

ABSTRACT

THE ROLE OF ORGANIZATIONAL BEHAVIOUR ON THE MATERNAL AND CHILDREN HEALTH PRACTICE OF THE MEMBERS OF FEMALE FARMER GROUP OF SEMARANG REGENCY

The general objective of this study was to identify the organizational behaviour (OB) of female farmer group (FFG) and to examine the factors that effect the practices of MCH of members of FFG.

The specific objective of the study was to examine the effect of the OB and predisposition of MCH of the practices of MCH of members of FFG, and to fine out the dominant factor that effect the practices of MCH of members of FFG, based on the FFG category to examine the effect of the aspect of the OB on the practices of MHC of members of FFG, and to find out the dominant aspect that effect the practices of MHC, and to examine the effect of the aspects of the predisposition on the practices of MHC of members of FFG, and to find out the dominant aspect that effect the practices of MCH.

This was an ex post facto study by the use of an associative explanatory research approach. The population consisted of all members of the FFG in Semarang Regency. The samples consisted of ten FFG randomly selected, and the samples for the members of included 190 people. The data were collected by the use of in-dept interviews to collect the data on the organizational behaviour of FFG and the behaviour of MCH. Questionnaires were used to collect the data on the predisposition of the members of FFG, in addition to study documents and focus group discussions.

The result of the study showed that in general, the organizational behaviour of FFG could be classified into three categories: Proactive, Reactive, and Non-active. The OB and predisposition of affected significantly the practices of MHC. The OB was the dominant factor (R Square = 0.569). Leadership was the dominant aspect of the OB and predisposition that effected the practices of MCH.

In Proactive FFG, the leadership of the OB significantly affected the MCH practices (R Square = 0.769). The attitude of the predisposition significantly affected the MCH practices (R Square = 0.245).

In Reactive FFG, the leadership of the OB significantly affected the MCH practices (R Square = 0.681). The belief of the predisposition significantly affected the MCH practices (R Square = 0.392).

In Non active FFG, the leadership of the OB significantly affected the MCH practices (R Square = 0.080). The attitude of the predisposition significantly affected the MCH practise (R Square = 0.245).

Key words: FFG, Organizational Behaviour, MCH Practice.