

Functions and Experiences of Male Midwives in the Province of Aurora: An Ethnographic Qualitative Study

Daisy Fangkingan - Faba-an, RM, RN, MAN,¹ Joel A. Valencia, RN, RM, MAN, LPT, MAGC, RGC, BSM,¹ Jasmin M. Dumangeng, RM, RN¹ and Eva F. Dimog, RM, MPH, PhD²

¹University of the Philippines Manila-School of Health Sciences, Extension Campus Baler, Aurora, Philippines

²College of Health Sciences, Ifugao State University-Lamut Campus, Ifugao, Philippines

ABSTRACT

Background. This study explores the professional functions and experiences of male midwives in the Province of Aurora, highlighting their roles, challenges, and contributions to maternal and child healthcare in a traditionally female-dominated profession.

Objective. This study aims to investigate the professional functions and lived experiences of male midwives in the Province of Aurora.

Methods. This research employed a qualitative ethnographic design using semi-structured interviews to collect data. Participants were six male midwives practicing in Aurora. Data collection was conducted via mobile phone interviews from August to September 2024. A purposive sampling technique was utilized to select participants. The study adhered to ethical guidelines, receiving approval from the University of Northern Philippines Ethics Review Committee Code: 2024-251, and informed consent was obtained from all participants. Data were analyzed using qualitative content analysis. Qualitative inductive content analysis as described by Padgett was utilized to allow for data-driven analysis without pre-defined themes, making it suitable for exploring the diverse experiences of male midwives.

Results. Analysis revealed six key themes: Diverse professional functions, gender bias and stereotyping, patient reluctance and shyness, cultural influences, experiences of discrimination and prejudice, and daily challenges and rewards in practice. The findings underscore the commitment of male midwives to providing quality care despite

societal and professional barriers. Under the Functions theme, male midwives described their roles as not only caregivers but also as advocates for gender inclusivity in midwifery. In terms of experiences, some reported feelings of isolation and the need to prove their competence in a field dominated by women. However, they also shared empowering stories of camaraderie with female colleagues and the satisfaction derived from breaking down gender barriers.

Conclusion. Male midwives play a vital role in maternal and newborn healthcare, navigating challenges such as gender bias and patient hesitancy. Strengthening administrative support, promoting inclusivity, and updating policies can enhance their professional integration. Advocacy efforts from professional organizations are necessary to address workplace challenges and recognize their contributions to healthcare.

Keywords: male midwives, midwifery, gender bias, maternal health, community



Paper presentation – 50th IMAP, Inc. Annual Convention and 51st Midwifery Week Celebration, October 22, 2024, SMX Convention Center Manila, Pasay City, Philippines.

eISSN 2094-9278 (Online)
Published: November 28, 2025
<https://doi.org/10.47895/amp.vi0.11956>
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Corresponding author:
Daisy Fangkingan - Faba-an, RM, RN, MAN
University of the Philippines Manila-School of Health Sciences
Extension Campus Baler, Reserva, Baler, Aurora, Philippines
Email: dffabaaan@up.edu.ph
ORCID: <https://orcid.org/0009-0008-9777-0250>

INTRODUCTION

Midwifery is a specialized field within healthcare that focuses on rendering care to women during pregnancy, childbirth, and the postpartum period. This integrates clinical skills with a deep understanding of the emotional and social aspects of childbirth, aiming to provide comprehensive, respectful, and empowering care to women and their families. Midwifery encompasses a broad range of responsibilities. They are tasked with preventing adverse pregnancy outcomes, detecting abnormal health conditions, securing medical assistance when necessary, and executing emergency measures in the rural areas in the absence of medical help.¹

Aurora Province, situated on Luzon's eastern side, is bordered by Quirino, Nueva Ecija, Bulacan, and Quezon. Its rugged terrain, surrounded by the Sierra Madre Mountains, complicates healthcare access. The province has four government hospitals and 44 barangay health stations, with health centers in each municipality to enhance medical assistance. Some registered midwives serve catchment areas that include 2 to 3 barangays, ensuring they can effectively provide care at the barangay health stations.

The general objective of the study is to explore and understand the functions and experiences of male midwives in the province of Aurora, focusing on their roles, challenges, and contributions to maternal and child health care. The specific objective aims to investigate the motivations of male midwives for entering the profession and their interactions with patients and colleagues.

In the Philippines, the practice of midwifery has evolved to include both clinical and public health services, as mandated by Republic Act 7392, also known as the Philippine Midwifery Law.² Filipino midwives are required to provide maternal and child care, help other healthcare workers in rendering maternal and child health services such as antenatal, intranatal, and postnatal care for normal pregnancies, administer vaccinations, and manage various emergency and routine healthcare tasks (Board of Midwifery Philippines, 1992). These professionals serve as the backbone of the nation's local health service delivery system, working in public and private maternity clinics, barangay health stations, and both rural and urban health centers.

A midwife's job is to care for women, particularly when they are pregnant or giving birth. Therefore, this study sought to understand how these male midwives navigate their roles and functions in a field traditionally dominated by women, as well as the unique challenges and rewards they encounter in their practice. By focusing on their perspectives, the research focused on shedding light on the contributions of male midwives to maternal and child health in the region, highlighting their experiences and the impact they have on the communities they serve.

The midwifery profession has its roots in the contributions of Florence Nightingale, a pioneering female figure. This has helped shape the common view that midwifery is primarily

a women's field.³ However, there is an increasing awareness of the need to diversify the midwifery workforce. This change is essential to better meet the needs of clients from various backgrounds and demographics. Modernization has led to more men joining the midwifery profession, but their acceptance can differ significantly from one country to another. For example, a study conducted in Great Britain in 2011 revealed that only 2% of midwives were male.⁴

Male midwives often encounter considerable challenges, especially in communities where cultural and religious beliefs strongly influence perceptions of gender roles, making their acceptance and integration into the profession more difficult. In certain countries like Cameroon, there is a push to encourage more men to enter the midwifery profession to address the shortage of healthcare workers.⁵ Despite this initiative, male midwives often face questions in gaining acceptance, particularly in Muslim communities where traditional views on gender roles can create barriers to their acceptance into the field.⁶

Furthermore, research from developed countries shows that many female patients prefer female midwives, largely due to the distinct communication styles often found between genders.⁷ Women often feel more comfortable discussing personal and sensitive topics with female providers, promoting a sense of trust and understanding. This level of connection can lead to a more supportive and empathetic health care experience, ultimately enhancing patient satisfaction. When women feel heard and respected, it not only improves their overall experience most especially among health care workers but also encourages them to engage more openly in their care, emphasizing the importance of gender dynamics in healthcare settings.

The growing presences of male midwives in Ghana causes some women to have difficulty accepting them or understanding their functions in providing reproductive healthcare. This can be due to various factors, including cultural and societal Norms and personal preferences.⁸ In addition, they express concerns about having male midwives in the delivery room believing that their lack of personal childbirth experience makes them less capable of providing the support and understanding that women need during such a personal and childbirth experience. This highlights the ongoing challenges in changing perceptions about gender roles in maternal and new born care.⁹

The contributions of male midwives in the Philippines remain largely underexplored, as existing research tends to focus predominantly on female midwives. Midwifery in the country plays a crucial role in maternal and child healthcare, particularly in rural and remote areas where access to obstetricians and specialized care is limited. Studies conducted in the Cordillera Administrative Region (CAR) emphasize the essential functions of Filipino midwives in providing maternal and neonatal care, emergency obstetric interventions, health education, and the management of common infections. However, despite their significance, these

studies often overlook male midwives, a small but growing segment of the midwifery workforce. The limited literature on male midwives underscores a critical gap in understanding their professional roles, challenges, and contributions to maternal and reproductive healthcare.¹⁰

Male midwifery is a relatively new and emerging profession in the Philippines, especially in the Province of Aurora, where research on the topic remains scarce. Societal and cultural perceptions influence the acceptance of male midwives, with some individuals expressing hesitancy or discomfort in seeking maternal care from a male practitioner. This cultural bias, coupled with the traditional association of midwifery with women, has created barriers to the full integration and recognition of male midwives within the healthcare system. The lack of empirical studies exploring their roles and experiences further contributes to the limited awareness and understanding of their contributions.

Given these gaps, this study aims to examine the functions of male midwives in Aurora Province, specifically in the context of their professional roles, challenges, and impact on maternal healthcare. By shedding light on their experiences and responsibilities, the study seeks to provide insights that can inform policies, training programs, and public perceptions regarding male midwives in the Philippines. Additionally, the findings will contribute to the broader discourse on gender diversity in healthcare, emphasizing the importance of inclusivity and support for all healthcare providers, regardless of gender.

METHODS

Research Design

This study employed an ethnographic descriptive qualitative design using a constructivist paradigm to investigate the functions and professional practice of male midwives in providing primary healthcare in the province of Aurora, Philippines. Ethnography was chosen as it allows for an in-depth exploration of the lived experiences, cultural practices, and social roles of male midwives within their professional and community contexts. This approach aligns with the study's aim of understanding the intricate social dynamics surrounding male midwifery.

The constructivist paradigm underpins this research, emphasizing that knowledge is socially constructed through interactions and shared meanings. This paradigm guided the use of semi-structured interviews and field observations, enabling a rich and nuanced understanding of male midwives' professional experiences. The Social Role Theory was used as a guiding framework, providing insights into how gendered expectations and societal norms shape the roles and functions of male midwives in maternal healthcare.

The rationale for adopting an ethnographic approach stems from its strength in capturing cultural perspectives, participant narratives, and social contexts in ways that other qualitative methods, such as phenomenology or case study,

might not fully encompass. However, as with all qualitative research, this approach has inherent assumptions and limitations, including the subjectivity of interpretation and potential biases in researcher-participant interactions. To address these concerns, data triangulation and reflexivity were employed to enhance the credibility and transferability of findings.

This structured approach ensures that the research remains aligned from design to conclusions, maintaining methodological coherence throughout the study.

Study Participants

This study employed a purposive sampling technique to recruit six male midwives practicing in the Province of Aurora, Philippines. The selection process was guided by the principle of data saturation, meaning data collection continued until no new themes or insights emerged from the transcripts, ensuring a comprehensive and in-depth understanding of the participants' roles and professional experiences.¹¹

Participants were selected based on specific inclusion criteria to ensure relevance to the study objectives. To qualify, they must have completed and passed the Midwifery Licensure Examination (MLE) and have at least six months of experience in the field. Additionally, male midwives who graduated from either two-year or four-year midwifery programs were eligible. The study did not include retired midwives, those with less than six months of experience, or registered nurses who also held a midwifery license, as their experiences might differ significantly from full-time practicing midwives.

To capture a broad range of experiences, the researchers aimed to recruit midwives working in both barangays (villages) and rural health units (RHUs) across Aurora. This ensured diverse perspectives regarding their professional responsibilities, healthcare challenges, and community impact. Male midwives were selected regardless of their place of origin, as long as they were actively practicing in the province during the study period.

The decision to stop at six participants was not due to a pre-set limit or pilot study restrictions, but rather because data saturation had been reached. No new themes emerged in later interviews, indicating that additional participants would likely provide redundant information rather than new insights. This aligns with qualitative research standards, which emphasize depth and richness of data over large sample sizes.

By focusing on these specific selection criteria and ensuring data saturation, this study provides a robust and meaningful exploration of the functions and lived experiences of male midwives in Aurora's healthcare system.

Aurora province is located on the eastern side of Luzon. To its north is the Province of Quirino, while to the west are Nueva Ecija and Bulacan. And the Southern boundary is the Province of Quezon. Access to healthcare in Aurora Province (Baler, Casiguran, Dilasag, Dinalungan, Dipaculao, Maria Aurora, San Luis) is affected due to geographical

barriers. The mountainous region and rugged terrain from the Sierra Madre Mountain range from the western border pose physical challenges for transportation and accessibility to basic health and obstetric care.¹²

The province has 4 government hospitals located in the municipalities of Baler, Casiguran, Maria Aurora, and Dingalan. It has 44 barangay health stations, mainly located in the central municipalities. Each municipality has a health center to support the hospitals in bringing medical assistance to the barangays.¹³

Data Collection

The researchers prioritized a human-centered approach to data collection, ensuring ethical and methodological rigor throughout the process. Data collection occurred from September to October 2024 and followed a structured yet flexible ethnographic approach, incorporating semi-structured interviews, field observations, and document analysis to capture a comprehensive understanding of male midwives' roles and experiences.

Before conducting the study, formal approval was sought and obtained from institutional heads and employers of the participating midwives, ensuring compliance with workplace policies and ethical considerations. Following this, individual informed consent was obtained from each participant after a thorough explanation of the study's objectives, methods, and confidentiality measures. Participants were assured of their right to withdraw at any point without repercussions.

A self-made semi-structured interview guide (Table 2) was developed to explore key themes, including the participants' professional roles, challenges, and experiences in rural healthcare settings. To ensure accessibility and comfort, interviews were conducted via mobile phone, a method that allowed participants to engage in discussions from their preferred environments. Each interview lasted approximately 40 to 60 minutes and was audio-recorded with consent for accurate transcription and analysis.

In addition to interviews, participant observations were conducted in selected healthcare settings where male midwives provided maternal and primary healthcare services. These observations allowed the researchers to capture non-verbal cues, work routines, and interactions with patients and colleagues, strengthening the contextual depth of the study. Relevant documents, such as clinic records, healthcare policies, and training materials, were also reviewed to supplement and validate findings.

To enhance the credibility and rigor of the study, data were triangulated using three sources: interviews, observations, and document analysis. This methodological triangulation ensured that findings were well-supported and reflective of the real-world experiences of male midwives. An iterative approach was applied, meaning that emerging themes from early interviews informed subsequent interviews and observations, allowing the researchers to refine questions and explore additional areas of interest.

By employing this ethnographic approach—encompassing interviews, observations, and document review—the study provided a holistic and contextually grounded analysis of male midwives' professional functions and contributions in rural healthcare settings.

The researchers' backgrounds and experiences played a crucial role in shaping the study design, data collection, and interpretation. The primary researcher has expertise in healthcare research and qualitative methodologies, which facilitated in-depth discussions with participants. Additionally, the research team included individuals with experience in maternal and reproductive health, ensuring a well-informed approach to understanding the professional functions of male midwives. Given the ethnographic nature of this study, researcher reflexivity was maintained to acknowledge and mitigate potential biases. The researchers recognized that their perspectives on gender roles in midwifery and healthcare delivery could influence data interpretation. To minimize bias, several strategies were employed, including maintaining a neutral stance during interviews, triangulating data sources such as field observations and document analysis, and engaging in peer debriefing and member checking to validate findings. The researchers had no prior relationships with the participants, reducing the likelihood of pre-existing biases or power dynamics affecting responses. However, as outsiders to the specific cultural context of male midwifery in Aurora, the researchers remained conscious of possible misinterpretations due to cultural differences. Continuous engagement with local midwifery professionals and stakeholders helped ensure a culturally sensitive and contextually grounded analysis. By addressing these factors explicitly, this study aimed to enhance transparency, trustworthiness, and transferability of its findings.

Data Analysis

The researchers employed qualitative inductive content analysis as described by Padgett to identify emerging themes from the interview data.¹⁴ This approach was chosen because it allows for data-driven analysis without pre-defined themes, making it suitable for exploring the diverse and nuanced experiences of male midwives. Inductive content analysis helped in developing themes directly from participants' narratives, ensuring that findings were rooted in their lived experiences rather than imposed theoretical constructs.

Before analysis, data processing followed structured steps to ensure integrity and security. All interviews were transcribed verbatim by the first author and reviewed for accuracy by the second, third, and fourth authors. During this phase, any identifiable personal data that was inadvertently mentioned was removed to maintain anonymity. Transcripts were then stored in password-protected digital files, accessible only to the research team, with a backup copy maintained in a separate secure location. To ensure data integrity, each transcript was cross-checked against the original recordings, and any discrepancies were resolved through team discussions.

Participants were assigned unique codes (e.g., P1, P2, etc.), replacing names and identifying details, and direct quotes used in the study were carefully modified to remove sensitive identifiers while retaining meaning and context.

The data analysis followed an iterative process, continuously refining themes as new insights emerged. The transcripts were read multiple times to familiarize the researchers with the data and identify recurring words, phrases, and patterns. Through open coding, initial codes were generated by segmenting the text into meaningful units based on participants' responses, ensuring an open-ended approach to capture a wide range of themes. The codes were then reviewed, compared, and refined by the research team, grouping similar concepts together to accurately reflect participants' perspectives. Using collaborative discussions, the researchers organized the codes into broader themes, ensuring that each theme was supported by multiple data points. The final themes were established only after consensus was reached among all researchers. These themes were then interpreted in relation to existing literature and theoretical perspectives on midwifery and gender roles in healthcare, allowing for contextualization within broader healthcare discourse while remaining grounded in participants' lived experiences.

Inductive content analysis is indeed a valuable tool in qualitative health research, particularly when seeking to understand the experiences of understudied or marginalized groups, as these methods can address challenges like community access and encourage open dialogue on sensitive topics.¹⁵ Given the limited literature on male midwives, this method allowed for an exploratory and participant-driven approach, ensuring that findings emerged organically from the data rather than being forced into a pre-existing theoretical framework. This approach also aligns with the constructivist paradigm, which assumes that knowledge is co-constructed through participants' experiences and researchers' interpretations. By following this rigorous data processing and analysis procedure, the study ensures credibility, reliability, trustworthiness and depth in understanding the professional roles and lived experiences of male midwives in Aurora.

Ethical Consideration

Ethical approval for this study was obtained from the University of Northern Philippines Ethics Review Committee, under approval code 2024-248. Before data collection, informed consent was sought and obtained from all study participants. Each participant was provided with a detailed explanation of the study's purpose, procedures, potential risks, and benefits, ensuring voluntary participation.

To maintain confidentiality and anonymity, no personally identifiable information was collected, and participants were assigned pseudonyms in all transcripts and reports. Data security measures included encrypted digital storage and password-protected files to prevent unauthorized access. All raw data, including audio recordings and field notes,

were securely stored during the study and were permanently deleted following data analysis and publication.

Participants were not financially compensated; however, they were provided with small tokens of appreciation in recognition of their time and contributions. The study posed minimal risk to participants, primarily related to emotional discomfort when discussing professional challenges. To mitigate this, participants were assured that they could skip any question or withdraw from the study at any time without consequences. The study's benefits included providing male midwives with a platform to share their experiences, which could contribute to broader discussions on gender inclusivity and professional recognition in maternal healthcare.

By implementing these ethical safeguards, the study adhered to the highest standards of research integrity and participant protection.

Rigor

The researchers followed up with the male participants again to double-check the information and made sure they understood their responses correctly. This step was important to ensure that the participants' views were accurately reflected. The male midwives who were interviewed were specifically chosen because they worked in the rural areas of the Province of Aurora. Before the interviews, the researchers connected with the participants through Messenger to build a relationship and obtained their informed consent. To clarify the meanings of the responses, the researchers used probing questions, offered minimal verbal feedback, and sought clarification when needed. After reviewing the transcripts, the researchers created a coding framework, which they finalized together through discussion and agreement.

RESULTS

All the male participants in this study were full-time rural midwives working in the Province of Aurora. At the time of the interviews, they had been serving in their roles for anywhere between eight months to seven years. The demographic details of these participants are shown in Table 1.

The participants, ranging in age from 24 to 34 years, represent a relatively young cohort within the midwifery profession. There were two who hold a Bachelor of Science in Midwifery, while the others possess diplomas in midwifery. The presence of these two educational pathways highlights the diversity in academic attainment within the group. The length of service among the participants varies significantly, ranging from just eight months to seven years. This variation indicates a mix of experience levels within the group.

Table 2 highlights the main themes that were used from the participants' insights, summarizing their professional roles, the challenges they face, and their unique experiences in the community. This information provides a deeper understanding of the complexities and realities of working as a male midwife in the underserved areas.

Table 1. Demographic Characteristics of the Participants

Participants ID Number	Age (Years)	Academic Attainment	Length in Service
RHM 1	33	Bachelor of Science in Midwifery	5 years
RHM 2	32	Diploma in Midwifery	7 years
RHM 3	33	Bachelor of Science in Midwifery	6 years
RHM 4	24	Diploma in Midwifery	8 months
RHM 5	25	Diploma in Midwifery	1 year
RHM 6	34	Diploma in Midwifery	2 years

Table 2. Semi-structured Interview Topic Guide Questions

Opening	1. Can you share with me how you became a midwife?
Introductory	2. For you, what is midwifery?
Transition	3. In your own perspective, what are the functions of a midwife?
Key	4. What did you observe from your patients as a male midwife when you provide health services to your clients especially to parturient women?
	5. Can you share about your experience/s you consider as memorable event/s at work?
Ending	6. Is there anything else you would like to add?

Functions of Midwives

Passion for maternal and newborn health

A strong passion for maternal and newborn health was evident from all the respondents. They play a vital role in rendering care before and after childbirth. They are responsible for providing antenatal care, which includes prenatal check-ups in the Barangay Health Station and Rural Health Units, assisting during birth, and supporting mothers from pregnancy through the postpartum period. All the male midwives involved are dedicated to ensuring the health and well-being of both mothers and their babies during this important time. This theme reflects the intrinsic motivation that drives the respondents to support women during one of the most significant experiences of their lives.

"I found joy after experiencing delivering and caring for mothers and newborns." (RHM 2)

"Midwives are advocates for natural birth and are skilled in recognizing complications and ensuring that women receive the care they need at every stage of motherhood most especially during pregnancy." (RHM 5).

"Midwifery is a specialized field of healthcare focused on providing care to women during pregnancy, childbirth, and the postpartum period." (RHM 6)

"When we encounter pregnant women who are considered high risk and require more specialized care than we can provide, we make sure to refer them to a

higher-level health facility for the support they need. It's important to ensure they receive the best possible care during this critical time." (RHM 3)

"Once we've addressed our clients' health needs, we make it a point to follow up and keep an eye on their progress. We gently remind them to bring their babies in for immunizations at the BHS and take the time to explain the importance of these immunizations for their children's health." (RHM 6)

Postpartum and newborn care

Male midwives conduct home visits to render a unique opportunity for them to offer personalized support in the comfort of the family's home.

"We go for home visits by feet even after office hours to monitor the health of the babies." (RHM 6)

"We also provide health education and counselling to families, emphasizing the importance of cord care and personal hygiene. We remind them about the necessary routine supplements of the mother and other healthcare needs to help keep their baby healthy and thriving." (RHM 4)

Community connection and service

Community connection and service among male midwives are vital for fostering healthy families and communities. By actively engaging with the populations they serve, the male midwives can enhance their practice, improve health outcomes, and create a supportive environment for mothers and families.

Respondents frequently mentioned the importance of community engagement and service in their roles as male midwives. Respondent 1 described midwifery as a profession that fosters community connections, while Respondent 4 emphasized serving underserved populations. This theme highlights the midwife's role as a vital link between healthcare services and the communities they serve, addressing both medical and health-related needs.

"Midwifery, a dignified profession and the best profession with community connections." (RHM 1)

"The main roles and functions of the midwife is not just saving two lives, but to help community in the development of productive, resilient, equitable, and people-centered health system for Universal Health Care. Because those are things that community people had to receive." (RHM 2)

Diverse roles and responsibilities

The respondents identified a wide range of functions that midwives perform, from prenatal and postnatal care to community education and health promotion. This theme illustrates the many different aspects of midwifery, encompassing

clinical skills, education, advocacy, community organization, and janitorial works in the BHS and RHUs as well.

In addition to offering primary healthcare services, male midwives take on a variety of roles beyond their usual midwifery duties. During home visits, they also care for clients with hypertension. The midwives shared that they always carry a blood pressure apparatus to check the levels of those at risk for hypertension. They even bring along common maintenance medications for these clients to ensure they receive the care they need.

"Aside from prenatal, perinatal, postnatal, we also are a planner, implementer, surveyor, social worker, mental health advocate/educator, guidance counselor, first aider, vaccinator, community organizer, cleaner." (RHM 1)

"We make it a priority to visit our hypertensive clients who can't make it to the health center. During our visits, we provide them with their maintenance medications if they're running low, and we also check their blood pressure to ensure they're managing their condition effectively." (RHM 3)

"We take the time to interview our clients and conduct physical assessments to determine the best treatment for them. After evaluating their needs and creating a treatment plan, we carefully document everything and dispense medications, much like nurses do in a hospital. It's all about providing thorough and compassionate care to our community." (RHM 2)

Gender bias and stereotyping

The male participants face significant gender bias in their professional roles, often encountering skepticism from patients and colleagues who question their capabilities. This bias is rooted in societal stereotypes that have long associated midwifery exclusively with women, leading to misunderstandings about the qualifications and contributions of male practitioners. The respondents report being mistaken for non-medical roles, such as drivers or porters, which not only undermines their professional identity but also highlights the urgent need for greater awareness of their expertise.

The work experiences they face can be disheartening, as they often come with derogatory comments and assumptions about their sexual orientation or motivations for choosing midwifery. Such biases can create a challenging work environment, where male midwives feel compelled to constantly prove their worth in a field that should be inclusive of all qualified professionals.

"I am often mistakenly called a driver, utility, guard or porter in the RHU." (RHM 1)

"Most of our clients in the BHS keep on asking us, that, 'Are you truly a midwife?', 'Why midwife, why not nurse?'" (RHM 3)

"Some of my patients in the barangay (village) comments, 'Midwives are supposed to be nurturing and gentle. Can a man really provide that kind of care?'" (RHM 6)

Patient reluctance and shyness

The data highlights that many patients exhibit shyness and hesitation when seeking family planning advice or undergoing examinations. While initial reluctance is common, respondents noted that once patients engage in conversation, they often feel relieved and more comfortable. This suggests that effective communication and a welcoming environment can significantly impact patient experiences.

"Some of our clients verbalize that they become nervous about having a male midwife beside them. I've always imagined a woman helping me during childbirth. I hope you understand if I seem a bit shy or hesitant." (RHM 4)

"One of my patients wants to discuss her pregnancy, but she's unsure how to approach the topic with me. She feels shy about bringing it up because I'm a male midwife." (RHM 5)

"Thank you for explaining my discomfort. My reluctance was quite relieved. I thought you're not approachable but I'm wrong. I'm already three months pregnant and I will come back after a month because I know you are there to help me go through my pregnancy.' A statement from one of my clients in a far flung barangay (village)." (RHM 5)

Cultural influences

In Filipino culture, the roles of men and women are usually well-defined, with women often seen as the primary caregivers, especially when it comes to maternal and child health. This cultural context can create hesitation or doubt among patients when they meet male midwives. Many women might feel more at ease discussing personal health matters with female healthcare providers, as societal expectations suggest that childbirth and related experiences are naturally associated with women.

"One of my clients quote that, 'I've heard a lot of different opinions in my neighborhood about male midwives. Some people think it's wonderful that men are stepping into this role, while others feel it's not appropriate. I can't help but feel anxious about what others might think if they see me with a male midwife.'" (RHM 2)

"I realize that times are changing and more men are becoming midwives, but this is still a new idea for me. I'm doing my best to adjust, and I really hope you can help me feel more at ease during this transition.' A statement from one of my clients in a remote village." (RHM 3)

Discrimination and prejudice

The respondents frequently feel unappreciated in their roles as male midwives. They often face clients who are uncomfortable or even refuse to accept care from them, pointing to cultural beliefs and personal preferences. This hesitation can show up in different ways, like patients asking to be assigned to female midwives or questioning whether a male midwife can offer the same level of empathy. These experiences can be discouraging and may leave male midwives feeling inadequate or frustrated.

"Some of my patients often say, 'I want to be open with you; I feel a bit shy talking about my personal health issues with a man. I hope you understand that I just feel more comfortable with a female midwife or a nurse.'" (RHM 2)

"One pregnant client state that, 'I really would like to discuss what family planning method I will use. But I think it's better if I will discuss it with one of the female BHWs.'" (RHM 4)

Daily challenges and rewards

There are ups and downs in a male midwife's everyday life in the community. They face a number of difficulties, such as a lack of money, psychological strain, and the requirement to be culturally aware and regarded as a man. However, the deep relationships they form with families, the empowerment they offer, and the positive changes they bring to community health make it all worthwhile. Every day is filled with new experiences, and it's the resilience and commitment of midwives that keep them motivated to carry on their important work in the community.

"Midwifery is the molder of every dreams. It helps you to realize how important life is. The more you learn every subject, the more you become a good and passionate person. And the more you practice the skills, the more you become gentle and warm-hearted in what you do". (RHM 3)

"I went home from work one time and I found bunch of fruits and vegetables at home as a gift from one of the parents of my clients at the BHS. It's very heart warming and I feel motivated to work hard and devoted to my job." (RHM 4)

"A family member of one of my clients shared how grateful they are for my help. They mentioned that even though I'm a male midwife, I did an amazing job assisting their sister in delivering her baby on a boat during a bad weather. We were unable to reach the hospital on time, but both the mother and the baby were doing well. The family feels they will always be thankful for my care and dedication." (RHM6)

"Many of my clients expressed their gratitude for my kindness, understanding, and patience when discussing their needs, especially when it comes to family planning methods. I take the time to ensure they feel comfortable and informed about their options, and it means a lot to me to know that they appreciate my support." (RHM 2, 3)

Based on the collected data from the six respondents, several key themes emerged that encapsulate their experiences, perceptions, and the realities of being a male midwife. These themes reflect the functions they perform, personal journeys as male midwives, and their understanding of the profession. Here are the primary themes identified:

1. Functions of midwives
2. Gender bias and stereotyping
3. Patient reluctance and shyness
4. Cultural influences
5. Discrimination and prejudice
6. Daily challenges and rewards

DISCUSSION

This ethnographic qualitative study exploring the functions of male midwives in Aurora, Philippines, reveals the significant contributions these professionals make in maternal and newborn healthcare. Despite working in a traditionally female-dominated field, male midwives demonstrate a deep passion for their roles, providing essential services such as prenatal care, delivery assistance, and postnatal support. Their commitment reflects findings from global studies that highlight the critical role of midwives in improving maternal and child health, particularly in rural and underserved areas where access to healthcare remains limited.^{16,17} Male midwives in this study actively engage in prenatal check-ups at Barangay Health Stations and Rural Health Units, ensuring that expectant mothers receive adequate care and guidance throughout their pregnancies. Their ability to identify complications and make timely referrals aligns with research indicating that midwives play a key role in reducing maternal and neonatal mortality through early detection and intervention.¹⁸

In addition to clinical duties, male midwives serve as advocates for natural birth, emphasizing the importance of health education and personalized maternal care. They conduct home visits, extending their services beyond healthcare facilities to ensure that mothers and newborns receive continued support. Studies have shown that such community-based interventions significantly improve maternal health outcomes, as they foster trust and encourage greater adherence to prenatal and postnatal care recommendations.^{19,20} However, male midwives face considerable challenges, particularly in gaining acceptance from patients and society due to persistent gender biases. Many respondents in this study reported instances where patients hesitated to receive care from them, preferring female midwives instead. This sentiment is echoed

in research suggesting that cultural and societal norms heavily influence patient preferences, often leading to discomfort and reluctance when male healthcare providers engage in traditionally female-oriented roles.⁶ The reluctance to accept male midwives is compounded by misconceptions about their capabilities, with some being mistaken for non-medical staff, such as drivers or utility workers, undermining their professional identity and contributions.

Moreover, gender-based discrimination remains a significant barrier, as male midwives often feel the need to constantly prove their competence in a field where women have historically dominated. Their experiences align with global studies highlighting the challenges men face in nursing and midwifery, where they are often subjected to prejudice and skepticism from both colleagues and patients.²¹ Research from developed countries has shown that while female patients generally prefer female midwives due to communication styles and personal comfort, effective rapport-building and trust can mitigate these concerns over time.²² The findings suggest that male midwives who actively engage in health promotion and patient education are better able to bridge the gender gap in care delivery, ultimately gaining acceptance within their communities. However, cultural factors in the Philippines continue to influence perceptions of male midwives, necessitating broader efforts to challenge stereotypes and normalize their presence in maternal healthcare.

Despite these challenges, male midwives in Aurora exhibit resilience and adaptability, taking on multiple roles beyond their traditional midwifery functions. This study found that they often serve as planners, health educators, mental health advocates, community organizers, and even first aid responders. Their versatility highlights the evolving nature of midwifery, reflecting findings from international research that emphasize the need for midwives to expand their competencies in response to changing healthcare demands.²³ The wide scope of responsibilities undertaken by male midwives underscores their importance in strengthening primary healthcare systems, particularly in rural settings where medical resources are scarce. Their ability to engage with the community and address broader health concerns makes them valuable assets in the implementation of Universal Health Care, reinforcing the need for policies that formally recognize and support their contributions.

Given the findings of this study, it is imperative for policymakers and healthcare institutions to take proactive steps in addressing the challenges faced by male midwives. Revising existing midwifery laws to acknowledge and expand the roles of male midwives would help promote gender inclusivity within the profession. Additionally, integrating male midwives into educational programs and public health campaigns could play a crucial role in reshaping societal perceptions and reducing gender-based discrimination in the field. Providing professional development opportunities and mentorship programs for male midwives could further enhance their skills and confidence, enabling them to

perform their roles more effectively. These efforts would not only improve working conditions for male midwives but also enhance the quality of maternal healthcare services available to women in rural and underserved areas.

In conclusion, this study highlights the essential yet often underappreciated role of male midwives in Aurora, Philippines. Their dedication to maternal health, despite cultural and professional barriers, underscores the need for greater recognition and support from the healthcare system. Addressing gender biases, expanding midwifery competencies, and implementing policies that promote inclusivity are critical steps toward ensuring that male midwives can continue to provide high-quality care. Future research should explore strategies for improving gender acceptance in midwifery, as well as examine the long-term impact of male midwives on maternal and neonatal health outcomes. By fostering a more inclusive and supportive healthcare environment, the contributions of male midwives can be fully acknowledged and optimized for the benefit of mothers, babies, and communities as a whole.

Limitations

One of the key limitations of this study is the potential for selection bias, as participants were chosen based on specific inclusion criteria, which may not fully represent the broader experiences of male midwives in the Philippines. Additionally, social desirability bias could have influenced participants' responses, as they might have provided answers that they perceived as socially acceptable rather than fully reflective of their experiences.

While this study focused on six male midwives, data saturation was achieved, ensuring that the findings are comprehensive within the scope of the study. However, given that the study was conducted in only one province—Aurora—the findings may not be entirely generalizable to male midwives in other regions with different socio-cultural and healthcare contexts. Despite these limitations, this study offers valuable insights into the roles and contributions of male midwives, which can help inform human resource policies and decision-making in the health sector.

CONCLUSION

This study highlights the roles and experiences of male midwives in Aurora, Philippines, emphasizing their contributions to maternal and newborn healthcare despite facing gender bias, cultural barriers, and patient reluctance. Their resilience underscores the need for stronger institutional support, including clear policies that promote gender inclusivity in midwifery. Health institutions, policymakers, and professional organizations must advocate for their recognition, provide necessary resources, and implement strategies to improve their professional integration.

The findings contribute to midwifery scholarship by addressing the underexplored role of male midwives and

their impact on maternal healthcare. Future research should adopt a critical emancipatory approach to foster collaboration between male and female midwives, ensuring equitable participation in the field. Action research involving multiple stakeholders is recommended to develop targeted interventions that enhance their experiences and strengthen maternal healthcare delivery in rural communities.

Data Availability Statement

Given the sensitive nature of the questions in this study, we made sure to reassure interview participants that their raw data would be kept confidential and would not be shared with anyone.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

All authors declared that they have no conflicts of interest.

Funding Source

This study has no funding support.

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