

Distrust of Healthcare Services: Pregnant Women's Lack of Willingness to Use Maternity Waiting Home Service in Wonogiri Regency

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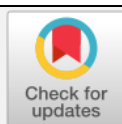
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ABSTRACT

To reduce the maternal mortality rate, a health service program that ensures the good health of pregnant women is needed. Maternity Waiting Home (MWH) is a program to reduce maternal mortality. This program is implemented in various regions in Indonesia, and the one is in Wonogiri Regency. In its implementation, it is not uncommon to find obstacles that come from various parties. This study uses a qualitative descriptive method to explain the Maternity Waiting Home (MWH) service and its distrust. This study seeks to explain the trust of various stakeholders, especially pregnant women, in the Maternity Waiting Home (MWH) service in Wonogiri Regency. Focus Group Discussions (FGD) and interviews were conducted to collect data by generating samples from various stakeholders. In reality, the Maternity Waiting Home (MWH) service in Wonogiri Regency experiences obstacles, especially from the trust of its users. Many pregnant women are unwilling to use the Maternity Waiting Home (MWH) service for several reasons. There is distrust in the service because of many factors. This study concludes that Maternity Waiting Home (MWH) service stakeholders in Wonogiri Regency should address and fix this important problem by intensifying socialization about the urgent of Maternity Waiting Home (MWH) service.

Keywords: Distrust; Maternity Waiting Home; Pregnant Women; Reproductive Health

1. Introduction

A health service program that ensures good health for pregnant women is needed to reduce maternal mortality. Maternity Waiting Home (MWH) is a program to reduce maternal mortality. Maternity Waiting Home can prevent pregnancy risk for pregnant women who have long-distance travel to the hospital.

Several studies have evaluated Maternity Waiting Home services in developing countries. Maternity Waiting Home has decreased ten times the maternal mortality rate in Nigeria ([van Lonkhuijzen et al., 2009](#)). In Latin America, such as Nicaragua, Cuba, Brazil, and Colombia, it can properly carry out its functions ([Rafael et al., 2008](#)).

This program is implemented in various regions in Indonesia. not only in the Wonogiri Regency, but many regions in Indonesia have also implemented Maternity Waiting Home programs to reduce maternal mortality. Among them are Bandung Regency ([Bupati Bandung, 2017](#)); Probolinggo Regency ([Bupati Probolinggo, 2016](#)); Magelang Regency ([Bupati Magelang, 2018](#)); Cilacap Regency ([Bupati Cilacap, 2018](#)); Jepara Regency ([Bupati Jepara, 2018](#)); Sidoarjo Regency ([Bupati Sidoarjo, 2019](#)); Lumajang Regency ([Bupati Lumajang, 2018](#)); Karanganyar Regency ([Bupati Karanganyar, 2018](#)); Bondowoso Regency ([Bupati Bondowoso, 2017](#)), and other regions.

In implementing Maternity Waiting Home in the Wonogiri regency, several obstacles need to be overcome. One of them is the lack of public understanding of the Maternity Waiting Home facility in the Wonogiri Regency ([Pujihartati et al., 2019](#)). Besides, people also do not fully trust the existing Maternity Waiting Home facilities.

This study explores the attitudes of pregnant women as users of this health care who don't prioritize even don't trust it for several reasons. Trust is an important element of social capital ([Fukuyama, 2002](#)). This study uses social capital analysis in explaining the trust of the Maternity Waiting Home in the Wonogiri Regency.

2. Literature Review

Research related to the particular implementation of waiting around houses in different regions on earth is usually widely available. Nevertheless, many of these types of studies still concentrate on implementing Maternity Waiting Home in Africa countries. This research includes research that has been carried out within African countries this kind of as Zambia ([Scott et al., 2018](#)), Malawi ([Singh et al., 2016](#)), Liberia ([Lori et al., 2014](#)), Eritrea ([Andemichael et al., 2009](#)), Zimbabwe ([Feresu et al., 2003](#)), and Peru ([Fraser, 2008](#)).

Although maternal mortality avoidance efforts can end up being carried out when handled properly, there are three elements of 'delay' that will continue to be difficult for the particular handling from the wellness of pregnant women within emergencies ([Lori & Starke, 2012](#)). Three delays consist of: the delay within the decision to find treatment (this is usually reflected in ethnic beliefs and common myths, gender roles within the decision making procedure, and lack associated with awareness); delay within reaching health amenities in time (distance, poor terrain, lack of transportation); and delays in receiving adequate care at health facilities (lack of skilled care, gear, equipment) ([Thaddeus & Maine, 1994](#)).

Nearly all women appreciate Maternity Waiting Home's important role in increasing accessibility to skilled midwives and improving mothers' health outcomes. Nevertheless, several factors, such as women's lack of connection with decision-making autonomy, widespread gender inequality, decreased socio-economic status, and socio-cultural norms, prevent them from using these services.

In addition, non-availability associated with money to purchase for the particular advantages of children and mothers to utilize during labor inside the clinic worries relative in purchase to staying house and caring for kids. Also, concerns regarding bad circumstances and absence of interpersonal and health schedule require Maternity Waiting Home, which is associated with enough sleep, bedding, consuming water, sterilization providers, food, and preparing food facilities. Moreover, healthcare professionals and midwives fail to go to regular folks at Maternity Waiting Home to make sure their particular protection prevents females from using Maternity Waiting Home.

These findings emphasize essential targets regarding involvement and recommend supplying females with just about all the skills. In addition, resources to assure decision-making autonomy and overcome prevalent sexual intercourse and cultural norms demean their particular social standing (Sialubanje et al., 2015).

The Maternity Waiting Home model can significantly contribute to the prevention associated with maternal (and newborn) deaths in non-urban Guatemala. However, Maternity Waiting Home can only perform efficiently if planned and implemented with local women and neighborhood involvement and assistance.

Concerning effective operating of Maternity Waiting Home, it will be promoted in the neighborhood, and a recommendation system that effectively regulates; the high quality, cultural suitability, and sustainability of Maternity Waiting Home will have to be ensured. Also, communication with the private hospital because the quality of their services, including culturally appropriate care, is improved. In this continuum of care, Maternity Waiting Home may become able to bridge geographical gaps, local community relations with health services, and, ultimately, reduce the number of maternal and baby deaths between the countryside, indigenous communities (Ruiz et al., 2013).

This study tries to use the trust concept by Fukuyama to explore the main issue. Trust is a hope that arises in a community that behaves normally, honestly, and cooperatively based on shared norms in the interests of community members (Fukuyama, 2002). Trust is an attitude of mutual trust in a united community and contributes to increased social capital.

Maternity Waiting Home offers a potential treatment for the serious problem of women providing long birth distances to hospitals or even having their children in the towns within the care connected with trained midwives. Right after maternal death is usually recognized as essential to address, and initiatives to reduce mother's mortality have led to considerable success.

3. Research Methodology

This research is a qualitative descriptive study that seeks to analyze social life by describing the social world from the perspective or interpretation of individuals in a natural setting. This study seeks to analyze Maternity Waiting Home services by collecting data from informants. This study uses purposive sampling. Data collection was done through in-depth interviews and Focus Group Discussion (FGD). The main informants are seven people in number. Informants in this study consisted of doctors, midwives as administrators of Maternity Waiting Home services, the community, especially women as users of services, local health officers as representatives of the government, and non-governmental organizations.

FGD was conducted twice. This research was conducted for three months. Data analysis was performed using the model of Miles & Huberman (1994), which involved elements of data collection, data reduction, data presentation, and conclusion drawing.

4. Results and Discussion

4.1. Implementation of Maternity Waiting Home

Maternity Waiting Home in Wonogiri are found in Purwantoro, Wonogiri, Pracimantoro, Wuryantoro, and Baturetno districts. The Maternity Waiting Home facility in Wonogiri runs from 2017 (Pujihartati, 2019). Socialization related to Maternity Waiting Home facilities has been intensified for the community. Maternity Waiting Home collaborates with residents who want to rent out their house to be used as a facility (Pujihartati et al., 2020b). Health Workers who work in Maternity Waiting Home come from the health center. The schedule regarding the Maternity Waiting Home facilities and the equipment used has been functioned and equipped according to the standard.

According to pregnant women who became users of the service, Maternity Waiting Home patients are varied, ranging from six to ten people. The number is the number of patients using Jampersal insurance. Compared with patients using BPJS Kesehatan (Healthcare and Social Security Agency) insurance, the excess of patients using Jampersal insurance gets food and beverage facilities while in Maternity Waiting Home while patients using BPJS Kesehatan insurance do not get it. BPJS Kesehatan because they do not get food and beverage facilities are not recorded. This has become one of the causes of low community participation, in this case, pregnant women, to take advantage of Maternity Waiting Home. According to the informant, BPJS Kesehatan insurance users also usually stop by at Maternity Waiting Home. Because of limited space, it is sometimes advisable for patients to stop by if it is not urgent or urgent to use the Maternity Waiting Home facility at the appropriate time. Maternity waiting home cannot be used for patients other than Jampersal.

4.2. The Problem of Distrust on Maternity Waiting Home Implementation in Wonogiri

Trust is an important aspect of the continuity of service in a Maternity Waiting Home. Trust gives a lot of access to various resources, and a high trust network will function more smoothly and easier than a low trust (Field, 2011).

The implementation of Maternity Waiting Home in the Wonogiri Regency is experiencing a crisis of trust, especially from pregnant women. According to Marmi, an informant stated that the distance between the Puskesmas (public health center) and the community is not far, so they tend to go home. When pregnant women and husbands have responsibilities that need to be resolved at home, such as caring for children, they choose to go home while caring for their children. The informant also looked at the distance of the house if someone came back to Maternity Waiting Home.

According to a Maternity Waiting Home officer in the Pracimantoro sub-district, trust is a matter of belief. Issues of belief such as refusing to wait in the Maternity Waiting Home. According to him, if the patient refused to stay, the medical officer could not do anything even though there had also been an incident of childbirth in the middle of the road while on the way back to Maternity Waiting Home. These events cannot be predicted.

The issue of trust is also related to people's preference for doctors or midwives. When pregnant women still do not show signs of approaching childbirth, many choose to go home, and if the process takes a little longer not to wear Jampersal/BPJS Kesehatan, then choose to go to the public or the doctor they can be quickly treated. The location of the Maternity Waiting Home is also a reason. Then for the Maternity Waiting Home location in the area, some know, and some don't know, even though the place is in front of the inpatient where there is staff, but in choosing to go home because the mothers are more comfortable at home.

According to Warseno, an informant of FGD, the patient's habit of waiting because many of it was crowded and was finally referred to Ponorogo, so there was no need to wait long. Some patients underestimate the condition, so they have to be educated face to face, the socialization at the Posyandu (Integrated Healthcare Center) is also there, but the socialization is weak because there is no transportation money for participants who attend it, so it doesn't work even though the socialization has been held all the time because now most of the residents' mindset is different from before.

From an interview with one of the sub-district heads in Wonogiri Regency, he explained that the community in this area is mostly agriculture. It should be socialized more because it is still not optimally conveyed to the community. The community also pays less attention to the risks or dangers experienced by pregnant women, such as hypertension. Still, it is dangerous for the baby in the womb and also for pregnant women too.

Based on the explanations above, it can be drawn that the trust between pregnant women as service users and Maternity Waiting Home is still lacking. Besides, good relations and communication between stakeholders need to be established stronger. The success of these facilities can be maximized by applying a planned social capital model, and between one stakeholder and other stakeholders can provide trust. This can be applied in promoting more integrated socialization to create an understanding between one another.

Maternity Waiting Home can function if planned and implemented together with the participation of the surrounding community. Maternity Waiting Home can establish good communication between existing health facilities such as hospitals and lower-level health facilities. In this case, a Maternity Waiting Home may bridge the geographical gap and ultimately reduce the number of maternal and newborn deaths in rural areas (Ruiz et al., 2013).

To overcome the lack of trust requires serious efforts. There are various inputs from various stakeholders of the Maternity Waiting Home, one of which is to strengthen the existing social networks.

According to one informant who is also an academic, a social network is needed in the journey of the Maternity Waiting Home to run optimally. Maternity Waiting Home is still needed even though many Maternity Waiting Home suddenly doesn't exist or are deleted. Maternity Waiting Home should be filled with creative ideas. Psychological education is needed so that pregnant women are comfortable living in the Maternity Waiting Home. Do not suddenly change or disappear. The program here should help the main problems so that it can run and be developed again with the development of technology that is now sophisticated so that people feel confident and attracted to the Maternity Waiting Home. It is unfortunate when 2019 changes, there should be an effort or effort can be with social funds in the neighborhood itself.

Additionally, some informants provide suggestions to build social networking for the maternity Waiting Home within Wonogiri Regency. For example, target mobilization, mothers who are usually late for the particular month are instantly given an e-book and educated to visit a midwife or even health center.

The particular informant also suggested alternative models concerning building social networks. The socialization runs through healthcare professionals or midwives, which are also numerous. In addition, there is the Birth Planning and Complication Prevention Program or *Program Perencanaan Persalinan dan Pencegahan Komplikasi* (P4K), an activity facilitated by midwives to increase the active role of hubby, family, and neighborhood in planning secure delivery and preparing to face potential complications during pregnancy and maternity. It includes planning to use the Contraception or *Keluarga Berencana* (KB) method right after

maternity by using P4K stickers to enhance the coverage plus quality of wellness services for moms and newborns.

There are stickers mounted on the MCH (Maternal Child Health) guide supervised by health professionals or even midwives, such as blood pressure and hemoglobin from pregnant women. Furthermore, there are important factors to consider, namely being past due in deciding to refer, being past due getting to the particular destination, and getting dealt with late. If it is too past due to decide to refer and it is in its final stages to reach the destination, pregnant women usually do not want to or can also be from family members who usually do not would like to. And in case it is too late to get treatment occurs when the shift change time will be 7 am and 2 pm, there are health workers less probably because it is shifting.

Social networking is an element of social capital that must become considered in maximizing the implementation of the maternity Waiting House in the Wonogiri Regency. Based on the research findings, it is recognized that a social network has begun to form between stakeholders but is not yet strong. Inter-village midwife networks that exist in certain locations in Wonogiri Regency do not possess maximum outcomes in promoting the particular agenda and emergency of the Maternity Waiting Home. This could be strengthened by different steps, including applying the social funds-based model.

In each Maternity Waiting Home, some administrators have the effect of the day-to-day execution of the service. These administrators are usually extracted from midwives who are nevertheless actively working within inpatient health facilities, not Maternity Waiting Homes. All Maternity Waiting Home administration within the sub-district below the auspices associated with the Wonogiri Regency Health Office within carrying out their particular duties.

Services and infrastructure possessed by Maternity Waiting Home in Wonogiri Regency include areas or a good house that will be rented by the Wonogiri Regency Government and a fee that has been determined to assist the present facilities. In addition to bodily facilities (buildings plus ambulances). The intention right here is the existence of midwives plus nurses in the particular waiting house. However, the mothers who will certainly give birth and want to remain in this Maternity Waiting Home will furthermore get food services for two people (Pujihartati et al., 2020a).

The element of community perception will be related to the particular enthusiasm of the particular community in making use of the Maternity Waiting Home facilities in this area. For example, it is assumed that rather than waiting, it is better to go home can be a less supportive factor in implementing Maternity Waiting Home. Especially patients who are not Jampersal, who do not get food and beverage accommodations. According to the informant, if the coverage includes Jampersal and BPJS Kesehatan insurance, increasing the number of patients further is possible.

The socialization was carried out from the health office in the area and then delivered through the midwife's forum. An example of this is in the midwife forum at the sub-regency level. These networks were instrumental in promoting the Maternity Waiting Home in this regency. If the midwives find potential patients to use the Maternity Waiting Home facility, then the midwife can promote and invite the patient to use the facility. In addition, the informant opened the practice of independent midwives so as well as conducting personal socialization.

5. Conclusion

Based on the research results, it can be concluded that the confidence of pregnant women as users of the Maternity Waiting Home program in Wonogiri Regency has still lacked trust. Many

of them have not prioritized this program because they are more concerned with domestic affairs and profits. Appropriate and comprehensive socialization can be carried out to instill awareness of the importance of using a Maternity Waiting Home for high-risk pregnant women.

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7. Declaration of Conflicting Interests

The authors have declared no potential conflicts of interest concerning the study, authorship, and/or publication of this article.

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