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Influence of the village head leadership-based self-efficacy and personal mastery to total visits of children under 5 years to health officials in Central Lombok west Nusa Tenggara

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Abstract

Background: The village head as the leader and head of the government is directly elected by the villagers, entrusted and at the same time required to possess a good leadership skill for the sake of the community health development. The requirement for the good leadership is especially important as the health level of the community in Central Lombok Regency is still low. Therefore, a study on the current leadership style of the village head in Central Lombok is very necessary, emphasizing on the role of the village head in optimizing the children under 5 years visit to the health official, as the form of community participation in health program.

Objective: The study is aimed at presenting the leadership model of the village head based on personal mastery and self-efficacy.

Materials and Methods: Type of research is observational. The study design used was cross-sectional. There were 127 respondents, all village heads in Central Lombok. The conceptual framework is a modification of the Theory of Planned Behavior model. The data were obtained through survey method, using questionnaires for the village head and the check list as reinforcement for village midwives. Data analysis was performed with the Smart PLS. 2,0.

Results: (1) Leader's attitude has weak influence on the leadership of village head. (2) Subjective norm has weak influence on the leadership of village head. (3) Self-efficacy has considerable influence on the leadership of village head. (4) The Behavior Model of village head's leadership -based self-efficacy and personal mastery was described with structural modeling mathematical equation that the village head's leadership was affected insignificantly by leader's attitude and subjective Norms, affected fairly by self-efficacy and intention. The influence of the leadership of the village head is very weak to visit children under 5 years to health officials.

Conclusion: (1) The village head's leadership was affected fairly by self-efficacy and intention, and affected insignificantly by leader's attitude and subjective norms; (2) The village head's leadership had insignificant effect on the visit of children under 5 years to the health officials.

KEY WORDS: Personal mastery, self-efficacy, leadership village head, theory of planned behavior, visits, children under 5 years

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Introduction

The development of village has a close relationship with the participation of the village community; hence, as the head of the government at the village level, the village head has a pivotal role in the development of village. However, the current trends show that the village head has not taken optimum role. The village head is positioned as the head of office and

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is more oriented to the administrative duties. The orientation briefed at the initial stage of the village head's term of service is mainly about the introduction of the government programs, instructions, duties, and obligations.

The village head is elected by and from the community themselves. The village head is fully responsible for the success or failure of the development program, including the program of "Desa Siaga," a health program recently initiated by the government. Hence, a study on the role and function of the village head in the implementation of the program is especially acute in line with the overcoming of mortality of infant and children under 5 years.

The statistics from the Department of Health of the west Nusa Tenggara Province (NTB) up to December 2010 indicated that there were 636 cases of malnutrition, out of which 25, mainly infant and children under 5 years, ended up in death. Most of the death took place in Central Lombok regency. The number of children under 5 years who visited the health official through Posyandu (*Pos Pelayanan Terpadu*, Integrated Health Service Post) and Puskesmas (*Pusat Kesehatan Masyarakat*, Community Health Centre) for the last 3 years from 2010 was 58%, 67%, and 71% respectively, while the preschool children detection by the health official during the same period was 53%, 67%, and 26%, respectively.

Various types of intervention to overcome the death rate of infant and children under 5 years have been undertaken through various fundings and programs. However, the rate of infant mortality is still high. The Human Development Index (HDI) in NTB is still the lowest compared to the other provinces in Indonesia, while Central Lombok regency takes the 9th position from the 10 regencies in NTB. This might be caused by the fact that the program was conducted functionally by the health official from the ministerial level to the village level, that is, nobody is aware of the health program but the health official themselves, while the ad keeps promoting the slogan "Health is everybody's responsibility."

As the leader and head of the government at the village level is directly elected by the people, the village head is entrusted and required to possess sufficient degree of leadership. The village head has to possess a conviction on his ability to achieve particular level of performance by utilizing his past experience that affected his life. The conviction on this self-ability is called self-efficacy.^[1] Furthermore, The village head has to have clear aim and direction in promoting and improving his community, maintain consistency, possess progressive ideas, and have a strong determination to implement them. Therefore, the village head has to continually evaluate his own potentials to maintain self-progress. A continual effort to maintain self-potential is known as personal mastery.^[2] Otherwise, The village head will become a mere foreman or overseer, overseeing his staff according to the order of his superiors.

A research on the leadership of the village head is then very urgent in studying the leadership of the village head in the Community Health Development, with emphasis on the role of the village head in optimizing the visits of children under

5 years to the health officials. The role in the form of efforts directly undertaken by the village head to increase the number of visits of children under 5 years to the health officials has so far ineffective in achieving the maximum rate. The aim of this research is to obtain a model of influence of the leadership of the village head-based self-efficacy and personal mastery on the visits of children under 5 years to the health officials.

Leadership is simply defined as the undertaking of the authority and policy making.^[3] The definition indicates how a leader utilizes his authority to run the organization through the policy he makes. A more popular definition refers to a pattern of harmonious interaction between a leader and his subordinates that the authority possessed by a leader is implemented in the form of giving guidance and direction to the subordinates.^[4] The interaction pattern usually started with the effort to influence the subordinates so that they are willing to be driven toward the goal of the organization. Leadership is an ability and skill of an occupier of a leading position of a work group to influence the behavior of others, especially his subordinates, to think and act in such a way that through positive behavior they contribute to reach the goal of the organization.^[5]

Theory of Planned Behavior was proposed by Ajzen.^[6] The theory views that intention may motivate one's behavior, while intention is determined by three factors: (1) *Attitude toward behavior*, attitude shown due to one's *behavior, beliefs, and outcome evaluation*, (2) *Subjective Norms*, belief about others' normative expectation and the motivation to fulfill the expectation (*normative beliefs and motivation to comply*), and (3) *Behavior control*, belief about the things that may support or inhibit the behavior (*control beliefs*) and perceptions on the power of such supporting and inhibiting behaviors (*perceived power*).

To summarize, human actions are motivated by three main factors:

1. Profitable or unprofitable evaluation of the behaviors (attitudes toward behavior), such as what benefit the village head may obtain if he can increase the number of visits of children under 5 years to the health officials.
2. Perceived social pressure to perform or not to perform the behavior (*Subjective Norms*), that is, the village head, for instance, perceive the community's demand, especially close relatives, for him to conduct a direct approach to the people's homes so that they bring their children under 5 years to the health officials.
3. Perceived ability to perform the behavior. *Self-efficacy* or perceived behavior control,^[7] that is, the perceived difficulties if the village head persuades the mothers to bring their children under 5 years to the health officials.

Self-efficacy, which is popularly known as *social cognitive theory* or *social learning theory*, is defined as one's belief about his ability to reach a certain level of performance by utilizing his experiences in the past, which affected his life. *Self-efficacy* is one's belief that he is able to do a certain duty successfully.^[1] The individual goal is affected by self-assessment on his ability. The stronger the self-ability perception is, the

higher is the level of challenge that one sets for himself and the stronger is his commitment to reach it. The main function of thought is enabling one to predict various events and developing ways to control various things that affect his life.^[1,8] There are many choices that one avoids because he perceives that he is unable to do those.^[9]

Personal Mastery freely translated as improving personal capacity continuously, as defined by Peter Senge (1995), is "Discipline personal growth and learning" or "Raising the capacity of continuous self." It is more than just competence and skill or spiritual growth. It is about creating a desired future and move toward it. People with high levels of Personal Mastery skilled at creating a personal vision and accurately assess the current reality they associate with that vision.

The successful implementation of various health programs dedicated to children under 5 years is dependent on their contact and visit to The Health Center, or directly to the health official. The visit of the children under 5 years to the health officials is regarded as the community participation in the health program (D/S). the visits of children under 5 years to the health officials has often been a problem due to the fact that the number of children under 5 years visiting the health official is always lower than the number of children under 5 years in a given area.

Materials and Methods

This is an Observational Research following *cross-sectional* design. The concept and variables are embodied in the scheme of *Theory of Planned Behavior*. The data were collected through survey with questionnaire for the village head. The data were analyzed using *Smart PLS 2.0*. The sampling technique used in this study is total sampling, numbering all 127 persons in Lombok Tengah Regency by October 30, 2013.

The analysis technique used was *variance or component-based Structural Equation Modeling (SEM)*, called *Partial Least Square (PLS)*. The testing of the prediction strength from the model as a whole is represented by the value of *goodness of fit (GoF)*.^[9]

Complementing this research, also collecting data through open statement of the village head, on the view of the health coaching program children under 5 years, as well as data collection through a checklist for village midwives related to the activity of village head in the development of public health.

Results

Coefficient parameters on the entire model lines can be used to see the effect directly or indirectly between latent constructs, as shown below.

The first characteristic of the village head influence on the leader's attitude factor is 0.165. The second characteristic of the village head influence on the leader's attitude factor is -0.056. The first characteristic of the village head influence on subjective norms is 0.050. The second characteristic of the

village head influence on subjective norms is -0.107. The first characteristic of the village head influence on self-efficacy is 0.100. The second characteristic of the village head influence on self-efficacy is -0.104.

The direct effect of leader's attitude on Intention was 0.195, which means that with every increase of one unit of leader's attitude, there would be 0.195 times increase of the village head's Intention. Subjective norms directly influence against the village head intention of 0.117. May mean that any increase in the indicator subjective norms, there will be the addition of intention of the village head of 0.117 times increased. Self-efficacy direct influence on the intention of 0.520. May mean that any increase in the indicator self-efficacy, there will be additional intention of the village head of 0.520 times increased.

The direct effect of Intention on the leadership of the village head was 0.473, which means that with every increase of one unit of Intention, there would be 0.473 times increase of the Leadership of the village head.

PLS SEM model testing results based on the value of R^2 is known that the model constructs a magnitude moderate latent constructs intention and leadership, and the model of the weak criteria on the construct leader's attitude.^[10]

Path coefficient parameters on latent constructs and the direct and indirect effects of leadership village head are set out in the Table 1.

Based on the above diagram, a mathematical equation of structural modeling with Software Smart-PLS 2.0 was obtained, as follows:

Leadership = 0.043 The first Characteristics -0.037 The second Characteristics + 0.092 Leader's attitude + 0.055 Subjective Norms + 0.246 Self-efficacy + 0.473 Intention

The equation can be interpreted as follows:

1. Any increase in the first characteristic factors will lead to a rise in leadership of the village head factor in order to increase visits of children under 5 years to a health official at 0.043 times. Assuming other factors to be constant.
2. Any increase in the second characteristic factor will decrease leadership of the village head factors in order to improve visits of children under 5 years to the health official by 0.037 times. Assuming other factors to be constant.
3. Any increase in the leader's attitude factors will cause a rise in leadership village head factor in order to increase visits of children under 5 years to the health official at 0.092 times. Assuming other factors to be constant.
4. Any increase in subjective norm factor will lead to a rise in leadership of the village head factor in order to increase visits of children under 5 years to the health official at 0.055 times, assuming other factors to be constant.
5. Any increase in self-efficacy factor will cause a rise in leadership of the village head factor in order to increase visits of children under 5 years to the health official at 0.246 times. Assuming other factors to be constant.
6. Any increase will cause a rise in intention factors leadership of the village head factor in order to increase visits of children under 5 years to the health official at 0.473 times. Assuming other factors to be constant.

Table 1: The path coefficient parameters on latent constructs the direct and indirect effects of leadership village head

	Path coefficient	Standard error
1st Characteristic -> Intention	0,090123	0,090591
1st Characteristic -> Leader's attitude	0,164937	0,120859
1st Characteristic -> Leadership	0,042639	0,044798
1st Characteristic -> Self Efficacy	0,10015	0,122716
1st Characteristic -> Subjectif norm	0,050086	0,113282
1st Characteristic -> Visit	0,007466	0,011556
2nd Characteristic -> Intention	-0,077568	0,089333
2nd Characteristic -> Leader's attitude	-0,055812	0,110497
2nd Characteristic -> Leadership	-0,036699	0,04473
2nd Characteristic -> Self Efficacy	-0,104145	0,119141
2nd Characteristic -> Subjectif norm	-0,107059	0,121755
2nd Characteristic -> Visit	-0,006426	0,012367
Intention -> Leadership	0,473118	0,071943
Intention -> Visit	0,082838	0,066456
Leader's attitude -> Intention	0,195208	0,086362
Leader's attitude -> Leadership	0,092357	0,042997
Leader's attitude -> Visit	0,016171	0,015474
Leadership -> Visit	0,175089	0,130119
Self-efficacy -> Intention	0,519847	0,08622
Self-efficacy -> Leadership	0,245949	0,067728
Self-efficacy -> Visit	0,043063	0,039212
Subjectif norm -> Intention	0,117073	0,105072
Subjectif -> Leadership	0,055389	0,052632
Subjectif norm -> Visit	0,009698	0,014228

The relationship of the village head's leadership -based self efficacy and personal mastery to total visits of children under 5 years to the health officials, according to the analysis of the direct effect of the village head's Leadership on visits children under 5 years to the health officials, was 0.175 when based on the criteria of correlation interpretation (Sarwono, 2006), which is interpreted as very weak. This means that so far, the village head's Leadership has no relationship with the children's visit to the health officials. In other words, in their current tenure, the village head has not been able to increase the community participation in the health programs (reflected by the number of infants and toddlers' visits = D/S figure).

Discussion

In relation to the status of Indeks Pembangunan Manusia (IPM, Human Development Index) of NTB Province which is on the lowest from all provinces in Indonesia from year to year, the duty and responsibility of the village head to increase the community participation are, therefore, very important. It is necessary to empower the village head to increase the community participation in health programs.

Based on data checklist of village midwives, only 30.56% village heads had been to Posyandu in the last 3 months, whereas according to the statement of the village head only two people (1.63%) completely involved in organizing the IHC. The data illustrates that the majority of the village head does not actively foster community participation in the health field. In this regard, the role of the leader as the head of the village will be very important if he actively to come to the community, frequently attending meetings, and at every opportunity explain the benefits of Posyandu program. These community leaders are also active in urging citizens to manage the activities of Posyandu. When people see that their respected leaders are participating in these activities, then the public would be interested in participating. So the leader's participation is more important to increase community participation in health programs in Indonesia.^[12] The contribution of the village head's influence on community participation is 28.339%.^[13]

The calculated results for the hypothesis about the influence of leadership style of the village head on the participation of rural communities is 0,266. Meaning that the village head's leadership style is democratic leadership style that has an influence on the participation of rural communities, although

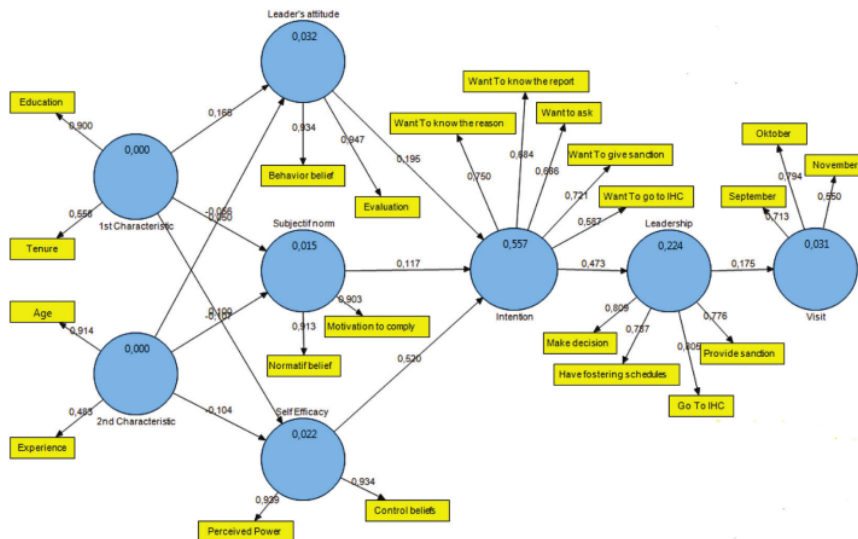


Figure 1: The path diagrams of structural equation models.

the extent of the correlation (relationship) is not high or low but significant relationship.^[14]

The result of quantitative analysis which supports the result of qualitative study maintains that the good leadership characteristics which affects the attitude of cadres as well as the Posyandu performance are paternalistic and traditional leadership styles (expecting instructions from the superiors).^[18]

Social leadership emphasizes more on the exemplary leadership rather than profit-oriented one. To set an example for the village community, the village head should position himself among and in the midst of his own people, as the leadership concepts of Ki Hajar Dewantara, giving example in the front, inciting the initiatives in the middle, and empowering from behind. In front, for instance, the village head comes early to the Posyandu, preparing everything with the cadres; in the middle, for example, the village head organizes the queue of the mothers attending the Posyandu; and from behind, the village head greets and motivates the mothers to come again on the next round of Posyandu. Such is the expected implementation of Participative Leadership of the village head. Therefore, it is insufficient that the village head coordinates and assigns duties to the village staff from the office.

Frequency of the presence of the village head in Central Lombok regency in the middle of citizens in relation to increasing community participation in the health sector, is merely to promote the utilization of Posyandu to mothers (61.11%), but the village head has not much to base the importance of bringing a baby and children under 5 years based on achievement data of Posyandu visit (36.11%).

Reprimand village head to mothers who neglect to Posyandu also not been fully performed (54.63%). This is probably because the village head is not confident to talk about the health of infants and children under 5 years.

Validation of the predictive model as a whole can be seen from the absolute with the following formula:

$$GoF = \sqrt{Com.R^2}$$

Based on the calculation of the above convergent validity analysis, the average *communalities* of 0.658 was obtained, while the average was 0.146 so that the GoF value of the prediction model can be calculated as follows:

$$GoF = \sqrt{0.658} \times 0.146 = 0.31$$

GoF value of 0.31 indicates GoF of large size, so that it can be said that the prediction model in this study is strong in explaining the research variable or variables' influence on the size of a large category.^[15]

The new findings (novelty) in this study was a model of the influence of the leadership of the village head-based self-efficacy and personal mastery to the number of visits of children under 5 years to health officials. That means the influence of the leadership of the village head is very weak. Measures of leadership of the village head is considered not to foster community participation, which is reflected from the number of visits of children under 5 years to the health officials. The intention is strong enough only to support a weak

influence on the leadership actions of the village head, to increase the number of visits of children under 5 years to health officials. Weak leadership actions of the village head is not caused by weak personal factors of village head but because of other factors that are not included in this research model.

Conclusion

The characteristics of the village head in Central Lombok Regency: Tenure and education had a positive but very weak effect on the leadership of the village head, while age and leadership experience had a negative and very weak effect on the leadership of the village head. Leader's attitude had a very weak effect on the leadership actions of the village head so far. Subjective Norms had a very weak effect on the leadership actions of the village head so far. *Self-efficacy* had a fair effect on the leadership actions of the village head. Model of influence of leadership of the village head indicated that the leadership of the village head was supported fairly strongly by *self-efficacy* and intention, while the characteristics leader's attitude and Subjective Norms had a very weak support. The effect of leadership of the village head-based self-efficacy and personal mastery had a very weak effect on the number of visits of children under 5 years to the health official. The leadership actions of the village head so far had not been influential in increasing the community participation in health programs, indicated by the number of visits of children under 5 years to the health official.

Based on the conclusion of the study, which showed weak influence of leadership of village head-based personal mastery and self-efficacy on the number of visits of children under 5 years to health officials, it is recommended that the Government of Central Lombok Regency review and readjust the work program policy, supervision, and incentives for the village head, especially those which are related to maintaining the community participation in health programs.

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