

Security Guarantee Midwife in Conflict Areas

Ika Nanda Rochma Putri^{1*}, Wiwik Afifah²

¹Universitas 17 Agustus 1945 Surabaya, Indonesia

²Universitas 17 Agustus 1945 Surabaya, Indonesia

*Corresponding Author: nandaocha28@gmail.com

Abstract

Article History:

Submitted:

30-04-2024

Received:

03-05-2024

Accepted:

21-05-2024

Keywords:

security guarantee;

midwife; 3t region;

social conflict

The background of this research is that health services are a state obligation as mandated by the Constitution of the Republic of Indonesia of 1945. These services must be distributed evenly across all regions of Indonesia, not just focused on the island of Java. Indonesia includes 3T areas (Disadvantaged, Frontier, Outermost) which face numerous issues, one of which is social conflict. These areas are particularly prone to social conflict, which can hinder the delivery of health services provided by the state. As part of the health service assistance, the state deploys health workers according to the Ministry of Health's Nusantara Sehat program, including midwives. In some 3T areas, social conflict poses threats to midwives, sometimes resulting in their injury or death. Therefore, ensuring the safety of midwives is crucial for improving health services throughout Indonesia and protecting the rights of midwives working in these regions. This research aims to explore, understand, and explain the security guarantees for midwives in 3T areas experiencing social conflict. The research employs a normative juridical method with a statutory and conceptual approach. The findings indicate that current laws and regulations do not clearly define the security guarantees that midwives should receive when working in conflict zones.

1. Introduction

The government decided that the basic needs of society were clothing, food, and shelter. However, during the development of life, it turns out that a healthy environment, adequate education, and adequate and equitable health services are also included in society's primary needs to achieve a prosperous social life. Health services are a basic right for every citizen as stated in Article 28H paragraph (1) and Article 34 paragraph (3) of the Constitution of the Republic of Indonesia of 1945. A country has indicators to determine the level of health in its country, namely the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). The results of the Long Form SP2020 belonging to the Central Statistics Agency from 34 provinces in Indonesia, it was recorded that several conflict areas, one of which was Papua, showed the highest maternal mortality rate in Indonesia, namely 565 and 343 in West Papua and the infant mortality rate was based on the Provincial/Regency Long Form SP2020 Results. /City belonging to the Central Statistics Agency, the infant mortality rate in the Papua region still reaches the highest figure of 34 other provinces in Indonesia, namely 37.06 for West Papua Province and 38.17 for Papua Province. In 2022, data from the Maternal Perinatal Death Notification (MPDN) states that the number of recorded maternal deaths in Indonesia is 4,005 and will increase in 2023 to 4,129. Meanwhile, for babies, in 2022 the number will be 20,882 and will increase in 2023 to 29,945. Until the latest data in 2022, according to the Ministry of Health of the Republic of Indonesia, it still reached 183 out of 100,000 births, which is still far

behind Malaysia, which only has 20 out of 100,000 births.¹ Statistical data explain that there are numerical survey results in death baby year MPDN number death in mothers who reach number tall in 2023 there will be 4,129 deaths and figures death baby reached 29,945 deaths so that show low-level services for mothers and babies in Indonesia, especially in the 3T Papua area, are low-level service This show that government must repair system service health in Indonesia in particular 3T area in order of numbers death mother and number death baby No reach high number.

The large number of infant deaths is due to low birth weight babies or what is known as LBW, where babies are born with a weight below 2,500 grams and a pregnancy of less than 9 months. Several factors causing high maternal mortality are not only due to late pregnancy checks or slow treatment of mothers but also due to not paying attention to the mother's health before pregnancy, namely infertility of women, excess weight, and other accompanying diseases, so early detection during pregnancy is very necessary to prevent the birth of premature babies. If health services are not evenly distributed throughout Indonesia, the death rate will not decrease easily. All of the factors above indicate that health services in Indonesia must be immediately improved and increased in quality and reach, especially for 3T areas (Disadvantaged, Frontier, Outermost) so that health services are equitable and there are no gaps in the Human Rights (HAM) that every Indonesian citizen has. According to the Indonesian Midwives Association (IBI) 2016, midwives are professional health workers in carrying out their duties and authority, midwives are responsible and accountable for providing support to mothers or prospective mothers, providing prenatal midwifery care, during childbirth or postpartum, carrying out childbirth. while it is taking place and providing facilities is the care provided by midwives for newborns and infants. Not only within the scope of women, midwives also provide counseling and health promotion for all families and communities in Indonesia.²

The role of midwives is very important and strategic, especially in reducing the Maternal Mortality Rate (MMR), morbidity rates, and Infant Mortality Rate (IMR). To reduce MMR and IMR, it must be supported by adequate human resources and facilities. In 3T (Disadvantaged, Frontier, Outermost) areas, the role of midwives is very much needed for the progress of health services, the role of midwives is not easy when you have entered the 3T (Disadvantaged, Frontier, Outermost) areas. There are many obstacles and challenges that village midwives have to overcome and face every day when providing health services in the community. The role of midwives who are women's companions should be to provide basic services to teenagers, provide midwifery care for normal pregnancies, newborns, and postpartum mothers, as well as family planning Keluarga Berencana (hereinafter referred as to KB) services³ which are hampered by problems in 3T (Disadvantaged, Frontier, Outermost) areas.

Given the aforementioned problems, it is crucial to address the needs of midwives serving in 3T (Disadvantaged, Frontier, Outermost) areas. For example, if a midwife is

¹ Admin PKM Gunung Muda, "Mengkhawatirkan! Angka Kematian Ibu Di RI Masih Tinggi, Dipicu Hal Ini," Dinas Kesehatan Kabupaten Bangka, 2023.

² Ambar Dwi Erawati, *Aspek Legal Kebidanan Dan Etika Bidan*, 2020.

³ Kemenkes RI, "Modul 2 Peran Dan Fungsi Bidan Di Komunitas," *Modul 2 Kebidanan Komunitas Politeknik Kesehatan Yogyakarta* 3, no. 1 (2017): 2-49.

assigned to a 3T area prone to social conflict involving weapons, it is essential to guarantee her safety while on duty and residing in that area. To ensure equitable health services, security guarantees must be provided to midwives during their assignments in these regions. Many health workers, particularly midwives, lack adequate security, leading to threats and dangers when conflicts arise in these areas. This is particularly critical in 3T areas currently experiencing social conflict, where midwives' lives can be at risk. An illustrative case occurred in Papua Province, highlighting the lack of safety for health workers in conflict zones. On March 31, 2022, Sri Lestari, a midwife at the Elelim Community Health Center, and her husband, Sertu Eka Andrianto, were killed in an attack by suspected members of the Papuan KKB (Armed Criminal Group). Midwife Sri Lestari died from a sharp object wound to the neck, while Sertu Eka Andrianto was fatally shot. This incident underscores the urgent need for improved security measures for health workers in conflict areas. Several studies have been conducted on this topic, demonstrating its relevance and novelty. First, Nur Sholikhah Putri's research, "Protection of Medical Personnel and Health Workers in Conflict-Prone Areas," examines the protection required for medical personnel and health workers and the strategies the government must implement. However, it does not specifically address the form of protection needed. The research suggests that the DPR RI Commission should monitor the implementation of protection efforts in conflict areas.⁴ Second, Zian Rahmatullah's study, "Protection of Voluntary Health Workers in Areas of Armed Conflict According to International Law," focuses on the protection of voluntary health workers in conflict areas like Syria, highlighting the inadequacy of protection under international law.⁵ Third, Lorenci Chakti Pratama's research, "Protection of Medical Personnel in Conflict Areas According to International Humanitarian Law (Razan Al Najjar Case Study)," addresses the legal protection of medical personnel under humanitarian law, with a focus on the Israel-Palestine conflict. This study reveals that medical personnel have not received adequate protection due to ineffective implementation of the 1949 Geneva Conventions and the 1977 Additional Protocol.⁶

This research aims to investigate, understand, and explain the security guarantees for midwives in 3T areas (Disadvantaged, Frontier, Outermost) experiencing social conflict. The current lack of adequate security strategies for all medical personnel or health workers in these conflict areas results in a less conducive environment for health services. Consequently, there is a diminished interest among medical personnel or health workers to serve in these regions. Ensuring the safety of midwives providing health services in conflict areas is essential to developing regulations that support and protect midwives. However, to date, there have not been fair regulations specifically addressing the needs of midwives in conflict zones. Despite the challenges, midwives continue to strive to reduce maternal and infant mortality rates with

⁴ Nur Sholikhah Putri Suni, "Pelindungan Tenaga Medis Dan Tenaga Kesehatan Di Daerah Rawan Konflik," *Info Singkat XV*, no. 6 (2023): 21–25.

⁵ Zian Rahmatullah, Josiana Agusthina Yvonne Wattimena, and Arman Anwar, "Perlindungan Tenaga Kesehatan Sukarela Di Daerah Konflik Bersenjata Menurut Hukum Internasional," *Jurnal Ilmu Hukum* 1, no. 12 (2022): 1186–95.

⁶ Lorenci Chakti Pratama, Novianti Novianti, and Dony Yusra Pebrianto, "Perlindungan Terhadap Petugas Medis Di Daerah Konflik Berdasarkan Hukum Humaniter Internasional (Studi Kasus Perawat Palestina Razan Al Najjar Yang Di Tembak Mati Oleh Tentara Israel Pada Tahun 2018)," *Uti Possidetis: Journal of International Law* 2, no. 1 (2021): 58–80, <https://doi.org/10.22437/up.v2i1.10984>.

the authority they possess. This research aims to address the issue of security guarantees for midwives providing services in conflict areas.

2. Methods

The type of research used is normative juridical research carried out by examining statutory regulations related to the problem in question to find legal regulations, legal principles, or legal decisions that can answer the problems raised. The approach used is a statutory approach and a conceptual approach. Data sources and types of legal materials use primary legal materials in the form of statutory regulations, secondary legal materials in the form of books, journals, or articles related to the problem being researched, and tertiary legal materials in the form of the Big Indonesian Dictionary, Health Dictionary or Law Dictionary.

3. Results and Discussion

3.1. Vulnerability of Social Conflict in the 3T Region

In community development, vulnerability is a critical aspect. Many countries experience vulnerabilities, with some facing higher levels than others. The problems in 3T areas (Disadvantaged, Frontier, Outermost) are quite complex. In addition to health issues, these areas face internal problems, including social conflict. Incompatibility in social interactions among local residents hinders external assistance. If conflict management efforts are not taken seriously, conflicts can escalate into violence among the involved parties. Social conflicts do not arise spontaneously; the vulnerabilities in a region are significant contributing factors.

Indonesia is a country with a higher level of vulnerability than many other countries in the world. Indonesia is a country with relatively high vulnerability because indicators are based on the measurement of ability to adapt to physical, social, environmental, and economic changes. Natural hazards are also included in climate change which has a negative impact and changes in the processes of many aspects of life. To prevent wasteful agendas in developing community efforts, it is necessary to identify sources of vulnerability which is an important aspect in supporting sustainable development. This identification has the function of mapping in determining the most important needs and designing strategies for managing vulnerabilities in society. This includes planning the types of interventions that are adjusted to determine the form of vulnerability so that it is regulated in determining the priority scale for carrying out interventions, which is a must so that a group in a vulnerable area can survive whatever the pressure.

The environment, economy, and health can create vulnerabilities in society. Environmental factors include natural conditions due to the influence of geographic location, geology, and the level of potential outbreaks in an area. Social factors are also closely related to the potential for conflict, namely demographics and violence. Demographics also include the sex ratio, population composition, and age ratio in an area. For example, in the 3T area it is still difficult to reach complete health facilities due to remote geographical conditions and inadequate transportation, the high price of basic daily necessities due to the difficulty of road access for the economy, communication difficulties due to the rare existence of networks and communication tools in the 3T area.

Several 3T areas such as Papua are experiencing social conflict, making state security threatened. The existence of insecurity is a form of vulnerability and security, the meaning of which cannot be separated. The level of vulnerability is closely related to weak state

capabilities and relatively weak powers faced with the capabilities commanded by other states through a system. If the context is in conflict area vulnerability, it can refer to the incompetence or weakness that exists in the conflict area, including economic aspects, for example, food insecurity such as economic difficulties, problems in food distribution, in health aspects such as distribution of medical personnel, medical equipment, vaccines, as well as a lack of infrastructure and social insecurity such as a lack of trust between regional parties and the central government.⁷

Taking preventive action is an easy way to deal with vulnerable communities, especially those in the low category. Preventive interventions can be carried out for aspects of the social sphere through:

- 1) Carry out education to the community regarding tolerance. If a society with a high level of tolerance is created, it can minimize the occurrence of discrimination and violence regardless of the differences within that society;
- 2) Carry out education to the community regarding anti-violence. It is important to carry out this education so that people get used to solving problems without violence;
- 3) Establishment of infrastructure that leads to peace or public services to motivate society to support differences and diversity and love peace. The form of infrastructure includes facilities that are used together such as meeting halls, regional libraries that contain lots of cultural diversity literature, and open spaces that contain slogans or motivations regarding peace;
- 4) Carry out population control. This must be done because, in many developing countries, demography is one of the root causes of population, unemployment, discrimination, and the burden that must be borne by working family members. A high dependency ratio also influences a country's economic growth. Therefore, there is no need to have many children, and the slogan Family Planning (KB) is being promoted, namely "two children are enough" to overcome the population explosion that is occurring in Indonesia.⁸

Promotive interventions can be carried out for social environmental aspects through:

- 1) Infrastructure development to support the progress of marginalized groups. Examples: Building special toilets and roads for disabled people or providing chairs for pregnant and breastfeeding women;
- 2) Optimizing public services and counseling for people who are victims of discrimination and violence. This public service must be easy to obtain easily for the people who are experiencing the incident;
- 3) If discrimination and violence occur, there needs to be a quick response from the government and surrounding communities. The seriousness of community organizations and the government in handling this case can be assessed by whether or not the victim receives a quick response. This is also useful for protecting and providing moral and psychological support for every victim who experiences it;

⁷ Gita Karisma and Khairunnisa Simbolon, "Kerentanan Wilayah Konflik Dan Upaya Negara Dalam Mengatasi Covid Di Wilayah Konflik Asia," *Jurnal Ilmiah Hubungan Internasional* 19, no. 1 (2023): 60-78, <https://doi.org/10.26593/jihi.v19i1.6409.60-78>.

⁸ Mukhammad Fatkhullah, Muhammad Alhada Fuadilah Habib, and Kanita Khoirun Nisa, "Identifikasi Dan Manajemen Risiko Untuk Mereduksi Kerentanan Pada Masyarakat," *Ekonomi, Keuangan, Investasi Dan Syariah (EKUITAS)* 3, no. 4 (2022): 856-67, <https://doi.org/10.47065/ekuitas.v3i4.1529>.

- 4) Availability of allowances for children, wives, and the elderly. This allowance is useful for easing the burden on family members who are working with a high dependency ratio. Apart from that, allowances can also be provided for family members who do not yet have a job, or who are currently training or looking for work. They are a productive group but can be considered vulnerable because they do not have income. Many financing schemes can be implemented to guarantee family members who are not yet working without increasing the burden on state finances.⁹

The implementation of preventive and promotive interventions will mitigate the social conflict in the 3T area, preventing ongoing issues such as ideological differences within the KKB organization. These proactive measures aim to swiftly address social issues and preemptively fulfill the community's needs, thus averting conflicts before they arise. The causes 3T area becomes prone to so that gives rise to conflict social among others there are different ideologies in several cases that occurred namely KKB wants to realize an independent Papua. Article 4 of Law Number 7 of 2012 concerning Handling Social Conflict (hereinafter referred as to Law No.7/2012) explained that handling conflict services in the 3T area can resolved through prevention conflict, termination conflict, and recovery conflict. This regulation can implemented in the community by the Central Government through The local regional government experienced conflict social. As for rights society must protected when A 3T area experiences conflict social listed in the Law No.39/1999, namely: right life, right get protect yourself, right to get a sense of security, right to get a place to stay, get protection from action arbitrary.

3.2. Health Problems in the 3T Region

Vulnerability in the 3T area triggers health problems, this is because the 3T area is far from the reach of the government, this health problem cannot be completely resolved as a result, it becomes an obstacle to the progress of health services in Indonesia. Some of these health problems include the lack of health facilities used to serve residents, the uneven distribution of health workers, limited transportation and communication, and cultural differences in society. Providing health services requires adequate health facilities. Lack of medical equipment and incomplete medicines mean that medical treatment is slow takes a long time and can even result in the loss of a person's life if treated too late. These problems often occur in rural areas where they are required to go to the city to refer patients to receive complete health facilities. Health personnel and facilities work more in urban areas, while in remote and border areas there is a shortage.

The problem of inequality in the health sector occurs in the West Java area. West Java is a province that also faces the problem of inequality in the health sector. One of the areas experiencing this is the city and Cirebon Regency. In 2014, there were 57 healthcare facilities, with details of 8 health centers equipped with treatment facilities (DTP) and the remaining 49 health centers without treatment. With the network, there are 69 supporting community health centers spread across 40 sub-districts. Then, there are hospitals, there are two hospitals, namely general regional hospitals and special lung hospitals owned by the regional government of

⁹ Fatkhullah, Habib, and Nisa.

West Java province.¹⁰ A similar thing was also experienced by East Waringin City. According to a member of Commission III DPRD East Kotawaringin (Kotim), SP Lumban Gapl submitted a proposal to the Kotim district government via the Kotim Health Service (Dinkes) with the intention of immediately paying attention to the needs of health facilities in remote areas that need them because there are still very few for use by medical personnel to assist the community. So far, in Kotim, the health services experienced by the local community have been very limited due to the limited facilities provided by the government.¹¹

Apart from the lack of health facilities, the distribution of health workers in the 3T area also affects health services in Indonesia. Some areas do not have human resources to deal with the health problems of 3T residents, causing these areas to experience worrying things, especially if there is an infectious disease that can cause an outbreak throughout the village¹² The Nusantara Sehat (NS) program is used as a form of effort to provide health workers in the DTPK (Remote Border Islands Region) area to improve health services for the community that are more adequate. Minister of Health Prof. Nila Moeloek stated that the resources for health at DTPK cannot yet be classified as adequate, especially human resources for health which still do not meet the standards set by statutory regulations. Article 23 paragraphs 1, 2, and 5 Law Number 36 of 2014 Concerning the Health Workers (hereinafter referred to as Law No. 36/2014) means that the placement of health workers by the government or regional government is carried out by giving special assignments to health workers or medical personnel on a group or team basis (Team Based) and then being sent to the DTPK area.¹³

In remote areas, transportation is still difficult. The road terrain still has muddy soil, especially when it rains the road is completely impassable for cars and motorbikes, if it is in the hot or dry season it can still be said to be passable, cars and motorbikes can still pass through the road but you have to be alert because at every the road has wide holes. Discussing transportation, fuel availability is the most important component, this is also not sustainable, if the fuel runs out, motorbikes and cars are forced to take a break and not travel. Electricity is also limited, available from six in the afternoon to six in the morning, this cause certainly hampers people's productivity because there is no electricity considering that nowadays people have started to use technology. The availability of clean water is still relatively easy to obtain even though you are required to boil the water until it is completely cooked to be ready for consumption. Once the fuel has completely run out, the only thing you can do is cross the river using a rowing boat. The availability of maximum health services cannot be separated from the importance of means of transportation, communication, and the availability of energy such as electricity. This electricity is also really needed to store many vaccines and medicines which are stored in the refrigerator, operations also require electricity. From all the explanations above, it is clear that the lack of adequate facilities can affect health services in the area.¹⁴

¹⁰ Iman Herdiana, "Masalah Kronis Layanan Kesehatan Di Wilayah Terpencil Dan Perbatasan Jawa Barat," BandungBergerak.id, 2023.

¹¹ MC Provinsi Kalimantan Tengah, "Fasilitas Kesehatan Daerah Terpencil Masih Sangat Minim," InfoPublik, 2022.

¹² IN, "MINIMNYA TENAGA KESEHATAN DI DAERAH TERPENCIL," 2021.

¹³ Rokom, "Tenaga Kesehatan Untuk Daerah Terpencil Perlu Digalakkan," sehatNegeriku, 2017.

¹⁴ DR SAMSURIDJAL DJAUZI, "Layanan Kesehatan Di Daerah Terpencil," kompas.id, 2021.

The last one is cultural differences. Cultural differences greatly influence the mindset of people in whose areas there are changes in handling health problems. In the past, traditionally people still trusted shamans to treat residents because the community health workers were newcomers whom the local community could not yet trust. The first level for traditional communities used to be that shamans were the first choice if people experienced health problems, whereas midwives or health workers were called in if more serious health problems occurred and were the last choice.

The government must adhere to several principles when providing health services:

1. Non-discrimination: Health services should be available to all citizens regardless of age, gender, ethnicity, religion, or economic status.
2. Accessibility: Health services should be accessible in all regions of Indonesia, including conflict areas.
3. Government responsibility: It is the government's obligation to ensure equal distribution of health services and to meet the needs of all citizens. Unequal distribution should be questioned and addressed by the government.

3.2. Terror of the Papuan Armed Criminal Group (KKB)

Social conflict occurs in several regions, one of which is Papua. Papua has been designated by the government as a 3T region, but not all districts in Papua Province experience social conflict. The government has established regulations regarding the existence of 3T regions in Indonesia. The determination of these 3T regions is written in Presidential Regulation of the Republic of Indonesia Number 63 of 2020 concerning the Determination of Disadvantaged Regions for 2020-2024. Some 3T areas are vulnerable to social conflict if they are not properly guarded. In 2018-2019, the integrated team for handling social conflict at the national level received data on 71 incidents where social conflict occurred in various provinces in Indonesia. The average cause is based on political, economic, social, and cultural issues. Based on Village Potential Statistics (Podes) data in 2018, 3,150 villages out of 84,000 villages in Indonesia were villages that were prone to social conflict and mass disturbances.¹⁵ Until now, the area that is scary for some health workers, especially midwives, is the province of Papua where they are sent by the state to do their service. Not all areas of Papua Province experience social conflict, it's just that this area is vulnerable to social conflict because there are still many factors that give rise to social conflict, one of which is the Free Papua Organization run by the KKB in Papua. The KKB has claimed many victims of medical personnel and health workers who were on duty there, while terror was carried out by the KKB in several areas of Papua which befell medical personnel or health workers. On Tuesday 31 October 2023 at the Amuma Community Health Center, there were 2 health workers (NAKES) who became victims of attacks and abuse carried out by 20 people.¹⁶ Then, in Kiwirok District, Bintang Mountains Regency, Papua 9 health workers were hit by KKB attacks and received psychological trauma.¹⁷ In Tambrau Regency, West Papua, the government's Nusantara

¹⁵ Suryani Wandari Putri Pertiwi, "Kemensos : 3.150 Desa Di Indonesia Rawan Konflik Sosial," Media Indonesia, 2020.

¹⁶ Tim DetikSulsel, "KKB Serang 5 Nakes Di Amuma Yahukimo Papua, Ini 4 Hal Diketahui," detikNews, 2023.

¹⁷ CNN Indonesia, "9 Nakes Di Papua Korban Serangan KKB Alami Trauma Psikis," CNN Indonesia, 2021.

Sehat program also received threats from the Papua KKB. Doctors, nurses, midwives, and 14 health workers as participants of the Ministry of Health's Nusantara Sehat who were there were immediately evacuated.¹⁸ Yalimo Regency, Papua also felt the terror of the Papuan KKB, in the case of the Elelim Community Health Center midwife, namely Midwife Sri Lestari and her husband Sertu Eka Andrianto who became victims of the group's terror. This case has become a murder case and violates human rights, there is no clear reason for the murder. The quite disturbing cases of social conflict shootings carried out by the KKB in Papua constitute human rights violations. The shooting violated the right to life Article 4 of Law Number 39 of 1999 concerning Human Rights (hereinafter referred as to Law No.39/1999). The right to life is a non-derogable right or a right that cannot be reduced under any circumstances, this right means that every person must not have their life taken away in conflict areas or that person as a perpetrator of a crime must not have their rights removed so that the incident of the death of a midwife is a violation of human rights.

The KKB in Papua has killed civilians several times. In the last three years, there have been a total of more than 50 civilians, a total of 27 TNI soldiers, and the rest are members of the National Police. As a result of this KKB incident, 110 victims suffered serious injuries. On average, those who suffer serious injuries or even death are civilians who don't know anything. For KKB members, this terror was deliberately carried out and spread widely in order to create a disturbing and worrying atmosphere, creating a sense of insecurity. The KKB group continues to carry out acts of violence and abuse, such as burning houses, burning planes, beheading residents, killing civilians, including killing medical personnel, to beheading KPU officers. This group even dared to resist the security forces. In the Papua region, currently, more than 300 health workers have been evacuated from 34 health centers in the Bintang Mountains Regency. It is possible that other health workers in Papua also experience concerns about their safety. The demands of health workers who are carrying out demonstrations to obtain certainty about their fate and protection for the safety of their lives when they are not on duty in problem areas cannot be considered a passing thought.¹⁹

Several regulations governing legislation handling conflict social in law International that is Convention Geneva 1949 set protection for the parties involved in health workers in war zones, prisoners of war and citizens civil whereas law national contained in Law No.7/2012. Lots of it deed the crimes committed by the KKB show enforcement Laws in Indonesia are effective, though the government Already started operations to destroy the KKB confiscating its weaponry illegal, raids on KKB headquarters in Papua and their restoration of regional security certain with combined TNI and Polri. Not easily enforcing the law on the KKB but the government has started striving to enforce law and security more what you have to be done by all elements including existing society in the area conflict to create peace in the Papua region.

3.3. Guarantee of the Safety of Midwives as Health Workers in the 3T Papua Region

The 3T area has conflict and non-conflict areas, this condition causes differences in the security of these areas. In 3T areas where there is no conflict, the security conditions are not

¹⁸ Rio Sandy Pradana, "Tega! KKB Papua Ancam Tenaga Kesehatan Program Nusantara Sehat," *bisnis.com*, 2023.

¹⁹ Dhimas Ginanjar, "Di Balik Ulah Brutal KKB Dan Pembunuhan Nakes," *JawaPos.com*, 2021.

too intense and tight in terms of the security system, while in 3T areas where there is conflict, especially armed social conflict in terms of security, intense and tight security is very much needed in its implementation. Social conflict, social unrest is a movement that has the nature of destroying social order in society, due to social, cultural, or economic inequality along with problems between ethnicities, religions, and races.²⁰

These mass riots can cause damage to public, social, economic, personal, and religious facilities and infrastructure. Because emotions could not be controlled, a fight broke out between the two groups, which then caused damage to infrastructure and facilities in the area. This can happen because:

- a. Uncontrollable anger or emotional outbursts
- b. There is a feeling of being offended or humiliated
- c. No consensus was found
- d. Treatment that is considered unfair between groups

With the impact of social conflict, the security of local civilians or non-local civilians who stop by, especially health workers, and midwives, is unsafe and life-threatening. The government has made statutory regulations for handling social conflict issues which are regulated in Law Number 7 of 2012 concerning Handling Social Conflict (hereinafter referred as to Law No.7/2012), Government Regulation Number 2 of 2015 concerning Implementing Regulations of Law No. 7/2012, and Minister of Social Affairs Regulation Number 26 of 2017 concerning Guidelines for Implementing Social Conflict Handling in the Social Sector, taking into account the many existing regulations, this means that handling social conflict in several 3T areas in Indonesia must be implemented properly and seriously, remembering that the life of every human being is very valuable and humans have the right to life as a human right that has been had since before birth.

The United Nations International Covenant on Civil and Political Rights (ICCPR) has been ratified by the state into Law Number 12 of 2005 concerning Ratification of the International Covenant On Civil And Political Rights which regulates the rights that must be obtained by civilians, these rights can become an element of security for all Indonesian citizens. The UN International Covenant on Civil and Political Rights (ICCPR) seeks to guarantee the protection of civil and political rights. International Human Rights known collectively include the International Covenant on Economic, Social and Cultural Rights, the Universal Declaration of Human Rights, and the ICCPR as well as both declarations' Optional Protocols. This Covenant has an obligation on countries that have ratified it to always protect and maintain human rights and immediately take judicial, administrative, and legislative decisions to protect and find the best solutions. According to this Covenant, the rights contained therein are regulated. Protected rights include:

- a) Article 6 regulates the right to life.
- b) Article 7 regulates freedom from torture.
- c) Article 8 regulates the right not to be enslaved.
- d) Article 9 regulates the right to personal freedom and security.
- e) Article 10 regulates the rights of prisoners.

²⁰ bnpb, "Bencana Sosial," PPID KOTA SURAKARTA, 2022.

- f) Article 11 regulates the right not to be imprisoned simply for failure to fulfill contractual obligations.
- g) Article 12 regulates freedom of movement and choice of place of residence for legal residents.
- h) Article 13 regulates the rights of foreigners.
- i) Article 14 regulates equality before courts and tribunals. The right to a fair trial.
- j) Article 15 regulates that no one can be blamed for a criminal act that is not a criminal act.
Article 15 regulates that no one can be blamed for a criminal act that is not a criminal act.
- k) Article 16 regulates the right to be recognized as a person before the law.
- l) Article 17 regulates freedom from arbitrary or unlawful interference.
- m) Article 18 regulates the right to freedom of thought, belief, and religion.
- n) Article 19 regulates the right to have an opinion without interference.
- o) Article 20 regulates that war propaganda is prohibited by law.
- p) Article 21 regulates the right to peaceful assembly.
- q) Article 22 regulates the right to freedom of association with other people.
- r) Article 23 regulates the right to marry.
- s) Article 24 regulates children's rights.
- t) Article 25 regulates the right to participate in politics.
- u) Article 26 regulates equality before the law.
- v) Article 27 regulates minority protection.

International law, such as the UN International Covenant on Civil and Political Rights (ICCPR), has a significant impact on midwives. It aims to protect the rights of midwives working in areas affected by social conflict, referred to as 3T areas. Fulfilling midwives' rights serves as a form of protection for them while on duty. Despite numerous protections for midwives in international and national legal regulations, the government has been negligent in implementing these regulations. There are no specific procedures in place for midwives providing health services to 3T communities. As a result, adequate solutions have not been found for midwives to feel safe while carrying out the country's goal of equal distribution of health workers throughout Indonesia. In carrying out midwifery practices and health services, midwives have the right to guarantee their safety while working. Like security when on night duty at the Community Health Center, what midwives need is the availability of a security post with 24-hour patrols carried out by the Indonesian National Army (TNI) or the Police so that midwives feel safe and their lives are not threatened. In Law Number 17 of 2023 concerning Health (hereinafter referred to as Law No.17/2023), midwives have the rights as health workers as written in article 53 paragraph (1). Based on this article, it means that midwives have the right to receive legal protection while working in accordance with their profession, the government must pay attention to this wherever the midwife is placed. If this is not fulfilled, it means that the government has not carried out its duties in accordance with statutory regulations and is only written. The rights of midwives are also written in Article 60 of Law Number 4 of 2019 concerning Midwifery in accordance with the profession carried out, namely in.

Then Article 235 of Law No.17/2023 explains that all medical personnel and health workers who are on duty in underdeveloped, border and island areas and areas that have health problems or areas that are reluctant to be sought after must obtain:

- 1) Special allowances or incentives
- 2) Security guarantee
- 3) Support for health infrastructure and equipment
- 4) Extraordinary promotion and protection

This issue arises when medical personnel or health workers are performing their duties in accordance with regulatory provisions. However, current regulations lack detailed provisions regarding the specific security guarantees for midwives on duty in 3T areas. According to Article 32 of Law No. 7/2012, the government and local authorities are required to take prompt emergency actions and rescue casualties in conflict areas according to their respective duties and authorities. Law enforcement is one component of emergency response and victim protection as stipulated in Article 32(g) of Law No. 7/2012. This chapter highlights that law enforcement is essential for ensuring the rights and obligations of the public, promoting harmony and balance in its implementation. Conceptually, the essence of law enforcement is aligning actions with the values outlined in regulations and maintaining attitudes that uphold these principles to ensure peace and order in society.

Additionally, in accordance with Article 33 of Law No. 7/2012, if a conflict arises within a district or city, the mayor or regent can request assistance from the TNI (Indonesian National Armed Forces) through the government, as stated in paragraph 1. If the conflict occurs at the provincial level, the governor can request TNI assistance from the government, as stated in paragraph 2. For conflicts of a national scope, the president can mobilize the TNI with prior consideration by the DPR (House of Representatives). However, any deployment of TNI forces must comply with existing regulations. Ensuring the security of midwives can also be achieved through conflict prevention methods as outlined in Article 3 of Government Regulation No. 2 of 2015, which implements Law No. 7 of 2012 on the Handling of Social Conflict. These regulations should be focused and enforced in all 3T areas that have not yet experienced conflict. Proper implementation of these regulations could create opportunities to enhance the security of midwives on duty. Despite the numerous rules in place, there is still no clear and effective guarantee of security for midwives working in conflict-prone 3T areas. If Law No. 7/2012 is properly and effectively implemented, the protection of midwives providing health services in 3T areas will improve. Midwives will feel safe and secure while serving the residents in these areas without fear for their lives, thereby enhancing the overall health levels in 3T areas. Addressing social conflict prevention and resolution promptly can prevent conflicts from becoming a persistent issue.

The security guarantees for midwives are not yet clearly defined regarding the form of protection they receive while on duty in 3T areas. To address this, security guarantees for midwives can be based on the Geneva Conventions of 1949, considering the geographical conditions of 3T areas. These areas are disadvantaged, frontier, and outermost regions with underdeveloped geographical, social, economic, and cultural conditions compared to other national regions. The Geneva Conventions were established to protect inhabitants from becoming war targets and include broader humanitarian law provisions aimed at war victims.

The Geneva Conventions of 1949 specifically protect health workers, religious leaders, civilians, and soldiers, aiming to ensure their safety during conflicts. These protections are outlined in the Geneva Conventions of 1949, also known as the International Red Cross Conventions.²¹

If a 3T area experiences social conflict, security guarantees for midwives can be derived from the International Covenant on Civil and Political Rights, ratified as Law No. 12 of 2005 concerning the Ratification of the International Covenant on Civil and Political Rights. These guarantees are established because midwives, as civilians, must have their rights protected. Articles 6 through 27 of the Covenant outline the security guarantees midwives are entitled to. Additionally, Law No. 39 of 1999 on Human Rights provides further protection for midwives on duty in 3T areas. As human beings, midwives have inherent basic rights that must be guaranteed throughout their lives. These regulations ensure that midwives receive the necessary security guarantees. Article 29, paragraph (1) of Law No. 39/1999 emphasizes the need to feel protected from insecurity. For example, are their basic needs, such as food, adequately met? Do they feel safe walking on the streets? Are they victims of torture based on religious or ethnic grounds? Article 29, paragraph (2) states that the right to legal recognition is a fundamental right for every individual, regardless of their location. This right must be equally accessible to all individuals, without discrimination. No person or group should be considered more important than another. Article 30 discusses the actions that can be taken or refrained from, emphasizing the physical and intentional nature of legal acts. Criminal acts can be either positive actions or omissions. Article 31 emphasizes the right to privacy and the protection of personal conditions. Finally, Article 33, paragraph (2) defines "forced disappearance" as an act carried out secretly, without the knowledge or consent of the affected individual, and "arbitrary killing" as a killing without a court's decision. In summary, according to Articles 28 to 35 of Law No. 39/1999, every person, including midwives, is entitled to security guarantees, which encompass protection from insecurity, the right to legal recognition, privacy, and protection from forced disappearance and arbitrary killing.

- 1) Get protection for self, person, family, honor, dignity, and rights.
- 2) Get a sense of security and peace.
- 3) Get protection place stay.
- 4) Get protection from behavior arbitrary.
- 5) Get life²².

There is the use of human rights instruments, guarantees rights citizens can create in accordance with the mandate constitution can carried out by the state.²³ In facing the 3T area with conflict social government responsible answered one of them with emit policy like Law

²¹ Teguh Sulistia, "Pengaturan Perang Dan Konflik Bersenjata Dalam Hukum Humaniter Internasional," *Indonesian Journal of International Law* 4, no. 3 (2021), <https://doi.org/10.17304/ijil.vol4.3.157>.

²² Hifdhotul Munawwaroh, "Hak Keamanan Menurut Pasal 29-35 Uu No. 39 Tahun 1999 Perspektif Maqashid Syariah," *Ijtihad: Jurnal Hukum Dan Ekonomi Islam* 13, no. 1 (2019): 39, <https://doi.org/10.21111/ijtihad.v13i1.3230>.

²³ M Alvin Amirullah, Bayun Duto Suryono, and Wiwik Afifah, "Perlindungan Saksi Dan Korban Dalam Perspektif Hukum Nasional Dan Internasional," *Jurnal Hasil Penelitian (JHP17)* 5, no. 2 (2020): 2579-7980.

Number 21 of 2001 concerning Autonomy Special for Papua or ordinary known with Special Autonomy for Papua providing more authority to the government Province society and Papua needs to organize and manage self alone become part from the Unitary State Republic of Indonesia itself. Additionally, from side security, they once sent 400 soldiers from Battalion Infantry 315/Garuda on duty for guard security in the area vulnerable in Papua. Along with various policies, Govt responsible answer and continue to give help protection best for all over country's residents. Apart from improving security, the government center keeps going to increase the well-being of people in Papua. Operation Cartenz 2024 is a solution of moderate concrete carried out by the Government at the time this is an effort to guard the stability and security of society, Operations Cartenz is also done to protect officers' moderate health in Papua which is a 3T region with conflict social. Operation Cartenz focuses on enforcement law for the KKB and KKP carried out from period 1 January 2024 to 31 December 2024. Coaching society, detection as well and connection public becomes a function operation assisted by officers' enforcement of other laws.

4. Conclusions

Guarantee security for midwives in the area conflict has been arranged in Article 235 of Law No.17/2023. However, guarantee security for midwives moment do tasks in the area conflict when currently do service health at home inhabitant or at the facility health local not yet arranged in the regulation legislation. The state through the House of Representatives (DPR) needs to make amendments to Law No.17/2023 to add arrangements more carry on about form security is a must received by the midwife in the 3T area with conflict social. If happen midwife's death no means a family midwife no get security knows restitution. Restitution to the midwife as korban human rights violations have been arranged in Regulation Government Number 3 of 2002 concerning Compensation, Restitution, and Rehabilitation of Victims of Serious Human Rights Violations.

5. Acknowledgments

Thanks to my parents and Wiwik Afifah, S.Pi., S.H., M.H who has guided the creation of this article and the parties who help to publish the article.

6. Reference

- Admin PKM Gunung Muda. "Mengkhawatirkan! Angka Kematian Ibu Di RI Masih Tinggi, Dipicu Hal Ini." Dinas Kesehatan Kabupaten Bangka, 2023.
- Alvin Amirullah, M, Bayun Duto Suryono, and Wiwik Afifah. "Perlindungan Saksi Dan Korban Dalam Perspektif Hukum Nasional Dan Internasional." *Jurnal Hasil Penelitian (JHP17)* 5, no. 2 (2020): 2579-7980.
- bnpb. "Bencana Sosial." PPID KOTA SURAKARTA, 2022.
- CNN Indonesia. "9 Nakes Di Papua Korban Serangan KKB Alami Trauma Psikis." CNN Indonesia, 2021.
- DetikSulsel, Tim. "KKB Serang 5 Nakes Di Amuma Yahukimo Papua, Ini 4 Hal Diketahui." detikNews, 2023.
- DJAUZI, DR SAMSURIDJAL. "Layanan Kesehatan Di Daerah Terpencil." kompas.id, 2021.
- Dwi Erawati, Ambar. *Aspek Legal Kebidanan Dan Etika Bidan*, 2020.
- Fatkhullah, Mukhammad, Muhammad Alhada Fuadilah Habib, and Kanita Khoirun Nisa. "Identifikasi Dan Manajemen Risiko Untuk Mereduksi Kerentanan Pada Masyarakat."

- Ekonomi, Keuangan, Investasi Dan Syariah (EKUITAS)* 3, no. 4 (2022): 856–67. <https://doi.org/10.47065/ekuitas.v3i4.1529>.
- Ginanjari, Dhimas. "Di Balik Ulah Brutal KKB Dan Pembunuhan Nakes." *JawaPos.com*, 2021.
- Herdiana, Iman. "Masalah Kronis Layanan Kesehatan Di Wilayah Terpencil Dan Perbatasan Jawa Barat." *BandungBergerak.id*, 2023.
- IN. "MINIMNYA TENAGA KESEHATAN DI DAERAH TERPENCIL," 2021.
- Karisma, Gita, and Khairunnisa Simbolon. "Kerentanan Wilayah Konflik Dan Upaya Negara Dalam Mengatasi Covid Di Wilayah Konflik Asia." *Jurnal Ilmiah Hubungan Internasional* 19, no. 1 (2023): 60–78. <https://doi.org/10.26593/jihi.v19i1.6409.60-78>.
- Kemendes RI. "Modul 2 Peran Dan Fungsi Bidan Di Komunitas." *Modul 2 Kebidanan Komunitas Politeknik Kesehatan Yogyakarta* 3, no. 1 (2017): 2–49.
- Munawwaroh, Hifdhotul. "Hak Keamanan Menurut Pasal 29-35 Uu No. 39 Tahun 1999 Perspektif Maqashid Syariah." *Ijtihad : Jurnal Hukum Dan Ekonomi Islam* 13, no. 1 (2019): 39. <https://doi.org/10.21111/ijtihad.v13i1.3230>.
- Pradana, Rio Sandy. "Tega! KKB Papua Ancam Tenaga Kesehatan Program Nusantara Sehat." *bisnis.com*, 2023.
- Pratama, Lorenci Chakti, Novianti Novianti, and Dony Yusra Pebrianto. "Perlindungan Terhadap Petugas Medis Di Daerah Konflik Berdasarkan Hukum Humaniter Internasional (Studi Kasus Perawat Palestina Razan Al Najjar Yang Di Tembak Mati Oleh Tentara Israel Pada Tahun 2018)." *Uti Possidetis: Journal of International Law* 2, no. 1 (2021): 58–80. <https://doi.org/10.22437/up.v2i1.10984>.
- Rahmatullah, Zian, Josiana Agusthina Yvonne Wattimena, and Arman Anwar. "Perlindungan Tenaga Kesehatan Sukarela Di Daerah Konflik Bersenjata Menurut Hukum Internasional." *Jurnal Ilmu Hukum* 1, no. 12 (2022): 1186–95.
- Rokom. "Tenaga Kesehatan Untuk Daerah Terpencil Perlu Digalakkan." *sehatNegeriku*, 2017.
- Sulistia, Teguh. "Pengaturan Perang Dan Konflik Bersenjata Dalam Hukum Humaniter Internasional." *Indonesian Journal of International Law* 4, no. 3 (2021). <https://doi.org/10.17304/ijil.vol4.3.157>.
- Suni, Nur Sholikah Putri. "Pelindungan Tenaga Medis Dan Tenaga Kesehatan Di Daerah Rawan Konflik." *Info Singkat XV*, no. 6 (2023): 21–25.
- Suryani Wandari Putri Pertiwi. "Kemensos : 3.150 Desa Di Indonesia Rawan Konflik Sosial." *Media Indonesia*, 2020.
- Tengah, MC Provinsi Kalimantan. "Fasilitas Kesehatan Daerah Terpencil Masih Sangat Minim." *InfoPublik*, 2022.