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Analyzing Program Planning and Complications Prevention of Childbirth (P_4k) in the Context of Social Capital

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Abstract

Maternal mortality is still high in Indonesia; therefore it needs effective intervention to decrease the MMR. One of the program that deal with it is called Program Planning and Complications Prevention of Childbirth (*Program Perencanaan Persalinan dan Pencegahan Komplikasi* = P_4K). The goal is to increase coverage and quality of health care for pregnant women and newborns through increase active role family and community in plan a safe delivery and preparations for complications and obstetric danger signs for the mother that gave birth to babies healthy. One concept regarding active role of community called social capital. The aim of this research was to analyze the social capital in achieving P_4K in Ngablak Village (Ngumpak Dalem Health Center) and Bungur village (Kanor Health Center) at Bojonegoro Regency. The research was done using quantitative method. There were 66 families in Bungur village and 65 families in Ngablak village were recruited in the research. The sample was taken by *simple random sampling*. The qualitative information also collected to support quantitative results by conducted in-depth interview and FGD. The information then analyzed using *contents analysis*. The result showed that in Ngablak village the parameter of trust was mostly in medium category, of norm was supportive, and of social networking was very supportive. The social capital of Bungur village in trust parameter was mostly high category, in norm was mostly very supportive and in social networking was also very supportive.

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The conclusion was there were significant differences between social capital on the parameters of trust, norms, and networks in Ngablak village and Bungur village in P_4K achievement, which is Bungur village was better than Ngablak village. The recommendation was given to the local authority by improving existing norms, increasing trust among the stakeholders, and activating social network.

Keywords: *M*aternal mortality; P_4K; social capital; trust; norm; social networking.

1. Introduction

Maternal mortality is one of the health status indicator of the population that is useful to describe maternal health, their environment, and level of health services for pregnant women, maternal parturition and postpartum. The majority of maternal deaths are due to direct causes namely bleeding, infection, eclampsia, prolonged labor, abortion, and complications during labor. Maternal mortality is also motivated by the low socioeconomic level, education level, status and role of women, social and cultural factors as well as the transportation factor. All of those mentioned affects the emergence of two disadvantages namely “Four lates” and “Four toos.” The Four lates include late or delays in detecting high-risk mothers and infants, late to make decision to be referred, late to transport pregnant woman reaching health facilities, and late or delays getting care at health facilities. The Four toos include too young to give birth, or too old to give birth, too frequent to give birth, child spacing is too tight [1].

Millennium Development Goals (MDG's) established Maternal Mortality Rate (MMR) in 2015 to be 102/100.000 live birth so it is necessary to make an effective breakthrough and sustainable. In Indonesia, the maternal mortality rate is still high compared to other developing countries, namely 228/100.000 live births, and infant mortality rate is 34/1.000 live births [2]. To overcome these problems the Government of Indonesia (GOI) has made efforts to accelerate the reduction of maternal mortality. In 2000 the MOHRI has launched the Strategy Making Pregnancy Safer (MPS) which is a strategy focused on the provision and improvement of health services in three key messages: (1) each delivery assisted by trained health personnel, (2) any obstetric and neonatal complications received adequate care, and (3) any woman of childbearing age have access to the prevention of unwanted pregnancies and management of complications of miscarriage (MOHRI, 2009). Efforts to reduce maternal mortality by improving quality of care and management of Mother and Child Health (MCH) program management along with related programs and international institutions to implement, but it still needs to be an effort to increase community involvement in the care and maintenance of the health of the mother and the newborn is via Program Planning and Complications Prevention of Childbirth (*Program Perencanaan Persalinan dan Pencegahan Komplikasi* = P_4K).

The P_4K purpose is to improve services to pregnant women in order to give birth safely and survived, as stated role in Ante Natal Care (ANC) activities. Planning of childbirth is an activity that is part of the activities of ANC conducted by either midwives at health centers, sub-health centers and village maternity cottage (*Pondok bersalin desa* = polindes). The objective to be achieved of the planning of childbirth is to improve the knowledge of pregnant women, their husband, their family about the risk and danger signs of pregnancy and

childbirth. Furthermore, the knowledgeable of pregnant women and family can make planning of childbirth and a change of their behavior.

The P_4K targets include pregnant women, maternity, and postpartum mothers. Existing activities in pregnant women is the number of pregnant women K1, pregnant women with marking stickers, pregnant women have a KIA books, along with her husband and the ANC. Target pregnant women and maternal activity was participated savings / maternity social funds, rural ambulance support, and get a blood donor. While the activity on maternity is assisted by trained health personnel, along with her husband during childbirth, the baby's birth and the postpartum period Early Initiation of Breastfeeding [3].

P_4K in East Java was started in 2006 through Deconcentration Fund at 136 villages / urban and has the support of UNICEF in three (3) facilitating the District 40 villages, then more comprehensively developed in 2007 by Minister of Health to declare P_4K with sticker is a groundbreaking effort to accelerate the reduction in maternal mortality and newborn through improved access and quality of care, which is also a potential community building activities, in particular for the preparation of public awareness and action in saving the mother and baby newborn [4]. Soon after the implementation at the Provincial level, Bojonegoro Regency also implemented P4K in 2006 and performed in 4 villages located in four Public Health Centers (PHCs): PHC Baureno (Kauman village), PHC Kanor (Bungur village), PHC Ngumpakdalem (Ngablak village), and PHC Kalitidu (Mayanggeneng village). In 2007 with the support of funds Deconcentration developed in 9 villages, and in 2008 developed a more comprehensive that has covered all the villages. In 2010 P4K was became excellent programs that are included in the Java Post Award [5].

Table1: The Implementation ofP_4K in East JavaProvince and BojonegoroRegency in 2009 (%).

No	Activity	Achievement (%)	
		East-Java Prov.	Bojonegoro Dis.
1.	Marking stickers	69,62%	97,42%
2.	ANC accompanied by husband	58,38%	65,35%
3.	Have a book MCH	92,22%	85,15%
4.	Savings maternity/maternity social fund	11,35%	33,66%
5.	Village ambulance	15,27%	32,67%
6.	Blood donors	4,24%	0,33%
7.	Delivery assisted by health personnel	83,08%	99,42%
8.	Delivery accompanied by her husband	73,17%	98,83%
9.	Contraceptive during puerperium	41,05%	18,13%
10.	Implement early initiation of breastfeeding	83,09%	33,10%

Sources: East Java Provincial Health Office (2010) and Bojonegoro District Health Office (2010) Profiles [5].

2. Theoretical Framework (The Concept of Social Capital)

As financial capital and human capital, at present social capital is also increasingly recognized as an important factor that determines the success of a country's development. There is a tendency that as if social capital can only be developed by a community of social capital which it operates. So that social capital, as if only the domain or working area of civil society where local initiatives, social organizations, non-governmental organizations and movements of other local participation is the vanguard in building social capital [6-9].

Social capital can be discussed in the context of a strong community, a strong civil society, as well as the identity of the countries (nation-state identity). Social capital, including elements such as trust, cohesiveness, altruism, mutual cooperation, networking, and social collaboration has a considerable influence on economic growth through a variety of mechanisms, such as an increased sense of responsibility to the public interest, the widespread participation in the democratic process, strengthening community harmony and reduced levels of violence and crime [10-12].

As already noted, the experts explained that there are some things that underlies and used as a measure of social capital in the community. In this study, the authors refer to the opinion of Putnam that provides three indicators as a tool to measure the level of social capital that exist in society [13, 9]. Putnam [9] stated components of social capital consists of trust, norm and networks that can improve the efficiency of facilities within a community through coordinated actions.

Trust is the expectation that grows in a society that is shown by the honest behavior, orderly, and cooperation based on the norms that are shared. Social trust is an application to this understanding, then noted that in societies with a high degree of confidence, social rules tend to be positive, relationships are also cooperation [14-16]. Cox [17] said: "'We expect others to manifest good will, we trust our fellow human beings. We tend range to work cooperatively, to collaborate with others in collegial relationships."

Norms consists of understanding, values, expectations and goals which are believed and run jointly by a group of people. Norms can be sourced from the religious, moral guidance, and standards of secular as well as the code of professional conduct. Norms was built and developed based on the history of cooperation in the past and applied to support the climate of cooperation [9, 10]. Norms can be a pre-condition and the product of social trus.

Norms are standards of behavior within a particular group of people. Norms are often also referred to as social regulation. Norms regarding appropriate behaviors performed in live social interaction. The existence of norms in society are forcing individual or a group to act in accordance with social aturn been formed. Basically, the norm arranged so that the relationship between humans in society can be orderly as expected. Formation of norms intended to govern human relations in a society that happen as expected. The norms consist of understandings, values, expectations and goals which are believed and run jointly by a group of people. Norms can be sourced from the religious, moral guide, as well as secular standards, such as the code of professional ethics. [14, 12, 18].

Dynamic infrastructure of social capital is in the form of a network of cooperation between people. The network facilitates communication and interaction, allowing the growth of trust and strengthen cooperation. Healthy communities tend to have a strong social network [14, 19, 20]. People know and meet other people. They then build a strong inter-relationships, both formal and informal. Close social network will strengthen the feeling of cooperation among its members as well as the benefits of participation [21].

3. Results and Discussion

Bojonegoro Regency is one part of East Java Province, located at the west, which is close to the Bengawan Solo River. Research was undertaken at two locations. The first is Bungur village at the northern region is under Kanor subdistrict administration. Total population by livelihood largely farmers 70%, 20% private sector and 10% of civil servants. The second place is Ngablak village at the southern region is under Dander sub-district administration. Total population by livelihood is farmers 35%, private sector 55%, and 10% of civil servants. Bungur village has one Polindes that held by a village midwife who has been working in the village since 1996, with a service life of about 14 years, midwifery vocational (D_3) educational background. Polindes is inside the Village Hall and located near the highway. In conducting activities in Polindes midwife assisted by cadres who were 8 people, while there are five active cadres. Bungur village has been implementing P_4K since 2006, all mothers who want to give birth brought to Polindes. Therefore, there are no mothers who gave birth at home and the deal has been running 5 years since 2005.

Ngablak village has one Polindes that held by a village midwife who has been working in the village since 1992, with a service life of about 18 years, midwifery vocational (D_3) educational background, which is located near the highway. In conducting activities in Polindes the midwife assisted by cadres numbering 5 people, 1 person trained TBAs. In this village P_4K has been implementing since 2006. Mothers who want to give birth were not all want to Polindes because it located far from their house. The residents are closer to Ngulanan midwife, the neighboring village, or the City. There were some people who chose to go to TBA for help.

Table 2: The Age distribution of Respondents in Bungur (Kanor HC) and Ngablak (Ngumpak dalem HC)

No	Age	BungurN(%)	NgablakN(%)
	20-25years	4(6)	2(3.1)
2.	26-30years	7(10.6)	9(13.8)
3.	31-35years	11(16.7)	17(26.2)
4.	36-40years	32(47)	23(33.8)
5.	41-45years	10(15.2)	13(20)
6.	>46years	3(4.5)	2(3.1)
	Total	**67(100)**	**66(100)**

Table 2 shows that most respondents were in the productive age with the specific age in 36-40 years old.

In Table 3 shows that most respondents of Bungur village were elementary graduate and farmer was their job with low income level. This condition was different from their counterpart at Ngablak village that mostly intermediate and high educational background, involved in private sector and civil servant with their income level at intermediate and high category.

Table 3: The Distribution of Respondents Education, Employment and Income level in Bungur (Kanor HC) and Ngablak (Ngumpakdalem HC) villages.

	Variables	**Bungur n (%)**	**Ngablak n (%)**
Level of Education			
1.	High (vocation and undergraduate)	9(13,6)	12(18.5)
2.	Intermediate (junior and high school)	27(40,9)	35(52.3)
3.	Basic (elementary)	31(45,5)	19(29.2)
Employment			
1.	Civil servants	7(10.6)	14(21.5)
2.	Private sector	18(27.3)	25(38.5)
3.	Farmer	42(26.1)	27(40.0)
Income level			
1.	High	12(18.2)	17(26.2)
2.	Intermediate	16(24.2)	27(40.0)
3.	Low	39(57.6)	22(33.8)
	Total	**67(100)**	**66(100)**

Analysis of Social Capital of Ngablak (Ngumpakdalem HC), and Bungur (Kanor HC) villages in the Implementation of P_4K.

In the analysis of this data will be described on trust, norms, networks obtained from the questionnaire and in-depth interviews at the respondents of Bungur (Kanor HC) and of Ngablak (Ngumpakdalem HC) villages.

Respondents Trust

In the trust component of the respondents, parameters or indicators used in this study include trust to others, trust in the people involved or knew about the program (midwives, TBAs, cadres, village head-man), and trust in the program itself.

From the results of in-depth interviews with the respondents, village motivators are the people who are involved in the program such as: midwives, traditional birth attendants (TBAs), cadres, village head-man, then trust level

in Bungur village can be categorized as high against the other people, the people who involved in the program and the program itself.

Table 4: The Distribution ofTrust level about the implementation of P_4K in Bungur and Ngablak villages Kanor, 2010.

No	Trust level	Bungur	Ngablak
		N(%)	**N(%)**
1.	High	53(79.1)	24(36.4)
2.	Intermediate	14(20.9)	42(63.6)
3.	Low	0(0)	0(0)
	Total	**67(100)**	**66(100)**

Whereas the results of Ngablak village showed a different. It found that trust level was in the medium category, either to the other people or midwife. The treason was the midwife or polindes was located far away. Therefore, if they want to go to polindes they should make turn, and the road was very poor. The community much closer to another village midwife that located not far from their house or to midwife that more famous though she is far away. While the trust level to TBA is very high, by the reason that the TBA easily contacted and always close to the community.

Respondent Norm

The norms that is used as a parameter in this study is the norm or customs of the people that is associated with customary norms in the implementation of the P_4Kprogram. It is reflected in the activities such as pregnancy check to midwife, saving since the beginning of the first pregnancy check to midwife, residents are encouraged to set aside money to volunteer to help mothers who give birth, family members are encouraged to prepare themselves as prospective blood donors, and any vehicle used as an ambulance residents of the village.

Table 5: Distribution of Respondent Norm in the Implementation of P_4K in Bungur and Ngablak villages.

No	Norm	Bungur	Ngablak
		n (%)	**n (%)**
1.	Very supportive	59(88.1)	22(33.3)
2.	Supportive	8(11.9)	42(63.6)
3.	Not supportive	0(0)	2(3.1)
	Total	**67(100)**	**66(100)**

From the results of in-depth interviews were conducted to the respondents, then the norm in Bungur village strongly support the implementation of P_4K. Whereas, the results of Ngablak village showed different norm level. There was a small part that does not support.

Respondent Network

The network parameter used in this study as a parameter is a form of cooperation and engagement, which consists of individual involvement, the involvement of other people, and the involvement of people who know the P_4K program implementation.

Table 6: The Distribution of respondents Network in the implementation of P4K at Bungur and Ngablak villages.

No	Network	Bungur	Ngablak
		n (%)	n (%)
1.	Very supportive	59(88.1)	22(33.3)
2.	Supportive	8(11.9)	42(63.6)
3.	Not supportive	0(0)	2(3.1)
	Total	**67(100)**	**66(100)**

From the results of in-depth interviews were conducted to the respondents, the village motivators are the people who are involved in the program (Midwife, TBA, cadres, village head) network in the village Bungur in the category strongly support the implementation of P4K. As told by the respondent at the time of in-depth interviews

4. Discussion

Based on the in-depth interviews that were conducted with respondents and the village motivators such as midwife, TBAs, cadres, and village head-man the results showed they strongly trust to them. According to the respondents they strongly trust to the midwife because the midwife is a person who has been trained and got knowledge from school. The midwife task is to help mothers to give birth and she certainly able to overcome the problems associated with the task. Therefore, all of the mothers at Bungur village who want to birth they went to polindes and got help from her. Whereas, TBA is getting knowledge about attending births as habits taught by parents or those who have experience attending births but they do not have the theory. Thus, mothers at Bungur village already have an awareness if they giving birth they must see midwife or polindes, while TBA only assist midwives in attending births and bathing the baby. In addition, the polindes location is in the middle of residential area, therefore the residents and the midwife more frequent interaction and communication that eventually arose mutual trust. The situation was different at Ngablak village. The respondents lack of trust to the health worker or midwife. They were more trusting of TBA than to midwife because she did not want to be

called to assist delivery at home. Another reason was polindes is far away from residential areas and the roads leading to polindes is poor therefore, mothers who want to give birth better go to TBA or midwife from other villages that were located closer or midwife to the city that has been known and seniors. In addition, the reason for them to TBA because she want to follow the wishes of mothers and better understand the condition of mothers who want to give birth, also supported the cost of labor is cheaper to TBA. People prefer to trust in the TBA because they assume that the TBA is a person who is able to help labor before the existence of health personnels. In addition, to the community the midwife is away both physically because of her house and psychologically in the form of closeness to the community

Looking at the fact that occurred in Bungur village that norm becomes very supportive because of the high level of trust, according to the theory that if the norm is very high also supports the trust that form cooperative relationships between people who impact society behaves as expected due to the emergence of consciousness. At Ngablak village norma community does not support therefore the relationship between the community will not be formed. As a result, no mutual trust among members of society. This is happening in rural communities at Ngablak because the norm is less support so that the level of public trust is also not high.

The majority of Bungur village respondents showed the very supportive network. According to the theory, when people meet with others will form the interrelation and interaction occurs. Meetings can be formal or non-formal. Which occurred at Bungur village they utilize meetings and establish interactions resulting in the exchange of information within the organization such as tahlil worshipers as well as integrated services post (posyandu) that held once a month. What is important is the support of the village head-man in the implementation of the program, because he is the policy makers in the village, if he gives his support then all activities will be run. As evidence that the labor is done in a health care services or polindes will not work if it is not supported by him. And the fact is that at Bungur village all deliveries have been done in the health care services or polindes and this is has received full support from the village head-man. At Ngablak village there was a small part of community members do not support. This can be due to the incompatibility between what is disseminated at the beginning of the program objectives is to help expectant mothers and maternity by the fact that the public receive. It could be because of the socialization that just once and follow-on activities only evaluate the implementation but did not see the results achieved by the community in the activities.

5. Conclusions

5.1 At Ngablak village (Ngumpakdalem HC) social capital trust parameters are mostly in the category of medium, there are norms that support category, and the category network is very supportive. Whereas at Bungur village (Kanor HC) social capital on parameters trust categorized high, the norm is categorized very supportive, and strongly support the network category.

5.2 There are significant differences between the parameters of social capital on trust, norms, and networks in Ngablak village (Ngumpakndalem HC) and Bungur village (Kanor HC) in the P4K program achievements, in which social capital of rural communities Bungur villagers is better than Ngablak villagers.

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