

Review Article

The role of village midwives in health services: A narrative review

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Abstract

Background: Maternal mortality in Indonesia remains relatively high, making the strengthening of maternal and child health services at the community level a national priority. Village midwives play a strategic role as the frontline providers in primary health care; however, the effectiveness of their role is influenced by multiple factors.

Objective: This article aims to comprehensively examine the role of village midwives in health service delivery and the factors influencing their performance.

Methods: This study employed a narrative review design. Articles were retrieved from PubMed, Scopus, Google Scholar, and national journal portals. Eligible publications were written in English or Indonesian between 1992 and 2024 and discussed the roles, competencies, performance, organizational support, leadership, and challenges of village midwives. Relevant studies were analyzed narratively and grouped according to thematic categories.

Results: Four main themes were identified that influence the role of village midwives: (1) maternal and child health service roles; (2) competence and performance; (3) organizational support and leadership; and (4) structural challenges in remote areas. Village midwives have been shown to enhance access to maternal and neonatal health services; however, they continue to face barriers such as low incentives, inadequate facilities, limited supervision, and a lack of continuous training. Organizational support, supportive leadership, and educational investment were found to improve midwives' performance and retention.

Conclusion: Strengthening the role of village midwives requires a comprehensive approach involving continuous education, needs-based training, mentoring, organizational support, and affirmative policies, particularly for remote areas. These efforts are expected to significantly contribute to reducing maternal and neonatal mortality rates and strengthening primary health care services.

Background

Reducing maternal and neonatal mortality remains a global and national priority, given the persistently high burden of maternal deaths in developing countries, including Indonesia (WHO, 2024). The World Health Organization (WHO) reports that approximately 800 women die every day from pregnancy and childbirth complications, most of which are preventable (WHO, 2013). In Indonesia, the maternal mortality ratio (MMR) in 2021 was 189 per 100,000 live births, a figure significantly higher than the Sustainable Development Goal (SDG) target of 70 per 100,000 live births (Ministry of Health, Republic of Indonesia, 2022). One of Indonesia's key strategies to address this challenge is the deployment of village midwives to improve access to maternal and child health (MCH) services in rural areas (Triyana, 2016). This program has become a milestone in expanding the coverage of skilled birth attendance. Village midwives serve as the frontline providers ensuring the continuity of

maternal health services at the community level (Nove et al., 2021). Therefore, strengthening their capacity and performance is a strategic step toward reducing maternal and neonatal deaths (WHO, 2019).

The presence of village midwives has demonstrated a positive impact on the utilization of maternal health services in communities (Musaddiq, 2022). Studies in Indonesia show that the placement of village midwives has increased the proportion of births assisted by skilled health personnel and reduced delays in obstetric emergency management (Triyana, 2016). This aligns with the concept of community midwifery in other developing countries, which has proven effective in reducing maternal and neonatal mortality (Okereke et al., 2019). However, the mere presence of midwives is insufficient unless it is accompanied by high-quality service delivery (D'Ambruso et al., 2009). Evaluations of village midwifery services in Indonesia reveal persistent gaps between clinical standards and actual practice (Husna & Besral, 2009),

emphasizing the need not only to increase the number of midwives but also to enhance their competencies (WHO, 2018). Core competencies include clinical skills, communication, case management, and professional ethics (WHO, 2024b).

Midwives' competence is shaped by individual and organizational factors, such as knowledge, motivation, workload, and supervisory support (Ma'ru'fi et al., 2018). A study in Pidie District found that heavy workloads and limited training opportunities affected midwives' performance in providing standard antenatal care (Mirdahni et al., 2021). In East Nusa Tenggara, midwives' knowledge and skills remain uneven and require continuous improvement (Asnawi et al., 2017). Competence can be enhanced through targeted educational and training interventions (Chen et al., 2023). The Midwifery Emergency Skills Training (MEST) program in Tanzania is a successful example of a needs-based training intervention that improved midwives' competencies (Mwakawanga et al., 2023). Furthermore, structured mentoring has been recommended as a form of continuing professional development for midwives (International Confederation of Midwives, 2020). Strengthening these capacities ultimately contributes to improving maternal and neonatal care quality (WHO, 2019).

In addition to competency, financial incentives and remuneration systems also play crucial roles in determining midwives' performance (Adiputri et al., 2014). Unclear incentive schemes and low compensation have been linked to decreased work motivation among rural midwives (Yarnita, 2020). Limited structural and logistical support often leads to fatigue and reduced quality of care (Yunita et al., 2013). Inadequate facilities and resources at primary health centers (Puskesmas) and village posts exacerbate these challenges (Nallala et al., 2023). Organizational support in the form of adequate infrastructure, transportation, and career development opportunities is essential to sustain midwives' motivation and retention (McCarthy & Maine, 1992). In many countries, investments in the midwifery workforce have proven to be among the most cost-effective strategies for reducing maternal deaths (Lindgren et al., 2022). Hence, policies that ensure the welfare and sustainability of village midwives must be continuously strengthened (WHO, 2024b).

Leadership is another critical factor influencing midwives' performance in delivering quality health services (Van Hecke et al., 2019). A study in Ethiopia found that participatory and supportive leadership styles were positively associated with midwives' performance (Fenta Kebede et al., 2023). Leaders who foster a supportive work culture can enhance midwives' confidence and accountability (Harvey et al., 2020). Within the Puskesmas system, the head of the health center holds a strategic role in creating a conducive work environment for midwives (Ma'ru'fi et al., 2018). Leadership support is also essential to ensure the availability of facilitative supervision for quality improvement (Mirdahni et al., 2021). Without strong leadership, midwives may find it difficult to implement evidence-based practices in their daily services (Van Hecke et al., 2019). Therefore, strengthening leadership capacity at the primary health care level is essential to developing the role of village midwives (Harvey et al., 2020).

Beyond leadership, midwives' professional behavior is influenced by their capability, opportunity, and motivation, as explained by the COM-B model (Michie et al., 2011). These three components determine the consistency and quality of maternal and child health care delivery (Chen et al., 2023). When capability is improved through education, opportunity is expanded through organizational support, and motivation is reinforced through incentives, midwives' performance tends to increase (Adiputri et al., 2014). Applying this behavior change model is essential for designing holistic interventions to enhance midwives' performance (WHO, 2019). Such an approach can also address systemic barriers often encountered in remote areas (Nallala et al., 2023). Consequently, improving midwives' performance requires simultaneous interventions across these three dimensions (Musaddiq, 2022), ensuring a comprehensive framework for strengthening their role in community health services (Nove et al., 2021).

Nevertheless, despite the increasing number of village midwives, disparities in service quality persist across regions (D'Ambruoso et al., 2009). Midwives in remote areas often face challenges such as limited technical support, logistics, and supervision, which hinder adherence to service standards (Yunita et al., 2013). The lack of opportunities for professional development and

continuing education remains a major barrier (Asnawi et al., 2017). A qualitative study in Bangladesh emphasized the importance of establishing midwifery centers that provide strong educational and clinical support (Pappu et al., 2023). This suggests that capacity building must be accompanied by systemic strengthening measures (WHO, 2019). A systems-based approach ensures sustainability in quality improvement efforts (WHO, 2018). Without systemic support, village midwives' contributions to health service delivery cannot be fully optimized (McCarthy & Maine, 1992).

Strengthening the role of village midwives directly contributes to achieving the Sustainable Development Goals (SDGs), particularly in reducing maternal and neonatal mortality (Lindgren et al., 2022). Competent and well-supported midwives can potentially save up to 4.3 million lives annually through high-quality maternal and neonatal care (Nove et al., 2021). Investments in midwifery education, training, and welfare are among the most cost-effective interventions in public health (WHO, 2024b). Moreover, empowering village midwives strengthens primary health care, which serves as the foundation of national health systems (WHO, 2019). Their role extends beyond clinical care to include health promotion, prevention, and community education (WHO, 2018). Thus, village midwives hold a strategic position in building healthier and more productive communities (Musaddiq, 2022). Reinforcing their role should remain a central agenda in Indonesia's health development policies (Ministry of Health, Republic of Indonesia, 2022).

Given these considerations, the role of village midwives is pivotal in determining the success of maternal and child health services at the community level. However, several challenges persist, including issues related to competence, organizational support, leadership, and financial incentives. Evidence from previous studies highlights the need to strengthen the factors influencing midwives' performance to ensure the delivery of high-quality care. Understanding these influencing factors is essential for designing targeted interventions to enhance service quality. Therefore, this study aims to analyze the role of village midwives in health service delivery.

Methods

Study Design

This study employed a narrative review design aimed at examining, analyzing, and synthesizing a wide range of research findings on the role of village midwives in health service delivery. This design was chosen because it allows the integration of empirical and conceptual evidence derived from quantitative, qualitative, and policy-based studies, thereby providing a comprehensive understanding of the topic under investigation.

Unlike a systematic review, the narrative review approach offers flexibility in analysis by focusing not on statistical meta-analysis but on conceptual integration and the identification of emerging patterns from relevant literature. The review framework adhered to the principles of transparency and systematicity as outlined in the PRISMA 2020 guidelines, encompassing four key stages: identification, screening, eligibility assessment, and data synthesis.

The main focus of this review was to describe how village midwives perform their roles within the primary health care system in Indonesia and to identify the factors influencing the effectiveness of these roles from individual, organizational, and systemic perspectives.

Research Question

The research question was formulated using the Population–Concept–Context (PCC) framework commonly applied in evidence synthesis. The guiding question was: "What is the role of village midwives in health service delivery, and what factors influence the effectiveness of their role in improving maternal and child health at the community level?" This formulation allowed for a structured exploration of three central aspects: the scope and nature of village midwives' roles in maternal, child, and family health services; the internal and external factors affecting their competence and performance; and the systemic supports such as leadership, policy, and structural conditions that determine the effectiveness of their service. This question formulation ensured that the literature search remained focused, coherent, and aligned with the study objectives.

Inclusion and Exclusion Criteria

The inclusion criteria were determined stringently to ensure that each selected article was directly relevant to the topic. Eligible publications were written in either Indonesian or English, published between 1992 and 2024, and appeared in accredited national or reputable international journals. Accepted study designs included qualitative, quantitative, and mixed-methods research, as well as policy reports that explicitly discussed the roles, competencies, performance, organizational support, leadership, and challenges of village midwives in the context of primary health care. Only full-text articles accessible in the public domain were included to allow for comprehensive data extraction and verification. Articles were excluded if they were not related to the role of village midwives, were in the form of editorials, opinion pieces, media reports, or conference abstracts without complete results. Studies focusing on other health workers without connecting their findings to the role of village midwives were also excluded. Applying these inclusion and exclusion criteria ensured the reliability, credibility, and validity of the data analyzed in this review.

Literature Search Strategy

The literature search was conducted systematically across four major electronic databases—PubMed, Scopus, Google Scholar, and Indonesian national journal portals such as Garuda, Neliti, and Sinta—between February and April 2024. The search used combinations of keywords and Boolean operators to maximize coverage and ensure relevance. The search strings included: “village midwife” OR “community midwife” OR “bidan desa” AND “maternal health” OR “child health” OR “primary health care” OR “midwifery performance” OR “kompetensi bidan” OR “kinerja bidan desa.” Articles were first screened by title, abstract, and keywords to identify potentially relevant studies. In addition to electronic searching, manual searches were performed using the reference lists of selected articles to capture additional literature that might not be indexed in the main databases. To minimize publication bias, studies from different regions of Indonesia and comparable countries were included to provide contextual diversity. All search procedures and screening decisions were documented systematically to ensure

replicability and transparency in accordance with PRISMA 2020 recommendations.

Study Selection Process

The selection process followed four key stages as outlined in the PRISMA flow diagram: identification, screening, eligibility assessment, and inclusion. During the identification stage, all records retrieved from the databases were combined, and duplicate entries were removed manually. In the screening stage, titles and abstracts were reviewed to determine relevance to the research question, and articles not focusing on village midwives or unrelated to primary health care were excluded. At the eligibility stage, full-text reviews were conducted on remaining articles to ensure alignment with the inclusion and exclusion criteria. Studies that met these requirements were included in the final synthesis. The majority of the included studies originated from Indonesia, supplemented by several international studies for contextual comparison. To reduce subjective bias, the selection process was carried out independently by two reviewers, and disagreements were resolved through discussion until consensus was reached. This rigorous multi-step process ensured that only high-quality, relevant studies were synthesized.

Data Extraction and Synthesis

Data extraction was performed using a structured table designed to capture essential study details, including author, year of publication, study location, design, objectives, main findings, and relevance to the role of village midwives. Extracted data were compiled, compared, and analyzed to identify recurring patterns, thematic similarities, and contextual differences among studies. The synthesis was conducted using a narrative thematic analysis approach, where findings were organized into overarching themes representing key dimensions of the topic. Four major themes emerged from the synthesis: the role of village midwives in maternal and child health service delivery; professional competence and performance; organizational and leadership support in enhancing midwives' roles; and structural and policy-related challenges in remote and rural areas. Each theme was analyzed comprehensively by comparing

evidence across different studies to identify relationships and patterns among influencing factors. This narrative synthesis approach provided a holistic understanding of how individual, organizational, and systemic elements interact to shape the effectiveness of village midwives' roles. The insights derived from this synthesis were then used to develop practical recommendations for improving primary health care performance and policy interventions related to community-based midwifery in Indonesia.

Results

Roles of Village Midwives in Maternal and Child Health Services

The literature review revealed that the role of village midwives in health services encompasses several interrelated dimensions, including maternal and child health care, capacity and performance development, organizational and leadership support, and structural challenges in remote areas. In terms of maternal and child health services, village midwives serve as the frontline providers who bridge communities with formal health facilities. Studies demonstrate that the presence of village midwives has significantly increased the proportion of births assisted by skilled health personnel, expanded access to antenatal care, and reduced delays in the management of obstetric complications (Triyana, 2016; Nove et al., 2021; Musaddiq, 2022). In addition to curative services, they play critical promotive and preventive roles by conducting maternal and infant health education, early risk detection during pregnancy, and community-based surveillance and follow-up of maternal deaths (WHO, 2013; WHO, 2024a). Through these roles, village midwives become strategic actors in accelerating the reduction of maternal and neonatal mortality in Indonesia (Ministry of Health, Republic of Indonesia, 2022).

Competence and Performance of Village Midwives

The quality of health services provided by village midwives is largely determined by their professional competence and performance. The literature consistently highlights variations in

the levels of knowledge, clinical skills, and work motivation among midwives across regions (Asnawi et al., 2017; Mirdahni et al., 2021). Several performance determinants have been identified, including knowledge, workload, leadership, and supervisory support (Ma'ru'fi et al., 2018). Needs-based training programs, such as the Midwifery Emergency Skills Training (MEST), have proven effective in enhancing midwives' skills in managing maternal and neonatal emergencies (Mwakawanga et al., 2023). Furthermore, the COM-B model emphasizes that professional behavior change can be achieved by strengthening capability, opportunity, and motivation, thereby improving midwives' competence and consistency in delivering care (Michie et al., 2011; Chen et al., 2023). These findings underscore the importance of structured, ongoing professional development and competency-based education to maintain high-quality service delivery in rural and primary health care settings.

Organizational and Leadership Support

Organizational and leadership support emerged as critical factors influencing the success of village midwives in carrying out their duties. Supportive leadership at the primary care level, particularly from health center managers, has been shown to enhance midwives' confidence, accountability, and job satisfaction (Ma'ru'fi et al., 2018; Mirdahni et al., 2021). Facilitative supervision, adequate infrastructure, and career development opportunities contribute to sustained motivation and improved service quality. Evidence indicates that participatory and supportive leadership styles are positively associated with higher midwifery performance and motivation (Fenta Kebede et al., 2023; Harvey et al., 2020). Leaders who foster a collaborative and evidence-based work culture play a pivotal role in supporting the effective implementation of community-based midwifery practices (Van Hecke et al., 2019). In this context, the role of leadership extends beyond administrative oversight to include mentoring, team empowerment, and creating a psychologically safe environment that encourages professional growth and accountability among midwives.

Structural Challenges in Remote Areas

The literature also identifies multiple structural challenges that hinder the optimal functioning of village midwives, particularly in remote and hard-to-reach regions. These challenges include limited infrastructure, inadequate logistics and transportation, low compensation and incentive systems, and high workloads, all of which contribute to decreased motivation and job satisfaction (Adiputri et al., 2014; Yarnita, 2020). In addition, the scarcity of technical support, insufficient training opportunities, and inadequate supervision negatively impact the quality of maternal and neonatal care (Yunita et al., 2013; D'Ambruoso et al., 2009). Geographical and sociocultural barriers exacerbate inequities in access to maternal health services (Nallala et al., 2023). Without systemic and policy-level support, the capacity of village midwives to function as effective agents of primary health care cannot be fully realized (McCarthy & Maine, 1992; WHO, 2019). These structural limitations highlight the necessity for cross-sectoral interventions, including investment in rural health infrastructure, improved remuneration systems, and equitable distribution of resources for health workers.

Policy Commitment and Systemic Strengthening

Several studies underscore the need for long-term policy commitment and sustained investment to strengthen the role of village midwives. Countries that have prioritized investment in midwifery education and welfare have demonstrated substantial reductions in maternal and neonatal mortality rates (Lindgren et al., 2022; WHO, 2024b). Capacity building through continuous education, mentoring, and midwifery center models has been identified as a promising strategy to improve care quality (International Confederation of Midwives, 2020; Pappu et al., 2023). A system-based approach that integrates educational reform, workforce planning, and supportive supervision is essential to ensure the sustainability of quality improvement initiatives (WHO, 2018; WHO, 2019). Strengthening the village midwife workforce not only enhances maternal health outcomes but also reinforces the resilience and equity of Indonesia's primary

health care system, contributing directly to the achievement of universal health coverage and the Sustainable Development Goals.

Overall, the literature strongly indicates that village midwives play a vital role in ensuring accessible, equitable, and quality maternal and child health services at the community level. However, the effectiveness of their role is contingent upon a combination of factors, including professional competence, organizational and leadership support, and structural conditions within their working environment. The findings emphasize that enhancing the role of village midwives requires a comprehensive, multisectoral approach that integrates human resource development, supportive policies, and systemic reform to optimize their contribution to Indonesia's primary health care system and improve maternal and neonatal health outcomes..

Discussion

The findings of this review indicate that village midwives play a strategic role in health service delivery, particularly in reducing maternal and neonatal mortality at the community level (Triyana, 2016). The presence of village midwives has been shown to increase the proportion of births assisted by skilled health personnel in rural areas (Musaddiq, 2022). Globally, it is estimated that competent midwives can save up to 4.3 million lives annually through the provision of high-quality maternal and neonatal care (Nove et al., 2021). This role is crucial given Indonesia's persistently high maternal mortality ratio, which reached 189 per 100,000 live births in 2021 (Ministry of Health, Republic of Indonesia, 2022). The World Health Organization (WHO) reports that approximately 800 women die each day from pregnancy-related complications, most of which are preventable (WHO, 2024a). Therefore, the deployment of village midwives represents a key component of the national strategy for achieving the Sustainable Development Goals (SDGs) related to maternal health (Lindgren et al., 2022). This evidence underscores that investing in village midwives is a crucial step in strengthening Indonesia's primary health care system (WHO, 2019).

However, the quality of services provided by village midwives is highly dependent on their professional competence (Chen et al., 2023). Research in East Nusa Tenggara has revealed significant variations in the knowledge and clinical skills of midwives, indicating a need for continuous capacity enhancement (Asnawi et al., 2017). These variations directly affect the quality of antenatal care and the early detection of pregnancy risks (Mirdahni et al., 2021). A study conducted in Lumajang identified that knowledge, motivation, leadership, and workload are key determinants of midwives' performance in maternal and child health programs (Ma'ru'fi et al., 2018). Low competency levels have also been linked to decreased public trust in midwifery services at the community level (D'Ambruoso et al., 2009). WHO emphasizes the importance of competency mapping and capacity strengthening to ensure the delivery of safe and effective midwifery services (WHO, 2018). Accordingly, improving the capacity of village midwives must be prioritized as part of primary health care system strengthening (WHO, 2024b).

The enhancement of midwives' competence requires relevant and needs-based education and training programs (Mwakawanga et al., 2023). Evidence from Tanzania shows that the Midwifery Emergency Skills Training (MEST) program significantly improved midwives' ability to manage maternal emergencies (Mwakawanga et al., 2023). The International Confederation of Midwives (2020) also recommends structured professional development programs such as mentoring. WHO emphasizes that high-quality midwifery education is a prerequisite for achieving universal health coverage (WHO, 2019). Chen et al. (2023) further explain that competency improvement should be grounded in behavioral and contextual analysis. The COM-B model demonstrates that professional behavior arises from the interaction of capability, opportunity, and motivation, all of which must be strengthened simultaneously (Michie et al., 2011). Therefore, the capacity building of village midwives should be implemented through a comprehensive, integrated approach

rather than fragmented interventions (WHO, 2018).

Beyond competence, organizational support has been found to significantly influence midwives' performance and retention (Adiputri et al., 2014). A study conducted in Tanah Datar revealed that low financial incentives were a major factor contributing to poor motivation among midwives (Yarnita, 2020). High workloads without adequate structural and managerial support increase fatigue and reduce service quality (Yunita et al., 2013). The lack of facilities, transportation, and technical assistance further constrains midwives' effectiveness in rural communities (Nallala et al., 2023). WHO underscores that a supportive working environment is essential for maintaining care quality (WHO, 2019). Investments in infrastructure and logistics have been shown to improve the productivity of frontline health workers (McCarthy & Maine, 1992). Therefore, organizational strengthening and institutional support must be integrated into policies aimed at empowering village midwives (WHO, 2024b).

Leadership also emerged as a critical determinant of the effectiveness of village midwives (Van Hecke et al., 2019). Studies in Ethiopia found that supportive leadership styles were positively associated with midwives' performance (Fenta Kebede et al., 2023). Participatory leadership fosters a sense of ownership, confidence, and accountability in service provision (Harvey et al., 2020). The heads of community health centers (Puskesmas), who serve as direct supervisors, play a pivotal role in creating an evidence-based and supportive work culture (Ma'ru'fi et al., 2018). Mirdahni et al. (2021) further emphasize the importance of facilitative supervision in improving compliance with antenatal care standards. Without effective leadership, midwives may struggle to implement evidence-based practices consistently (Harvey et al., 2020). Strengthening leadership capacity at the primary care level should therefore be considered a priority in midwifery workforce development (Van Hecke et al., 2019).

Geographical and structural challenges also significantly hinder the performance of village midwives, particularly those working in remote areas (Nallala et al., 2023). Midwives in isolated locations often face severe limitations in logistics, infrastructure, and transportation, leading to delayed service responses (Yunita et al., 2013). D'Ambruso et al. (2009) found that inadequate systemic support reduces the quality and continuity of care at the village level. These challenges are further exacerbated by limited opportunities for professional development and continuing education (Asnawi et al., 2017). WHO (2019) highlights the need for targeted strategies to strengthen health workforces in hard-to-reach regions, while McCarthy and Maine (1992) emphasize that systemic factors—such as infrastructure and logistical support—are crucial to the success of maternal health interventions. Hence, adopting a system-based approach is key to ensuring the sustainability and equity of midwifery services in rural settings (WHO, 2018).

Long-term policy commitment and sustained investment are essential elements for strengthening the role of village midwives (Lindgren et al., 2022). Countries with substantial investments in midwifery education and welfare have experienced notable reductions in maternal mortality (WHO, 2024b). WHO identifies investment in midwifery education as one of the most cost-effective strategies for achieving universal health coverage (WHO, 2019). The International Confederation of Midwives (2020) highlights the importance of establishing national mentoring systems to support professional development, while Pappu et al. (2023) demonstrated that midwifery center models in Bangladesh enhanced clinical and academic support for midwives. WHO (2018) also stresses that midwifery capacity building must be integrated into national health system planning. Thus, political commitment remains a decisive factor in the success of village midwife empowerment initiatives (Ministry of Health, Republic of Indonesia, 2022).

Overall, the findings indicate that the role of village midwives in health service delivery is shaped by a complex interaction of individual

competence, organizational support, leadership, and structural conditions (Chen et al., 2023). Strengthening one aspect without addressing the others is unlikely to yield sustainable improvements in care quality (Michie et al., 2011). WHO (2024b) recommends a holistic approach that combines investments in education, incentives, facilities, and supervision. D'Ambruso et al. (2009) emphasize that improving midwifery care quality requires continuous and system-wide efforts, while Barokah et al. (2024) and Haryanti and Yuriah (2025) highlight that reducing maternal mortality requires integrated clinical and systemic interventions. Nove et al. (2021) further demonstrate that a comprehensive approach to midwifery workforce strengthening has the greatest impact on maternal and neonatal mortality reduction. Therefore, empowering village midwives must remain a top national priority in Indonesia's health development agenda (Ministry of Health, Republic of Indonesia, 2022).

Conclusion and Recommendation

Village midwives play a strategic role in improving access to and the quality of maternal and child health services at the community level. Their presence has been proven to reduce maternal and neonatal mortality risks by increasing antenatal care coverage and timely management of obstetric complications. The performance of village midwives is influenced by competence, organizational support, motivation, leadership, and geographical conditions within their work settings. Major barriers include low incentives, limited facilities, insufficient supervision, and lack of continuous training. Strengthening the role of village midwives requires a comprehensive strategy that includes continuous education, structured mentoring, improved infrastructure, and supportive policies. Primary health center leaders should be empowered to implement evidence-based facilitative supervision to sustain service quality. These efforts represent a crucial investment for achieving the Sustainable Development Goals and for strengthening equitable and sustainable primary health care services across Indonesia.

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The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

References

- Adiputri, A., Wijaya, I. P. G., & Karmaya, I. N. M. (2014). The competency, financial compensation, supervision and performance of the village midwives in the Bangli regency. *Public Health Preventive Medicine Archive*, 2(1), 76–80.
- Asnawi, A., Wungouw, E. E., Kerong, I. H., Butu, Y., Labo, I., & Simpson, L. (2017). Knowledge and skills of coordinator midwives and midwives in NTT. *Australia Indonesia Partnership for Maternal and Neonatal Health*.
- Barokah, L., Zolekhah, D., & Ilmi, L. R. (2024). Migration of Midwifery Care Documentation to Medical Records. *Lentera Perawat*, 5(2), 267-271. doi: 10.52235/lp.v5i2.320
- Chen, S., Wang, R., Xu, N., Zhang, J., Liu, Y., Cong, S., et al. (2023). Identification of factors influencing core competence promotion among professional nurses and midwives: A qualitative study using the COM-B model. *Nurse Education in Practice*, 69, 103619.
- D'Ambruoso, L., Achadi, E., Adisasmita, A., Izati, Y., Makowiecka, K., & Hussein, J. (2009). Assessing quality of care provided by Indonesian village midwives with a confidential enquiry. *Midwifery*, 25(5), 528–539.
- Fenta Kebede, B., Aboye, T., Dagnaw Genie, Y., Tesfa, T. B., & Yetwale Hiwot, A. (2023). The effect of leadership style on midwives' performance, southwest, Ethiopia. *Journal of Healthcare Leadership*, 15, 31–41.
- Harvey, G., Kelly, J., Kitson, A., Thornton, K., & Owen, V. (2020). Leadership for evidence-based practice—Enforcing or enabling implementation? *Collegian*, 27(1), 57–62.
- Haryanti, I., & Yuriah, S. (2025). Socio-Economic Analysis of Parents on the Practice of Providing Early Complementary Feeding to Infants Aged 6-12 Months in Tanjung Baru Village: A Cross-sectional Study. *Lentera Perawat*, 6(2), 395-403. Doi: 10.52235/lp.v6i2.497
- Husna, A., & Besral, B. (2009). Performance of village midwives in the health care guarantee program for the poor. *KESMAS: Jurnal Kesehatan Masyarakat*, 4(1), 18–23.
- International Confederation of Midwives. (2020, January 5). Mentoring guidelines for midwives. *Cent Mentor Excell*, 39(12). Retrieved from <https://internationalmidwives.org/resources/mentoring-guidelines-for-midwives/>
- Kemenkes RI. (2022). *Indonesia health profile 2021*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Lindgren, H., Bogren, M., Osika Friberg, I., Berg, M., Hök, G., & Erlandsson, K. (2022). The midwife's role in achieving the sustainable development goals: Protect and invest together—the Swedish example. *Global Health Action*, 15(1), 2051222.
- Ma'ru'fi, I., Ningtyias, F. W., & Mardiyanti, M. (2018). The influence of knowledge, motivation, leadership, and workload toward public health center midwives' performance in facilitative supervision of MCH program in Lumajang district. *Health Notions*, 2(4), 478–482.
- McCarthy, J., & Maine, D. (1992). A framework for analyzing the determinants of maternal mortality. *Studies in Family Planning*, 23(1), 23–33.
- Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1), 42.
- Mirdahni, R., Kintoko Rochadi, R., & Arma, A. J. A. (2021). Factors that influence the performance of midwives in implementing standard antenatal services in the work area of the Pidie Health Center. *Serambi Saintia: Jurnal Sains dan Aplikasi*, 9(1), 40–48.
- Musaddiq, T. (2022). The impact of community midwives on maternal healthcare utilization. *Health Economics*, 32(3), 697–714.
- Mwakawanga, D. L., Rimoy, M., Mwangi, F., Massae, A. F., Mushy, S. E., Kisaka, L., et al. (2023). Strengthening midwives' competencies for addressing maternal and newborn mortality in Tanzania: Lessons from Midwifery Emergency Skills Training (MEST) project. *Midwifery*, 122, 103695.
- Nallala, S., Ghosh, U., Desraj, S. S., Kadam, S., Kadarpetta, R. R., & Van Belle, S. (2023). Why are they “unreached”? Macro and meso determinants of health care access in hard to reach areas of Odisha, India. *International Journal for Equity in Health*, 22(1), 2.

- Nove, A., Friberg, I. K., De Bernis, L., McConville, F., Moran, A. C., Najjemba, M., et al. (2021). Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: A lives saved tool modelling study. *The Lancet Global Health*, 9(1), e24–e32.
- Okereke, E., Ishaku, S. M., Unumeri, G., Mohammed, B., & Ahonsi, B. (2019). Reducing maternal and newborn mortality in Nigeria—A qualitative study of stakeholders' perceptions about the performance of community health workers and the introduction of community midwifery at primary healthcare level. *Human Resources for Health*, 17(1), 102.
- Pappu, N. I., Öberg, I., Byrskog, U., Raha, P., Moni, R., Akhtar, S., et al. (2023). The commitment to a midwifery centre care model in Bangladesh: An interview study with midwives, educators and students. *PLoS ONE*, 18(4), e0271867.
- Triyana, M. (2016). The effects of Indonesia's 'midwife in the village' programme 10 years post-launch. *Population Studies*, 70(3), 365–376.
- Van Hecke, A., Goemaes, R., Verhaeghe, S., Beyers, W., Decoene, E., & Beeckman, D. (2019). Leadership in nursing and midwifery: Activities and associated competencies of advanced practice nurses and midwives. *Journal of Nursing Management*, 27(6), 1261–1274.
- WHO. (2013). *Maternal death surveillance and response: Technical guidance: Information for action to prevent maternal death*. Geneva: World Health Organization.
- WHO. (2018). *Web appendix. Mapping of WHO competencies for the maternal and newborn health (MNH) professional based on previously published international standards*. Geneva: World Health Organization.
- WHO. (2019). *Strengthening quality midwifery education for universal health coverage 2030: Framework for action*. Geneva: World Health Organization.
- WHO. (2024, April 26). *Maternal mortality [Fact sheet]*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- WHO. (2024, May 3). *Nursing and midwifery [Fact sheet]*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>
- Yarnita, Y. (2020). Factors related to village midwife performance in efforts to reduce neonatal mortality in Tanah Datar district. *Global Health Journal*, 3(3), 100–108.
- Yunita, H., Kuntjoro, T., & Purnami, C. T. (2013). Factors affecting village midwives work performance in conducting early detection of high risk pregnancy in the antenatal care in south Bengkulu district. *Jurnal Indonesian Health Management*, 1(2), 79–88.