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ANALYSIS OF PUBLIC HEALTH POLICY IN REDUCING MATERNAL MORTALITY NUMBER

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ABSTRACT

By the emergence of good local governance paradigm, local government must innovatively manage local uniqueness to create community self-reliance in health care. By using qualitative perspective and theoretical analysis on public policy and sustainable development in local context, the research results revealed some development strategies on health and maternal care. Firstly, (a) upholding cross-sector policies through Public Private Partnership and Good Corporate Governance to serve equitable health outcomes by developing health infrastructure and health personnel in local area. (b) Implementing Good Village Governance to enhance local economic growth and achieve the outcomes of village autonomy system. (c) Understanding health as a system, thus, solutions and policy alternatives must consider thinking sub-systems of health care for women, such as gender development and social capital.

Keywords: ***Public Policy, Public Health, Local Wisdom, Development***

1. Introduction

Public health has always become a major issue faced by all countries in this fast-changing world. Problems and challenges of health care for maternity are complex; moreover, a current global attention of Sustainable Development Goals highlights the urgency of public policy to reduce maternal mortality number. The Indonesia's health policy has become critical concern for national and local development program. The data poorly indicates that maternal mortality rate still recognized high. Unexpectedly, one of the causes is that communities (some villagers) consider having childbirth with the help of non-medical workers.

Maternal and child health determines the level of health in a country. According to Law No. 23 Year 1992 about Health, health primarily and firstly put family health as development priority. The successful implementation of health system and policy determines maternal and child health because mother and child are groups of people who firstly hit by unexpected and unpredicted disaster which may be happened in certain areas.

Health efforts in Indonesia aim to provide health services equally to all levels of society, as part of efforts to improve the health status of the population, especially the vulnerable groups, namely: infants, children, toddlers, pregnant women, nursing mothers and childbirth.

Basic policy input must consider prioritizing mother and child as a group of society who have a high risk for illness when compared with the class of adolescents due to their low immune system. Besides that, the health of children is determined by the mother who gave birth both in terms of the default/derivatives as well as in terms of services to children. As a consequence, if maternal and child health care can be enhanced, future health of the younger generation will also be maintained and the health of the nation will be assured.

Researcher has noted that in some places, the use of Traditional Birth Attendants (TBAs) still remain the first choice. However, very little is known about the background that shaped this preference. Besides that, a cultural one, there are some factors; social, economic which affect the index of maternal mortality number, particularly development factors.

Health is crucial for sustainable development, both as an inalienable human right and an essential contributor to the economic growth of society. Health is also a good summative measure of the progress of nations in achieving sustainable development goals. It significantly contributes to national development through productive employment and human resource, reduced expenditure on illness care and

greater social cohesion. By promoting good health at all ages, the benefits of development can be extended across generations.

Investments in primary health care can promote health across all social groups and reduce health inequities, including maternal mortality number within and between countries. Strives to improve performance of health systems by enhancing financial and human resources, appropriate use of technology and governance practices will advance this agenda. Local potential for providing medium-large scale employment as frontline health workers, particularly to women and young persons, should be utilized to strengthen the economy and improve health services.

This paper tries to analyze public health policy in term of how local government facilitates public consciousness regarding maternal health care. Research focuses are: (a) theoretical analysis of public health and pro-poor policies, (b) analysis of public health (especially maternal health) from sustainable development perspective, (c) governance practices (Public Private Partnership and community engagement) in maternal health care development.

As a remarkable result, the conclusion of this paper is expected to provide alternative solutions. Still locally, maternal health care relies mostly on the socio-cultural aspects of local area combining with social cohesion and community trust (Agyepong & Liu, 2014).

2. Theoretical Framework and Analysis

2.1. Public Policy and Public Health: Definition and Understanding

Policy is a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern (Parson, 2006). Policy was a tactic and a strategy geared to achieve goal (Amara Raksasataya in Islamy, 2004). Therefore, a policy contains three elements (Wahab, 2008):

1) Identification of objectives.
2) Tactics or strategies of the various steps to achieve the desired goals.
3) Provision of inputs to allow the implementation of real tactics or strategies.

Policy analysis involves an essential skill possessed by the prospective social workers, especially those who will be working on a macro setting (community and social systems) (Suharto, 2008). Analysis of public policies helps providing recommendations to assist policy makers as an effort to solve public problems. Public health policy analysis contains information to formulate and assess policy alternatives, recommendations (Nugroho, 2004).

Health is defined as a personal condition of physical; mental; spiritual and social to enable more people to live socially and economically

productive (Law Number 36 Year 2009 about Health). Despite the undoubted health advances in many areas, poor health continues to be a constraint on development efforts. In some cases the process of development itself is creating conditions where, as a result of economic, political and social upheaval, inequities, environmental degradation, and human health suffers (WHO, 2002). In conclude, health is not simply described as a medical term, otherwise, it can be viewed in terms of non-medical perspectives. Public health involves more complex physical condition of environment, community behavior and social capital.

2.2. Public Health and Sustainable Development

Sustainable goals of global development or better known as SDG's contains 17 agreements of sustainable development jointly agreed upon by at least 193 countries in the General Assembly of the United Nations (UN) on September 25, 2015 New York, United States. On the agenda, Indonesia was represented by Indonesian Vice President Jusuf Kalla to generate vision of global sustainability. The agreement is valid from 2016 which officially replaces the Millennium Development Goals (MDGs).

Sustainable development goals promote seventeen transformative purposes agreed upon and applied to all nations without exception. SDGs formulation process is different from the process of formulating the MDGs, in the formulation of the SDGs promoting the principle of "no man left behind". SDGs also contain principles that emphasize equality between countries and between citizens which are universally applicable for all the states of the UN member involves developed countries, developing countries and poor countries.

Purposes of SDGs include eradication of poverty; zero hunger; health and welfare enhancement; good quality of education; gender equality; clean water and sanitation; green energy; good job and economic growth; innovation and infrastructure; reduced inequality; sustainable cities and communities; sustainable consumption and production; protecting the planet (preventing the impact of climate change); keeping life below water (marine resources); maintaining terrestrial ecosystems; peace and justice; and revitalization of the global partnership.

Health system in Indonesia closely related to the quality of family health. A healthy province created from a healthy district; healthy counties created from healthy districts; healthy district that comes from a healthy village; A healthy village created from a healthy family, the analogy implicitly explained that the creation of a healthy country come from small groups most of the state,

namely a family. By recognizing this, national and local government has been working on a program that leads to increase community empowerment efforts with lead preventive efforts on community based health program.

The presence of community empowerment can create an independent community to increase health quality. Therefore, sustainable human development must be enlightened to achieve success on community empowerment. It can be said that, sustainable health or human development is the priority of governance process (Rachmat, 2004).

Health development efforts of the region has been reflected in the formulation of the vision of national government led by The President of Indonesia, Joko Widodo, called as "A Nawacita: 9 future ideas of Indonesia". Specifically on health sector, Nawacita established points of sustainable health development in remote areas and villages within the framework of local autonomy or decentralization.

The presence of the Village Law is a great achievement for the advance of rural development and health development in particular. With decentralization, the village government is authorized to manage the village in order to grow. The decentralization process must be done on an ongoing basis, all the stakeholders are faced by many challenges, thus a creation of harmony between local/regional government's health programs can be synergized by national government's program.

Significant aspect of sustainable development in maternal health program covers the principles of POSDCoRB - planning, organizing, staffing, directing, coordinating and controlling, reporting and budgeting, also evaluation. Not to mention, political conflict of interest in local autonomous areas can sometimes make this decentralized system should receive special attention.

By prioritizing sustainable development, societies commit to progress across four dimensions: economic development including the eradication of extreme poverty, social inclusion, environmental sustainability, and good governance. Each of these dimensions contributes to the others, and progress across all four is required for individual and societal wellbeing.

Health is inherently important as a human right, but is also critical to achieving these four pillars. National aspirations for economic growth cannot be achieved without a healthy and productive population. While health benefits from economic growth, its value as a critical catalyst for development led to health related goals being centrally positioned in the Sustainable Development Goals (SDGs). Child and maternal mortality became a measure of a

nation's overall development, along with poverty eradication, the empowerment of women, and environmental sustainability (WHO, 2002).

2.3. Public Health Policy: A Social Capital Perspective

Law No. 36 Year 2009 about Health has outlined clearly that public health development is the responsibility of many parties including the Central Government through the Ministry of Health and also local government through the Department of Health, and the technical implementation unit in the field. However, the responsibility is not yet capable to be properly executed entirely by the government, such as the provision of amenities, facilities and infrastructure of health services for the community, especially at the village level. This leads to increasingly complex problems faced by the villagers.

To be noted that villagers have traditional structures and belief to be practiced in daily activity including health. Villagers have social bonding as known social capital; it refers to resources accessed by individuals and groups within a social structure that facilitate cooperation, collective action, and the maintenance of norms (Veenstra G., 2000). In health research, social capital has been measured by indicators such as levels of interpersonal trust, the presence of reciprocal exchanges between citizens, and membership in civic organizations. Social capital can be further conceptualized as both a community as well as an individual-level attribute (Kawachi I., 2006).

In addressing health problems at the national level, central government has taken some policies, such as programs to reduce maternal mortality by providing "special birth security program" to help mothers during childbirth labor. Looking at the various policies that have been taken by the central governments, it should be examined why the existence of health policy in Indonesia still experiencing a low level of health quality.

Public health is science and art that aims to prevent disease, prolong life and enhance the value of health (Winslow in Entjang, 1993). In public health, health is more inclined to such things as sanitation, environment, good housing, free of disease and health service infrastructure. However, public health care still typically received less attention from policy makers (Sarwono, 1992).

By looking at the issues of public health policy in Indonesia, the researcher analyzes public health policies by using social capital perspective. The World Bank (in Jousairi, 2006) defines social capital as "something that refers to the institutional dimension, created relationships and norms that shape quality

and quantity of social relationship and society". By the development of social capital, community cohesion may help improving health quality and achieving a healthier living system.

Social capital approach may give preferences for local government to differ health policies bases on local values (Suharto, 2006). In certain areas, sick people have not to buy medicine at a pharmacy; this is probably due to local people have previously developed traditional herbal medicine. By using social capital perspective, local government could provide surveillance of the circulation of this traditional herbal medicine. In addition, there are many mothers who gave birth using the help of traditional birth attendants (TBAs), or Shaman-child or *dukun beranak*.

A more complex development of community empowerment and social capital practices can be realized through the development of the group of mothers, infants and young children in village. The group is a means of social communities to develop innovation activities such as supplementary feeding for infants and toddlers, social funds and savings and loans groups, as well as build a cooperative network with various stakeholders such as the Women's Empowerment Movement (PKK), clinic and private sector.

Village community is expected to take advantage of social capital by building network cooperation among members of society that is based on mutual trust, mutual care, help, adherence to the values, norms, and pro-active action manifested in the joint action (collective action) to meet public needs in solving a variety of health problems that occurred.

The role of community leaders and village officials as well as executive actors in the field as members of the community also contributes to the existence of social capital in village. Social capital can help community build confidence and social networks both informal and formal. By embracing social capital development, citizens especially those living in rural areas are more able to access health information, design the system of health services, act collectively to improve health infrastructure, actively support the efforts of preventive health and change cultural norms that are detrimental to health.

The ability of communities to maintain the existence of social capital in the community also cannot be separated from several major actors, such as community leaders, religious leaders or village officials and executive actors who are directly employed in the field. A number of efforts that have been or will be taken to preserve and promote the spirit of social capital, based on the results of the research are to maintain the

traditions that have been around a long time in the community.

Various traditions not only become cultural heritage, but also a social means of community group discussion to strengthen fraternal relations, increase mutual trust, mutual caring, mutual help and cooperation among villagers. The role of village officials, community leaders, religious leaders and health workers is important as an example for the community, able to act transparently and responsibly in every activity carried out in the village.

The active involvement of all elements of society must also be maintained. Every element of society is given an equal opportunity to participate, express ideas or opinions for the sake of solving problems together. True social capital cannot survive on its own in nature, but should always strived to be maintained and enhanced through the example of community leaders, religious leaders, village officials, health workers, health officials that always urge people in every activity together, provide motivation to continue and enhance the independence of people in health sector.

3. Results and Analysis

1) General Facts and Analysis

Maternal and newborn care practices in Indonesia are strongly influenced by diverse local belief systems. Central among these beliefs is the role of fate or God's will in the outcomes of pregnancy and delivery (Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia, 2013). Indeed, multiple anthropological studies in Indonesia have revealed deep-rooted belief systems in which maternal and child deaths are influenced by magic, fate, and God's will. Several inquiries into maternal deaths have uncovered community-held beliefs that little can be done to save the life of a pregnant woman or newborn (UNFPA, 2008; Agus, Horiuchi, and Porter, 2012).

In some cases, the use of traditional birth attendants (TBAs) is still dominant because women believe that following traditional beliefs and relatives' suggestions will lead to a healthy pregnancy and birth (Agus, Horiuchi, and Porter, 2012).

> Nevertheless, there has been growing recognition of the benefits of skilled medical care, and yet persistent barriers affect perceptions of quality, cost, and access. Family members of deceased women or children cite problems with health care access, fees, and inattentive medical personnel as factors contributing to deaths. These views suggest that there is recognition that some deaths are indeed preventable and are consistent with pregnant

women seeking improved care and resources when barriers are removed (Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia, 2013).

Table 1. Causes of Maternal Deaths

Severe bleeding	25%
Indirect causes including anemia, malaria, heart disease	20%
Infection	15%
Unsafe abortion	13%
Eclampsia	12%
Obstructed labor	8%
Other direct causes including ectopic pregnancy, embolism, or complications of anesthesia	8%

Source: (Goodburn & Campbell, 2001)

Creating a functioning health system is the most obvious means of providing this type of environment. Most of the resources needed to improve essential obstetric care exist as integral parts of district health systems. In a functioning district health system the availability, accessibility, use, and quality of essential obstetric care are expected to be high and maternal mortality is expected to be low (Goodburn & Campbell, 2001).

Despite progress in reducing maternal deaths in Indonesia, pregnancy still puts the health of women at risk. Inequalities of public health development for maternal health care linked to public and private health services, professional medical attention, traditional healers and birth attendants, and all public health activities (WHO, 2000).

The lowest level of primary care is found in the villages, where most facilities are community-based and provide service for primary health care and prevention programs. In each sub-district, at least one health center is supposed to be headed by a doctor, supported by two or three sub-centers of which the majorities are headed by nurses. Health centers focus on health promotion, sanitation, mother and child health and family planning, community nutrition, disease prevention, and minor emergencies (Ministry of Health, 2004). Some health care centers, especially those in rural areas, have not succeeded in carrying out both curative and preventive tasks because the doctors who are supposed to work in these centers do not stay in rural areas. Large numbers of nurses posted to rural areas also open private practices in villages or cities (Webster, 2012). Few training centers for midwives are located in villages, and only 70 percent of midwives remain in villages; others migrate to cities (WHO, 2012).

2) Governance Practices on Public Health

Government is obliged to

provide insurance and services on maternal health equally to all community. The responsibility is also included in the adjustment of resources in health sector by prioritizing public health promotion and preventive services to approach community groups and families in the lowest level of health facility; a *Puskesmas*. Yet, in the other hand, private sector and community are also responsible to cope with a variety of health problems that have not been able to be fully resolved by the government. Limited ability of the government should be a boost for other stakeholders to help meet the needs of health care services for the community,

Governance paradigm offers a connected interaction of three main stakeholders (state or government, private sector and civil society. Good governance is the most applicable concept of governance. Practically, the implementation of good governance requires parallel and synergistic relationship among government, private sector and civil society to create a successful development and the benefits can be tangibly perceived.

All stakeholders must be mutually supportive to have consciousness and responsibility and participate actively in development, including in the health sector. The involvement of civil society can be done if people put all the resources that they have include physical, capital, human capital and social capital for the successful development of public health.

Enhancing the role of civil society in development occurs as a stronger force or capital owned by the community in solving its own problems they are experiencing. Mas'oed (1994) explains that the involvement of other actors and all stakeholders in public policy process is a major. However, governance perspective does not necessarily leave the presence of the government because of the views of this concept assumes that the government still holds a very important role as a facilitator that bridges the interests of many actors in society.

a. Public Private Partnership on Maternal Health Care

In Indonesia, public health facilities such as public hospitals and health centers (*Puskesmas*) are meant to be sources of revenue for local governments. These facilities receive subsidies from the central government for salaries and operational costs, but they are required to adopt the self-supporting *(swadana)* principle, which means relying on user fees to finance the non-salary costs of medical care. However, they have never been allocated the resources they need to manage themselves profitably (Joint Committee on Reducing Maternal and

Neonatal Mortality in Indonesia, 2013).

The *swadana* principle forces local governments to raise revenue by any means, including contracting out services to the private sector. The system has led to growth in the number of private sector health institutions, and two-thirds of the financing and more than half of the services are now in private hands (Heywood and Choi, 2010).

b. Community Engagement: Facilitating TBAs *(Dukun Beranak)* and Village Midwives *(Bidan Desa)*

An active and conscious participation of community in particular activities, leads to a more complex process of community empowerment. By maintaining community engagement, the process of enabling communities to increase control over their lives could be gained easier.

> Community engagement has a long history in maternal health in Indonesia. That involvement includes family, community, and midwives, as well as the traditional birth attendants. The integrated health post *(Posyandu)* was introduced to facilitate access to services in the villages. Its primary health care workers are volunteers, *Kaders*, who are selected by the head of the village or a village committee (Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia, 2013).

Kaders are typically literate and have completed primary school, but few have a secondary school education. They are supervised at the *Posyandu* by staff from the health centers *(Puskesmas)*, who are in turn guided by a working group composed of representatives of the Ministry of Home Affairs, Ministry of Health, National Development and Planning Bureau, local government, Family Planning Coordination Board, and Women's Empowerment Movement (PKK).

The *Kaders* primary task is to make it easier for villagers to visit the *Posyandu*, to mobilize campaigns for immunization or vitamin A distribution, and to promote and educate the community about the importance of antenatal care and skilled attendance at birth. In many cases, *Kaders* may be hired by non-governmental organizations (NGOs) or receive short-term government stipends for specific health promotion programs or activities at the village level.

Current evidence suggests that *Kaders* are generally ineffective in fulfilling their roles in the community because they are

not professionals and they serve as volunteers with little accountability. Several studies in Indonesia and elsewhere have indicated that well-trained community health promoters can have a substantial impact on maternal and newborn health. These findings thus emphasize another recurring theme: investment in human resources at all levels has been sub-optimal in Indonesia.

> Since 1989, village midwives or the *Bidan di Desa (BDD)* program has been the focus of the Indonesian effort to improve maternal and child health and offer family planning services. The plan was to put a village midwives and village birth center (*Polindes*) in every village. However, in many areas this has not yet been achieved. In this program, the existing trained nurses were given an additional year of training in midwifery skills, with the expectation that they would significantly improve the quality and quantity of antenatal, obstetric, postnatal, and contraceptive services in the villages, thereby reducing the morbidity and mortality rates for mothers and infants (Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia, 2013).

Midwives employed in the public sector would be contracted by central, provincial, or district governments, or directly by health facilities. Most midwives work in hospitals, health centers, and village birth centers. They may also offer services in a home or in a structure that is the property of or was built by the village government for the specific purpose of serving as a birth center (*Polindes*) — see Rokx et al. (2010). Although midwives are expected to use the village birth centers to provide services, many of these centers are poorly constructed, substandard structures that are poorly equipped (Hull, Rusman, and Hayes, 1998).

The role of TBAs continues to be an important one at the community level. Qualitative studies indicate that for many women the TBAs is the preferred community-based provider to consult for assistance during delivery. This preference stems from both the perception that the majority of birth outcomes are positive and the role of TBAs in providing support services for household chores in the week after delivery.

The role of TBAs in invoking the blessing of the spiritual ancestors of the community and family is also thought to be important.

Though initially discouraged by the Ministry of Health, joint engagement of both a TBAs and village midwives is now gaining acceptance among midwives and the Ministry of Health, who recognize that these figures may provide a path toward facility-based deliveries and more extensive postnatal care.

Cases of TBAs are commonly found in traditional society's life. The role of TBAs seems impossible to be eliminated because they won the trust of society with strong local belief. In addition, trained personnel number is still not sufficient. The TBAs can still be used to participate and give aid delivery. Cooperation between midwife in the village and TBAs needs to be encouraged well through:

a. Education for TBAs involves general medical knowledge of maternity and childbirth, which are: (1) danger signs of pregnancy and childbirth, and postpartum, (2) childbirth assistance technique that is simple but clean and safe, (3) technique for cutting the umbilical cord care' neonatal care; postpartum maternal care, (4) promote cooperation in the form of referral midwife or health center.
b. Be involved in family planning movement: handing out birth control by managing and distributing contraception.
c. Give opportunity to perform low-risk childbirth assistance.
d. Increase the steady referral system.

Further, by the assistance of village midwife, the expected outcome could progressively reduce the mistaken role of the TBAs in line with the higher education and knowledge of the community and the availability of health facilities.

Governance practice in public health policy includes the integrated role of community, governments both national and local levels, and private sector. The analysis can be seen in Table 1 (below).

Table 2. Health Facilities at Different Levels of Service Delivery, Indonesia The Role of Community, Government, and Private Sector

Administrative level	Facilities	Schedule of service	Function
Village	Community based-facilities: Integrated health post *(Pos*	1 day per month	All facilities in villages *(Posyandu, Polindes, Pustu, Pusling)* focus on primary care (promotion and prevention).

	Pelayanan Terpadu - Posyandu)		*Posyandus* are volunteer-based.
	Maternity hut *(Pondok Bersalin Desa - Polindes)*	Daily office hours	Monitoring growth charts; health education and immunization.
	Sub-health centers *(Puskesmas pembantu - Pustu)*	Daily office hours	*Pustus* extend the services of the *Puskesmas* (health centers) to remote areas. They provide services similar to those of the *Puskesmas*, except for dental. There are no inpatient facilities.
	Mobile service units *(Puskesmas keliling - Pusling)*	1-4 times per month	*A Pusling* is a mobile unit (car) that visits villages, usually on market day. It often stops in a big field (soccer pitch) where it offers routine services similar to those offered by *Puskesmas*.
	Private clinics (physicians and midwives)	Daily services, usually open after working hours	Private health services where patients consult doctors or midwives for a fee.
Subdistrict (*kecamatan*)	Health centers (*Puskesmas*) with or without an inpatient facility (including simple laboratory facility)	Daily office hours	There are two types of health centers: 1. Inpatient facility - Open 24 hours - Specialist team - Simple surgery 2. Outpatient facility - Daily clinic, open during office hours. These provide promotion and prevention for primary health care and a simple laboratory facility. Some *Puskesmas* (especially with inpatient facilities) are designated for maternity services.
	Private clinics (physicians and midwives)	Daily services, usually open after working	Services for a fee.

		hours	
District	First-referral hospitals	Daily office hours for consultation with doctors	24-hour emergency unit. Focus on clinical services (surgery, etc.); provide daily consultation with specialist doctors, laboratory facilities, emergency maternity services.
	Private hospitals	Daily	Usually exist in a big district. Some private hospitals are built only for mother and child (*Rumah Sakit Bersalin dan Anak*, women's and children's hospital).
	Private clinics (physicians and midwives)	Weekdays, after working hours	Services for a fee.
Province	Second-referral hospitals	24 hours a day, seven days a week	24-hour emergency unit. Focus on clinical services with more advanced medical equipment than hospitals at the district level.
	Private hospitals		More specialist doctors.
Central	Tertiary or top-referral hospitals Hospital as center of excellence	24 hours a day, seven days a week	24-hour emergency unit. Advanced medical technology with complete team of specialists.

Sources: Ministry of Health (2003) in (Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia, 2013)

Some private hospitals have an associated midwifery school, but the quality of the training depends on the quality of the hospital and the organization or the owners behind it. The private midwifery school graduates can work in public hospitals or health centers after graduating, in the same way that the public midwifery school graduates can work in private hospitals or health centers. At public medical institutions such as health centers and hospitals, all midwives, either publicly or privately trained, must enter the government employment system. Similarly, both public and private midwifery school graduates must pass the private medical institution exam to work in the private sector.

To supplement their low government salaries, doctors, nurses, and midwives deployed at the local level are encouraged to open their own private practices in the areas in

which they work. However, most of them leave the rural areas where they supposed to work on a daily basis and move to nearby urban areas for better private practice. Thereafter, they only occasionally visit their workplaces in rural areas.

4. Conclusion

In the long term, sustaining affordable improvements in safe motherhood depends on improving the functioning of health systems as a whole. Yet, social capital as an embedded value of rural communities should be well developed both by political and community support. It becomes a basic principle to construct maternal and child health system in village. Cases of maternal deaths could be prevented by health facility development and health service system, meanwhile, the complexity of culture and old tradition in some villages makes the process of development and modernization becomes uneven.

Law No. 6 Year 2014 about Village is expected to become a political tool to support sustainable health development program. The role of village economic institutions in managing village funds must also be supported by private sector and community organization through financial assistance efforts. In addition, innovation of maternal and child health services can be developed without losing the element of strong local community tradition.

Medical skill and knowledge development for TBAs and village midwives are determined to be core strategy of social capital based modern health system. Human development on health sector also becomes the main strategy; moreover, the increase of personnel resources has also become an important focus in health development. Maternal health reform in rural area has been started after the enactment of Law No. 6 Year 2014 about Village, thus, further, as an autonomous region, village should be able to provide not only an adequate health care but also a social capital based maternal health development.

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