The Role Of Law In The Improvement Of Maternal Health In Central Sumba

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Abstract- This research focuses on the issue of how law should be developed to improve maternal health issues at the regional level, particularly in Central Sumba Regency, East Nusa Tenggara, Indonesia. Based on the presumption that law can be used as a tool to achieve the goals of the community, this study aims to assess the current policy and regulations concerning maternal health and to prescribe the development of law needed to address this crucial issue. This research adopts empirical approach in which valid data were collected directly from field assessment. Interview with key informants (including local government officials and traditional leaders) and documentary study are the main methods used in collecting data. Techniques to confirm data validity were intensely applied, mostly triangulation (in terms of both source and method) and source-based cross-checking. This research adopts qualitative analysis which is conducted simultaneously along with data collection process. This research found that local regulation needs to be issued to regulate various aspects needed to improve maternal health standard in Central Sumba.

Keywords- Function Of Law; Indonesia; Maternal Health; Sumba.

I. INTRODUCTION

In Indonesia, since the year of 1990 strategic measures have been taken to reduce Maternal Mortality Rate (MMR) through *Safe Motherhood* approach, based on the sound assumption that every pregnancy carries risks, despite the mother's good health condition before and during pregnancy. Through this approach, the *World Health Organization* (WHO) developed *"Four Pillars of Safe Motherhood"* to describe the different measures to be taken to save mother and her baby in one single integrated process. The four pillars are family planning, antenatal care, clean and safe delivery, and essential obstetric care. These four pillars serve as one of the methods to support maternal and infant health.

As part of its effort to reduce MMR in Indonesia, the government through its Health Ministry since 1990 has launched the *Safe Motherhood Initiative*. This was followed later by *Gerakan Sayang Ibu* or Love Mom Movement program initiated in 1996 by the President of the Republic of Indonesia. This program was massive in that its implementation required a wide scope of involvement of the health sector as well as the other related sectors.

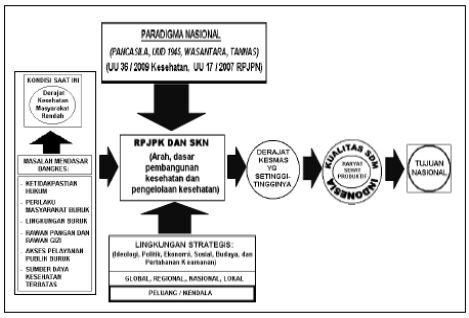
One of the primary programs which has been devised to overcome maternal mortality issue was large-scale deployment of midwives to villages which aims to bring access to mother health service closer to the community. Another attempt that has been carried out is the implementation of *Making Pregnancy Safer* strategy, which was formally launched in 2000. In 2012, the Health Ministry launched *Expanding Maternal and Neonatal Survival* (EMAS) program for the purpose of reducing maternal and neonatal mortality rate by 25%.

The risk of maternal death due to childbirth in Indonesia is 1 of 65 childbirths which is far higher than 1 of 1,100 childbirths in Thailand. In addition to this, disparity of inter-regional (provincial) maternal mortality in Indonesia is still high. To speed up the decrease in MMR a Continuum of Care approach may be used in this regard as a way to tackle the deaths of mothers, babies, and children. This concept is one of the undertakings in maternal and infant health issue by the Ministry of Health. The Continuum of Care Approach, particularly in maternal and infant health service, focuses its attention on health services provided during the first 1000 days of life. This is in line with the work plan to accelerate the attainment of Millennium Development Goals (MDGs), where target of health development program is set based on the pertaining life cycle condition. Hence, it's targeting pregnant women, women in labour, women in postpartum period, and breast-feeding women; and covering as well certain age groups, such as babies, under-five-year-old children,

elementary school aged children, and women of child-bearing age.

Efforts that have been put in Continuum of Care for mothers among others is ensuring that every mother can have proper access to qualified health service, such as health service for pregnant women, childbirth care by skilled health personnel in health care facilities, postpartum care for mothers and babies, special care and referral when complication occurs, facilitation to obtain pregnancy and maternity leave, and family planning service

Figure 1. Thought Flow of Health Development Plan and National Health System [1]



To ensure that the goals of health development are attained, the National Health System (Sistem Kesehatan Nasional or SKN) was arranged based on Presidential Regulation No. 72 of 2012 on National Health System. SKN is a health management system administered by every component in Indonesia, which basically requires integrative approach and mutual support from all of the stakeholders to ensure the achievement of the highest level of health in the community.

In reality, the health level of women, including maternal health aspects is, in particular, affected predominantly by various factors which most of them are beyond the scope of health sector control. Thus, promoting health efforts which exclusively involves only the health sector will less likely be able to create required health preconditions.

This situation subsequently raises some issues such as the implementation of maternal health standards and procedures in a particular social environment where cultural factors play a substantial role, such as in Central Sumba. From the legal point of view, the relevant issue emerging from this situation, which is at the center of this study, is how law should be developed to address the problem of maternal and child health in the regency of Central Sumba. It is expected that the results of this study could also be implemented in other regions (municipals or regencies) to address similar problems.

II. PROBLEMS

Based on the previous description, the research issues that will be addressed in this paper are specified as follows first, how health care practices were implemented to respond maternal health issues in Central Sumba? And second, how could law be utilized to improve maternal health in Central Sumba?

III. RESEARCH METHOD

This research adopts empirical approach in which valid data were collected directly from field assessment. Interview with key informants (including logal government officials and traditional leaders) and documentary study are the main methods used in collecting data. It is acknowledged that in such research the validity of data is crucial, so techniques to confirm data validity were intensely applied, mostly triangulation (in terms of both source and method) and source-based cross-checking. This research adopts qualitative analysis which is conducted simultaneously with data collection process.

To approach the second research issue, documentary study on relevant regulations which are related to the protection and improvement of maternal health was also performed properly. In this regards, the regulations studied includes law and regulations at the national level as well as at the regional level.

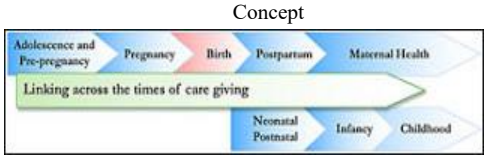
IV. DISCUSSION

1. Implementation of Health Care Practices for the Improvement of Maternal Health in Central Sumba

The high MMR in East Nusa Tenggara Province was reckoned with data from Cities and Regencies; one of them is from the Regency of Central Sumba. The number of mortality cases reported in Central Sumba fluctuates year after year. In 2012, there were 2 maternal mortality cases; while in 2013, there was 1 maternal mortality case. Maternal Mortality were 2 cases in 2016. To suppress maternal deaths during childbirth, as mentioned above, the following major

attempts are made: increasing the pregnancy class coverage and the improvement of antenatal service.

Figure 2. Mother and Child Health Care Continuum Concept



The concept of a "continuum of care" has emerged as a new paradigm for dealing with maternal, infant and child mortality and is very important for combating maternal, infant and child mortality. The first dimension of this continuum is time - from before pregnancy, through pregnancy, childbirth, and the days and years of life. The second dimension of this continuum is place - it connects various levels of home, community and health facilities.

Figure 3. Dimensions of place of care continuum

Special interventions, delivered at certain time frames, have multiple benefits. Linking interventions in packages can reduce costs by enabling greater efficiency. The continuum for the health of mother, baby and child usually refers to the continuity of individual care. Continuity of care needed throughout the life cycle (adolescence, pregnancy, childbirth, postnatal period, and childhood) and also between places of care (including household and community, outpatient and outreach services, and clinical care arrangements) .

We define a population-level or public health framework based on the delivery of integrated services throughout the life cycle, and propose eight packages to promote maternal, infant and child health. These packages can be used to provide more than 190 separate interventions, which will be difficult to improve one by one. The packages include three delivered through clinical care (reproductive health, midwifery, and care for sick newborns and children); four through outpatient and outreach services (reproductive health, pregnancy care, after childbirth and child health services), and one through integrated family and community care throughout the life cycle. Mothers and babies have a high risk in the first days after birth, and the lack of a defined care package after childbirth is an important gap, which also contributes to discontinuity between maternal and child health programs.

Likewise, because family and community packages tend not to be considered part of the health system, some countries have made systematic efforts to scale it or integrate it with other levels of care. Building a continuum of care for maternal, infant and child health with this package will need to test effectiveness in various settings; policy support for integration; investments to strengthen the health system, and operational results-based management, especially at the district level.

Pregnancy Class Coverage is operationally defined as the percentage of *Puskesmas* (Community Health Centres) organizing pregnancy class at a minimum of 4 times a year in their working area. Based on data collection from 5 sub-districts in Central Sumba Regency from 2012 to 2013, it shows that the coverage percentage of pregnancy class has not yet entirely been reported by all *Puskesmas*, thus there's no data that can be generated from Central Sumba Regency's Health Profile in 2012 and 2013. Pregnancy class is regarded as highly key as a medium to promote maternal and infant health. In pregnancy class, participants will receive various information about healthy pregnancy, childbirth, exclusive breastfeeding, baby care, nutrition intake for children, and many more.

Basic health service that has been carried out by health service facility, one of them is the Antenatal Service (V1 and V4). V1 coverage or access to service for pregnant mothers making their first visit to health service facility to obtain the antenatal service. Whereas V4 is a comprehensive account of pregnant mothers who have received pregnancy service that follows pregnancy service standard and also have made at least four visits distributed in one time visit during the first trimester, one visit in the second trimester, and twice during the third trimester.

National target V-1 coverage is 100%, V-4 is 95%, and complication management is 75%. In Central Sumba Regency, in 2012 and 2013 V-1 coverage is 100%. However, in 2015 V-1 coverage was down to 72.3%. Whereas, V-4 coverage in 2012 was 76%, and experienced a slight increase by 78.2% in 2013. V-4 coverage declined once more in 2015 for as much as 69.5%. The percentages of V-1 ad V-4 coverage in Central Sumba Regency are still far below the National Target. On the other hand, after the percentage of maternal case for complication management in 2012 was only 35.4%, it then had a steep increase by 84.7% in 2013.

The Central Sumba Regency has 8 *Puskesmas* operating in its area, which are located in Wairasa, Mananga, Maradesa, Lendiwacu, Malinjak, Lawonda, Pahar, and Weeluri. Since the size of these areas varies, the number of the Puskesmas doesn't correspond to the number of sub-districts. Some sub-district doesn't have Puskesmas (Katikutana) in their area; while in other areas, they have more than one *Puskesmas* (such as Umbu Ratu Nggay which has 3 Puskesmas).

The numbers of facilities in Central Sumba Regency are 29 POLINDES (delivery service clinics), 1 health clinic, 186 *Posyandu* (centres for pre- and post-natal health care), 8 *Puskesmas*, and 1 hospital. It is that, however, *Puskesmas* that provide PONED (Neonatal Obstetric and Basic Emergency Service) which currently are short in human resources.

Health personnel provided is sufficient in number, with a percentage around 70% moving on to an ideal ratio, with the following details: 15 medical personnel, 171 nursing personnel, 73 midwifery personnel, 8 pharmacy personnel, and 31 other health personnel. The numbers of doctors in Central Sumba Regency are 2 medical specialists, 12 general practitioners, and 1 dentist. The competency of health personnel has also been adequate and kept on being improved. For midwives, the minimum qualification for education they need to have is D3 level (a 3 Year Study Program); as for nurses, they are required to have professional qualification of ners.

The Health Office of Central Sumba Regency received a budget of Rp28,235,319,741.- in 2012 and Rp32,475,464,892.- in 2013. This budget is composed of mainly from Central Sumba Regency's APBD (Anggaran Pendapatan dan Belanja Negara or Regional Budget) (74.94% in 2012 and 75.39% in 2013) and APBN (Anggaran Pendapatan dan Belanja Nasional or National Budget) for an amount of 25.06% in 2012 and 24.61% in 2013. Looking at the total budget of Regency's APBD, the Central Sumba Regency's APBD allocation for health in 2012 was 5.45% and was raised to 6.61% in 2013. Total health budget per capita in 2012 was Rp443,101.- per capita/year; while in 2013 was Rp 495,007.54 per capita/year.

Indicators of Maternal Health which are still below the national target in Central Sumba Regency suggest a complex issue. Some indicators demonstrate a decline in the past few years. Apparently having near-ideal ratio of health personnel is not enough to resolve complex issues in Maternal Health field, moreover with general practitioners ratio dominated by non-permanent staff which only add to the already existing problem where doctors are frequently being transferred due to their short term of office. Even with every Puskesmas carries out supporting program for Maternal Health once a month, this remains insufficient to improve maternal health comprehensively.

To improve maternal health, it demands an inter-sectoral collaboration where hard work exclusively on the side of the health sector would not be sufficient, since help from other sectors would be equally needed. Community empowerment needs to be done by intensifying the involvement of village officials and inspiring more active involvement of the local community. Instead of passively waiting for programs that Puskesmas launches, they are also active in social activities, such as in Posyandu, become the helping hand of Puskesmas, and active nutrition cadres. For this reason, a precise budget allocation that will appropriately meet the needs is required to avoid the community from having double burden.

2. The Role of Law in the Improvement of Maternal Health in Central Sumba

The discussion of the second issue relates to the concept of the development of law. As a concept, development of law could be understood in at least two meanings. Firstly, development of law as a set of measures to modernize law. In he context of this paper, it means the renewal of the positive law to fit the need to serve the community, especially the

mothers whose interests need legal protection. Secondly, development of law could also be understand as the measures to functionalize the law in the course of development. Unlike the modernization of the law, this second meaning of the development of law requires the existing laws to be used as a way to encourage social changes as required by a developing society.

"Ubi societas ibi ius" (wherever there is society, there is law) is an adagium commonly quoted to assert the fact that law and society are two inseparable elements. Further, it is only sensible that every society embraces a notion that the law operates amongst them is not just an ordinary law, but a good law. A good law is a law that reflects values of life that a society embraces. Considering that changes are inevitable in any society and so are their value system, the challenge is thus to choose which values that will be adopted as the very foundation of the law.[2]

Unfortunately, it seemed that to some degree the value of life as reflected in the cultural practices among the Central Sumbanese is not always compatible with the goals of protecting pregnant women. In Central Sumba, pregnant women are still required to do daily housework including the harsh cultivation activities. Attention to and protection of pregnant women require improvement, since there's still a common belief that it's normal for pregnant women to keep doing day-to-day works around the house despite their condition. Dissemination to raise awareness about the importance of protection of pregnant women has been done; improvement, however, seems to be necessary

To improve the maternal health, inter-sectoral collaboration is necessary. Depending exclusively on the health sector would not be sufficient, and assistance from other sectors would definitely be needed. Community empowerment needs to be done by intensifying the involvement of village officials and inspiring more active involvement of the local community members. Instead of passively waiting for programs arranged by the *Puskesmas*, they should take a more active role in social activities, such as in *Posyandu*, becoming the helping hand of *Puskesmas* and becoming nutrition cadres. For this reason, a precise budget allocation that will appropriately meet the needs is required to avoid the community from having double burden. Budget allocation itself would not only concentrate on curative program, but also on preventive and promotive programs to improve maternal health.

At this point, local laws and regulations could be used to facilitate the involvement of the community members as well as other stakeholders in dealing with maternal health issues. Local regulations on the improvement of maternal health could be issued, in which particular regulaion on the participation of the community and stakeholders in maternal health issues could be inserted. In addition, the regulations could also be arranged to mobilize the provision of funds needed to improve maternal health standard in Central Sumba.

To achieve national target indicators for Maternal-Infant Health and to succeed Maternal-Infant Health Programs (MIHP)[4], the Central Sumba Regency requires Regional Regulation that can prompt related sectors in maternal health program improvement, and govern the implementation of Maternal, Infant and Child Health Revolution in Central Sumba Regency to enable the activation of inter-sectoral programs for rapid national target achievement. This Regional Regulation serves as the product of law that will give the authority to implement Nusa Tenggara Governor Regulation No. 42 of 2009 on Maternal Health Revolution in East Nusa Tenggara Province as a part of the efforts to reduce maternal mortality during labour, new-born mortality, and under-five mortality.

To provide legal protection for mothers, it is important to consider the nature of the relationship between men and women and the gender injustice. Gender injustice and discrimination are imbalance and unequal or unjust conditions resulted from social structure system where men and women are the victims of this system. Gender injustice occurs as a result of beliefs and justifications instilled within the minds of the society and of individuals in various forms. Manifestation of gender injustice resulted from discriminations includes: marginalization, subordination, violence, and double burden. Socialization to raise awareness about the importance of protecting pregnant women has been done, however the tradition of pregnant women doing housework practised from generation to generation still remains. Double burden imposed to women, particularly in this case pregnant women

that is roles and responsibilities to handle all sort of domestic works every day, still takes place. From cultural perspective, many a time this double burden is viewed as a form of dedication and noble sacrifice. However, endless sacrifices may lead to injustice since it may jeopardise the health of pregnant women, and worse, may lead to the mother's death during childbirth.

When the state fails to provide adequate protection to institute the health of pregnant women and women during childbirth, it is substantially marginalization to women needs; this will result in the exclusion of women from obtaining their right to receive welfare, since the fulfilment of their health right is not guaranteed. In a nation life, its welfare is largely connected to the role the government plays in fulfilling the needs of mothers as the citizens of the country, particularly in health sector. In regard to this Barr (1987) stated that:[3]

> *The concept of the welfare state ... defies precise definition. ... First, the state is not the only source of welfare. Most people find support through the labour market for most of their lives. ... Individuals can secure their own well-being through private insurance; and private charities, family and friends also provide welfare. Second it does not follow that if a service is financed by the state it must necessarily be publicly produced. ... Welfare is thus a mosaic, with diversity both in its source and in the manner of its delivery. ... [T]he term 'welfare state' can ... be thought of 'as a shorthand for the state's role in education, health, housing, poor relief, social insurance and other social services'.*

According to the World Health Organization (WHO), health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Whereas, health system based on law is one of the methods the State applies to fulfil the rights of its society. According to Law No. 36 of 2009 on Health[5], health development is part of the national development which aims toward improving the awareness, willingness, and ability of every individual to live healthy, to realize the optimum health level for the community. This becomes the goals and principles of health development which are indicated in Article 2 and 3 of Law No. 36 of 2009, which read the following:

> *Article 2*
>
> *Health development is administered under the principles of humanity, balance, usefulness, protection, respect to rights and obligations, justice, gender and non-discriminatory, and religious norms.*
>
> *Article 3*
>
> *Health development aims to improve awareness, willingness, and ability of every individual to live healthy in order to realize the highest possible health for the community, as an investment for the development of productive human beings, socially and economically.*

Establishment of local regulations containing rules on maternal and child health is one of the important parts of legal development at the local level to provide protection for the rights and interests of mothers and children. The scope of norms of such regulations needs to consider the necessity of providing integrated, comprehensive and qualified antenatal care, including pregnant women's health and nutrition counseling, family planning counseling and breastfeeding. The regulations also need to eliminate missed opportunities for pregnant women to obtain integrated, comprehensive and qualified antenatal care; early detection of pregnancy abnormalities / diseases / disorders, intervention against pregnant abnormalities / diseases / disorders as early as possible and referral cases to health care facilities in accordance with the existing referral system. Indicators used are coverage of 1st visit, coverage of 4th visit, and complication handling. In addition, other aspects that need to be clearly regulated in the local regulation shall include:

The principles, objectives and scope of the local regulations need to be clearly defined to ensure the relevance of regulations. Regulatory principles need to be laid down as the foundation for regulation of various aspects of local regulations on maternal and child health (MCH). These principles are intended to invigorate the norms contained in the local regulations concerning the MCH services, so that the whole norms in the regulation constitutes a united comprehensive norms bound

by common principles. The relevant underlying principles includes humanity, balance, wholeness and continuity, benefit, protection, transparency, justice, and non-discrimination.

The rights and obligations of the parties related to the protection and improvement of MCHs should also be contained in local regulations on MCH. This content reflects the rights held and the obligations that must be carried out by various parties within the framework of protection and improvement of the MCH. Since the rights and duties are contained in a legal instrument, it is certainly to be understood that they are legal rights and obligations that should be performed and fulfilled.

In addition to the obligations of the local governments derived from higher legislation, the obligations of the other parties such as the general public, educational institutions, private sector businesses, maternal health service providers that address the regulation of local regulations, as well as their families should also be properly regulated.

The management of Maternal Health Services should also be included in the regulations. This aspect covers the principles of the implementation of maternal health protection and improvement which is basically the obligation of the government. In addition to governmental obligations, the authority and responsibility of the local government should be regulated as well.

The Protection and Improvement of Maternal Health needs to be regulated through provisions in local regulations that focus on regulating maternal health services under various conditions. These conditions include the condition of the mother during pregnancy, childbirth and post-childbirth.

Reproductive Health is another important aspect that needs to be addressed in regulations. In general reproductive health is a complete physical, mental and social condition, not only freedom from disease or disability in all aspects relating to the reproductive system, reproductive functions and processes. The issue of reproductive health is an important link in a series of efforts to protect and improve maternal health. In that connection, there are some rights that need to be guaranteed in the local regulations, such as the right of men and women to obtain information and obtain safe, effective, and affordable access both economically and culturally and the right to enjoy adequate levels of health services so that women have the opportunity to undergo the process of pregnancy safely.

One important aspect affecting the quality of reproductive health is accurate knowledge and information on reproduction systems, functions and processes. Some subjects that need to be regulated are the information management, health monitoring, immunization, reproductive health education, gender equality and special job-related treatment.

V. CONCLUSION

The role of the state through a pro-mother legal development to bring maternal health into fruition is regarded as highly necessary and pressing issue to actualize. The role of the regional government on the other hand as the extension of the central government leaves the regional government as legal development's driving force that can help decrease the maternal mortality rate. This role is achieved through harmonious legal formation at central and regional level and enforcing the laws that have been made (*law enforcement*).

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[3] G. Bertram, *Assesing the Structure of Small Welfare States,* London: Commonwealth Secretariat and United Nations Research Institute for Social Development, 2011.

[4] Maternal Infant Health Program (MIHP) is support program for pregnant women, new parents and families from a team of public health office, social workers, and nurses.

[5] Law No. 36 of 2009 Concerning Health