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Perceptions and Experiences of Midwives in Providing Complementary Services Based on SWOT Analysis in Bali

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Abstract: Complementary and alternative practices by midwives are commonly carried out with various considerations. The purpose of this paper is to find out the various perceptions and experiences of midwives in providing complementary services at work based on a SWOT analysis. This type of research is qualitative. The research instrument is an in-depth interview guide and observation form. Data analysis uses narrative/content analysis. Respondents who included as many as had previously requested and given training media for complementary midwifery services. Result: approximately 70% of midwives have provided complementary services in their place of work in this study. Strength analysis, especially the existence of traditional and complementary service policies in health care centre and the motivation of midwives; Weaknesses including lack of infrastructure and service room, Opportunities: some midwives have attended complementary care training, and Threats: the legislation is still needed. Midwives' efforts to overcome these inhibiting factors and challenges are to provide services according to standards in the workplace and evidence-based innovation. The role of health policymakers and midwife organization to facilitate laws and regulations availability is major priority.

Keywords: complementary services; midwives; SWOT analysis; health policy

1. Background

Utilization of complementary and alternative medicine (Complementary and Alternative Medicine / CAM) around the world has increased since several decades (Veziari et al., 2017). Since 1993, use of complementary and alternative health services in the United States has reached more than 30% in the community (Briggs, 2022), and by 2007 it was found that 38% of adults and 12% of children had used CAM services. The results of a previous study by the Health Research and Development Agency of the Ministry of Health of the Republic of Indonesia (2018) revealed that 31.4% of traditional and complementary health services were received by the people in Indonesia. Users of complementary and alternative services or treatments are not only the general public but also reach women during pregnancy, childbirth, infancy, postpartum to menopause (Bellanger et al., 2021; Exercises, n.d.; Fjær et al., 2020; Koh et al., 2019; Lee & Saha, 2011; Levett et al., 2016; Sneag & Bendo, 2007; Town, 2017). Public perception of CAM services is that therapy is culturally appropriate, cheaper, safer, and more convenient (Ahmed et al., 2020; Fjær et al., 2020; Ikram et al., 2015; Town, 2017).

The problem found in CAM is that there is no evidence-based complementary service standard globally (Ahmed et al., 2020; Aljawadi et al., 2020; Birdee et al., 2014; Illamola et al., 2019; Jong et al., 2020; Saldana, 2018; Stub et al., 2021). Another problem is the limited competence of service providers, there are no regulations that clearly regulate the competence and authority of midwives in CAM services in the community, in clinics and hospitals (Abdollahi et al., 2020; Loučanová & Nosáľová, 2020; Ng, 2020;

Tangkiatkumjai et al., 2020). The results of a similar study by Rahyani et al in Bali (2021), showed that midwives had provided complementary services for clients, but most of the midwives had not received training on complementary skills.

Previous studies regarding the perception of pregnant women regarding the use of CAM services are related to the desire and expectation of normal or natural childbirth, self-determination, and the view that CAM services are safe because they are based on biomedical science (Bellanger et al., 2021; Blondé et al., 2020; Bowman et al., 2018). The results of another study in Western Kenya related to knowledge, attitudes and practices about CAM, it was found that the population had good interest and knowledge. But in contrast, attitudes of midwives in providing complementary services were still low (Town, 2017).

The results of previous studies have shown that there are still obstacles and problems in providing CAM services by midwives in the community. This research is focused on exploring the factors that become obstacles and reinforcers based on a SWOT analysis. SWOT analysis can be an alternative in preparing to solve problems related to health policies and policies in the field of marketing and others (Amaliah et al., 2017; Rahyani, 2018; Stub et al., 2021; Veziari et al., 2017; Wati et al., 2021). SWOT analysis is one of the efforts developed by Humphrey in the 1960s to prepare a project related to a program or business. There are four components in a SWOT analysis, including: Strength, Weakness, Opportunity, and Threat. By knowing the factors that contribute to the provision of complementary services, it will be more likely to formulate appropriate recommendations.

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The purpose of this paper is to explore the factors that influence complementary services by midwives in Bali using a SWOT analysis. This study serves as a basis for taking strategic steps related to complementary service policies in Bali.

2. Methods

This research is a qualitative study. Respondents selected are midwives who are in charge of midwifery services at outpatient and inpatient health centers, midwives as administrators of midwife organizations, and have a private practice of midwives. The number of respondents is 40 midwives who fulfilled the criteria. The time of the study was from July to September 2022. The instruments used were in-depth interview guides, questionnaires and observation sheets. Data were collected through focus group discussions, in-depth interviews and observations on clients who were provided with complementary services. Analysis using thematic and SWOT analysis.

3. Results

The results obtained from this study are reviewed from a SWOT analysis starting from Strength. Of the 40 midwives who gave answers in the form of: there are policies and programs regarding traditional services at the health facilities. Only 8 of the 40 midwives involved in this study had been trained in complementary services/20%, and the tools used were limited. Respondents also stated that the complementary services provided to clients are a form of devotion and responsibility and desire to improve the quality of midwifery services.

Respondents' answers were obtained from the answers given, related to the strength factor including:

"The policy of the head of the health care centre to provide traditional and complementary services already exists, although it is currently difficult to do so due to this pandemic (Covid-19). Facilities and places to provide complementary services are generally difficult because it is impossible to ask for a special room". (R 1)

"Special training on complementary practices by midwives so far, in fact, we have some training at our own expense, some are specifically sent by the health care centre. With this research at the same time we are trained and given the training media, so that we can learn independently and practice it with clients". (R10)

"I feel that complementary practices are needed and very useful. I have practiced and the response of the client and husband is very happy. As a midwife, I want to provide an excellent service, even some new ones, so that I can compete later." (R12).

"For pregnant women, including complementary services, it has been included in the service

package at the health care centre, so no additional charge were asked to the patient." (R20).

"At the sub-health center where I work, complete equipment such as mattresses, gym balls, pillows, and snacks for pregnant women who come during prenatal class are provided by the village, especially using village budget." (R30)

"The fulfillment of complementary service infrastructure at the health care centre is fully supported by the leadership and together with traditional services. However, special service activities for MCH are generally during classes for pregnant women, not specifically". (R38)

Responses from respondents regarding factors that become weaknesses in complementary services include: a) Unavailability of service rooms that guarantee client privacy; b) there is no standard operating procedure (SOP) for complementary services by midwives; c) The workload of midwives is more related to service administration which has become even more difficult since the Covid-19 pandemic. Midwives are assigned as vaccinators and perform basic tasks. Additional burdens and policies limiting direct contact between clients and midwives as barriers to the provision of complementary services; d) Not all midwives who carry out complementary services in the workplace after being given training; and e) Midwives do not receive additional income related to the provision of complementary services at health care center. If complementary services are provided by a midwife in an independent practice, the midwife can get paid for the service.

This is obtained from the midwife's response as follows:

"The midwife at the health care center has not provided a special room to provide complementary services. Usually we provide class services for pregnant women, usually we provide them at the same time, for example giving yoga exercises for pregnant women, or it could be oxytocin massage for mothers who are about to give birth." (R3)

"The SOP doesn't exist yet, so I'm a little hesitant and afraid of why. But the mother (researcher) has given us a manual and video link last year, maybe it can be used as a guide or guide for us here". (R8)

"Currently, I cannot optimally practice this complementary service, because... an additional task or burden at the health care center since Covid-19. In the past, we were really heavy on administration, too, yes, there were a lot of administrations that were completed for one patient, didn't it... quite a long time and a lot. Now, adding to this pandemic, we are adding more, ma'am, as a vaccinator, it can be inside the building and often we are outside the building around it." (R11)

"In my private practice, maybe it can be given or added to the service package, the cost will be adjusted later so it doesn't make it too expensive, it's a pity that the patient will run away. The important thing is that the patient is healthy and safe. There is no additional fee for classes for pregnant women or others at the health center, it is free. There are no additional midwives or anything if they provide these services, that's just dedication." (R21)

"For the implementation of complementary services, frankly, we admit that until now we cannot do everything. We have a lot of activities and additional tasks at the health care center, we have a lot of time for the administration of one patient and it takes up most of our time ma'am...Nowadays, we have to do the task of administering vitamin A, month for students getting for immunization, month for the national immunization for student, and as a covid booster vaccinator. The point is piling up the burden." (R32)

The midwife's answer regarding the factors that become an opportunity (O) is that the response from the client and the companion, especially the husband, is very enthusiastic and feels the benefits of the complementary services provided. Complementary practices are easy and fun, and add to the attachment between husband and wife. Complementary services are carried out during pregnancy classes. During this pandemic, the distribution of antenatal classes is adjusted to the pandemic conditions. The Health care center organizes class activities for pregnant women if it is believed that the pandemic condition has improved or allows patients to visit the health care center.

Midwives answers regarding Opportunity are as stated below:

"Pregnant women and their husbands feel happy and feel very helpful in dealing with childbirth later. The husband feels he has a responsibility to help his wife and feels the burden or something.... I am also worried, afraid that what will happen to his wife". (R9)

"I usually arrange class schedules for pregnant women, according to the current pandemic

conditions.Ofcourse, we follow the leadership's instructions, if it is possible to contact our clients, we will definitely do it." (R1)

"I saw that husbands who accompanied their wives during class on pregnant women were very excited and even caught on quickly and put them into practice. So indirectly, this complementary practice will bring it closer or what...more strengthen the husband and wife relationship". (R25)

Respondents' answers (midwives) regarding what are the factors that can threaten the provision of complementary services in the workplace is that there are no regulations or legal foundations that guarantee the safety of midwives in providing complementary services and the competence of midwives is not yet standardized in providing complementary services. The answers are as listed below:

"Unfortunately, I haven't seen any real or detailed regulations governing it, there are only standards for midwifery services, but there is no clarity on which complementary services we can do to patients." (R16)

"Sometimes there is also a feeling of lack of confidence, because we haven't all received real training. Besides that, there are no rules or laws or anything that guarantees midwives can do anything or to what extent" (R19)

Based on the answers or responses from respondents regarding the SWOT analysis related to complementary and alternative services, it can be focused on the main themes in the form of: there is motivation, dedication, competency of midwives, benefits felt by the family, the need for service standards and guarantees of security and privacy. Table 1 below shows the results of the analysis of internal factors in the form of Strength and Weakness factors. Reinforcing factors include: policies, tools, motivation of midwives and low costs. The policy factor on Strength with a high rating is 4 and a score = 0.52. In the Weakness factor (W), all strategic factors were obtained in the form of infrastructure, workload of midwives, SOPs that were not yet available, as well as limited equipment at the health care center with a rating of 4 and a score of = 0.52. Only the reward system for midwives has a score of 0.35. The results of the total score of the S and W factors are high, the score is 3.74.

Table 1: SWOT Analysis Result Based on Internal and External Factors (Strength and Weakness)

Internal Factors (Strength & Weakness)				
Strategic Analysis		Bobot (B)	Rating (R)	Score (B x R)
	Column 1	Column 2	Column 3	Column 4
Strength	1. CAM service delivery policies and Professional Organization support available	0.13	4	0.52
	2. The tools used are simple	0.09	3	0.26
	3. Midwives' motivation and dedication is high	0.09	3	0.26
	4. Free/low cost	0.08	3	0.26
Weakness	5. Room facilities do not guarantee privacy	0.13	4	0.52
	6. Midwife workload overload	0.13	4	0.52
	7. No rewards	0.09	4	0.35
	8. There is no standard operating procedure (SOP)	0.13	4	0.52
	9. Tools according to standard are not met	0.13	4	0.52
Total		1		3.74

The results of the analysis of external factors in the form of Opportunities and Threats (O and T) showed that as a supporting factor or opportunity in the form of: training for midwives, positive client responses, facilitation of health care centre and scheduled class activities for pregnant women. The highest rating is 4 and the lowest is 3. The highest score is 0.67 and the lowest is 0.5. Likewise, the

threat factor in the form of competence and authority of midwives as well as unclear laws and regulations with the highest rating of 4 and the lowest is 3. Thus, the results of this analysis indicate that the score requires a serious solution strategy with a score of 3.67. Table 2 shows the results of the SWOT analysis of external factors in the form of Opportunity (O) and Threat (T).

Table 2: SWOT Analysis Result based on External Factors (Opportunity dan Threats)

External Factors (Opportunity & Threats)				
Strategical Factors		Weight(W)	Rating (R)	Score (W x R)
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Opportunity	1. There are already midwives who have attended training	0.17	4	0.67
	2. Positive and useful client response	0.17	4	0.67
	3. Facilitation from health care centre	0.17	3	0.5
	4. There are class activities for pregnant women	0.16	4	0.67
Threats	5. The competence and authority of the midwife is unclear	0.17	4	0.67
	6. Legislation is not clear	0.16	3	0.5
Total		1		3.67

4. Discussion

Based on the results obtained that the SWOT analysis of internal factors (Strength and Weakness) and external factors (Opportunity and Threats) is with a score of 3.74 for internal factors and 3.67 for external factors. Policies regarding complementary services in basic health facilities and in hospitals are a serious concern. According to the Big Indonesian Dictionary, policies are a series of concepts and principles that serve as guidelines and the basis for plans in the implementation of one's work, leadership and ways of acting. Health policy also has a broader meaning related to providing direction in the selection of health technology, management and financing of health services, as well as treatment or drugs given. According to Walt and Gibson (1994), there is a policy analysis triangle, including: content, context and processes that are interrelated with one another. To regulate the content, context and process there are actors or policy makers consisting of individuals, groups and or organizations (Walt & Gilson, 1994). In this case, the policy of the health care centre leadership determines the complementary services to be carried out including the type of service, financing, infrastructure and time of activity.

The reinforcing factor in providing complementary services is the high motivation of midwives and the availability of supporting infrastructure and affordable costs. Midwives' high motivation is an important basis for demonstrating certain behaviour. Behavioural change theories such as the Integrated Behavioural Model (IBM) suggest that intention or motivation is the closest and strongest predictor in displaying certain behaviours (Fishbein, M.; Bandura, A.; Triandis, HC., 2001). Other reinforcing factors in the form of availability of infrastructure and financing are factors that affect complementary services by midwives. Previous studies have shown that organizational and production success is influenced by the 7 M, namely: management, manpower, material, machine, money, marketing and method (Rostamzadeh & Sofian, 2011; Taghizadeh, Hooshang, 2001).

Factors that are weaknesses in the success of providing complementary services include: limited infrastructure,

workload, unclear rewards and no Standard Operating Procedures. Similar research results show that workload is related to the performance of midwives (Rahyani et al., 2021). Limited infrastructure and rewards for midwives are factors that hinder performance (Blondé et al., 2020; Green et al., 2019; Hall et al., 2012; Mitchell, 2016; Rahyani, 2018; Veziri et al., 2017). This is generally due to limited facilities and infrastructure for complementary services at the health care centre and at work, time constraints, and heavy workloads, especially from August to October. Midwives carry out activities or programs in the form of: month of giving vitamin A, Month of immunization for school children, Month of National Child Immunization, in addition to routine activities according to their main duties and functions. According to the results of a study by Steel et al (2015) which suggests that there are differences in factors related to the selection of complementary services for women who are not pregnant, it is influenced by factors of socioeconomic status, health insurance participation, education level, personal attitudes and perceptions of complementary services. and midwifery services (Steel et al., 2015).

Factors that are known as external factors in the form of Opportunity are: training attended by midwives, positive client responses, available facilities, and class activities for pregnant women as opportunity factors. This result is not different from the previous study which found that the training attended by midwives affected the competence and satisfaction of patients/clients (Rahyani et al., 2021; Town, 2017). Another study also found that training was an effort to improve employee competence and improve performance or productivity (QiqiZakiyyah, Abas, Rijatul Anwar, 2020).

The results of the Threats factor are that there is no clarity regarding the laws and regulations and the competence and authority of midwives regarding complementary practice skills. The legal basis is really needed and becomes a sign for midwives in carrying out their duties. Currently, the 2020 Midwifery Service Standards have been compiled and published, but have not explicitly stated what complementary services are under the authority of the midwife (Ministry of Health of the Republic of Indonesia., 2020).

When viewed from the global strategy to improve the health of women and children, there are three global strategies, namely Survive, Thrive, and Transform (WHO et al., 2018). Survive relates to strategies to improve health and well-being for mothers and children. Thrive is an effort to provide health services with more respect for the human rights of women and children. Transform is a global effort to provide client/female centered services including ongoing services. Thus, midwives have a responsibility to provide innovative services based on the best research and evidence. So that the services provided are proven to be safe and useful.

Based on the results obtained, the recommendations made are that it is necessary to develop a bottom-up approach to solve the inhibiting factors in the form of weaknesses and threats. It is necessary to start drafting SOPs related to complementary services that are proven to be safe and evidence-based by involving midwifery professional organizations. Workload and rewards need to be considered by leaders and policy makers. Limited infrastructure facilities can be pursued through the provision in stages. In terms of the reinforcing factor in the form of opportunities and opportunities is to maintain the dedication motivation and sincere intention of the midwife in improving the health and quality of services for mothers and children. It is necessary to facilitate regular training on complementary practices and in collaboration with midwifery education institutions.

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