International Journal of Health Sciences
December 2019, Vol. 7, No. 4, pp. 22-27
ISSN: 2372-5060 (Print), 2372-5079 (Online)

Published by American Research Institute for Policy Development
DOI: 10.15640/ijhs.v7n4a4
URL: https://doi.org/10.15640/ijhs.v7n4a4

The Relationship Between Advocacy of the one Responsible for Integrated Anc Program and Pregnant Women's Perception on Integrated Anc Program

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Abstract

Background: Maternal Mortality Rate (MMR) is very high in the world; 800 women reportedly die everyday due to pregnancy and delivery complication. MMR in Indonesia, according to SDKI 2015, is 359/100.000 live birth. Varying factors cause maternal mortality in Indonesia, both directly and indirectly. For that reason, the attempt of accelerating MMR reduction and SDGs achievement should be taken comprehensively by means of involving cross-program in Health Office, cross-sector, local government, Local Legislative Assembly, professional organization, religion/societal organization, private, NGO, and donor institution. It is relevant to be a reference, because maternal health condition, particularly pregnant women, in Indonesia is still far below expectation. Maternal health attempt is not only limited to curative management but should be compensated with preventive measures. The preventive attempt aims to prevent maternal mortality from occurring and to meet the rights of every pregnant woman to get high-quality healthcare service. The one responsible for the program should give understanding to pregnant women about it by means of giving advocacy and information based on Government Regulation No.97 of 2014 about integrated ANC stating that pregnant women should undertake integrated antenatal care (ANC), constituting every pregnant woman's obligation. The objective of research was to find out the relationship between the advocacy of the one responsible for integrated ANC program and pregnant women's perception on integrated ANC program.
Subject and Method: This research employed a quantitative research method with cross-section approach conducted in Bantul Regency. About 175 respondents were selected using cluster proportional random sampling. The criteria of respondents were: pregnant women at more than 12 week gestation: trimesters II and III. Instrument of collecting data used was questionnaire. Data was analyzed using path analysis and to validate the structural model, SEM contained in lisrel program was used.
Result: The result of analysis showed that there is a relationship between the advocacy of the one responsible for integrated ANC program and pregnant women's perception on integrated ANC program.
Conclusion: There is a positive significant relationship between the advocacy of the one responsible for integrated ANC program and pregnant women's perception on integrated ANC program (0.27, t-statistic 3.35 > 1.96).

Keywords: pregnant woman, advocacy, pregnant women's perception, integrated ANC program.

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A. Background

Maternal Mortality Rate (MMR) is very high in the world; 800 women reportedly die everyday due to pregnancy and delivery complication. More than 289,000 women die during and after pregnancy and delivery (WHO 2016). Varying factors cause maternal mortality, either medically or non-medically. The attempt of accelerating MMR and IMR reduction and accelerating the achievement of SDGs should be conducted comprehensively by means of involving cross-sector in Health Service, cross-sector, local government, Local Legislative Assembly, professional organization, religion/society organization, private, NGO, and donor institutions.

Article 126 (clauses 1-4) of RI's Health Law number 36 of 2009 also governs anything related maternal health. The article stated that government governs and ensure the maternal health-specific attempt. It becomes relevant to be a reference, because maternal health condition, particularly pregnant women, in Indonesia is still far below expectation. Maternal health attempt is not only limited to curative management but should be compensated with preventive measures. Preventive attempt is very important because health status is not acquired instantaneously. The preventive measure aims to prevent maternal mortality from occurring. Therefore, preventive activities through antenatal care (ANC) are desirable (RI Ministry of Health, 2010). RI's Health Law Number 36 of 2009 also governs anything related to maternal health, as mentioned in article 126 (clauses 1-4). The article stated that government governs and ensure the maternal health-specific attempt. It becomes relevant to be a reference, because maternal health condition, particularly pregnant women, in Indonesia is still far below expectation. Maternal health attempt is not only limited to curative management but should be compensated with preventive measures. Preventive attempt is very important because health status is not acquired instantaneously. The preventive measure aims to prevent maternal mortality from occurring. Therefore, preventive activities through antenatal care (ANC) are desirable (RI Ministry of Health, 2010). Antenatal care prioritizes continuity of care because women (mothers) become the focus of midwifery care, so that the care should be given based on maternal need rather than midwife's need or interest. The needed car should involve not only pregnant women but also their family, and it is very important because family is an integral part of pregnant women. Pregnant women's attitude, behavior, and satisfaction are highly affected by family. The condition encountered by pregnant women will affect all family members as well (Bobak, 2012). The implementation of integrated ANC by pregnant women includes the examination the pregnant women should undertake in the first trimester of pregnancy. Thus, there should be an advocacy from the one responsible for the program on the importance of integrated ANC in pregnant women. This importance of study is supported with RI Minister of Health's Regulation No. 97 of 2014 about government policy concerning integrated ANC service. Antenatal care service aims to fulfill the right of every woman to get high-quality of healthcare service in order to undertake healthy pregnancy and safe delivery, with healthy and high-quality neonates.

B. Objective

This research aims to find out the relationship between the advocacy of the one responsible for program and pregnant women's perception on integrated ANC program.

C. Method

This study was a quantitative research with cross-sectional approach. The sample was selected using cluster proportional random sampling technique, with the following criteria: pregnant women at more than 12 week gestation or trimesters II and III. The instrument of collecting data used was questionnaire distributed in Bantul Regency. Data was analyzed using Path Analysis method and SEM for the measurement equation available in lisrel program.

D. Result

The result of analysis related to the measurement model supported with the advocacy of the one responsible for integrated ANC program and pregnant women's perception on integrated ANC program variables are as follows.

Table Summary of Result of Test on the relationship between latent variables

Latent Variable	Coefficient of Correlation	*t- value*	Conclusion
Advocacy-Perception	0.27	3.35>1.96 (5%)	Significant

Source: *output* of Lisrel 8.80

Table above showed that there is a significant relationship between the advocacy of the one responsible for integrated ANC and women's perception on integrated ANC with value of 0.27 and t statistic = 3.35.

1. The advocacy of the one responsible for integrated ANC program variable

The analysis on empirical model related to advocacy measurement model is presented in table below.

Table: Summary of Result of Test on the advocacy of the one responsible for integrated ANC program variable

No	Manifest Variable	Coefficient of Correlation	Measurement Error	*t-value*	Conclusion
1.	Written Support	0.78	0.39	11.00	Valid
2.	Implementation	0.82	0.32	12.49	Valid
3.	Village Fund Budget	0.76	0.42	10.74	Valid

Source: *output* of Lisrel 8.80

Table above shows that support, implementation, and budget are determinant of the advocacy of the one responsible for integrated ANC program variable considered as valid. It is indicated with t-statistic value of > 1.96.

2. Pregnant Women's Perception on Integrated ANC program

The analysis on empirical model related to perception measurement is presented in table below.

Table: Summary of Result of Test on pregnant women's perception on integrated ANC variable

NO	Manifest Variable	Coefficient of Correlation	Measurement error	t-value	Conclusion
1	Value / norm	0.91	0.18	-	(Valid) Interpolation
2	Knowledge	0.98	0.04	25.84	Valid
3	Attention	0.95	0.10	23.24	Valid
4	Expectation	0.92	0.15	20.97	Valid

Source: *output* of Lisrel 8.80

Table above shows that social value/norm, knowledge, attention, and expectation are determinants of pregnant women's perception on integrated ANC program that are considered as valid. It is indicated with t-statistic value of > 1.96 for all indicators. Validity test on the indicator of pregnant women's perception on integrated ANC program is conducted using interpolation method, by comparing it with t-statistic value of other indicators.

There are some determinants of the relationship between advocacy of the one responsible for program and pregnant women's perception on integrated ANC program. The relationship between mother's response to the advocacy of the one responsible for program and pregnant women's perception on integrated ANC has score of 0.27, meaning that advocacy affects pregnant women's perception on integrated ANC pregnancy by 27%. It is confirmed with t-value less than 3.35 > 1.96. So, there is a significant relationship between advocacy of the one responsible for program and pregnant women's perception on integrated ANC program.

1. Summary of measurement equation for the advocacy of the on responsible for integrated ANC includes: written support, infrastructure, and village fund budget as shown in the table below.

Table Summary of measurement equation for the advocacy of the one responsible for integrated ANC

Variable	Indicator	*Error Variance*	Total Variance	R2
Advocacy of the one responsible for program	Written Support	0.58	1.71	0.61
	Infrastructure	1.16	3.91	0.68
	Fund Budget	1.82	4.5	0.58

Source: *output* of Lisrel 8.80

Indicators of research on the advocacy of the one responsible for integrated ANC program

a. Indicator of the advocacy of the one responsible for integrated ANC program

The result of research showed that the advocacy of the one responsible for integrated ANC program has three indicators: (1) written support, (2) infrastructure, (3) fund budget. The contribution of the advocacy of the one responsible for integrated ANC program can be seen from measurement equation and covariant matrix.

The parameter value of measurement equation for each indicator is discussed below.

1) Indicator of written support in the form of decree

The error variance value of 0.58 shows that the advocacy of the one responsible for integrated ANC program (midwife) can explain written support variance in the form of decree adequately. It can be seen from R^2 value = 0.61, meaning that the advocacy of the one responsible for integrated ANC program (midwife) can contribute to written support in the form of decree by 58%. This contribution can be high so that written support in the form of decree is important to be given to the community. In indirect relationship of advocacy variable, the indicators of written support and infrastructure have score of 0.19 confirms the model fit. It is in line with RI's Ministry of Health (2010) stating that health advocacy can be accomplished through approaching the leaders or the decision makers in order to give political support and resource, and protection facility in health development attempt.

Advocator can be anyone caring about the health attempt and considering the need for the partner to support such attempt. Advocator can derive from government, private, high education, professional organization, NGO, and influential figures. They are expected to understand health problem, to have advocating ability, particularly in conducting persuasive approach, reliable, and respectable or at least not disgraced, particularly before the targeted group.

2) Indicator of infrastructure availability

Error variance score of 1.16 shows that the advocacy of the one responsible for integrated ANC program (midwife) can explain the adequate availability of infrastructure. It is indicated with R2 value = 0.68 meaning that the advocacy of the one responsible for integrated ANC program (midwife) can contribute to infrastructure availability by 68%. This finding is confirmed by Prasetyawati's (2012) study finding that the access to the high-quality service provided supports the healthcare service.

3) Village Fund Budget

Error variance score of 1.82 shows that the advocacy of the one responsible for integrated ANC program (midwife) can explain the adequate availability of infrastructure. It is indicated with R2 value = 0.58 meaning that the advocacy of the one responsible for integrated ANC program (midwife) can contribute to infrastructure availability by 58%. Family support through village fund budget can be given in the form of reward, information and emotional instrument (Friedman, 1992).

2. Summary of measurement equation for the pregnant women's perception on integrated ANC program includes: social value/norm, knowledge, attention, and expectation, as shown in the table below.

Table Summary of measurement equation for the pregnant women's perception on integrated ANC

Variable	Indicator	*Error Variance*	*Total Variance*	R2
Pregnant women's perception on integrated ANC	Value/norm	0.48	0.86	0.82
	Knowledge	0.43	7.11	0.96
	Attention	0.25	1.43	0.90
	Expectation	0.51	2.27	0.85

Source: Output of Lisrel 8.80.

a. Indicator of the pregnant women's perception on integrated ANC program

The result of research showed that the pregnant women's perception on integrated ANC program has four indicators: social value/norm, knowledge, attention, and expectation. The contribution of pregnant women's perception on integrated ANC program can be seen from measurement equation and covariant matrix.

The parameter value of measurement equation for each indicator is discussed below.

1) Indicator of social value/norm

Error variance value of 0.48 shows that the pregnant women's perception on integrated ANC program can explain value/norm variance related to integrated ANC program.

It can be seen from R^2 value = 0.82, meaning that pregnant women's perception on integrated ANC program can contribute value of 82%. This contribution can be high, thereby supporting pregnant women's perception on integrated ANC program. It is confirmed with Walgito (2010) stating that perception is an organization, interpretation on sensory stimulus, so that it is meaningful and a response integrated into individual, while according to Slameto 2010, perception is the process related to the entry of message or information into human's brain continuously interacting with its environment.

2) Indicator of infrastructure availability

Error variance score of 0.43 shows that pregnant women's perception on integrated ANC program can explain the variance of knowledge. It is indicated with R^2 value = 0.96, meaning that the pregnant women's perception on integrated ANC program can contribute to attention by 96%. This finding is confirmed by Notoatmojo (2012) stating that knowledge is the result of knowing and it occurs after an individual does sensing. Knowledge itself is affected by education factor, so that high education is expected to increase an individual's knowledge

3) Indicator of Attention

Error variance score of 0.25 shows that pregnant women's perception on integrated ANC program can explain the variance of attention. It is indicated with R^2 value = 0.96, meaning that the pregnant women's perception on integrated ANC program can contribute by 96%. This contribution is considered as high so that attention is needed to improve pregnant women's perception on integrated ANC. Empirically, pregnant women understand the importance of conducting integrated ANC.

4) Indicator of Expectation

Error variance score of 0.51 shows that pregnant women's perception on integrated ANC program can explain the variance of expectation. It is indicated with R^2 value = 0.85, meaning that the pregnant women's perception on integrated ANC program can contribute by 85%. This contribution is considered as high so that expectation is needed to improve pregnant women's perception on integrated ANC. This research is supported by cognitive social theory (Bandura, 1997) stating that behavior is determined by expectation on intensive environmental response (trust), the value of an objective may include health status and better appearance.

E. Conclusion

There is a relationship between pregnant women's response to the advocacy of the one responsible for program and their perception on integrated ANC program with score of 0.27, meaning that advocacy affects perception by 27%. It is confirmed with t value of 3.35 less than 1.96. So there is a significant relationship between the advocacy of the one responsible for program and pregnant women's perception on integrated ANC program.

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