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Original Article

Why Mothers Continue to Choose Traditional Birth Attendants as Birth Companions: A Qualitative Phenomenological Study in Rural Indonesia

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ABSTRACT

Background: Despite efforts to promote skilled birth attendance in Indonesia, some mothers continue to choose traditional birth attendants (TBAs) as birth companions. Understanding the reasons behind this preference is essential for developing culturally responsive maternal health services. This study explored the factors influencing mothers' decisions to choose traditional birth attendants as birth companions in the working area of the Tete Community Health Center, Tojo Una-Una Regency, Indonesia.

Methods: A qualitative phenomenological study was conducted from May 24 to June 12, 2025, involving mothers who had been accompanied by traditional birth attendants during childbirth between January and May 2025.Data were collected through in-depth semi-structured interviews conducted in participants' homes, audio-recorded, and supported by field notes. Interviews were transcribed verbatim and analyzed using Braun and Clarke's thematic analysis. Trustworthiness was established through member checking, triangulation, peer debriefing, an audit trail, reflexive field notes, and rich contextual descriptions. Data collection continued until saturation was achieved.

Results: Five themes emerged as factors influencing mothers' decisions to choose traditional birth attendants: socio-cultural beliefs, psychological factors, family and social support, health service factors, and policy or regulatory factors. Strong cultural traditions, emotional comfort, family influence, perceived accessibility of traditional birth attendants, and limited policy implementation contributed to mothers' preferences.

Conclusion: Mothers' decisions to choose traditional birth attendants are influenced by interconnected cultural, psychological, social, health service, and policy factors. Strengthening culturally responsive maternal health services and enhancing collaboration between healthcare providers and traditional birth attendants may improve the utilization of skilled maternal healthcare while respecting local cultural values.

INTRODUCTION

Maternal mortality remains a major global public health challenge despite significant progress in maternal healthcare over the past two decades. The World Health Organization (WHO) estimated that approximately 260,000 women died from pregnancy- and childbirth-related complications worldwide in 2023, with nearly 92% of these deaths occurring in low- and lower-middle-income countries. Most maternal deaths are preventable through timely access to quality maternal health services provided by skilled health personnel (WHO., 2023). Consequently, increasing the proportion of births attended by skilled health professionals has become one of the key indicators for achieving Sustainable Development Goal (SDG) 3.1, which aims to reduce the global maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030.

According to the WHO, skilled birth attendants are accredited health professionals, including midwives, nurses, and physicians, who are trained to manage normal childbirth and identify, manage, or refer obstetric complications. In contrast, traditional birth attendants (TBAs), regardless of their experience or community recognition, are not classified as skilled birth attendants. Nevertheless, TBAs continue to play an important role in many developing countries by providing emotional, cultural, spiritual, and social support during childbirth. Their close relationship with local communities, cultural acceptability, and accessibility make them trusted birth companions, particularly in rural and underserved areas (Miranda et al., 2025).

Indonesia has made considerable progress in expanding maternal healthcare services and increasing the proportion of births assisted by skilled health personnel. However, disparities in maternal healthcare utilization remain evident, particularly in rural and geographically isolated areas. Findings from the Indonesian Health Survey (Survei Kesehatan Indonesia/SKI) 2023 indicate that although most deliveries are attended by skilled health professionals, some mothers continue to seek assistance from traditional birth attendants because of cultural beliefs, family influence, accessibility, previous childbirth experiences, and trust in traditional care providers (SKI, 2023). Similar findings were reported by (Nasir et al., 2020), who demonstrated that cultural norms and family traditions continue to influence women's preferences for traditional birth attendants in Indonesia and Ethiopia despite improvements in healthcare accessibility.

The working area of the Tete Community Health Center, Tojo Una-Una Regency, Central Sulawesi, is one of the rural communities where traditional birth attendants remain actively involved as birth companions. Based on reports from the Tete Community Health Center, several mothers who gave birth between January and May 2025 were accompanied by traditional birth attendants despite the availability of skilled maternal healthcare services. This phenomenon suggests that mothers' decisions are not solely influenced by the availability of health facilities but are also shaped by sociocultural values, psychological factors, family support, perceptions of healthcare services, and local community practices.

Previous studies have identified various factors associated with the continued use of traditional birth attendants, including cultural beliefs, accessibility of health services, economic considerations, and family influence (Gurara, Muyldermans, Jacquemyn, Van geertruyden, & Draulans, 2020; Taye et al., 2022). Other qualitative studies have also reported that traditional birth attendants are perceived as providing emotional comfort, culturally appropriate care, and continuous companionship throughout childbirth, making them highly trusted by mothers and their families. However, most previous studies have examined these factors individually, whereas limited phenomenological research has explored how socio-cultural, psychological, family support, health service, and policy factors interact to influence mothers' decisions within the context of rural Indonesian communities. Therefore, a more comprehensive understanding of mothers' lived experiences is needed to support culturally responsive maternal healthcare strategies (Brooks, Manias, Rasmussen, & Bloomer, 2025).

This study aimed to explore the factors influencing mothers' decisions to choose traditional birth attendants as birth companions in the working area of the Tete Community Health Center, Tojo Una-Una Regency, Indonesia. The findings are expected to contribute to the development of culturally responsive maternal health policies, strengthen collaboration between healthcare providers and traditional birth attendants, and support strategies to increase the utilization of skilled maternal healthcare services while respecting local cultural values.

METHODS

This study employed a qualitative research design using a phenomenological approach to explore mothers lived experiences in choosing traditional birth attendants (TBAs) as birth companions. A phenomenological approach was considered appropriate because it enables researchers to gain an in-depth understanding of participants' perceptions, meanings, and experiences related to the phenomenon under investigation. The study was conducted in the working area of the Tete Community Health Center (UPT Puskesmas Tete), Tojo Una-Una Regency, Central Sulawesi, Indonesia. Data collection was carried out from May 24 to June 12, 2025. The participants were mothers who had been accompanied by traditional birth attendants during childbirth between January and May 2025.

Participants were selected using purposive sampling to obtain rich and relevant information regarding the phenomenon being studied. The inclusion criteria were mothers who had been accompanied by traditional birth attendants during childbirth in the working area of the Tete Community Health Center between January and May 2025, were willing to participate, and were able to communicate their experiences clearly. Mothers who delivered outside the Tete Community Health Center working area were excluded from the study. A total of ten informants participated in this study, consisting of three mothers as key informants, two traditional birth attendants as supporting informants, and five triangulation informants, comprising one coordinating midwife, one village midwife, one husband, and two family members. Participant recruitment continued until data saturation was achieved, indicated by the absence of new information or emerging themes during subsequent interviews.

Data were collected through face-to-face, in-depth semi-structured interviews using an interview guide developed according to the study objectives and relevant literature. Interviews were conducted individually in the participants' homes to ensure a comfortable and familiar environment. Each interview lasted approximately 30–60 minutes, was audio-recorded with participants' permission, and was complemented by field notes documenting participants' non-verbal expressions, contextual observations, and researchers' reflections. All interviews were transcribed verbatim immediately after data collection.

Data were analyzed using Braun and Clarke's six-step thematic analysis. First, the researcher repeatedly read the interview transcripts to achieve familiarity with the data. Second, meaningful statements relevant to the research objectives were assigned initial codes. Third, similar codes were grouped into broader categories based on conceptual similarities. Fourth, related categories were organized into potential themes. Fifth, the themes were reviewed, refined, and discussed with the research team to ensure coherence and consistency with the participants' narratives. Finally, the themes were clearly defined, named, and interpreted to explain the factors influencing mothers' decisions to choose traditional birth attendants as birth companions.

The analysis identified five overarching themes: (1) sociocultural factors, (2) psychological factors, (3) family and social support, (4) health service factors, and (5) policy and regulatory factors.

The trustworthiness of the study was established using the criteria of credibility, dependability, confirmability, and transferability. Credibility was enhanced through prolonged engagement with participants, member checking, and source triangulation involving mothers, traditional birth attendants, healthcare providers, husbands, and family members. Dependability was

maintained through a transparent documentation of the research process and regular discussions with academic supervisors to review data interpretation. Confirmability was strengthened by maintaining an audit trail, keeping reflexive field notes throughout the research process, and ensuring that the findings were grounded in participants' narratives rather than researchers' assumptions. Transferability was supported by providing detailed descriptions of the study setting, participant characteristics, and research procedures to enable readers to assess the applicability of the findings in similar contexts.

Ethical approval for this study was obtained from the Health Research Ethics Committee of Poltekkes Kemenkes Palu, Indonesia (Ethical Clearance No. **001244/KEPK-POLTEKKES KEMENKES PALU/2025**). Before participation, all informants received verbal and written explanations regarding the study objectives, procedures, potential benefits, confidentiality, and their right to withdraw at any stage without consequences. Written informed consent was obtained from all participants prior to data collection. To protect participants' privacy, all identifying information was removed from the interview transcripts, and pseudonyms or participant codes were used throughout the study.

RESULTS

Participant Characteristics

A total of ten informants participated in this study, comprising three mothers as the main informants, two traditional birth attendants (TBAs) as key informants, and five triangulation informants, including a village midwife, a coordinating midwife, the head of the community health center, the village head, and the subdistrict secretary. The mothers were between 20 and 29 years old, had completed senior high school education, and had previous childbirth experience accompanied by traditional birth attendants. The TBAs had more than seven years of experience assisting childbirth and were recognized within their communities for providing traditional maternal care.

Thematic analysis identified five major themes influencing mothers' decisions to choose traditional birth attendants as birth companions: **(1) sociocultural factors, (2) psychological factors, (3) family and social support, (4) health service factors, and (5) policy and regulatory factors.**

Theme 1. Sociocultural Factors

Sociocultural beliefs emerged as the dominant factor influencing mothers' decisions to choose traditional birth attendants as birth companions. Participants described childbirth as an event closely intertwined with local customs and traditional rituals that have been practiced for generations. Traditional birth attendants were regarded not only as birth companions but also as cultural custodians responsible for conducting rituals believed to protect the health and well-being of both mother and baby.

Several traditional practices, including *Raba Puru* (seven-month pregnancy ritual), the administration of blessed water during labor, placenta rituals, *Nae Bue-Bue* (traditional baby ceremony), postpartum rituals (*Lapas Fengi Mpuana*), and the baby's first haircut, were considered essential cultural practices that could only be performed by traditional birth attendants.

One mother explained:

> *"Yes, before giving birth, I was bathed with water mixed with traditional leaves. Even when I arrived at the health center, I was still given blessed water to drink and my abdomen was gently rubbed." (IU.2)*

Another participant stated:

> *"There is* Raba Puru *and placenta care. Even though my husband stayed with me during labor, traditional birth attendants were still needed for ceremonies such as* Nae Bue-Bue *and the baby's first haircut." (IU.1)*

Participants further explained that these cultural traditions strongly influenced family decisions because failing to perform the rituals was believed to endanger the baby's safety.
One participant stated:

> *"Yes, because our family is strongly tied to these traditions. If we do not involve the traditional birth attendant, people worry that something bad might happen to the baby." (IU.2)*

These beliefs were consistently supported by the traditional birth attendants. One key informant emphasized that traditional rituals were considered mandatory within the community.

> *"**Raba Puru** must always be performed. If it is neglected, people believe problems may occur during pregnancy or after birth. That is why everyone in our community still follows this tradition." (IK.1)*

Overall, the findings indicate that mothers' decisions were strongly shaped by cultural values, inherited traditions, and community beliefs, making traditional birth attendants an integral part of childbirth beyond their supportive role during labor.

Theme 2. Psychological Factors

Psychological factors emerged as another important influence on mothers' decisions to choose traditional birth attendants (TBAs) as birth companions. Participants described feeling calmer, safer, and more emotionally comfortable when accompanied by TBAs during childbirth. Mothers believed that TBAs possessed spiritual knowledge, including prayers and traditional rituals, which provided emotional reassurance and strengthened their confidence throughout the labor process.
One participant explained:

> *"I felt safe because someone was there to help me. During my first delivery, the traditional birth attendant also prayed for me. My husband could only accompany me, but he did not know what to do." (IU.1)*

Another mother described her experience:

> *"During my first childbirth, she blew prayers over the water, asked me to drink it, and sprinkled some on my forehead. Shortly afterward, my amniotic fluid broke. After drinking the blessed water, my contractions became stronger, so people believed the baby would be born more quickly." (IU.3)*

In addition to mothers' emotional comfort, participants reported that the psychological readiness of husbands and family members also influenced the decision to involve TBAs. Many husbands felt anxious, frightened, and lacked confidence in assisting mothers during labor. Consequently, families preferred to entrust childbirth companionship to TBAs, whom they perceived as experienced and emotionally reassuring.
One participant stated:

> *"I felt more comfortable because someone accompanied me. My husband was also afraid to stay with me during childbirth." (IU.2)*

Another participant shared:

> *"When I gave birth to my first child, only the traditional birth attendant stayed inside the room because my husband was afraid." (IU.1)*

Similarly, another mother explained:

> *"My husband was very nervous, so the traditional birth attendant asked him to wait outside. Only my aunt and the traditional birth attendant stayed with me during labor." (IU.3)*

These findings indicate that psychological factors extended beyond the mothers themselves and also involved the emotional responses of husbands and family members. Feelings of safety, trust, emotional comfort, and confidence in the traditional birth attendants' experience contributed to mothers' decisions to choose TBAs as birth companions during childbirth.

Theme 3. Social Support Factors

Social support emerged as another important factor influencing mothers' decisions to choose traditional birth attendants (TBAs) as birth companions. Participants reported that the decision was strongly influenced by encouragement and recommendations from husbands and family members, who believed that TBAs were more experienced and had long been trusted within the family. This support strengthened mothers' confidence in choosing TBAs during childbirth.

One participant stated:

> *"Our family has always used traditional birth attendants. My parents advised me to choose one because they believed they were more experienced." (IU.2)*

Participants also explained that family recommendations were reinforced by close kinship relationships with the traditional birth attendants and previous positive childbirth experiences. These long-standing relationships fostered trust and encouraged families to continue seeking assistance from the same TBA across generations.

One mother explained:

> *"She is actually related to my husband's family, so she is not a stranger to us." (IU.1)*

Another participant shared:

> "*My grandmother introduced her because she was our relative. During my first childbirth, she prayed over the water and shortly afterward my amniotic fluid broke. Since then, my grandmother has always trusted her because she took good care of us." (IU.3)*

In addition to practical assistance, participants emphasized that TBAs provided emotional encouragement throughout the childbirth process. Mothers appreciated the continuous motivation and reassurance offered by TBAs, which helped them remain calm and confident during labor.

One participant expressed:

> *"She kept encouraging me not to be afraid or give up. She continuously motivated me throughout labor. That made me feel stronger." (IU.3)*

These findings demonstrate that social support extended beyond encouragement from husbands and family members. Close family relationships, previous positive experiences, and the emotional support provided by TBAs collectively reinforced mothers' decisions to choose traditional birth attendants as birth companions.

Theme 4. Health Service Factors

Health service factors also influenced mothers' decisions to choose traditional birth attendants (TBAs) as birth companions. Participants perceived that TBAs provided complementary support that was not always available through formal maternity services, particularly continuous companionship during labor and assistance with culturally valued postpartum practices. As a result, mothers

preferred to involve TBAs alongside skilled birth attendants to meet their physical, emotional, and cultural needs.
One participant explained:

> *"I wanted someone to help take care of everything afterward, including the placenta, because my husband did not have any experience." (IU.1)*

Traditional birth attendants described providing continuous care throughout pregnancy, childbirth, and the postpartum period. Their role extended beyond labor assistance to include traditional maternal and newborn care according to local customs.
One traditional birth attendant stated:

> *"I accompany the mother from pregnancy until delivery, and I continue caring for her afterward. I stay involved throughout pregnancy and after the baby is born." (KI.2)*

Another participant explained:

> *"I take care of the mother throughout pregnancy, during childbirth, and until the postpartum ritual is completed after 44 days." (KI.1)*

Participants also emphasized the continuous presence of TBAs during labor, which contributed to their sense of reassurance and support throughout the childbirth process.
One traditional birth attendant stated:

> *"I stay with the mother throughout labor and never leave her alone. Even during the COVID-19 pandemic, when mothers had to be referred, I continued accompanying them whenever possible." (KI.2)*

These findings indicate that mothers valued TBAs not only for their traditional knowledge but also for the continuity of care and sustained companionship they provided from pregnancy through the postpartum period. The perceived ability of TBAs to address emotional, practical, and culturally specific needs complemented formal maternity services and influenced mothers' decisions to involve them during childbirth.

Theme 5. Policy and Regulatory Factors

Policy and regulatory factors also influenced mothers' decisions regarding the involvement of traditional birth attendants (TBAs) during childbirth. Participants acknowledged the existence of government policies encouraging childbirth to be attended by skilled health personnel in health facilities. These policies were supported through the establishment of the Maternal, Infant, Child, and Adolescent Health Task Force (*Satuan Tugas KIBAR*) across villages in Ampana Tete Subdistrict in 2019.

A health center manager explained:

> *"There is no written regulation from the health center itself. Previously, before COVID-19, the local government issued the KIBAR Task Force decree, which included sanctions for traditional birth attendants who conducted home deliveries." (Additional Informant, Head of Community Health Center)*

Despite this policy, participants reported that detailed operational regulations regarding the role of TBAs, the implementation of sanctions, and collaborative practices between TBAs and healthcare providers remained unclear. Community leaders emphasized that the existing approach mainly consisted of verbal recommendations encouraging mothers to deliver in health facilities rather than enforcing formal penalties.
One participant explained:

"People have been advised not to use traditional birth attendants for home deliveries because of safety concerns. However, there is still no clear regulation regarding fines, so we only provide recommendations for mothers to deliver at the health center." (Additional Informant, Subdistrict Secretary)

Both mothers and TBAs were aware that TBAs were no longer permitted to independently conduct home deliveries and understood that childbirth should be assisted by skilled health professionals.

One mother stated:

"The important thing is that the traditional birth attendant should not be the one conducting the delivery." (IU.1)

Similarly, a traditional birth attendant explained:

"Home deliveries by traditional birth attendants are prohibited. I always encourage mothers to go to the health center because I feel sorry if they have to pay penalties." (KI.2)

Although TBAs were prohibited from independently conducting deliveries, participants reported that they were still welcomed to accompany mothers during childbirth in health facilities. This collaborative role was perceived as acceptable by both healthcare providers and TBAs.

One traditional birth attendant stated:

"No one prohibits me from accompanying mothers during childbirth at the health center. I stay with them while the midwives are providing care." (KI.2)

Participants further noted that no specific standard operating procedures (SOPs), regular training, or structured socialization regarding the role of TBAs as birth companions had been implemented during the past five years. Consequently, collaboration between TBAs and healthcare providers largely depended on local practices rather than standardized institutional guidelines.

Overall, these findings suggest that while policies promoting facility-based childbirth were widely recognized, gaps remained in the implementation of regulations governing the collaborative role of traditional birth attendants. The absence of clear operational guidelines and standardized collaboration mechanisms allowed TBAs to continue serving as birth companions within formal maternity care settings.

DISCUSSION

Sociocultural beliefs as the foundation of mothers' decision-making

The present study found that sociocultural factors constituted the primary foundation underlying mothers' decisions to choose traditional birth attendants (TBAs) as birth companions. Participants perceived childbirth not merely as a biological event but also as a cultural and spiritual process that was inseparable from long-established community traditions. Rituals such as *Raba Puru*, the use of blessed water, placental ceremonies, postpartum rituals, and newborn care were considered integral components of childbirth that strengthened mothers' confidence in involving TBAs. These findings indicate that mothers' decisions were deeply embedded in cultural values transmitted across generations rather than being based solely on the availability of health services.

This finding is consistent with previous studies reporting that cultural beliefs remain one of the strongest determinants of maternal healthcare utilization in low- and middle-income countries. (Nasir et al., 2020) demonstrated that women in Indonesia and Ethiopia continued to prefer traditional birth attendants because cultural traditions, family expectations, and community norms generated trust in TBAs despite improvements in access to skilled maternity care. Similarly, recent qualitative evidence has shown that childbirth decisions are often influenced by inherited cultural

practices and social norms, particularly in rural communities where TBAs are regarded not only as birth attendants but also as custodians of local traditions and spiritual practices (Taye et al., 2022).

An important finding of the present study is that cultural beliefs did not function as an isolated determinant but served as the starting point of a broader decision-making process. The participants' narratives suggest that cultural traditions fostered trust in TBAs, which subsequently generated psychological comfort and reinforced family support for involving TBAs during childbirth. This interconnected process indicates that cultural beliefs shaped mothers' perceptions of safety, emotional reassurance, and continuity of care, ultimately influencing their childbirth decisions. Therefore, efforts to increase the utilization of skilled birth attendants should not focus solely on improving healthcare accessibility but should also acknowledge and respectfully address the sociocultural values that remain deeply rooted within local communities.

These findings have important implications for maternal healthcare practice. Rather than positioning cultural practices and formal maternity services as opposing approaches, culturally responsive maternity care should seek to integrate beneficial cultural traditions with evidence-based obstetric care. Strengthening collaboration between healthcare providers and traditional birth attendants, while maintaining skilled birth attendance during delivery, may improve community acceptance of maternal health services without disregarding local cultural values.

Psychological comfort and trust strengthened mothers' confidence in choosing traditional birth attendants

This study found that psychological comfort was another key factor influencing mothers' decisions to involve traditional birth attendants (TBAs) during childbirth. Participants consistently described feelings of safety, emotional comfort, and reassurance when accompanied by TBAs. These positive emotions were closely linked to mothers' trust in the traditional birth attendants' experience, spiritual practices, and continuous presence throughout labor. Furthermore, anxiety experienced by husbands and family members regarding their ability to provide effective support during childbirth reinforced the decision to involve TBAs.

These findings are consistent with previous qualitative studies demonstrating that emotional support is an essential component of positive childbirth experiences. Continuous companionship during labor has been shown to reduce maternal anxiety, increase confidence, and improve women's overall childbirth experiences (Bucher et al., 2016; WHO, UNICEF, & World Bank Group, 2018). Similarly, studies conducted in low- and middle-income countries have reported that women often perceive traditional birth attendants as trusted companions who provide emotional reassurance, spiritual support, and culturally meaningful care throughout childbirth (Ohaja, Murphy-Lawless, & Dunlea, 2020; Shimpuku, Madeni, Shimoda, Miura, & Mwilike, 2021).

An important contribution of this study is the finding that psychological comfort was not generated solely by the presence of TBAs but was rooted in trust established through shared cultural beliefs and reinforced by family experiences. Mothers did not merely seek physical assistance during labor; they sought emotional security and reassurance. Likewise, the anxiety expressed by husbands and family members regarding childbirth encouraged them to entrust continuous companionship to individuals whom they considered experienced and emotionally supportive. These findings suggest that psychological factors functioned as an important mechanism linking sociocultural beliefs with mothers' final childbirth decisions.

From a maternal healthcare perspective, these findings highlight the importance of integrating emotional support into routine maternity care. Although skilled birth attendants possess the clinical competencies required to ensure safe childbirth, mothers also value continuous emotional reassurance, culturally sensitive communication, and respectful companionship throughout labor. Strengthening these aspects of maternity care may improve mothers' childbirth experiences and increase acceptance of facility-based delivery services without disregarding the emotional and cultural needs of women and their families.

Family support reinforced mothers' childbirth decision-making

The present study demonstrated that family support played a significant role in reinforcing mothers' decisions to involve traditional birth attendants (TBAs) during childbirth. Rather than functioning as the primary reason for choosing TBAs, support from husbands, parents, and extended family strengthened mothers' confidence in decisions that had already been shaped by sociocultural beliefs and psychological trust. Participants described receiving encouragement from family members who had previously experienced positive outcomes with TBAs and regarded them as trusted individuals within the family network.

These findings are consistent with previous studies indicating that family members, particularly husbands and older relatives, exert substantial influence on maternal healthcare decisions in many low- and middle-income countries (Kassie, Wale, Girma, Amsalu, & yechale, 2022). Family recommendations often determine where women seek maternity care and whom they trust during childbirth, particularly in communities where childbirth is considered a collective family event rather than an individual experience (Afad, Indiyanto, Ahmad, Fajariyah, & Mahmudi, 2024; Fobo, Kovane, & Minnie, 2024). Similar evidence from Indonesia has also shown that intergenerational transmission of cultural values and previous positive experiences with TBAs contributes to the continued utilization of traditional birth attendants despite increased availability of skilled maternity services (Dwivedi et al., 2024).

A notable finding of the present study is that family support operated primarily as a reinforcing mechanism within mothers' decision-making pathways. Families did not simply recommend the use of TBAs; they reinforced existing cultural beliefs through shared experiences, kinship relationships, and trust developed across generations (Aliyu, Olamilekan, Bello, & Abdulbaki, 2025). Consequently, mothers' decisions were shaped not only by their own perceptions but also by collective family experiences that legitimized the continued involvement of TBAs during childbirth. These findings suggest that maternal decision-making in this context is a socially negotiated process rather than an individual choice.

The findings also emphasize the importance of family-centered maternity care. Health promotion strategies aimed at increasing the utilization of skilled birth attendants should actively involve husbands, parents, and influential family members, recognizing their central role in shaping maternal decisions. Engaging families through culturally sensitive education and collaborative communication may strengthen acceptance of facility-based childbirth while respecting local traditions and preserving community trust.

Traditional birth attendants fulfilled complementary needs beyond routine maternity care

This study found that mothers valued traditional birth attendants (TBAs) because they provided continuous companionship and culturally meaningful support throughout pregnancy, childbirth, and the postpartum period. Participants perceived that TBAs remained present during labor, assisted with culturally important postpartum practices, and continued providing care until the completion of traditional confinement rituals. These findings suggest that mothers sought TBAs not as substitutes for skilled birth attendants but as providers of complementary support that addressed emotional, practical, and cultural needs beyond routine clinical care.

These findings are consistent with the World Health Organization's recommendation that women should receive continuous support throughout labor to improve childbirth experiences and maternal satisfaction (Tabong, Kyilleh, & Amoah, 2021). Evidence from qualitative studies has also shown that women value respectful care, emotional reassurance, and continuity of support as much as technical competence during childbirth. In many low- and middle-income countries, traditional birth attendants continue to play an important supportive role because they provide culturally

responsive care that complements formal maternity services rather than replacing them (Nasir et al., 2020).

A particularly important finding of this study is that mothers did not perceive formal maternity services and traditional birth attendants as competing alternatives. Instead, participants viewed both as having complementary roles. Skilled health professionals were trusted to provide safe clinical care, whereas TBAs fulfilled emotional, cultural, and practical needs that mothers considered equally important throughout the childbirth experience. This finding highlights that mothers evaluated childbirth care holistically, integrating medical safety with cultural continuity and emotional wellbeing.

These findings underscore the importance of strengthening woman-centered and culturally responsive maternity care. Integrating continuous emotional support, respectful communication, and culturally appropriate practices into routine maternity services may enhance mothers' childbirth experiences and strengthen community trust in facility-based care. Furthermore, collaborative partnerships between skilled birth attendants and traditional birth attendants, with clearly defined roles and responsibilities, may contribute to more acceptable and culturally sensitive maternal healthcare while maintaining the principles of safe childbirth.

Policy implementation has not fully addressed sociocultural realities

This study found that government policies promoting facility-based childbirth and skilled birth attendance were widely recognized by mothers, traditional birth attendants (TBAs), community leaders, and healthcare providers. Participants were aware that childbirth should be assisted by skilled health professionals and that TBAs were no longer permitted to conduct home deliveries independently. However, the findings also revealed that the implementation of these policies had not been fully translated into clear operational guidance regarding the collaborative role of TBAs as birth companions within formal maternity services.

These findings are consistent with previous studies reporting that maternal health policies alone are often insufficient to change long-established childbirth practices when implementation does not adequately consider local sociocultural contexts (Theodosopoulos, Fradelos, Panagiotou, Dreliozi, & Tzavella, 2024). The World Health Organization emphasizes that improving maternal health outcomes requires not only increasing access to skilled birth attendance but also ensuring that maternity services are respectful, culturally appropriate, and acceptable to women and their communities (WHO, 2017). Similar evidence from low- and middle-income countries suggests that effective implementation depends on community engagement (Cipta et al., 2024), clear institutional guidance, and culturally sensitive collaboration between health professionals and trusted community actors (Brooks et al., 2025; Stingl & Hanewald, 2025).

A notable finding of this study is the discrepancy between policy intentions and everyday practice. Although participants acknowledged the prohibition against TBAs independently conducting home deliveries, no specific standard operating procedures, regular training, or structured socialization regarding the role of TBAs as birth companions had been implemented. Consequently, collaboration between TBAs and healthcare providers relied largely on local initiatives and informal agreements rather than standardized institutional mechanisms (Aeschlimann, Heim, Killikelly, Arafa, & Maercker, 2024). This finding indicates that policy implementation remains incomplete, particularly in defining how TBAs can continue contributing safely within the formal maternal healthcare system.

These findings have important implications for maternal health policy and practice. Rather than focusing solely on restricting the role of TBAs, policymakers and healthcare providers should develop clear operational guidelines that support collaborative, culturally responsive maternity care. Defining the complementary role of TBAs as birth companions, strengthening communication between TBAs and skilled birth attendants, and providing regular community education may

facilitate greater acceptance of facility-based childbirth while preserving cultural values that remain meaningful to mothers and their families.

Taken together, these findings demonstrate that mothers' decisions to involve traditional birth attendants as birth companions are not the result of a single determinant but emerge through a dynamic and interconnected decision-making process. Sociocultural beliefs establish trust in traditional birth attendants, which fosters psychological comfort and is reinforced by family support. This process is further strengthened by mothers' preferences for culturally meaningful and continuous companionship throughout pregnancy, childbirth, and the postpartum period, while simultaneously being influenced by the broader policy and health system context. Rather than viewing traditional birth attendants and skilled birth attendants as competing providers, mothers perceive them as fulfilling complementary roles that address different dimensions of childbirth. This study therefore proposes a conceptual pathway of maternal decision-making that may serve as a foundation for developing culturally responsive, woman-centered, and collaborative maternity care in communities where traditional birth attendants continue to play an important social and cultural role.

Limitations and Cautions

This study has several limitations that should be considered when interpreting the findings. First, the study was conducted within a single community health center (UPT Puskesmas Tete) in Ampana Tete Subdistrict, Tojo Una-Una Regency, Central Sulawesi, Indonesia. Therefore, the findings reflect the sociocultural context of this specific community and may not be directly transferable to other regions with different cultural backgrounds and healthcare systems.

Second, the study employed a qualitative phenomenological approach with purposive sampling to explore the lived experiences of mothers, traditional birth attendants, healthcare providers, and community stakeholders. While this approach provided rich and in-depth insights into the decision-making process surrounding childbirth companionship, the findings were not intended for statistical generalization.

Third, although methodological rigor was enhanced through purposive sampling, in-depth interviews, audio-recording, field notes, member checking, peer discussion, and thematic analysis, participants' responses may have been influenced by recall bias and social desirability bias, particularly when discussing culturally sensitive practices and local regulations.

Despite these limitations, this study provides valuable insights into the complex interaction between sociocultural beliefs, psychological factors, family support, health service experiences, and policy implementation in shaping mothers' decisions to involve traditional birth attendants as birth companions. Future studies involving multiple districts, diverse cultural settings, and mixed-methods approaches are recommended to further examine how culturally responsive collaboration between skilled birth attendants and traditional birth attendants can strengthen respectful, woman-centered maternity care while maintaining maternal and newborn safety.

Recommendations for Future Research

The findings of this study provide several directions for future research. First, further qualitative studies involving multiple districts and diverse cultural settings are recommended to explore whether the sociocultural decision-making pathway identified in this study is applicable across different communities in Indonesia. Comparative studies may also provide a deeper understanding of how cultural diversity influences mothers' preferences for traditional birth attendants as birth companions.

Second, future research should examine collaborative models between skilled birth attendants and traditional birth attendants that promote culturally responsive, woman-centered maternity care while ensuring maternal and newborn safety. Evaluating the effectiveness of structured partnership

programs, community engagement strategies, and culturally sensitive health education may provide evidence to support sustainable maternal health interventions.

Third, mixed-methods or quantitative studies are needed to validate the relationships among sociocultural beliefs, psychological comfort, family support, complementary maternity care, and policy implementation identified in this study. Such research could contribute to the development and empirical testing of a conceptual model of maternal decision-making regarding birth companionship.

Finally, implementation research focusing on maternal health policies is warranted to explore how national and local regulations can be translated into clear operational guidelines that strengthen collaboration between healthcare providers, traditional birth attendants, and communities. Understanding the facilitators and barriers to policy implementation may support the development of culturally appropriate strategies that improve the utilization of skilled birth attendants while respecting local traditions.

CONCLUSION

This study demonstrates that mothers' decisions to choose traditional birth attendants (TBAs) as birth companions are shaped by a dynamic interaction of sociocultural beliefs, psychological comfort, family support, perceptions of complementary maternity care, and the policy environment. Rather than operating as independent determinants, these factors collectively form an interconnected decision-making pathway that influences mothers' preferences for involving TBAs during childbirth.

The findings suggest that cultural beliefs serve as the foundation for developing trust in TBAs, which subsequently fosters psychological comfort and is reinforced by family support. Mothers also value the continuity of care, emotional reassurance, and culturally responsive support provided by TBAs throughout pregnancy, childbirth, and the postpartum period. Although policies promoting skilled birth attendance are widely recognized, their implementation has not yet been fully supported by clear operational guidance for collaborative practice between healthcare providers and TBAs.

These findings highlight the importance of strengthening culturally responsive, woman-centered maternity care through respectful collaboration between skilled birth attendants and traditional birth attendants, with clearly defined roles that prioritize maternal and newborn safety. This study contributes to the existing body of knowledge by demonstrating that mothers' decisions regarding birth companionship are the result of an interconnected sociocultural decision-making process rather than the influence of isolated individual factors. This conceptual understanding may inform future maternal health policies, collaborative care models, and culturally appropriate interventions aimed at improving the utilization of skilled birth attendance while respecting local cultural values.

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REFERENCES

Aeschlimann, A., Heim, E., Killikelly, C., Arafa, M., & Maercker, A. (2024). Culturally sensitive grief treatment and support: A scoping review. *SSM - Mental Health*, Vol. 5. https://doi.org/10.1016/j.ssmmh.2024.100325

Afad, M. N., Indiyanto, A., Ahmad, M., Fajariyah, N., & Mahmudi, M. I. A. (2024). Traditional Birth Attendants as Guardians of Tradition Amidst Modernization in Javanese Culture. *Cosmopolitan Civil Societies*, *16*(1). https://doi.org/10.5130/ccs.v16.i1.8761

Aliyu, F. O., Olamilekan, K. T., Bello, S. I., & Abdulbaki, M. (2025). Traditional birth attendants' knowledge of delivery and its danger signs: a one-on-one interview. *BMC Public Health*, *25*(1). https://doi.org/10.1186/s12889-025-23068-6

Brooks, L. A., Manias, E., Rasmussen, B., & Bloomer, M. J. (2025). Practice recommendations for culturally sensitive communication at the end of life in intensive care: A modified eDelphi study. *Intensive and Critical Care Nursing*, *86*. https://doi.org/10.1016/j.iccn.2024.103814

Bucher, S., Konana, O., Liechty, E., Garces, A., Gisore, P., Marete, I., … Esamai, F. (2016). Self-reported practices among traditional birth attendants surveyed in western Kenya: A descriptive study. *BMC Pregnancy and Childbirth*, *16*(1). https://doi.org/10.1186/s12884-016-1007-8

Cipta, D. A., Andoko, D., Theja, A., Utama, A. V. E., Hendrik, H., William, D. G., … Lumbuun, N. (2024). Culturally sensitive patient-centered healthcare: a focus on health behavior modification in low and middle-income nations—insights from Indonesia. *Frontiers in Medicine*, *11*. https://doi.org/10.3389/fmed.2024.1353037

Dwivedi, R., Shamim, M. A., Dwivedi, P., Banerjee, A. R., Goel, A. D., Vyas, V., … Singh, K. (2024). Maternal and Child Health Training of Traditional Birth Attendants and Pregnancy Outcomes: A Systematic Review and Meta-analysis. *Journal of Epidemiology and Global Health*, Vol. 14. https://doi.org/10.1007/s44197-024-00300-x

Fobo, K. N., Kovane, G. P., & Minnie, C. S. (2024). Management of the third stage of labour by Basotho traditional birth attendants. *Health SA Gesondheid*, *29*. https://doi.org/10.4102/hsag.v29i0.2372

Gurara, M., Muyldermans, K., Jacquemyn, Y., Van geertruyden, J. P., & Draulans, V. (2020). Traditional birth attendants' roles and homebirth choices in Ethiopia: A qualitative study. *Women and Birth*, *33*(5). https://doi.org/10.1016/j.wombi.2019.09.004

Kassie, A., Wale, A., Girma, D., Amsalu, H., & yechale, M. (2022). The role of traditional birth attendants and problem of integration with health facilities in remote rural community of West Omo Zone 2021: exploratory qualitative study. *BMC Pregnancy and Childbirth*, *22*(1). https://doi.org/10.1186/s12884-022-04753-5

Miranda, J., Bareghamyan, H., Therrien, M. N. S., Lalonde, A., Steinholt, M., Palestra, F., … Miller, S. (2025). FIGO statement on respectful care: Addressing disrespectful maternity care. *International Journal of Gynecology and Obstetrics*, *171*(3). https://doi.org/10.1002/ijgo.70513

Nasir, S., Zerihun Kea, A., Steege, R., Limato, R., Tumbelaka, P., Datiko, D. G., … Taegtmeyer, M. (2020). Cultural norms create a preference for traditional birth attendants and hinder health facility-based childbirth in Indonesia and Ethiopia: a qualitative inter-country study. *International Journal of Health Promotion and Education*, *58*(3). https://doi.org/10.1080/14635240.2020.1719862

Ohaja, M., Murphy-Lawless, J., & Dunlea, M. (2020). Midwives' views of traditional birth attendants

within formal healthcare in Nigeria. *Women and Birth*, *33*(2). https://doi.org/10.1016/j.wombi.2019.01.005
Shimpuku, Y., Madeni, F. E., Shimoda, K., Miura, S., & Mwilike, B. (2021). Perceived differences on the role of traditional birth attendants in rural Tanzania: a qualitative study. *BMC Pregnancy and Childbirth*, *21*(1). https://doi.org/10.1186/s12884-021-03611-0
SKI. (2023). Survei Kesehatan Indonesia (SKI) 2023. *Kemenkes*.
Stingl, M., & Hanewald, B. (2025). Culturally sensitive psychotherapy—technique or attitude? *Frontiers in Psychology*, Vol. 16. https://doi.org/10.3389/fpsyg.2025.1599855
Tabong, P. T. N., Kyilleh, J. M., & Amoah, W. W. (2021). Reasons for the utilization of the services of traditional birth attendants during childbirth: A qualitative study in Northern Ghana. *Women's Health*, *17*. https://doi.org/10.1177/17455065211002483
Taye, B. T., Zerihun, M. S., Kitaw, T. M., Demisse, T. L., Worku, S. A., Fitie, G. W., … Kebede, A. A. (2022). Women's traditional birth attendant utilization at birth and its associated factors in Angolella Tara, Ethiopia. *PLoS ONE*, *17*(11 November). https://doi.org/10.1371/journal.pone.0277504
Theodosopoulos, L., Fradelos, E. C., Panagiotou, A., Dreliozi, A., & Tzavella, F. (2024). Delivering Culturally Competent Care to Migrants by Healthcare Personnel: A Crucial Aspect of Delivering Culturally Sensitive Care. *Social Sciences*, Vol. 13. https://doi.org/10.3390/socsci13100530
WHO. (2017). Maternal, newborn, child and adolescent health. *Global Strategy for Infant and Young Child Feeding*, (August).
WHO. (2023). Maternal mortality ratio (modeled estimate, per 100,000 live births) | Data. *World Health Organization*.
WHO, UNICEF, & World Bank Group. (2018). *Levels and Trends in Child Malnutrition*. 1–16.