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Implementation of Maternity Waiting Home in Wonogiri, Indonesia

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Abstract

The high maternal mortality rate in developing countries like Indonesia is a health challenge that needs to be addressed immediately. Indonesia has the highest maternal deaths amounted to 305 / 100,000 live births among ASEAN countries. To overcome these problems, the government implemented a program of maternity waiting home in some areas in Indonesia. One of the areas in Indonesia to implement programs of maternity waiting home are in Wonogiri district. This study describes the implementation of the program along with the supporting and inhibiting factors. The method used in this research is a descriptive qualitative method. Informants in this study are related to program stakeholders, such as health authorities, midwives, community users of the facility, and non-governmental organizations. Results from this study are the discovery of various supporting factors and obstacles in implementing the program. Also, this study uses the AGIL approach in explaining the program implementation maternity waiting home studied.

Keywords: Maternity Waiting Home, Indonesia, Maternal Mortality Rate

1. Introduction

1.1 Introduce the Problem

The high maternal mortality rate is one of the indicators in the health sector that need to be taken seriously by developing countries in the world such as Indonesia. Indonesia faces a high maternal mortality rate, which is 305 / 100,000 live births (SUPAS, 2015). The maternal mortality rate in Indonesia is the highest among ASEAN countries.

Maternal deaths in Indonesia most of the deaths occur in the home or on the road, maternal deaths occur after delivery by 60% and maternal deaths occur in the postpartum period by 50%. In general, maternal deaths occur without the help of professionals. Also, delays in access to quality services are factors cause maternal deaths. Other factors are the lack of understanding of family to danger signs for mothers and infants, lack of access to transportation and resources associated with the delay of medical treatment (Kusmiran, 2011).

1.2 Explore Importance of the Problem

A health facility that can be utilized to reduce maternal mortality is maternity waiting home. The study of the utilization of maternity waiting home has been conducted in various countries, especially in developing countries. In Zambia, the waiting home birth service is considered able to make a significant contribution to overcoming the problems of labor (Scott et al., 2018). In Malawi, the maternity waiting home can reduce maternal mortality (Singh et al., 2016). In Ethiopia, the maternity waiting home can reduce more than 80% of maternal mortality rate in the country (Dadi et al., 2018). Maternity waiting home also has potential benefits and effectiveness in Liberia (Lori et al., 2014).

In the case of Guatemala, the implementation of maternity waiting home have several obstacles, including the lack of knowledge related to their homes and wait for the birth of a shortage of funds in the management of maternity waiting home (Ruiz et al., 2013). In Tanzania, maternity waiting home more attractive to poor people (Fogliati et al., 2017). The study explained that placing the maternity waiting home close to hospitals to overcome the inequities between the rich and poor in access to maternal health facilities. Another case with Zambia, home care wait births in the country should be improved in the aspect of human resources and facilities attached to them, so that management and the maternity waiting home decent facilities for the community (Sialubanje et al., 2015).

1.3 Describe Relevant Scholarship

Implementation of maternity waiting home in Indonesia still has many challenges that need to be addressed. There was one case, where the implementation is going well, the maternity waiting home in the district of Semarang (Sujana et al., 2018). But in many cases, there are still many challenges that need to be addressed. In areas such as Attack, Alor, Gorontalo, and Merangin come from the public and inadequate. While the amount of effort and skill of health workers who administer maternity waiting homes are still lacking. Likewise, the maternity waiting home facilities such as toilets, kitchen, water and electricity still require special attention. The policies that take advantage of technological advances in some districts such as Alor and Gorontalo is quite good, but still need improvement and support (Sukoco, 2018).

In particular, maternal mortality in Wonogiri district in 2015 was 129 / 100,000 Birth (Wonogiri District Health Profile of 2015, 2016). In Wonogiri district alone there were five births were waiting homes in five different sub-districts. The location in the district of Pracimantoro, Wuryantoro, Purwantoro, Wonogiri, and Baturetno. Implementation maternity waiting home in Wonogiri district based on several reasons, including the factor of Wonogiri district topographically uneven. Thus, the necessary medical facilities and close to the community response to address labor especially those with a high risk. It is an effort to reduce maternal mortality. But in its implementation, maternity waiting home in Wonogiri district has a variety of challenges.

1.4 State Hypotheses and Their Correspondence to Research Design

Based on these considerations, the authors do further research to find out the implementation of maternity waiting home in the city of Wonogiri, Indonesia. The study focused on the factors supporting and hindering the implementation of maternity waiting home in the area. The theory used is the structural-functional theory by Talcott Parsons. Thus, the mainframe of this study is implementation maternity waiting home can not be separated from social institutions or the relevant stakeholders. The main objective of this study is to describe the implementation of maternity waiting home in the district of Wonogiri, Indonesia. Also, this study aims to identify the contributing factors and factors inhibiting the implementation of maternity waiting home in Wonogiri district.

2. Method

2.1 Study design and area

The main objective of this study is to describe the implementation of maternity waiting home in the district of Wonogiri, Indonesia. Also, this study aims to identify the contributing factors and factors inhibiting the implementation of maternity waiting home in Wonogiri district.

2.2 Data Sources

Primary data in this study consists of nine informants. The informant was four people of the midwife in maternity waiting home, doctor amounted to two people, waiting home birth service users totaled two people and informants are derived from non-governmental organizations amounted to one person.

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

Data collection techniques used in this study consisted of in-depth interviews with key informants, observation, study of relevant documents, and focus group discussions with stakeholders. Moreover, it has held discussions with the targeted community that use facilities of maternity waiting home

2.4 Data Validity and Reliability

The validity of the data used in this study is triangulation. Triangulation is the source of the data validation process by clarifying the different informants (Carter et al., 2014).

2.5 Data Analysis

This study uses a model of interactive data analysis. The data collected is described with the theoretical framework used.

2.6 Research Ethics

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

3. Results

3.1 Supporting factors of the maternity waiting home implementation in Wonogiri

Implementation of maternity waiting home in Wonogiri has various supporting factors. Factors supporting of maternity waiting home in Wonogiri include the availability of Jampersal insurance facilities provided by the government, good support among stakeholders to maximize socialization maternity waiting home in Wonogiri districts and their regular communication between midwives sustainable manner. Supporting factors such as efforts to help reduce maternal mortality by maximizing the waiting house facility service delivery.

The government supports the implementation of the waiting home birth with Jampersal insurance. According to Syafrawati (2015), insurance Jampersal helps pregnant women who experience financial problems to access health services by making it easier for the financing of all pregnant women who do not have health insurance. But insurance-related socialization is still less based on interviews with informants.

The relationships formed between stakeholders already exist but are not maximized in related socialization Wait Birth House. Stakeholders consist of the house waiting for the birth of the government, as the user community, and nongovernmental organizations. In supporting the implementation of maternity waiting home in Wonogiri, stakeholders started with regular meetings that need to be maximized. But it needs to be improved to revive implementation of maternity waiting home in Wonogiri dwindling community participation against him.

Communication that is formed between the midwife already exist but has not been up in support of the implementation of maternity waiting home. The network has been formed between the midwife on a specific area in Wonogiri Regency can be used to support the maternity waiting home that can be further optimized. Midwives have a separate forum among midwives who have regular meetings. The problem is still a lack of socialization related to the intensity of the importance of maternity waiting home facilities for pregnant women to reduce the number of maternal deaths.

3.2 Inhibiting factors of the maternity waiting home implementation in Wonogiri

Implementation of maternity waiting home in Wonogiri has many obstacles that need to be addressed. Lack of community participation in using the facilities of maternity waiting home can be seen from several factors. Inhibiting factor in the service of maternity waiting home in Wonogiri is as follows.

According to informants Tutik, as midwives, mother's confidence is still strong with the midwives not to maternity waiting homes. Many people still put their trust midwives practice independently rather than waiting for the birth of house facilities. It can come from a lack of socialization maternity waiting home facilities in Wonogiri district. "[Maternity waiting home] is not effective, so if here on midwives. Midwives existing private rooms, it could be for the family, so maybe waiting homes in rural communities that here it is not necessary. Home waiting for the birth as possible to the people here still do not know so it did not matter really" (Tutik).

According to Dwi Cahyo, as an informant, There is no rule of law in the district or city governing maternity waiting home in Wonogiri district. Regulation at the national level concerning maternity waiting home listed in the Minister of Health of the Republic of Indonesia Number 82 of 2015. Although at the national level exists, but the law at the district / city is not in Wonogiri. This is a limiting factor for the maternity waiting home facilitation in Wonogiri. Legal framework necessary for the implementation of this maternity waiting home runs optimally. Forced power possessed by the rule of law can encourage stakeholders to implement the mandate of the regulation, which is relevant regulations maternity waiting home as quickly as possible if it has no legal basis.

Still a lack of support from relatives and families of pregnant women waiting to use the facilities is also an inhibiting factor. The public unaware of the importance of maternity waiting home facilities sidelined with matters that are household and cultural. It can hinder implementation maternity waiting home in Wonogiri district. The families are sometimes concerned with domestic matters rather than follow the advices of maternity waiting home that are considered a waste of time. Geographical access is also one of the causes of families prefer home deliveries or midwife waiting nearby than home births.

People who are in the service area of maternity waiting home in Wonogiri district are confused about the use of insurance Jampersal and amenities Wait Birth House. Jampersal insurance is specialized insurance to give birth. The lack of public knowledge regarding this matter can be one of the obstacles for the implementation of Jampersal insurance and maternity waiting home facilities. To overcome this, the need for intensification of socialization related maternity waiting home facilities and urgency to reduce maternal mortality and the use of Jampersal insurance.

4. Discussion

This study uses the AGIL perspective in explaining the implementation of maternity waiting home in the Wonogiri district. AGIL concept is the development of structural functionalism theory to put forward four absolute prerequisites that must be satisfied by any society, group or organization. Elements of the basic functions of AGIL is Adaptation, Achievement, Integration, and latency (Ritzer, 1975).

In the context of adaptation, each system must be capable of performing the functions of adjustment to the external environment and reduction of external emergencies. maternity waiting home is clear evidence of the functioning of the adaptation because the house waiting for the birth comes from the external issues that need to be resolved is still relatively high rates of maternal mortality in Indonesia, especially if they see potential in Wonogiri district. Access to the region in Wonogiri is tortuous and who are not crowded housing residents as much forest. This is the urgency of the need for the implementation of maternity waiting home.

On the other hand, the adaptations made to the needs of the community were in the service using a single type of insurance is not. Communities in Wonogiri district who want to take advantage of maternity waiting home can use Jampersal insurance, insurance BPJS, or independently. Ideally, maternity waiting home is intended for pregnant

women who have Jampersal insurance. However, due to the insurance-related socialization less than the maximum, so that people who do not know Wonogiri such insurance. Socialization can improve public participation in the house waiting for the birth (From et al., 2019).

Goal Attainment functions are functions that exist on a system to achieve the objectives previously planned. In this case, the house waiting for the birth and stakeholders in Wonogiri district strives to achieve a primary goal, which is to reduce maternal mortality during childbirth by providing maternity facilities for pregnant women. Maternity waiting home facilities intended for pregnant women, in particular, have a high risk in childbirth. Geographic factors in Wonogiri district adds to the urgency of implementation of maternity waiting home.

Achievement of the objectives in the implementation of the waiting home birth is not maximized because there is no legal basis. The absence of a legal basis at the district level related maternity waiting home becomes one of the factors inhibiting the achievement of objectives. The legal basis is important because to encourage the implementation of maternity waiting home more successful as in other areas in Indonesia.

Function integration ensures that a system can manage and maintain the relationship between the parts into components. In this context, the function of integration in the implementation of maternity waiting home in Wonogiri district has the primary purpose of ensuring stakeholders to house facilities services wait births communicate and relate well. The relationship among stakeholders is an important factor in maintaining integration in the implementation of maternity waiting home.

System integration functions in the implementation of this maternity waiting home have not run optimally. The regular meetings between stakeholders routinely held every month. However, the discussion on the implementation of maternity waiting home is still sidelined and less be a priority. Factors the functioning of other integration is trust between the community midwife or officers who are at home waiting for the birth. Communities in Wonogiri district lacks confidence in the midwife who was at home waiting for the birth because people have been using a midwife private or outside the house waiting for the birth of the facility so that it reduces the integration in the implementation of maternity waiting home. The distance covered towards the house waiting for the birth also affects the family so corpulent that want to deliver at home or the nearest midwife if any. This is consistent with research Sukoco and Suparmi (2017) that the travel time and distance associated with the use of maternity waiting home.

Function latency ensure a system and its elements running consistently based on their respective functions. The system should be capable of functioning as a custodian of the pattern. A system must maintain and improve the motivation patterns of individuals and cultural.

Latency function in the context of the implementation of house waiting for birth is the passage of socialization and activities associated with it so that the public and stakeholders increase the awareness about the urgency of the implementation of house waiting for the birth. Socialization latency function that the implementation of maternity waiting home run optimally. In the case of the implementation of maternity waiting home in Wonogiri district, it has not been implemented optimally dissemination to the public. This case is similar to the study of maternity waiting home in Guatemala that has not been up to socialize (Ruiz et al., 2013). In studies in Wonogiri, found that community participation in using the facilities of maternity waiting home have not been as expected. People need to understand the birth process to avoid the risk of pregnancy (Pujihartati, 2019). For that, it needs to be improved and if necessary change the pattern and how to disseminate to the public so that information related to this pending home facility known by the public.

Conclusion

Implementation of maternity waiting home in Wonogiri needs to be improved. This study found the factors supporting and inhibiting factors in the implementation of the maternity waiting home. Supporting factor is the

Jampersal insurance that facilitate access to finance in the use of this facility for the underprivileged, communication between midwives who are already established but needs to be maximized in the socialization of the house waiting for the birth, and relationships between stakeholders that need to be improved to make the house waiting for the birth as a top priority discussion on each occasion. While the inhibiting factor is the trustless the maternity waiting home facilities, no rule of law in the district or city governing Maternity waiting home, and lack of social and family support for using this facilities to pregnant mom.

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