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MODEL OF WOMEN PARTICIPATION IN SUPPORTING GOVERNMENT POLICIES REDUCING NEONATAL MORTALITY IN KUPANG DISTRICT

Maria Margaretha Ulemadja Wedho*,

Prof. Dr. Mintje Ratoe Oedjoe M.Pd,**

Dr.David B.W. Pandie, MS*.**

ABSTRACT

Background: Nowadays, the orientation of public administration is fully aimed towards the society, that means it is made by, for, and to give profit to the community. Therefore, the suitable approach for the government is customer's approach. It has been supporting the demands of change from government (authority) to governance that focussed on compatibilitybetween State (government); Private (private); and Civil Society (civil society). One aspect of the community prosperity indicated in the health situation of mother and child especially in the rate of neonatal and infant mortality (the lower mortality rate the more prosperous society). To reduce neonatal and infant mortality rate in Kupang district participation of woman must be implemented especially in the grass root to suport government program. **Objective**: To develop and create appropriate and suitable models of woman'sparticipation in the community based on society characteristics which will be supported the policy of reducing neonatal and infant mortality in NTT Province. **Methods:** qualitative method has been used and 14 informants and 3 triangulations were selected by purposive sampling technique, followed by snowball sampling. Intervewers consists of 5 midwiveries, 5 cadres, and 3 chiefs of the village. **Results:**The degree of women's participations in this study were low, which has been caused by the lack of exposure to the Maternal and Child Health program and the Leap of decreasing neonatal and infant mortality policy. Base on Forms of participations this study showed that all informants planned their place of delivery and who will help the childbirth process, however one Timorese informant has been given birth at home assissted by her mother in-law. Many Timorese tribes delayed reporting their pregnancy until the gestational age was over than 2-6 months and gave the porridge sun for babies after 6 months. Neonatal and Infant immunization was also carried out but only small number of informants knew the types and benefits of immunization. TIHERO model of woman participation has been created to support the reducing neonatal and infant mortality. **Recommendation:** 1) It is expected that Middle Kupang Subdistrict

Keywords: Women, Policy, Participation, Neonatal and Infant Mortality

*Candidate Doctor, MHSc Undana Kupang University East Nusa Tenggara
**Professor, Undana University Kupang East Nusa Tenggara Indonesia
*** Doctor, MScSenior Lecturer at Undana University Kupang East Nusa Tenggara Indonesia

to open prenatal and postnatal classes. 2) Local governments must cooperate with the health institution and need to insist cross culture understanding and prospective health workers had to be trained continously. 3) Model of women participacion must be conduct in terms of reducing neonatal and infant mortality rate.

1. INTRODUCE

1.1 Back Ground

Neonatal, Infant and child mortality rate remain the third target of the second goal of the Sustain Development Goals (SDGs) to reduce neonatal mortality by at least 12 Per 1,000 live births and under-five years mortality 25 Per 1,000 live births. According to the Intercensal Population Survey there was a decrease in IMR of 22.23 per 1000 live births (SUPAS, 2015; Dinkes NTT, 2012) in Indonesia. However, the target of the SDGs for reducing neonatal deaths has not been achieved yet [24] throughout Indonesia especially in NTT Province, despite East Nusa Tenggara Governor Regulation Number: 42 of 2009 concerning Revolution of Maternal and Child Health has been launched and implemented [31].

Based on target in the MCH revolution, there was the decline in maternal mortality from 554 / 100,000 lives birth in 2004 to 153 / 100,000 lives birth in 2013, and infant mortality from 62/1000 lives birth in 2004 to 27/1000 lives birth in 2013. MCH Revolution program has been evaluated on 2015 and the results showed that the number of infant death cases still very fluctuated between 1272-1350 cases of death [34]. The NTT government has re-launched the Technical Guidelines for Leap to Decrease Infant Mortality in 2015 with the target of reducing the Neonatal Mortality Rate (NMR) 14 per 1000 lives birth, Infant Mortality Rate (IMR) 23 per 1000 lives birth and Under five Mortality Rate 32 per 1000 lives birth at the end of 2015. The results showed that infant mortality rate also fluctuated, there were 1,388 cases in 2015, 1091 cases from 86,126 in 2016 and 874 cases out of 86,085 live births in 2017 [29]. However, the program was not fully successful in reducing infant mortality yet. The reality is the government and community must work together(bottom-up) when they formulated public policies such as the MCH revolution and leap technical instructions for reducing infant mortality.The Public policies product must be faired and democratic. When the government formulating democratic policies, the principles of transparency and community involvement have to needed to upheld and offered to the public. Therefore, the community will feelgovernment's emphaty and appreciation , further more creates a sense of trust between both sides [25].

Community participation is very strategic in public administration. Referred to Denhart & Denhart [2] public is the owner of public interests so that public administrators in carrying out public policies must be more concerned with the responsibility of serving and empowering citizens. The involvement of the community in the policy making process is a major factor in good governance which provides great benefits to the public interest. Good governance is an issue that sticks out in the administration of public administration today [9]. According to Abdus [12] the ignorence of community involvement in the process of policies planning will cause community's dependency towards health workers on the implementation program. Muluk [8] in his perspective about the public service emphasizes that the public administrators have to serve the community need to involve the community not only in planning process but also in implementing the programs to attain the community goals.

The high IMR closely related to condition of the mother during pregnancy, childbirth and postpartum. Bang, A.A. et al [16] stated that neonatal morbidity can be reduced by training mothers to understand how to give neonatal care at home to care for healthy and sick neonates and providing maternal health education. Therefore, the role of mothers in the family on pregnancy, childbirth, postpartum period or breastfeeding period can be maximized. The involvement of women as the main actors in the event of pregnancy, childbirth and caring for a baby is not yet apparent in the model of MCH Revolution. The models offered in increasing community participation, especially women in this study are: deliberative public model [3,4];[9] and participation model referred to Arnstein [14] The ladder of Participation.

1.2 The Statemen of Research Problems

Components involved in the Maternal and Child Health policy and leap technical instruction for reducing infant mortality in NTT Province included supply side, demand side, and strengthening management implementation. These three components have not reduced infant mortality yet. In this study the main actors will be explored directly in connection with infant mortality, namely women, especially women of childbearing age who are pregnant, giving birth, breastfeeding, and babies sice inside the womb until birth. If they are active and involved since planning, until evaluating and monitoring undoubtedly infant mortality can be suppressed. Thus the direction of health development policies and strategies is focused on involvement of the women.

1.3 Research Question

1. What are degrees of women participation in accomplishing the policy to reduce Infant Mortality in Kupang Regency?
2. What are forms or model of women participation in implemention of the policy to reduce Infant Mortality in Kupang Regency?

1.4 The goal of this study

To Establish models of women's participation that are appropriate and in accordance with the characteristics of the community to support the policy of reducing neonatal and infant mortality in Kupang Regency.

1.5 Objectives of the Study

1. To identify women's degree of participation to implement theleap technical instructions for reducing infant mortality
2. To analysis the form of women participation to implement the leap technical instructions for reducing infant mortality.
3. To build the model of women participation in reducing infant mortality in Kupang regency.

2. REVIEW OF LITERATUR

Bayoa A. Glenda [17] conducted the research about Women's Participation In Implementing Family And Community Welfare Program Management Policies (An analytical study in the Papua Provincial Regulation Number 9 of 2008 in the Menawi Village of the Yapen Archipelago District. Objective of this study was to identify women's participation in implementing policies for managing family and community welfare programs and how the government responds to women's participation in implementing family programs and prosperous community policies. Results indicated that women's participation was quite good even though there were still people who think that women could take care of their children and prepared food. The management of the program to increase family welfare participation for women has been quite well marked by the birth of women's organizations. The habits and customs of Menawi village were a cause of women's ineffective and limited participation.

Bang, A.A., et al [16] conducted the research about Reduce Incidence of Neonatal Morbidities: Effect of Home-Based Neonatal Care in Rural Indian Gadchirol from 1995 to 1998. The aim of this study was to examine the effects of home intervention carried out by

mothers themselves under the guidance of manual on decreasing neonatal morbidity. The result described the changes in the incidence of morbidity rate in percentages were: 1) infection from 61.6% to 27.5% (-55%; p <0.001); 2) treatment based on illness (asphyxia, hypothermia, food problems) from 48.2 to 26.3 (-45%; p <0.001); 3) LBW from 41.9 to 35.2 (-16%; p <0.05); 4) preterm labor and congenital abnormalities remain unchanged. The mean number of illness / 100 neonates at 3 years were 228,170 and 115 (decrease from 49,6%; p <0,001). This decrease accompanied the increase in presentation of intervention values for 3 years: 37.9; 58.4; and 81.3; which shows the response relationship. In the third year, the proportion of correct maternal knowledge was 78.7% and behavior was 69.7%.

Abdus, M [12] carried out the study about Community Participation in the Implementation of Siaga Village in Tumbukan Village, Banyu, Daha Selatan District, South Kalimantan Province. The Aim of the study was to find out the community participation in implementing of the program in Tumbukan Banyu village, Daha Selatan sub-district in order to reduce maternal mortality and infant mortality. The results are: first, the process of implementing the alert village in Tumbukan Banyu village has been going well, including; planning, implementation and evaluation stages. Process of implementation of the alert village in the village of Tumbukan Banyu still depends on officers from the puskesmas and is still top down (on the orders of superiors). Communities only carry out activities that have been determined by the puskesmas. Secondly, community participation in the process of implementing the alert village in the Tumbukan village of Banyu from the planning to evaluation stages in the form of ideas, property, labor,social, and decision making. The level of community participation from planning to evaluation is passive(compliance).

Paramita A., and Pratiwi, L.N., [22] have presented research namely Perception of Community Organizations about the Concept of Community Participation and Contributions of Community Organizations Regarding Acceleration Efforts to Decrease Maternal Mortality and Infant Mortality. The aim of this study was to assess the perceptions of community organizations on the concept of Community Participation and contributions that have been made by mass organizations to increase community participation in related efforts to reduce maternal mortality and infant mortality. Results showed that the perception of all informants on the concept of Community Participation was limited to involvement when the activity or program was carried out. Another supporting data indicated that the dominance forms of contributions given by the community is more in the form of funds and labor. There is not

much contribution of ideas because of the relatively low level of education of the community, difficulty gathering the community because of their busy work outside the region or migrating, and public programs in Indonesia including health programs itself that are more top down.

3. RESEARCH METHODS

Qualitative method was used in this study which in modern practice is now equated with research on interpretivism[6]. Remenyi & Pather (2004) suggested that the approach to interpretivism research wasa qualitative or phenomenological research approach. Thus the paradigm used was the interpretive paradigm [6]. Research location were Tarus Kupang Tengah Regency in Mata Air and Penfui Timur villages. The two villages were chosen because the majority of the population in Mata Air was the Rote Tribe and Penfui Timor was Timorese tribe. The rest of tribes was Helong domiciled in Bolok village, West Kupang District.

The informants in this study consisted of 7 Timorese people, 5 rote tribes, and 5 Helong tribes including 3 triangulations from each tribe. There were also 13 interviewees as triangulationconsistedof 3 chiefsvillage, 5 midwives and 3 health cadres. Main informants were choosed through 3 stages. The first stage used purposive sampling [11]. The informant's inclusive criterias in this study were childbearing age women whose pregnant, postnatal or women in their breastfeeding period until the infant was one year old and at least has an Elementary School degree, could read and write, and was willing to be an informant.

The main instrument in this study was the researcher herself [11]. Other instruments that can be used as support were tape recorders, notebooks, stationery and MCH book documents and other documents. Data was collected by means of interviews, FGDs, and document studies. In this study structured interviews were chosen because each informant got the same question that had been prepared previously by the researcher. Interviews were conducted approximately 40-90 minutes and all conversations were recorded on tape. FGD is carried out for 4-5 hours.

Data were analyzed using analysis of themes. There were 3 stages of data analysis consisting of: data reduction, display data, and drawing conclusions /verification [37]. Data were also

analyzed using the NVIVO 12 program 2019 by: first stage all data was inputted into the system, furthermore, to determine the codes and nodes in orderto set the theme.Testing the validity of the data in this study was carried out using credibility tests (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity). This research proposal was approved by University of Undana Institutional Review Board, Kupang East Nusa Tenggara Indonesia. All participants were informed about the aim of the study and the written inform consent was obtained before the interviews began.

4. RESULTS AND DISCUSSION

The location of this study is Kupang Regency, Middle Kupang District and West Kupang. Kupang Regency administratively in 2017 consisted of 24 Sub-districts, 160 Villages and 17 Villages, and 667 hamlets spread over 2 major islands namely Timor and Semau [26]. The choice of location is based on the majority of Timorese, Rote and Helong tribes who inhabit the location. The majority of the Helong Tribe is domiciled in Bolok Village, Batakte Subdistrict, East Timorese are domiciled in the Penfui village of East Timor; and the majority of the Rote tribe domiciled in Mata Air village, Kupang Tengah District. More details can be seen on map 2, Distribution of native tribes per District of Kupang District in 2018 [26].

The main informants who participated in this study were 14 people plus 3 triangulation informants and 13 interviewees (see table 2) as well as triangulation. Informants from Timorese tribes domiciled in Kaniti, East Penfui village were four people, the remaining two were domiciled in the village of Matani. Four Rote tribe informants were all domiciled in Mata Air Tarus village, while the Helong tribe informants in Bolok Village, Batakte Subdistrict, were 4 people, all of whom lived in Bolok. Age of informants ranged from 21-39 years (see table 1)

Table 1. Characteristic of the Informants

Main Informan	Tribe	Age	Education	Work	Obstetric Status
I	Timor	23	High School	College student	Post parturation 6 hours
II	Timor	22	High school	Housewife	Post parturation 30 days
III	Timor	28	High School	Housewife	Post parturation 28 days
IV	Timor	26	High School	Housewife	2,5 months pregnant
V	Timor	38	Primary school	Housewife	6 months pregnant
VI	Timor	37	Primary school	Housewife	Breastfeeding(infant4 months)
VII	Rote	21	High School	Housewife	Post partum 2 weeks
VIII	Rote	23	Secundary school	Housewife	6 months pregnant
IX	Rote	28	High School	Housewife	Post partum 30 days

X	Rote	39	Primary school	Housewife	8 months pregnant
XI	Helong	32	High School	Housewife	15 weeks pregnant
XII	Helong	21	High School	Housewife	34 weeks pregnant
XIII	Helong	24	High School	Housewife	24 weeks pregnant
XIV	Helong	31	High School	Housewife	21 weeks pregnant

Table 2. Characteristics of Interviewer

No	Informan Triangulasi	Position	Gender	Age	Education
1	I	Village Head of Mata Air	male	50	Master
2	II	Village Head of PenfuiTimur	male	53	High School
3	III	Village Head ofBolog	male	50	High School
5	IV	Coordinator of Midwive in Tarus Health Centre	female	49	D4 Midwife
6	V	Pustu Midwive	female	51	D4 r Midwife
7	VI	Excecutive midwive	female	48	D3 Midwife
8	VII	Coordinator of Midwive in Batakte Health Centre	female	46	D3 Midwife
9	VIII	Head Nurse of Batakte Health Centre	female	38	D3 of nursing
10	IX	Cadere of Mata Air village	female	42	High School
11	X	Cadre of Mata Air village	female	39	Secondary School
11	XI	Cadre of Mata Air village	female	46	High School
13	XII	Cadre of Mata Air village	female	45	Secondary School
14	XIII	Cadre ofPenfuiTimur village	female	42	Secondary School
17	XVII	Timor Tribe pregnant women	female	38	Primary School
18	XVIII	Rote Tribe Pregnan women	female	38	Secondary Schol
19	XIX	Helong tribe postpartum women	female	36	Bachelor

5. Thematic analisys Results

The accuracy of the data is obtained by using open and closed interview techniques, recording interviews, and making verbatim transcripts. Interviews obtained 17 transcripts including triangulation of pregnant women and postpartum mothers; FGD documents with 5 cadres and 5 midwives and 3 transcripts of interview documents with the village head. All data is inputted into the NVIVO 12 program and managed by specifying nodes and code to set the theme (see table 3). Furthermore, these themes are described separately but still related to each other.

Tabel 3 Determination of Theme

Women's Participation to Implement the Policy inReduced Infant Mortality:
Theme 1. Degree of participation
Sub-theme: Exposure to policy sosialitation
Theme 2 Form of participation
Sub-theme 1. Planning
a. Prenatal plan
b. Birth Plan
c. Taking care of infant baby plans
Sub-theme 2. Implementation

a. Prenatal b. postnatal Sub-theme 3. Evaluation a. Prenatal b. Postnatal

Theme 1. Degree of Participation

Sub-theme Exposure to policy sosialisation

The degree of women's participation is reflected in whether they are exposed to policy information disseminating to reduce infant mortality. Following questions describe community exposure: "Have you ever known a government program that aims to reduce infant and maternal mortality?" Have you ever heard the Revolusi KIA program? Almost all informants answered that they were not exposed to information about policies. An overview of how the community was informed about the policy was obtained by asking: "Did the village head, cadre, provide relevant information on the program to reduce maternal and infant mortality? All respondents answered that they never heard. The village head as a lower-level bureaucrat also said that he had not heard about the MCH revolution policy and the technical guidelines leap in reducing infant mortality. Following is the statement from the East Penfui village head: *"Secara teknis saya tidak tau. Apa yang diberikan itu saya tidak tau karena kita ini kadang-kadang seperti tadi saya bilang kita dengar di posyandu seperti itu (Bpk. K.N, 24/04/2019)".*"Technically I don't know. I don't know what was given because sometimes we heard at the posyandu like that (Mr. KN, 04/24/2019) ".

Midwives recognize the Revolusi KIA Policy from books and from the PublicHealth Office through the Head of the Puskesmas (FGD, March 13). The following is the midwife's statement about the main message of the KIA revolution: "Coming one, back home two or more, essentially the mother must be safe, the baby survives so that she will back home more, not nothing or go home alone". Following is the statement of one of the implementing midwives at the Tarus Health Center:

> *"Semua bumil harus bersalin di fasilitas kesehatan (faskes) dan ditolong bidan. Peran sebagai bidan mulai dengan kunjungan ibu hamil pertama saat Antenatal Care (ANC) kita konseling supaya tiap persalinan harus di faskes dan setiap bumil harus periksa ANC teratur minimal 4 kali (Ny. E, 13/03/2019)".* ("All pregnant women have to give birth in health facilities and be helped by midwives. The role as a midwife starts with the first visit to pregnant woman when Antenatal Care (ANC), we

counsel so that each delivery must be in the health facility and every pregnant woman must check the ANC regularly at least 4 times (Mrs. E, 03-13/2019) ").

However, the technical guidelines for the Leap to Reduce Infant Death launched in July 2015 were not yet known by midwives. Following is the statement of one of the coordinating midwives: *"Ini jujur saja bu buku ini juga kita belum terlalu tahu (Ny. R, 13/03/2019)"(*to be honest, Madame, we don't know too much about this book (Mrs. R, 13/03/2019). The executive midwife's statement: *"Ini ada bukunya tetapi tahun 2018 baru kami terima buku… tapi kami tidak tahu* (Ny. A, 13/03/2019", (This is the book, but we just received the book in 2018... but we don't know (Mrs. A, 03-13/2019). Almost all the main informants and triangulation also said that they did not know about the first, second and third neonatal visits, as well as postpartum visits one, two and three.

This was another question to explore informan activity during pregnancy: "What did you do during pregnancy so that the baby remained healthy?" The following was an informant's answer:

> .....*Melahirkan dengan baik jaga kesehatan, makan yang bergizi, makan teratur, makanan yang dianjurkan oleh bu bidan seperti minum air putih yang banyak, makan yang bergizi, daging, ikan, buah-buahan (Ny. B.D, 23/01/2019)....* (Gaves birth well to maintain health, ate nutritious, had meal regularly, food that was recommended by midwives like drinking lots of water, eating nutritious, meat, fish, and fruits (Mrs. BD, 01/23/2019)

The informant's exposure to the policy when measured by Arnstein's [14] degree of participation was at a low level namely manipulation and second steps of therapy (improvement). This level is called the non-participation stage because it is not included in the context of actual participation. Informants who were pregnant women and postpartum women only used as an objects in the policies that have been set. All informan said they got all the information about the efforts made in order to maintain the fetus in the womb remains healthy is obtained from the midwife during individual counseling. Information provided was only unilateral without involving the community for program purposes only with the aim of achieving antenatal visits, so that the nature was only unilateral.

Satries I.W [23] which uses Arnstein's eight stages of participation to identify the degree of community participation in the Musrembang, found that 46% of the 50 respondents were not

informed, and 40% sometimes. According to Satries, the lack of information from the government to the community illustrates that the communication was poorly built. Arnstein [14] emphasized that if there is no communication between the government and the community, it will have a direct impact on the level of community participation in government activities. This pattern of communication will increase the apathy or ignorance of the community which results that development is notin accordance with the aspiration of the community. In addition, the first, second and third neonatal visits, as well as postpartum visits one, two and three in the MCH revolution policy and leap technical instructions for reducing infant mortality were not heard and were not well known by the main informants, village head triangulation as a lower level bureaucrat and midwife. In the Technical Guidelines for Leap to Decrease Infant Mortality [30], it is emphasized that the supply side or demand side must visit a neonate. The number of visit were three times consist of: first fisit at 6-48 hours after birth; second visit on the third day to the seventh day after birth; and the last one on the 8^{th}-28^{th} day after birth to provide care according to the standard. Postpartum visits three times also for monitoring examinations of postpartum mothers. First visit was carried out for 6 hours to 3 days after delivery, second visit within 2 weeks after delivery (8-28 days), third visit within 6 weeks after delivery (29-42 days). Documentary evidence supported the informant's statement because the neonatal visit and postpartum columns are not filled by health worker.

Theme 2. Form of Participation

The form of women's participation is reviewed since the planning, implementation, and evaluation of monitoring during the prenatal, and postnatal periods.

2.1 Planning during pregnancy

Prenatal Plan

Most Timorese informants, including triangulation reported their pregnancies at more than 2-6 months of gestation. The reasons revealed was there were no plans to get pregnant, and others said that they were waiting for time to report after they were certain of pregnancy . Following was a statement from the informant;

> *.... Saya baru lapor waktu kehamilan lima bulan karena tidak rencana... dari lahir yang kecil ada mau ikut keluarga berencana (KB) suntik.. pas mau suntik anaknya suruh tunggu datang bulan dulu. Tetapi tidak datang bulan sampai 5 bulan dulu (Ny.*

> *P.N, 29/01/2019....(*I have only reported five months of pregnancy because I did not plan ... from a last birth I want to take family planning injections ... when I want to inject, my daughter asked me that I had to wait for my period but it did not happen untill 5 months (Ny. P.N, 01/29/2019) ").

Meanwhile, most of the Rote tribe informants and the Helong tribe reported their pregnancies immediately after the period stopp. This was a statement from one of the informants: *...Setelah tidak datang bulan beli tes pack, tes positif lalu ke bidan... (Ny. M, 01/02/2019*" (After my period stopped for a months, I bought a pack test, the result was positive then I went to the midwife (Mrs. M, 02/02/2019)).

The following questions were asked to get information about maintaining the health of the fetus and the baby after birth: "Did you plan check your health in the health centre when you aware that you got pregnant?" What did you do during pregnancy in order to maintain the baby's health? Almost all of the informants said that they planned to go regularly to the posyandu or midwife or health centre every month, got enough rest, ate nutritious foods such as vegetables and fruits. The planning was made base on midwife's advice. The planning made for the prenatal period includes: first, pregnant women got quality ANC services in adequate health facilities. Second, they got a health education that is given in prenatal care classes at least 4 times and is attended by a family of at least 1-2 meetings. Third, they must report when the menstrual cycle stop to health workers or cadres. Fourth, they have to check in Health Centre or posyandu at least 4 times during pregnancy up to a maximum of 12 times. Fifth, every pregnant woman is required to get 90 Fe of vitamin tablets. Sixth, every pregnant woman must have a book on Maternal and Child Health [33]. In this book family identity, maternal, maternity, neonatal visits and postpartum visits, and health of newborns up to 5 years old are recorded [33; 29; 31] will be written.

These policies have been prepared by the Provincial Health [Office 29,31] and the Indonesian Ministry of Health [33] so that the plans planned by mothers refer to these books and given by midwives. This is contrary to the basic principles or basic assumptions of The New Public Service proposed by Denhardt & Denhardt [2] and Mikkelsen [7].The focus of attention in the implementation of public policy is the involvement of citizens since identifying problems, planning, implementing until monitoring and evaluating. But the reality faced is focused at the application of old public administration character where policies are top-down**. P**olicies

are already structured which are ratified by legislative authorities then carried out by a public administration or public health officers.

The results of this study illustrated that pregnant women informants made plan according to the provisions given by the government. The form of planning that describes women's participation started from her awareness that she was pregnant and reported herself to a health facility. In the MCH book [33] it has been stated that pregnant women must immediately report to the doctor or midwife if the period was late and check the pregnancy at least 4 times that was once at womb before 3 months; once at womb 4-6 months; and twice at womb age 7-9 months. In fact, most of the Timorese tribe reported it after more than 2 months due to topdown policies. As a result, people who undergo policies are ignorant and passive because they feel they do not have a program [12]. Furhtermore, planning carried out by informants after checking into the Health Centre was very dependent on the order of midwives. Seven out of ten informants with obstetric status revealed that they planned to regularly check up at the posyandu or midwife or puskesmas every day at the posyandu or every month, got enough rest, ate nutritious foods.

Informants said that the planning was made based on advice from midwives at each visit. Therefore, the application of policy in this study showed that the government was more directed at controlling the citizens' behavior to run it in accordance with established policy or program standards because they are dependent on formal organizations (bureaucraccy). Based on this fact, implementing democratic program as strategic thinking is still far away, and seems inappropriate because it contradicts the main idea of strategic thinking, and acting democratically". The main principle should be how public administrators implement public policy as a manifestation of public interest [2]). However, involving the whole community in planning or policy formulation is not an easy job. The knowledge gap between policy makers and public actors is the main factor that must be taken into account.

Delivery plan

All informants in this study planned to deliver at the Puskesmas or hospital and were helped by a midwife or doctor. But there was one Timorese informant who had given birth at home helped by his mother-in-law, even though the plan was to give birth at the hospital to be sterile. The following is the informant's statement about the helper and place of delivery:

> *....Waktu itu rencana lahirkan di rumah sakit supaya langsung steril. Tapi mama mantu datang bilang harus lahirkan di rumah jadi saya lahirkan di rumah. Alasannya karena mama ju dukun jadi dia tau. Anak pertama dan kedua juga lahirkan di rumah. Langsung lapor setelah keluar Gereja. Hari pertama, kedua dan ketiga dikunjungi ibu bidan (Ny. M.T, 30/01/2019)"....* (At the beginning the birth was planned to be in the hospital and to get sterilization immediately. But my mother in law came and said that I have to give birth at home and so it happened. The reason is because my mother in law is a shaman so she knows to handle the birth. My first and second children were also born at home. We directly report to health worker after leaving the Church. I was visited in the first, second and third day by the midwife's (Mrs. M.T., 01/30/2019) ".

The cultural influence on the Timorese tribe is still very strong. Mother in-law is considered a helper and has power over pregnancy and childbirth. The influence of mother in-law and their adherence to in-laws is greater than the influence of health workers. These results supported the research of Khairunnisa etal [5]in the village of Limakoli who said that the role of the family is very important in determining where the mother will give birth and perform postpartum care. The parties that have a considerable role in determining the place of delivery are the family of the husband (father and mother in-law). Slamet [10] suggested that socio-cultural factors such as norms, values of trust, and attitudes influence community participation in development planning meetings. According to him, it was not an easy thing to implement participation, especially in a particular community environment due to these factors. Thus the principles of participation must pay attention to togetherness, grow from the bottom (bottom up), establish trust and openness. Mustanir & Razak [21] said that the Ethnic Towani Tolotang, the majority of which were in Kanyuara Urban Village, listened more to what Uwa and Uwata said as the highest power holders compared to what the head of the village did, who is not from the Towani Tolotang ethnic group. The involvement of community participation, especially in the development planning meetings was very low, it can be seen from only a few residents who attended the activity. The development plan deliberation activities were even attended by only one representative of the community group. The participatory approach in planning through the deliberation mechanism of the development plan did not work well. The birth plan is an important factor that must be followed by every pregnant woman because one form of efforts to accelerate the decline in maternal mortality due to pregnancy, childbirth, postpartum and newborn deaths is through delivery at an adequate health facility and assisted by competent health personnel [31]. Therefore, when pregnant women informants go to the Health Centre, the midwife must

ensure the place of delivery and delivery helper. Childbirth planning is an important stage in supporting government policies to reduce infant mortality. At the time of the control they were asked to make a delivery plan because everything was listed in the MCH book [33]

Care plans for babies

All informants planned to give exclusive breastfeeding to their babies for 6 months, followed by additional food. The type of supplementary food for most Timorese tribes was sun porridge and the Rote and Helong tribes were cooked and blended porridge mixed with vegetable. The following was a statement from an informant from the Timorese tribe: *"ASI eklusif 6 bulan. Setelah itu kasi makan bubur sun, hanya bubur sun (Ny. B.D, 28/01/2019)" (*Exclusive breastfeeding is 6 months. After that, we will eat sun porridge, only sun porridge (Mrs. B.D, 28/01/2019) ". The following is a statement from a Helong tribe informant who was 34 weeks pregnant:

> ....."*Dari awal lahir sampai 6 bulan pertama ASI ekslusif setelah itu MPASI. Makanan untuk bayi disesuaikan dengan usia bayi yang lembut-lembut. Rencana masak sendiri karena dari toko ada banyak bahan pengawet. Bubur disaring dengan buah kentang, wortel disaring (Ny.A.C.T, 01/02/2019)".* (I gave the baby exclusive breastfeeding from the beginning of birth to the first 6 months after that I added supplement food. Food for babies is adjustable to the age of the baby. Self-cooking plan because there are many preservatives in the food from store. Porridge filtered mixed with blendered potato fruit, and or carrots (Ny.A.C.T, 01/02/2019)).

One informant from the Helong tribe revealed that to support baby's growing up, as well as SGM milk was given. She also said that exclusive breastfeeding was given in the first 6 months. Furthermore, she did not know the food to be given to her baby after 6 months of age and how to care for the baby, give milk, and the type of supplementary food for the baby because she had not read in the pink book or MCH book. Almost all informants had plan to deliver children in posyandu or Heakth Centre to get immunization. But only a few understand the types and benefits of immunization.

The striking difference in the provision of complementary feeding after this 6 month-old baby contradicts the information contained in the MCH book [33]. In the book it is recommended to prioritize the provision of additional food from local food ingredients. Books that are shared during the first visit are generally not read by informant. Almost all informan did not read the pink book of MCH because they are so buzy with their household

job. The result is that they do not know about all information provided in the book such as pregnancy examination, pregnancy care, pregnancy risk, sign of danger delivery, Post partum care, baby care, childbirth, postpartum mothers care, signs of postpartum and immunization. [33]. They do not get the information either from health workers about all information in the pink book of MCH. The result of this study also showed that they planned to bring to the posyandu to be immunized. But their knowledge of the types of immunizations and their benefits is very minimal.

2.2 Implementation of policies to reduce infant mortality

Prenatal implementation and breastfeeding period

Actions carried out in accordance with the plan are report to the midwife at the Puskesmas, followed by a monthly visit according to the order of the midwife. All 17 informants including triangulation said that they let themselves checked at the health center regularly once a month and some even visited 2-3 times if problems were found. Following are the statements of Timorese tribal informants:

> .... *Baru satu bulan saya su tes kehamilan di PuskesmasTarus..* lalu selanjutnya ikut pemeriksaan setiap bulan terus di puskesmas kalau disarankan dari bidan setiap bulan sesuai saran bidan (Ny.MLS, 29/01/2019). Only one month ago I had a pregnancy test at the PuskesmasTarus Then I get the examination every month at the health Centre as recommended and suggested by midwife...(Ny.MLS, 01/29/2019)

The following is a statement from representing 9 tribes informant Rote:... “Saya selalu kontrol ke bidan 7 atau 8 kali, dari hamil dan setiap bulan. Kalau ada keluhan periksa (Ny. M, 01/02/2019)”. "I am always controlled bythe midwife 7 or 8 times since pregnancy if there are problems, I go to be examined by midwife (Mrs. M, 02/02/2019) ".

During the visit they got a pink book about maternal and child health (KIA, 2016). The identity of the informant will be recorded in the book, and everything related to the history of pregnancy and childbirth was recorded in this book.

Delivery planning, types of services obtained were also recorded in that book by midwives. The following is a statement from one of the Helong tribe informants:

> .....*Setelah tau hamil lapor ke puskesmas langsung kasi buku pink terus periksa tensi darah dan dikasi obat tambah darah, asam folat dan vitamin B-kompleks. Juga diperiksa denyut jantung janin, Tinggi Badan, Berat Badan. Ada pemeriksaan laboratorium untuk Hepatitis, HIV AIDS dan hasil HBSAg +. Habis melahirkan katanya diterapy. Ada pemeriksaan USG juga (Ny. ACT, 01/02/2019*)....(After knowing that I had been pregnant, I reported to the Health Centre and got the pink

book, then my blood pressure was checked and was given drug add blood, folic acid and vitamin B-complex. I got also examination of fetal heart rate, height, and weight. There were laboratory tests for Hepatitis, HIV AIDS and HBSAg + results. After delivery, another therapy too. There was also an ultrasound examination (Mrs. ACT, 01/02/2019) ".

The following statement is from the Timor Tribe:

> ...*Makan teratur, minum air putih yang banyak, makan makanan bergizi seperti daging, ikan, buah2an. Makanan yang dianjurkan bidan Frekwensi makan 3 kali sehari satu porsi setiap kali makan(Ny. BD, 29/01/2019)"..* (Eat regularly, drink lots of water, eat nutritious foods such as meat, fish, and fruit. Food recommended by midwives. The frequency of eating 3 servings a day per meal (Mrs. BD, 01/29/2019))....

The following statement from the Rote tribe:

....*Periksa darah, BB, ukuran lengan, pinggul sama letak janin. Periksa tensi, urin, Hb, USG..ya. dapat obat vitamin. Suntik 2 kali (Ny. M, 01/02/2019)...*(I got examination of blood, weigh, arm size, hip and fetal location. My blood pressure, urine, hemoglobin, were checked. I got also ultrasound examination. I was informed that I can take vitamin injections twice (Ny. M, 02/02/2019) ...

The form of participation performed by all informants during the breastfeeding phase includes giving exclusive breastfeeding to the first 6 months of age for infants was carried out by all informants. Followed by supplementary feeding was given at the age of 7 months in the form of sun porridge by the majority of Timorese tribes and mixed vegetable cooking porridge was practiced by most of the Rote and Helong tribes.

The following is a statement from an ethnic Timorese informant:

> ... *Abis melahirkan rawat dia kasi tete dia. ASI saja 6 bulan. Setelah itu Bubur sun sampai 1 tahun su makan bubur biasa, pisang masak, bubur ulik campur marungga wortel (Ny. M.N, 30/01/2019)....* (After giving birth, I care and breastfeed the baby. Breastfeeding is only for 6 months. After that I gave the baby porridge sun untull 1 year old, eat regular porridge, ripe bananas, mixed porridge with carrot (Mrs. M.N, 30/01/2019)).

Statement of the second informant of the Rote tribe who was obstetric 6 months pregnant:

> ....*ASI dikasi sampai usia 6 bln. Setelah itu dikasi makan bubur. Bubur beras merah dimasak.. dimasak sampai matang terus diulek, dicampur wortel dan sayur2an. Dikasi makan 3 kali 6-7 senduk. ASI sampai usia 2 tahun. Semua itu dapat tau dari org tua dan baca buku pink (Ny.M, 29/01/2019)....*Breastfeeding until the age of 6 months. After that, eat porridge. Cooked red rice porridge ... cooked until soft, stirred, mix with carrots and vegetables. Make sure to eat 3 to 6-7 cups. Breast milk until the

age of 2 years. All that can be known from the old man and read the pink book (Ny.M, 01/29/2019) ".

The form of community participation according to Andreeyan [13] is the form of taking part in working together and donations of money or material. Furthermore, Andreeyan [13] revealed that the community in his study had participated in supporting the implementation of development, however in its implementation there were still people who were less involved because of lack of coordination at the lower level of bueraucracy because information is conveyed to the public always suddenly. Community participation in donating money is better compared to material or goods. Azhar [15] said that the form of community participation is the ideas or conceptions forwarded in development planning deliberation forum. Meanwhile, Fadli [18] stated that the form of community participation in development planning deliberations in Kota Baru Sub-District was viewed from several aspects, namely representation of attendance, access to information, proposals, decision making, and control of supervision. In this study the community has been informed long time before the meeting, so that the community can prepare a proposal. But the community is not involved in the decision making process, determining the Regional Development Work Plan.

From this description it can be concluded that the form of participation that has been studied can be in the form of taking part in carrying out a development plan, contributions in the form of money or material and ideas or thoughts that are submitted through proposals during development planning deliberations [13; 15; 18]. In this study the form of participation were different from the form of participation mentioned above [13; 15; 18].The participation that supports this research was a form of individual and family participation and a form of public participation [27]. This participation is carried out by every family member and community member in helping himself and his family to be able to live a healthy life [27]. In this study the forms of participation of informants were part of the community and family members in the form of activities carried out during the pregnancy stage (prenatal care) after they realize they were pregnant and during breastfeeding. The form of their participation in pregnancy were to report themself to a midwife at the Health Centre, then regularly check themself in a health centre or posyandu regularly every month in order to maintaining the health of the fetus and the mother. The results showed that all the main informants as well as triangulation visited the health centre or Posyandu to check themselves regularly once a month, some even visited 2-3 times if problems were found. All informants received individual counseling from

midwives or doctors due to the procedures stipulated in the technical guidelines for reducing infant mortality [30].

The form of participation during the breastfeeding phase is carried out in accordance with the plan of exclusive breastfeeding and supplementary food. However, the form of Timorese participation did not support the policies set out in the MCH handbook [33]. Experts in the book advocate the provision of local food that is self-processed because SUN porridge is packaged [33]. In this study, the informants also revealed the way they did so that babies get enough milk. The form of action taken to increase milk production is in the form of large meals such as rice, fish, spinach, moringa leaves, and kaktuk. The portion of food described by the informant is eating 3 dishes 3 times a day. They said that they had never heard about the need of breastfeeding mothers to eat 2 dishes at each meal because it was needed for two persons, mother and her babies. Regarding the portion of food practiced by informants is contrary to what is recommended in the KIA book [33].

The results of the study did not support the form of participation according to the Indonesian Ministry of Health [33] that public participation included activities to establish close and dynamic relations between government and society by developing and fostering reciprocal communication and disseminating information about health. The community was also asked to actively participate in identifying problems and formulating problems, determining priorities, planning activities that need to be carried out to overcome these problems, and driving implementation and providing resources. Thus the community was not only treated as an object of development but also as a driver of development and implementation. It was said that the form of participation in this study did not support the participation of the general public as stated by the Ministry of Health of the Republic of Indonesia [33] because the community was still treated as an object to achieve program objectives. The community got an order to check again the following month according to the date determined by the midwife. All informants said that they got the MCH pink book and ordered to read by themselves. Their interest in reading were low because they were busy taking care of the household and even if they read many terms and procedures that were not understood. Midwives should have good two-way communication and provide as much information about maternal and infant health as possible to mothers. Information can be given individually or counseling in groups. The results of this study did not support the policies listed in MCH Revolution [31] and the Technical Guidelines for the Leap of Decreasing Infant Mortality

(2015) on counseling or education in the classroom counseling at least 4 times and 1-2 times attended by the husband. In this study all informants said that there had been no classes of pregnant women.

2.2 Monitoring and Evaluation during prenatal and post natal period.

The form of participation carried out by informants was to make a repeat visit during the pregnancy and postpartum period both for the mother and the baby. All informants said that they made visits every month since they were positively pregnant until the day of delivery with the aim to check fetal development and controll maternal health. The following was the statement of one of the informants:

> *...Karena mulai dari saya hamil ini saya kurang darah tensi jadi ibu bilang saya harus banyak-banyak istirahat karena takut saat lahir pendarahan. Jadi saya ke rumah sakit periksa darah Hb. Dari desa pernah kasi saya beras, minyak, telur 1 rak, uang 510.000 untuk adek ini beli lauk (Ny. MLS, 29/01/2019).* ... Because from the moment I became pregnant, my blood pressure was low so midwife said I had to rest a lot because I was afraid of bleeding during delivery. So I went to the hospital to check blood for Haemoglobin. From the village office, I once got rice, coocking oil, 1 pack of eggs, 510.000 rupees for my baby to buy side dishes.(Mrs. MLS, 01/29/2019).

The following is the other informant's statement:

> *.....Saya dirujuk kesana karena darah tinggi sejak usia 8 bulan dalam kandungan .. kaki bengkak terus. Setelah melahirkan belum kontrol. Tadi pergi karena anak sakit...ya batuk (Ny. M.B, 29/01/2019....*(I was referred to the clinic because my legs were swell caused by high blood pressure since the age of fetus was 8 months in the wom. After giving birth there was no control yet. I came to the clinic because the child was sick. The baby got cough (Mrs. M.B, 29/01/2019))....

The Penfui East village head said that he allocated funds for pregnant women who needed help. They channeled it through midwives at auxiliary health centers. Following is the statement from the Head of East Penfui Village:

> *.....Kita alokasikan dana untuk kesehatan ibu dan anak lalu kita bawa ke pustu. Karena disana yang tahu. Karena soal makanan yg bergisi musti saya bilang jujur pengetahuan saya nol. Jadi pustu yang atur…ibu yg mana yang butuh…jadi pustu yang tahu (Bpk. K.N, 24/04/2019).....(*We allocate funds for maternal and child health and then we bring it to Pustu. Because he knew regarding the matter of nourishing foodmust say honestly my knowledge is zero. So the midwife will arrange which mother needs it because she knew (Mr. KN, 04/24/2019) ...

Women participation after childbirth was reflected by their involvement to visit and control the condition of infants and postpartum mothers, even though the visit was based on the order of the hospital doctor or midwife. The objective of Control is weighing babies and immunization. The following was the expression of one of the informants:....*Itu hari melahirkan pagi, sorenya pulang setelah itu 1 minggu kemudian ke pustu untuk imunisasi dan periksa pusatnya...* (I gave birth in the morning, and back home in the afternoon. One week later I came to the clinic for immunization and control the baby.....). In this study all informants made visits for infant control and immunization. But the type of immunization given to babies is poorly understood by informants. The following is the statement of the Helong tribe informant: .....*Imunisasi apa ya lupa...pernah baca tapi lupa (Ny. SK, 01/02/2019)*....What kind of immunization, I forgot it .... I never read (Mrs. SK, 01/02/2019)".....

When asked about the first, second, and third neonatal visits they had never heard of, so was post partum visit namely nifas visit. The following statemen of Helong tribes's 2nd informants:

> ...*Belum dengar tentang Kunjungan Neonatal 1, 2, dan 3 dan kunjungan nifas 1, 2, dan 3. Tapi kalau nifas kunjungan 40 hari setelah melahirkan. Tidak tahu ibu mungkin untuk kontrol (Ny. A.C.T, 01/02/2019*)..I have no heard about neonatal visits 1, 2, 3 and postpartum visits , 2, and 3. But I know that parturition visits 40 days after giving birth. I did nor know exactly, maybe for controlling (Mrs. A.C.T., 01/02/2019)...

Monitoring and evaluation to measure the level of community participation is a process of involving the community to maintain the process of activities that have been planned beforehand. Evaluation is an important stage in implementing the plan wether the activities running well accordingly. The evaluation can find problems or irregularities in the implementation of a program or policy. According to Firdaus [20] one of the supporting systems that determines the success of a program is monitoring and evaluation. In a good management monitoring and evaluation are practical tools to be used [1].

Ways to identify whether activities are carried out refer to the plan or has been deliver as close as possible to the plan called monitoring. While the assessment of the course of the program is called evaluation. In the evaluation, it can be checked whether the course of activities according to plan and what are the obstructive and supporting factors in achieving

the objectives. Thus monitoring and evaluation are stages of internal activities checking, supervising and evaluating the course of a program or policy since initial socialization and orientation, planning, implementation, and completion activities [21]. The form of participation in this study was more related to the activities to control fetal and maternal health during prenatal and infant periods during the post natal phase. The concept of monitoring revealed by Firdaus [21] did not support the understanding of monitoring and evaluation in this study. Evaluations and monitors carried out in this study aimed more at monitoring fetal growth and development in the womb whether it occurs according to the theory of embryo growth and development and evaluating the health of the mother in the face of her pregnancy, the dangers faced during pregnancy to both the mother and the fetus. Postpartum was also evaluated on maternal health to monitor whether there were problems such as bleeding in the mother and problems in the baby such as difficulty sucking milk, diarrhea, hypothermia, or umbilical cord problems and others that can cause death in the mother and baby. With this evaluation and monitoring, early discovery of dangerous cases can be immediately addressed so that deaths in infants and mothers can be suppressed.

The form of participation carried out by informants in this study was to conduct a repeat visit both during pregnancy and postpartum. The results showed that all informants visited each month since they were positively pregnant. A visit during pregnancy aims to check the development of the fetus and check the condition of pregnant women. Informant visits during pregnancy were a form of women's participation in reducing infant mortality. The maternal health and fetal growth and development were controlled every month until the day of birth. Thus informants mothers could keep abreast developments healthy and growth his fetus and his own healthy accordingly. This month's visiting activities supported government policies in reducing infant mortality as contained in the MCH Revolution Guidelines [31] and the Technical Guide to Leap to Decrease Infant Mortality [30].The visit was also monitor the health status of the mother and fetus so that immediate relief measures were taken if there is any problem with the mother and her fetus. An Timor tribe's informant planned to give birth at a health centre but eventually gave birth at Leona Hospital because it was found while controlling, there were abnormalities, namely bood pressure increased high since 8 months of gestation and the legs continued to swell. These symptoms indicate that her pregnancy got poisoning which in medical terms called pre-eclampsia, which causes death of the mother and fetus. However, it was unfortunately that after giving birth to 2 weeks the informant had not controlled her condition. The interview was made when she visited Health Centre to

examine her child who was coughing. Thus, the results of this study also found that with the evaluation the condition of the mother and baby, other problems were found. For example, one of the Timorese informants having anemia (low hemoglobin) so that they needed village funds through out the auxiliary health center.

Likewise women's post natal participation can also be measured by their involvement in making visits to control the condition of babies and mothers. They said that a postnatal visit was carried out based on the order of a doctor or midwife. Thus all post-natal informants in conducting health control for both their mothers and infants in hospitals or health centre depend on the advice of health workers. But the advice given by doctors and nurses was less supportive of the policies contained inside MCH revolution book [31] and Technical Guidelines for Leap reduction in infant mortality [30] also pink MCH book [33]. In this study doctors recommended control after 4 days of birth for informants from the Rote tribe and 1 week after giving birth to informants from the Timorese tribe. One informant from Roter tribe was carried out 4 times, and one from Helong tribe did control after postpartum on the fourth day while the infants 12 days postpartum had not control yet been controlled. The results of this study did not support the policy in the MCH revolution and the technical guidelines for the decline in infant mortality which stipulate that the neonatal must be controlled according to the standard, namely the first neonatal visit is carried out once at 6-48 hours after birth; second visit is done once on 3-7 days after birth; and once on the 8th-28th day after birth at the nearest health center within the stipulated period. Whereas the postpartum visit is performed at least three times as stipulated namely: the first visit is 6 hours-three days after delivery; second visit within is 2 weeks after intermission - 28 days and the last visit is 3 within 6 weeks to 42 days after delivery [33,31,30].

The results of the study also showed that all informants did not know about the terms of the first, second, and third neonatal visits, they had never heard, nor were the first, second and third post partum visits. Neonatal visite and postpartum visite are a visits made after the baby was born. This visit is highly recommended in government policy because the death event occurr during this period. Midwives and doctors can detect danger signs in newborns after at least three (3) visits. Similarly, postpartum visits are set three times for the purpose of evaluating the condition of postpartum mothers. In this study, informants revealed that they did not know the term and had never heard of it. When confirmed by midwives in the focus group discussions they also said that they did not understand the neonatal visit and

postpartum visit. Midwife in focus group discussion revealed that maybe they have done it, but the contents of the policy they did not know. Even midwives did not know the technical guide to the Leap to Decrease the Death of babies especially its contents. This condition illustrated that the socialization process to the level of implementation did not work well. Their statement was supported by physical evidence in the form of MCH book which shows neonatal and post partum visitation columns are empty and not filled.

In Fadli's [18] study on Community Participation in the Development Planning Consultation in Central Kotabaru Village it was found that community participation in the control and supervision function was considered not good because there was no place given to the community in implementing control and supervision of the proposed development activities until become regional development work plan. The control is carried out by the local government, namely low level of bureaucracy *(kelurahan*), whose authority is in direct contact with the grass root. According to Cohen and Uphoff in Soetomo [39] the level of community participation in evaluating development is manifested in the form of community participation in assessing and overseeing development activities and their results. In this study monitors and evaluations are intended to evaluate the growth and development of the fetus which was conceived or condition of the child and mother [38], not directly related to development as in the Fadli study [18] but related to the policy of reducing mortality for human development. Thus the results of this study do not support the results of Fadli's [18] study. Andreeyan [13] said that community participation in evaluating development is reflected in their participation in assessing and monitoring development activities and their results. The results of his research show that the people in the lowest level of local government/village of kelurahan were able to evaluate the results of development in their environment and were able to submit development proposal

5. WOMEN PARTICIPATION MODEL, TIMOR, ROTE, HELONG (TIROHE)

Based on the results of the study it was determined that the proposition was that women's participation in the policy of reducing infant mortality was directly propotional to the level of knowledge of a woman due to the importance of participating in prenatal, natal, postnatal and infants care. The community participation used in this study was taken from Arnstein's [14] theory of The Ladder of Participation. Arnstein [14] introduced 3 degrees of community participation, consist of : the highest degree is the power of citizens with 3 steps including control of citizens, delegated power, and partnerships. The second degree is the degree of

participation with 3 steps, namely peace, consultation and information. The lowest degree is non-participation or pseudo degree of participation consisting of teraphy stairs and manipulation. Overall the degree of participation of Arnstein [14] places more emphasis on objective than subjective conception. Arnstein discussed the degree of participation structurally without taking into account the subjectivity of women participated in this study.

The subjective experience of women involved was more emphasized in this study. The results showed that women were not exposed to government policies regarding the reducing infant mortality even though they were experiencing prenatal, natal , and postnatal periods. On the other hand infant mortality still high , indicated the government policies must be carried out by the community to reduce infant mortality. Inaddition Women who undergo the period of pregnancy, birth and postpartum and care for the baby as usual and routines based on customs and habits that are passed down from ancestors. The advice of health workers to the success the government programs is passively accepted, some are implemented but some are not implemented because they themselves have cultural and hereditary values that must be adhered to, such as not reporting pregnancy because it is considered natural, and giving birth at home by mother-in-law. The programs run by the government do not belong to the community, so they do not care whether the mortality rate will decrease or not, the achievement of immunization is successful or not is not their business. They are very passive because they have not been involved in the process of problem identification, planning, and policy formulation.

Therefore women need to be encouraged to get into the public domain so that they can recognize the reality faced in relation to women's reproduction. They need to be briefed about the reality they are facing, namely that the infant mortality rate is still high. Women as members of the community and part of the government have the responsibility to take all efforts together in reducing the infant's death. The public domain is a place where people can express their aspirations as public opinion that can be submitted to the government so that people's aspirations can be accommodated in the policies. According to Habermas [3,4] in the public sphere there will be discussion or debate between communities because they are encouraged to communicate openly, on an equal basis, by using a consultative approach to consensus. Openness and equality in deliberations will result in a fair agreement. Communication will be created in an open and equal public space from experts, bureaucracies, legislative commissions and the public in the forum. Habermas's view is very

objective and structural without taking into account the subjective aspects as in this study. How about the women in this study who were considered as housewives, taking care of children, and those who were marginalized in development? How can they express their aspirations if they themselves don't know about the topic to be discussed?

Therefore the new findings has been proposed in this study to build new participation ladder for TIROHE women based on Arnstein's theory. Women need to be independent in taking care of themselves during their lives, especially when facing pregnancy, childbirth, and post natal. They need to be aware that they are responsible for their pregnancy, the birth of their baby, post natal care and care for the baby not someone else. To be independent they need knowledge that can be obtained by partnering with health workers. Therefore the first step is to realize that they are the main actors in human development. They determine the quality of life for their children. This awareness will encourage them to learn about all things related to the reproduction of a woman. Then the second ladder is a partnership with health workers in gaining knowledge. When they have the knowledge they can be involved in the public sphere that is related to their baby's life and his health. They can regulate and control all their behavior and attitudes in maintaining themselves and their fetuses. So that the third degree is self-maintenance independently during prenatal, natal or childbirth, and postnatal periods. They can plan their pregnancy, place of birth, how to get nutritious food, nutrition for their babies, and care for themselves and their own babies without the intervention of others.

6. RESEARCH CONTRIBUTION

Contribution of Results

The results of the study can be used as a basis in improving the existing system where the involvement of women communities is not taken into account in the implementation of the policy to reduce infant mortality. Cross-cultural women are the main actors who have the greatest contribution in reducing infant mortality. Therefore the model offered in this study can be submitted to village governments and health centers to start empowering women to help themselves starting from identifying problems, planning actions, implementing and monitoring evaluations in partnering with health workers.

Practical contribution

The results of the study can be used as a basis in improving the intervention provided by the government from top-down to bottom-up. The community must be present at every village

meeting such as village community meeting, deliberation of development plans in the village community, and others so that their aspirations, ideas can be stated in the meeting to be discussed and followed up. Thus policies are formulated based on proposals or ideas from the community so that they can be fully responsible in implementing policies while still paying attention to local cultural values and customs. Thus the success of the policy can be achieved because the community feels they are valued and heard.

7. Research Limitations

a. This study only examines the participation of women who are the main actors who are directly involved in pregnancy, childbirth, postpartum, caring for babies from the womb until one year old baby. The involvement of husbands and other important people in women's lives has not been studied in this study. The research area is also very limited to the indigenous tribes who inhabit the island of Timor.
b. In this study several points of cross-cultural differences were found but were not discussed because they had not been studied in depth to obtain more cross-cultural related data.

8. CONCLUSSION

The degree of participation using the Arnstein concept (1969) is on the lowest ladder, consist of manipulation and therapy. The second ladder of participation is a non participative which means that actually the community does not participate. Communities are only used as objects in the success of government programs without being involved since identifying problems, formulating plans and implementing them. The form of prenatal participation is self-report when menstruation stopped. Most East Timorese informants report their pregnancies at the age of more than 2-6 months, most of the Rote and Helong tribes report age of less than 2 months, some who report 3 months of pregnancy. All informants carry out self-examination regularly, and adhere to the advice given by midwives such as getting enough sleep, eating regularly, getting enough rest, and eating nutritious foods. The form of participation during the breastfeeding phase was exclusive breastfeeding for 6 months by all informants followed by complementary feeding at the age of 7-9 months. The form of Timorese participation in the provision of supplement food is different from the other two tribes. They gave SUN porridge until they were one year old (most of the Timorese and 1 Rote tribe) and the rest gave porridge mixed with cooked vegetables. Participation in form of

bringing their children to be immunized by all informants even though the types and benefits of immunization are poorly understood.

9. RECOMMENDATION

a. Lack of knowledge can lead to apathy and ignorance in carrying out policies, therefore it is recommended for village governments officialsand health centre workers to take into account the efforts to increase the knowledge of the community so that women as the main actors consciously and know exactly what they will do in supporting policies to reduce mortality baby.
b. Recommendation for the government, especially Kupang Regency, Kupang Tengah District to open prenatal and postnatal classes using a cross-cultural approach. Community leaders and housewives, mothers-in-law, shamans, other community leaders should be pioneers in this class.
c. Local governments in collaboration with health education institutions need to instill cross-cultural understanding, cross-cultural communication, prospective health workers in the form of local content and health workers in the form of continuous training.
d. Further research is recommended for researchers, especially regarding the comparison of cross-cultural orientation of tribes in NTT. The second need to be studied about the relationship between the level of public trust in health institutions and their participation in implementing the Revolusi KIA policy and the Technical Guide to Leap the Decline of Infant Mortality in NTT Province. Third, the proposed model, namely the participation of TIHERO women in supporting government policies to reduce infant mortality needs to be tested in future study.

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