


Implementation Of Partnership Between Midwives And Traditional Healers In Childbirth Assistance At Puskesmas Munjul Pandeglang District

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Article Info	ABSTRACT
Keywords: Implementation, Partnership, Midwife, Paraji.	One of the efforts of the Pandeglang Regency Government to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) is by...Pandeglang Regent Regulation Number 19 of 2021 concerning the Acceleration of the Reduction of Maternal and Infant Mortality, one way to increase the coverage of deliveries and prevent maternal and infant mortality is initiated a partnership program between Village Midwives and Paraji after the issuance of the Regent's Regulation. Maternal and infant deaths still occur in Pandeglang Regency. In 2023, the infant mortality rate was 196 cases and 30 maternal deaths. The method used was Descriptive Qualitative with data collection using Observation, Interview and Documentation techniques. Using the implementation theory of Edward III (Communication, Resources, Disposition and Bureaucracy). The informants consist of Main Informants (Midwives and Paraji shamans) and supporting informants (PJ Kia Dinkes, PJ Kia Puskesmas and Head of Puskesmas). Research Results Implementation of Pandeglang district government policies in Perbup No. 19 of 2021 in order to accelerate the reduction in maternal and infant mortality rates, namely the partnership program between midwives and paraji shamans in assisting childbirth has been implemented in accordance with Edward III's Theory.
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INTRODUCTION

WrongOneThe focus of solving health problems in Indonesia is the problem of maternal and child mortality which is quite high. The Maternal Mortality Ratio (MMR) is the number of maternal deaths during a certain period of time per 100,000 live births where during that period in the same time period where one period in the MMR is five years. Until now, the Maternal Mortality Rate (MMR) in Indonesia is still around 305 per 100,000 Live Births has not reached the target set, which is 183 per 100,000 Live Births in 2024 (Sanhueza et al., 2023). In Pandeglang Regency based on public health data (Kesmas) the Pandeglang District Health Office stated that the infant mortality rate in 2023 was 196 cases and 30 maternal deaths. And in 2024, there were 49 infant deaths and 28 maternal deaths. (News, 2024). At Munjul Health Center number of infant deaths In 2024 until October 2024 there

were 8 cases, infant deaths in 2023 7 cases, in 2022 10 cases. In 2024 there were no maternal deaths, in 2023 there was 1 case of maternal death and in 2022 there were 3 cases of maternal deaths (Munjul Health Center Profile, 2023)

Based on Law No. 23 of 2000 concerning the Establishment of Banten Province, administratively Banten Province consists of four cities and four regencies including Pandeglang Regency. Pandeglang Regency is the westernmost area of Java Island which has 35 Districts. Based on the Decree of the Regent of Pandeglang Number 19 of 2019 concerning the Establishment of Technical Implementation Units in the Services and Agencies within the Pandeglang Regency Government, the Regent's Regulation (PERBUP) Pandeglang Regency Number 82 of 2022 concerning the establishment of the Pandeglang Regency Public Health Center. The DTP Munjul Health Center UPT is located in the southern region with an area of 77.25 km², with the boundaries of the northern Sindangresmi District, the southern Cikeusik District, the western Angsana District and the eastern Lebak Regency has 9 areas, namely Kota Dukuh Village, Pasanggrahan Village, Sukasaba Village, Cibitung Village, Munjul Village, Gunungbatu Village, Lebak Village, Panacaran Village and Curuglanglang Village with a population of 2,350 people consisting of 13,009 men and 12,341 women, and the number of families is 7,212

Some Indonesian people in rural areas believe that the presence of a midwife or paraji will make the birth process smoother and easier, even though in fact, births assisted by midwives often carry a high risk that leads to maternal and infant death. Safe childbirth ensures that all birth attendants have the knowledge, skills, and tools to provide safe and clean assistance. Personnel who can provide birth assistance can be divided into two, namely professional personnel and midwives. Based on the coverage indicator of maternal and child health services, birth assistance should be by health workers who have obstetric competence (obstetrician specialists, general practitioners, midwives, midwife assistants, and midwife nurses) not including midwives.

The socio-culture of the Pandeglang Regency community is inseparable from traditional culture. In addition, there are still many paraji shamans in Pandeglang Regency, especially in Munjul District, where the number of paraji shamans is more than 31, almost comparable to the number of midwives at the Munjul Health Center, which is 32 people. In maternal health services in Pandeglang Regency, they still tend to be assisted by midwives (Paraji). Based on data from the Banten Province BPS regarding The ratio of women who have given birth aged 15-49 years according to birth attendants in Banten Province in 2023, shows that in Pandeglang Regency, birth attendants performed by obstetricians were 7.23%, birth attendants performed by midwives were 80.03% and birth attendants performed by traditional birth attendants (Paraji) were 12.74%. (BPS Banten Province, 2024). At Munjul Health Center, from the target of 100% coverage of delivery assistance in health facilities and by health workers in 2024, until October it reached 75, 9% in 2023 coverage of deliveries by health workers 85, 8% and in 2022 it will reach 96.8% (PWS KIA Munjul Health Center, 2024). Childbirth assistance provided by a midwife without being

accompanied by a professional health worker (midwife) will result in high maternal and child mortality rates.

Based on the background description, the researcher formulated the problem in this study, namely: How to implement partnerships between midwives and paraji in assisting childbirth at Munjul Health Center. The aim of this research is to know the implementation of Midwife Partnership with Paraji in Assisting Childbirth at Munjul Health Center. Theoretical Benefits of this research As a means of knowledge and adding to the scientific treasury about the role of midwives and paraji shamans in assisting childbirth while the Practical Benefits of this research As a means of information, evaluation and consideration to stakeholders to pay more attention to each component in the partnership to obtain more optimal benefits in order to reduce maternal mortality and infant mortality rates.

RESEARCH METHODOLOGY

This research is a descriptive qualitative research which researchers explore real-life, contemporary bounded systems (cases) or multiple bounded systems (multiple cases), through detailed and in-depth data collection involving multiple or multiple sources of information (e.g. observations, interviews, audiovisual materials, documents and reports), and report case descriptions and case themes. The unit of analysis in a case study can be a multiple case (multi-site) or a single case (study within a site). Therefore, the research approach used using the qualitative approach of this type of research is a case study by limiting the object of research at the time the research object process takes place to obtain empirical and comprehensive research results through a political communication approach (Prof. Dr. Lexy J. Moleong, 2021).

The research location was conducted in Munjul Health Center. The research period began at month December 2024 to February 2025. Data collection was carried out for 2 months. The variable in this study is the Partnership between Shamans and Midwives in helping childbirth at the Munjul Health Center, Pandeglang Regency.

Population according to Sugiyono is a generalization area consisting of subjects/objects that have certain qualities and characteristics that are determined by researchers to be studied and then conclusions drawn. Subjects in this research term are people, because these people will be used as sources in obtaining data through data measurement tools. (Sugiono, 2017). In this study, the population consists of 1 Person in Charge of KIA Health Office, 32 Midwives and 31 traditional healers, 1 Head of Health Center, 1 Person in Charge of KIA Health Center. So the number of Population in this study is 66 People. The sample is a representation or representative form of a population which then important analyses regarding the population can be drawn from this analysis. (Sugiono, 2017) also provides a definition of the sample. So the sample in this study that will be interviewed is only 21 respondents.

The data sources in this study consist of primary and secondary data. Primary data was obtained from the results of in-depth interviews and observations, while secondary data was obtained from document reviews. Data collection techniques are a strategic step

in research, because the main objective of research is to obtain data.(Sugiono, 2017). Data collection techniques in this study were carried out in 3 ways, the first is observation. Observation is a data collection technique carried out by researchers directly at the research object by observing, recording behavior and events that occur around them. Observations carried out in this study are by using direct or covert observations. In this case, researchers in collecting data state frankly to the informant that they are conducting research. So those being studied know from the beginning to the end about the researcher's activities. The second is interviews. Interviews are conversations conducted by two people face to face or face to face, namely the interviewer (the person asking the questions) and the interviewee (the person being interviewed) either directly or indirectly. In conducting interviews, in addition to having to bring instruments as a guideline for the interview, data collectors can also use aids such as tape recorders, pictures, brochures or other materials that can help the interview run smoothly. The form of interview conducted in this study is a structured interview where researchers or data collectors have prepared research instruments in the form of written questions. The third is documentation. Documentation is a complement to observation and interviews in qualitative research. Documents can be in the form of images, writings or monumental works from someone, documentation in this study uses documents in the form of images, namely where researchers take photos while conducting research. The fourth is Literature Study. In order to complete the existing data, researchers use several existing literatures that are related to the problem being studied, as a reference in discussing the research proposal. The literature used in this study is book literature, where researchers use books as a reference in conducting research(Sugiono, 2017).

Result of interview are identified, then analyzed In analyzing the implementation of the partnership program, the author uses Edward III's theory. Based on Edward III's Implementation Theory Implementation is influenced by four variables including Communication, Resources, Disposition and Bureaucratic Structure

The data analysis process in this study was carried out before entering the field, while in the field, the research data analysis used the Miles and Huberman (1984) model where the qualitative data analysis process was carried out interactively and took place continuously during the research until completion, so that the data was saturated.(Nursapia, 2020). Data analysis activities carried out include data reduction, data presentation, and drawing conclusions or data verification. Data reduction is summarizing, sorting, the main things related to the research discussion and focusing on important things related to social actions and then looking for patterns. The data that has been reduced is then presented in the form of a brief description and the relationship between categories and the process of presenting data is carried out with narrative text. The last step taken is drawing conclusions or data verification. Thus, to understand the analysis techniques used by researchers, it is described in the following flow.

As a research informant. Consisting of the main informant 18 people, namely 9 midwives and 9 Paraji shamans, while the supporting informants 3 The research informants consisted of 21 people consisting of main informants and additional informants. The main

informants consisted of 1 person as the Head of the Health Center, 1 person as the Manager of the Health Center's KIA Program, 1 person as the Manager of the Health Service's KIA Program..

Table 1. Types of Informants

Type Informant	Code	Subject	Data collection technique
Main	INF 1	Midwife	Interview
	INF 2	Paraji Shaman	Interview
Complement	INF 3	Head of Health Center	Interview
	INF 4	KIA Program Manager at Health Center	Interview
	INF 5	KIA Program Manager, Health Office	Interview

RESULTS AND DISCUSSION

The existence of Pandeglang Regency Government Regulation Number 19 of 2021 concerning the acceleration of the reduction in maternal mortality rates and infant mortality rates is considered very important because it is one of the efforts to resolve health problems, namely maternal and child health problems where maternal mortality rates and infant mortality rates in Indonesia are still high. The Maternal Mortality Rate (MMR) in Indonesia is still around 305 per 100,000 Live Births, not reaching the target of 183 per 100,000 Live Births in 2024.

This study compares government policies, namely Pandeglang Regency Government Policy Number 19 of 2021 concerning the acceleration of reducing maternal mortality rates and babies in article 11 paragraph 6 regarding the partnership between midwives and traditional birth attendants in assisting with childbirth with the Implementation Theory of Edward III.

Implementation is something that is done to achieve a goal either done together or individually while policy is a concept that is made to regulate something in achieving a predetermined plan. The success of a policy implementation explained by Edward III is influenced by four factors, namely communication, resources, disposition and bureaucracy.

In this study, the Pandeglang Regency government's policy in the context of accelerating the reduction in maternal and infant mortality rates as stated in Regent Regulation No. 19 of 2021, Article 11 paragraph 6, is one of the programs that can be carried out by health workers. health to increase the scope of delivery assistance, namely by establishing partnerships with traditional birth attendants. The success of implementing partnerships between midwives and traditional birth attendants in providing delivery assistance in Pandeglang district is influenced by these four factors.

Communication

Communication is the process of conveying information from the communicator to the communicant. Information about public policy according to Edward III needs to be conveyed so that policy makers can know what to do to implement the policy.

According to Edward III, regarding the communication process, there are three important things that need to be considered, namely:

a). Transmission

Public policies are not only conveyed to implementers but also to target groups, both directly and indirectly. Implementation of Pandeglang district government policies as stated in Perbup No. 19 of 2021 in order to Acceleration of the reduction in maternal and infant mortality rates, namely the partnership program between midwives and traditional birth attendants in assisting with childbirth, one of which is through communication between policy makers and policy implementers, the policy has been implemented well, this can be seen where the policy has been transmitted based on several interview results below.

Most of the implementing midwives have implemented the district government's policies. Pandeglangas stated in PERBUP No. 19 of 2021 according to the interview results below

"There is a government policy stated in the Regent's Regulation, namely regarding partnerships with traditional birth attendants. Officers have synergized in overseeing and monitoring pregnancy until delivery because there is a custom in the community that when they experience early signs of pregnancy, they visit the traditional birth attendant. Then the traditional birth attendant provides information to the midwife and if the patient does not come, a home visit is made so that pregnancy and delivery can be monitored." INF 1. 5

Implementation The Regent's Regulation has also been implemented by midwives in the field by socializing it to traditional healers in their respective areas based on the interview results below.

"I have learned from the midwife when there was a gathering in the village that assisting with childbirth must be done with a midwife to prevent emergencies and this is a government recommendation" INF 2. 3

b). Clarity

The policy that is socialized to the implementer, target group and other parties is accompanied by clarity so that the communicant can clearly understand the intent, purpose and substance so that the implementation of the policy runs successfully. The process of delivering clear information greatly influences the success of a program, the midwife partnership program with paraji has been clearly conveyed where the purpose of the partnership program is intended as an effort to increase the scope of delivery assistance.

"Government policies in order to increase the coverage of childbirth include partnerships, P4K childbirth in health facilities. Partnership programs have a great influence on childbirth assistance because patients are closer to the traditional

midwife, even from the beginning of pregnancy, some patients first check with the traditional midwife to confirm their pregnancy" INF 1. 4

. Partnerships have a very big influence in increasing the coverage of childbirth because there are still many traditional healers if there is no cooperation they will be invited to assist in childbirth so that the coverage of childbirth by health workers will not be achieved"INF1. 6

c). Consistency

In a policy, consistency is needed so that the implementer and target group...Noconfusion when implementing the policy. Regarding the Pandeglang district government policy on midwife partnerships with paraji, it has been consistent becauseuntilCurrently, this policy is still in effect or there are no new regulations regarding partnerships.

Based on the interview results below, the partnership between midwives and traditional healers is a consistent program because it has been carried out for a long time and is still maintained until now.

"There are several government policies in reducing maternal and infant mortality rates, including p4k, jampersal and partnerships with traditional birth attendants. This partnership aims to increase the scope of delivery assistance because traditional birth attendants are close and exist in the community so that this partnership continues to be carried out."INF1.1

"Actually, the partnership program has existed since before there was Perbup No. 19 of 2021. The partnership program with paraji has been carried out for a long time, I was even an exemplary midwife in the partnership program, and a representative to the national level in 2015. The partnership is very helpful in the coverage of childbirth because the traditional midwife brings the patient to the midwife and provides delivery assistance together with health workers" INF 1. 7

The implementation of the Pandeglang district government policy in Perbup No. 19 of 2021 in order to accelerate the reduction in maternal and infant mortality rates, namely the partnership program between midwives and traditional birth attendants in assisting with childbirth, one of which is through communication, has been implemented well because the policy has been transmitted clearly and consistently.

Resource

According to Edward III, resources have an important role in policy implementation because resources affect the success of implementing a policy. Resources here relate to various sources that can be used to support the success of implementing a policy, including human resources, budget resources, facilities and authority.

1. Human resources

It is the first thing that has an important role in implementing a policy. Resources here include the quality and quantity of these resources. The quality of resources is related to skills, dedication, professionalism and competence in their fields, while the quantity of

human resources is related to the number of resources whether they are sufficient in implementing a policy.

a. Quantity

Regarding human resources, seen from the quantity of partnership programs between midwives and shamans, it still needs to be developed, where there are still shamans in Pandeglang district, even though the comparison is still large in number of midwives, as stated by the informant below.

"The number of paraji shamans in my village is 8, of which there is 1 who does not have a partner" INF1. 4

"The number of paraji shamans in the village is 6 paraji with 1 paraji per village" INF 1. 1

"The number of traditional birth attendants has decreased and all have partnered, there are 2 people who are active in assisting with childbirth" INF 1. 3

"The number of paraji has started to decrease and those who are there are not helping but only encouraging, herding and accompanying, there are 7 people and 3 of them are active" INF 1. 5

Based on the research results from several interview results above, the implementation of the Pandeglang Regency policy, Perbup No. 19 of 2021 concerning partnerships concerning resources related to the quantity of the policy must still be developed, where it can be seen that the number of traditional birth attendants in Munjul District is still large, namely 31 people, almost comparable to the number of midwives, 32 people. Thus, if the partnership with traditional birth attendants is not fostered, it is likely that achieving delivery coverage will be difficult. Because there will be deliveries assisted by the traditional birth attendant.

b. Quality

Regarding the quality of human resources in the partnership program, it is expected that midwives in providing birth assistance must have education, skills and legality in accordance with what is stipulated, whereas traditional birth attendants, although on average they do not have an educational background, have limitations in providing birth assistance that they believe in and apply in serving the community.

Based on the results of interviews with several informants on the quality of human resources, especially those implementing the partnership implementation policy, can be seen from the midwives who are one of the parties implementing the Regent's Regulation policy, as can be seen from the interview results below.

"Coaching has been carried out for traditional birth attendants, both through classes for pregnant women and special activities for traditional birth attendants through coaching: INF 4.

"The health service does not directly provide coaching but through classes for pregnant women by presenting traditional birth attendants, providing understanding and comprehension to traditional birth attendants about the dangers of childbirth."

From the interview results above, it is clear that midwives as policy implementers in partnership with traditional birth attendants with the delivery process, which is regulated in the Pandeglang district regent's regulation, must have special skills. While traditional birth attendants are not the skills that must be possessed but rather understanding, so that the policy can be implemented properly.

2. Budget resources

Relating to the adequacy of capital or costs to ensure the implementation of a policy there must be an adequate budget. The policy will not run effectively if there is no budget used to implement the policy.

To see the budget resources in implementing this policy, it can be seen from the interview results below.

"For guidance to traditional healers, this has been done by inviting traditional healers in the Munjul Community Health Center working area using BOK funds available at the Community Health Center" INF 3.

"Often receiving invitations to the health center so that his name is already registered in the health center, often receiving training on the dangers of childbirth and assisting childbirth must be together with a midwife. Different from before always assisting childbirth myself, every childbirth has been done in a health facility" INF 2. 7

In the implementation of the partnership between shamans and Paraji at the health center, they receive funds from activities funded by the health center to support this policy, for example from BOK funds which are intended to carry out coaching activities, evaluation and monitoring activities, etc.

3. Equipment resources

It is a means used to operationalize the implementation of policies covering buildings and facilities used to facilitate the implementation of a policy. These equipment resources include health facilities and health equipment that support the implementation of partnership programs in childbirth programs, whether owned by health centers, midwives or traditional birth attendants.

For looking at equipment resources in the implementation of the policy of Perbup No. 19 of 2021 at the Munjul Health Center can be seen from the following interview results:

"For the facilities at the Munjul National Health Center, they are adequate because the health center is one of the poned and easy for the community to reach. Regarding the equipment, it is very adequate according to standards because sufas is often carried out twice a year. If there is anything lacking, improvements are made from the results of the sufas" INF 1. 6

Facts on the ground show that the health facilities that are owned are adequate by health center where the health center has a service place to help with childbirth and the Munjul health center is a poned health center that provides 24-hour delivery assistance while the facilities in each village have facilities used to help with childbirth, namely 1 village health post, fruit and 7 PMBs mentioned in nine villages so that they directly support the creation of a partnership program between midwives and traditional

birth attendants. For the equipment itself, both in the health center or in the PMB and health center and health post have been adequate because to see whether the health equipment is adequate or not, a sufas or facilitative supervision is carried out by the existing team. Meanwhile, for traditional birth attendants, most do not have the equipment used in assisting childbirth, because in this partnership program, the traditional birth attendant acts not as an assistant but as a companion

4. Authority

It is another thing that cannot be separated from the implementation of a policy of having authority. role important especially to ensure and guarantee that the policies implemented are in accordance with things that do not deviate or are in accordance with existing regulations. Regarding the authority in the partnership program, especially in childbirth, both midwives and traditional birth attendants have limitations in their authority in midwifery practice. Midwives only provide assistance in normal childbirth and referrals are made for pathological childbirth, while traditional birth attendants in this partnership program are only companions, not as birth attendants.

For the implementation of government policies related to authority in partnerships between midwives and paraji in the labor process can be seen from the interview results below

"In providing services to the community, there are midwives' authority and limitations, where midwives only provide physiological delivery assistance" INF 4

"In carrying out childbirth, midwives must have skills and there are limits to their authority. Midwives only provide physiological assistance and collaborate with doctors" INF. 16.

"Helping with childbirth must be done with a midwife, because there is a risk. While to come to a health facility, there is no difficulty. Because so far there has been no equipment to help with childbirth" INF 2. 3

From the interview results above, it is clear that the implementation of government policy, that midwives have the authority and limitations in carrying out partnerships. The authority of midwives has been regulated in the midwifery law No. 4 of 2019. Likewise, dukun paraji no longer performs childbirth assistance actions, but only as companions.

Disposition

Disposition according to Edward III in Widodo (2010:104) includes will, desire and the tendency of policy makers to implement policies seriously so that the objectives of the policy can be realized. There are several factors that influence disposition in policy implementation.

Appointment of Bureaucracy

The appointment or selection of policy implementing personnel must have dedication to the established policy because the implementer's attitude will influence the implementation of the policy. Service health is the party that conducts the final evaluation of the results of the implementation of government policies. In this case, the Pandeglang district government policy Number 9 of 2021 concerning the acceleration of the reduction of MMR and IMR.

The following are the results of interviews with informants from the Pandeglang district health service.

"The partnership program has contributed to the coverage of childbirth from the results of the health service evaluation, there has been a decrease in maternal mortality rates every year in a row from 2020 starting from 41, 37, 31, 30 and in 2024 28 maternal mortality rates. This is one of the possible results of the partnership program from various breakthroughs that have been made" INF 5

As the head of the health center, who is responsible for implementing the program government, one of which is to realize the policies that have been implemented. Among them are conducting coaching, evaluation and monitoring together with the KIA Responsible Person and the Coordinating Midwife

"The partnership program is still consistently implemented. Because the number of paraji is still large, so the paraji shaman does not feel isolated. The inhibiting factor of the partnership program is that some people still do not understand health, while the supporting factor is that paraji already understand the danger signs in childbirth" INF 4

Midwife As the implementer of Pandeglang district government policy No. 19 of 2021, he is still carrying out his special duties in assisting with childbirth by involving traditional midwives because according to the midwives implementing the partnership program, it has contributed greatly to their role in society because traditional midwives are still trusted by the community, especially in the childbirth process. The following are the results of interviews conducted with the implementing midwives.

"Most of the paraji shamans have partnered, there are only a few shamans who have not partnered. The existence of paraji shamans has contributed to childbirth assistance because with this partnership they provide information via telephone, some even directly take mothers in labor to health facilities. INF 1. 2

"There is a paraji shaman who provides assistance but has partnered with a partnership program which is very useful because the shaman is close to the community and is rich in old people who can be followed and followed by the community" 1. 7

Furthermore, from the paraji side, their willingness and dedication in this partnership program are good, because they feel that there are many benefits to partnership. Among them, they feel calmer in serving the community, for example if there is an emergency, there are health workers to handle it, so that every time there is a delivery they always contact health workers. And the selection of health workers is adjusted to the choice of the patient or the mother giving birth herself. This is based on the results of the interviews that have been conducted.

"Every time there is a birth, I always contact the midwife through the cadre, I have never provided assistance myself because it is more profitable if there are abnormalities and emergencies" INF 2. 1

"Never having helped with a birth myself, I always contact a midwife because midwives have the equipment and if there is an emergency, there is someone to handle it INF 2. 3

In the implementation of the policy of Pandeglang Regent Regulation No. 19 of 2021 in Munjul District, it has been good because it can be seen that all policy implementers starting from the health office, Head of the health center, Person in charge of the implementing midwife program and paraji shamans have implemented this policy in accordance with their respective duties and functions.

Incentives

It is one of the techniques recommended to overcome attitude problems of students. executor policy by manipulating incentives

The government's implementation of Perbup No. 19 of 2021 can be seen from the interview results below.

"For health service incentives, they are not fulfilled from the health service budget but from BPJS claims or those obtained from the patients themselves according to the agreement made in each health center" INF 5.

"Incentives have been given to traditional birth attendants from the results of services received if the patient is general, as per the delivery rate at the Munjul Health Center according to the regional regulation of 800,000, the incentive given is 50,000, likewise for BPJS patients because the nominal amount received is 800,000, traditional birth attendants get 50,000" INF 3

"For incentives have been given to shaman paraji, if the patient has BPJS, the incentive comes from the claim results. and if the patient is a general patient, the incentive comes from the money given by the patient" INF 1. 2

In relation to incentives, in the implementation of district government policies Pandeglang, incentives have been implemented. The head of the health center has instructed to set aside some of the income to be given to the traditional birth attendant from each delivery that has been carried out, in addition, from the information of the midwife informant, always giving rewards in the form of gifts when there are coaching activities. and the traditional birth attendant always gets incentives every time they provide assistance in assisting with childbirth.

In general, the implementation of the district government policy No. 19 of 2021 about the acceleration of the decline in maternal mortality and infant mortality from the Disposition factor, which is related to the appointment of bureaucracy is appropriate. Where the policy implementers have carried out their respective duties while those related to incentives have been implemented to overcome the problem of attitudes that may arise from the paraji shaman so that they feel appreciated.

Bureaucratic Structure

The bureaucratic structure in question is an organization that often implements policies, where in its implementation it includes two aspects, namely the mechanism or standard operating procedures for implementation/SOP and the division of work.

Implementation of the Pandeglang district government regulation policy in order to accelerate the number of...maternal and infant mortality has been implemented. In this partnership program, the Health Center makes an agreement involving policy makers and cross-sectors, in support partnership programs. In the health center there is a division of roles and responsibilities, including program managers and implementers. This is based on interviews that have been conducted

"Agreements have been made that involve and are supported by cross-sectors and policy makers at the sub-district level to implement policies to reduce maternal and infant mortality rates. In the implementation of this partnership, a division of tasks is carried out where the Acting KIA program carries out evaluation and monitoring assisted by the coordinating midwife while the implementers carry out direct partnerships with the paraji shaman in the field" INF 3

"First of all, a cross-sector meeting was held and the policy makers reached an agreement. In the meeting, the traditional healers were invited so that they would be willing to partner with midwives. Then the implementation of the partnership was carried out with the agreement so that there was a clear division of roles and tasks for each." INF 2

Policy implementers, both midwives and traditional healers, have a mechanism for implementing this partnership program and in implementing it have roles and duties each. Implementation of policies related to bureaucratic structure based on the interview results below

"The delivery process is carried out in accordance with the agreement that has been made, the mechanism is carried out in accordance with each of the tasks and there is a division of roles between midwives in the partnership" INF 1. 2

"The partnership mechanism in assisting with childbirth by the traditional midwife accompanies the mother in labor to the health facility desired by the patient by following the steps in the agreement that has been made and in assisting with childbirth itself there is a division of tasks for the traditional midwife only to help with emotional support and psychological support for the patient in other words, she does not assist with childbirth" INF 1. 3

In the implementation of Pandeglang Regency Government policy No. 19 of 2021 related to the role of bureaucracy, it is quite good where the implementation of this partnership has been carried out in a structured manner and there is a division of roles and responsibilities in implementing this partnership program.

From a review of the Pandeglang district health service documents, the infant mortality rate in 2023 was 196 cases and 30 maternal deaths and in 2024 there were 49 infant deaths and 28 maternal deaths. (News, 2024) At the Munjul Health Center, the number of infant deaths in 2024 was 8 cases, infant deaths in 2023 were 7 cases, in 2022 there were 10 cases, while for the number of infant deaths in 2024 there were 8 cases, infant deaths in 2023 there were 7 cases, in 2022 there were 10 cases, while for the number of infant deaths in 2024 there were 8 cases, in 2023 there were 7 cases, maternal

deaths in 2024 there were no maternal deaths, in 2023 there was 1 case of maternal death and in 2022 there were 3 cases of maternal deaths, while for Coverage of birth assistance has not yet reached the target for three consecutive years, from the target of 100% coverage of birth assistance in health facilities and by health workers in 2024, it has only reached 91% in 2023 coverage of deliveries by health workers 85, 8% and in 2022 it reached 96.8%. From the results of interviews conducted with informants of 9 dukun paraji, there were 2 deliveries that were carried out alone without partnership and from midwife informants there were 2 deliveries that were carried out without partnership with midwives, while according to the person in charge of KIA, from the number of deliveries assisted, there were 442 during 2024, there were 2 deliveries assisted by dukun paraji.

Discussion

Pandeglang Regent Regulation Number 19 of 2021 concerning the acceleration of the reduction in Maternal Mortality Rate and Infant Mortality Rate in Article 11 paragraph (6) KIA service personnel in increasing the scope of delivery services can establish partnerships with traditional workers/shamans in their work areas. Furthermore, Article 13 explains in detail about the partnership. Article (1) Partnership for delivery assistance carried out by KIA service personnel and traditional workers/as referred to in Article 11 paragraph (6) done in the form of preparation for childbirth and cleaning the mother and baby after childbirth. Article (2) Traditional workers/shamans are required to report to KIA service personnel if there are mothers who are going to give birth in their area. Article (3) Traditional workers/shamans are required to report to KIA service personnel if there are mothers who are indicated to be pregnant for further follow-up by KIA service personnel in their area. Article (4) The Service provides guidance to traditional workers/shamans who are considered competent and able to assist in the provision of KIA services in their work area.

Research on the implementation of partnerships between midwives and traditional healers in the birth process childbirth at Munjul Health Center, Pandeglang Regency is intended to see the extent to which the implementation of the partnership between midwives and traditional birth attendants has been implemented as one of the various efforts of the Pandeglang Regency government to accelerate the reduction of maternal mortality and infant mortality rates. This study adopts Edward III's theory where the implementation of government policies is influenced by communication factors, resources, disposition and bureaucratic structure.

From the results of the study, which are the results of interviews with the main informants and supporting informants, obtained the results that the implementation of the partnership between midwives and traditional birth attendants in the delivery process related to communication factors has been communicated well. This can be seen where the partnership program is already known by the policy implementers starting from the health office, the health center, implementing midwives and traditional birth attendants accompanied by clarity of intent and purpose of the policy where the purpose of the partnership is to increase the coverage of deliveries by health workers and the consistency of the program must still be implemented considering that the number of traditional birth

attendants is still large while still paying attention to the role and authority without having to eliminate traditional birth attendants.

The implantation of the partnership between midwives and traditional healers at the Munjul health center, which is related to the disposition in terms of bureaucratic appointments or personnel placement, is appropriate because of the attitude of...executor will affect the implementation of the policy. Policy implementers have carried out their respective duties and functions, the health office has conducted an evaluation of the partnership program through the scope of childbirth, the Health Center collaborates with cross-sectors and related policy makers to make agreements and support the partnership program and allocate funds for coaching activities. The person in charge of KIA evaluates and carries out coaching and monitoring. The policy implementers of midwives and traditional birth attendants who have directly carried out the partnership program in every delivery assistance while those related to the implementation of the partnership between midwives and traditional birth attendants related to tips aimed at overcoming attitude problems that may arise from traditional birth attendants have been implemented, each traditional birth attendant has received tips regarding the amount that varies depending on the number of services but on average is 50,000 from each delivery carried out where the general patient rate at the health center according to the regional regulation is 800,000. In addition to tips from childbirth of 50,000 from the health center at certain moments, they provide rewards in the form of goods, in addition to increasing the sense of family according to informants from traditional birth attendants, they have been included in religious tourism with midwives and the health center.

Implementation of partnership between midwives and traditional birth attendants in the delivery process at Munjul Community Health Center from the bureaucratic structure factor it is quite good that the implementation of this partnership has been carried out in a structured manner and there is a division of roles and responsibilities in implementing this partnership program.

In general outline of the results of the research that has been carried out The implementation of the partnership of midwives with traditional birth attendants in Munjul sub-district has been carried out optimally and has met the factors that influence the implementation of the policy put forward by Edward III. but the implementation of the government policy is not comparable to the results of the coverage of childbirth and has not had a significant effect on the maternal mortality rate and infant mortality that occurred in Pandeglang district, especially the Munjul health center, as seen since the issuance of the policy on the partnership program for midwives with traditional birth attendants in assisting childbirth in 2021 in Pandeglang district in 2023 and 2024 there were still maternal deaths and infant deaths in 2023 there were 196 cases and 30 maternal deaths. And in 2024 there were 49 infant deaths and 28 maternal deaths. At the Munjul Health Center itself The number of infant deaths in 2024 was 8 cases, infant deaths in 2023 were 7 cases, in 2022 10 cases. For maternal deaths in 2023 there was 1 case of maternal death and in 2022 there were 3 cases of maternal death. For the coverage of childbirth at the Munjul Health

Center itself, for three consecutive years the coverage of childbirth has not reached the target set, where the target is 100%.coverage of birth assistance in health facilities and by health workers in 2024 will only reach 91% in 2023 coverage of deliveries by health workers 85, 8% and in 2022 it reached 96.8%. From the data available at PWS Kia at the Munjul Health Center, childbirth assistance by traditional birth attendants in 2024 amounted to 3 people, so the failure to achieve the coverage of childbirth assistance was not only caused by the high number of childbirth assistance by traditional birth attendants. Thus, the partnership between midwives and traditional birth attendants is only one of the various efforts of the Pandeglang Regency government to reduce maternal and infant mortality rates and increase the scope of deliveries. Various efforts and other innovations need to be made to reduce these mortality rates. However, the partnership between traditional birth attendants and traditional birth attendants has a role in reducing maternal and infant mortality rates in Pandeglang Regency because the average community in Pandeglang Regency still believes in existing customs, one of which is belief in traditional birth attendants, especially in maternal and child health.

In addition, the number of paraji shamans in Pandeglang district, especially in Munjul sub-district, is still large, as seen from the results of the preliminary study in this study, the number of paraji shamans in Munjul sub-district is almost comparable to the number of midwives in Munjul sub-district, from the number of midwives, which is 32 people, the number of paraji shamans is 31 people, so this partnership for the time being in Munjul sub-district must be maintained while still paying attention to the duties and roles of each. In this case, the paraji shaman is only a companion and not as a birth attendant. As is known, for childbirth assistance in the Minister of Health Regulation No. 6 of 2024, childbirth assistance is carried out by at least 1 medical personnel and 2 health workers who have the competence and authority. Thus, it is clear that in order to reduce maternal and infant mortality, the government emphasizes that childbirth assistance must be carried out by medical personnel and health workers here, dukun paraji do not have the right or access to assist childbirth and the Pandeglang Regent's Regulation in order to accelerate maternal mortality and infant mortality in Perbup No. 19 of 2021 is appropriate and is a development and does not conflict with Permenkes No. 6 of 2024 where the partnership referred to in this Perbup states that Partnerships in assisting childbirth carried out by KIA service personnel and traditional workers/as referred to in Article 11 paragraph (6) are carried out in the form of preparing for childbirth and cleaning the mother and baby after childbirth. Article (2) Traditional workers/shamans are required to report to KIA service personnel if there are mothers who are going to give birth in their area. Article (3) Traditional workers/shamans are required to report to KIA service personnel if there are mothers who are indicated to be pregnant for furthermore followed up by KIA service personnel in their area.

The results of this study are in line with the results of previous research conducted by Ervina, Salsalman Moita, and Sarpin Form a Partnership Between Midwives and Traditional Midwives in Health Services (Study in North Wawonii District, Konawe Islands

Regency; 2018) Based on the results of the study, midwives and traditional midwives have known their duties and roles in saving pregnant women and their babies. So that both of them in carrying out their duties establish harmonious communication. where the form of partnership includes caring for each other such as helping to lighten the burden and responsibility in the cooperation process, mutually beneficial in terms of knowledge because the knowledge possessed by midwives is not necessarily known by traditional midwives and vice versa, needing each other where in working together midwives and traditional midwives both need both knowledge and technically.

CONCLUSION

Based on the results of the research and discussion conducted by the researcher on the implementation of midwife partnerships with traditional birth attendants in the delivery process, the following research conclusions can be drawn: One of the efforts to increase the scope of deliveries in order to accelerate the reduction in maternal and infant mortality rates is one of the policies of the Pandeglang district government, namely through the midwife partnership program with traditional birth attendants as stated in the Pandeglang Regency Regent Regulation Number 19 of 2021. The implementation of the midwife partnership with traditional birth attendants in the delivery process that has been carried out by the Munjul Health Center in this study adopted one of the theories of the Edward III Public Policy Implementation Model where policy implementation is influenced by four factors, namely communication, resources, disposition and bureaucratic structure. from the results of the research on the implementation of partnerships that have been implemented, seen from the communication, the partnership program has been implemented considering the program that has long been pioneered by the health center since 2015 clearly and consistently, then from the resources, both human resources, budget resources, facilities and authority are adequate, then related to the disposition of the willingness of the policy implementers, it has been seen and incentives have also been given to the policy implementers, namely the paraji shaman and related to the bureaucratic structure, the role of the organization and the division of tasks and roles of each of the policy implementers have been seen. The problem that occurred at the Munjul Health Center was that the coverage of delivery assistance had not yet reached the target for three consecutive years from the target of 100% coverage of delivery assistance at health facilities and by health workers in 2024 until the new month. 91% in 2023 coverage of deliveries by health workers 85, 8% and in 2022 it will reach 96.8%. The solution that must be done to increase the coverage of delivery assistance in addition to continuing to implement the partnership program because the number of traditional birth attendants is still large, Munjul Health Center must seek alternative efforts to increase the coverage of deliveries by identifying the causes that cause the coverage of deliveries not to be achieved and then innovating to overcome this problem. It is expected to add to the literature and provide academics, especially students of the Master of Public Health Program at the University of Indonesia Maju, with information on hypertension SPM.

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