Journal of Health Innovation and Environmental Education
Vol. 2, No. 1, June 2025, pp. 19~30
ISSN: 3062-9632, DOI: 10.37251/jhiee.v2i1.1725

Mothers and Traditional Birth Attendants: A Phenomenological Exploration of Childbirth Experiences

Alhikma[1], Isaiah Dada Owoeye[2], Francis Kirimi Kiara[3]
[1]Nursing Science Study Program, Syarif Hidayatullah State Islamic University of Jakarta, Banten, Indonesia
[2]Department of Nursing Science, Afe Babalola University, Ado-Ekiti, Nigeria
[3]Department of Educational Foundations, Kenyatta University, Nairobi, Kenya

Article Info

Article history:

Received Apr 9, 2025
Revised May 21, 2025
Accepted Jun 25, 2025
Online First Jun 27, 2025

Keywords:

Childbirth
Phenomenology
Traditional Midwife

ABSTRACT

Purpose of the study: This study aims to explore the experiences of mothers giving birth assisted by traditional birth attendants in the working area of the Parung District Health Center, Bogor Regency.

Methodology: This study is a qualitative study with a descriptive phenomenological design through in-depth interviews. Participants include mothers who have given birth assisted by traditional birth attendants in the period from January to December 2014 obtained through purposive sampling. The data collected were in the form of interview recordings and field notes analyzed using the Colaizzi method.

Main Findings: The results of this study can provide an overview to health workers that the existence of midwives cannot be denied from the lives of communities far from health facilities and the importance of understanding the psychological and sociocultural aspects of mothers who are about to give birth. Further research is needed on in-depth exploration of the psychological and sociocultural aspects of mothers giving birth.

Novelty/Originality of this study: This study reveals the social and cultural dynamics that influence mothers' choices in using traditional birth attendant services, which have not been widely revealed in previous studies using a phenomenological approach.

Corresponding Author:
Alhikma
Nursing Science Study Program, Syarif Hidayatullah State Islamic University of Jakarta, Jl. Ir H. Juanda No.95, Cemp. Putih, Ciputat Tim. District, South Tangerang City, Banten 15412, Indonesia
Email: hikmalahikmaa@gmail.com

1. INTRODUCTION

Childbirth is one of the important events in a woman's life and often leaves a deep emotional impression. Every mother has a unique experience when going through the birth process, both physically and psychologically [1], [2]. The experience can be positive or negative depending on the conditions, support, and the birth attendants involved [3], [4]. The effects of the birth experience can even have long-term impacts on the mother's mental health and well-being [5], [6]. Therefore, it is important to understand the factors that influence a mother's birth experience.

One of the crucial factors in the birth process is who assists in the birth. The birth attendant plays a role not only in the medical aspect, but also in providing comfort and a sense of security to the mother [7], [8]. Ideally, childbirth is handled by professional health workers such as midwives or doctors [9], [10]. This aims to ensure the safety of the mother and baby and reduce the risk of complications that can lead to death. However, the reality in the field shows that many mothers still choose to be assisted by non-health workers.

The government has made efforts to provide access to health services through the Childbirth Insurance program and is now integrated into the National Health Insurance [11]-[13]. However, the implementation of this program still faces obstacles, especially in remote areas far from health facilities [14], [15]. For pregnant women living in rural areas, limited access is a major barrier to obtaining delivery services from trained health workers [16], [17]. As a result, they tend to choose other alternatives that are easier to reach, such as traditional birth attendants. This inequality of access is one of the triggers for the increase in deliveries by non-health workers.

The phenomenon of the increasing number of deliveries by traditional birth attendants is an issue that requires special attention. Some mothers feel more comfortable and safe when assisted by traditional birth attendants due to emotional closeness, cultural beliefs, and ease of access [18], [19]. However, deliveries by traditional birth attendants have higher medical risks due to limited knowledge and skills in handling complications [20], [21]. On the other hand, the location of delivery, which is generally done at home, makes it difficult to refer to health facilities in the event of an emergency [22], [23]. This has the potential to increase maternal morbidity and mortality in Indonesia.

Riskesdas data from 2010 shows that of the 43.2% of mothers who gave birth at home, around 40.2% were assisted by traditional birth attendants. Bogor Regency is one of the areas with a high prevalence of deliveries by traditional birth attendants in West Java Province. In 2013, it was recorded that 10,592 mothers gave birth assisted by traditional birth attendants in this area. This type of delivery is not only high-risk, but also often results in complications and delays in medical treatment. This condition also contributes to the still high maternal mortality rate in Indonesia.

Parung District Health Center as part of Bogor Regency provides delivery services through PONED facilities that operate 24 hours. However, the number of deliveries by traditional birth attendants in the Parung Health Center work area is still relatively high. One of the villages with the highest number is Iwul Village, which reflects the existence of barriers to access and community preferences for traditional birth attendants. Preliminary studies show that the distance from the residence to health facilities is the main reason mothers do not utilize formal health services. This creates a risk gap for the safety of mothers and babies during the delivery process.

Previous research conducted by Masyudi et al. [24] highlighted the influence of culture in determining the choice of prenatal care, comparing formal village midwives with traditional birth attendants in remote areas. This study focused on cultural preferences and factors that influence community decisions in choosing a delivery service provider. Meanwhile, Syam et al. [25] explored the perspectives of mothers, midwives, and traditional birth attendants on early breastfeeding initiation in the Buginese-Bajo cultural context, focusing on the dynamics of cultural practices in supporting or inhibiting the success of early breastfeeding initiation. Both of these studies provide important insights into cultural aspects and traditional practices in prenatal and childbirth care, but have not yet deeply explained the subjective experiences of mothers who give birth with the assistance of traditional birth attendants as the center of analysis. The current study fills this gap with a phenomenological approach, which explores in depth the personal experiences and perceptions of mothers regarding the birth process assisted by traditional birth attendants. This focus on individual experiences provides a new perspective that complements previous studies and provides a richer understanding of the role of traditional birth attendants in social and cultural contexts.

This study is novel in its in-depth approach through phenomenological methods to explore the subjective experiences of mothers who give birth with the help of traditional birth attendants, which has not been the main focus of previous studies. Unlike previous studies that focus on comparing formal and traditional health services or cultural dynamics in early breastfeeding initiation, this study offers new insights into the meanings and perceptions of mothers towards traditional birth practices. The urgency of this study lies in the importance of understanding these experiences to inform more inclusive health policies, especially in areas with limited access to modern health services. With increasing attention to the sustainability of traditional health practices based on culture [26], [27], this study can make a significant contribution to supporting collaboration between traditional birth attendants and health workers in improving the quality of delivery services and the safety of mothers and babies.

The lack of research that specifically explores the experiences of mothers giving birth with the help of traditional birth attendants indicates the need for a more in-depth study of this phenomenon. Understanding the subjective experiences of mothers can provide insight into the motivations, hopes, and challenges they face during the delivery process [28], [29]. In addition, this information is important for developing health communication strategies and improving maternal service policies. By understanding the mother's perspective, health programs can be designed more responsively and based on community needs [30], [31]. Therefore, this study aims to phenomenologically examine the experience of mothers giving birth assisted by traditional birth attendants in the working area of the Parung District Health Center, Bogor Regency.

2. RESEARCH METHOD

2.1. Research Design

This type of research is qualitative research using a descriptive phenomenological research design. Qualitative research is defined as research that utilizes open interviews to examine and understand the attitudes, views, feelings, and behavior of individuals or groups along with relevant conditions [32], [33]. The reason for using qualitative methods is because the problem is not yet clear, holistic, complex, dynamic and full of meaning so that it is impossible for data in the social situation to be collected using quantitative research methods with instruments such as questionnaires, in addition qualitative methods are used to obtain in-depth data and data that contains meaning. Meaning is real data, definite data which is a value behind the data that appears. Qualitative research methods are research methods used to examine objects in natural conditions, where researchers are key instruments [34], [35].

2.2. Data Collection Techniques

Data collection techniques are carried out by triangulation (combination), data analysis is inductive, and qualitative research results emphasize meaning more than generalization. This research design is descriptive phenomenology. Phenomenology is a process of learning and making meaning from experiences through intensive dialogue with people who have experience with something [36], [37]. In this study, the researcher wants to explore, analyze, and describe the phenomenon of the experience of giving birth assisted by a midwife in particular. There are three stages to examine a phenomenon, namely: intuiting, analyzing, and describing.

Intuiting is the first step for researchers to start interacting and understanding the phenomenon being studied [38], [39]. Researchers try to explore the phenomena they want to know from participants about their experiences of giving birth assisted by a midwife. At this stage, researchers avoid criticism, opinions or evaluations of things conveyed by informants and direct them to the phenomenon being studied, so that a true picture of the respondents is obtained.

The second step is analyzing, at this stage researchers identify the meaning of the phenomenon that has been explored and explore the relationship between the data presented and the existing phenomenon [40], [41]. Important data is analyzed carefully by citing significant questions, categorizing and then extracting the essence of the data, so that researchers gain an understanding of the phenomena being studied.

The last step is describing, at this stage the researcher communicates and provides a written description of the critical elements based on the classification and grouping of phenomena. The researcher will describe the explanation by classifying or grouping each phenomenon. The researcher will avoid attempts to describe the phenomenon prematurely. Through this approach, it is expected to be able to dig up in-depth information about the experience of mothers giving birth assisted by midwives in the Parung area of Bogor Regency.

2.3. Research Subject

The selection of participants in this study used a purposive sampling technique with the principles of appropriateness and adequacy. The purposive sampling technique is a technique for taking samples of data sources with certain considerations. Data collection was carried out using the Snowball technique, namely by contacting the first participant and asking for a recommendation for one person to be the next participant and so on according to the specified criteria. Participants in this study were mothers who had given birth assisted by midwives.

2.4. Data Analysis Techniques

Data analysis in this study was conducted qualitatively through in-depth interviews with informants, using the Colaizzi in 1978 data analysis technique. The analysis process includes several systematic steps [42], [43], namely: the researcher provides a description of the phenomenon being studied, namely the experience of mothers giving birth assisted by midwives; collect data through interviews and make transcripts of the interview results; read the transcripts repeatedly to understand the context as a whole; identify important statements from participants; determine the meaning of each important statement; organize data and group them into themes; compile the results in a complete descriptive form based on the feelings and perspectives of the participants; validate with participants to ensure the correctness of the interpretation; and combine new data obtained during the validation process to compile a complete picture of the phenomenon. The data obtained by researchers in their qualitative research need to be tested for validity and reliability to measure the validity of the data [44], [45]. This is because the thing that is tested for validity and reliability in qualitative research is the data. Valid data is data if there is no difference between what is reported by the researcher and what actually happens to the object being studied. Many qualitative research results are doubtful for several reasons, namely the subjectivity of the researcher is dominant in qualitative research, less credible qualitative data sources will affect the accuracy of the research results. Therefore, qualitative research needs to be tested for validity, the validity tests include: credibility, transferability, dependability, and confirmability tests.

3. RESULTS AND DISCUSSION

The results of this thematic analysis explain six themes found in this study. The various themes obtained are related to the experience of mothers giving birth assisted by midwives as follows: 1) The meaning of childbirth for mothers assisted by midwives; 2) Psychological aspects of mothers in childbirth by midwives; 3) Myths in childbirth assisted by midwives; 4) Reasons for mothers choosing to give birth assisted by midwives; 5) Actions of midwives in the labor process; 6) Discomfort of mothers in childbirth assisted by midwives.

3.1. The Meaning of Childbirth for Mothers Assisted by Midwives

The meaning of childbirth encompasses all meanings related to one of the physiological functions of female reproduction, namely giving birth. In this study, several meanings were found in the childbirth process assisted by a midwife, including: 1) Natural process; 2) Risk of life; 3) End of pregnancy; 4) Valuable experience.

3.1.1. Natural Process

The four participants stated that the meaning of childbirth is a natural process for a woman. One participant who had experienced the process of giving birth twice with the help of a midwife told her story that she now interprets the process of giving birth as something natural for every woman, here is her expression:

> "...giving birth is a natural thing, it will be experienced by all women...giving birth is a natural ability of a woman..." (P1).

Another participant expressed the meaning of childbirth as something that every woman will experience in order to have children, as expressed in the following statement:

> "....a process that every woman will experience, the initial process of becoming a mother and having children....if we as women never give birth, we will not have biological children, sis..." (P3)

3.1.2. Life at Stake

Two out of four participants expressed that childbirth is seen as a life-threatening process for a woman. Here is one of the participant's expressions:

> "... Childbirth is a life-threatening process for women, our lives are on the line when we have to give birth to a baby.... not a few people die during childbirth, that's why it is often said that childbirth is a woman's jihad..." (P4).

3.1.3. End of Pregnancy Process

Three out of four participants stated that childbirth is the end of pregnancy and the birth of a child into the world, as expressed by one of the following participants:

> "....giving birth is the end of a nine-month pregnancy....the baby we are carrying will be born into the world and we will become parents..." (P2)

3.1.4. Valuable Experience

The four participants expressed that giving birth is a valuable and historic experience experienced during life. The following are the expressions of the participants:

> "....a very valuable experience for me, I will never forget the birth experience...as a lesson if I give birth again, how should I do it..." (P4).

> "...giving birth is a historic event in my life, so it is a valuable experience...I am really grateful to be able to experience giving birth to a child, so I can tell my children and grandchildren about my experience during childbirth..." (P1).

3.2. Psychological Aspects of Mothers in Childbirth by Midwives

Psychological aspects include how a woman who gives birth assisted by a midwife can provide a real picture and is able to assess herself, especially regarding matters related to childbirth, including the feelings felt during the childbirth process at the midwife. In this study, the psychological aspects of childbirth include self-concept and feelings felt during the childbirth process.

3.2.1. Self Concept

Two of the four participants expressed their self-image related to childbirth as a stage to become a complete woman because they think that a woman will become a complete woman if she has gone through the stages of pregnancy and giving birth to a child. The following are the participant's expressions:

> ".... I feel like I have truly become a complete woman when I can give birth to a child from my own womb, can give offspring to make my husband feel proud..." (P4).

> ".... When I look at myself now, I have become a woman... I have been pregnant, given birth, and have children, it is complete... thank God I have become a complete woman..." (P3).

Another part related to self-concept is role and self-esteem. Two participants expressed their roles after giving birth and their views on themselves that feel very meaningful to their husbands and children as expressed by one of the following participants:

> ".....I am now a wife to my husband and a mother to our child..."(P3.

> ".....my husband said he loves me very much....during childbirth he was always by my side....although now his attention is more on the child but I still feel important because I can be a good wife and mother for my husband and child..." (P2).

One participant expressed that she felt confident even though she gave birth assisted by a midwife. This self-confidence was driven by a positive attitude towards herself and her environment even though she was aware of the differences in herself related to childbirth assisted by a midwife. The following is the participant's statement:

> "....I am confident even though I gave birth at a midwife, why should I be embarrassed. Even though I want to give birth at a hospital, I have to understand my husband's condition...people here also understand my condition so no one says anything..." (P1).

Another participant expressed feeling less confident because she gave birth assisted by a midwife. This feeling is related to the perception of other people's views that view giving birth at a midwife as something taboo for today's life. As expressed by one of the following participants:

> ".....sometimes I feel embarrassed when asked where I gave birth by people, I don't feel confident because other people give birth at a doctor or midwife, I can only give birth at a midwife...people say it's outdated to give birth at a midwife..." (P4).

Another part of the self-concept is self-expectation or self-ideal. The self-expectation of women who give birth assisted by a midwife varies widely. Most of them really want to be able to give birth assisted by health workers, health workers who are more suited to the conditions of the place where they live, and give birth in their own homes. The four participants want to be able to give birth with health workers for various reasons, including age factors that are already at high risk for giving birth, health factors, more complete health facilities in hospitals or midwives, and midwives' knowledge that is more developed compared to traditional birth attendants. The following are the statements of the participants:

> ".....I hope to be able to give birth with a midwife, to maintain my health... The midwife at the posgandu also said that if I get pregnant again, the birth must be with a midwife, not with an emak paraji because I am over 40, and it is risky to give birth..." (P1).

> ".....I hope that if I give birth again, I can give birth at the hospital, sis... if at the emak dukun there are no tools so I just feel it using my feelings, if at the hospital the tools are complete, the midwife's knowledge is also developing, so my safety and the baby's safety are more guaranteed..." (P2)

Three out of four participants also want health workers to be able to help with childbirth at home, not just at the clinic or health center. They consider childbirth at home to be more comfortable and calm because they can be accompanied by their husbands and family. Here is one of the participant's statements:

> ".... yes, I hope that if I give birth again, the midwife can come to my house like the shaman, because when we want to give birth, sometimes it's hard to find a vehicle, we don't have time to go to the midwife, especially at night. So it would be better if the midwife came to the house.... I also feel more comfortable if I give birth at home, I can be accompanied by my husband and child, so I'm calmer during the birth..." (P4)

Three out of four participants also hope to get information related to pregnancy and childbirth. Lack of information about the signs of labor often causes delays in taking mothers who are about to give birth to health facilities. Here is one of the participant's statements:

> ".... I thought at first I was having a bowel movement, when I got pregnant it turned out the baby's head was about to appear... if possible we could be given counseling about the signs of labor, because we are villagers, we don't have enough knowledge...." (P2).

3.2.2. Dominance of Feelings

The psychological aspect for a woman who gives birth assisted by a midwife is influenced by the dominant feelings felt during the labor process. There are various feelings felt by participants when they are about to start the labor process, ranging from normal feelings to feelings of fear. The following are the participant's expressions:

> ".....when I was about to give birth with a midwife, I felt scared because from the beginning I had been warned by the midwife that if I gave birth later, I should not do it with a midwife, I had to go to the hospital, but I didn't have time to go there, so I was scared that something would happen to me or the baby...." (P3).

> ".....I felt nervous in my chest, it felt uncomfortable even though this was my second child, I was still scared... I once heard a story about a neighbor who died while giving birth with a midwife, so I became anxious...." (P2).

Two of the four participants also felt calmer when the shaman who assisted in the delivery recited the incantations, where these incantations were considered to provide protection during the delivery process. The following is the participant's statement:

> "... there was a feeling of worry at first, because it was a birth, I was worried about the baby's condition being weak or abnormal at birth, but after the shaman recited the incantations, I felt calmer, like I was guarded... the guarding was like we were protected, because incantations are like prayers..." (P1).

3.3. Myths About Childbirth Assisted by Midwives

Myths in childbirth assisted by midwives include cultural values of the community that influence the process of childbirth assisted by midwives. Myths or cultural assumptions related to women who give birth assisted by midwives in this study include: 1) Prohibition on eating fish; 2) Prohibition on making noise during childbirth; 3) Ngapas and ngambui rituals; 4) Saying amit-amit; 5) Kerik ritual.

3.3.1. Prohibition on Eating Fish

Two participants stated that during pregnancy until after giving birth they were prohibited from eating fish so that the fetus would not smell fishy like fish, as expressed by one of the following participants:

> ".....during pregnancy until after giving birth you are not allowed to eat fish, tea, any fish is not allowed, tea... people here say fish smells fishy, the fetus will smell of tea, and it will be itchy... so during pregnancy until after giving birth I did not eat fish, so I ate tempeh, tofu, chicken if I had any..." (P2).

3.3.2. Prohibition of Noise During the Labor Process

Two other participants stated that they should not make noise during labor because it could invite spirits, as expressed by the following participant:

> ".....when we give birth we should not make noise, the shaman said that if we make noise it will summon spirits... spirits like a lot of blood..." (P1).

3.3.3. Ritual of Ngapas and Ngambui

Three participants also expressed their taboo on eating food that was not eaten during the ngapas period because it can cause ngambui, which is a wound from childbirth that does not heal. As expressed by one of the following participants:

> "... if the navel hasn't fallen off, I'm ngapas. So when I'm ngapas I can eat all foods. Well, later when the umbilical cord has fallen off I can't eat food that I didn't eat when ngapas... later ngambui, ngambui means that the uterus that was injured during childbirth can get wet again so the wound doesn't heal, it becomes a scab...." (P3).

3.3.4. Saying God Forbid

The four participants also revealed that pregnant women should say amit-amit when they see bad things that are not expected, such as the following participant's statement:

> "....if we see a disabled or blind person, we say amit-amit so that the baby doesn't end up like that...." (P3).

3.3.5. Ritual of Kerik

The four participants revealed that after 40 days after giving birth, a kerik ritual must be performed to clean up after giving birth and to express gratitude for having been assisted in giving birth by a midwife, as expressed by one of the following participants:

> ".....right after 40 days of giving birth, we get a kerik, people say that kerik is to clean up after giving birth....when we give birth, we lose a lot of blood, so it smells of blood. So to be clean, we have to get a kerik, our hands are rubbed with coins and then bathed with flower water that has been provided by the midwife... later the baby will also be read prayers by the midwife so that he/she will be safe... kerik is also a way of saying thank you to the midwife for having helped us give birth, usually we give the midwife money again..." (P4).

3.4. Reasons Why Mothers Choose to Give Birth Assisted by a Midwife

The reasons mothers choose to give birth assisted by a midwife are all factors that encourage mothers to give birth assisted by a midwife that are not obtained when giving birth with other birth attendants. In this study, several reasons were found for mothers to choose to give birth assisted by a midwife, including:

3.4.1. The Shaman Is Very Patient

The four participants stated that the traditional birth attendant was very patient during the delivery, as expressed by one participant who had given birth twice with the traditional birth attendant:

> ".....the traditional birth attendant was very patient when helping with the birth, because the baby took quite a long time to come out, the traditional birth attendant really waited for me....even though the money was not much, the traditional birth attendant was still patient and willing to help me give birth....I once had a check-up with a midwife when I was pregnant, the midwife was a bit rude, different from the traditional birth attendant..." (P2).

3.4.2. Shamans Are Ready Whenever Needed

Three out of four participants stated that the traditional healer was ready whenever needed, regardless of the time of day or night, as expressed by one of the following participants:

> ".....I gave birth in the middle of the night, but the mother still came to help with the birth... basically, if it was with the mother, she would be ready to help whenever we gave birth..." (P3).

3.4.3. The Cost of Childbirth With a Midwife Is Cheaper

One participant stated that giving birth with a traditional midwife is cheaper than giving birth with a health worker, as expressed by one of the participants below:

> "....giving birth with a traditional midwife is cheap, it is still affordable for people like me....giving birth with a midwife is expensive, my neighbor said...if given by a traditional midwife it is around five hundred thousand, that also includes bathing, massaging, boiling, and scraping..." (P1).

3.4.4. The Shaman's Residence Is Easily Accessible

The four participants agreed that the location of the traditional birth attendant's residence was easier to reach from where they lived compared to the hospital or maternity clinic, as expressed by one of the participants below:

> "....the traditional birth attendant's house is near here, you can call the traditional birth attendant while walking... if the hospital or midwife is far away, so if you are in a hurry, you usually call the traditional birth attendant from here to help with the birth, because the traditional birth attendant is also a neighbor..." (P3).

3.4.5. Childbirth Is Done at Home

The four participants expressed that they felt more comfortable giving birth at home, the traditional birth attendant is the only health worker who can assist with home births as expressed by one of the following participants:

> "...if you give birth with a midwife, you can do it at home, so it's more comfortable when you give birth because you can be accompanied by your family...if you use a midwife, you have to go to the midwife's clinic, the midwife doesn't want to help with home births...in fact, if you can't stand it anymore and want to give birth, people here often have trouble finding transportation to go to the clinic." (P2).

3.5. Actions of Midwives During the Birthing Process

The actions taken by the traditional midwife in assisting with childbirth in this study included how to deliver the placenta, how to remove swallowed amniotic fluid, and administering herbal medicine after childbirth.

3.5.1. Reading the Spells

Two participants revealed that the traditional healer recited a spell before assisting with the birth process, as expressed by one of the following participants:

> "...before assisting with the birth, the traditional healer recited a spell first so that during the birth, I and the baby would be protected..." (P4).

3.5.2. Cutting and Caring for the Umbilical Cord

The four participants said that the traditional birth attendant cut the umbilical cord using special scissors obtained from the health center, as expressed by one of the following participants:

> "....The traditional birth attendant used a scissors provided by the health center, in the past they still used bamboo, but now they are not allowed to do so anymore... and now the umbilical cord is only allowed to be wrapped in Betadine and gauze, and no herbal medicine is allowed because the traditional birth attendant gets angry with the midwife if they mess with it..." (P3).

3.5.3. Burying the Placenta

The four participants revealed that after assisting with the delivery, the midwife also helped to bury the placenta as expressed by one of the following participants:

> "... right after the birth, after the baby and I were cleaned, the midwife took care of the placenta... she cleaned it and buried it behind the house while praying for the placenta..." (P3).

3.5.4. Boiling and Massage

Three participants also revealed that the shaman gave the mother a decoction and massaged her as a form of postpartum care, as expressed by one of the following participants:

> "....the mother gave me a decoction of tea, the decoction was made from leaves made by the mother. She gave it for 7 days, she said, so that the internal wounds after giving birth would heal quickly and so that breast milk would flow smoothly....then on the 7th, 15th and 40th days after giving birth, the mother gave me a massage, the mother said that massaging it would raise the uterus. When giving birth, our uterus drops, massaging it would make it go up again.... At the midwife, we were given an injection, but at the shaman, we were massaged and given a decoction of tea..." (P1).

3.6. Maternal Discomfort During Childbirth Assisted by a Traditional Midwife

Participants in this study revealed that there was discomfort experienced during childbirth assisted by a midwife. The discomfort felt was related to the physical condition of the midwife, the facilities available, and the lack of privacy during childbirth assisted by a midwife.

3.6.1. Feelings of Fear Due to the Shaman's Physical Limitations

Three out of four participants expressed discomfort because the midwife who assisted the delivery was old and had decreased vision, as expressed by one of the following participants:

> "...the discomfort was because the midwife was old, so her eyesight was a bit blurry....we were afraid that she would make the wrong cut or something because she couldn't see clearly..." (P1).

3.6.2. Concerns Due to Limited Equipment Owned by Shamans

The four participants expressed discomfort regarding the very limited tools provided by the traditional birth attendant, as expressed by one of the following participants:

> ".....worried because the traditional birth attendant's tools are simple so the birth will be uncomfortable... I thought that if something happened to the baby when it was born, it would be difficult to take immediate action..." (P2).

3.6.3. Lack of Privacy During Labor

Two participants expressed the discomfort they felt because during childbirth they were only covered with cloth and people who came could see the birth process as expressed by one of the following participants:

> ".....when I gave birth many neighbors came, I felt a bit uncomfortable because I only used my mother's cloth to cover me so people could see me during childbirth... I just felt embarrassed being watched by people....." (P3).

The results of this study provide an in-depth look at the meaning and experience of childbirth experienced by mothers with the assistance of traditional birth attendants. These findings are not only relevant in the local cultural context but also have relevance to global discussions on maternal health, cultural competence in health care, and the integration of traditional practices into modern medical systems.

The meaning of childbirth as a natural process and a valuable experience shows similarities with universal perspectives found in many parts of the world. Research in Sub-Saharan Africa and South Asia, for example, shows that traditional birth practices are often closely related to cultural identity and family expectations [46], [47]. Globally, childbirth is seen as a significant milestone in women's lives, reinforcing their social roles as life-bearers and caregivers. These findings enrich the global dialogue by highlighting the emotional and spiritual dimensions of the childbirth experience, which are often overlooked in clinical settings.

The recognition that childbirth can be a life-threatening process underscores the importance of efforts to reduce maternal mortality and morbidity. This is in line with Sustainable Development Goal (SDG 3) which focuses on improving maternal health. The fears and risks expressed by study participants reflect similar situations in rural areas in countries such as Nigeria and India, where access to skilled health workers is limited [14], [48]. Therefore, there is a need to strengthen maternal health care systems that accommodate cultural practices so that every mother feels safe during childbirth.

Psychological aspects, including self-concept and self-esteem, were also important findings in this study. Global research shows that positive postpartum self-perceptions are associated with better maternal and infant health outcomes. In this context, traditional practices can serve as either a supporter or a barrier to self-confidence, highlighting the need for mental health interventions that are sensitive to women's culture and lived experiences [49], [50].

Globally, there is growing recognition of the role of traditional birth attendants in maternal health, particularly in areas with limited access to formal health services. The finding that traditional birth attendants provide comfort, accessibility, and cultural familiarity is consistent with research in Latin America and Africa, where traditional birth attendants play important roles in maternal care [51]. International health organizations such as the WHO encourage the integration of traditional birth attendants into formal health systems through training and collaboration, which can improve maternal health outcomes without diminishing cultural heritage.

However, challenges such as limited equipment and lack of privacy in traditional practices highlight the need for more supportive interventions. This includes efforts to equip traditional birth attendants with modern tools and adequate training, while maintaining cultural context. Such integrated models have been successfully implemented in some countries, such as Ethiopia, where traditional birth attendants are trained to recognize complications and refer mothers to health facilities when necessary.

Factors such as more affordable costs and easier access to traditional birth attendant services also reflect the inequities that persist in maternal health systems globally. These findings point to the need for policies that ensure equitable access to quality care. Programs such as the Janani Suraksha Yojana in India, which provides financial incentives for facility-based births, are examples of approaches that can be adapted to address these disparities.

This study underscores the importance of a more inclusive and collaborative approach to improving maternal health, one that takes into account not only medical aspects but also respects cultural values and women's needs at both the local and global levels. This study has significant implications in providing in-depth insights into the subjective experiences of mothers who give birth with the assistance of traditional birth attendants, which can contribute to the development of more inclusive and culturally based maternal health policies. The results of this study can help health workers and policy makers understand the perceptions and needs of mothers during childbirth, thus enabling better collaboration between traditional birth attendants and formal health workers in improving the quality of delivery services. In addition, this study enriches the literature on the integration of traditional practices into modern health systems, which is relevant in a global context, especially in areas with limited access to formal health facilities.

However, this study also has several limitations. First, the qualitative approach with a limited number of participants makes the results of this study not generalizable to a wider population. Second, the data obtained are highly influenced by the subjectivity of the participants, so the possibility of bias in the interpretation of experiences cannot be ignored. Third, the focus of the study on one type of traditional service provider, namely traditional birth attendants, limits the scope of the findings and does not cover variations in other traditional practices that may be relevant in different areas. Nevertheless, this study still makes an important contribution as a first step in understanding the dynamics of culture and maternal health practices in the local context.

4. CONCLUSION

The conclusion of this study is that the birthing process has a deep meaning for each mother, which is influenced by personal experiences, both positive and negative, and has an impact on the formation of the mother's self-concept. Support from a traditional birth attendant or midwife is very important in the birthing experience, with differences in maternal responses generally influenced by fear and anxiety. Traditional practices such as the use of mantras by traditional birth attendants have a cultural uniqueness that health workers do not have. Economic factors, ease of access, and comfort make traditional birth attendants more preferred in some areas than midwives.

This study emphasizes the importance of improving health services by medical personnel, by paying attention to psychological, social, and cultural aspects. In addition, an evaluation of the factors that cause discomfort during labor needs to be carried out to improve the quality of service, both in the labor process and postpartum care. Collaboration between traditional and medical practices can be an innovative solution to improve the welfare of mothers and babies. Further research is recommended to explore the differences in childbirth experiences between mothers assisted by traditional birth attendants and health workers in various regions, in order to understand the influence of cultural and social contexts on mothers' preferences in choosing childbirth assistance.

ACKNOWLEDGEMENTS

We would like to express our deepest gratitude to all parties who have contributed to the completion of this research. Our sincere thanks go to the participants who shared their valuable experiences and insights, which formed the foundation of this study. We also thank the institutions and individuals who provided the necessary support, resources, and guidance throughout the research process.

REFERENCES

[1] V. V. Lupu *et al.*, "Difficulties in Adaptation of the Mother and Newborn via Cesarean Section versus Natural Birth—A Narrative Review," *Life*, vol. 13, no. 2, pp. 1–15, 2023, doi: 10.3390/life13020300.

[2] C. K. Lee and X. Y. Huang, "Psychological Processes of Postpartum Mothers with Newborns Admitted to the Intensive Care Unit," *Asian Nurs. Res. (Korean. Soc. Nurs. Sci).*, vol. 16, no. 1, pp. 9–17, 2022, doi: 10.1016/j.anr.2021.12.007.

[3] J. Leinweber *et al.*, "Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper," *Birth*, vol. 50, no. 2, pp. 362–383, 2023, doi: 10.1111/birt.12666.

[4] M. Al-Mutawtah, E. Campbell, H. P. Kubis, and M. Erjavec, "Women's experiences of social support during pregnancy: a qualitative systematic review," *BMC Pregnancy Childbirth*, vol. 23, no. 1, pp. 1–19, 2023, doi: 10.1186/s12884-023-06089-0.

[5] S. Coo, M. I. García, and A. Mira, "Examining the association between subjective childbirth experience and maternal mental health at six months postpartum," *J. Reprod. Infant Psychol.*, vol. 41, no. 3, pp. 275–288, 2023, doi: 10.1080/02646838.2021.1990233.

[6] S. Märthesheimer, C. Hagenbeck, M. Helbig, P. Balan, T. Fehm, and N. K. Schaal, "A longitudinal study of the

subjective birth experience and the relationship to mental health," *BMC Pregnancy Childbirth*, vol. 25, no. 1, pp. 1–17, 2025, doi: 10.1186/s12884-025-07348-y.
[7] E. Mrkulić and A. Idrizbegović, "The Significance of Helathcare in The Development of Mother Postpartum Sense of Security," *Knowl. – Int. J.*, vol. 59, no. 4, pp. 363–368, 2020.
[8] L. Migliorini, N. Setola, E. Naldi, M. C. Rompianesi, L. Iannuzzi, and P. Cardinali, "Exploring the Role of Birth Environment on Italian Mothers' Emotional Experience during Childbirth," *Int. J. Environ. Res. Public Health*, vol. 20, no. 15, pp. 1–16, 2023, doi: 10.3390/ijerph20156529.
[9] P. A. Aidonojie, E. C. Aidonojie, M. T. Afolabi, O. Eregbuonye, and A. K. Adebayo, "The Competence and Authority of Midwives in giving Birth without the assistance of a Doctor in Nigeria," *Jambura Law Rev.*, vol. 6, no. 1, pp. 150–182, 2024, doi: 10.33756/jlr.v6i1.20822.
[10] S. Hailemeskel, K. Alemu, K. Christensson, E. Tesfahun, and H. Lindgren, "Health care providers' perceptions and experiences related to Midwife-led continuity of care-A qualitative study," *PLoS One*, vol. 16, no. 10 October, pp. 1–15, 2021, doi: 10.1371/journal.pone.0258248.
[11] S. Soraya, T. Syamanta, H. S. R. B. Harahap, C. Coovadia, and M. Greg, "Impact of the National Health Insurance Program (JKN) on Access to Public Health Services: A Comprehensive Analysis," *J. Ilmu Pendidik. dan Hum.*, vol. 12, no. 3, pp. 133–151, 2023, doi: 10.35335/jiph.v12i3.7.
[12] G. O. Alawode and D. A. Adewole, "Assessment of the design and implementation challenges of the National Health Insurance Scheme in Nigeria: a qualitative study among sub-national level actors, healthcare and insurance providers," *BMC Public Health*, vol. 21, no. 1, pp. 1–12, 2021, doi: 10.1186/s12889-020-10133-5.
[13] J. L. Fellows, K. A. Atchison, J. Chaffin, E. M. Chávez, and N. Tinanoff, "Oral Health in America: Implications for dental practice," *J. Am. Dent. Assoc.*, vol. 153, no. 7, pp. 601–609, 2022, doi: 10.1016/j.adaj.2022.04.002.
[14] N. C. Coombs, D. G. Campbell, and J. Caringi, "A qualitative study of rural healthcare providers' views of social, cultural, and programmatic barriers to healthcare access," *BMC Health Serv. Res.*, vol. 22, no. 1, pp. 1–16, 2022, doi: 10.1186/s12913-022-07829-2.
[15] Z. Gizaw, T. Astale, and G. M. Kassie, "What improves access to primary healthcare services in rural communities? A systematic review," *BMC Prim. Care*, vol. 23, no. 1, pp. 1–16, 2022, doi: 10.1186/s12875-022-01919-0.
[16] P. C. Eke, E. N. Ossai, I. I. Eze, and L. U. Ogbonnaya, "Exploring providers' perceived barriers to utilization of antenatal and delivery services in urban and rural communities of Ebonyi state, Nigeria: A qualitative study," *PLoS One*, vol. 16, no. 5 May, pp. 1–18, 2021, doi: 10.1371/journal.pone.0252024.
[17] O. Udenigwe, F. E. Okonofua, L. F. C. Ntoimo, W. Imongan, B. Igboin, and S. Yaya, "Perspectives of policymakers and health providers on barriers and facilitators to skilled pregnancy care: findings from a qualitative study in rural Nigeria," *BMC Pregnancy Childbirth*, vol. 21, no. 1, pp. 1–14, 2021, doi: 10.1186/s12884-020-03493-8.
[18] M. N. Afad, A. Indiyanto, M. Ahmad, N. Fajariyah, and M. I. A. Mahmudi, "Traditional Birth Attendants as Guardians of Tradition Amidst Modernization in Javanese Culture," *Cosmop. Civ. Soc.*, vol. 16, no. 1, pp. 81–90, 2024, doi: 10.5130/ccs.v16.i1.8761.
[19] S. W. H. Das, A. Halik, Ahdar, and B. Iman, "Prenatal Education Process Based on Local Wisdom in Indonesia," *Educ. Res. Int.*, vol. 2022, pp. 1–10, 2022, doi: 10.1155/2022/6500362.
[20] P. T. N. Tabong, J. M. Kyilleh, and W. W. Amoah, "Reasons for the utilization of the services of traditional birth attendants during childbirth: A qualitative study in Northern Ghana," *Women's Heal.*, vol. 17, pp. 1–10, 2021, doi: 10.1177/17455065211002483.
[21] Y. Shimpuku, F. E. Madeni, K. Shimoda, S. Miura, and B. Mwilike, "Perceived differences on the role of traditional birth attendants in rural Tanzania: a qualitative study," *BMC Pregnancy Childbirth*, vol. 21, no. 1, pp. 1–10, 2021, doi: 10.1186/s12884-021-03611-0.
[22] M. Heydari, K. K. Lai, Y. Fan, and X. Li, "A Review of Emergency and Disaster Management in the Process of Healthcare Operation Management for Improving Hospital Surgical Intake Capacity," *Mathematics*, vol. 10, no. 15, pp. 1–34, 2022, doi: 10.3390/math10152784.
[23] A. A. Nyaaba and M. Ayamga, "Intricacies of medical drones in healthcare delivery: Implications for Africa," *Technol. Soc.*, vol. 66, no. March, pp. 1–8, 2021, doi: 10.1016/j.techsoc.2021.101624.
[24] M. Masyudi, U. S. Mekkah, and S. Usman, "The Influence of Culture in Determining Pregnancy Care: Official Village Midwives Versus Traditional Birth Attendants in Remote Area," *Indian J. Forensic Med. Toxicol.*, vol. 15, no. 3, pp. 3573–3578, 2021, doi: 10.37506/ijfmt.v15i3.15853.
[25] A. Syam, K. H. Abdul-Mumin, and I. Iskandar, "What Mother, Midwives, and Traditional Birth Helper Said About Early Initiation of Breastfeeding in Buginese-Bajo Culture," *SAGE Open Nurs.*, vol. 7, pp. 1–8, 2021, doi: 10.1177/23779608211040287.
[26] G. . Akunna, C. A. Lucyann, and L. C. Saalu, "Rooted in Tradition, Thriving in the Present: The Future and Sustainability of Herbal Medicine in Nigeria's Healthcare Landscape," *J. Innov. Med. Res.*, vol. 2, no. 11, pp. 28–40, 2023, doi: 10.56397/jimr/2023.11.05.
[27] S. Suriyankietkaew, K. Krittayaruangroj, and N. Iamsawan, "Sustainable Leadership Practices and Competencies of SMEs for Sustainability and Resilience: A Community-Based Social Enterprise Study," *Sustain.*, vol. 14, no. 10, pp. 1–36, 2022, doi: 10.3390/su14105762.
[28] S. Probst, T. Menon, A. Stefanelli, S. M. Bergin, G. Brand, and P. Tehan, "Empathy in Wound Care: A Scoping Review of Its Role, Impact, and Barriers to Person-Centred Healing," *Int. Wound J.*, vol. 22, no. 6, pp. 1–16, 2025, doi: 10.1111/iwj.70687.
[29] D. Sapkota *et al.*, "Navegando el embarazo y la maternidad temprana en prisión: un análisis temático de las experiencias de las madres," *Heal. Justice*, vol. 10, no. 32, pp. 1–15, 2022.
[30] S. Amri and R. S. Simbolon, "Enhancing Maternal and Infant Health: Improving Healthcare Access through Cultural Sensitivity and Community Engagement in Tigalingga, Dairi Regency," *Law Econ.*, vol. 17, no. 1, pp. 56–72, 2023,

doi: 10.35335/laweco.v17i1.42.
[31] E. Neely and A. Reed, "Towards a mother-centred maternal health promotion," *Health Promot. Int.*, vol. 38, no. 2, pp. 1–14, 2023, doi: 10.1093/heapro/daad014.
[32] A. Bazen, F. K. Barg, and J. Takeshita, "Research Techniques Made Simple: An Introduction to Qualitative Research," *J. Invest. Dermatol.*, vol. 141, no. 2, pp. 241-247.e1, 2021, doi: 10.1016/j.jid.2020.11.029.
[33] S. T. Akyıldız and K. H. Ahmed, "An Overview of Qualitative Research and Focus Group Discussion," *Int. J. Acad. Res. Educ.*, vol. 7, no. 1, pp. 1–15, 2021, doi: 10.17985/ijare.866762.
[34] T. Muzari, G. N. Shava, and S. Shonhiwa, "Qualitative Research Paradigm , a Key Research Design for Educational Researchers , Processes and Procedures : A Theoretical Overview," *Open Access Journals Indiana J. Humanit. Soc. Sci.*, vol. 03, no. 01, pp. 14–20, 2022.
[35] B. W. Furidha and U. M. Sidoarjo, "Comprehension of the Descriptive Qualitative Research Method," *ACITYA WISESA J. Multidiscip. Res.*, vol. 2, no. 4, pp. 1–8, 2023.
[36] S. P. Thomas and B. K. Sohn, "From Uncomfortable Squirm to Self-Discovery: A Phenomenological Analysis of the Bracketing Experience," *Int. J. Qual. Methods*, vol. 22, pp. 1–12, 2023, doi: 10.1177/16094069231191635.
[37] M. Rodriguez, K. E. Dooley, and T. G. Roberts, "A Phenomenological Study of Intensive Experiential Learning for University Faculty Professional Development," *J. Exp. Educ.*, vol. 47, no. 4, pp. 685–703, 2024, doi: 10.1177/10538259241235915.
[38] M. Englander and J. Morley, "Phenomenological psychology and qualitative research," *Phenomenol. Cogn. Sci.*, vol. 22, no. 1, pp. 25–53, 2023, doi: 10.1007/s11097-021-09781-8.
[39] C. I. Ugwu, J. N. Ekere, and C. Onoh, "Research Paradigms and Methodological Choices in the Research Process," *J. Appl. Inf. Sci. Technol.*, vol. 14, no. 2, pp. 116–124, 2021.
[40] A. A. Alhazmi and A. Kaufmann, "Phenomenological Qualitative Methods Applied to the Analysis of Cross-Cultural Experience in Novel Educational Social Contexts," *Front. Psychol.*, vol. 13, no. April, pp. 1–12, 2022, doi: 10.3389/fpsyg.2022.785134.
[41] S. Mishra and A. K. Dey, "Understanding and Identifying 'Themes' in Qualitative Case Study Research," *South Asian J. Bus. Manag. Cases*, vol. 11, no. 3, pp. 187–192, 2022, doi: 10.1177/22779779221134659.
[42] E. Calderon Martinez *et al.*, "10 Steps to Conduct a Systematic Review," *Cureus*, vol. 15, no. 12, pp. 1–11, 2024, doi: 10.7759/cureus.51422.
[43] R. van Dinter, B. Tekinerdogan, and C. Catal, "Automation of systematic literature reviews: A systematic literature review," *Inf. Softw. Technol.*, vol. 136, pp. 1–16, 2021, doi: 10.1016/j.infsof.2021.106589.
[44] J. Pyo, W. Lee, E. Y. Choi, S. G. Jang, and M. Ock, "Qualitative Research in Healthcare: Necessity and Characteristics," *J. Prev. Med. Public Heal.*, vol. 56, no. 1, pp. 12–20, 2023, doi: 10.3961/jpmph.22.451.
[45] I. Ahmed and S. Ishtiaq, "Reliability and validity: Importance in Medical Research," *J. Pak. Med. Assoc.*, vol. 71, no. 10, pp. 2401–2406, 2021, doi: 10.47391/JPMA.06-861.
[46] W. E. Sawyer, "Influences and Risks of Traditional Birth Attendants in Maternal and Child Health in the Global South," *Int. J. Innov. Healthc. Res.*, vol. 12, no. 3, pp. 7–19, 2024.
[47] E. Ayebare *et al.*, "The impact of cultural beliefs and practices on parents' experiences of bereavement following stillbirth: a qualitative study in Uganda and Kenya," *BMC Pregnancy Childbirth*, vol. 21, no. 1, pp. 1–10, 2021, doi: 10.1186/s12884-021-03912-4.
[48] O. N. O. Nwankwo *et al.*, "A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria," *PLoS One*, vol. 17, no. 3 March, pp. 1–17, 2022, doi: 10.1371/journal.pone.0266159.
[49] L. Baxter, A. Burton, and D. Fancourt, "Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers?," *BMC Psychol.*, vol. 10, no. 1, pp. 1–15, 2022, doi: 10.1186/s40359-022-00775-y.
[50] A. Vroegindewey and B. Sabri, "Using Mindfulness to Improve Mental Health Outcomes of Immigrant Women with Experiences of Intimate Partner Violence," *Int. J. Environ. Res. Public Health*, vol. 19, no. 19, pp. 1–13, 2022, doi: 10.3390/ijerph191912714.
[51] U. C. Opara and P. Petrucka, "Cultural Beliefs and Practices in Sub-Saharan Africa Influencing Use of Maternal Health Services: A Systematic Integrative Review of Qualitative Research," *Nurs. Forum*, vol. 2025, no. 1, pp. 1–46, 2025, doi: 10.1155/nuf/6416345.