Model Construction of Organizational Characteristic and Work Characteristic toward Role of the Midwife in Measures Prevention Mother to Child Transmission (PMTCT) on Independence Pregnant HIV/AIDS in Makassar

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Abstract

The research problem namely: 1) is the organization characteristic Affect toward the role of midwife on PMTCT; 2) is the characteristic Affect work toward the role of midwife on PMTCT; 3) is characteristic Affect the organization toward the independence of pregnant in HIV/AIDS; 4) is the work characteristic Affect toward the independence of pregnant in HIV/AIDS; and 5) is the role of midwife on PMTCTC Affect toward the independence of pregnant in HIV/AIDS. This research aims to analysis the Affect of organization and work characteristics toward the role of midwife on PMTCT, to analysis the Affect of organization and work characteristics toward the independence of pregnant in HIV/AIDS, and to analysis the Affect of the role of midwife on PMTCT toward the independence of pregnant in HIV/AIDS. Kind of research is quantitative with inferential approach with the design of correlational research. Reviews These applied research in Several Community Health Center at Makassar City.

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Population and sample amount as 180 of midwifes from 35 Community Health Center take in multistage random sampling. Data analysis through SEM analysis with computer program AMOS 20. The result of the research found that the organization characteristic have positive and insignificant toward the role of midwife on PMTCT. That mean the reward system, training and development, and leadership have applied but the insignificant contribution to the role of midwife on PMTCT. The work characteristic have positive and significant toward the role of midwife on PMTCT. That mean the performance goal and feedback have applied and give a significant contribution to the role of midwife on PMTCT. The organization characteristic have positive and significant toward the independence of pregnant in HIV/AIDS.

That mean the reward system, training and development, and leadership have applied and have significant contribution to the independence of pregnant in HIV/AIDS. The work characteristic have positive and significant toward the independence of pregnant in HIV/AIDS. That mean the performance goals and feedback have applied and have significant contribution to the independence of pregnant in HIV/AIDS. The role of midwife on PMTCT have positive and significant toward the independence of pregnant in HIV/AIDS. That mean the attitude, subjective norm, perceived norm and intention have significant contribution to the independence of pregnant in HIV/AIDS.

Keywords: Organization Characteristic; Characteristic Work; the Role of Midwife and Independence of Pregnant.

1. Introduction

In Indonesia the prevention of transmission through the Prevention of Mother To Child Transmission (PMTCT) has been conducted since 2007 to 2012, in which efforts are made to prevent the transmission of HIV/AIDS has not decreased in quantity and quality of HIV/AIDS. Efforts have been conducted, but the outcome is not optimal as expected. Therefore the Indonesian government continues to encourage the world of health to continue to improve the development of the role of midwives in PMTCT action in the health service to the people, especially pregnant women living with HIV/AIDS [1]. Data HIV/AIDS in Indonesia in the last ten years starting from 2005 until June 2014. Visible cases and the highest HIV have fluctuated in 2013 as many as 29 037 cases. While achieved the highest AIDS case in 2012 as many as 8747 cases. This indicates that there should be efforts to health care programs, including the handling of institutionalized through self-care agency to implement the measures PMTCT as an effort to continue to lower HIV-AIDS cases in Indonesia through the development of the midwife's role in the handling of the independence of pregnant women who indicated HIV/AIDS. Based on gender cases of patients with HIV in 2008 until June 2014 for men experiencing fluctuating highs in 2013 that as many as 16 758 people, while the highest female types in 2013 as many as 12 279 people. This means that gender is male dominance is indicated with HIV, making it necessary actions to pregnant mothers PMTCT program in addressing the HIV cases that may be contaminated by a husband [1].

Based on these data, associated with HIV/AIDS cases in 2014, to South Sulawesi by the Department of Health (2015: 8) there are as many as 260 people with HIV/AIDS, and particularly in the city of Makassar there are three (3) health centers were reported to have the patient's mother pregnant patients with HIV/AIDS over the

next three years (2012 - 2014) already have as many as 59 people. PHC Ujung Pandang to New number of patients in the last three years there were 27 people, PHC-Kassi Kassi 20 people, and there are 22 people Makkasau Health Center. Data show that throughout 2014 until November 31 patients have indicated to pregnant women with HIV/AIDS in three health centers that need the midwife's role in handling the case to realize the independence of pregnant women in the prevention of HIV/AIDS. The fact found today in the community, especially in the city of Makassar, the independence of pregnant women in the prevention of HIV/AIDS are particularly vulnerable to counseling and testing for HIV/AIDS prevention that impact transmitted to the baby the City Health Office Makassar, 2015 : 7).

The phenomenon is seen in pregnant women who indicated suffering from HIV/AIDS, the level of independence are extremely low due to the range or unable to develop preparedness to prevent and tackle the problem of HIV/AIDS suffered. This is because the five components of independence in self-pregnant women with HIV/AIDS are less actualized in its efforts against the disease counseling and testing that it faces. The five components are referred to as the low-level progressive freedom to recover from illness, less tenacious in seeking healing, less initiative to consult, do not have the self-control to prevent disease and low self steadiness for continuous treatment. The lack of autonomy of pregnant women due to lack of counseling through PMTCT in accordance with the midwife's role in the prevention of HIV/AIDS, [2].

In public health centers in the city of Makassar in the prevention of HIV/AIDS is still low in health care. This is because there are still many midwives have not been able to develop organizational behavior, to plan the behavior and development of quality services in the field of optimally supporting role. Midwives as an important part of the health center has not been able to develop organizational behavior that is good, that the study of the behavior of a midwife have not been able to develop behavioral integration of the appropriate attitude (attitude), the perception of the norm (perceived norm) and agency personal (personal agency) to demonstrate knowledge and skill performing the task owned midwife profession in realizing good service as the organization's goals [2]. According to [3] good organizational behavior will provide a unified integration of appropriate work attitudes, perceptions, norms and personal agency in supporting the professionalism of a person.

Besides, there are still many midwives in health centers that have not been able to plan appropriate behavior with attitude, subjective norms, behavioral control and intentions, so that the role of midwives in the prevention of HIV/AIDS has not been optimal. On top of this it is necessary the application of the Theory of Planned Behavior (TPB) is a development of the theory of reasoned action (Theory of Reasoned Action / TRA) by [4]. Beginning in 1980, the theory is used to study human behavior and to develop interventions that are more effective.

TRA confirms that the most important determinant of an individual's behavior is the intention. Direct determinant of individual behavioral intention is the attitude (attitude) and subjective norm (subjective norm) associated with the behavior. Individual attitudes toward behavior includes beliefs about a behavior (behavior belief), evaluation of the results of behavior (evaluations of behavioral outcomes), subjective norm (subjective norm), trust normative (normative belief) and motivation to comply (motivation to comply) and TRA expanded

by [5] by adding a control factor internalized behavior (perceived behavioral control) that control behavior is determined by past experience and estimates of how difficult or easy it is to perform these behaviors, intended to overcome the problem of incomplete control on the theory of TRA. The essence of the theory of TPB remains on factors intention (intention), where the determinant is composed of three factors: attitude, subjective norms and behavioral control that will determine whether the behavior in question did or did not [5]

Another reality center midwife in Makassar has yet to develop an optimal quality of service over the years. It can be seen from the achievements of labor productivity or performance of the work produced is not optimal as expected from the midwife's role. The cause of the development of the quality of services is still low because of health centers have not been able to improve the characteristics of the organization, individual characteristics and the characteristics of work in shaping the work behavior in accordance with the achievement of performance to achieve organizational effectiveness in providing services or the prevention of HIV/AIDS [2]. According to [6[to realize the development of the quality of service used Kopelmen theory that relies on three factors: organizational characteristics, individual characteristics and work characteristics that should be improved to form a work behavior in accordance with the performance of the work produced in the realization of an effective organization.

On that basis, the midwife's role needs to be supported by improvements in organizational behavior, improved planning of the behavior and development of quality improvement for midwives in health centers to prevent the spread of HIV/AIDS. The role of the midwife is expected to play an important role as executor of services, managers, educators and researchers in providing services to the patient, so that the treatment of patients with HIV/AIDS can be carried out intensively and quality through the provision of approach to PMTCT in order to provide counseling and testing as a primary solution in tackling and addressing the problem of HIV/AIDS, especially in pregnant women [7].

Development of the role of midwives need to be followed in giving effect to the measures PMTCT among pregnant women with HIV/AIDS. Facts discovered in three health centers in the city of Makassar indicates that the development of the role performed by midwives have not been implemented optimally, because of the poor ability of midwives in developing its role either as executors, administrators, educators and researchers in providing action PMTCT [2].

Every midwife working in a health center should develop as a manager who can provide good health services, always coordinate health programs intensively managed in accordance strategy of integrated health services. But the reality is found in several health centers in the city of Makassar seen the midwife's role as manager of less than optimal in practice, so often get questions from patients about the role of manager owned by midwives in dealing with health problems faced by the patients included in this patient pregnant women with HIV/AIDS . The role of the midwife is also required to develop its role as an educator in the field of health care. A midwife must be able to provide health education well, providing health facilities in introducing various implementation programs that educate the public and the field is required to develop an educated evaluation of the program to patients who advocated appropriate counseling and health testing. This fact was noticed that there are midwives who have not been able to develop its role as an educator in enlightening, advocacy and education programs to

the patients served [2].

Gaps and often faced by midwives in developing its role as executor, administrator, educator and researcher, gives a direct influence on the actions of PMTCT experienced by pregnant women with HIV/AIDS. The gap of the development of the role of midwife suboptimal cause of action PMTCT also not optimal in achieving the ministry intended to act counseling to pregnant women to prevent transmission of HIV in the productive age, avoiding pregnancy in mothers with HIV, HIV transmission from mother to child and socialization and maternal care HIV positive [2]. The above description is a phenomenon subject to data and facts found in the case of three health centers that employ midwives to serve pregnant women and patients who are suffering from HIV/AIDS. On this basis, researchers interested in conducting research by selecting Health Center in Makati City as a place to study, so the researchers lifted the title: Role Model Development Midwife in action Prevention of Mother To Child Transmission (PMTCT) of the Independence of Pregnant Women HIV/AIDS in the city of Makassar.

Conceptual Framework

The conceptual framework of this research is an overview of the study variables were observed in the study object of Public Health Center (Puskesmas) in Makassar. This conceptual framework refers to the application of the theory Kopelmen [7] blend with the theory of planned behavior (TPB) in influencing the role of midwives in PMTCT acts against the independence of pregnant women with HIV/AIDS.
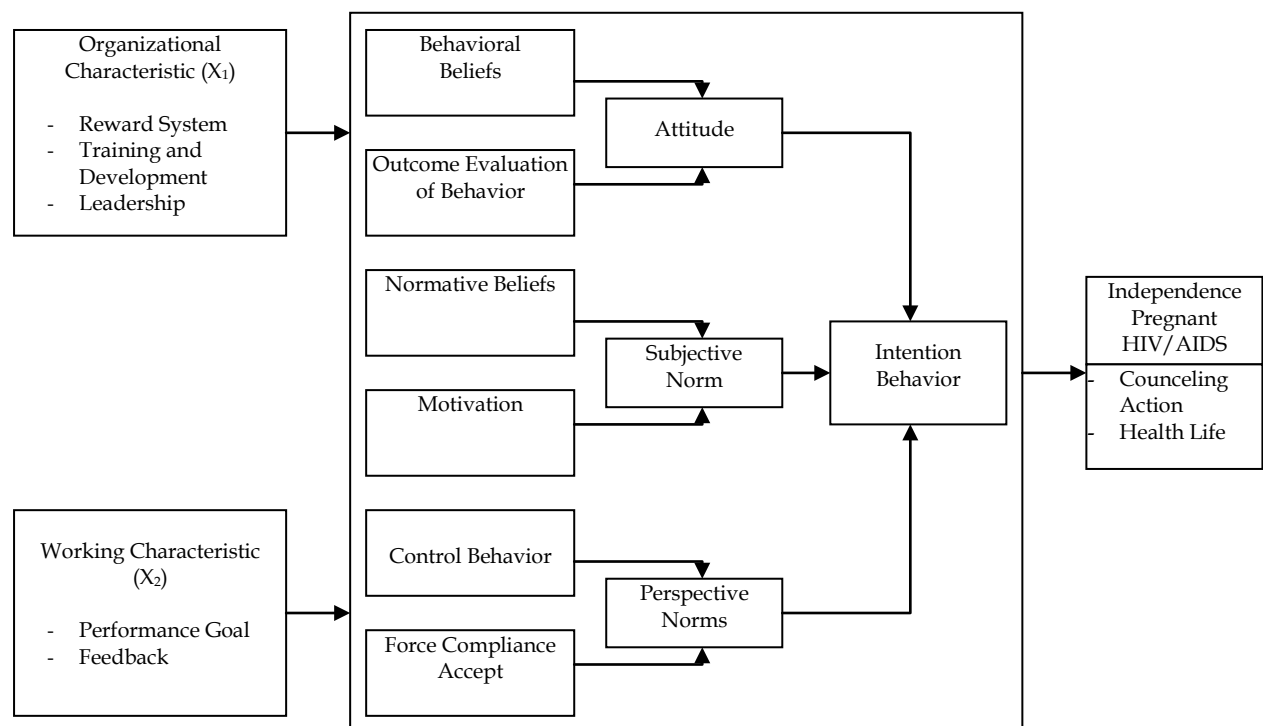

Figure 1

Conceptual Framework Theory Kopelmen and TPB

Based on the formulation of the problem and the above description, then the hypothesis is as follows: 1) the influence of organizational characteristics of the role of midwives in PMTCT action in Makassar; 2) No effect working characteristics of the role of midwives in PMTCT action in Makassar; 3) there was an effect on the independence of the organizational characteristics of pregnant women with HIV/AIDS in Makassar; 4) no effect on the independence of working characteristics of pregnant women with HIV/AIDS in Makassar; and 5) there is the influence of the midwife's role in PMTCT acts against the independence of pregnant women with HIV/AIDS in the city of Makassar.

2. Materials and Method

This research is a quantitative study using inferential approach is to observe the influence of variables to explain the direct and indirect influence. The research design uses a correlational study to examine the effect of relationships between variables. Researchers are looking for, explain the relationship, based on the estimates and test existing theories. This design aims to express the correlative relationships between variables. Correlative relationship refers to the tendency that variation of a variable followed by variations of other variables.

Location of research at several health centers in the city of Makassar representative to serve as a study to observe the characteristics of the organization and working characteristics of the role of midwives in PMTCT action and independence of pregnant women with HIV/AIDS. When the study was planned three months of 2016 (January to March).

The population in this study were all midwives in three (3) Health Center in Makassar, amounting 180 persons midwives who provide counseling to pregnant women with HIV/AIDS. The sample size is used together with a large population, namely for midwives at three health centers in the city of Makassar amounted to 106 people who provide health services appropriate role of midwife. So great is the study sample as many 180 as respondents. The sampling technique is done by using a phased manner (multistage random sampling).

Data analysis using descriptive analysis techniques to obtain an overview of the characteristics of survey respondents from several aspects, including age, education, occupation and years of service as a midwife at the health center. Descriptive analysis was conducted by analysis of the frequency distribution of the measured variable.

Inferential analysis used the analysis Structural Equation Model (SEM) is a statistical analysis technique that combines some aspects of the path analysis and confirmatory factor analysis to estimate multiple equations simultaneously. Structural equation modeling (Structural Equation Modeling) is a second generation multivariate analysis technique that allows researchers to examine the relationship between complex variables both recursive and non-recursive to obtain an overall picture of the overall model [8].

Validity test is done to establish that the measuring instruments used in the study according to the measured variable. Reliability test showed regularity or consistency of measuring tool if used in the same person in a different time. Reliability is expressed in the form of a correlation coefficient of 1 (one) showed perfect reliability and value of 0 (zero) are not reliable. With the indicator is considered reliable if the Cronbach's

alpha> 0.6 [9] .

3. Results and Discussion

After testing the instruments shown in the attachment ... the next will do the analysis model fit the criteria of model fit like GFI (Goodness of fit index), adjusted GFI (AGFI), Tucker Lewis Index (TLI), CFI (Comparative of fit index), and RMSEA (Root Mean Square Error of Approximation) for individual models or model is complete. The results of measurements of the dimensions or indicator variables that can form constructs or latent variables (latent variable) with confirmatory factor analysis, respectively.

a. Constructs Exogenous Variables

Table 1: Evaluation criteria Goodness of Fit Indices for Exogenous Variables
Organizational Characteristic (X1) and Work Characteristic(X2)

Goodness of fit index	Cut-off Value	Result Model*	Descriptive	Meanings
Chi_Square	Expected Small	96,822 > (0.05:26=38.885)	Less Good	Relationship Model Constructs Variables
Probability	≥ 0,05	0.000	Less Good	Significant Differences
CMIN/DF	≤ 2,00	3.724	Less Good	Closeness Model Variable Construct
RMSEA	≤ 0,08	0.087	Less Good	Range Construct Variable Model Errors
GFI	≥ 0,90	0.945	Good	Suitability Model Variable Construct
AGFI	≥ 0,90	0.904	Good	Perfection Model Variable Construct
TLI	≥ 0,94	0.586	Less Good	Value Model Fit Variable Construct Received
CFI	≥ 0,94	0.701	Less Good	Value Top Model Fit Variable Construct Received
DF = 26				

Data after processing, 2016

Furthermore, to determine the variables that can be used as an indicator of an individual exogenous variables can be observed from the value of the regression and the significance level (p ***) means a probability value of <0.05 or 0.000, which reflects each variable as an indicator variable characteristics of the organization and characteristics work shown in Table 2.

b. Constructs Variables Endogenous

c. Furthermore, to determine the variables that can be used as an indicator of an individual endogenous variables can be observed from the value of the regression and the significance level (p ***) means a probability value of <0.05 or 0.000, which reflects each variable as an indicator variable midwife's role and independence pregnant women are shown in Table 4.

Table 2: Value Regression for Measuring Indicators of Factors Exogenous

Indicators Variables	Regression Standard	Critical Ratio	Probability (p)	Description
Organizational Characteristic (X1)				
X1.1	0,378	FIX	0,032	Significant
X1.2	0,412	2,043	0,041	Significant
X1.3	0,311	2,145	0,000	Significant
Work Characteristic (X2)				
X2.1	0,418	5,577	0,000	Significant
X2.2	0,508	FIX	0,000	Significant

Source: Appendix 4

Table 3: Evaluation criteria Goodness of Fit Indices for Exogenous Variables

Role of Midwives (Y1) and Independence pregnant (Y2)

| Goodness of fit index	Cut-off Value	Result Model*	Descriptive	Meanings
Chi_Square	Expected Small	48,516 < (0.05:19=30.143)	Less Good	Relationship Model Constructs Variables
Probability	≥ 0,05	0.000	Less Good	Significant Differences
CMIN/DF	≤ 2,00	2.553	Less Good	Closeness Model Variable Construct
RMSEA	≤ 0,08	0.066	Good	Range Construct Variable Model Errors
GFI	≥ 0,90	0.967	Good	Suitability Model Variable Construct
AGFI	≥ 0,90	0.937	Good	Perfection Model Variable Construct
TLI	≥ 0,94	0.861	Less Good	Value Model Fit Variable Construct Received
CFI	≥ 0,94	0.906	Less Good	Value Top Model Fit Variable Construct Received
DF = 26				

Source: Data after processing, 2016

Loading factors seen by critical ratio measurement of exogenous variables, namely the role of midwife (Y1) and independence of pregnant women (Y2) shows a positive value for each of the indicators in Table 4, which means the test results of the measurement model exogenous variables that explain the construct p value is significant, so that all indicators can be included in subsequent testing.

Table 4: Value Regression for Measuring Indicators of Factors Endogenous

Indicators Variables	Regression Standard	Critical Ratio	Probability (p)	Description
Role of Midwives (Y1)				
Y11	0,588	7,423	0,000	Significant
Y12	0,650	FIX	0,000	Significant
Y13	0,477	6,543	0,000	
Y14	0,553	7,200	0,000	Significant
Independence Pregnant (Y2)				
Y21	0,618	2,659	0,008	Significant
Y22	0,586	3,050	0,002	Significant

Source: Appendix 4

Now the show of complete model from SEM analysis this follow:
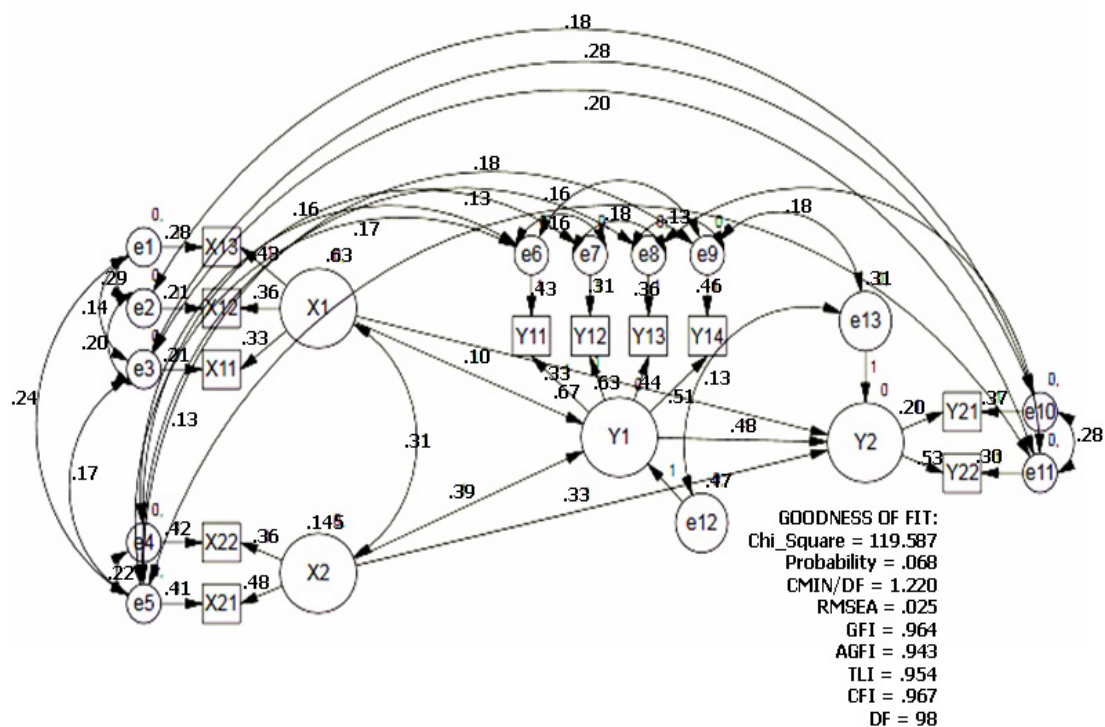
Source: Data after processing, 2016

Figure 2

Furthermore, to determine the model of the endogenous constructs exogenous variables in the relationship

between variables can be seen from the calculation results of SEM analysis. The evaluation results indicate the model of the eight criteria of goodness of fit indices seen the value of chi-square currently on chi-square value of the expected (smaller than the standard set) and in accordance with the overall criteria that determined cutoff values. The test results are evaluated based on the model of goodness of fit indices in Table 5 below with the criteria presented models as well as critical values that have compatibility data.

Table 5: Evaluation criteria Goodness of Fit Indices Overall Model

Goodness of fit index	Cut-off Value	Result Model*	Descriptive	Meanings
Chi_Square	Expected Small	119,587 < (0.05:98=122.107)	Good	Relationship Model Constructs Variables
Probability	≥ 0,05	0.068	Good	Significant Differences
CMIN/DF	≤ 2,00	1,220	Good	Closeness Model Variable Construct
RMSEA	≤ 0,08	0.025	Good	Range Construct Variable Model Errors
GFI	≥ 0,90	0.964	Good	Suitability Model Variable Construct
AGFI	≥ 0,90	0.943	Good	Perfection Model Variable Construct
TLI	≥ 0,94	0.954	Good	Value Model Fit Variable Construct Received
CFI	≥ 0,94	0.967	Good	Value Top Model Fit Variable Construct Received
DF = 26				

Source: Data after processing, 2016

The evaluation results indicate the model for the final stage of the eight criteria for goodness of fit indices are met according to criteria of the cut-off value, so that the model can be said to have been in accordance with the criteria of goodness of fit indices for analysis. Furthermore, to determine the variables that can be used as an indicator of a teacher's performance can be observed from the value of the regression and the significance level (p ***) means a probability value of <0.05 or 0.000, which reflects each indicator variable as shown in Table 6.

Table 6: Value Regression for the Exogenous Factors toward Endogenous Factors

Variables	Estimate	Standard Error	Critical Ratio	Probability (p)	Description
Y1 ← X1	0.101	0.216	0.854	0.393	Insignificant
Y1 ← X2	0.389	0.127	3.712	0.000	Significant
Y2 ← X1	0.329	0.298	1.972	0.040	Significant
Y2 ← X2	0.331	0.151	2.582	0.010	Significant
Y2 ← Y1	0.475	0.113	4.097	0.000	Significant

Source: Appendix 4

Loading factors seen by critical ratio analysis results of SEM visible organizational characteristics (X1) on the role of midwife (Y1) has positive and not significant with a significant level of 0393, karakterisitk work (X2) on the role of midwife (Y1) positive and significant impact with significant levels of 0000 , organizational characteristics (X1) to the independence of pregnant women (Y2) positive and significant impact with a significant level of 0.040, karakterisitk work (X2) on the independence of pregnant women (Y2) positive and significant impact with a significant level of 0.010, and the role of midwife (Y1) to autonomy of pregnant women (Y2) positive and significant impact with a significant level of 0.000.

4. Conclusion

Based on the analysis of the results of research and discussion, summarized as follows: 1) the characteristics of the organization and not significant positive effect on the role of midwives in PMTCT action in Makassar. Characteristics of the organization in the form of reward systems, training and development, and leadership have been applied to each health center, but the contribution is not significant organizational characteristics of the role of midwives in PMTCT action; 2) employment characteristics of positive and significant effect on the role of midwives in PMTCT action in Makassar. Working characteristics such as the achievement of performance goals and feedback on the counseling has been applied to every health center, and contributes significantly to the role of midwives in PMTCT action; 3) organizational characteristics and significant positive effect on the independence of pregnant women with HIV/AIDS in the city of Makassar. Characteristics of the organization in the form of reward systems, training and development, and leadership have been applied to each health center, and contributes significantly to the realization of the independence of pregnant women with HIV/AIDS in Makassar; 4) working characteristics and significant positive effect on the independence of pregnant women with HIV/AIDS in the city of Makassar. Working characteristics such as the achievement of performance goals and feedback on the counseling has been applied to every health center, and contributes significantly to the realization of the independence of pregnant women with HIV/AIDS in Makassar; and 5) the role of midwives in PMTCT measures positive and significant impact on the independence of pregnant women with HIV/AIDS in the city of Makassar. The role of midwives in PMTCT action seen from the attitude, subjective norm, accepted norms and behavioral intentions shown to contribute significantly to the realization of the independence of pregnant women with HIV/AIDS in the city of Makassar.

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