

DEVELOPING INTEGRATED NETWORK AMONG STAKEHOLDERS ON IMPLEMENTING MATERNITY WAITING HOMES: A CASE IN WONOGIRI, INDONESIA

Sri Hilmi Pujihartati¹

¹*Department of sociology, Faculty of social and political sciences,
Sebelas Maret University*

ABSTRACT

Maternity waiting home is an important facility that helps lower maternal mortality rate. maternity waiting home has been implemented in many developing countries in the world. in Indonesian case, particularly in Wonogiri regency (Indonesia), there are some challenges inhibiting the implementation of maternity waiting homes. this research aims to develop a model of dealing with the challenge to the implementation. this research used case study approach. some challenges were found in the implementation of maternity waiting home in Wonogiri. using sociological analysis, the development of network among stakeholders can overcome the challenge to the implementation of maternity waiting homes existing in Wonogiri.

Keywords: *Maternity Waiting Home; Integrated Network; Maternal Health*

1. PENDAHULUAN

Maternity waiting home plays an important role in reducing maternal mortality rate¹⁻⁴. This facility functions primarily to prevent maternal mortality in critical condition, particularly in days before delivery. Maternity waiting home becomes an important facility in many areas in the world to provide delivery facilities in the areas with high geographical discrepancy^{2,3,5,6}. Maternal health facility is an important issue, recalling geographical discrepancy, and time efficiency can support an appropriate medical treatment to prevent maternal mortality^{1,2,5,7}.

Access to health facilities still becomes a problem in some Indonesian areas, because of limited infrastructure, transportation, and geographical condition. Wonogiri, the areas of which are mostly lime mountains, has limited number of health workers⁸. Relatively difficult geographical access makes the healthcare service particularly for pregnant women in emergency condition important to consider. Maternity waiting home facilities should be utilized to bridge healthcare service in less accessible geographical location^{9,10}.

Wide territorial condition with uneven topography requires Wonogiri Regency government to provide facilities to give the people easier access to transportation, telecommunication, and the fairly important facility is healthcare. The existence of public health facilities will improve the health of surrounding people. Public health degree is affected by four basic factors: behavior, environment, environment, healthcare service, and genetic factors. Therefore, health development is closely related to and affected by education, demography and geography, natural and living environment, social-cultural development and other aspects.

Maternity waiting home is a governmental program designed to lower maternal mortality rate due to long distance to maternal facilities. Poor pregnant women with delivery insurance (Indonesian: *Jaminan Persalinan* or *Jampersal*) can be used maternity waiting home facility. No charge is collected at all from those using this facility, because Wonogiri Regency Government assumes all the costs. There are five maternity waiting homes in five different sub districts in Wonogiri Regency⁸. The maternity waiting homes existing in Wonogiri Regency are located strategically close to the hospital. Maternity waiting home is a room or house feasible to be hired by Wonogiri Regency Government with specified cost to support the existing primary healthcare facility. In addition to physical facilities (building and ambulance), maternity waiting home is also supported with some experts including midwives and nurses.

2. METODE

This study is a qualitative research with case study approach. This research has been conducted for three years. This research used interview and focus group discussion in the process of collecting data. The informants consist of health office, administrators of maternity waiting home, including physician or midwife in the facility, pregnant women, bureaucrat or head of sub district (camat), NGO, and people using maternity waiting home service. This research used purposive sampling technique.

3. TEMUAN STUDI DAN DISKUSI

3.1. The Challenge to the Implementation of Maternity Waiting Home

In Indonesian cases, exactly in Wonogiri Regency (Indonesia), some challenges are found inhibiting the implementation of maternity waiting home. They are, among others, people's poor awareness and knowledge on the existence of maternity waiting home, limited resource of health workers in maternity waiting home, and poor communication between stakeholders. Using social capital analysis and network, the development of network among stakeholders can overcome the challenge to the implementation of maternity waiting homes existing in Wonogiri.

Trust is an important aspect to the sustainability of maternity waiting home service. Trust provides much access to a variety of resources. A higher trust network will function more smoothly and more easily than the lower one. The implementation of maternity waiting homes in Wonogiri Regency experiences trust crisis, particularly from pregnant women. The informants said that the distance of public health service (puskesmas) to the people's house compared to the domestic responsibility they should assume when they stay in maternity waiting homes, so that they prefer going home. When a pregnant woman and her husband have some responsibilities needing to be competed at home, like taking care of children, they prefer going home to do so.

Trust issue also relates to people's preference for physicians (doctor) or midwives. When pregnant women have not indicated parturient signs, most of them prefer going home and if the process takes a long time, they do not want to use Jampersal/BPJS, and they prefer going to general facilities or to physician to get treatment quickly. The location of maternity waiting homes is another reason. In addition, inadequate information on the location of maternity waiting homes becomes a distinctive challenge. Some people know and some others do not know the existence of maternity waiting homes, despite its location in front of the inpatient

ward of primary health care facility. Although they know, some of them prefer going home because they feel more comfortably at home.

3.2. Discussion: Integrated network among Stakeholders

The development of network among stakeholders can be a model to deal with the challenge to the implementation of maternity waiting homes existing in Wonogiri. Important stakeholders involved in this network are Health Office of Wonogiri Regency, Puskesmas of Wonogiri Sub district, Higher Education in Health Area, Bureaucrat and users of maternity waiting homes. All parties play their own role supporting each other. This network is expected to be a new model in implementing a maternity waiting home comprehensively. This network is created and integrated into each other through a communication forum among stakeholders conducted once a month. This communication can be offline meeting, online meeting, and mailing list interaction occurring among stakeholders. The existing synergy can encourage the better development of maternity waiting homes.



Figure 1. Integrated Stakeholders Network

1. Health Office of Wonogiri Regency
Health Office of Wonogiri Regency functions to be the one responsible for the maternity waiting home program and the allocation of budget to the program. This office plays regulatory function in the maternity waiting home program. Maternity waiting home is a part of primary program conducted by the Health Office of Wonogiri Regency. The Health Office is the executor of government regulation's mandate to organize maternity waiting home program in certain regions in Indonesia, including Wonogiri. Therefore, the successful implementation of maternity waiting home existing in Wonogiri highly depends on the seriousness of Wonogiri Regency's Health Office.
2. Puskesmas of Wonogiri Sub District
Public Health Center (Puskesmas) of Wonogiri Sub District is an important stakeholders recalling that puskesmas has some public health promotion units being the featured program to the public health promotion unit existing in the puskesmas. Therefore, mutualistic relation (mutualism) can grow between puskesmas of Wonogiri Regency and maternity waiting homes existing in Wonogiri Sub District. Puskesmas and office health can build intensive communication for the successful implementation of maternity waiting homes. Social network may result from intensive communication and strong synergy in the parties.

3. Higher Education in Health Area

Higher education in health area plays a role highly supporting the successful implementation of maternity waiting homes. Higher Education in health area functions to provide paramedics and medical volunteers for the maternity waiting home program. It becomes an important solution because the maternity waiting homes existing in Wonogiri encounter some obstacles in fulfilling the need for human resource. The health workers existing in maternity waiting homes existing in Wonogiri is not always ready to use because the personnel is taken from proximate hospital or puskesmas. The personnel will come to the maternity waiting homes if only a patient come to this home. If no patient comes to this home, the health workers will not be available. Therefore, the presence of medical volunteers provided by higher education in health area who are willing to be assigned in the maternity waiting homes can be a solution to the problem related the availability of human resource in the maternity waiting homes existing in Wonogiri.

4. Bureaucrat

Surrounding bureaucrats or governmental officials play an important role in this network. Governmental official plays promoter function in the network of maternity waiting home implementation. Bureaucrats contribute to promoting this facility and persuading the users of maternity waiting homes to utilize it as maximally as possible. Through charismatic approach taken by bureaucrats and with the local prominent figure's help, people can be invited to know and to use maternity waiting homes in urgent condition. Therefore, the maternity waiting homes are expected to suppress the maternal mortality rate.

5. People as the users of maternity waiting homes

People using the maternity waiting homes, particularly pregnant women, are a very important stakeholder in a successful implementation of maternity waiting home in Wonogiri. Public enthusiasm and participation in the maternity waiting home facilities are the keys to a successful implementation. The challenges faced in the implementation of maternity waiting homes existing in Wonogiri are, among others, poor knowledge and awareness of the importance of maternity waiting home. People's low interest in the maternity waiting home make the program not implemented well. Therefore, communication, information, and education concerning the existence of maternity waiting homes should be provided more intensely to the people.

REFERENCE

- C. S, K. M, M.S. P, E.M. K, D.H. H, R.A R. Improving Access to Skilled Facility-Based Delivery Services: Women's Beliefs on Facilitators and Barriers to the Utilisation of Maternity Waiting Homes in Rural Zambia. *Reproductive Health*; 2015.
- Kelly J, Kohls E, Poovan P, et al. The role of a maternity waiting area (MWA) in reducing maternal mortality and stillbirths in high-risk women in rural Ethiopia. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2010;117(11):1377-1383.

- Getachew B, Liabsuetrakul T. Health care expenditure for delivery care between maternity waiting home users and nonusers in Ethiopia. *Int J Health Plan Manag.* 2019;34:1334-1345.
- Lori JR, Williams G, Munro ML, Diallo N, Boyd CJ. It takes a village: a comparative study of maternity waiting homes in rural Liberia. *The Lancet Global Health.* 2014;2:11.
- Dadi TL, Bekele BB, Kasaye HK, Nigussie T. Role of maternity waiting homes in the reduction of maternal death and stillbirth in developing countries and its contribution for maternal death reduction in Ethiopia: a systematic review and meta-analysis. *BMC health services research.* 2018;18(1):748.
- Vermeiden T, Schiffer R, Langhorst J, Klappe N, Asera W, Getnet G. Facilitators for maternity waiting home utilisation at Attat Hospital: a mixedmethods study based on 45 years of experience. *Trop Med Int Health.* 2018;23(12):1332-1341.
- Koblinsky M, Moyer CA, Calvert C, Campbell J, Campbell OMR, Feigl AB. Quality maternity care for every woman, everywhere: a call to action. *Lancet.* 2016;388(10057):2307-2320.
- Pujihartati SH, Demartoto A, Wijaya M. Implementation of Maternity Waiting Home in Wonogiri, Indonesia (November 7, 2019. *Journal of Social and Political Sciences.* 2019;2:4,.
- Ruiz MJ, Dijk MG, Berdichevsky K, Munguía A, Burks C, García SG. Barriers to the use of maternity waiting homes in indigenous regions of Guatemala: a study of users' and community members' perceptions. *Culture, health & sexuality.* 2013;15(2):205-218.
- Singh K, Speizer I, Kim ET, Lemani C, Phoya A. Reaching vulnerable women through maternity waiting homes in Malawi. *International Journal of Gynecology & Obstetrics.* 2017;136(1):91-97.