIV, Promkes, Laboratory and the general practitioner in charge of Maternal, Newborn and Child Health (KIBBLA). (Puskesmas, n.d.).

Based on data obtained from the high-risk pregnant women data of Puskesmas Ciruas Serang Regency, it is known that in 2022 there were 1369 pregnant women with high risk (79.2%), while in 2023 there were 1058 (58.5%). Based on this data, it can be seen that there has been a decrease and is not in accordance with the target achievement of the UPTD Puskesmas Ciruas, which is 20% of high-risk pregnant women. And it can be seen that the participation of the class Discover Analysis of Management of High Risk Pregnant and Postpartum Women held to reduce and detect high risk is still not in accordance with the target achievement performance of Puskesmas Ciruas, which is 100% (Puskesmas Ciruas, 2023). This study aims to To find out the Analysis of Women's Empowerment Factors in Tantri Class Participation in High-Risk Pregnant Women in the Ciruas Health Center Work Area in 2024.

Methods

This research was conducted in the Ciruas Health Center Work Area, Serang Regency in June 2024. This type of research uses (Mixed Methods) with concurrent triangulation, namely a balanced mixture combining quantitative and qualitative, in quantitative research using cross sectional.

The population in this study were high-risk pregnant women who came to the Tantri classrecorded in the Tantri class register book at Puskesmas Ciruas. Sampling in this study was carried out using the total sampling technique. The population in this study were high-risk pregnant women who came to the Tantri class recorded in the Tantri class register book at Ciruas Health Center, which was 79 pregnant women at risk and in the sample there were 5 high-risk pregnant women who were used as main informants, and supporting informants as key informants were the person in charge of the Tantri class. Sampling in this study was carried out using the total sampling technique. Sampling based on inclusion criteria are samples that will be included or are suitable for research, with the following criteria: high-risk pregnant women who live in the Ciruas Health Center working area, Willing to participate as a respondent in the study. Exclusion Criteria : Normal pregnant mother. Drop Out Criteria : Respondents did not answer the questionnaire completely.

The tools or instruments used in this study are questionnaires and interview guidelines. Questionnaires and interview guidelines have been tested for validity inQualitative research using interview methods conducted by (Dea Riska, 2020) and the validity test of the knowledge questionnaire has been carried out by (Pinki Nurhajanti, 2018), the validity test of the pregnant women's work questionnaire was carried out by (Wilda Fitrianingsih, 2018), the social support questionnaire has been tested for validity by (Nur Santi Purnama, 2019), the well-being questionnaire has been tested for validity by (Miladina Nahar, 2018).

The researcher first approves and then the mother agrees to continue the process of filling out the questionnaire and conducting interviews with 5 respondents, after which the data will be processed by univariate and bivariate analysis using the chi-square test, qualitative data using inference techniques.

Results

Table 1 Frequency distribution of Tantri class participation among high-risk pregnants women

Tantri Class Participation	Frequency	Presentase
Not Good	43	54,4 %

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Good	36	45,6%
Total	79	100

Based on table 1, the results show that of the 79 respondents who have been studied, it is known that most of the Tantri class participation is good in high-risk pregnant women at 43 people (54.4%)

Table 2 Frequency distribution of Knowledege, Occupation, Social Support, Well-being of High-Risk Pregnant Women in Tantri Class Participation

Knowledge	**Frequency**	**Presentase**
Less Good	15	19 %
Good	64	81%
Total	79	100
Occupation	**Frequency**	**Presentase**
Working	45	57 %
Not Working	34	43%
Total	79	100
Social Support	**Frequency**	**Presentase**
Not in Favor	29	36,7 %
Support	50	63,3%
Total	79	100
Well Being Ibu Hamil	**Frequency**	**Presentase**
Low	44	55,7 %
High	35	44,3%
Total	79	100

Based on table 2, it is found that out of 79 respondents who have been studied, it is known that almost all of them have good knowledge in participating in Tantri classes for high-risk pregnant women by 64 people (81%). It was found that of the 79 respondents who had been studied, it was known that half of the high-risk pregnant women who worked were 45 people (57%). It was found that out of 79 respondents who had been studied, it was known that most of the social support supported Tantri class participation in high-risk pregnant women by 50 people (63.3%). It was found that of the 79 respondents who had been tudied, it was known that half of the pregnancy well being was low in Tantri class participation in high-risk pregnant women 44 people (55.7%).

Table 3 Relationship Between Knowledge and Participation in Tantri Class for High Risk Pregnant Women

Knowledge	**Tantri Class Participation**				**Total**		**P-Value**	**OR CI: 95%**
	Less Good		**Good**					
	n	**%**	**n**	**%**	**n**	**%**		
Less	13	86,7	2	13,3	15	100	0,013	7,367 Lower : 1.536 Upper : 35.323
Good	30	46,9	34	53,1	64	100		
Total	43	54,4	36	45,6	79	100		

Based on Table 3, it is known that of the 64 respondents with good knowledge, almost all high-risk pregnant women participated in Tantri class as many as 34 respondents (53.1%). There are statistical test results showing pv = 0.013 (α < 0.05) then Ha is accepted or there is a significant

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relationship between knowledge and Tantri class participation. The Odd Ratio (OR) value of 7.367 indicates that mothers with knowledge are approximately 7.3x at risk of poor participation in Tantri class. There is a respondent's statement as a reinforcement of the following statistical test results:

"I want to join this Tantri class because I was told by the midwife that there are many special examinations for me, if for the benefits of the Tantri class there may be because I get a free examination, maybe the Tantri class should be done because mothers like me are lazy to check the womb to the puskesmas because it is a bit far from the village." (R1)

"I know the benefits of this Tantri class especially for my baby, I am also included in a risky pregnancy, I should have received special treatment for high risk pregnant women mothers in the Tantri class, such as ultrasound, special drugs, lab checks too.... But I've already checked at the health center for lab checks too, so I'm lazy to go to the Tantri class instead of taking care of my first child" (R2).

"On average, those who participate in Tantri classes and those who do not participate do not fully understand the benefits of Tantri classes, but some of them are mature in terms of knowledge, so they will not come if the cadres do not visit the mother's house and also ignore the examinations carried out by health workers." (RN)

Table 4 Relationship between Occupation and Participation in Tantri Class for High Risk Pregnant Women

Occupation	Tantri Class Participation				Total		P-Value	OR CI: 95%
	Less Good		Good					
	n	%	n	%	n	%		
Not Working	8	23,5	26	76,5	34	100	0,000	11,375 Lower : 3.944 Upper : 32.805
Working	35	77,8	10	22,2	45	100		
Total	43	54,4	36	45,6	79	100		

Based on Table 4, t is known that out of 45 almost all respondents of high-risk pregnant women who work are not good at participating in Tantri classes as many as 35 respondents (77.8%). There are statistical test results showing pv = 0.000 (α < 0.05) then Ha is accepted or there is a significant relationship between work and Tantri class participation. The Odd Ratio (OR) value of 11.375 indicates that mothers who work are more 11.3x at risk of poor participation in Tantri class. There is a respondent's statement as a reinforcement of the following statistical test results:

"I work in a factory so I don't have time to join Tantri's class, and I'm too tired to go to the village headquarters" (R1).

"I find it very difficult to divide the time to attend Tantri's class so I check my pregnancy at the clinic, from previous pregnancies I have never been able to attend Tantri's class just now because there is a posyandu on Saturday so I can join because it is a holiday" (R2).

Table 5 The Relationship between Social Support and Participation in Tantri Class for High Risk Pregnant Women

Social Support	Tantri Class Participation				Total		P-Value	OR CI: 95%
	Less Good		Good					
	n	%	n	%	n	%		

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Not in Favor	20	40	30	60	50	100	0,002	5,750 Lower : 1.989 Upper : 16.626
Support	23	79,3	6	20,7	29	100		
Total	43	54,4	36	45,6	79	100		

Based on Table 5, t can be revealed that of the 50 respondents who received social support, almost half were good at participating in Tantri's class as many as 30 respondents (60%). There are statistical test results showing p = 0.002 (α < 0.05) then Ha is accepted or there is a significant relationship between social support and Tantri class participation. The Odd Ratio (OR) value of 5.750 indicates that mothers who do not get social support are 5.7x less likely to participate in Tantri class. There is a respondent's statement as a reinforcement of the following statistical test results:

"My husband allowed me to join Tantri's class, he even likes to ask about Tantri's class, but my husband is busy at work so he can't take me to Tantri's class, the distance from the house to the village hall is also not bad ... so I am also lazy to come to Tantri's class, I just want to go to the clinic with my husband". (R1)

"My husband never asked me about Tantri's class, let alone remind me to check my pregnancy, maybe because he's busy working too... but Alhamdulillah, my husband allowed me to participate in activities like this." (R2)

"There are some who are not allowed by their husbands or in-laws to come to health workers because they want to give birth at a paraji even though the mother has a risk of PEB, we always visit the homes of pregnant women who are not allowed by their husbands or families to persuade them. We invite cadres to empower pregnant women who do not get support from their families." (RN)

Table 6 The Relationship of Well-being of Pregnant Women with Tantri Class Participation in High Risk Pregnant Women

Well-being of Pregnant Women	Tantri Class Participation				Total		P-Value	OR CI: 95%
	Less Good		Good					
	n	%	n	%	n	%		
Low	26	59,1	18	40,9	44	100	0,002	5,750 Lower : 1.989 Upper : 16.626
High	17	48,6	18	51,4	35	100		
Total	43	54,4	36	45,6	79	100		

Based on Table 6, t is known that out of 44 respondents of high-risk pregnant women with low pregnancy well-being, most of them were not good at participating in Tantri class as many as 26 respondents (59.1%), while in 35 respondents with high pregnancy well-being, almost half of them were good at participating in Tantri class as many as 18 respondents (51.4%). There are statistical test results showing pv = 0.481 (α > 0.05), so H0 is accepted or there is no significant relationship between well-being of pregnant women and Tantri class participation. There is a respondent's statement as a reinforcement of the following statistical test results:

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"Joining Tantri's class I was nervous because I was the first time the midwife said I was at risk so I was afraid, but by attending Tantri's class I was less worried because there were many examinations in Tantri's class."(R1)

"Worrying is definitely there, but not that much, joining Tantri's class is also for the health of the baby in the stomach too, who knows the knowledge in this class can be practiced in everyday life." (R2)

"Pregnant women here, thank God, we are always prosperous, we try our best and prioritize health for all pregnant women." (RN)

Discussion

1. Relationship of Knowledge with Tantri Class Participation in High-Risk Pregnant Women

Knowledge is a factor that influences a person's tendency to act. Knowledge and cognition play an important role in determining the actions of each person. Knowledge constraints can prevent people from understanding the importance of health information and transferring positive attitudes and behaviors. Pregnant women who have a good understanding of classes intended for pregnant women are more likely to participate in these activities. Conversely, pregnant women who lack information may not join the classes. Therefore, it is very important to provide adequate information about the implementation of activities for expectant mothers so that more pregnant women contribute. (Atik, M. Rahmania. A, 2020)

From the results of the study, it was found that the knowledge of 15 respondents was at a low level of high-risk pregnant women a small part was not good in participating in Tantri class as many as 13 respondents (86.7%), while in 64 respondents who had good knowledge in high-risk pregnant women half were less in participating in Tantri class as many as 30 respondents (46.9%%). There are statistical test results showing p = 0.001 ($\alpha < 0.05$) then Ha is accepted or there is a significant relationship between the knowledge of high-risk pregnant women with Tantri class participation. The Odd Ratio (OR) value of 7.367 indicates that mothers with knowledge are more or less 7.3x at risk of being unfavorable in participating in Tantri class.

Also supported by research (Atik, M. Rahmania. A, 2020) there is knowledge bound to the level of education. Individuals with higher educational standards generally have a deeper understanding. There is an increase. Knowledge is not only obtained through official education, but can also be obtained through non-official education. There is a relationship between the level of knowledge and the arrival to carry out the prospective mother's class because participation in the prospective mother's class is a manifestation of the mother's own attitude. The action will make the willingness of pregnant women to prevent the risk of pregnancy, childbirth, and postpartum.

Examined from the knowledge factor, high-risk pregnant women with good knowledge and poor participation in tantri classes are caused by most mothers who have sufficient knowledge that can affect the mother's behavior in participating in the Tantri class program held, so that there are benefits from the implementation of the Tantri class itself to expand understanding and change the mother's attitude and actions. The class aims to make mothers understand various aspects of pregnancy, such as changes in the body, pregnancy care, complaints during pregnancy, childbirth, postpartum, contraception after childbirth, newborn care, regional beliefs, and STDs. As described below:

"I know the benefits of this Tantri class especially for my baby, I am also included in a risky pregnancy, I should get special treatment for high risk pregnant women mothers in the Tantri class, such as ultrasound, special drugs, lab checks too.... But I've already checked at the health

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center for lab checks too, so I'm lazy to go to the Tantri class, I'd rather take care of my first child".

2. Relationship of Work with Tantri Class Participation in High-Risk Pregnant Women

Work itself consists of various tasks or activities that must be carried out by someone in accordance with their position or profession. (Muzakir et al., 2021). Work has the potential to make someone participate in carrying out an activity that will be carried out. According to theresearch findings, it is known that of the 45 respondents of high-risk pregnant women who worked, most were not good at participating in Tantri class as many as 35 respondents (77.8%), while the 34 respondents who did not work were mostly good at participating in Tantri class as many as 26 respondents (76.5%). There are statistical test results showing p = 0.001 (α < 0.05) then Ha is accepted or there is a significant relationship between work and Tantri class participation. The Odd Ratio (OR) value of 11.375 indicates that mothers who work are more 11.3x at risk of poor participation in Tantri class.

This study is in line with her research (Marian, Pratiwi BR, 2020) which found that 32.4% of pregnant women who had a job attended maternity classes, while 90% of non-working pregnant women attended the class. There is a relationship between the employment position of pregnant women and attendance in attending maternal classes at the Mangkung Health Center with a value of p = 0.003. So it can be concluded that there is a relationship between occupation and attendance at classes for pregnant women at the Mangkung Health Center, West Praya sub-district, Central Lombok district. It shows that pregnant women who have jobs tend to find it more difficult to attend maternity classes compared to pregnant women who do not have jobs. Working mothers must find free time without obstructing their activity schedule, and not all pregnant women can divide the agenda between working hours and pregnant women's class schedules.

Based on occupation, high-risk pregnant women who work are less good at participating in Tantri classes, the consequences of pregnant women who have jobs are very influential on Tantri class participation. Working mothers often find it difficult to take the time to attend Tantri classes in their area because of the demands or commitments of their work. Due to time constraints, working mothers tend to choose more practical means to obtain information about their pregnancy. For example, they often prefer to read maternal and child health books at home or seek information through various social media and the internet. Like the following narrative:

"I find it very difficult to divide my time to attend Tantri's class so I check my pregnancy at the clinic, from previous pregnancies I have never been able to attend Tantri's class just now because there is a posyandu on Saturday so I can join because it is a holiday"

According to the researcher's assumption, the work of pregnant women is an activity that must be done to meet the various needs of life for themselves and their families. Work can also motivate someone to get involved in an activity. Although pregnant women who have jobs can still participate in Tantri classes, they need to manage their time well so that the Tantri class schedule does not coincide with their working hours. Pregnant women who have jobs are often less likely to participate in maternal classes, so attendance rates in maternal programs are low.

3. The Relationship between Social Support and Tantri Class Participation in High-Risk Pregnant Women

Social support includes comfort, appreciation, attention or benefits received from another person or group. This support seems to come from a variety of sources, such as spouses, immediate family, colleagues/friends, health workers, or community organizations. Someone

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who has social support feels loved and cared for, valued, and like a family or community. This support includes providing goods or services and defending each other when needed. (Rahmawati et al., 2022)

Based on the results of the study, it is known that of the 29 respondents of high-risk pregnant women who did not get social support, most of them were not good at participating in Tantri class as many as 23 respondents (79.3%), while in 50 respondents who received social support, most of them were good at participating in Tantri class as many as 30 respondents (60%). The statistical test results show p = 0.002 (α < 0.05), so Ha is accepted or there is a significant relationship between social support and Tantri class participation. The Odd Ratio (OR) value of 5.750 indicates that mothers who do not get social support are 5.7x less likely to participate in Tantri class.

The research conducted is in line with Masini's research (2019) where mothers who are few in making class visits are more mothers from those who get support from the closest person or family with a less supportive classification of 63.6%, compared to mothers who get help from husbands or families in the supportive category. Meanwhile, mothers who actively participated in pregnancy classes tended to be more from those who received support from their husbands or families in the supportive category at 60.7%, compared to mothers who received support from their husbands or families in the less supportive category. Almost all pregnant women with supportive social support influenced Tantri's class participation. As the following participant said:

"My husband allows me to go to Tantri's class, he even likes to ask about Tantri's class, but my husband is busy at work so he can't take me to Tantri's class, the distance from the house to the village hall is also not bad ... so I am also lazy to come to Tantri's class, I just want to go to the clinic with my husband."

The presence of support from the closest people and family as well as the environment is likely to be influential in providing pregnant women's health. The involvement of the immediate family, particularly the spouse or husband, can contribute to character adjustment and increase knowledge and understanding in the transition to a healthy lifestyle. Explanations of general health more support is usually obtained from health workers, family, and community; however, in terms of other social support, the husband plays the most important role. The role of the closest person, especially the husband, is very crucial for pregnant women, not only from the resolution but in providing love and maintaining the health and safety or security of the mother. Family support plays an important role in shaping women's health attitudes, as pregnant women generally follow the direction of their families, especially their husbands. Therefore, social encouragement from the family has a great influence on the mother's participation in various positive activities.

According to the researcher's assumption, social support from the closest people, family and cadres have a very important role in determining the health position of mothers. Family links, especially husbands/partners, as well as cadres, can provide assistance in making transformations to behavior and can foster concern for creating a healthy lifestyle. Information about health is generally obtained from health workers, family members, and the surrounding environment, but in terms of social support, husbands have the most significant role for pregnant women. In addition to resolution, husbands are also expected to be vigilant and give full attention to the health and safety of pregnant women.

4. Relationship between Well-being of Pregnant Women and Tantri Class Participation in High-Risk Pregnant Women

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Well-Being refers to happiness which includes one's life satisfaction and affective balance. Affection here indicates that positive affection is more dominant than negative affection. (Mirzakhani et al., 2020).. Based on the results of the data, it was revealed that in 44 participants of high-risk pregnant women with low pregnancy well-being, most of them were not good at participating in Tantri class as many as 26 respondents (59.1%), while in 35 respondents with high pregnancy well-being, half of them were good at participating in Tantri class as many as 18 respondents (51.4%). There is a statistical test result shows p = 0.481 (α>0.05) then H0 is accepted or there is no significant relationship between well-being of pregnant women with Tantri class participation.

Almost the majority of pregnant women with low wellbeing participated in Tantri class. As the following participant said:

"Worrying is definitely there, but it's not that bad, joining Tantri's class is also for the health of the baby in the stomach too, who knows the knowledge in this class can be practiced in everyday life."

That well being during pregnancy helps pregnant women to understand reality by emphasizing self-belief, love, and the acquisition of what is expected in their personality. So that the mother wants to continue attending Tantri's class. Well being also helps mothers assess the conditions that occur during pregnancy and formulate behavioral strategies to increase life satisfaction and improve clinical conditions. This will support the achievement of a healthy pregnancy by attending Tantri classes.

According to the researcher's assumption, the Well-being of high-risk pregnant women is described as someone who will focus on developing a constructive attitude towards themselves and others. This includes self-acceptance of past and current experiences and having a sense of understanding what others feel and having a sense of caring for others. In addition, they will feel confident in making decisions that will be taken and have the ability to organize the surrounding area so that it supports or fits their life path and the development of individual strengths, as a reflection of using all their abilities to achieve what they want in participating in Tantri classes. From this conclusion, it can be said that high-risk pregnant women in the Ciruas Health Center Working Area have low but high well-being in attending Tantri classes.

Conclusion

The goal of the Tantri program is to expand understanding and change attitudes and actions of mothers around the importance of attending Tantri classes as an effort to early detect risk factors during pregnancy, the employment of pregnant women can greatly affect Tantri class attendance. Mothers who have jobs are often unable to set aside time to attend Tantri classes in the area where they live due to the demands or commitments of their workplace. The involvement of the closest people, family members, especially husbands, can contribute to a change in character and increase knowledge and understanding to switch to a healthy lifestyle by participating in Tantri class activities

Ethics approval and consent to participate

This research has been granted a research permit from the Research Ethics Committee of Faletehan University, Serang Indonesia based on ethical permit no. 348/KEPK.UF/VII/2024.

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