



**THE IMPLEMENTATION MANAGEMENT EXPERIENCE FOR
COMPLEMENTARY THERAPY IN THE JOINT MIDWIFE
PRACTICE SERVICE**

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ABSTRACT

Background: The positive public response as well as the high enthusiasm of pregnant women for complementary therapy makes complementary therapy an alternative choice to avoid the side effects of using chemical drugs which can have a negative impact on the womb, but until now there has been no government policy that regulates complementary therapy specifically for obstetrics. Kepahiang district was chosen as the research site because Kepahiang is the only district to have introduced innovations that require midwifery services to be delivered in a collaborative way. To examine the implementation of management experience on the complementary therapies' implementation in joint midwife practice services (PBB) at Kepahiang District Health Office. Methods: The research utilized a descriptive qualitative method, analyzing data with an Excel coding system and categorizing them into themes and sub-themes. Purposive sampling was used to select 18 participants for direct, in-depth interviews. Results: complementary therapy practice received a positive response from the community. In addition. On the other hand, all officers did not know about the licensing policy for complementary therapy practices. Conclusion: all informant has had a positive experience; however, they have less knowledge about the policy of implementing complementary therapies

Keywords: Experience; Management; Midwifery complementary therapy.

ABSTRAK

Respon masyarakat yang positive juga tingginya antusias ibu hamil terhadap terapi komplementer menjadikan terapi komplementer alternatif pilihan untuk menghindari efek samping penggunaan obat-obatan kimia yang dapat berdampak negative terhadap kandungan, namun hingga saat ini belum terdapat kebijakan pemerintah yang mengatur tentang terapi komplementer khusus lingkup kebidanan, Kabupaten Kepahiang dipilih sebagai lokasi penelitian karena hingga saat ini Kepahiang satu satunya Kabupaten yang memiliki inovasi dimana layanan kebidanan dalam praktiknya harus dilakukan secara berkolaborasi. Tujuan dari penelitian untuk mengetahui pengalaman manajemen pelaksanaan terapi komplementer di Layanan Praktik Bidan Bersama (PBB) wilayah Dinas Kesehatan Kabupaten Kepahiang. Metode penelitian yang digunakan adalah deskriptif kualitatif dengan menganalisis data menggunakan sistem pengkodean excel dan mengelompokkannya ke dalam tema dan sub tema, pengambilan sampel menggunakan tehnik purposive sampling sebanyak 18 orang, data dikumpulkan melalui wawancara mendalam secara langsung. Hasil: Setiap PBB menerapkan jenis terapi komplementer yang berbed,. Semua informan memiliki pengalaman yang positif namun dalam manajemennya semua bidan belum mengetahui terkait kebijakan praktik komplementer. Kesimpulan: Bidan memiliki pengalaman yang positive dan telah tersertifikasih namun belum memiliki cukup pengetahuan tentang kebijakan praktik komplementer

Kata kunci: Pengalaman; manajemen; kebidanan; terapi komplementer

INTRODUCTION

Complementary therapy is traditional medicine that has been recognised and can be used as a companion to conventional/medical therapy, complementary therapy is carried out with the aim of complementing conventional medical treatment and is rational which does not conflict with the values and health laws in Indonesia (Treasa, 2022). Types of obstetric complementary therapy that are currently widely applied include yoga, classical music therapy, fragrance as relaxation, and pregnancy acupuncture (Argaheni et al., 2022). The use of complementary alternative therapies is becoming more popular around the world, this development is well recorded in Africa and the global population is between 20% and 80%,(Hafizi et al., 2021). Based on data from SUSENAS, the use of complementary and alternative traditional therapies in Indonesia continues to increase, traditional alternative medicine has increased from 30.24%, in 2013 it increased to 38.30% in 2014. About 40-59% of the Indonesian population uses complementary medicine of domestic origin (Utami & Kartika, 2018). For many midwives and women, complementary midwifery services are an option to reduce medical interventions during pregnancy and childbirth, and this is very helpful, indeed the majority feel the benefits (Hafizi et al., 2021).

The implementation of complementary medicine in general has been regulated in Minister of Health Decree no. 1109/Menkes/Per/IX/2007 concerning the implementation of alternative complementary medicine in health service facilities, as well as in Minister of Health Regulation number 15 of 2018 concerning the implementation of health services. Regulations regarding the practice of midwives in Indonesia are also clearly regulated in the Republic of Indonesia Minister of Health Regulation no. 28 of 2017, the second part of which is stated in article 18 that in carrying out midwifery practices, midwives have the authority to provide maternal health services, child health services and reproductive health services as well as family planning, Law -Law -Law number 4 of 2019, as well as the latest namely Minister of Health Decree 320 of 2020 concerning professional standards for midwives. These regulations explain in detail the standards of midwife practice, but do not explain the combination of complementary therapies in midwifery interventions.

The initial survey conducted by researchers on 2 December 2022, by interviewing 3 pregnant women and 3 postpartum women in different sub-districts, the results of the interview showed that the six mothers were very enthusiastic about following complementary therapies applied by midwives, including acupuncture, oxytocin massage, lavender fragrance therapy, gentle birth and mural alquran therapy. This application is based on training, seminars and special education related to complementary midwifery therapy attended by midwives with a sign of getting a certificate, also based on the many requests from the patients themselves and healthy competition between midwives which requires each midwife to continue to innovate to create services that really suit the needs of patients. But so far the professional association The Kepahiang Regency midwife association (IBI) itself has not issued an official regulation related to licensing the implementation of complementary therapies.

Currently, numerous pregnant women opt to use alternative therapies to sustain their health and avoid the detrimental effects of chemical medications that can adversely impact fetal development (Dwi Prasetyaningsih, 2019).

Based on the above background, the researcher is interested in examining how the management experience of complementary therapy implementation in the joint midwife practice service (PBB) of the Kepahiang District Health Office Region. The purpose of this study was to examine the management experience of the implementation of complementary therapy in the midwife practice service together (PBB) in the Kepahiang District Health Office Region. The benefit of this research is that it is expected to be used as information in shaping policies and legal certainty for complementary services in the realm of midwifery.

METHOD

The research carried out used descriptive qualitative research as its methodology. Descriptive qualitative research is used to describe and illustrate an identified problem with the aim of providing an accurate and systematic description of a population, situation or phenomenon.(Fiantika, 2022) Sampling was carried out using a purposive sampling technique where 18 informants were interviewed. These included 5 main informants - the head of each PBB - and 13 supporting

informants, consisting of 5 implementing midwives, 5 patients, 1 Health Board employee, 1 DMPTSP employee and 1 expert.

The object of this research is a descriptive study of midwives' experience in implementing complementary therapies including midwives' understanding of complementary therapies, midwives' understanding of complementary therapy implementation policies, supporting factors, inhibiting factors, efforts made by midwives in dealing with obstacles and how midwives maintain consistency in implementing complementary therapies. The instruments used for data collection were interview guidelines and a voice recorder. The data obtained were immediately reduced and then presented in the form of a brief description, taking into account the research protocol.

The data was further analysed using Excel coding to group and categorise themes and sub-themes. The findings were discussed in relation to existing theory. The researchers conducted credibility tests by observing all complementary therapy activities implemented in each PBB from the outset and undertaking preliminary research in March 2022 for about a month. Also, they triangulated the data by checking and re-validating the participants at The number of patients utilizing complementary therapies and the healthcare professionals practicing within the facility.

The literature review in this study applies a scoping review approach, a systematic method for exploring a topic by mapping the available literature, discussing key concepts, theories, and sources of evidence. It aims to evaluate the extent, scope and nature of research available on the researcher's question, summarize research findings based on the evidence base, and provide recommendations for future research (Tricco et al., 2016).

RESULTS AND DISCUSSION

This research was conducted at the Joint Midwife Practice (PBB) in Kepahiang Regency, Bengkulu Province, the main informants in this study consisted of 5 people, and were the leaders or owners of each PBB and supporting informants in this study were complementary therapy implementing officers who were members of each PBB totalling 5 people, the results of the study gave rise to 4 themes, namely the implementation of therapy, policies, influencing factors and consistency in implementing complementary practices.

No	Theme	Sub theme
1	Implementation of complementary therapies	a. Type of therapy b. Rationale for adding complementary c. Preparation/efforts made d. Benefits felt by the patient e. Adverse experiences/complaints f. Patient visits per month who participated in complementary therapy.
2	Policy	Knowledge of complementary practice policies
3	Influencing factors	a. Supporting factors b. Inhibiting factors
4	onsistency in complementary practices	a. efforts to overcome obstacles b. Efforts to maintain existence

Table 1. Themes and sub-themes Management experience of complementary therapy implementation in shared midwife practice services (PBB)

Implementasion of Complementary Therapies

Complementary midwifery therapy refers to a combination of midwifery care and complementary services provided by midwives to pregnant women, women in labour, postpartum women, newborns, toddlers through to childhood, and women of reproductive age to old age (Mardliyana et al., 2023). This therapy aims to enhance the overall well-being and health of both the mother and child. In the sections that follow, we illustrate the key components, benefits, and applications of this therapy. The incorporation of complementary therapies into midwifery practice subscribes to the belief that childbirth is a natural process, thus enabling midwives to reduce the use of pharmacological interventions. Furthermore, it is imperative to ensure that the care provided is sustainable throughout the reproductive life cycle and caters to the needs of women (Andarwulan, 2021). Research conducted by (Andi Palancoi, 2016) on the implementation of complementary therapy reveals that the utilisation of complementary midwifery therapy has been widespread. The analysis includes a range of topics such as policies, human resources, facilities and infrastructure, coaching, support, types of services, implementation mechanisms, obstacles, supporting factors and expectations.

In this research there are 5 types of complementary therapies implemented in each PBB including acupuncture for pregnant women, oxytocin massage for postpartum women, lavender fragrance therapy and murotal alquran therapy for labouring women. The reasons for each PBB adding complementary into midwifery care are different, including as a service innovation, knowing the benefits of the therapy applied and seeing business opportunities, so that the application of therapy can increase patient satisfaction, improve service quality as well as increase the profit of each PBB, and increase competitiveness among fellow midwives who have joint practice services.

The way complementary therapy is served in each PBB certainly starts with giving informed consent and asking for patient consent first acupuncture therapy is done by sticking needles into certain nerve points, oxytocin massage is done by massaging the mother's back from the top to the costae 5-6, lavender fragrance therapy is given when the mother enters the delivery room by turning on the electric device placed in the corner of the room, pregnancy yoga is done once a week according to an agreed schedule, with yoga movements following the instructor, and finally the Koran murotal therapy is given when the mother experiences his by playing maryam verses using a mobile phone connected to a small speaker.

The preparation/efforts made by each informant in applying complementary therapies, namely attending training (IU.01, IU.02, IU.04) the training attended aims to add insight and knowledge as well as to obtain a certificate, in addition to attending training there is one informant (IU.03) who digs up information from viewing health content on social media and reading research results and there is even one informant (IU.05) who conducts research directly to find out the benefits of the therapy to be applied.

The benefits of various types of complementary therapies applied vary based on the results of interviews with informants (IU.01) explaining that the benefits of acupuncture can improve blood circulation and can reduce complaints during pregnancy.

Informant (IU.02) who applied oxytocin massage for postpartum mothers explained that the benefits of oxytocin massage are to increase breast milk. Informant (IU.03) and informant (IU.05) who applied

relaxation therapy for birthing mothers in the form of lavender fragrance therapy and Quranic murotal therapy explained the benefits of both therapies as relaxation to reduce anxiety during the delivery process. Informant (IU.04) who applied complementary therapy of pregnancy yoga explained that yoga can reduce complaints during pregnancy as well as relaxation, if done regularly, it can facilitate the labour process.

Bad experiences/complaints experienced by officers while implementing complementary therapy based on the results of interviews, all informants answered that they had never experienced or had a bad experience, this was because before the action was carried out the implementing officer had explained in detail about the benefits, procedures and also the possible risks.

Community visits who follow complementary therapies vary in each UN every month, based on the results of interviews with informants (IU.01) patient visits who follow pregnancy acupuncture per month there are only 2 to 3 patients, for the type of oxytocin massage therapy carried out by informants (IU.02), lavender fragrance therapy carried out by informants IU.03), and murotal Koran therapy carried out by (IU.05).), the number of patient visits depends on the number of deliveries, which is around 3-5 people per month, because the therapy is carried out during childbirth and during puerperium in contrast to informant (IU.04), who applies hypnobirthing by doing gentle yoga, visiting patients range from 8 to 12 people per month, informant (IU.04) also explained that he did not have a rival so that those who participated in gentle yoga came from outside the District.

The presence of people who visit shows that the community has a positive response to complementary therapy, although the number is still small.

Complementary Therapy Policy

Complementary therapy is rapidly gaining popularity not only in developing countries but also in developed ones. The latter refer to it as Traditional and Complementary Medicine (T&CM). In Australia, T&CM practitioners are known as acupuncturists, chiropractors, and naturopaths. Even in China, T&CM is a formal area of study that can be pursued at various universities, including Beijing University of Chinese Medicine (BUCM), which is renowned in this regard. T&CM is also regulated by law (Hasanah & Widiowati, 2015).

In Indonesia, the policy of implementing complementary medicine in general has been regulated in the Decree of the Minister of Health No.1109 / Menkes / Per /IX / 2007 concerning alternative complementary medicine and the latest is No.15 /Permenkes / 2018 which discusses traditional health services in general. Based on the results of the researcher's interview on 18 June 2023 with an employee of the Kepahiang Regency Health Office in charge of health promotion and community empowerment, information was obtained that there was indeed a health ministry regulation related to complementary policies in general, but until now there has been no policy or regulation that separates complementary services specific to the scope of midwifery from complementary services in general, and the Health Office it self has never conducted socialisation related to complementary practice policies.

The interview was also conducted with one of the DPMPTSP staff in Kepahiang Regency, he explained that to apply for a business licence, you need to complete the predetermined requirements including having a KTP and NPWP, if the proposed licence has a business unit, you need to have a

business unit establishment deed, this requirement is used to make a business identification number (NIB) issued through the OSS system, Researchers also conducted an interview with an expert who lives in Semarang Regency and has a midwifery care collaboration service and complementary practices, He explained that midwifery practice licences and complementary practice licences are different, complementary practice licences need to be processed through the One-Stop Investment and Integrated Services Office (DPMPTSP) facilitated by the online single application, and the type of service proposed is a health spa, so complementary practices have their own licences and can go hand in hand with midwifery care.

Based on the interviews with the primary informants and five support officials, it was revealed that they lacked knowledge about the general regulations of complementary policies. Furthermore, the government hadn't provided any awareness on complementary policies. However, three informants (IU.01, IU.02, and IU.03) had received training and obtained a certificate to implement complementary practices.

This aligns with research conducted by (Susyanty et al., 2014), which concludes that the regulations pertaining to complementary therapy No. 1109/Menkes/Per/X/2007 remain unclear. As a result, they were widely misinterpreted by the Health Service during their implementation, particularly with regards to article 13 on professional organizations, which lacked sufficient detail. Research by (Anissa Rahmawati, Sutopo Patria Jati, 2016) indicates that health workers are aware of the standards and policy targets. Nevertheless, many officers have not secured the Proof of Registration for Alternative Complementary Medicine Personnel (SBRTPKA) and Letters Duties of Alternative Complementary Medicine Personnel (STTPKA).

Factors Influencing Complementary Practices.

The implementation of complementary therapy is subject to various influences, such as patients, the environment, implementing staff, and regional culture (Hidayah & Nisak, 2018). Other internal and external factors that affect complementary practices comprise patient beliefs, perceptions, and knowledge, as well as economic, cultural, occupational, income, and familial support (Ariyanti et al., 2020).

From the results of data analysis in this study, there are 2 factors that influence the running of complementary practices, namely supporting factors and inhibiting factors. The supporting factors in question do not include the facilities and infrastructure owned by each PBB, from the results of the interviews obtained information that having human resources and the cohesiveness of the work team (IU.01 and IU.02), having a strategic practice location (IU.03), not having rivals (IU.04), and having opened a practice for a long time and having many patients (IU.05) are supporting factors owned by each PBB. While the inhibiting factors that informants encounter while running complementary practices are time constraints and limited access, where all informants also work in other health facilities, namely at puskesmas and hospitals, so they have limited time and cannot fully carry out practices at PBB, as well as limited access where informants (IU.04) have not implemented a homecare system for complementary gentle yoga services, requiring patients to come directly to the practice site.

Consistency In Complementary Practice

Consistency pertains to obedience, stability and determination. Within the service industry, consistency is defined as the ability to maintain stable service provision through continuous innovation to ensure the services provided function smoothly and distinctively (Sunaryo, 2020). Ensuring service consistency involves upholding and enhancing service quality. An entrepreneur must openly welcome feedback and critique from service users to improve performance and remain competitive among other services (Bharata, 2019).

From the results of data analysis in the consistency of complementary practices, two sub-themes emerge, namely efforts to face obstacles and efforts made so that complementary therapy survives and is accepted in the community, the possible efforts made when facing obstacles include analysing the type of problem (IU.01 and IU.02), improving service quality (IU.03 and IU.05) and re-educating (IU.04), while efforts to exist and survive in the community, all informants are compact in promoting and socialising and some informants also provide doorpise and provide discounts for some services.

Other health services do similar things to maintain their existence. For instance, (Ekawati & Andriani, 2022) research showed that promoting the Yadika Pondok Bambu Hospital had the highest percentage of success after the Covid-19 pandemic. Similarly, (Putri, 2022) research proved that aggressive online promotion on various social media platforms and following current trends effectively increased public appeal.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research and discussion of the management experience of complementary therapy implementation in midwife practice services with the working area of the Kepahiang Regency Health Office. The researcher concluded:

1. The owners of each PBB had different experiences of using complementary therapies, but almost all had positive experiences.
2. Some midwives have had training in complementary therapies and have certificates, but not all midwives are aware of the licensing policy for complementary therapies.
3. The cohesiveness of the work team, the availability of competent human resources and a strategic practice location are supportive factors in the implementation of complementary practices, while the lack of effectiveness in the implementation of complementary therapies is influenced by time constraints and limited access to services

Based on the results of the research and discussion that has been carried out, suggestions can be given to:

1. Respondents

In the future, it is hoped that midwives will have an understanding of the midwifery complementary practice licensing policy, and can take care of and have licensing for their complementary practices.

2. Related Offices

DINKES and DMPPTSP are expected to optimise in providing information related to licensing of complementary therapy practices, especially in joint midwife practice services (PBB), and are also

expected to form a policy for complementary therapy services specifically within the scope of midwifery.

3. Aisyiyah University Yogyakarta.

Evidence based in midwife practice and information systems for education and health services in midwifery master courses as a promotive effort to understand policies related to licensing of midwifery complementary therapy practices.

4. Future researchers

Further development is needed on the factors of the types of complementary therapies applied in joint midwife practice services.

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Conflict of Interest Statement

All authors declare no conflict of interest in this manuscript.

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