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# Confidence Issues on using Maternity Waiting Home Service: A Case in Wonogiri

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## Abstract

Maternity waiting home is a program designed to decrease maternal mortality. This program is implemented in several Indonesian districts, including the Wonogiri regency. It is not unusual for its execution to encounter barriers posed by diverse parties. This study employs a qualitative, descriptive approach to describe the maternity waiting home service. This study aims to understand why there are trust issues in the maternity waiting home service. Focus group discussions (FGD) and interviews were done to acquire samples of data from diverse stakeholders. In actuality, the maternity waiting home service in wonogiri regency has hurdles, most notably the lack of user confidence. Numerous pregnant ladies are hesitant to utilize the maternity waiting home service for a variety of reasons. There is mistrust in the service for a variety of reasons. This study indicates that maternity waiting home service stakeholders in wonogiri regency should address and resolve this critical issue by strengthening maternity waiting home service awareness campaigns.

**Keywords:** Maternity Waiting Home, Confidence Issues, User

## 1. Introduction

Maternity waiting home refers to a space or room that acts as a temporary housing solution for pregnant women and their companions before and after the birth of their children. The development of the maternity waiting home has as its primary objective the reduction of maternal death rates caused by delays in obtaining delivery assistance from health workers in geographical areas with limited access to health care facilities. These delays can be caused by the fact that there are fewer health care facilities available.

Because most regions have limited infrastructure and difficult geographical conditions, which results in delays in handling health problems and leads to death due to the many complications that occur, the development of maternity waiting home is a strategy to bring health services closer to the community used by high-risk maternity mothers or living far from health facilities. This is because death can occur due to the many complications that occur. Maternity waiting home was developed as a strategy to bring health services closer to communities used by high-risk maternity mothers.

The use of maternity waiting homes has been studied in a variety of locations, particularly in developing countries, as of late. It is believed, in the country of Zambia, that the waiting home birth service may make a substantial contribution to the solution of the issues that arise during labor (Scott et al., 2018). It is possible for the maternity waiting home in Malawi to lower maternal death rates (Singh et al., 2016). It is estimated that the maternity waiting home in Ethiopia can bring the country's maternal death rate down by more than 80 percent (Dadi et al., 2018). Additionally, maternity waiting at home has the potential to be beneficial and successful in Liberia (Lori et al., 2013; 2014).

Maternity waiting home is a technique designed to offer health services to communities that are used by high-risk pregnant mothers or that are located a significant distance from health facilities. During the moment of birth, which might occur at any point during the pregnancy due to the unpredictable nature of childbirth. We are in a position where we are aware that one of the factors contributing to Indonesia's still high. Maternal Mortality Rate (MMR) is the delay in referral caused by geographical issues (Edi and Sukoco, 2018).

According to research that looked at the effect of maternity waiting home in reducing the risk of maternal mortality and neonatal mortality in Ethiopia, the use of maternity waiting home by mothers was associated with a lower risk of maternal mortality and newborn mortality in that country. When maternity waiting home was utilized, the rate of maternal mortality was 89.9 per 100,000 live births, but the rate of maternal mortality among mothers who did not utilize maternity waiting home was 1,333.1 per 100,000 live births. This difference in maternal mortality rates was because maternity waiting home was utilized. Those mothers who used maternity waiting homes had an infant mortality rate of 17.6 per 1,000 live births, whereas those who did not use maternity waiting homes had an infant mortality rate of 191.2 per 1,000 live births. Those mothers who did not use maternity waiting homes also had a higher rate of stillbirths. The findings demonstrated that maternity waiting home successfully lowered the rates of maternal and infant mortality in settings in which mothers were more closely monitored by midwives and could make a prompt decision to be referred to a hospital if there were any concerns regarding the health of either the mother or the baby. The findings also demonstrated that maternity waiting home was successful in lowering the rates of maternal and infant mortality in settings in which mothers were more closely monitored by midwives and could make a prompt decision to be referred to maternity waiting home.

Since maternal death causes a country to lose several productive employees, which increases the morbidity and mortality rates among children, the maternal mortality ratio (MMR) is an indicator of women's health state. In addition, the MMR is an indicator of the health status of women. According to the Indonesian Health Demographic Survey (IDHS), the Maternal Mortality Rate (MMR) in Indonesia is 359 for every 100,000 live births, while the Infant Mortality Rate is 35 for every 1,000. Both of these rates are significantly higher than the Suicide Rate. Compared to the levels seen in earlier years, both the MMR and the IMR have been declining. However, compared to one of the previous Millennium Development Goals (MDGs) targets, namely the reduction of the MMR to 102 per 100,000 live births and the IMR to 34 per 1,000 births in 2015, they have not shown results that are significant enough to be considered successful. This target was part of the reduction of the MMR to 102 per 100,000 live births and the IMR to 34 per 1,000 births in 2015. (Kemenkes RI, 2016).

It is possible for mothers to lose their lives if they do not have access to high-quality medical treatment, particularly quick emergency care. This is especially true in situations where the mother is giving birth. This can be brought about by a number of different things, such as a delay in getting to medical facilities, a delay in receiving medical care once they have arrived at medical facilities, a delay in identifying danger indicators, and a delay in making decisions. In addition, the "4T criteria" state that the cause of maternal death is inextricably linked to the condition of the mother and must always be considered together. These factors include having births too close together, being over the age of 35, being under the age of 20, being too old, and having more than three children in total. This paper aims to explore the challenges and prospects of the maternity waiting home in Wonogiri, Central Java. This challenge needs to be observed so that it does not hinder the development of birth waiting homes in the area so that these health facilities can serve the community well.

## 2. Method

This qualitative descriptive study aims to analyze social life by portraying the social world from the perspective or interpretation of persons in their natural environment. This analysis of Maternity Waiting Home services is based on data collected from informants. This research used purposive sampling. Through in-depth interviews and focus group discussions, data was collected (FGD). There are a total of seven key informants. This study's informants included physicians, midwives as managers of Maternity Waiting Home services, the community, particularly women as care recipients, local health officials as government representatives, and non-governmental organizations. This collection data lasted in one year. The Miles and Huberman (1994) paradigm for data analysis was utilized, which included data gathering, data reduction, data presentation, and conclusion drawing.

## 3. Results

The Wonogiri district includes the sub-districts of Purwantoro, Wonogiri, Pracimantoro, Wuryantoro, and Baturetno. These are the areas where maternity waiting homes have been discovered. The maternity waiting home facility that is situated in Wonogiri has been operating continuously since the year 2017. (Pujihartati, 2019; 2020). The degree of community engagement that is directly associated with maternity waiting home facilities has been shown to have increased over time. Maternity waiting home collaborates with residents of the area who have expressed an interest in renting out their homes for the purpose of utilizing them as sites for these services. Since the maternity waiting home officers are recruited from the puskesmas, one can infer that this is where the officers originate. The maternity waiting home facilities and the equipment that was used have been operated and fitted in line with the requirements, therefore the timetable that was linked with those facilities has been maintained.

According to the information received from a variety of sources, the number of maternity waiting home patients varied, with the range being anywhere from six to ten different persons. The total number of patients who have Jampersal as their primary insurance provider is displayed here. Patients who have Jampersal insurance have a better probability of accessing food and beverage facilities throughout their stay at maternity waiting homes. Patients who have BPJS insurance, on the other hand, do not receive these advantages during their time at maternity waiting homes. Patients with BPJS are not counted since they are unable to use food and drink facilities during their treatment. This is one of the reasons why there is a low participation rate among the public, namely among pregnant women, in order to make use of the services that maternity waiting home gives. Specifically, this is one of the reasons why there is a low participation rate among pregnant women. Patients who have BPJS insurance are said to regularly go to or stop by the maternity waiting home, as stated by the source. Patients who need to use the maternity waiting home facilities within the permitted amount of time are often told to wait if they need to use the facilities within the allotted time, even if their situation is an emergency. This is done because there is a lack of available space. People whose situations are different from Jampersal are unable to benefit from maternity waiting homes.

The problem occurs when future mothers-to-be put their trust in maternity waiting homes. A significant amount of trust is required in order for an maternity waiting home to maintain the continuity of the services it provides. A high degree of trust makes it easier to access a diverse range of resources; as a result, a network with a high level of trust will function more effectively and with less friction than one with a low level of trust (Field, 2011).

During the entire process of putting maternity waiting home into effect in the Wonogiri district, a crisis of trust occurred, particularly among pregnant women. It has been reported to Marmi by an informant that the distance between the puskesmas and the community is not very great, and as a consequence, the puskesmas typically return to their houses. When a pregnant woman and her husband have responsibilities that need to be done at home, such as taking care of the children, they will typically choose to stay at home together and tend to their responsibilities rather than sending one of them out to find work. This is because staying at home together allows them to more effectively divide and conquer their duties. In the case that someone traveled back to the residence, the informant was able to gauge how far away it was and determine whether or not it was located in close proximity to the maternity waiting home.

According to Nunuk, a maternity waiting home officer who works in the Pracimantoro section, the degree to which an individual believes is directly related to their level of trust. Issues with one's self-assurance, such as refusing instructions to wait at maternity waiting home. Despite the fact that there have been cases of women giving birth in the middle of the road while they were on their way back to the maternity waiting home, he claims that the medical staff is powerless to do anything if the patient refuses to remain. He says this even though there have been instances of women refusing to remain. There is no way to know in advance what the results of these occurrences will be.

When asked about trust, the maternity waiting home officer who worked in the Purwantoro section answered, in a slightly different way, that it was much simpler for maternity waiting homes in the Ponorogo district to access locations than it was for maternity waiting homes in that area. This was the explanation given by the maternity waiting home officer. According to him, the possibility exists that this is due to the fact that the cross-province is situated in a more convenient proximity to Ponorogo than either Jampersal or BPJS, depending on whether one can get there first. If you are traveling in the direction of Ponorogo and the Jampersal office is going to Wonogiri, it will take you twenty minutes to reach Ponorogo from where you are now. Despite the fact that maternity waiting home Purwantoro's physical facilities are of a very high standard, access to them is restricted because of the location's remote geographic position.

Problems with trust may also be related to the preferences that individuals have towards the medical care that they receive from physicians or midwives. Many pregnant women make the decision to go home when they still do not show any signs that they are close to giving birth. If the process takes a long time and they do not want to use Jampersal or BPJS, then they make the decision to go to the general public or to a doctor so that they can be treated quickly. This is due to the fact that they are able to receive treatment more rapidly if they go to the general public or to a doctor. The location of the maternity waiting home is yet another one of the factors in play here. Some people are aware of the location of the maternity waiting home despite the fact that it is situated directly in front of the inpatient unit, which is where the officers are positioned; nevertheless, some people are not aware of its positioning. In spite of the fact that there is law enforcement personnel present at the scene, the mothers have decided to go back to their homes because they feel better at ease in their own environments.

#### **4. Discussion**

Basen on research finding, A person's level of trust is exactly proportional to their level of belief. Confidence issues, such as ignoring instructions to wait at a maternity waiting home. In spite of the fact that women have given birth in the middle of the road while returning to the maternity waiting home, he asserts that the medical team is helpless if the patient refuses to remain. Even if there have been cases of women declining to stay, he asserts this. There is no way to predict the outcomes of these incidents in advance. Maternity waiting homes in Wonogiri are eligible, exceptionally on trust issues, because: (1) The location is in close proximity to a puskesmas that is able to provide delivery assistance or to a Regional or Central General Hospital; (2) A resident's house or a house built by the village government; and (3) Has a room bed, kitchen, bathroom, latrine, clean water, and ventilation, in addition to a source of lighting (electricity) (Probolinggo, 2016).

Anderson's theory provides a model for describing the structure of the health care system. The following three factors have the most significant impact on patients' utilization of healthcare services: (1) predisposing factors, such as age, education, occupation, degree of knowledge, ethnicity, and gender parity are all taken into consideration. (2) supporting variables such as income and insurance participation; (3) needs features such as individual evaluation and delivery challenges (Notoatmodjo, 2014).

The characteristics that are linked with the utilization of maternity waiting home include travel time, the cost of transportation, the distance to maternity waiting home, the age of the respondent, the respondent's education, income, and parity, according to the findings of a study that was carried out by Sukoco (2017). While this is going on, research that was carried out by Harahap (2018) finds a number of factors that are connected with the adoption of maternity waiting homes. Knowledge, attitudes, income, parity, access to services, comfort, friendliness,

security, and assistance from puskesmas police, support from community leaders, and support from family members are all included in these criteria.

During the time that they are waiting for the delivery to take place, pregnant women who are at an increased risk of experiencing complications during labor and their companions may choose to stay at a residential transitional kit (maternity waiting home), which is a location that is located in close proximity to a medical facility. Maternity waiting home's mission is to make it simpler for women who are pregnant, mothers who are giving birth, postpartum patients, and infants to receive the care they need, especially in areas where it can be difficult to travel to medical facilities, and to eliminate any unnecessary delays that may occur as a result of this. Women who are pregnant and live in areas that are difficult to access are welcome to stay in maternity waiting homes, which is a temporary residences. They remain there until the beginning of their postpartum period (together with the baby that is born to them) so that they can remain in close proximity to a puskesmas or a Regional or Central General Hospital that can aid them with the process of giving birth.

## 5. Conclusion

According to the findings of the research, the conclusion is the Maternity Waiting Home program in Wonogiri Regency continues to struggle to gain the trust of pregnant women who utilize it as participants. Because they are more preoccupied with domestic issues and earnings, many of them have not made prioritizing this initiative one of their top priorities. For pregnant women who are at a higher risk of complications during delivery, it is critical for them to make use of a maternity waiting home. Appropriate and thorough socialization may be carried out to raise awareness of this issue.

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