



The Effect of Organizational Development and Work Behavior Towards the Role of Midwives in Prevention Mother Actions to Child Transmission (PMTCT) and Independence Care of Pregnant Women in the Pandemic Time Covid-19

Pengaruh Pengembangan Organisasi dan Perilaku Kerja terhadap Peran Bidan dalam Pencegahan Tindakan Ibu terhadap Penularan Anak (PMTCT) dan Kemandirian Asuhan Ibu Hamil di Masa Pandemi Covid-19

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Abstract

This research was motivated by pregnant women who endured HIV/AIDS during the Covid-19 pandemic. Their self-sufficiency was low or very low because they were incapable generate a readiness to prevent and overcome the disease problems they suffered. The theory of reasoned action (TRA) developed into the theory of planned behavior (TPB). This conceptual framework refers to combining the Kopelmen's with the theory of planned behavior (TPB) in influencing midwives in PMTCT actions on HIV AND AIDS care independence. Data analysis uses Structural Equation Model analysis - SEM. It combines several aspects contained in path analysis and confirmatory factor analysis to estimate several equations simultaneously. The study found that organizational characteristics (X1) effect on the midwives' role (Y) had a positive and significant effect. The work characteristics (X2) effect on midwives' role (Y) is positive and significant. The organizational characteristics (X1) effect on the pregnant women's independence (Z) is positive and not significant. The work characteristics (X2) on the independence of pregnant women (Z) have a positive and significant effect, and the role of midwives (Y) on the independence of pregnant women (Z) has a positive and significant effect. The result of the indirect effect shows that organizational characteristics (X1) through the role of the midwife (Y) have a positive and insignificant effect on the independence of pregnant women (Z), and work behavior (X2) through the role of the midwife (Y) has a positive and significant effect on the independence of pregnant women (Z). Research recommends improving the reward system, training, and development as well as the leadership of each midwife. To carry out their duties and functions of providing health services to HIV AND AIDS care in each Puskesmas as a form of organizational characteristics that affect the role of midwives in PMTCT actions in Makassar City. Maintaining the achievement of performance goals and the resulting feedback as work characteristics of midwives that will affect the role of midwives in PMTCT actions in Makassar City.

Keywords: *organizational characteristics, work behavior, role of midwives in pmtct actions and independence of pregnant women*

Abstrak

Penelitian ini dilatarbelakangi oleh ibu hamil yang mengidap HIV/AIDS selama masa pandemi Covid-19. Kemandirian mereka yang rendah atau sangat rendah karena tidak mampu membangkitkan kesiapan untuk mencegah dan mengatasi masalah penyakit yang dideritanya. Teori tindakan beralasan (TRA) berkembang menjadi teori perilaku terencana (TPB). Kerangka konseptual ini mengacu pada penggabungan Kopelmen dengan teori perilaku terencana (TPB) dalam mempengaruhi bidan dalam tindakan PMTCT pada kemandirian perawatan HIV DAN AIDS. Analisis data menggunakan analisis Structural Equation Model - SEM. Ini menggabungkan beberapa aspek yang terkandung dalam analisis jalur dan analisis faktor konfirmatori untuk memperkirakan beberapa persamaan secara bersamaan. Hasil penelitian menemukan bahwa karakteristik organisasi (X1) berpengaruh terhadap peran bidan (Y) berpengaruh positif dan signifikan. Pengaruh Karakteristik Pekerjaan (X2) terhadap Peran Bidan (Y) adalah positif dan signifikan. Karakteristik organisasi (X1) berpengaruh terhadap kemandirian ibu hamil (Z) adalah positif dan tidak signifikan. Karakteristik kerja (X2) terhadap kemandirian ibu hamil (Z) berpengaruh positif dan signifikan, dan peran bidan (Y) terhadap kemandirian ibu hamil (Z) berpengaruh positif dan signifikan. Hasil pengaruh tidak langsung menunjukkan bahwa karakteristik organisasi (X1) melalui peran bidan (Y) berpengaruh positif dan tidak signifikan terhadap kemandirian ibu hamil (Z), dan perilaku kerja (X2) melalui peran bidan (Y) berpengaruh positif dan signifikan terhadap kemandirian ibu hamil (Z). Penelitian merekomendasikan peningkatan sistem penghargaan, pelatihan, dan pengembangan serta kepemimpinan setiap bidan. Melaksanakan tugas dan fungsinya memberikan pelayanan kesehatan terhadap asuhan HIV DAN AIDS di masing-masing Puskesmas sebagai bentuk karakteristik organisasi yang mempengaruhi peran bidan dalam tindakan PMTCT di Kota Makassar. Mempertahankan pencapaian tujuan kinerja dan umpan balik yang dihasilkan sebagai karakteristik kerja bidan yang akan mempengaruhi peran bidan dalam tindakan PMTCT di Kota Makassar.

Kata kunci: *karakteristik organisasi, perilaku kerja, peran bidan dalam tindakan PMT dan kemandirian ibu hamil*



INTRODUCTION

During the Covid-19 pandemic, the handling of the HIV / AIDS problem was hampered. Even other health programs also experienced obstacles. In 2019, the Ministry of Health can conduct tests, especially for HIV, syphilis, and hepatitis, on more than two million pregnant women. However, in 2020 due to Covid-19 constraints, pregnant women have only been tested at 1.7 million, of which 1.7 million are approximately 0.3% HIV / AIDS positive.

The Ministry of Health by the "I'm Proud I Know" program invites everyone to know their HIV / AIDS status by setting three measures. First, zero new infections, in which the government will reduce new infections to a minimum of no new cases. The target is that as many as 90% of people with HIV / AIDS know their status. Second, zero deaths from HIV / AIDS, as measured by 90% of people with HIV / AIDS receiving ARV treatment. Third, zero discrimination, 90% of people with HIV / AIDS do not feel discriminated against. It is because there is still a lot of discrimination against children with HIV / AIDS by their families and by the community still experience stigma and discrimination.

Prevention of transmission in Indonesia through the Prevention of Mother to Child Transmission (PMTCT) has been carried out since 2007 until now to prevent HIV / AIDS transmission, have not decreased in terms of quantity and quality of sufferers. The results achieved were not optimal as expected despite many efforts made. Therefore the Indonesian government continues to encourage the world of health to continue to improve the development of the role of midwives in PMTCT actions in health services to the community, especially pregnant women with Covid-19.

According to gender, cases of HIV patients from 2018 to December 2020 for men fluctuated. Namely, the highest in 2019, as many as 16,758 people, while with the highest female sex in 2019, there were 12,279 people. It means that the male sex dominates the number of HIV indications, so it is necessary to take the PMTCT program for pregnant women in responding to HIV cases that may be through their husbands.

Based on The Ministry of Health's data associated with HIV / AIDS cases in 2020 in South Sulawesi, there were 260 people with HIV / AIDS, especially those in Makassar City. Three health centers reported having pregnant women with HIV / AIDS during this period in three years (2018-2020), we're already 59 people.^{3,12} At the Ujung Pandang Baru Puskesmas, the number of patients in the last three years was 27 people, the Kassi-Kassi Puskesmas was 20 people, and the Makassar Puskesmas was 22 people. More details are shown in Figure 1 below:

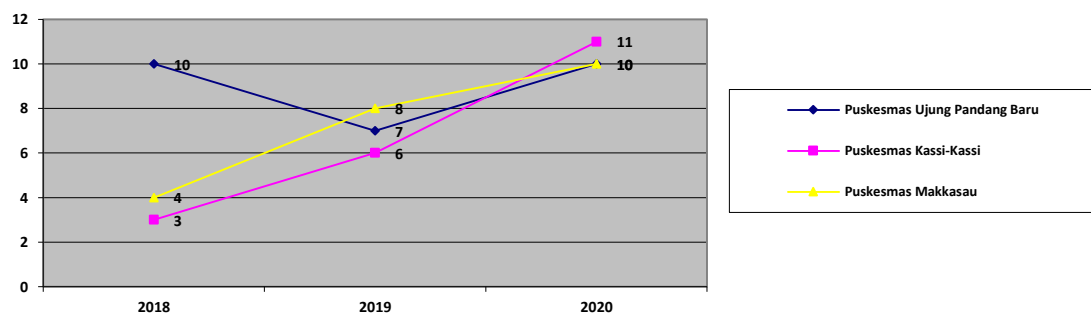


Figure 1. Data Graph for Pregnant Women with HIV / AIDS at Puskesmas in Makassar City 2018-2020

Figure 1 above shows the number of HIV / AIDS care for pregnant women at three Puskesmas in Makassar City. It indicates the need for the handling of the midwives' role in PMTCT actions on independent care. In the last three years, the Ujung Pandang Baru Community Health Center has experienced fluctuating development conditions, from 10 people to 7 people and 10 people. The Kassi-Kassi Puskesmas experienced an increasing trend from 3 people to 7 people, then 11 people. The same thing also happened to the Makassar Puskesmas, which experienced from 4 to 8 to 10 to 10. It is representative data that describes the conditions of HIV / AIDS transmission from 35 Puskesmas in Makassar City (Makassar City Health Office, 2021:7).

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Limited stock of ARV drugs that help people with HIV / AIDS survive is a persistent problem. The emergence of the Covid-19 pandemic has further exacerbated the situation, which harms the supply chain, availability, and accessibility of ARVs. The newest WHO protocol, the PLWHA should get immediate drug stocks for 3-6 months through multi month dispensing drugs (MMD). One of these is to reduce the frequency of PLHIV having to access health facilities referred to as Covid-19 hospitals. The Positive Network support from UNAIDS Indonesia in March showed that around 47.6% of the 1,000 PLHIV involved in the survey only had stocks of ARV drugs for a period of less than one month. The Indonesian Association of Public Health Experts webinar shows that Covid-19 infection is higher in PLWHA. HIV patients who do not take ARV treatment and the unsuppressed virus may have a weak immune system that they are a range of infections with the coronavirus.

The description of HIV / AIDS handled by the Puskesmas requires the midwives to carry out independent care to reduce the risk of taking counseling action and instilling a healthy living. The facts found from 35 Puskesmas in Makassar City provide information that independent care has not been effective in inviting every community to examine counseling and community understanding of healthy living is still low. The inferior comprehension of the community affects the expected not optimal independence.²²⁻²⁴. The absence of self-care in Puskesmas is because the midwives' role in PMTCT actions does not improve according to the development of a self-care model. Self-care is the ability or strength possessed by a person to identify, determine, make decisions and implement self-care in realizing HIV / AIDS care independence.

The role of midwives in PMTCT actions is supposed to realize the independence of HIV / AIDS care. Yet in reality, this role is not yet as expected. The indication is that the midwife in carrying out her role has not been based on the intention to behave per the attitudes, subjective norms, and accepted norms in carrying out independent care efforts. Of course, the midwives' role in the ineffective PMTCT action cannot be separated from the influence of organizational characteristics and work behavior in Makassar City Puskesmas.

Seeing the condition of the organizational characteristics of the Puskesmas in Makassar City, three things can affect the role of midwives by increasing or decreasing PMTCT actions. Namely, the application of a reward system, attention/development, and leadership. The three indicators of organizational characteristics are applied, yet the contribution is still not well socialized. The conditions of work behavior in the Puskesmas also showing that the performance objectives and feedback do not affect the role of midwives in PMTCT. The actions that can increase or decrease have not contributed to midwives developing their role.

It defines that the quality of midwives working in Puskesmas is still lacking based on organizational characteristics and work behavior. The organizational characteristics' indicators according to Kopelman's theory are 6 (six), namely reward system, goal framework and MBO, selection, training, and development, leadership, and organizational structure. Then the researcher reduced it to 3 (three) based on the need of the Puskesmas to be improved, namely the reward system, development/training, and leadership.

Kopelman's theory has 5 (five) work behaviors: performance objectives, feedback, correction, work design, and work schedules. The researcher reduces it to two, namely performance objectives and feedback, based on the demands of work effectiveness required at the Puskesmas. These organizational characteristics and work behaviors influence the development of a midwife's role model in PMTCT actions towards increasing self-reliance in HIV / AIDS care. In other words, the observed phenomenon in Makassar City Puskesmas is a combination of Kopelman's theory with the Theory of Planned Behavior (TPB) to produce independent care.

The Puskesmas success and failure in applying the Kopelman theory shown in the review of organizational characteristics and work behavior. The giving of awards has a significant impact on the performance of workers. Likewise with midwives who in carrying out their role need appreciation for what they do. However, the implementation of the reward system carried out by the Puskesmas is still not actualized to midwives. Midwives in developing their roles are required to work professionally. However, midwives are not allowed to take part in education and development to support their professionalism. Every midwife understood to develop their role on work leadership. However, the reality is that midwives are rarely allowed to develop their work leadership potential. Midwives at the



Puskesmas are currently facing these organizational characteristics so that they do not play a role in PMTCT actions to increase the independence of care.

The same considerations have also been shown in work behavior, where every midwife is required to develop their potential and work abilities professionally. Every midwife in the Puskesmas is to be able to display objective performance in achieving work results. However, Puskesmas' support to make this happen is not yet towards new work results-oriented to public services. Including midwives are also required to carry out work by feedback (feedback). However, Puskesmas do not provide adequate infrastructure and service systems. Thus the work behavior of midwives does not affect the role in PMTCT actions to increase the independence of care.

Understanding the importance of organizational characteristics and work behavior that affect the role in PMTCT and the independence of pregnant women, it becomes a consideration to see the development model needed by midwives in playing their role. Midwives, as an important part of the Puskesmas, unable to develop good organizational behavior. Namely, the study of integrated behavior according to attitudes perceived norms, and personal agency to display the knowledge and skills to carry out professional tasks owned by midwives to realize good service as an organizational goal. (Latief, 2015:4). Good organizational behavior will provide integrated work integration according to attitudes, perceptions, norms, and personal agency in supporting one's professionalism.³¹

The fact is that midwives at the Puskesmas cannot plan behavior per attitudes, subjective norms, behavior control, and intentions. This fact causes the midwives in PMTCT actions to be less effective for independent HIV / AIDS care. Hence, it is necessary to apply the Theory of Planned Behavior (TPB), a development of the theory of reasoned action (TRA) by Ajzen and Martin Fishbein.^{32,33}. Since 1980 this theory has been used to study human behavior and develop more striking interventions.

TRA affirms that the most significant determinant of individual behavior is intention. The direct determinants of an individual's behavioral aim are attitude and subjective norms related to behavior. Individual attitudes towards behavior include behavior belief, evaluation of behavioral outcomes, subjective norms, normative belief, and motivation to comply. Ajzen adds a perceived behavioral control factor onto TRA, namely behavior control is determined by experience and an estimate of how difficult or easy it is to perform this behavior. The addition is intended to overcome the problem of incomplete control in TRA theory. The essence of the TPB theory remains the intention factor. The determinant consists of three, namely attitudes, subjective norms, and behavioral control, that will determine whether the behavior in question is carried out or not.

Another fact is that the midwives at the Puskesmas in Makassar have not developed the optimal service quality. This can be seen from the achievement of work results that are not optimal as expected from the midwife. The cause of the development of service quality is still low because the Puskesmas cannot improve organizational characteristics and work behavior in shaping work behavior per independent care.

On that basis, the development of a midwife's role model needs to be supported by improvements in organizational characteristics and work behavior implemented in Puskesmas. Thus, the role of midwives in PMTCT actions is easily actualized to support independent care. Hopefully, midwives will play a significant role in developing a role model as a self-care agency, by providing counseling and testing activities as the main solution for independent care.

This PMTCT action is a form of actualization of the development of a midwife's role model of independent care to provide health services. PMTCT action affects the independence of care according to the criteria for the phase of the patient being served, namely the acute phase (indicated to have HIV 6-12 weeks), the chronic phase (suffering from HIV 7-10 years), and the crisis phase (AIDS).⁶

This research has been reviewed by an Ethical Clearance in Tadulako University with number: 1579/UN.28.1.30/KL/2020

RESEARCH METHODS

This type of research is an analytic observational study to analyze the influence between variables by explaining the direct and indirect effects. This study was conducted to observe the effect of organizational characteristics (X1) and work behavior (X2) on the role of midwives in PMTCT (Y)

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and independent care for pregnant women (Z). The location of the research in Makassar City, to be precise, is at 35 representative Puskesmas to be used as a place for research to observe organizational characteristics and work behavior towards the role of midwives in PMTCT actions and independent care for pregnant women with HIV / AIDS. The study time was for three months. The population and sample were all midwives who served in 35 health centers in Makassar City, totaling 180 midwives who provided counseling to pregnant women with HIV / AIDS during the Covid-19 pandemic. It uses a purposive sampling technique based on the educational background (D3, D4) as civil servants, namely by using a saturated sample of 180 people, where the total population is the same as the number of research samples. Data analysis uses inferential analysis, namely Structural Equation Model (SEM) analysis, which is a statistical analysis technique that combines several aspects contained in path analysis and confirmatory factor analysis to estimate several equations simultaneously. Structural equation modeling (Structural Equation Modeling) is the second generation of multivariate analysis techniques that allow researchers to examine the relationship between complex variables, both recursive and non-recursive to obtain a comprehensive picture of the overall model (Ghozali, 2005: 96).

RESULT AND DISCUSSION

Result

Organizational characteristics are an assessment of the work achieved in the organization. The assessment of the work results is manifested in the provision of a reward system, training, and development as well as the application of leadership at work. It is known that the perception of organizational characteristics variables is generally categorized as good. The organizational characteristics of midwives have been well implemented. The application of the reward system, training, and job development as well as leadership influences the role of midwives in PMTCT actions and realizes the independence of HIV / AIDS pregnant women.

Work behavior, namely an assessment of the work achieved based on the work activities of the midwife. The work behavior is based on performance goals and feedback. Perceptions of work behavior variables are generally categorized as good. The work behavior of midwives has been implemented properly by the achievement of performance goals and feedback. It influences the midwives in PMTCT actions and realizes the independence of HIV / AIDS pregnant women.

The role of midwives in PMTCT action is a response shown by HIV / AIDS pregnant women on midwives' duties in providing PMTCT services at the Puskesmas. The role of the midwife is by intention, attitude, subjective norms, and behavioral control. Perceptions of the variable of the role of midwives in PMTCT actions are generally good according to the intentions, attitudes, subjective norms, and behavioral control shown by midwives to provide PMTCT services. It determines the health services and influences the independence of pregnant women with HIV/AIDS.

Independence of pregnant women HIV / AIDS is a decision taken by pregnant women to carry out PMTCT actions. Independence is shown by implementing counseling measures and realizing a healthy life free of HIV / AIDS. Perceptions of the independent variable of HIV / AIDS pregnant women manifested through counseling and healthy life free of HIV / AIDS, generally in the good category. The independence of pregnant women is shown by taking counseling actions and living a healthy life through PMTCT to be free from HIV / AIDS.

After testing, a fit model analysis will be with fit model criteria such as GFI (Goodness of fit index), adjusted GFI (AGFI), Tucker Lewis Index (TLI), CFI (Comparative of the fit index), and RMSEA (Root Mean. Square Error of Approximation) for both individual and complete models. The measurement results of the dimensions or variable indicators can form a latent variable or construct, by consecutive confirmatory factor analysis.

Exogenous Variable Constructs





Table 1. Evaluation of the criteria for Goodness of Fit Indices for Exogenous Variables Organizational Characteristics (X1) and Work Behavior (X2)

The goodness of fit index	Cut-off Value	Model Results*	Note	Meaning
Chi_Square	Small expected	96,822 > (0.05:26=38.885)	Not good	Variable Construct Model Relationships
Probability	≥ 0,05	0.000	Not good	Significant differences
CMIN/DF	≤ 2,00	3.724	Not good	Constructiveness of variable construct model
RMSEA	≤ 0,08	0.087	Not good	Variable Construct Model Error Range
GFI	≥ 0,90	0.945	Good	Suitability of Variable Construct Model
AGFI	≥ 0,90	0.904	Good	The perfection of the Variable Construct Model
TLI	≥ 0,94	0.586	Not good	Accepted Fit Value of Variable Construct Model
CFI	≥ 0,94	0.701	Not good	The Highest Fit Value of the Acceptable Variable Construct Model

DF = 26

Furthermore, to find out the variables that can act as indicators of each exogenous variable, it can be observed from the regression value and the level of significance (p ***). It means the probability value is <0.05 or 0.000. It reflects each variable as an indicator of organizational characteristics and behavior variables work shown in Table 2.

Table 2. Regression Value for Measurement of Exogenous Variable Indicator Factors

Indicator Variables	Regression Standards	Critical Ratio	Probability (p)	Information
Organizational Characteristics (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 behavior (X2)				
X2.1	0,418	5,577	0,000	Significant
X2.2	0,508	FIX	0,000	Significant

Endogenous Variable Constructs

Table 3. Evaluation of the criteria for Goodness of Fit Indices for Endogenous Variables The Role of Midwives (Y) and Independence of Pregnant Women (Z)

The goodness of fit index	Cut-off Value	Model Results *	Note	Meaning
Chi_Square	Small expected	48,516 < (0.05:19=30.143)	Not good	Variable Construct Model Relationships
Probability	≥ 0,05	0.000	Not good	Significant differences
CMIN/DF	≤ 2,00	2.553	Not good	Constructiveness of variable construct
RMSEA	≤ 0,08	0.066	Good	Variable Construct Model Error Range
GFI	≥ 0,90	0.967	Good	Suitability of Variable Construct Model
AGFI	≥ 0,90	0.937	Good	The perfection of the Variable Construct Model
TLI	≥ 0,94	0.861	Not good	Accepted Fit Value of Variable Construct Model
CFI	≥ 0,94	0.906	Not good	The Highest Fit Value of the Acceptable Variable Construct Model

DF = 26

Furthermore, to find out the variables that can be indicators of each endogenous variable, it can be observed from the regression value and the level of significance (p ***), which means the probability value is <0.05 or 0.000. It reflects each variable as an indicator of the role of the midwife and independent pregnant women shown in Table 4.

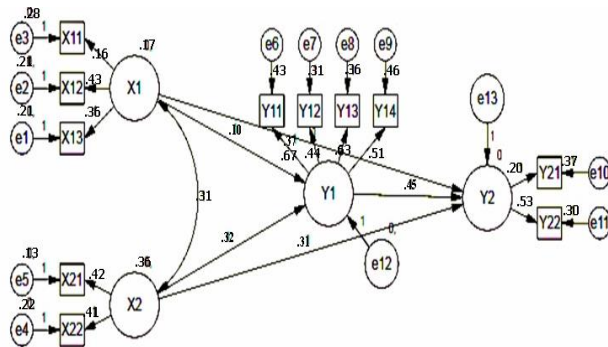
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Table 4. Regression Value for Measurement of Endogenous Variables

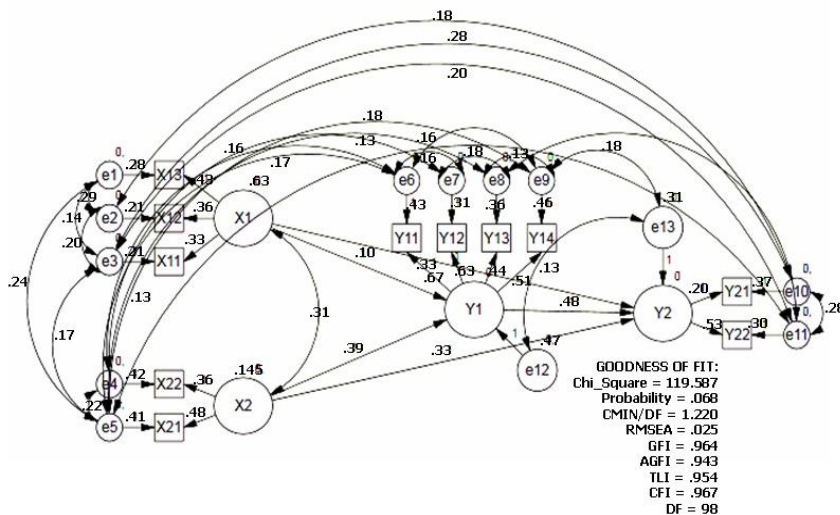
Indicator Variables	Regression Standards	Critical Ratio	Probability (p)	Information
Role of the Midwife (Y)				
Y11	0,588	7,423	0,000	Significant
Y12	0,650	FIX	0,000	Significant
Y13	0,477	6,543	0,000	Significant
Y14	0,553	7,200	0,000	Significant
Independence of Pregnant Women (Z)				
Z11	0,618	2,659	0,008	Significant
Z12	0,586	3,050	0,002	Significant

The constructed model of exogenous to endogenous variables in the relationship between variables can be seen from the calculation results of SEM analysis as shown in the complete model as follows:



Early-stage

Figure 1. Complete Model of Initial Stage SEM Analysis Results



Final Stage

Figure 2. Complete Model of Final SEM Analysis Results

The initial stage shows a simple, no relation between the indicators of each variable, and does not produce the eight criteria of goodness of fit indices. So that further modification is carried out results in the final stage SEM model. The final stage of the SEM model shows the relationship between the



indicators of each variable and produces eight goodness of fit indices criteria. According to the cut-off value criteria, the model has met the criteria for the goodness of fit.

The estimation results of the standard regression values for the effect of exogenous to endogenous factors are shown in Table 5.

Table 5. Estimation of Standard Value of Regression for the Effect of Exogenous Factors on Endogenous

Direct Effect			Estimate Regression Standards	Standard Error	Critical Ratio	Probability (p)	Note
Organizational characteristics	→	The role of the midwife	0.329	0.298	1.972	0.040	Positive and Significant
Work behavior	→	The role of the midwife	0.389	0.127	3.712	0.000	Positive and Significant
Organizational characteristics	→	Independence of Pregnant Women	0.101	0.216	0.854	0.393	Positive and Not Significant
Work behavior	→	Independence of Pregnant Women	0.331	0.151	2.582	0.010	Positive and Significant
The role of the midwife	→	Independence of Pregnant Women	0.475	0.113	4.097	0.000	Positive and Significant
Indirect Effect			Sobel test		Probability (p)	Note	
Organizational characteristics	→	The role of the midwife → Independence of Pregnant Women	1.362		0.086	Positive and Not Significant	
Work behavior	→	The role of the midwife → Independence of Pregnant Women	1.711		0.043	Positive and Significant	

To see the results of the p-value v on the effect of the indirect effect of the independent variable through the intermediate variable on the dependent variable, the following is the calculation of the Sobel test:

Sobel test X1 through Y against Z

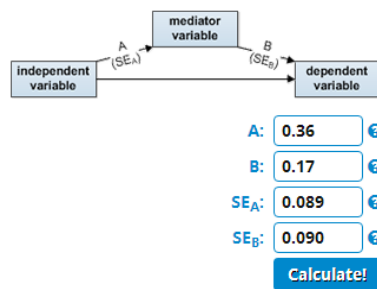
A:
 B:
 SE_A:
 SE_B:

Sobel test statistic: 1.36249444
One-tailed probability: 0.08652095
Two-tailed probability: 0.17304190

Sobel test X2 through Y against Z

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Sobel test statistic: 1.71147678
One-tailed probability: 0.04349657
Two-tailed probability: 0.08699313

The loading factor is seen based on the critical ratio of SEM analysis results. The direct effect of organizational characteristics (X1) on the role of midwives (Y) has a positive and significant effect at a significant level of 0.040, work characteristics (X2) on the role of midwives (Y) have a positive and significant effect at a significant level. 0.000, organizational characteristics (X1) on the independence of pregnant women (Z) have a positive and significant effect with a significant level of 0.393, work characteristics (X2) on the independence of pregnant women (Z) have a positive and significant effect with a significant level of 0.010, and the role of midwives (Y) on the independence of pregnant women (Y2) has a positive and significant effect with a significant level of 0.000.

As for the indirect effect based on the Sobel test, it can be seen that organizational characteristics (X1) through the role of the midwife (Y) on the independence of pregnant women (Z) have a positive and insignificant effect with a significant level of 0.086, and work behavior (X2) through the role of the midwife (Y) on Independence of pregnant women (Z) has a positive and significant effect with a significant level of 0.043.

Discussion

The results are based on data processing using the AMOS 20 instrument, the regression estimation value is acceptable with a probability that has a significant effect. It means the midwives in PMTCT actions have a positive and significant effect on the independence of HIV and AIDS care.

The role of midwives in PMTCT actions has a positive and significant effect on the independence of HIV and AIDS care. These results indicate that midwives have supported their role in PMTCT actions at each Puskesmas in Makassar City per attitudes, subjective norms, accepted norms, and behavioral intentions as positive reinforcement in providing counseling for PMTCT actions. The application of the role of midwives in PMTCT actions contributes significantly to the realization of the independence of HIV and AIDS care to be willing to take counseling actions and lead a healthy life free of HIV / AIDS. This means that the role of midwives in PMTCT actions can be actualized properly by every midwife to provide counseling for HIV and AIDS care to carry out PMTCT actions.

The results of this study are related to previous studies that examined the role of midwives in PMTCT actions on HIV and AIDS care independence. The results of previous studies show that effective PMTCT is given to mothers and their children by first being given information about methods to avoid HIV / AIDS.^{34,35} While this study through SEM analysis shows that the role of midwives in PMTCT actions has a positive and significant effect on independence. HIV and AIDS care. Thus the research results obtained are the novelty of this study from previous studies.

The aforementioned understanding is supported by behavior planning theory, reasoned action theory, behavior perception control theory, integrated behavior model theory, and health behavior model theory. These theories are theories that reinforce seeing the influence of the role of midwives in PMTCT actions on the independence of HIV and AIDS care. This theory is needed to provide an important explanation in the application of a health service model involving midwives and patients from a public health organization such as Puskesmas.



The theory of planned behavior (TPB) states that behavior planning is important in realizing organizational goals.^{32, 36, 37} The essence of the TPB theory is the intention factor, where the determinant consists of three factors, namely attitude, norms. Subjective and behavioral control that will determine whether the behavior is carried out or not. This means that in managing an organization such as a Puskesmas, a midwife's behavior planning is required. Behavior planning includes the management of attitudes, subjective norms, acceptable norms, and behavioral intentions in providing the best service to achieve self-reliance in services, including striving for self-service care for HIV and AIDS.

The theory of reasoned action (TRA) affirms the most important determinant of individual behavior, intention.³² The direct determinants of an individual's behavioral aims are attitudes and subjective norms related to behavior. Personal attitudes towards behavior include behavioral beliefs, evaluation outcomes, subjective norms, normative beliefs, and motivation to comply. This attitude will affect performance.³⁸⁻⁴⁰ Understanding this theory is significant for a midwife to support her role in taking service actions to achieve self-reliance in health services, thus indicating that the midwives' influence in PMTCT actions is positive and significant for HIV care independence and AIDS.

Perceived behavioral control theory states that perceived behavioral control is behavior control determined by experience and an estimate of how difficult or easy it is to perform the behavior.⁴¹⁻⁴⁴ It indicates the developing behavior by midwives must be under the control of perceptions of behavior. The indication of the midwives' role in PMTCT actions to make a positive and significant contribution toward HIV and AIDS care. This theory is a consideration for every midwife in supporting their role in realizing the independence of health services in Puskesmas.

The theory of integrated behavior model or theory of integration behavior model states, that understanding the concept of organizational behavior in the health sector is influenced by the integrated behavior model.⁴⁵⁻⁴⁸ this model is built based on attitudes, treatment norms, personal agents, knowledge, skills, environment, and habits. This theory affirms that organizations such as Puskesmas must manage the midwives' behavior in carrying out their duties and functions. It requires an integrated behavior model that a midwife must have in developing her attitude to provide services. To comply with all subjective norms in the organization, understand the norms in carrying out the assigned task, and have a strong behavioral intention to expand its role. They had a positive and significant impact on independent care for HIV and AIDS.

The theory of health belief model states that this model is used to predict health improvement behavior through health beliefs that are grown in society.⁴⁹⁻⁵³ this theory proposes a model for dealing with health belief behaviors related to perceived inequality, the seriousness perceived, perceived benefits, and hindrances. This behavior model makes the role of the midwife able to address perceived disparities through treatment or prevention, the role of perceived seriousness in seeking the best treatment, and the role of perceived benefits and obstacles, namely feeling the benefits of obstacles and taking risks to prevent health barriers. This theory becomes relevant in seeing the midwives taking PMTCT actions to assume a health belief model in handling and managing HIV / AIDS patients to be independent by always taking counseling actions and having a perception of healthy life expectancy. The essence of the discussion shows that the midwives at the Puskesmas in Makassar City, in general, have played their role as midwives in providing counseling for PMTCT actions. Especially, HIV and AIDS care through attitudes in providing counseling, encouraging them to take PMTCT actions, paying attention to routine HIV and AIDS care perform PMTCT actions and show behavior according to expectations, namely realizing HIV / ADS-free care through counseling and living a healthy life.

CONCLUSION

Based on the results of the research and discussion described above, it is concluded as follows. The application of organizational characteristics in the form of a reward system, training, and development as well as leadership supports the independent role of midwives in PMTCT services. The application of work behavior in the form of achieving performance goals and feedback supports the role of midwives in the independent action of PMTCT services in Puskesmas. The organizational characteristics implementation is as rewards, training, and education, as well as leadership, increases the independence of midwives in HIV / AIDS care in Makassar City. Work behavior in as performance

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and feedback improves midwife services in the HIV / AIDS care in Makassar City. The role of the midwife is in the form of attitudes, subjective norms, and accepted norms to increase the independence of HIV / AIDS care in Makassar City.

It suggests improving the organizational characteristics of the Puskesmas to increase the independence of services by all midwives, to improve the work behavior of the Puskesmas to increase the independence of midwife services in PMTCT actions, to develop the application of organizational characteristics to increase the independence of midwife services, to improve. Work behavior to increase the midwife services raises midwives' role for the quality of services, coverage, and security of midwife services. The study contributes to the Puskesmas and the community, so it is necessary to make a module to be implemented by midwives at each Puskesmas.

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