

PUBLIC PERCEPTIONS ABOUT THE P4K PROGRAM: A QUALITATIVE ANALYSIS BASED ON THEORY OF PLANNED BEHAVIOR

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ABSTRACT

In improving the quality of maternal and child health services and preventing maternal deaths, community roles are needed, one of which is carried out through the implementation of the Childbirth Planning and Prevention of Complications (P4K) Program. However, there are still many pregnant women who eventually give birth in a shamans (dukun beranak or paraji) even though they have been affixed with a P4K sticker. Based on this phenomenon, this qualitative research was made with the aim of exploring people's perceptions of P4K and the reasons they still give birth in shamans using a grand theory, namely the theory of planned behavior. This research is qualitative research. The research was conducted in the working area of the Lebak Wangi Health Center in Serang City from May to June 2023. This qualitative research uses a grand theory in the form of a theory of planned behavior. The sample or respondents of this study were mothers who had P4K stickers at home but gave birth in paraji shamans as many as 5 people and 2 triangulators in this study were midwives. Data was collected by in-depth interviews. The analysis will be presented qualitatively with validity using peer triangulators. The informant's behavioral belief was that if the birth in a quack would be normal whereas if in a midwife there was a possibility of surgery or being referred to a hospital and patients were afraid so they ignored information related to P4K. Subjective norms are formed because of believing in shamans or their parents, having family ties or misinformation regarding preparation for childbirth, especially all information for P4K. In this study, the strongest reason related to control belief was the experience of having given birth normally without having to prepare what was mentioned in P4K.

Keywords: p4k; public perception; theory of planned behavior

INTRODUCTION

World Health Organization (WHO) recorded an average Maternal Mortality Rate (MMR) in Indonesia of 126/100,000 live births. This is quite high when compared to other ASEAN countries such as Thailand and Singapore with an average MMR below 20/100,000 live births. (Ayu, 2018) Various efforts of the Indonesian government in accelerating MMR reduction are providing quality maternal health services, Tetanus immunization services for women of childbearing age and pregnant women, maternity health services, postpartum maternal health services, puskesmas carrying out classes for pregnant women and the Childbirth Planning and Complications Prevention Program (P4K), and contraceptive/family planning services. (Kemenkes, 2018) In improving the quality of maternal and child health services and preventing maternal deaths, community roles are needed, one of which is carried out through the implementation of the Childbirth Planning and Prevention of Complications (P4K) Program. This is because the causes of maternal death can mostly be prevented with the implementation of good P4K. Complications such as bleeding, eclampsia, sepsis, traffic jams and old partus are the causes of the majority of maternal deaths in Indonesia, while indirect causes include late recognition of danger signs and making decisions, late reaching health facilities, and late getting help. (Izzati, 2018) (Himalaya, 2020)

The implementation of P4K in these villages needs to be ensured in order to be able to assist families in making good childbirth planning and increase family preparedness in facing the danger signs of pregnancy, childbirth, and postpartum in order to take appropriate action. Therefore, there is a need for adequate education so that families can be more alert in facing the danger signs of pregnancy, childbirth, and postpartum. In the working area of the Lebak Wangi Health Center, P4K stickers have been attached to each target house for pregnant women. However, there are still many pregnant women who eventually give birth in a shaman or paraji even though they have been affixed with a P4K sticker. Based on this phenomenon, this qualitative research was made with the aim of exploring people's perceptions of P4K and the reasons they still give birth in shamans using a grand theory, namely the theory of planned behavior.

METHOD

This research is a qualitative research conducted to analyze the influence of public perception on the use of P4K stickers and the reasons for their maternity in paraji shamans. The research was conducted in the working area of the Lebak Wangi Health Center in Serang City from May to June 2023. This qualitative research uses a grand theory in the form of a theory of planned behavior. The sample or respondents of this study were mothers who had P4K stickers at home but gave birth in paraji shamans. Informants are grouped into 3, namely: (1) the main informant is a pregnant woman as many as 5 pregnant women, (2) triangulators or subjects who will verify the interview results are village midwives and midwives in charge of MCH as many as 2 people, a total of 7 respondents. Data validity will use triangulation and peer debriefing methods. Data was collected by in-depth interviews. The analysis will be presented qualitatively with validity using peer triangulators.

RESULT AND DISCUSSION

Behavioral belief

In the theory of planned behavior, the emergence of attitudes is based on belief and its evaluation of an object. The background to the emergence of belief or belief in individuals can come from several results as stated in the theoretical framework (Bosnjak, 2020). From the results of behavioral belief research on pregnant women who do not pay attention and prepare for childbirth according to P4K so that choosing childbirth in a shaman is sure that if giving birth in a shaman will be normal while if in a midwife there is a possibility of surgery or being referred to a hospital and patients are afraid so they ignore information related to P4K.

" lamun ngelahiraken ning dukun mah, ore bakal dirujuk bu, lamun ning bidan mah semet-semet di rujuk, semet-semet dirujuk dadine kite mah emang milagoni lamun ane penjelasan P4K kuen "
If giving birth to a "dukun" is impossible to refer, If giving birth to a midwife usually a little – a little will be referred so indeed I did not pay attention to the explanation of P4K when the midwife explained (Main Informant Mrs. K age 22 years)

" Kitane emang pingin ngelahiraken ning dukun. Ngebayangaken sing inpormasi P4K kan kudu nyiapaken mubil nggo rujukan kan? Kitane wedi jadi ora tak pilagoni "

I did want to give birth in a shaman, in the information conveyed related to P4K we are expected to prepare a car as an emergency vehicle, this scares me so I don't remember what was conveyed (Main Informant Mrs. L Age 20 years)

" Kelalen bu apa bae sing kudu disiapaken, soale kitane wes ngebayangi lahiran ning emak paraji. Jadi sing kebayang ya kuen bae nyiapaken kaen, bebedong konon kaen "

I forgot what was said When the midwife gave me information about P4K, because I had imagined that I would give birth in a paraji/ dukun, then I ignored the P4K information that was in my mind only carrying swaddles and baby clothes (The main informant of NY. M Age 21 years). Most of the mothers who gave birth ignored the P4K information were afraid of imagining being referred or giving birth in a hospital. Because midwives are now increasingly prioritizing normal childbirth care, the paradigm of midwives has emerged – midwives are now happy to refer to. Even though the provisions must be referenced. In addition, they think that if referred will be carried out surgery. So when they hear in P4K information there is something related to the preparation of referrals, they don't want to think about it. This makes them forget the whole information (Village Midwife Triangulator).

"sebenere malah dudu ngeremehakeun stiker karo informasine bu, tapine kitane ngerasa ruwet soale kewakehan sing kudu disiapaken. Kitane ngerasa enak nyiapakeun lahiran ning paraji "

Actually, I don't want to underestimate the information from midwives and ignore the P4K stickers, but I feel that there is too much to prepare when following P4K information. I feel more happy preparing for birth in paraji (The main informant Ny.W Age 33 years).

"sebenere mah stiker kuen kite geh kadang mah ngedeleng, kadang baca maning ning Buku pink. Tapi ya premen bu, wes kepikiranne ruwet kuen wedi kitane ari dipikiri, bakan kejadian, dadine ning paraji bae"

Actually, I sometimes see the stickers installed and I also read the information and information in the MCH book. But the more I read and imagined the complications, the more I became scared. Finally I decided not to think about it and gave birth in paraji only (Main Informant Mrs. F Age 23 Years)

People still think that P4K is difficult to do, even though P4K is prepared by many parties, namely by families assisted by midwives and health workers. They have the mindset that giving birth in paraji is easier and simpler" (triangulator midwife at Puskesmas)

Normative Belief

In this study, subjective norms are formed because mothers feel more confident and trust in shamans or their parents have family ties or misinformation about preparation for childbirth, especially all information for P4K.

"wes sembarang bengen bu kite mah ngelahiraken geh ning emak paraji,wes ringkes ning paraji bae, kitane diajarakeun karo ibu wes aje dipikiri bae sing komplikasi lah sing nyiapakeun ambulan lah, konon bu"

Since a long time ago, our family gave birth with the help of paraji shamans, it is more practical to give birth in paraji. I was also taught by my mother not to think much and not to think about complications or the preparation of ambulances or cars informed in P4K (Main Informant Mrs. K age 22 years).

"kite kan pernah uwa karo dukun parajine bu, lah ore enak geh lamun ore ning deweke dingin. Lamun ning paraji ore bise engko geh dibalikaken ning bu bidan kan, dadi sing kite inget ya ape bae sing di omongi ibu paraji"

Me and the paraji shaman are related, the shaman is my uwa (elder brother), so I feel bad if I don't come to the shaman first. So what I remember is information from the paraji shaman (Main Informant Mrs. L Age 20 years).

"kite mah peremen emak bae bu bidan, lamun di kon ning paraji ya paraji bae. Lamun ore nurut kitane wedi ore lancer lahirane. Kata ibu saya jangan difikin aja yang berat-berat pan info P4K kuen abot pisan,,hehehheeh"

I just follow my mother's orders, if I resist then I am worried that my labor process is not smooth, my mother said don't think about heavy things, because I think P4K information is heavy, so I have a hard time understanding it (NY's main informant. M Age 21 years). The arrest of someone is different, so there are still many people who do not understand or even from the beginning are given information, they do not focus on listening. This is because at the beginning of pregnancy, they have been given wrong information or have been implanted with information from their parents (Village Midwife Triangulator).

" kadang ane bae bu, uwong sing ngomong aje dipikiri wes ngelahirakeun mah karo paraji bae, mengkonon koh bu,,"

There were people who told me not to think too much about (the information conveyed about P4K) and suggested giving birth to only the mother of the paraji (NY's main informant. W Age 33 years).

" Jarene laki kite mah aje dipikiri bu, lah kayane mah deweke geh wedi lamun kudu nyiapakeun mobil kan bakan dirujuk kaen, jadine yauwis ore kite inget-inget maning "

My husband told me not to think about (Main Informant Mrs. F Age 23 Years)

Sometimes the information conveyed by the midwife is broken by the patient's parents or people around the pregnant woman. Like husbands, parents, or even neighbors who actually they don't know anything (triangulator midwives Puskesmas)

Control belief

In this study, the strongest reason related to control belief was the experience of having given birth normally without having to prepare what was mentioned in P4K.

" lahiran wingi galah ore nganggo segala mobi, segala donor, segala persiapan kuen alhamdulillah lancer bu ning paraji "

The previous childbirth I did not prepare a car, virgin donors, and other preparations (mentioned in P4K) but the delivery, thank God, was helped by a birth attendant (paraji) (Main Informant, Mrs. K, age 22 years).

" anak kite sing nomer siji pan lahirane ning emak paraji, wes cocok kite karo emak paraji bu. Ngedeleng parajine bae ati kite wes adem "

My first child was also helped by a paraji, I was already suitable by looking at the face of the paraji shaman alone I was calm in his heart. (The main informant of Mrs. W, 34 years old)

"emak paraji pan wes pengalamane suwe, bidan ning kene mah masih enom. Kite galah sembarang wong tuwe bengen ning paraji anake isup bae sampe sekiyen. Ape maning ning paraji mah di doakaken, diurut, ditonggoni, ari2.ne diurus dadi kite ma hora paham sing P4K kuen, raruwet mah bu"

The paraji shaman has long experience, while the midwife here is still young. My family and I have also been maternity in herbalists and our children are still alive for generations. Moreover, in the paraji shaman will be given prayers, massages, and the placenta is also taken care of by paraji. So I don't understand P4K because it's a little complicated for me (Supporting Informant Mrs. R, 52 years old)

There are still many people who think that these paraji shamans have more experience than midwives because the age of shamans is older than midwives. In addition, many parents of pregnant women tell or give directions to give birth to paraji shamans. So they consider what the midwife conveys in P4K is a complicated and quite troublesome thing (Village Midwife Triangulator).

There are people who say that what they prepared as recommended by P4K was not necessary when they gave birth in Paraji, but the delivery was safe (The main informant of NY. W Age 33 years).

" *Jarene laki kite mah aje dipikiri bu, lah anak sing wingi geh lahiran selamat ning paraji, jadine yauwis ore kite inget-inget maning* "

My husband said not to think because the previous childbirth was also safe with paraji, so I didn't think about it anymore (Main Informant Mrs. F Age 23 Years)

The P4K program is designed for preparation, now sometimes people think if childbirth is safe then P4K is actually useless. This makes word of mouth stories to take P4K (Puskesmas midwife triangulator) lightly.

Theory Of Planned Behavior is a development of the theory of Reasoned Action. The Theory of Planned Behavior (TPB) states that in addition to attitudes towards behavior and subjective norms, individuals also consider perceived behavioral control i.e. their ability to perform such actions (La Barbera, 2020). This theory explains that the existence of the intention to behave can give rise to the behavior displayed by individuals (Fuady, 2020). The results of this study are in line with a study conducted by (Dewi, 2020) that Factors that affect knowledge about P4K in pregnant women are age, parity, education, and information media affect knowledge about P4K in pregnant women. The implementation of P4K was launched by the Ministry of Health in 2007 in maternal health services. The focus of P4K is the installation of stickers in every house where there are pregnant women, there are stickers in the homes of all residents in the village know and are also expected to help save pregnant women and maternity mothers by preparing for estimated childbirth, appropriate delivery places, companions during labor, transportation to be used and prospective blood donors. This preparation can prevent complications so that mothers get immediate help (Insiyah, 2021).

As one respondent said that the choice of shaman in helping the delivery process was because the shaman was well known to the community in helping the delivery process and had a kinship with the paraji shaman. So that the information submitted by shamans is considered more practical and more implemented than P4K. The discovery of shamans as birth attendants is actually influenced by various other factors such as knowledge, outreach to health services, socio-cultural factors, income also determine the choice of childbirth by baby shamans (Hidra, 2017). Fear of being referred is also still a reason that is often stated by respondents. The selection of baby shamans is based on the fact that baby shamans are good, comfortable, childbirth goes smoothly, habits from generations since the first child have used shamans and the shaman service itself is very satisfying to informants, baby shamans are informants' grandmothers, the distance between the informant's house and the baby shaman is very close and has been known to help deliver reliably in the eyes of informants. (Purnamawati, 2021). Researchers assume that people misunderstand information, related to the referral system is something that cannot be predicted in early pregnancy so that preparation for P4K referrals is not a must and must happen. However, the community already considered that this was a "prayer" so as to avoid the entire plan that had been prepared during the P4K visit.

Cultural factors and family culture also influence the mother's attitude in choosing childbirth help. Education level factors tend to influence a person's decision to choose health services, in this case the decision to choose childbirth help, these factors include low understanding of families and pregnant women, where there are still people who do not support all agreements and plans that have been written in P4K stickers (Rezal, 2018). The knowledge factor causes women not to know their reproductive rights and have no bargaining position in decision making (Husna, 2020). Although it concerns his own safety and well-being. So the obstacles faced by women in fighting for their reproductive rights are women's education level and family economic level (Monita, 2022). Most respondents are young and do not have enough knowledge and strength to make their choice. This result is also in line with research (Alhidayati, 2016) and (Mustofa, 2022) that knowledge, attitudes, socio-culture, and opinions or information from the family greatly influence the mother's decision to choose a birth attendant.

In the theory of planned behavior, like attitudes, subjective norms held by a person are also motivated by belief (Ajzen, 2020). But the beliefs referred to here are normative beliefs. In other words, pregnant women who believe that individuals in this case are shamans or parajis) or groups (in this case parents or relatives who have experienced giving birth with parajis) have an influence on the delivery process (referent) then this will be social pressure for the pregnant woman to do what is advised (Conner, 2020). Conversely, if pregnant women believe others are influential, but that person does not support childbirth behavior by health workers and P4K, then they think something bad or unwanted will happen to them.

CONCLUSION

The perception to ignoring P4K information are: informant's belief if the birth in dukun would be normal whereas if in a midwife there was a possibility of surgery or being referred to a hospital and patients were afraid so they ignored information related to P4K, believing in dukun or their parents, having family ties or misinformation regarding preparation for childbirth, especially all information for P4K and the strongest reason related to control belief was the experience of having given birth normally without having to prepare what was mentioned in P4K.

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