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Unprioritizing Maternal Health: Lack of Regulation on Maternity Waiting Home Implementation in Wonogiri

Sri Hilmi Pujihartati¹, Mahendra Wijaya¹, Argyo Demartoto¹

¹Department of Sociology, Faculty of Social and Political Sciences, Sebelas Maret University

Correspondence: Sri Hilmi Pujihartati, Department of Sociology, Faculty of Social and Political Sciences, Sebelas Maret University, Surakarta, Indonesia. E-mail: srihilmi@staff.uns.ac.id

Abstract

Maternity waiting home is one of the services that can be used to improve the health of pregnant women in order to reduce maternal mortality. The role of various stakeholders is needed so that this facility can be implemented properly. Stakeholders in the implementation are the government as policymakers and communities, especially pregnant women who are users of services and third parties who support the service of this service such as non-governmental organizations. This study examines regulation barriers in the implementation of maternity waiting homes in Wonogiri. Data collection is done by interviews and focuses on group discussions. The implementation of maternity waiting homes in the Wonogiri Regency has many obstacles, especially in terms of lack of regulation at the regional level. Support from various parties, especially strong political products in the form of a regulation in the regional area are important for the good implementation of the maternity waiting home in Wonogiri Regency.

Keywords: Regulation, Maternity Waiting Home, Maternal Health

1. Introduction

1.1 Introduce the Problem

Access to health workers is still a problem in parts of Indonesia, due to limited infrastructure, transportation, geographical conditions. Wonogiri with an area that is mostly in the form of limestone mountains, influences the lack of health workers. This relatively difficult geographical access factor is the reason why health services especially the health of pregnant women in emergencies are important to consider. Maternity waiting home facilities need to be used to bridge the gap in health services in geographic locations that tend to be difficult to access.

The condition of the vast area with uneven topography makes the Wonogiri Regency government demanded to provide facilities to facilitate public access, such as transportation, telecommunications, and also facilities which are quite important are health facilities (Pujihartati et al., 2020). The availability of health facilities and infrastructure for the community is certainly expected to improve the health status of the surrounding community.

The level of public health is influenced by four main factors namely behavior, environment, health services, and genetic factors. Therefore, development in the health sector is closely related and influenced by various aspects such as education, culture, physical and biological environment, and other aspects.

1.2 Explore the Importance of the Problem

Maternity waiting home has an important, preventive and curative role in the health services of pregnant women. The facility has the main function in preventing the occurrence of death of pregnant women in critical conditions, especially in the days before delivery. WHO (1996) states that maternity waiting home is a health facility that can be used to treat critical conditions of pregnancy.

Many countries, especially developing countries, such as the African continent, are implementing maternity waiting homes to reduce maternal mortality by making this facility the first health facility for pregnant women, especially during emergencies. Among the countries that have implemented maternity waiting home facilities are Eritrea (Ande-michael et al., 2009), Zimbabwe (Millard et al., 1991; Chandra-mohan et al., 1994, 1995; Tumwine et al., 1996; Spaans et al., 1998; Feresu et al. 2003), Peru (Fraser, 2008), Ethiopia (Poovan et al., 1990; Kelly et al., 2010; Dadi et al., 2018), Liberia (Lori et al., 2014), Zambia (Scott et al., 2018), Malawi (Singh et al., 2016), and many more.

1.3 Describe Relevant Scholarship

Implement the Maternity waiting home program to begin in 2017 in Wonogiri District. Maternity waiting home is placed near health facilities that are used as temporary shelter for pregnant women and their companions for several days before delivery and a few days after giving birth. Maternity waiting home have a primary goal for areas with difficult access and high-risk factors (Pujihartati et. al., 2019a, 2019b). Based on research in Indonesia, there are some studies about maternity waiting homes, such as in Semarang (Sujana et al., 2018) and Maluku (Sukoco and Suparmi, 2017). This paper focuses on a lack of regulation support of maternity waiting home especially in Wonogiri.

1.4 State Hypotheses and Their Correspondence to Research Design

This study attempts to analyze the barriers to implementing maternity waiting home services in Wonogiri District, which focus on the lack of regulation support from the regional government, especially at the district level. This study uses functionalism analysis in explaining the obstacles that occur in the implementation of maternity waiting home.

The functionalism perspective in question is related to the functioning of a social institution in society. This perspective sees that a social institution in the community exists because it is functionally useful and will be destroyed or not function if it is deemed not functional. The establishment of a social institution cannot stand alone in society but the need for a harmonious reciprocal relationship between one social institution and another. This article seeks to explore how health institutions manifested through maternity waiting home have obstacles in their implementation due to the lack of regulations from local governments.

2. Method

2.1 Study design and area

This study attempts to analyze the barriers to implementing maternity waiting home services in Wonogiri District, which focus on the lack of regulation support from the regional government, especially at the district level.

2.2 Data Sources

Primary data in this study consists of several informants that were selected by purposive sampling.

Secondary data was taken from a document obtained from the health department and the relevant literature to this study.

2.3 The Technique of Collecting Data

The process of collecting data are through interviews and focus group discussions. The informants in this study were informants who were stakeholders in the implementation of maternity waiting home in Wonogiri District. The sampling method used was purposive sampling.

2.4 Data Validity and Reliability

This study uses a source triangulation model, namely by clarifying data based on different sources of information (Carter et al., 2014).

2.5 Data Analysis

Data analysis was performed using interactive qualitative data analysis methods (Miles and Huberman, 1994). Data analysis was carried out by exploring the results of the research and elaborating on the theories that became the references in this study. The theory used as a reference in this research is the theory of functionalism.

2.6 Research Ethics

Researcher has confirmed that the collection of data with related informants done consciously and approval participation.

3. Results and Discussion

3.1 Maternity waiting home implementation in Wonogiri

Wonogiri Regency has maternity waiting home facilities in five regions or districts, namely Pracimantoro, Purwantoro, Wonogiri, Wuryantoro, and Baturetno. The location of maternity waiting home in Wonogiri Regency is strategically located and not far from the inpatient health center. Maternity waiting home is a government program to reduce maternal mortality due to being far from health facilities. Maternity waiting home can be used by underprivileged women who have a Maternity Guarantee or Jampersal. For those who use this facility, it will not be charged at all, all borne by the Wonogiri district government.

In every maternity waiting home some administrators are responsible for the day-to-day implementation of the facility. These administrators are usually taken from midwives who are still actively working in inpatient health centers that are located not far from maternity waiting home. All maternity waiting home management in the sub-district under the auspices of the Wonogiri District Health Office in carrying out their duties.

Facilities and infrastructure owned by maternity waiting home in Wonogiri Regency include rooms or a decent house that is rented by the Wonogiri Regency Government with a fee that has been determined to support the existing facilities. In addition to physical facilities (buildings and ambulances), maternity waiting home is also supported by experts, the intention here is the presence of midwives and nurses in the waiting house. Not only that but the mothers who will give birth and want to stop in this Maternity waiting home, will also get food facilities for two people.

3.2 Lack of Regulation

The implementation of Maternity waiting home in Wonogiri Regency cannot be separated from the role of stakeholders to run well. The stakeholders are midwives, health offices, district governments, and the community itself. The relationship between one another or the relationship between stakeholders is expected to improve the quality of travel Maternity waiting home in Wonogiri district.

One of the stakeholders involved in implementing maternity waiting home is the district government. The absence of regulations governing maternity waiting home at the district level is an obstacle to the implementation of these services.

According to Dwi Cahyo, regulations governing maternity waiting home in the form of regent regulations are not yet available. Clear regulations are needed for better implementation of Maternity waiting home. The lack of regulation in implementing maternity waiting home in Wonogiri district reflects that the health program is not one

of the priority health programs in the area. In contrast to Wonogiri, several regions in Indonesia that implement maternity waiting home already have regulations at the district and city levels. This regulation is important so that in its implementation there are no obstacles at the structural or administrative level.

In terms of regulation of birth-waiting programs at the district/city level, Wonogiri District is lagging with many other regions in Indonesia that have implemented the same program. Regencies or cities in Indonesia that have issued regulations related to maternity waiting home on Java Island are Probolinggo, East Java (2016); Bondowoso, East Java (2017); Bandung, West Java (2017); Sidoarjo, East Java (2019); Magelang, Central Java (2018); Cilacap, Central Java (2018); Jepara, Central Java (2018); Lumajang, East Java (2018); Karanganyar, Central Java (2018); Tasikmalaya, West Java (2018); Cianjur, West Java (2019); and Batang, Central Java (2016). Whereas Regencies or cities in Indonesia that have issued regulations related to maternity waiting home outside Java are Bireuen, Aceh (2019); Anambas Islands, Riau Islands (2018); Karo, North Sumatra (2018); Majene, West Sulawesi (2017); Indragiri Hulu, Riau (2019); Polewali Mandar, West Sulawesi (2017); Aceh Selatan, Aceh (2017); Simeulue (2017); Toli-toli, Central Sulawesi (2016); West Lampung, Lampung (2018); East Lampung, Lampung (2018); Sangihe, North Sulawesi (2017); Paser, East Kalimantan (2017); and Wakatobi, Southeast Sulawesi (2016). Most of the regulations are relating to the allocation of funds for childbirth guarantees which in their implementation are used for the maternity waiting home program.

The district government has an important role in the success or failure of implementing maternity waiting home as a stakeholder. According to information from the health department, it was explained that Maternity waiting home in Wonogiri had not been maximized. For the Pracimantoro area itself, there is no such thing now, there is in the Wonogiri part of the city because people are more comfortable being treated at home than in Maternity waiting home because they can gather with family. The change is due to technical instructions that vary each year. By using the perspective of functionalism, it can be analyzed that when an institution is not going well, it will affect other social institutions. In sociology, what is meant by social institutions is a set of rules or norms that govern an important function in society. When health institutions, in this case, the maternity waiting home program, are not supported by structural institutions, in this case, policies in the form of regulations at the regional level, the implementation can certainly be less than optimal. This can be seen in the implementation of maternity waiting home in Wonogiri district.

Conclusion

This study concludes that the absence of regulations at the district level in Wonogiri is an obstacle to implementing maternity waiting home in the area. This shows that the maternity waiting home program is not a government priority. The regulation is important to support the implementation of maternity waiting home.

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