



## Sociological Anthropological Institutions: The Role Of Midwives In Health Promotion

Diterima : 10 Januari 2026  
Direvisi : 18 Januari 2026  
Diterbitkan : 19 Januari 2026

Lusyta Puri Ardhiyanti<sup>1</sup>, Sonya Ayu Kumala<sup>2</sup>  
Program Studi Magister Kesehatan Masyarakat UPN Veteran Jakarta  
Program Sarjana Sastra Inggris Universitas Buddhi Darma Jakarta  
[lusytapuri@upnvi.ac.id](mailto:lusytapuri@upnvi.ac.id)

### ABSTRACT

This study analyzes the role of midwives in health promotion through sociological and anthropological perspectives. As frontline health workers, midwives serve not only as clinical practitioners but also as social actors and cultural interpreters within the community. Sociologically, this research explores how social structures, power relations, and the midwife's status in the community influence the effectiveness of health message delivery. Anthropologically, the study focuses on midwives' ability to negotiate the relationship between modern medical systems (biomedicine) and local medical systems or traditional beliefs related to pregnancy and childbirth.

The study's findings indicate that the success of midwives' health promotion efforts depends heavily on their social capital and their ability to employ a culturally sensitive approach. Midwives who are able to integrate local values into their medical practices tend to be more trusted by the community. However, challenges arise when values conflict between formal health policies and local traditions. In conclusion, strengthening the role of midwives in health promotion requires a deep understanding of the socio-cultural dynamics of local communities to create sustainable health behavior change.

Keywords: Sociology of Health, Medical Anthropology, Midwives, Health Promotion, Cultural Negotiation.

### I. INTRODUCTION

The midwife's visible role is as a role model in the community, as a member of the community, as a motivator, and as a facilitator. These competencies will undoubtedly be further developed through education and training for midwives. This role must be seen as the "main idea" for shaping a civilization and order of health services. Professional demands are balanced with the welfare of midwives in remote areas. The government has initiated the appointment of midwives as civil



servants, an active step in addressing improved services in remote areas.

The midwife's role is based on the Decree of the Minister of Health of the Republic of Indonesia No. 900/Menkes/SK/VII/2002 concerning the registration and practice of midwives. Midwives provide services to the community, particularly pregnant women, during childbirth, and continuously strive to prepare pregnant women from the first contact during prenatal checkups, providing counseling on the benefits of continuous breastfeeding so that pregnant women understand and are prepared to breastfeed their children.

### **Definition of Midwife**

A midwife is a woman who has graduated from a midwifery education program recognized by the government and professional organizations in the territory of the Republic of Indonesia and has the competence and qualifications to be registered, certified, and/or legally licensed to practice midwifery. A midwife is a responsible and accountable professional who works as a partner to women to provide support, care, and advice during pregnancy, labor, and the postpartum period, facilitate and lead deliveries on her own responsibility, and provide care to newborns and infants. This care includes preventive measures, promotion of normal labor, detection of complications in the mother and child, and access to appropriate medical or other assistance, as well as carrying out emergency measures. Midwives have an important role in health counseling and education, not only for women but also for families and communities. These activities include antenatal education and preparation for parenthood and can extend to women's health, sexual or reproductive health, and child care. Midwives can practice in various service settings: including at home, in the community, in hospitals, clinics, or other health units.

### **The Role of Midwives as Advocates**

Advocacy is the process of creating support, building consensus, and fostering a favorable climate and a supportive environment for a particular cause or issue through a series of well-planned actions. Midwives can advocate to improve strategies in MCH/FP.

Advocacy Targets:

1. Decision makers, policy makers
2. Opinion leaders, religious leaders
3. NGOs, media

, and others Advocacy Requirements:



1. Credible, meaning the program offered must be able to convince policy makers
2. Feasible, meaning the program must be economically sound
3. Urgent, meaning the program has a high level of urgency
4. High priority, meaning the program has a high priority

Efforts to build prosperous families and empower midwives are inseparable. Midwives are the spearhead of family development, both from a health and other empowerment perspective. Midwives occupy a strategic position because they are often a rare professional group at the village level. Indonesian communities and families in rural areas are facing a nearly unprepared youth boom. Midwives can play a crucial role in helping Indonesian families guide their children and adolescents' growth and development, striving to build themselves and their nation. Thanks to the vigorous efforts of the family planning and health movement in the past, the number of children under 15 has been controlled. Since 1970, the number of such children has not exceeded 60-65 million. However, in contrast, the number of adolescents, aged 15-29, and even those aged 30-60 or 15-65, has increased at a rate beyond many people's expectations. This phenomenon, although visible every day, has not attracted much attention unless an accident occurs in the life of a young person. As pregnancy and childbirth become increasingly rare, so too are families experiencing the experience of caring for pregnant women, mothers in labor, and toddlers, or children under three, within the same family. When a pregnancy or birth occurs in a family, the ability and quality of family members to care for their pregnant or birthing family members are almost certainly diminished and of poor quality. Yet today's increasingly modern and urban families demand high-quality services. They also demand long-term health due to increasing life expectancy. Therefore, they are at the forefront of the healthcare sector.

### **The Role of Midwives as Educators As midwives**

they have 2 duties, namely as educators and health educators for clients as well as trainers and mentors for cadres.

1. Providing health education and counseling to clients Midwives provide health education and counseling to groups, as well as the community to clients (individuals, families, and communities) about addressing health problems, especially those related to maternal, child, and family planning health, including:

- a. Assessing the need for health education and counseling, especially in the field of maternal, child, and family planning health with clients.



- b. Preparing counseling plans for needs that have been assessed, for the short and long term
  - c. Preparing tools and materials for education and counseling in accordance with the plan that has been prepared.
  - d. Implement health education and outreach programs/plans in accordance with short-term and long-term plans by involving relevant elements, including clients.
  - e. Evaluate the results of health education/outreach with clients and use them to improve and enhance future programs.
  - f. Document all health education/outreach activities and results completely and systematically.
2. Training and guiding cadres Midwives train and guide cadres, midwifery and nursing students, and foster traditional birth attendants in their area or workplace, including:
- a. Assessing training and guidance needs for cadres, traditional birth attendants, and students
  - b. Preparing training and guidance plans in accordance with the results of the assessment.
  - c. Preparing teaching aids (audio visual aids, AVA) and materials for training and guidance purposes in accordance with the plan that has been prepared.
  - d. Carrying out training for traditional birth attendants and cadres in accordance with the plan that has been prepared by involving related elements.
  - e. Guiding midwifery and nursing students within the scope of their work.
  - f. Assessing the results of the training and guidance that has been given.
  - g. Using the evaluation results to improve the guidance program.
  - h. Documenting all activities including the results of training and guidance evaluations systematically and completely.

Examples of the role of midwives during pregnancy:

1. Providing education on personal hygiene
2. Providing education on good nutrition for pregnant women
3. Providing education on adequate rest for pregnant women
4. Providing education on danger signs for pregnant women

Examples of the role of midwives during labor:

1. Providing education on good pushing methods
2. Providing education on the physiology of labor
3. Providing education on signs of labor



Examples of the role of midwives during the postpartum period:

1. Providing education on breast care
2. Providing education on personal hygiene
3. Providing education on how to breastfeed the baby
4. Providing education on good nutrition
5. Providing education on danger signs during the postpartum period

Examples of the role of midwives in newborn care:

1. Providing education on umbilical cord care.
2. Providing education on keeping the baby warm, such as changing a wet diaper.
3. Providing education on bathing the baby.
4. Providing education on danger signs in newborns.

### **The Role of Midwives as Facilitators**

Midwives as Facilitators are midwives who provide technical guidance and empower the parties being assisted (traditional midwives, cadres, community leaders) to grow and develop towards achieving the desired goals. Facilitation is also defined as a conscious, wholehearted and all-out process of helping groups successfully achieve their best goals by adhering to the basic values of participation (PNPM Mandiri, 2008). Facilitators are officers appointed to facilitate and carry out guidance activities for the community to go through the stages of a development program. Universal values in facilitation:

- a. Democracy
- b. Responsibility
- c. Cooperation
- d. Honesty
- e. Equality

The success of empowerment actors in facilitating the empowerment process can also be realized through increasing active community participation. Facilitators must be skilled at integrating three important things: optimizing facilitation, providing time, and optimizing community participation. Communities must be given the opportunity to prepare to continue the development program independently as the deadline approaches. Conversely, facilitators must begin to gradually reduce their intervention. As experts, facilitators are certainly required to



always be skilled at addressing the issues raised by the community during problem-solving. The facilitator does not automatically have to answer the questions, but rather how the facilitator distributes and returns the issues and questions to all parties (participants or the community). Strive for community opinion to drive decisions. It is also important to note that empowerment actors as facilitators must be able to recognize their duties well. The role of the facilitator. Facilitators have the responsibility to create and condition a harmonious group climate, and facilitate the process of mutual learning within the group.

1. Basic Health Service Development Midwives are tasked with developing basic health services, particularly midwifery services for individuals, families, special groups, and communities in their work areas, involving the community/clients. This includes:
  - a. Assessing needs, particularly those related to maternal and child health, to improve and develop health service programs in their work areas, working with the health team and community leaders.
  - b. Developing work plans based on the results of the joint community assessment. ☐ Managing health service activities, particularly maternal and child health/family planning services, according to the plan.
  - c. Coordinating, supervising, and guiding cadres and traditional birth attendants or other health workers in implementing maternal and child health/family planning service programs/activities.
  - d. Developing strategies to improve public health, particularly maternal and child health/family planning, including utilizing existing resources within the program and related sectors.
  - e. Mobilizing and developing community capabilities and maintaining their health by utilizing existing potential
  - f. Maintaining and improving the quality and safety of professional practice through education, training, internships, and activities within professional groups
  - g. Documenting all activities that have been carried out

## 2. Participating in the Midwife Team

Participating in the team to implement health programs and other sectors by improving the capabilities of traditional birth attendants, cadres, and other health workers in their work area,



including:

- a. Collaborating with Community Health Centers, other institutions as team members in providing care to clients in the form of consultations, referrals & follow-up
- b. Fostering good relationships with traditional birth attendants, health cadres, PLKB and the community
- c. Fostering activities in the community related to health

### **The Role of Midwives as Motivators**

A. Independent tasks Midwives' independent tasks are:

1. Establishing midwifery management for each midwifery care provided, including:
  - a. Assessing health status to meet client care needs.
  - b. Determining diagnosis.
  - c. Developing action plans according to the problems faced.
  - d. Implementing actions according to the plans that have been prepared.
  - e. Evaluating the actions that have been given.
  - f. Creating follow-up plans for activities/actions
  - g. Recording and reporting activities/actions.
2. Providing basic premarital services to adolescents and involving them as clients, including:  Assessing the health status and needs of adolescents and women during the premarital period.
  - a. Determining the diagnosis and basic service needs.
  - b. Developing a plan of action/services as a basic priority with the client.
  - c. Implementing actions/services according to the plan.
  - d. Evaluating the results of actions/services that have been provided with the client.
  - e. Making a follow-up plan for actions/services with the client.
  - f. Making records and reports of midwifery care
3. Providing midwifery care to clients during normal pregnancy, including:
  - a. Assessing the health status of clients who are pregnant.
  - b. Determining the midwifery diagnosis and the client's health needs.
  - c. Developing a midwifery care plan with the client according to the priority of the problem.
  - d. Implementing midwifery care according to the plan that has been prepared.
  - e. Evaluating the results of care that has been provided with the client.



- f. Create a follow-up plan for care that has been provided with the client.
- g. Create a follow-up plan for midwifery care with the client,
- h. Make records and reports on midwifery care that has been provided.

Provide midwifery care to clients during labor by involving the client/family, including:

- a. Assess the client's midwifery care needs during labor.
- b. Determine the diagnosis and needs for midwifery care during labor.
- c. Prepare a midwifery care plan with the client according to the priority of the problem.
- d. Implement midwifery care according to the plan that has been prepared.
- e. Evaluate the care that has been provided with the client.
- f. Create an action plan for the mother during labor according to priorities.
- g. Create midwifery care.

4. Provide midwifery care to newborns, including:

- a. Assess the health status of newborns by involving the family.
- b. Determine the diagnosis and midwifery care needs of newborns.
- c. Prepare a midwifery care plan according to priorities. Implement midwifery care according to the plan that has been made.
- d. Evaluate the midwifery care that has been given.
- e. Create a follow-up plan.
- f. Create a plan for recording and reporting the care that has been given.

5. Provide midwifery care to clients during the postpartum period by involving the client/family, including:

- a. Assess the midwifery care needs of the mother during the postpartum period.
- b. Determine the diagnosis and needs of midwifery care during the postpartum period.
- c. Prepare a midwifery care plan based on problem priorities.
- d. Implement midwifery care according to the plan.
- e. Evaluate with the client the midwifery care that has been given.
- f. Create a follow-up plan for midwifery care with the client.

6. Providing midwifery care to women of childbearing age who require family planning services, including:

- a. Assessing the need for family planning services at the pus (fertile age couples)



- b. Determining the diagnosis and service needs.
  - c. Developing a family planning service plan according to the client's priority problems.
  - d. Implementing care according to the plan that has been made.
  - e. Evaluating the midwifery care that has been provided.
  - f. Creating a follow-up service plan with the client.
  - g. Making records and reports.
7. Providing midwifery care to women with disordersreproductive system and women in climacteric and menopause, including:
- a. Assessing the health status and care needs of clients.
  - b. Determining diagnosis, prognosis, priorities, and care needs.
  - c. Developing a care plan according to the priority of problems with the client.
  - d. Implementing midwifery care according to the plan.
  - e. Evaluating with the client the results of midwifery care that has been provided.
  - f. Making a follow-up plan with the client.
  - g. Making records and reports of midwifery care.
8. Providing midwifery care to infants and toddlers by involving the family, including:
- a. Assessing the needs of midwifery care according to the growth and development of infants/toddlers.
  - b. Determining the diagnosis and priority of problems.
  - c. Developing a care plan according to the plan.
  - d. Implementing care according to the priority of problems.
  - e. Evaluating the results of care that has been provided.
  - f. Making a follow-up plan Making records and reporting of care.
- B. Collaboration Tasks Collaboration tasks (cooperation) of midwives, namely:
- a. Implementing midwifery management in every midwifery care according to the collaboration function by involving clients and families.
  - b. Providing midwifery care to pregnant women with high risk and first aid in emergencies that require collaborative action.
  - c. Providing midwifery care to mothers during labor with high risk and emergency situations that require first aid with collaborative action by involving clients and families



- d. Providing midwifery care to mothers during the postpartum period with high risk and first aid in emergency situations that require collaborative action with clients and families.
  - e. Providing midwifery care to high-risk newborns and first aid in emergency situations that require collaborative action with clients and families,
  - f. Providing midwifery care to high-risk toddlers and first aid in emergency situations that require collaborative action with clients and families
- C. Dependency Duties Dependency (referring) tasks of midwives, namely:
- a. Implementing midwifery management in every midwifery care according to the collaboration function by involving clients and families.
  - b. Providing midwifery care to pregnant women with high risk and first aid in emergencies that require collaborative action.
  - c. Providing midwifery care to mothers during labor with high risk and emergency situations that require first aid with collaborative action involving clients and families
  - d. Providing midwifery care to mothers during the postpartum period with high risk and first aid in emergency situations that require collaborative action with clients and families.
  - e. Providing midwifery care to babies, newborns with high risk and first aid in emergency situations that require collaborative action with clients and families,
  - b. Providing midwifery care to toddlers with high risk and first aid in emergency situations that require collaborative action with clients and families,

## II. METHOD

Qualitative analysis methods for the role of midwives in health promotion focus on a deep understanding of how midwives perform their roles (motivators, educators, counselors) through techniques such as in-depth interviews, participant observation, and case studies. Then, they analyze narrative data to uncover their meanings and experiences in promoting healthy behaviors among pregnant women, postpartum women, infants, and families. This approach identifies midwives' strategies for providing education, counseling, emotional support, and community empowerment to maintain reproductive and family health.

Commonly Used Qualitative Analysis Methods:

1. Thematic Analysis: Identifying patterns or themes that emerge from narrative data (interview



transcripts) related to the role of midwives, for example, 'Early Education,' 'Psychological Support,' or 'Family Empowerment.'

2. Grounded Theory: Developing a new theory about the role of midwives based on data collected in the field, exploring how midwives build trust and facilitate behavior change.
3. Phenomenology: Understanding the subjective experiences of midwives and patients/clients regarding health promotion interactions, exploring the meaning behind midwives' actions and community responses.

#### Midwife Role Analysis Focus:

1. As Educator/Instructor: How midwives convey information (KIE - Communication, Information, Education) about nutrition, hygiene, safe childbirth, and newborn care.
2. As Motivator: How midwives build self-confidence and motivate mothers/families to actively maintain their health.
3. As Counselor: How midwives provide emotional support and mental health counseling for mothers and families.
4. As Facilitator: How midwives empower communities to become independent in achieving healthy lifestyle goals.

#### Data Collection Techniques:

1. In-depth Interviews: With midwives, pregnant/postpartum women, heads of community health centers, health workers, and families.
2. Observation: Directly observing midwives' interactions with clients, counseling sessions, or home visits.
3. Document Analysis: Reviewing midwifery records and health promotion program reports.

### III. RESULT AND DISCUSSION

#### 3.1 Results

Qualitative research shows that midwives play a central role in health promotion using a sociological-anthropological approach, acting as educators, motivators, counselors, and facilitators. They adapt education to local cultures (such as avoiding outright rejection of dietary



restrictions) to build trust, detect health risks early, support mental health, and manage and advocate for programs such as the Pregnant Women's Class to improve maternal knowledge and preparedness holistically, not just biologically.

#### Key Findings from Qualitative Research :

1. **Anthropological Approach:** Midwives who successfully understand local cultural values and beliefs (e.g., dietary restrictions during pregnancy) can tailor health messages for greater effectiveness, building bridges between traditions and medical interventions without being patronizing.
2. **Communication Skills:** Midwives learn to craft health promotion messages with minimal abstraction, respect pregnant women's opinions, and avoid appearing patronizing to maintain patient trust and participation.
3. **Multifaceted Role:** Midwives are not only technical implementers, but also educators (promoting exclusive breastfeeding and breast self-examination), motivators, counselors (maternal mental health), coordinators, and advocates, covering the entire female reproductive cycle.
4. **Community Programs:** Programs such as the Pregnancy Class have been shown to increase the knowledge and preparedness of pregnant women, demonstrating the role of midwives as educational leaders who engage families.
5. **Early Detection & Prevention:** Midwives play a crucial role in promoting early detection (e.g., breast self-exams for breast cancer) among adolescent girls, with education that helps reduce the stigma and fear of finding a lump.

#### Sociological & Anthropological Implications :

1. **Cultural Integration:** Midwives' understanding of the social and cultural context (sociology-anthropology of midwifery) is vital to the success of health promotion, shifting their role from instructive to understanding partner.
2. **Holistic Health:** Research highlights that midwives' health promotion encompasses physical, emotional, and social aspects, supporting the mental health of mothers and families through



ongoing counseling and support.

Qualitative research on the role of midwives in health promotion from a sociological and anthropological perspective shows that midwives serve not only as medical professionals but also as agents of social change and cultural bridges.

#### 1. Role as a Cultural Broker

From an anthropological perspective, midwives play a crucial role in aligning modern medical practices with local beliefs.

**Negotiating Tradition:** Midwives employ an anthropological approach by not directly rejecting cultural rituals or taboos (such as prohibitions on certain foods or traditional birthing positions), but rather seeking common ground so that medical procedures can proceed safely without offending the community's cultural values.

**Partnerships with Local Leaders:** Research shows that midwives' effectiveness increases when they collaborate with traditional birth attendants or traditional leaders to reduce sociocultural barriers to healthcare.

#### 2. Role as an Agent of Behavioral Change (Sociology)

Sociologically, midwives function to empower communities to have autonomy over their own health.

**Motivators and Counselors:** Midwives act as motivators, providing emotional support and ongoing education, ranging from adolescent reproductive health to postpartum maternal mental health.

**Community Empowerment:** Midwives train health cadres and build cross-sector partnerships (such as with the agricultural office for nutrition/stunting issues) to create a social environment that supports healthy lifestyles.

#### 3. Sociocultural Challenges in Health Promotion

The qualitative research also identified several key barriers faced by midwives:

**Stigma and Local Beliefs:** In some areas, stigma surrounding certain medical conditions (such as mental disorders or stunting) and the strong influence of traditional medicine present challenges in delivering health promotion messages.

**Service Inappropriateness:** Formal health facilities are sometimes perceived as rigid because they do not accommodate cultural sensitivities, such as prohibitions on family support or procedures considered foreign to indigenous communities.



#### 4. Required Competencies

To optimize this role, research emphasizes the importance of:

**Cultural Competence:** The midwife's ability to understand humans as unique bio-psycho-socio-cultural beings.

**Interpersonal Communication Skills:** The success of health promotion depends heavily on how midwives build trust and respect the dignity of clients in social interactions.

#### 3.2 Discussion

The role of midwives in health promotion is crucial, combining medical expertise with sociocultural sensitivity, so that health interventions are successful and sustainable amidst the diversity of Indonesian society.

The results of the research discussion show that the role of midwives in health promotion is very multidimensional, encompassing social aspects (advocates, communicators, facilitators, motivators, educators) that adapt cultural messages and local beliefs, as well as anthropological aspects (understanding rituals, taboos, cultural values) to bridge traditions with medical interventions, helping communities achieve optimal reproductive health through empowerment and early detection, in order to reduce maternal-child morbidity and mortality rates in Indonesia

### IV. CONCLUSION

#### 4.1 Conclusion

In conclusion, professional midwives are required to be able to provide the best service to the community. Midwives as Facilitators are midwives who provide technical guidance and empower those being assisted (traditional midwives, cadres, community leaders) to grow and develop towards achieving the desired goals. The role of midwives as facilitators for pregnant women is realized through the KMS for pregnant women, Poskesdes, Procurement of savings for mothers after childbirth, KIA books, vehicles, blood donations and KP-KIA. As motivators, midwives have three categories of tasks, namely independent tasks, collaborative tasks, and dependent tasks.

#### 4.2 Suggestions

Healthcare workers, such as midwives, should have adequate facilities to assist patients experiencing emergencies and improve the quality of healthcare services. As midwives, we must also motivate clients to facilitate their needs.



### 4.3 Recommendations

The following are recommendations for appreciating the role of midwives from the perspective of health promotion and the sociology and anthropology of health (socio-anthropology) in 2026:

#### Recommendations for the Role of Midwives (Socio-Anthropological Approach)

In health promotion, midwives serve not only as medical personnel but also as agents of cultural change. Recommended strategic roles include:

1. Cultural Mediator: Serving as a bridge between local traditions (such as the use of herbal remedies or the role of traditional midwives) and safe modern medical practices.
2. Ethnomedicinal Approach: Conducting health promotion using local languages and cultural symbols to make the message more easily accepted by traditional communities.
3. Strengthening Social Networks: Utilizing social structures such as PKK cadres or traditional leaders to disseminate information about reproductive health and stunting prevention.

#### Reference

1. Ardhiyanti, Lusya. 2025. Sosiologi Antropologi kesehatan Masyarakat : LPPM Pers UPNVJ
2. Mubarak, wahid Iqbal. 2011. Promosi Kesehatan Untuk Kebidanan. Jakarta : Medika salemba.
3. Novita, Nesi dkk. 2011. Promosi Kesehatan dalam Pelayanan Kebidanan. Jakarta: Salemba Medika.
4. Meilani, Niken. 2009. Kebidanan Komunitas, Yogyakarta: Fitramaya
5. Sarwono Prawiroraharjo.2008.Ilmu Kebidanan.Jakarta:PT.Bina Pustaka Sarwono Prawiroraharjo
6. Runjati, asuhan kebidanan komunitas. Jakarta: EGC, 2011