

TRIPARTITE PARTNERSHIP PATTERNS IN INCREASING THE BIRTH RATE BY HEALTH WORKERS IN CIGINGGANG VILLAGE

Mimin Megawati¹, Nanik Yuliwati²

^{1,2} Midwifery Study Program, Abdi Nusantara College of Health Sciences, Indonesia

Abstract.

Health is a basic right of all people. The main priority at this time is health services for pregnant women. The selection of birth attendants for pregnant women is something that must be considered. Prior to the tripartite partnership, many people chose to give birth with the help of a dukun than to give birth with a health worker. The process of forming a tripartite partnership, namely collaboration between cadres, traditional birth attendants and midwives, began with the signing of the MoU which was directly supervised by the camat, babinsa and lurah. The existence of cadres and traditional birth attendants who continuously accompany pregnant women makes them trust them to use the services of health workers and give birth at health facilities. There was an increase in the number of birth mothers assisted by midwives who partnered with traditional birth attendants at Poskesdes with an average increase of 2.8% for the past 2 years. The obstacles in implementing this tripartite partnership are the very low level of education of cadres and traditional birth attendants, the remote location of health services and the financial capacity of postpartum mothers.

Keywords: Pregnant Women, Collaboration, Tripartite, Posyandu cadres, Dukuns, Health Workers.

1. INTRODUCTION

Health is a basic right of all humans or society, people have the right to obtain quality health services and the state has the responsibility to ensure the health of every citizen (Nuraeni Siti, 2012). One important aspect that must be considered is knowing the priority of health services to community groups, such as the elderly, adolescents, as well as mothers and children. In addition to providing special health services for mothers and children, the selection of birth attendants for pregnant women is also something that must be considered. Based on the 2018 Sampling Registration System (SRS) data, maternal deaths occur in the labor and postpartum phases, namely 24% occur during pregnancy, 36% during childbirth and 40% after delivery.

In various parts of Indonesia, especially in remote or remote areas, there are still a lot of deliveries performed by non-medical personnel (traditional birth attendants) using traditional methods. Basic health research results show that deliveries by health workers reach 55.4%. This shows that around 43.2% of deliveries are still assisted by non-medical workers, namely traditional birth attendants (Nurhidayanti, 2018). Based on the Health Profile at the Gunungkencana Health Center In 2021 there were 400 mothers giving birth, 377 (94.25%) assisted by health workers and as many as 23 people (5.7%) deliveries were not assisted by health workers. Delivery assistance assisted by non-medical personnel (traditional birth attendant) often causes problems in childbirth and can even cause death in the mother and/or baby.

In Cigilinggang Village, Gunungkencana District, Lebak District, at first the number of deliveries performed by health workers (midwives) was still very low, with more deliveries being performed by traditional birth attendants. Therefore, a partnership was formed with posyandu cadres and traditional birth attendants to help provide an

understanding of the importance of having deliveries by health workers (midwives). These cadres also play a role in providing understanding to pregnant women in their respective villages when a mother is about to give birth. Therefore, this research was made in order to find out and understand more about the Tripartite Partnership involving midwives, traditional birth attendants, and posyandu cadres in Cigilinggang Village.

2. METHOD

This type of research is a qualitative research that uses methods in the form of direct observation and in-depth interviews with related subjects. In-depth interviews were conducted on the subjects or informants studied, namely those consisting of two groups, namely the informant group consisting of two village midwives, eight cadres, and eight traditional birth attendants as actors of a tripartite partnership. Then, the group of key informants (Key Informants) consisted of eight postpartum mothers, village heads, community leaders, Babinsa, and sub-district heads as users and supporters of health facilities. While direct observation is also carried out as secondary data collection for information related to the subject and object studied.

3. RESULTS

3.1 Overview

Gunungkencana District, which has a working area of 15,935.7 km², is one of the sub-districts in Lebak Regency. The Gunungkencana Inpatient Health Center covers Gunungkencana Village, Sukanegara Village, Ciakar Village, Cicaringin Village, Bojongkoneng Village, Cisampang Village, and Cigilinggang Village. Cigilinggang Village consists of 11 villages with 4 villages located around the Poskesdes with a distance of between 0 to 1 km and 5 other villages located quite far from the Cigilinggang Poskesdes with the farthest village being approximately 5 km (Cigilinggang Village Profile, 2020).

Table 1. Distance from Village to Cigilinggang Poskesdes and Area

1	No	2	Village name	Distance (Km)	Area (Km ²)
	1.		Rajawana	0	0.8
	2.		Selokbarang	2	0.4
	3.		Babakan	2	0.6
	4.		Kaduceulian	1.5	0.2
	5.		Gunungbungbang	0.5	0.4
	6.		Cibeusi	2	0.9
	7.		Kaduhunch	3	0.8
	8.		Nyaprotect	4	0.5
	9.		Cikakak	6	0.8
	10.		Dukuhaji	3	0.4
	11.		Kebon O	8	0.5
	3		Total		0.54

Based on the subject population in the Cigilinggang village area, the following is the profile of the informants who were sampled in this study.

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Table 2. Characteristics of Research Informants to Increase the Number of Deliveries in the Working Area of the Cigilinggang Poskesdes, Gunungkencana, Lebak in 2022

No	Characteristics of Informants	Midwife	Posyandu cadres	Dukun
1.	Age	23-45 years	25-60 years	50-71 years
2.	Education			
	- Low (Elementary-Junior High School)	-	4	8
	- SENIOR HIGH SCHOOL	-	3	-
	- High (DIII /S1)	2	1	-
3.	Profession			
	- Doesn't work		7	8
	- Work	2	1	-
4.	Gender			
	- Man	-	-	-
	- Woman	2	8	8
5.	Religion			
	- Islamic	2	8	8
	- Non-Muslims	-	-	-
	Race (Tribe)			
	- Sunda	8	8	8
	- Java	-	-	-
	- Other	-		
	Informant Code	Bd 1-2	CP 1-8	DBs 1-8

Table 3. Characteristics of Key Informants to Increase the Number of Deliveries in the Cigilinggang Poskesdes Work Area, Gunungkencana, Lebak in 2022

Code	Key Informants	Age	Profession	Education	Amount
Bufas	Postpartum Mother	20-45	IRT, PNS	SD, SMP, SMA, PT	8
KD	Village head	35	Non civil servants	JUNIOR HIGH SCHOOL	1
Tokmas	Public figure	45-75	farmer	SD	1
Bb	Babinsa	55	civil servant	SENIOR HIGH SCHOOL	1
Camat	Camat	50	civil servant	PT	1

Before the Poskesdes facility existed, in Cigilinggang Village there was a health facility in the form of a Polindes staffed by a village midwife. However, traditional birth attendants and cadres never invite pregnant women who want to give birth to this place. Pregnant women give birth at their own homes accompanied by dukun paraji only. Since the establishment of a health facility in the form of a Poskesdes in Cigilinggang Village around 2007, pregnant women have gradually given birth at this health facility.

"... only general treatment, as far as I can remember it hasn't been used for giving birth..." (KP1)

To increase awareness of pregnant women giving birth by midwives at health facilities, the informants took a persuasive approach to traditional birth attendants and pregnant women, as well as by optimizing the role and function of posyandu cadres. The training was carried out for a long time and involved various elements from the government apparatus such as village heads, babinsa and sub-district heads. The success of delivery assistance by midwives, especially for at-risk pregnant women such as breech babies, IUFD, large pregnancies, and others, has contributed to increasing public awareness in general of the importance of deliveries assisted by midwives and preferably taking place in health facilities.

"... if it's not possible to help at the Poskesdes, we'll refer them to the Puskesmas and the Hospital, so that mothers and babies are properly helped..."(Bd2)

3.2 Tripartite Partnership Pattern

3.2.1 Forms of Tripartite Activities

The beginning of the formation of a tripartite collaboration in Ciginggang Village was in 2018, namely in the "Trafficker-cadre Partnership" training activity which was attended by the Village Head, Banbinsa, and Gunungkencana Sub-District Head, a joint agreement or MoU was made between Midwives, Shamans, and Cadres regarding childbirth by health workers (midwife) in a health facility (Poskesdes or Puskesmas). The contents of the MoU include traditional healers and cadres must invite/deliver pregnant women to give birth by midwives at health facilities, traditional healers cannot help with deliveries alone at the patient's house, etc.

"If I'm not mistaken, there were 8 traditional birth attendants who attended and signed..." (DB1)

"All the cadres were present at the MoU, but only Mrs. Marti signed the representative."(KD1)

After the signing of the MoU, several work program frameworks were made which were expected to maintain the agreements that had been made previously. These programs include routine training every 3 months, appointing traditional birth attendants to become posyandu cadres, giving rewards or plaques to traditional birth attendants or cadres who bring mothers in childbirth to village health facilities, inviting traditional birth attendants and cadres to travel at the end of the year with cadre contributions and midwife subsidy.

"I am also happy... I feel appreciated as a paraji (Dukun) by becoming a Posyandu cadre as well..." (DB4)

"It's been several years that we like to go on picnics to the beach, join cadres with parajis..." (KP6)

3.2.2 Cadres

The informant explained that before the tripartite partnership existed, the roles and functions of cadres were limited to participating in Posyandu activities every month, such as helping midwives weigh toddlers, taking notes, or filling out KMS. After the tripartite partnership cooperation was carried out, the role of cadres was expanded by providing counseling to pregnant women about the importance of childbirth assisted by midwives, the dangers of pregnancy, to accompanying pregnant women to health facilities.

"...before there was a partnership, the role of cadres was only to help carry out Posyandu every month.... Dukuns also didn't want to take mothers to give birth at health facilities..." (Bd 1)

"...sometimes she likes being sidelined (scared) by the dangers of pregnancy, if the mother is a bit stubborn..." (KD 7)

3.2.3 Dukun

The informant also explained about the role of the dukun before and after the tripartite partnership was held. Dukuns usually help with deliveries alone at the patient's home, are not involved in Posyandu activities, and there is no respect for dukuns. After the partnership was held, dukuns also wanted to take mothers who wanted to give birth to the health facility, and were asked to accompany the birth at the health facility.

"In the past, dukuns did not want to take mothers who were about to give birth to the health facility. If there are new difficulties calling the midwife, such as difficult births, a breech baby, or a placenta that doesn't come out..." (BD 1)

"...his job is just to accompany, stroke (stroking) before birth, give encouragement, continue to bathe the baby or postpartum mother..." (DB 7)

3.2.4 Midwives

Before the existence of partnerships, midwives only assisted deliveries on call. That's in the patient's house. There is usually a midwife who is summoned first. Then in the next stage, midwives try to invite women who want to give birth to give birth at health facilities (Poskesdes) and gradually more and more are willing. Continuous coaching is carried out on cadres and duku babies and results in agreements to form partnerships. After the partnership was made and the community (including traditional healers and cadres) began to understand and feel the benefits, many mothers began to give birth by midwives at health facilities.

"In the past, I used to help with deliveries when there was a call, yes, at the patient's house. They called the midwife if they felt there was a problem in labour. Then, still before the existence of the partnership, I tried to invite mothers to give birth at the poskesdes and gradually many of them wanted to. It was the first..." (BD 1)

3.3 Increase in the number of deliveries

The following is data on the health profile of Ciginggang Village, this information contains the number of pregnant women and postpartum women in Ciginggang Village in the last three years (2020-2022)

Table 4. Number of Pregnant Women and Women Giving Birth by Health Workers in the Last Three Years in Ciginggang Village

Year	Number of Pregnant Women	Number of Mothers Giving Birth in Poskesdes	Number of Mothers Giving Birth at Home	Referred to PKM or Hospital	Amount %
2020	78	70	4	4	94.9
2021	76	65	4	7	97.3
2022	75	70	2	3	97.4
Average rise					2,8

From the table it can be seen that in 2020 there were 78 pregnant women, 74 people gave birth at health facilities, with a percentage of 94.9% of health facilities. In 2021 there will be 76 pregnant women, 72 health workers will give birth at health facilities, with a percentage of giving birth at health facilities of 97.26%. In 2022 there will be 75 pregnant women, 73 health workers will give birth at health facilities, with a percentage of 97.4%. This shows that there is an increase in the number of mothers assisted by midwives who partner with traditional birth attendants at Poskesdes with an average increase of 2.8%.

"Alhamdulillah, the increase is quite significant. Now it's rare to give birth at home, if not at the Poskesdes, then at the Puskesmas..." (BD1)

3.4 Barriers to Tripartite Partnerships

Before the tripartite collaboration was held, mothers usually gave birth at their respective homes with the help of traditional birth attendants. Even though there has been a midwife in the village since the 2000s, this practice continues because there are no adequate health facilities in the village. Another reason for the small number of mothers giving birth by midwives at health facilities is the lack of support from the traditional birth attendants themselves. Traditional birth attendants do not recommend pregnant women to give birth at health facilities by midwives. In fact, many actually forbid pregnant women to give birth at poskesdes on the grounds that they have to pay a high price, traditional birth attendants can also be born, the distance is far and there is no vehicle so there will be no rush, or the weather doesn't permit it.

"Actually it was more to the absence of adequate health facilities at that time... now the place is comfortable..." (Kades)

"Paraji said, you don't need to go to the midwife, you can do it at home too. Moreover, having no money..." (Bufas 4)

Key informants in Ciginggang Village stated that the obstacles or obstacles in this tripartite partnership included the lack of full awareness from the TBAs about the importance of working together in assisting deliveries, not understanding the risks involved in childbirth, and factors such as distance and weather. The educational level of the cadres also influences the tripartite cooperation. This means that cadres do not understand the importance of working together to help or encourage pregnant women to give birth by health personnel at health facilities such as Health Facilities.

"...there are some cadres who have low education, become cadres because they are still relatives of the Lurah so they don't understand what to do if a mother wants to give birth." (BD2)

4. DISCUSSION

Geographically the health facilities in Ciginggang Village are located in the middle of the village where reaching each village is fairly easy. There are several villages that are more than 5 km from the health facility, namely Cikakak and Kebon O villages which are as much as 6 and 8 km from Kampung Rajawana where the health facility is located. However, this is not a problem because it is still close to the District Health Center so that the community, especially pregnant women who are about to give birth, can visit the nearest health facility. In addition, some informants considered that the costs incurred when giving birth by a traditional birth attendant were cheaper and more accessible compared to having a delivery by a health worker at the nearest Village Health Facility. The tripartite partnership form that has been implemented in Ciginggang village is a form of interpretation of the six foundations of partnership described by Thersesia. The form of regular coaching partnerships every 3 months and the appointment of traditional birth attendants to become Posyandu cadres refers to the foundation of the partnership regarding understanding the duties and functions and abilities of each element of the partnership. Meanwhile, the form of giving rewards and plaques to outstanding cadres and traditional birth attendants refers to the foundation of mutual encouragement, support and willingness to help or be assisted. Meanwhile, the last point regarding inviting shamans and cadres to travel is a form of partnership basis, namely contacting and approaching each other.

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In the tripartite partnership, the role of cadres in village health facilities so far is to advise pregnant women to have their pregnancies checked regularly at posyandu or health workers at least 4 times during pregnancy and delivery at health facilities, accompany midwives in carrying out visits to pregnant women's homes, together with traditional birth attendants, cadres detect risks and signs of danger in pregnant women and postpartum women, and others (Basics, 2014). The role of the dukun in this tripartite partnership is to recommend that pregnant women have their pregnancies checked regularly at the Posyandu or health workers at least 4 times during pregnancy: the first 3 months (tri-mester), the second 3 months and give birth at a health facility.

In 2020-2022 there was a 50% decrease in mothers giving birth at home, according to key informants, namely midwives as related health workers, because the reasons were assisted by midwives and not at Poskesdes, among others, because they were not in a hurry, did not go first, there were no vehicles or weather factor. There are also those whose reasons are that they don't have money and don't have BPJS. The number of pregnant women in 2020-2022 who give birth at the Poskesdes is an average of 68 people per year and only around 3-4 pregnant women give birth at home and the rest are mothers who are brought by the puskesmas or hospital to be referred because they require special measures in handling labor.

The obstacle is that the education level of cadres and traditional birth attendants is very low, making it difficult to provide knowledge about the importance of using health facilities as a place for births assisted by health personnel. Apart from that, there are also demographic reasons or the distance between maternity homes and health facilities is far, which makes it difficult to travel to the nearest health facility, plus if the weather is not supportive, vehicles are also limited. Apart from that, according to the traditional birth attendant informant, there were several mothers who did not want to be invited to give birth at the village health facility because they felt they could not afford to pay the midwife or health worker who helped.

5. CONCLUSION

Before the tripartite partnership was carried out, many people chose to give birth with the help of a traditional birth attendant compared to giving birth with health workers at the nearest health facility. However, after this collaboration was carried out, many people chose health facilities as a means for mothers giving birth. The process of forming a tripartite partnership, namely collaboration between cadres, traditional birth attendants and midwives, began with the signing of the MoU which was directly supervised by the sub-district head, babinsa and lurah. After that, counseling and training was made regarding the handling of pregnant women and mothers who gave birth which was also supported by community leaders so that cooperation between the three elements was very easy to form.

The existence of cadres and traditional birth attendants who continuously accompany pregnant women makes them believe in using the services of health workers and giving birth at the nearest health facility while still being accompanied by a traditional birth attendant. Based on data obtained from the annual recapitulation of health facilities in Ciginggang village, there has been an increase in the number of birth attendants assisted by midwives who partner with traditional birth attendants at Poskesdes with an average increase of 2.8% over the last 2 years. This shows that this tripartite partnership can increase the number of deliveries assisted by health workers in Ciginggang village.

The obstacle in implementing this tripartite partnership is that the educational level of the cadres and traditional birth attendants is very low, making it difficult to provide knowledge about the importance of using health facilities by the community. Demographic reasons, namely the distance of health services to the place where mothers give birth, are also quite a number of obstacles. However, the most difficult obstacle to fix is the lack of trust in midwives by traditional birth attendants and the feeling of competition with midwives or other health workers, thus influencing the community not to give birth at the nearest health facility.

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