

## Motivation of Primigravide Pregnant Women In Attending Prenatal Yoga Classes at Griya Kamini: A Qualitative Study

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### Abstract

This research aims to analyze the dynamics of interactions among three driving factors—personal attitudes (benefit/risk evaluation), subjective norms (husband/family support), and behavioral control (access, cost, physical limitations)—in shaping motivation and actual behavior. A qualitative case study method with an exploratory design was applied, involving data collection through semi-structured interviews with 5 purposively selected *primigravida* participants at *Griya Kamini*. Data analysis adopted the Miles-Huberman-Saldana interactive model: condensation, data presentation, and conclusion drawing based on source triangulation, with NVivo 12 used for coding, categorization, and data visualization. The study results revealed that initial motivation was triggered by exposure to social media educational content and validated by health workers, with the main goal of normal childbirth. Informants experienced physical benefits (e.g., reduced back pain) and mental benefits (e.g., emotion control), as well as resolution of initial concerns through hands-on experience. Subjective norms (support from husbands and health workers) emerged as the strongest factors in converting motivation to actual participation. Behavioral control was facilitated by the facility's strategic location, despite time constraints and cost perceptions for some informants. In conclusion, these findings extend the Theory of Planned Behavior (TPB) by incorporating social media as a precursor and emphasizing the importance of family-based approaches alongside clinical and community collaboration to encourage *primigravida* pregnant women in prenatal yoga.

**Keywords:** Motivation of Pregnant Women, *Primigravida*, *Prenatal Yoga*, *Theory of Planned Behavior*

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### INTRODUCTION

Prenatal yoga is a modified form of classical yoga that harmoniously integrates physical exercise, breathing, and meditation (Finisia et al., 2023). Prenatal yoga not only helps relieve complaints of back pain and leg cramps due to posture changes, but it has also been shown to be effective in lowering anxiety levels of pregnant women, especially in *primigravida* who tend to experience higher emotional distress due to the first experience of facing childbirth (Situmorang et al., 2020; Widiyarti et al., 2024). Prenatal yoga has been shown to reduce anxiety by up to 85.7% and provide significant benefits to the physical and emotional readiness of mothers (Widiyarti et al., 2024). According to Situmorang et al. (2020), prenatal yoga reduces the anxiety level of *primigravida* mothers by 72.2%.

Research shows that prenatal yoga helps lower mental tension, strengthens childbirth readiness, and relieves physical complaints during pregnancy (Limbong & Sari, 2024; Wulansari, 2021). Assessment with scale Hamilton Anxiety Rating Scale (HARS) also showed a significant decrease in anxiety after taking a yoga class. Techniques such as breathing, stretching, and

relaxation in prenatal yoga have been shown to help pregnant women manage stress, increase confidence, and reduce pain during childbirth (Aprilia & Setyorini, 2017). Although a series of studies that have been presented show the various benefits of yoga during pregnancy, the practice still harbors potential risks that require vigilance, especially the first trimester, the most vulnerable period with a higher risk of miscarriage (Patni & Sinha, 2023).

Various general trends in recent research do show the benefits of yoga for pregnant women, both physically and psychologically, the practice is still not popular. A 2022 survey by Mylo, *platform* D2C for pregnant and newborn mothers, to 6,000 speakers (announced ahead of International Yoga Day) revealed an interesting fact: 91% of pregnant women agree that exercise during pregnancy is healthy, and 85% believe yoga is beneficial both during and after pregnancy. However, only 7% actually practice prenatal or postnatal yoga (India Times, 2022). The findings of this low practice are in line with the study Rodrigues-Denize et al. (2024) which also shows that only 7% of pregnant women practice yoga. Similar research by Samjhana et al. (2024) in Nepal it was also found that the figure was not much different, namely 16.7%. Specific data on the percentage of pregnant women undergoing yoga in Indonesia is not yet available. Meanwhile, research Ikhsan & Nurhayati (2024) showed that most pregnant women in Indonesia only did light physical activity (49.1%), or even no physical activity at all (59.1%).

The main obstacles that cause pregnant women not to take yoga classes can be grouped into three types, namely internal (intrapersonal), social (interpersonal) and environmental barriers (Harrison et al., 2018; Ikhsan et al., 2024; Styles et al., 2019). Research Harrison et al. (2018) based systematic literature review It found that the majority of pregnant women consider physical activity to be important (80%), beneficial (71%), and safe (86%) during pregnancy. Nonetheless, participation is often hampered by intrapersonal factors, such as fatigue, lack of time, and physical discomfort due to pregnancy. On the other hand, the supporting factors (enablers) The main factors that motivate participation include health benefits for the mother and fetus (intrapersonal factors), social support from people around them (interpersonal factors), as well as the availability of pregnancy-specific programs themselves.

Harrison concluded that the barriers and supports of physical activity during pregnancy are primarily self-sourced (intrapersonal), as well as social support which is also very important as a driver (Harrison et al., 2018). Although, in some special cases, limited access to pregnancy-specific yoga classes in the area of residence, distance from the class location, transportation problems to reach it, or perceived high costs can significantly contribute to the environmental barriers to pregnant women's participation in yoga classes (Styles et al., 2019).

One theory that can provide a comprehensive answer about the motivation of pregnant women's behavior, especially the relationship between exercise activities or other activities and health, is Theory of Planned Behavior (TPB) or Planned Behavior Theory (Eggleston, 2009; C. F. Lee et al., 2016; Meyer, 2024; Zhu et al., 2020). This theory was built by Ajzen which started from the study of social psychology to predict a person's behavior due to the interaction of various factors (Ajzen, 2020; Bosnjak et al., 2020). The core of this theory lies in the intention of behavior (intention), which is the main motivation for a person to do a certain action. This intention does not appear by chance, but is formed by two main factors. First, personal attitudes (attitude) which is the result of an individual's evaluation of the good and bad of doing the behavior. Second, subjective norms, subjective norms, i.e. perceptions of social pressure from those closest to them who expect them to do or not to perform certain behaviors (Ajzen, 2020). In addition, the SDGs recognize that not all behaviors are completely under the control of individuals and social norms. In its expansion, this theory introduces a third factor, namely perceived behavioral control (perceived behavioral control) (Ajzen, 2020). This factor reflects a person's beliefs about how easy

or difficult it is to perform certain behaviors, based on their assessment of one's own abilities (whether capable of doing so), the availability of resources (such as time, money, or facilities), and the opportunities they have. These three factors are interrelated in predicting behavior (Bosnjak et al., 2020). Planned Behavior Theory can help explain, for example, why although positive attitudes towards yoga have been proven (85% of pregnant women believe in its benefits), real participation may be hampered by weak subjective norms (lack of social support or recommendations from health workers) as well as limited behavioral control (feeling that there are physical limitations that prevent them from being able to carry it out or because of access and cost restrictions).

The number of births in Gianyar Regency, Bali, has shown a significant increase in the last two years. BPS data shows that in 2022, 5,448 babies were born in Gianyar, then increased to 7,202 babies in 2023. This increase of 1,754 births (32.2%) places Gianyar as the region with the highest birth growth in Bali. Regionally, Gianyar ranks fourth in the highest number of births in Bali in 2023 after Denpasar City (16,858), Badung Regency (11,379), and Buleleng Regency (10,008), with a contribution of 10.8% to a total of 66,593 births throughout Bali Province. Unfortunately, there is no maternal pregnancy data as a comparison in BPS data in Gianyar (the last data from BPS Gianyar published in 2016). The data available from BPS is in the context of perinatal health, where cases of Low Birth Weight (BBLR) in Gianyar increased from 252 in 2022 to 276 in 2023, although in percentage terms of total births decreased from 4.6% to 3.8%.

The existence of Griya Kamini which provides prenatal yoga classes in a professional and holistic manner can be a particular attraction, especially for primigravida pregnant women who are looking for support, comfort, and readiness to face childbirth. In this case, Griya Kamini can try to strengthen subjective norms through strengthening attitudes for mothers to practice yoga. This can be seen for example from the content uploaded on social media.

Griya Kamini emphasized how yoga is very beneficial for pregnant women, while refuting various misconceptions such as the dangers of yoga for the health of pregnant women. Not to forget, Griya Kamini also inserted an international journal to build her argument about the benefits of yoga for the health of pregnant women. In addition to strengthening subjective norms, Griya Kamini also strengthens the support community through the groups built in the class.

Departing from this information, the focus of the research on the motivation of primigravida pregnant women in Griya Kamini will reveal how the interaction of the three TPB factors (attitudes, norms, control) triggers the active participation of pregnant women to practice yoga for health. This study provides a more comprehensive framework to explain the motivations, as well as potential barriers, faced by pregnant women in the local context and through field studies to bridge the global analysis based on literature review-based studies.

Based on the existing situation, this research focuses on answering the question: How do attitudes, social norms, and behavioral control impact the motivation of primigravida pregnant women in participating in prenatal yoga classes at Griya Kamini? In general, this study aims to understand the motivation of these primigravida pregnant women. Specifically, the research objectives are to identify the attitudinal considerations (benefits or risks) that encourage participation, determine the social norm factors (family and social support) that motivate them, and discover the behavioral control factors (opportunities and obstacles) that support their involvement in prenatal yoga counseling at Griya Kamini.

The benefits of this research include theoretical and practical aspects. Theoretically, the study's findings are expected to produce evidence-based facts and serve as a reference for further research on the motivation of primigravida pregnant women in prenatal yoga classes. Practically, the research provides benefits for various stakeholders. For primigravida pregnant women, detailed information about the various benefits of prenatal yoga such as improved physical and mental well-

being, increased flexibility, reduced stress, and physical and emotional preparation for childbirth—can help them make more informed decisions about participation. For prenatal yoga service providers, insights into participants' needs and motivations allow for the tailoring of programs and teaching methods to better meet specific expectations and needs, thereby increasing service satisfaction and effectiveness. For academics, this study adds to the academic literature on the motivation of primigravida pregnant women and can serve as a foundation for further research to enhance the understanding of the relationship between prenatal yoga and maternal health.

## RESEARCH METHOD

This study utilizes a qualitative research design of phenomenological studies with narrative exploration through in-depth interviews (Sastroasmoro & Ismael, 2014). The goal of phenomenological qualitative research is to recognize the sensations and interpretations that humans associate with Phenomenon (Sastroasmoro & Ismael, 2014). In this study, the phenomena to be studied are Motivation the participation of the first pregnant woman in the prenatal yoga program at Griya Kamini. The phenomenological approach is used to explore the deep experiences and meanings of primigravida pregnant women during prenatal yoga learning sessions. This approach allows researchers to understand primigravida's motivations comprehensively, including the underlying factors and how those motivations can be a driving factor for new mothers to participate in prenatal yoga sessions at Griya Kamini.

The target population in this study was all primigravida pregnant women who actively participated in prenatal yoga classes at Griya Kamini. The focus of the population in this study was primigravida pregnant women or first pregnancy which aimed to ensure homogeneity of practice during pregnancy. Remembering that the first pregnancy involves different psychological and physiological dynamics than later pregnancies. An average of 30 pregnant women were registered and actively enrolled in prenatal yoga classes at Griya Kamini during the study period, which lasted from May to July 2025. Griya Kamini as a holistic service provider, one of which is prenatal yoga as a complementary service modality located on Jalan Apel No.1 Candi Baru Neighborhood, Gianyar, Bali routinely carries out prenatal yoga designed to support the health of pregnant women.

Part of the target population, namely primigravida pregnant women who during the active research period attended prenatal yoga classes at Griya Kamini, Gianyar, Bali, and met the inclusion criteria and were willing to participate in in-depth interviews.

The research sample refers to mothers-to-be who do prenatal yoga activities at Griya Kamini at least 4 times in 1 month. The sample in this study will be determined by the *purposive sampling*. This technique facilitates researchers in selecting the most suitable subject for research activities (Nurvitasari & Margiyati, 2020).

Sampling is carried out until the data obtained is saturated (*saturated*), where the researcher has assigned 1 to 3 speakers first, and then from there it will develop with more speakers. This reveals that sampling will continue to be carried out until no additional information is obtained and the facts collected are ideal enough as a step to obtain solutions and conclusions on the objectives of the study. Based on the results of the study, the final sample was five (5) people. The following are the inclusion and exclusion criteria points that are the informants of the research which are compiled based on research needs:

Inclusive criteria:

1. Primigravida: Participants are pregnant women for the first time.
2. Gestational age  $\geq 20$  weeks: Being in the second or third trimester.
3. Frequency of yoga classes: Actively attend prenatal yoga classes at Griya Kamini for at least 4 sessions/month.

4. Medical license: Have a letter of recommendation or approval from the attending midwife/doctor.
5. Willingness to participate: Willing to be the subject of an in-depth interview and sign *an informed consent*.

Exclusion criteria:

1. Medical contraindications such as a history of miscarriage in the last 6 months, previous preterm delivery, multiple pregnancies (twins/triplets), gestational diagnosis of diabetes or preeclampsia, placenta previa totalis/active bleeding, cervical incompetence.
2. Changes in medical conditions: Experiencing new complications during studies that limit yoga activities (prospective excluded).

As an important note, resource persons who meet the inclusion criteria but then experience exclusion point 5 will be stopped from participating for safety.

The data collection technique was carried out through in-depth interviews. In-depth interviews are an in-depth observation strategy that supports the researcher's understanding to comprehensively examine information from the source (Kuntardjo & Sebong, 2020). In this study, interviews will be conducted individually with primigravida pregnant women. The duration of the interview is estimated to be around 30-40 minutes.

Primary data collection uses semi-structured interview guidelines that are structured to ensure consistency of questions for all informants. The interview guidelines are designed to explicitly explore the three dimensions of the SDGs: personal attitudes, subjective norms and behavioral control. In addition, the researcher also maintains flexibility so that questions can still be opened, which facilitates the elaboration of the personal experience of primigravida pregnant women in Griya Kamini.

This study adopts the interactive qualitative data analysis approach of Miles, Huberman, and Saldana (2014) through three stages in a structured manner: data condensation, data presentation, and conclusion drawn.

The process begins with the condensation of data from three main sources: semi-structured interview transcripts. Two-cycle coding strategy refers to Saldana (2021), where the first cycle is deductive based on the framework of the Theory of Planned Behavior (Ajzen, 2020; Bosnjak et al., 2020). Coding focuses on three key dimensions: personal attitudes (such as perceptions of yoga benefits/risks), subjective norms (such as husband or family support), and behavioral controls (access to facilities, costs, physical limitations). In the second cycle, coding was developed to identify the relationship between SDG factors and at the same time potential barriers between dimensions.

The data presentation stage integrates findings visually and narratively through a categorization table of the interaction of SDG factors, a thematic map of motivational and obstacle relationships. The process of drawing conclusions involves triangulating sources.

## RESULTS AND DISCUSSION

The development of digital technology has opened up wide access to health information, including through social media which is the main source of referrals for primigravida pregnant women. Access to information (social media) plays a central role as an initial trigger for the motivation of resource persons. Three informants consistently rely on digital platforms for information access and exploration of yoga prenatal services. Informant 1 found Griya Kamini through independent research on Instagram:

"Then I looked around on Instagram (Griya Kamini) and it turned out to be very complete and the service was also good, so yes, I took first class, try it first. Eh, it turns out that not only is he given yoga, but he is also given information".

The above information shows that the completeness of information and online testimonials is the determinant of the decision. Informant 2 was motivated by the specific educational content of the service owner:

"Because I see from Mrs. Widi's post, I continue to see that there are several movements that help the delivery process later, especially to train the pelvic muscles, to train muscle movements, like that. And I see this as very, very helpful and very beneficial."

The above quote indicates the influence of instructional content in building a perception of benefits. Meanwhile, Informant 3 combines YouTube exploration with community recommendations: "before pregnancy, it was yoga but not routine, every week there is always a schedule but only through YouTube.". Informant 3 also added that "... Initially, yes, from YouTube, it was just not routine. Finally know prenatal yoga and join... directed to Griya Kamini because it is closer".



**Figure 1. Program Positive Childbirth Class**

Source: Instagram @Griyakamini

Griya Kamini's social media content captured in the screenshot directly confirms the findings of an interview about the crucial role of digital platforms as a trigger for pregnant women's motivation. The Instagram post titled "Let's take a childbirth class right now" not only offers services, but strategically builds a perception of benefits through the narrative: "prepare yourself with full integrity (Mindset, physical, psychic, spirit, breath and support team)...". This approach is in line with the testimony of Informant 2 who is motivated by Mrs. Widi's content, while at the same time answering the primigravida need for thorough preparation as revealed by Informant 3 ("yoga can minimize risks").



**Figure 2. Poster Program Positive Childbirth Class**  
Source: Instagram @Griyakamini

Details of the material were also presented on social media ("Modification of yoga movements during childbirth" and "Breathing techniques & Optimization of fetal position"). In particular, the information seeks to meet the needs of pregnant women. Based on the information of the three speakers as well as Griya Kamini's content on social media, both confirm that the role of social media as a bridge to professional services.

In addition to social media, another conventional factor that is no less important is recommendations from people around you. Based on Informant 4's statement, her husband's friend explained about prenatal yoga and its benefits for pregnant women. Her husband's friend also recommended Griya Kamini by mentioning that the yoga classes were fun and the midwifery service was good.

While informant 5 stated that the urge to follow prenatal yoga was a combination of the two (encouragement around and social media). Informant 5 stated that he sought information about the prenatal yoga class through a friend's recommendation, who then advised him to join Griya Kamini. After receiving this advice, the resource person checked Griya Kamini's website and Instagram account to verify the information, then decided to join the yoga class.

In addition to the important factors of recommendations of people around them and social media, the recommendations of health professionals serve as important reinforcers that validate the safety of yoga practices. The doctor's support was the deciding factor for Informant 1 said, "the doctor said, 'yes, it's good for pregnant women'. So, I am confident in participating in prenatal yoga". Similarly informant 2 said: "from the doctor... He said I can do prenatal yoga, swimming sports are allowed. As long as the body is healthy".

A different pattern appears in Informant 3 who actually receives technical guidance from the midwife: "... The midwife supported me for yoga until I was told the move. *Like* , for example,

check with the Health Center, check here and tell the movement." This quote indicates a variation in the role of health workers. These findings show that although physicians provide general validation, midwives tend to engage more practically by providing specific movement instructions, thus supplementing medical recommendations with applicable guidance.

Likewise with Informant 4, after getting a recommendation from her husband's friend, the Informant and her husband ensured the safety of the activity through consultation with a doctor. When the doctor says yes, then there is a strengthening of determination to follow prenatal yoga.

Based on Informant 5's explanation, her obstetrician advised her to exercise to overcome complaints of cramps that were often experienced during pregnancy. The doctor recommended that he be more active, both walking and taking yoga classes, as a solution to the cramp condition. These medical recommendations are a reinforcing factor that complements encouragement from peers and previous social media information.

Based on the data that has been presented, it can be concluded that the motivation of primigravida pregnant women to participate in prenatal yoga at Griya Kamini is triggered by encouragement from people around them and independent exploration through social media, where both educational-inspirational content (especially Mrs. Widi's uploads) and surrounding recommendations form the perception of benefits for yoga activities. Participation decisions are then strengthened by the validation of health workers, with doctors providing general safety validation and midwives providing technical guidance.

### **Expected Outcomes**

Although the goals of participating in prenatal yoga vary, ranging from physical health to mental health, all three speakers stated that their main hope is a normal delivery. Informant 1 emphasized: "The hope (following Yoga) is actually (pregnant) normal, maybe later we will check again with the doctor whether it is possible to be normal". This quote suggests that normal childbirth is the main target even considering further medical evaluation.

Informant 2 emphasized the urgency of yoga as a prerequisite for normal childbirth: "Especially those who want to have a normal birth, it is very important". This statement implies the belief that yoga is an essential component of achieving a normal childbirth. While Informant 3 attributes yoga to a reduction in medical risk: "I want it to be normal... make it less tearing". Same as before, informant 3 emphasized that his main motivation was to minimize complications through normal childbirth.

Meanwhile, informant 4 still hopes to have a normal delivery, he realizes that yoga does not guarantee this. She said, "I am optimistic that I should be able to be normal at first, but yoga does *not* guarantee it." Informant 5 told the researcher that the decision to take part in prenatal yoga at Griya Kamini was taken, after she received a friend's recommendation and verified information on social media, because the main goal was to support a normal childbirth, which was also the husband's hope that encouraged her to prioritize the natural method of childbirth.

Based on the overall information of the speakers, the main *expected outcome* is normal childbirth, as confirmed in the direct quotes of the speakers who consistently place it as the core goal of participation. Although, one in five speakers openly stated that yoga could not be definitively confirmed.

### **Attitude Toward Behavior**

*Attitude Toward Behavior* (ATB) in the findings of this study means the aspect of primigravida pregnant women's belief in the benefits and risks of prenatal yoga, which is still related to two factors that have been discussed previously, namely motivational triggering factors (through environmental recommendations, social media exploration and validation of health workers) and *outcomes* expected (normal delivery). In other words, the perception of benefits and

risks formed in the minds of human mothers is driven by triggering factors as well as expectations for a normal birth that make them participate. In its journey, this belief manifests itself in four main interrelated dimensions.

First, the physical benefits are direct evidence that the resource persons feel during participation. Informant 1 reported significant changes:

"After taking a prenatal yoga class, from the physical hand you are often numb, if you do it in the morning, after participating in yoga, you become dizzy, continue to have a pattern of breathing regulation that is a bit *ngos-ngosan* (heavy breathing), continue to participate in this prenatal yoga class so that it becomes regular. And then his legs *became* swollen as well."

Informant 1's statement was quite detailed explaining the benefits of yoga that he had undergone, where there was a reduction in specific complaints such as hand numbness and shortness of breath.

Informant 2 confirmed a similar impact: "my experience of following this yoga from my body which often hurts especially when it has entered the 3rd trimester, after yoga I feel that my back feels better". Informant quote 2 confirms the effectiveness of yoga in dealing with back pain. Meanwhile, Informant 3 highlighted the body's adaptation process: "From a physical point of view, first if it's yoga, tired, and tired. But if it's done often, it's normal", which indicates an increase in physical tolerance along with the intensity of exercise.

In a nutshell, informant 4 stated that the physical benefits of Yoga are "Not stiff, more relaxed...". The same information was also mentioned by Informant 5 that after following yoga, he "felt that his body was lighter, *not* stiff. Because before it felt *like* it was *really heavy*. *It's like* there is no movement."

Second, preparation for childbirth emerges as a crucial manifestation of the physical benefits that directly support the primary expectation of normal childbirth. Informant 1 emphasizes the procedural aspect: "... for later preparations in facing childbirth. That's what pregnant women really need", which implies the perception of yoga as an important need to achieve hope. Informant 2 connects it to the birth process: "... Prenatal yoga is to maintain physical and mental health during pregnancy, as well as help for the delivery process". This quote affirms the dual function of yoga as a complete preparation. Informant 3 focused on reducing medical risks: "Only with yoga can we minimize those risks" and "Continue to give birth, be more prepared", which is consistent with her main motivation to minimize complications such as tears in order to remain normal.

The most emphatic answer came from Informant 5. The resource person stated that the main reason for taking a yoga prenatal class was to achieve a normal delivery, as revealed in the answer: "So that you can have a normal birth". When asked to summarize the motivation for her participation, she reiterated that "The goal is for normal childbirth". This dual statement confirms that yoga is not only seen as a physical exercise, but rather an active strategy to realize the goal of a normal pregnancy, which is the main goal of childbirth preparation in general.

Third, mental benefits are seen in increasing the capacity for emotional regulation. Informant 1 stated: "... And more controllable (worry)", hints at anxiety control. Informant 2 underlined the psychological training aspect: "I heard the positive... train our mentally and physically", which emphasizes awareness of the benefits of two things. Informant 3 explained the mechanism of achieving calmness: "If it is mental, it is easier to regulate the breath, emotions, so if there is a talk of calm people, calm down", indicating the connection between yoga breathing techniques and emotional stability.

Based on Informant 4's response to the researcher's question about the benefits of prenatal yoga, it was stated that the biggest benefit he felt was, from a mental point of view, to be more

relaxed, *enjoyable*, and happy. When asked if these activities reduce stress, the interviewee emphasized that yoga is very effective in reducing stress.

There is a further interesting answer from informant 4. The source explained that his routine from Monday to Friday involves long trips, so he is only allowed to focus on work without adding other activities. In the context of this limitation, Informant makes weekend yoga sessions an exclusive means to recover and pay attention to his baby. This statement is interesting because it reveals the role of prenatal yoga as a recovery space that creates balance after a week of strenuous physical activity. Yoga serves as compensation for the prohibition of other activities as well as a special moment to align his physical and mental needs with the baby's development. More so, this activity turns into a self-care ritual that releases the pile of stress during the workweek. In short, yoga is not only perceived as a physical preparation for childbirth, but mainly as a means of *healing* oneself with the baby.

Fourth, although these young mothers acknowledged the benefits of prenatal yoga, there were still initial concerns that arose before participation, particularly regarding fetal safety. Informant 1 revealed:

"For the beginning, I was still a bit scared. This is the right movement, no, later I am afraid that the stomach will be pressed. But the second time has found comfortable movement and a comfortable position".

The above quote reflects the transformation from doubt to confidence. Informant 2 stated: "There is (Yoga's concern), because he is afraid that there will be movement errors, because we do not know muscle movements, he is afraid that it is wrong" and "At first I was afraid because I was afraid that the muscle stretch was wrong". The statement showed fears of technical errors. Informant 3 confirmed a similar answer: "There is (doubt), at the beginning" which confirms the temporary nature of this concern.

Based on Informant 4's response to the researcher's question about initial concerns before participating in prenatal yoga, such as potential harm to the fetus or certain movements, the Informant stated that they did not experience such anxiety from the beginning. When the researcher asked if this was due to his previous habit of practicing yoga, the interviewee confirmed that the lack of doubt did come from his love of yoga before the pregnancy.

But in general, the informants felt worried at the beginning, for example the explanation of Informant 4 who had experienced concerns about the safety of prenatal yoga for the fetus before attending the class. To overcome this doubt, the informant conducted independent research by "*browsing* also how many weeks of pregnancy is safe" and found that yoga activities have been safe to do since the second or third trimester. Furthermore, the Informant emphasized that the support from the instructor (Mrs. Widi) through the childbirth consultation also eased her anxiety, thus providing certainty and comfort in yoga participation.

Before the yoga session, the researcher's observation noted the role of midwives in answering specific complaints. Some mothers complained of spinal pain, and Midwife Widi gave a clear and detailed explanation. This activity also supports the findings of childbirth preparation with an approach to physical pain management (*attitude toward behavior*) with psychological readiness (support to be more prepared).

Based on the overall findings, positive perceptions of prenatal yoga are predominantly shaped by its physical and mental benefits and relevance to the goals of normal childbirth, although it begins with doubts. Confidence is getting stronger along with the speaker's direct experience in prenatal yoga with the addition of the role of the Griya Kamini instructor.

### Subjective Norm

After presenting individual perception data (*attitude toward behavior*), then the presentation of *subjective norm findings* reveals the social influences that shape participation decisions, especially support from the immediate environment and authorities. In this study, *subjective norms* were found through four layers of support:

First, the husband's support is the main foundation with two roles, both practically and psychologically. Informant 1 stated that "from the husband he wanted to deliver" which showed direct involvement so that the wife could participate in the program. Informant 2 emphasized: "If there is no prohibition from the husband and family, everyone agrees" which implies approval as a form of validation of the decision. Informant 3 confirmed "If you support your husband and family", which confirms the position of the husband as the main supporter. The same information was stated by Informant 4 that the husband was the main driver as it was emphatically stated: "More to the husband". Likewise, Informant 5, "Husband and family support", strengthens the position of the husband as a very important party in encouraging prenatal yoga participation.

The researchers' observations also noted the presence of the husband outdoors which also confirmed the findings about the husband's support, although it was non-participatory. This pattern is consistent with the resource person's claim that the husband's practical support with delivery (Information 1) facilitates their access to services.

Second, family support shows a variation in response based on social circle. Informant 1 received affirmations from the nuclear and extended family: "Continuing from the mother-in-law, the biological mother also said it was good (Yoga)", indicating support. Informant 2 repeats the pattern of agreeing: "everyone agrees", as well as informant 5, "Husband and family are supportive". While Informant 3 differentiates the acceptance rate:

"If those who don't agree are the big family, who have not *been open-minded* about yoga because they may not have felt it. *Well*, the small family supports because they have experienced yoga, and moreover my mother herself always asks when yoga is."

Informant 3's statement emphasizes the role of previous experience in shaping support.

Third, the support of health workers functions as a very influential medical party, as mentioned in the coding that has been explained at the beginning. Informant 1 quoted the doctor's recommendation: "the doctor said 'oh yes, that's good for pregnant women'", as a confidence booster. Informant 2 mentions a similar agreement: "from the doctor... He said I can do prenatal yoga, swimming sports are allowed. As long as the body is healthy". While Informant 3 highlights the role of midwives: "... midwives support me for yoga until I am told of the movement", which confirms the applicative technical support.

Fourth, community support is realized through horizontal and vertical interactions. Informant 1 underlined peer learning: "Then in class there were many discussions. So we know what the complaints of other pregnant women are, so we can learn from that too". Informant 3 emphasizes the role of the instructor:

"If you are here (Griya Kamini), *you* will first check whether the fetus is safe for yoga. Here it is also directed if there is a sick *thing to do*, so it is clearly organized... Yesterday I was told that I was going to be the same person as Mrs. O'Neill. So okay, I'll continue for yoga here".

Informant 3's description in detail shows professional guidance in the community.

The experience felt by other informants was also confirmed by Informant 4 regarding the role of Griya Kamini. The informant emphasized that the yoga prenatal service provider significantly provided very meaningful support. The resource person stated: "I think it is very informative, yes, from the midwife, also other pregnant women". This quote shows that interactions

with health workers and fellow resource persons create a collective knowledge-sharing environment. Furthermore, Informant 4 revealed: "By participating in this I get much deeper information".

Similar to Informant 4, Informant 5 who mentioned the important role of Midwife Widi in the yoga studio in providing important information. Informant 5 also did not miss mentioning the important role of the community to "be able to share with each other".

Direct observation by researchers at Griya Kamini revealed that post-yoga *sessions (connection women)* function as a community support mechanism. In this session, the instructor actively invites pregnant women to be closer and grateful for the grace of their pregnancy, regulate the respiratory system and manage anxiety, and be given support to be better prepared for childbirth. This group interaction not only corroborated the interview's findings on mental benefits, but also strengthened the community's function as a *sharing platform* for collective learning, according to the testimonies of the resource persons that discussions among mothers helped to understand pregnancy complaints (Informants 1, 4 and 5).

Based on the overall data that has been presented, husband and health worker support emerged as the most dominant pillar that consistently strengthens motivation to participate, while family and community support acts as an additional reinforcement network.

### **Perceived Behavioral Control**

*Perceived Behavioral Control (PBC)* seeks to find out the perception of pregnant women towards the ease or practical barriers to prenatal yoga participation. Although *attitudes* and *subjective norms* shape motivation and participation actions, PBC can better determine real actions by identifying concrete supporting or inhibiting factors. In this context, PBC is no less crucial because high motivation can fail to be realized without control over behavior.

First, location is the main determinant of behavioral control. Informant 1 emphasized: "So looking for the one that is close, it turns out to be in this Griya (Kamini)", which firmly indicates the strategy of selecting services based on distance. Informant 3 reinforced it that: "Griya Kamini because it's closer. Because I'm from Plumping", also uses geographical considerations to beat other factors.

Informant 4 said in the early hours of the interview that the reason for attending prenatal yoga at Griya Kamini was "because it was close to where he lived". Informant 5 stated that the selection of Griya Kamini was driven by strategic distance considerations, as he emphasized: "That's why I chose this Griya Kamini, and it is close to home too, only 8 minutes". When the researcher confirmed the proximity of the location, the interviewee responded: "Yes, close (from home)". Furthermore, in her advice for first pregnant women, she identified the main obstacle in the form of inadequate places in terms of location, especially for participants from remote areas who have to travel all the way here. He also recommends yoga spot expansion solutions to reach more potential participants.

Second, time is an obstacle to participation for working mothers. Informant 1 who works as an ASN revealed: "due to time constraints due to work, he can only participate on Sundays". These limitations reflect the conflict of work schedules with ideal class frequencies. Likewise with Informant 5 who also works so that he can only take part in prenatal yoga on Sundays.

Third, the assumption of cost shows the polarization of different perceptions between pregnant women. Informant 2 stated: "no matter how much it costs, if it is useful, why not?". This quote confirms the *value-driven approach*. While Informant 3 argues: "If price is proportional to quality, yes, so I believe there is a price, there is quality", which emphasizes rational considerations. Informant 4 also said briefly "still want (to do yoga, even though the price has increased)".

In contrast to the answer of the resource person that has been mentioned, Informant 1 who showed price sensitivity, "If the price is above 100, you may still be thinking about it". Similar to informant 1, Informant 5 indicated hesitation to continue participating regularly. The informant confirmed that the current prices are "still normal", but in the event of an increase in costs, "it may be reconsidered" with the option of reducing the frequency of attendance from "once a week" to once every two weeks.

Based on the findings, strategic location is an absolute prerequisite, while time and cost constraints show variations in participation rates, especially for working mothers who face time constraints. Another obstacle is the potential price sensitivity for some of the speakers.

### ***Intention: Intention to Participate in Prenatal Yoga***

Based on the previous description of each of the factors driving initial motivation, such as access to information on social media, support from close people, and validation from medical personnel, as well as the factors of yoga practice participation based on *attitude toward behavior*, *subjective norms*, and *perceived behavioral control*, this section discusses how these dimensions shape *outcomes*. More specifically, *the outcome* here is *Intention*, which is operationally interpreted as the readiness and concrete plan of *primigravida* pregnant women to actively participate in *prenatal yoga* classes at Griya Kamini. This intention does not appear suddenly, but is formed through the interaction of the factors discussed earlier.

The findings revealed that positive *Attitude Toward Behavior* (formed by a belief in its physical, mental, and relevant benefits to normal childbirth preparation) fosters a deep belief in the value of participation. Meanwhile, strong *Subjective Norms*, especially in the form of full support from husbands and validation of health workers, provide social pressure as well as psychological reinforcement to attend classes. On the other hand, *Perceived Behavioral Control* shows that strategic location is an important driving factor, in addition to schedule conflicts for working mothers and cost sensitivity for some participants can actually hinder the realization of intentions. These three factors combine and together form a strong intention to participate.

Based on the overall findings of the study, it can be affirmed that the most influential factor in creating and strengthening motivation and intention to participate is the validation and assurance of safety from medical personnel, as well as psychological support from the husband. These two factors serve as the main foundation that turns an initial interest into a concrete commitment. Meanwhile, among various behavioral control factors, distance or location plays a role as the most crucial determinant of accessibility, where strategic location is a strong driver of intentions, while distance can be the main obstacle that has the potential to thwart the realization of these intentions even though motivation has been formed.

The relationship between the factors that have been described forms a flow that is interrelated with each other. Recommendations from people around and social media exploration, along with expectations of normal childbirth, together shape perceptions of the benefits of prenatal yoga. This perception of benefits is then significantly strengthened by the existence of social support. The combination of perceived benefits and social support ultimately affects the informant's ability to overcome the practical barriers faced.

These findings also answer the purpose of the research. The attitude of informants is dominated by the immediate physical and mental benefits they feel. The most influential social norms (*subjective norms*) come from the support of husbands and health workers. Meanwhile, perceived *behavioral control* is mainly determined by location accessibility. Overall, the most dominant factor is support from husbands and health workers (*subjective norms*), which serve as important links, where husband support overcomes obstacles, while validation of health workers provides reinforcements that turn motivation into real action.

The findings of this study are in line with the SDG framework which emphasizes three main determinants of behavior, namely attitudes towards behavior, subjective norms, and perceptions of self-control (Ajzen, 2020; Bosnjak et al., 2020). Attitudes towards behavior (*attitude toward the behavior*) In the context of prenatal, yoga is proven to be a personal evaluation for pregnant women which is dominated by the perception of direct physical and mental benefits, such as confinement of back pain and improved emotional control, as well as the belief that yoga minimizes the risk of childbirth. This evaluation reflects *behavioral beliefs* (belief in the consequences of behavior) which is the basis for the rational consideration of the source, as Ajzen emphasized that this attitude involves consideration of the benefits and losses of an action.

Subjective norms emerged as the most dominant factor. Ajzen explained that subjective norms are "the perceived social pressure to perform a behavior". Husband's support (shuttle) and validation of health workers (medical authorities) form *normative beliefs*, beliefs about the normative expectations of others, which crucially turn motivation into action. This finding strengthens the explanation of Bosnjak et al. (2020) that subjective norms show social views which then become norms that are also understood by individuals to align their behavior according to these norms.

Third, perceived *behavioral control* (PBC) explains the variation in participation through location, time, and cost factors. As explained by Ajzen (2020), PBC emphasizes "an individual's perception of the level of ease or difficulty of acting" rather than objective control. The time constraints for working mothers and the polarization of cost perceptions reflect *the control beliefs* that form *perceived behavioral control*, where strategic location is a prerequisite for access. This is as Ajzen said that TPB is necessary considering that individuals do not have full control over behavior.

Fourth, the interaction between the components of the SDGs in this study proves two main things. As described by Bosnjak et al. (2020), PBC reinforces the influence of attitudes and subjective norms on intention. In other words, as shown in this study, husband support (norms) increase the perception of control over obstacles, while physical benefits (attitudes) reinforce the belief of overcoming cost constraints. In addition, the intention as a motivational translator. Intention to act as a motivational precursor in the goal of normal childbirth. *This outcome* serves as a direct predecessor that integrates all factors.

Fifth, the findings strengthen the relevance of TPB in the context of physical activity of pregnant women, as shown by similar research (Eggleston, 2009; Zhu et al., 2020). The limitations of behavioral control, such as distance or time constraints, prove the need for PBC as an extension of TRA, as Ajzen reminds us that not all situations are within the absolute control of the individual.

In terms of theory, this study justifies the framework of the SDG dimension: subjective attitudes and norms form intentions, while PBC determines its realization, with subjective norms as the main driver in accordance with the collective culture in Indonesia. The findings also confirm that normal childbirth plays a role as *an intention* that binds the three components of TPB.

In the context of initial motivational factors, the information search pattern of pregnant women relying on social media and search engines as the main source of health information is in line with the findings of Lee and Lee (2022). The findings of the two researchers confirm that 72.85% of pregnant women rely on social media and search engines as the main source of health information. This is especially crucial in the first trimester, where research sources Lee & Lee (2022) reported a high interest in the topics of pregnancy symptoms (77.5%) and emotional aspects (30%).

Validation of health workers on prenatal yoga activities in Griya Kamini's case study also found its equivalent in the study (Guo et al., 2016), where a combination of social media-based

interventions is effective when combining expert content (nurses/midwives) that ensure the credibility of the information. This strengthens the close relationship between social media content and health worker confirmation as well as strengthening ongoing motivation for prenatal yoga activities.

In context *attitude*, this research has a high similarity with the results of research from Styles et al (2019). Styles' findings found that 86.7% of the informants expressed a positive attitude towards yoga, but only 50% actively participated (an average of 8 sessions) due to practical barriers such as schedule, transportation, and health. The informants involved in Styles' study also stated that there were significant benefits, especially a reduction in psychological distress (87.25%), an increase in childbirth preparation, a bond with the fetus (80%), and the development of social relationships. Similar to the findings of this study, the resource persons who participated in yoga at Griya Kamini had a positive attitude towards yoga, identified practical obstacles such as schedule conflicts, and emphasized the benefits of childbirth preparation as the main motivation.

This research is also in line with the positive attitude in which prenatal yoga is significantly shaped by the belief in the real benefits of pregnant women, both physically and psychologically. In terms of mental benefits, this study adds to the findings of Simanihuruk (2020) and Alhidayati (2022) by revealing an additional dimension beyond anxiety reduction, namely informants who say that increased emotional control. As revealed by Informant 3 that he "has an easier time regulating his breath, emotions" and Informant 1 who said the capacity to learn through community.

One of the interesting findings, it was revealed that there are informants who use yoga as a means *of healing* in the midst of the limitations of routines. The resource person explained that her activities from Monday to Friday involve long trips so she is only allowed to focus on work without other activities, explaining that yoga is a *weekend* activity to take care of herself and her baby. This statement confirms yoga as a special recovery space that serves as compensation for the accumulated physical fatigue due to daily mobility as well as a role switching ritual that transforms the weekend into an active strategy of self-recovery and brings the mother-baby relationship closer. In this context, yoga is a psychological and physical balancing mechanism that overcomes medical prohibitions against excessive activity and job demands.

In general, the findings of the study that positive attitudes in the psychological aspects encourage interest are in line with the findings (Simard et al., 2025). Simard points out that *behavioral belief*, the likelihood of feeling better mentally, is the strongest predictor of a pregnant woman's intention to do physical activity. This is in line with the findings of the informant's research in Griya Kamini that the experience of the informant who mentioned yoga as a means of relaxation and emotional management during pregnancy. Furthermore, the belief that yoga does not increase the burden of fatigue also strengthens positive attitudes, as well as changing the mistaken perception that physical activity can be harmful to pregnant women's fatigue (Simard et al., 2025). This combination of the expectation of physical benefits and empirical evidence of psychological benefits creates a benefit-benefit mindset for pregnant women that yoga is not only perceived as a preparation for childbirth, but also as an active strategy for managing mental well-being.

On the *subjective norm*, The findings of this study are in line with the results of the research Harrison et al. (2018) who found that social support, especially from couples and health workers, was crucial as a key driver of pregnant women's physical activity participation, where such support emerged as the dominant factor. Likewise, Harrison found external obstacles not to be the main barrier. As the findings of this study suggest, obstacles such as location distance can be overcome by the husband's support by providing transportation.

The last factor is *Perceived Behavioral Control*, The findings of this study are different from the findings of this study Zhu et al. (2020) who puts *perceived behavioral control* (PBC) as the main driver (65% of variants) in Wuhan, China. This difference may reflect the influence of Indonesia's collective cultural context which prioritizes social relations rather than structural barriers. What's more, the study was conducted in Bali, where access such as roads was not a major barrier, as reported in previous studies.

Meanwhile, findings on intrapersonal barriers (fatigue, discomfort) were dominant in the study Harrison et al. (2018) and Ikhsan et al. (2024) did not appear as an obstacle to the Griya Kamini resource person, possibly due to the characteristics of the informant who had actively participated (at least 4 sessions/month), so that the physical obstacle did not become an obstacle or was reported, even though the researcher had asked it directly.

As mentioned earlier, one of the main uniqueness of the findings of this study lies in the disclosure of the role of social media as *an entry point* that has not been raised by previous research. This finding also answers Harrison et al. (2018) about the need to pay attention to environmental factors.

While reinforcing the general agreement on the importance of health benefits (*attitudes*) and practical barriers (PBCs), these findings emphasize that the hierarchy of SDG factors in the Indonesian context by emphasizing subjective norm factors, while complementing the literature through an exploration of digital mechanisms and the dynamics of medical authorities. In the end, the researcher also developed a model of the TPB based on the findings of this study as the largest contribution to this study.

## CONCLUSION

This study concludes that primigravida pregnant women's motivation to participate in prenatal yoga at *Griya Kamini* is primarily triggered by social support from friends and husbands, exploration of social media content (e.g., uploads by *Griya Kamini* or Mrs. Widi), and validation from health workers (doctors and midwives), reinforced by the goal of normal childbirth and beliefs that yoga reduces medical risks like perineal tears. Positive attitudes stem from physical benefits (e.g., reduced back pain, childbirth preparation) and mental benefits (e.g., enhanced emotional control and healing). Subjective norms follow a hierarchy, with husbands providing moral support and transportation as primary influencers, health workers offering security validation and technical guidance, and family/community as secondary reinforcements. Perceived behavioral control highlights the facility's strategic location as essential, while barriers include time constraints for working mothers and varying cost perceptions (value-driven yet sensitive). For future research, longitudinal studies could track sustained yoga adherence post-partum and its long-term impacts on maternal and neonatal outcomes, incorporating quantitative measures to validate these qualitative insights across diverse socioeconomic groups.

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