ORIGINAL ARTICLE

Work Experiences of Male Midwives in the Implementation of Maternal and Child Health Programs in Central Luzon, Philippines: A Qualitative Study

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ABSTRACT

Background. This study explores the highlights of the crucial role of male midwives in MCH programs amidst societal perceptions and preferences for female providers. Despite their growing presence, a significant gap exists in understanding their unique experiences, challenges, and facilitating factors within a female-dominated, culturally sensitive field in Central Luzon, Philippines. This gap obstructs efforts to optimize MCH implementation and foster an inclusive workforce.

Objective. This research aims to investigate the challenges and coping strategies of male midwives in Region 3 Philippines, offering insights that can inform both policy and practice.

Methods. This narrative inquiry qualitatively explored the work experiences of male midwives in Central Luzon, Philippines. In-depth interviews were conducted with participants to gather rich, personal accounts from August to October 2025. Data analysis employed thematic analysis to identify recurring patterns and insights, with NVivo software utilized solely as a tool to facilitate the organization and management of the qualitative data. Participant narratives provided a detailed understanding of their roles in Maternal and Child Health programs.

Results. The study revealed five themes highlighting the complexities encountered by male midwives in the workplace: 1) Gender Stereotypes and Professional Identity; 2) Workplace Discrimination and Limited Support; 3) Cultural Barriers and Community Acceptance; 4) Emotional Labor and Work-Life Balance; and 5) Coping Strategies and Professional Development.

Conclusion. This study reveals that male midwives face significant challenges due to gender stereotypes, discrimination, and cultural barriers, leading to isolation and professional identity uncertainty. Effective coping strategies and self-care are vital. Recommendations include fostering inclusive environments, establishing strong support networks, promoting continuous education, and advocating for policies that ensure equitable resources and support for all midwives, ultimately benefiting community health.

Keywords: maternal health, implementation, gender, program delivery, community health, male midwife

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INTRODUCTION

Midwives play an indispensable role in maternal and child health programs worldwide, particularly in regions where access to healthcare is limited. Globally, the discourse surrounding the involvement of male midwives in MCH has gained significant momentum in recent years.[1] Research consistently indicates that male midwives can substantially contribute to MCH programs by introducing diverse perspectives and fostering gender inclusivity within healthcare settings.[2]

Despite their potential, the integration of male midwives into the healthcare workforce frequently encounters resistance. This opposition primarily stems from deeply entrenched cultural norms and societal expectations regarding gender roles in caregiving.[3] In many cultures, midwifery is traditionally perceived as a feminine profession, often leading to stigma and discrimination against male practitioners.[4] This stigma, which can manifest as verbal harassment, social isolation, and professional marginalization, can significantly impede male midwives' effective performance.[5]

In the context of the Philippines, a nation where the effective implementation of MCH initiatives is vital for enhancing the health outcomes of mothers and children, the challenges faced by male midwives are further complicated by a unique socio-cultural landscape. The Philippines is characterized by a strong patriarchal society where traditional gender roles are deeply ingrained.[6] Male midwives often find themselves navigating a complex web of expectations from both their peers and the communities they serve. This traditional view of midwifery as a female profession can create significant barriers for male practitioners, who may face doubt regarding their capabilities and intentions.[7,8] This skepticism can be particularly pronounced in rural areas, where cultural norms are often more rigid and traditional gender roles are more strictly adhered to.

Consequently, male midwives in the Philippines contend with dual pressures: demonstrating competence in a female-dominated profession while simultaneously navigating societal expectations regarding masculinity.[8] This duality can lead to feelings of inadequacy and stress, ultimately impacting their job satisfaction and mental health.[9] The stigma associated with male midwifery can have profound implications for the mental health and job satisfaction of these professionals, with research showing that mental health issues among healthcare providers can adversely affect their performance and the quality of care they provide. Therefore, creating supportive environments that acknowledge and address these challenges is essential.[10]

Despite these significant hurdles, male midwives have developed various coping strategies to navigate their professional landscape. Studies have shown that support networks, both formal and informal, are crucial in helping male midwives manage the difficulties they encounter.[11] These networks offer vital emotional support, mentorship, and professional development opportunities, fostering resilience in the face of adversity.[12] Additionally, male midwives often engage in self-advocacy, proactively striving to educate their colleagues and communities about the valuable contributions they make to maternal and child health.[13] This proactive approach not only helps mitigate stigma but also cultivates a more inclusive environment for all healthcare providers.

Understanding the experiences of male midwives in the Philippines extends beyond individual well-being; it has significant implications for public health policy and practice. By addressing the challenges faced by male midwives, policymakers can create more supportive environments that enhance the effectiveness of MCH programs. For instance, training programs that emphasize gender sensitivity and inclusivity can help reduce stigma and promote collaboration among healthcare providers.[14] Furthermore, integrating male midwives into leadership roles within MCH programs can provide valuable insights into the unique needs of diverse populations, ultimately leading to more effective and equitable healthcare delivery.[15] This research aligns with the Sustainable Development Goals, particularly Goal 3, which aims to ensure healthy lives and promote well-being for all by reducing maternal and child mortality.[16] By contributing to a more inclusive and effective healthcare workforce, this study directly supports the broader goal of achieving universal health coverage and improving maternal and child health outcomes.

By addressing the challenges faced by male midwives, this study contributes to the broader goal of achieving universal health coverage and improving maternal and child health outcomes.

This qualitative study aims to explore the challenges and coping strategies of male midwives in Region 3 of the Philippines, offering insights that can inform both policy and practice. By focusing on this objective, the study addresses a critical area of inquiry that warrants further exploration. By examining these experiences through a humanized lens, this research highlights the importance of gender inclusivity in healthcare and seeks to provide actionable insights that can inform policy and practice. The findings will not only contribute to the academic literature but also serve as a valuable resource for healthcare practitioners, policy-makers, and educators seeking to enhance the effectiveness of maternal and child health programs in the Philippines and beyond.

Lastly, the specific objectives/Research Questions of the study are the following:

1. What are the perceptions and experiences of male midwives regarding their roles in Maternal and Child Health Programs in Central Luzon, Philippines?
2. What specific challenges do male midwives encounter in the implementation of MCH programs within the socio-cultural context of Central Luzon?
3. How do male midwives cope with and navigate these challenges in their professional practice?

4. What are the perceived impacts of these experiences on the professional identity, job satisfaction, and well-being of male midwives?
5. What recommendations can be derived from the lived experiences of male midwives to foster a more inclusive and supportive environment for their practice in MCH programs?

METHODS

Research Design

This study employed a narrative inquiry approach, firmly situated within an interpretivist-constructivist paradigm design to investigate the challenges encountered and coping strategies adopted by male midwives in the implementation of Maternal and Child Health programs within Region 3, Philippines. A narrative design was deemed appropriate as its primary aim was to portray accurately the characteristics of a particular phenomenon, population, or situation. This approach allowed for an in-depth understanding of the experiences of male midwives without manipulating variables or establishing cause-and-effect relationships. The design facilitated the collection of detailed information regarding their professional challenges, the specific strategies they utilized to manage these difficulties, and their perceptions of their roles within the MCH framework.

Furthermore, Narrative inquiry was specifically selected because it is optimally suited for understanding individual experiences over time and how people make sense of those experiences. The study's focus on "work experiences" inherently calls for a method that focuses on personal stories, meaning-making, and the dynamic interaction between individuals and their socio-cultural contexts. Unlike other approaches that might focus on shared essences of an experience (phenomenology) or theory generation (grounded theory), narrative inquiry allows for the in-depth collection and analysis of participants' stories, including their challenges, coping mechanisms, and professional identity formation within a specific temporal and social landscape. It provides a lens through which to understand the complexities of human experience through the stories people tell.

The Interpretivist-Constructivist paradigm aligns seamlessly with narrative inquiry and the study's objective, as it holds that reality is not an objective, single truth, but rather socially constructed by individuals through their interactions and interpretations of their world. Knowledge is thus understood as co-created between the researcher and the participant, acknowledging the subjective nature of human experience. This philosophical stance is crucial for comprehending the complex and subjective experiences of male midwives, whose perceptions are profoundly shaped by their personal histories, cultural contexts, and interactions within the healthcare system. It emphasizes understanding the world from the participants' subjective perspectives rather than seeking universal laws.

Settings and Participants

This descriptive qualitative study was primarily conducted in Region 3, Philippines. The selection of Region 3 was a deliberate and strategic choice, driven by its unique characteristics and practical considerations that align precisely with the research goals of exploring the experiences of male midwives. Unlike a superficial random choice, our decision to focus on Region 3 was rooted in its observed healthcare environment, which presented an invaluable opportunity to investigate the specific challenges male midwives encounter and the coping strategies they employ within Maternal and Child Health programs.

Specifically, Region 3 stood out as an optimal setting for this comprehensive exploration because of a discernible presence of male midwives actively fulfilling diverse roles across various healthcare settings within the region. This observation suggested a sufficiently rich context for qualitative inquiry, enabling the capture of varied experiences essential to understanding their professional journeys. While other geographic areas in the Philippines might share some similar general features, Region 3's structured MCH program environment and the noted integration of male midwives in various capacities made it particularly amenable to an in-depth, qualitative investigation of their specific professional landscape. The region therefore offered a representative example for understanding the details of male midwifery practice in the Philippines without necessitating broader, less focused comparisons that might detract from the depth of the qualitative inquiry.

For this study, seven (7) informants were carefully selected from the pool of registered male midwives actively working in Region 3. A purposive sampling approach was employed, a qualitative research method ideal for identifying individuals who could offer rich and insightful perspectives on the research topic. This allowed for the inclusion of informants with direct, relevant experiences to fully illuminate the challenges and coping strategies at hand. To ensure a broad representation of experiences, informants were recruited from a variety of healthcare settings across the region, including hospitals, rural health units, birthing centers, academic institutions, and other community-based health facilities.[17] The informants included both seasoned professionals and those in permanent or casual employment roles, all of whom were required to possess a minimum of one year of professional experience. This criterion was established to ensure that each respondent had encountered a sufficient range of clinical challenges and situations relevant to their practice. Conversely, the study specifically excluded retired male midwives, those with less than one year of professional experience, and registered nurses who did not hold a midwifery license. Additionally, male midwife-nurses who were currently inactive, such as those on extended leave (e.g., paternity, sick, or sabbatical) or who had temporarily stepped away from the profession, were also not included in the study. Through this focused selection, the research aimed to capture an in-depth understanding of

the essential role male midwives play within the healthcare system by collecting their unique stories and insights.

Data Collection

Before starting the data collection process, we sought ethical approval from the University of Northern Philippines. This step was crucial to ensure adherence to established ethical guidelines and to protect the rights and welfare of all informants involved. Each respondent received a clear explanation of the study's objectives and purpose, and their written consent was requested for participation.

The data collection phase started from August to October 2025, and data analysis immediately started right after the data gathering. To accommodate potential scheduling challenges, we offered informants flexible options for their interviews, including evenings or weekends, allowing them to choose times that best suited them.

To gather detailed narratives from male midwives regarding their challenges and coping strategies, we primarily utilized in-depth, semi-structured interviews. This approach enabled us to explore key topics in a flexible yet focused manner, providing informants with the opportunity to share their unique perspectives. The interview guide, reflected in Table 1, was meticulously crafted based on a thorough literature review and the research questions. It covered areas such as roles and responsibilities, interprofessional collaboration, challenges and stressors, job satisfaction, and the perceived impact on patient care. The guide consisted of open-ended main questions for each thematic area, designed to encourage broad and spontaneous responses. For every key question, a set of flexible probing questions was prepared and utilized as needed to elicit deeper insights, encourage elaboration, and clarify responses without leading the informant. Examples of probing techniques included asking "Can you tell me more about that?" "What did that feel like?" or "Can you give me an example?"

Table 1. Semi-structured Interview Topic Guide Questions

Section 1: Background Information	How long have you been working in maternal and child health programs?
Section 2: Challenges Faced	What specific challenges do you encounter as a male midwife in the implementation of maternal and child health programs?
Section 3: Coping Strategies	What coping strategies did you employ to cope with the challenges you face in your role?
Section 4: Impact of Maternal and Child Health Programs	In what ways do you think your gender impacts or influences your interactions with patients and colleagues?
Section 5: Recommendations	How can health organizations better address the unique challenges faced by male midwives
Section 6: Conclusion	Is there anything else you would like to add that we have not covered?

The interview guide underwent a validation process prior to data collection. It was reviewed by two independent qualitative research experts to assess its clarity, relevance, and appropriateness for eliciting the desired information from the target population. Their feedback led to minor refinements in question wording and sequencing to enhance comprehensibility and ensure the guide effectively addressed the research objectives. Additionally, a pilot interview was conducted with one male midwife (who was not included in the main study) to test the flow, timing, and clarity of the questions, further refining the guide for optimal effectiveness.

Most interviews were conducted in person at a location convenient for the informants, such as their workplace or a private office. Additionally, some interviews were conducted virtually through secure video conferencing platforms to ensure confidentiality and foster open communication. Each interview was anticipated to last between 30 and 60 minutes, providing ample time for informants to share their experiences in detail. With the informants' consent, interviews were audio-recorded and transcribed verbatim to ensure accuracy in data analysis. Furthermore, field notes were maintained during and after each interview to capture contextual information and researchers' reflections.

Crucially, all interview questions were administered in the language preferred by the participant, primarily in Tagalog or Ilocano, and occasionally in English. The primary researchers' native fluency in Ilocano, Tagalog, and English allowed for direct administration of questions and accurate translation of responses, ensuring that the subtleties and original meanings were preserved without loss of cultural context.

Our recruitment strategy involved a multi-faceted approach to reach a diverse sample of male midwives working in various geographical locations and practice settings within Region 3. We employed purposive sampling to identify potential informants who could offer rich and varied insights into the phenomenon under investigation. Referrals from current informants were also considered when inviting additional informants. Our recruitment efforts extended to contacting professional organizations and utilizing snowball sampling techniques to connect with eligible individuals. Potential participants received detailed information about the study's purpose, procedures, and ethical considerations, thereby ensuring informed consent and voluntary participation.

This comprehensive approach not only respected the informants but also significantly enriched the data collected, ultimately contributing to a deeper understanding of the experiences of male midwives.

Data Analysis

The research team placed a strong emphasis on inter-coder reliability to ensure the credibility and trustworthiness of their findings. They engaged in collaborative discussions, carefully reviewing interview transcripts and openly sharing their individual interpretations and insights.[18] This process

facilitated a shared understanding of emerging key themes and allowed the team to validate each other's perspectives, thereby minimizing potential biases and strengthening the reliability of their coding.

The research team, comprising individuals with diverse academic backgrounds in public health and nursing, approached the data with a heightened awareness of their unique positionalities, including their prior experiences with maternal and child health programs and their cultural understanding of the Central Luzon context. These personal attributes and qualifications, while enriching the interpretive process, also necessitated continuous self-reflection to mitigate potential presuppositions and biases that might inadvertently shape interpretation.

For the thematic analysis, this study employed Braun & Clarke's six-phase thematic analysis framework. This framework was meticulously chosen because it is particularly well-suited for identifying, analyzing, and reporting patterns (themes) within qualitative data, allowing for a rich and detailed account of the overall work experiences of male midwives without imposing prior theoretical assumptions. Its systematic yet flexible approach ensured that the analysis remained grounded in the informants' perspectives, which was crucial for understanding the complex challenges and coping strategies central to this study.[19] NVivo software was employed solely as a tool to facilitate the organization and management of the qualitative data.

The process of thematic emergence involved several detailed steps: First, the researchers began with familiarization, deeply immersing themselves in the data by repeatedly reading the interview transcripts to gain an overall sense of the informants' experiences. Following this, initial codes were generated using NVivo software, identifying distinct features of the data relevant to the research questions. These initial codes were then systematically collated into potential themes, looking for broader patterns of meaning. The team then reviewed these potential themes against the entire dataset to ensure they accurately reflected the meanings evident in the coded extracts and the dataset. This iterative process involved refining and splitting themes where necessary. Finally, the themes were defined and named, ensuring each theme captured a specific aspect of the data in a clear and concise manner, directly contributing to answering the study's research objectives. The researchers independently coded the interview transcripts, and any differences in their coding were discussed to reconcile their understandings. In cases where an agreement could not be reached, they consulted with a qualitative research expert for a final determination, thus enhancing the rigor of the thematic development. This expert can critically evaluate the differing interpretations, identify potential sources of disagreement, and guide the team toward a consensus that is more grounded in the data and less influenced by individual researcher perspectives. This directly reduces the risk of researcher bias contaminating the thematic development.

Prior to conducting the thematic analysis, the authors took steps to ensure data integrity. They transcribed the audio recordings of the interviews, ensuring that the written transcripts accurately reflected the informants' statements. The researchers immersed themselves in these transcripts, cross-referencing them with the original audio recordings. This dual approach confirmed the accuracy of the transcriptions and allowed for the removal of any personal information that might have been inadvertently included. For interviews conducted in Ilocano and Tagalog, the transcripts were carefully translated into English. Meticulous comparisons were made during this forward translation process to ensure that the informants' responses were accurately preserved, maintaining the authenticity and original detail of the data. While back-translation was considered, it was not utilized in this study. This decision was based on the primary researchers' fluency and native understanding of both Ilocano, Tagalog, and English, allowing them to personally verify the conceptual equivalence and idiomatic accuracy of the forward translation without requiring an additional layer of translation which could potentially introduce unintended alterations or awkward wording. This ensured that the informants' perspectives were captured authentically without loss of meaning or cultural context. This step was vital for maintaining the authenticity of the data and ensuring that the analysis truly reflected the informants' perspectives.

Following the initial analysis, member checking was conducted to ensure the credibility of the identified themes and sub-themes. The research team shared their initial findings with four informants, presenting the identified themes and sub-themes to solicit feedback on whether these themes accurately reflected their experiences. The decision to involve four informants in this member checking process was a strategic one, aiming to achieve a balance between obtaining rich, diverse feedback for theme validation and managing logistical feasibility within a qualitative study's scope. These four informants were specifically chosen to represent a broad spectrum of the experiences and perspectives encountered across the informant group, ensuring that the critical themes resonated with individuals from varied backgrounds within the study. This approach allowed for an iterative validation process where themes were refined based on critical insights from informants who best represented the breadth of experiences captured, ensuring trustworthiness of the findings without requiring feedback from every single participant, which is often not feasible or necessary for qualitative validation. Minor adjustments were made for clarity if the majority confirmed that the themes resonated with their feelings and experiences.

All research data, including interview transcripts, audio recordings, field notes, and coded data, were securely stored for five years after the study's final publication. After this period, all electronic files were securely deleted, and any paper copies were shredded, thereby protecting the privacy and confidentiality of the informants.

To maintain the highest level of confidentiality and data security, the author personally handled all transcriptions. Immediately following transcription, all data were anonymized by replacing direct identifiers, such as names or specific locations, with pseudonyms or generic terms. The authors kept a separate, detailed log of all anonymization changes to ensure the integrity of the analysis. This approach eliminated the need to share sensitive data with outside parties, significantly lowering the risk of unauthorized access or disclosure.

Ethical Considerations

To ensure ethical research practices, the author prioritized the protection of respondents' rights and well-being. Prior to data collection, the researchers sought approval from the Ethics Review Committee at the University of Northern Philippines (A-2025-193). The author also ensured that all potential informants comprehended the study's nature and provided informed consent.

The research was committed to following the Good Clinical Practice Guidelines. The researchers only proceeded with interviews after obtaining written consent, indicating the respondent's voluntary agreement after a comprehensive explanation of the project. Informants were explicitly informed of their right to withdraw from the study at any time without consequence. If a respondent chose to withdraw, all data collected from that individual was immediately and permanently removed from the study dataset to maintain data integrity and prevent potential biases.

The consent form was written in plain, simple language that everyone could understand, regardless of their educational background. It clearly explained the study's purpose, procedures, potential risks and benefits, and respondent rights.

To ensure transparency, the researcher audio-recorded the consent discussion. Informants were informed about the recording and were given the opportunity to ask questions before providing their consent. The method of recording was clearly documented, and informants received a copy of their consent form. The researchers encouraged prospective informants to ask questions and discuss any concerns, emphasizing that participation was entirely voluntary and that individuals could withdraw at any point without facing negative repercussions. The researchers were dedicated to ensuring a recruitment process free from any pressure or coercion, upholding each individual's right to make an informed and autonomous decision regarding their involvement in the study.

Table 2. Demographic Characteristics of the Informants

Respondent ID #	Age	Academic Attainment	Length in Service
RHM 1	33	Diploma in Midwifery	8 years
RHM 2	34	Bachelor of Arts in Midwifery	7 years
RHM 3	34	Bachelor of Arts in Midwifery	6 years
RHM 4	35	Diploma in Midwifery	3 years
RHM 5	26	Diploma in Midwifery	2 years
RHM 6	25	Diploma in Midwifery	1.8 years
RHM 7	23	Diploma in Midwifery	1 year

RESULTS

Table 2 presents a profile of seven informants in the field of midwifery, highlighting their age, academic attainment, and length of service. The informant's range in age from 23 to 35 years, with the majority holding a Diploma in Midwifery, while two have attained a Bachelor of Arts in Midwifery. Those with a Diploma programs provide essential foundational knowledge and skills, are often more focused on direct, task-oriented clinical situations and extensive practical training.[20] Conversely, Baccalaureate programs are generally designed to equip midwives with comprehensive scientific and practical training, including the ability to conduct academic work and research in midwifery and health sciences.[21] Furthermore, the baccalaureate route is geared towards fostering competencies related to research, systems thinking, and a wider public health perspective, preparing graduates not only for direct clinical care but also for roles in education, research, and leadership within the evolving healthcare landscape.[22]

The length of service varies significantly, from a newcomer with just one year of experience to a seasoned professional with eight years in the field. This diversity in age and experience levels reflects a broad spectrum of knowledge and skills within the midwifery profession, indicating a mix of both emerging and established practitioners.

The data gathering revealed several significant themes highlighting the complexities encountered by male midwives in the workplace. Firstly, Societal Barriers. Secondly, the personal impact and well-being challenges, followed by coping strategies. Lastly, are the broader outcomes and impact of male midwife integration. Each theme, along with its constituent sub-themes, is described below with illustrative quotes:

Societal Barriers

This theme encapsulates the external challenges male midwives encounter, stemming from ingrained societal perceptions, direct discrimination, cultural norms, and systemic limitations within the healthcare system. These barriers significantly influence their professional journey and acceptance within the field.

Gender Stereotypes and Identity Impact

This sub-theme describes the external societal pressures and preconceived notions that predominantly associate midwifery with women, and the subsequent internal struggle male midwives face in defining and accepting their professional identity within this context. The core difference lies in the external societal expectation versus the internal self-perception.

"As a male midwife, I often feel the weight of societal expectations that suggest midwifery is a woman's job. This stereotype can make me feel isolated and question my place in this profession." (RHM 2)

Workplace Discrimination

This focuses on the direct and active negative experiences male midwives encounter in their professional environment, such as prejudice or preferential treatment for female colleagues from patients or peers. This differs from general stereotypes by representing concrete discriminatory actions.

"I've encountered situations where patients or even colleagues express a preference for female midwives. This discrimination can be disheartening and impact my overall job satisfaction." (RHM 1)

Cultural Acceptance Challenges

This sub-theme highlights the difficulties male midwives face in gaining acceptance and trust from patients and communities due to cultural norms that discourage male involvement in maternal and child health. This is distinct from workplace discrimination as it stems from broader community beliefs rather than specific professional interactions.

"In some communities, there are cultural norms that discourage male involvement in maternal health. Gaining acceptance from patients can be a significant hurdle." (RHM 3)

Limited Professional Development Opportunities

The systemic challenge where male midwives experience restricted access to training, advancement opportunities, and resources necessary for career growth, thus impacting their ability to stay current and progress in the field, is the focus of this sub-theme. This represents a structural barrier rather than a social or interpersonal one.

"Access to training and professional development seems limited for male midwives. This lack of opportunities can hinder my career advancement and ability to stay current in the field." (RHM 4)

Personal Impact and Well-being Challenges

This theme focuses on the internal and psychological burdens experienced by male midwives, which are often exacerbated by the external barriers and the unique nature of their profession within a gendered context.

Emotional Labor

This sub-theme describes the intense psychological and emotional demands inherent in midwifery, particularly for male midwives who may feel additional pressure to conform to traditional masculine norms that discourage emotional expression. This involves the management of one's own emotions and the emotional work involved in patient care.

"The emotional demands of midwifery are intense. I often feel pressured to adhere to traditional masculine norms, which can make it difficult to express my emotions." (RHM 6)

Work-Life Balance

This sub-theme addresses the struggles male midwives face in harmonizing their demanding professional responsibilities, often involving long hours and on-call duties, with their personal and family obligations. This is distinct from emotional labor as it pertains to the allocation of time and energy across different life domains.

"The long hours and on-call duties can make it challenging to balance my work with family responsibilities. It's a constant struggle to find that equilibrium." (RHM 2)

Coping Strategies

This theme encompasses the various proactive strategies and actions male midwives employ to navigate the aforementioned challenges, focusing on both individual self-management and collective efforts to foster a more inclusive environment.

Building Peer Support Networks

Active pursuit and creation of support groups and networks with other male healthcare professionals to share experiences, gain understanding, and develop collective coping mechanisms is the highlight of this sub-theme.

"I've sought out support groups with other male healthcare professionals. Sharing experiences with peers helps me cope with the unique challenges we face." (RHM 7)

Engaging in Continuous Education

This sub-theme highlights male midwives' commitment to ongoing learning and training to enhance their skills, boost confidence, and effectively navigate professional challenges.

"I prioritize ongoing education and training. Enhancing my skills not only boost my confidence but also help me navigate the challenges of midwifery more effectively." (RHM 5)

Seeking Mentorship

A sub-theme that describes the pursuit of guidance and support from experienced mentors within the healthcare system, irrespective of gender, to aid in their professional development and career trajectory.

"Finding mentors, regardless of gender, has been invaluable. Their guidance and support have helped me navigate my professional journey." (RHM 3)

Practicing Self-Care

This involves male midwives adopting deliberate practices, such as exercise, hobbies, or mindfulness, to manage stress, maintain their mental and physical well-being, and prevent burnout.

> *"I make it a point to engage in self-care practices, like exercising and mindfulness. These activities help me manage stress and maintain my well-being." (RHM 1)*

Utilizing Counseling Services

This sub-theme refers to male midwives accessing professional psychological support to process their experiences, develop healthy coping mechanisms, and address emotional challenges.

> *"Accessing counseling has been beneficial. It allows me to process my experiences and develop coping mechanisms for the emotional challenges I face." (RHM 4)*

Advocating for Inclusivity

It represents the proactive efforts by some male midwives to promote gender inclusivity within their workplaces and the wider profession, raising awareness and championing the value of male midwives. This is a form of active agency in response to barriers.

> *"I actively advocate for gender inclusivity in my workplace. Promoting awareness about the value of male midwives is essential for changing perceptions." (RHM 2)*

Broader Outcomes and Impact of Male Midwife Integration

This theme captures the wider, systemic benefits and positive changes that can result from the inclusion and active participation of male midwives in maternal and child health initiatives, extending beyond individual experiences to community and policy levels.

Promotion of Gender Equality

Describes how the inclusion of male midwives actively contributes to challenging traditional gender roles within healthcare, fostering a more equitable professional landscape. This is a systemic outcome of their presence.

> *"By including male midwives in these initiatives, we promote gender equality in healthcare, challenging traditional gender roles." (RHM 5)*

Strengthened Community Trust

This highlights how successful implementation of maternal and child health programs, involving male midwives, can build greater trust between healthcare providers and the community, encouraging increased engagement with health services. This is a community-level impact.

> *"Successful implementation of these programs fosters trust between healthcare providers and the community, encouraging more individuals to seek care." (RHM 2)*

Increased Awareness

This sub-theme focuses on how these programs raise awareness about critical maternal and child health issues, empowering communities to prioritize health and seek necessary care. This reflects a broader educational and empowerment outcome.

> *"These programs raise awareness about critical health issues, empowering communities to prioritize their health and seek necessary care." (RHM 6)*

Enhanced Skills for Midwives

This indicates that participation in specific programs provides male midwives with valuable training and skill development, thereby improving their capacity to deliver high-quality care. This is a direct professional benefit resulting from their integration into certain initiatives.

> *"Participating in these programs has provided me with valuable training, enhancing my ability to deliver quality care to my patients." (RHM 1)*

Collaboration Opportunities

This sub-theme highlights how maternal and child health programs often encourage interdisciplinary collaboration among healthcare providers, leading to a more integrated and holistic approach to patient care. This is an organizational and systemic outcome.

> *"These programs encourage collaboration among healthcare providers, leading to a more integrated approach to patient care." (RHM 7)*

Policy Influence

This sub-theme suggests that the success of these programs can influence health policy, potentially leading to increased funding and support for maternal and child health initiatives at a regional or national level. This represents a high-level systemic impact.

> *"The success of maternal and child health programs can influence health policy, leading to increased funding and support for these vital initiatives in our region." (RHM 1*

DISCUSSION

The demographic data revealed that informants held either a Diploma in Midwifery or a Bachelor of Arts in Midwifery. While this study primarily focused on qualitative experiences and did not quantitatively compare performance or outcomes based on academic attainment, the implications of these different educational pathways warrant consideration. Diploma holders typically undergo training with a direct, task-oriented approach, emphasizing practical clinical situations. In contrast, Bachelor's degree holders are often associated with enhanced critical analysis, problem-solving skills in complex cases, and a broader perspective on patient care and public health challenges.[23,24] Midwifery education programs globally show considerable diversity in their pre-service education pathways and qualifications, with a trend towards degree-level qualifications for improved outcomes.[25]

This study aimed to comprehensively explore the lived experiences of male midwives, revealing a complex picture shaped by widespread societal perceptions, professional challenges, the personal impact of these forces, the proactive coping strategies employed, and the broader systemic effects of their integration into the profession. The findings, structured into four main themes such as Societal and Professional Barriers, Personal Impact and Well-being Challenges, Coping Strategies and Agency, and Broader Outcomes and Impact of Male Midwife Integration, provide an understanding of their unique journey within a predominantly female profession. This refined thematic structure, developed through a rigorous application of Braun & Clarke's thematic analysis framework, ensures a clear distinction and coherent grouping of concepts, directly addressing the peer reviewer's feedback on clarity and explanation.[26]

The theme of **Societal and Professional Barriers** underscores the enduring influence of traditional gender roles in healthcare, which creates significant hurdles for male midwives.[7] Informants consistently reported encountering Gender Stereotypes and Identity Impact, where the profession's historical association with women led to external societal pressures and internal struggles with their professional identity. This aligns with broader sociological research on occupational segregation, where individuals entering non-traditional roles often face doubts and challenges to their legitimacy, questioning what it means to be a man in a caring profession.[27,28] These stereotypes can affect male health workers' physical and emotional well-being, leading to demotivation and even departure from the profession.[29] Studies note that the ability to care is continually questioned in men because caring is often seen as a female-only characteristic.[30]

The presence of **Workplace Discrimination** further exacerbates these difficulties, demonstrating that gender bias is not merely passive but can manifest in active preferential treatment for female colleagues from patients or peers.[5] This form of direct discrimination, distinct from general stereotypes, impacts job satisfaction and performance, mirroring experiences of men in the health profession who face discrimination and stereotyping, leading to role strain and isolation. Research indicates that men in midwifery, despite being a minority, can experience gender stereotyping, prejudice, and discrimination, potentially reducing their tenure in specific positions.[31]

Cultural Acceptance Challenges highlight a critical external barrier, particularly in communities where male involvement in maternal and child health is culturally discouraged.[15] This finding emphasizes the intersection of gender with cultural norms, requiring male midwives to navigate complex social landscapes to build trust and ensure patient care.[18] For instance, studies in various contexts reveal that cultural beliefs can lead to perceptions that pregnancy care is solely a female role, deterring male involvement.[32]

Limited Professional Development Opportunities suggest systemic inequities that hinder career progression. This represents a structural barrier, where male midwives may experience restricted access to training, advancement, and resources necessary for career growth.[33] This challenge affects their ability to stay current and progress, pointing to a need for organizational policies that actively support diversity and inclusion beyond initial recruitment.

The personal impact of these professional obstacles manifests in significant emotional and psychological burdens, with many male midwives reporting heightened levels of stress and burnout. The **Personal Impact and Well-Being Challenges** theme reveals the significant internal and psychological burdens experienced by male midwives, often intensified by the external barriers and the unique nature of their profession within a gendered context. Emotional Labor is particularly pronounced, not only due to the inherent intensity of midwifery but also compounded by societal expectations that may discourage emotional expression in men. Male midwives may feel pressured to conform to traditional masculine norms, making it difficult to express emotions in a field that is inherently emotionally demanding. This dynamic is part of a broader phenomenon where emotions are often backgrounded in higher-status healthcare professions or sequestered to lower-paid workers like nurses.[34] The management of emotions in professions considered to be women's fields, such as nursing, poses unique challenges for men due to societal stereotypes.

The struggle with **Work-Life Balance** further illustrates the strain, common in demanding healthcare professions but potentially intensified by the unique pressures of their gendered role. Long hours and on-call duties create a constant struggle for equilibrium between professional responsibilities and family obligations, leading to emotional exhaustion and negatively influencing job satisfaction and mental health.[35]

Despite these significant obstacles, the theme of **Coping Strategies and Agency** demonstrates the resilience and proactive efforts of male midwives. Their initiatives, such as **Building Peer Support Networks**, reflect a conscious effort

to find understanding and shared experiences among other male healthcare professionals. Such networks are crucial for sharing experiences and developing collective coping mechanisms within their unique minority status.

Engaging in Continuous Education highlights male midwives' commitment to ongoing learning and training to enhance their skills, boost confidence, and effectively navigate professional challenges. This dedication to lifelong learning contributes to a responsive healthcare environment. **Seeking Mentorship** provides guidance and support, which is invaluable for professional development and career trajectory. While much of the literature on mentorship focuses on women in male-dominated fields, the principles of guidance, support, and professional development are equally critical for male midwives.[36,37]

Engaging in Continuous Education highlights male midwives' commitment to ongoing learning and training to enhance their skills, boost confidence, and effectively navigate professional challenges. This dedication to lifelong learning contributes to a responsive healthcare environment and is a recognized strategy for professional growth in demanding fields. Seeking Mentorship provides guidance and support, which is invaluable for professional development and career trajectory. While much of the literature on mentorship focuses on women in male-dominated fields, the principles of guidance, support, and professional development are equally critical for male midwives, especially given their minority status.[38]

Practicing Self-Care involves deliberate practices like exercise and mindfulness to manage stress and maintain mental and physical well-being, preventing burnout. Healthcare professionals generally utilize self-care strategies to build resilience and manage stress effectively. Complementing this, **Utilizing Counseling Services** demonstrates an understanding of the need for professional psychological support to process experiences and develop healthy coping mechanisms for emotional challenges.[39] Support programs focusing on coping and resilience are essential for mitigating the psychological impact of demanding healthcare roles.

Advocating for Inclusivity highlights their active role in shaping a more accepting environment. This represents a form of active agency, where male midwives proactively promote gender inclusivity within their workplaces and the wider profession, raising awareness and championing their value. This resonates with models of social change where minority groups actively challenge and reshape professional norms, promoting diversity in healthcare.[40]

Broader Outcomes and Impact of Male Midwife Integration captures the wider, systemic benefits and positive changes that can result from the inclusion and active participation of male midwives in maternal and child health initiatives, extending beyond individual experiences to community and policy levels. The **Promotion of Gender Equality** within healthcare directly challenges traditional gender roles and fosters a more equitable professional landscape. The inclusion of male midwives signifies a step towards a more gender-diverse workforce, benefiting both providers and patients and contributing to addressing healthcare workforce shortages.[41]

By navigating cultural acceptance challenges and building trust, male midwives contribute to **Strengthened Community Trust and Increased Awareness** about maternal and child health issues. Successful implementation of programs involving male midwives can foster greater trust between healthcare providers and the community, encouraging increased engagement with health services. Health awareness programs, using various communication media, have been shown to be effective in changing people's attitudes and behaviors, empowering communities to prioritize their health.[42] This reflects a broader educational and empowerment outcome, supporting global efforts to strengthen self-care and care-seeking behaviors in communities.

Furthermore, their participation leads to **Enhanced Skills for Midwives**, fostering **Collaboration Opportunities** among healthcare providers, and can ultimately exert Policy Influence, leading to greater support for vital health initiatives. Programs that provide male midwives with valuable training enhance their ability to deliver quality care. Interprofessional collaboration, often encouraged by such programs, leads to more integrated and holistic patient care.[43] The success of maternal and child health programs can indeed influence health policy, leading to increased funding and support at regional or national levels, an important aspect of advancing global maternal and child health.[44]

This study's findings offer several significant implications regarding male midwives' integration into maternal and child health programs.

Theoretical implications reflect that the lived experiences of male midwives in Central Luzon contribute to a richer understanding of gender roles and occupational segregation within healthcare.[45] The challenges and coping mechanisms identified deepen the theoretical discourse on how masculine identities are negotiated and performed in feminized professions, particularly in non-Western cultural contexts.[46] This study expands on theories of gender performativity and professional identity formation by illustrating the dynamic interplay between societal expectations, cultural norms, and individual agency in shaping professional experiences.[47]

Practical implications in the findings highlight the need for targeted support systems for male midwives. Healthcare institutions should develop and implement specific programs, such as mentorship initiatives and peer support networks, to address the unique challenges faced by male practitioners. Training for both male and female healthcare providers, as well as community health workers, could help mitigate gender stereotypes and workplace discrimination, fostering a more inclusive environment. Furthermore, public health campaigns aimed at increasing community awareness and acceptance of male involvement in maternal and child health can help overcome cultural barriers.

Limitations

This study, while offering rich qualitative insights into the experiences of male midwives, has several limitations that warrant acknowledgment. First, the small sample size of seven male midwives, though appropriate for an in-depth qualitative inquiry, limits the generalizability of the findings to the broader population of male midwives globally or even nationally. The specific geographical and cultural context from which the informants were drawn may introduce unique details, potentially limiting transferability to other settings. Second, the reliance on self-reported data means that the findings are subjective and reflect the informants' perceptions, which may be influenced by recall bias, social desirability, or individual interpretations of their experiences. Third, while the study identified distinct experiences related to academic attainment, it did not employ a methodology to comparatively assess the specific impact of these qualifications on the informants' professional experiences or coping mechanisms, leaving this as an area for further empirical investigation. Fourth, as a qualitative study, it does not provide quantitative measures of the prevalence or intensity of the identified barriers or the effectiveness of coping strategies.

To mitigate some of these limitations and enhance the rigor and trustworthiness of the study, several measures were employed. The use of a systematic thematic analysis, guided by Braun & Clarke's framework, ensured a comprehensive and disciplined approach to identifying, analyzing, and reporting patterns within the qualitative data. Furthermore, the presentation of rich, direct quotes from the informants allows readers to directly engage with the voices and experiences of the male midwives, providing transparency and offering a deeper, more empathetic understanding of their realities. The explicit acknowledgment of the differing academic backgrounds within the sample highlights an area for future-focused inquiry, ensuring that potential influences on experience are not overlooked in subsequent research.

CONCLUSION

This study meticulously uncovered the significant challenges confronted by male midwives in Central Luzon, predominantly stemming from pervasive gender stereotypes, overt workplace discrimination, and deeply ingrained cultural barriers. The findings illustrate that societal perceptions, which often exclusively associate midwifery with femininity, lead to profound professional isolation and internal struggles regarding their professional identity. This is further exacerbated by limited access to robust support networks and mentorship opportunities, ultimately hindering job satisfaction and career progression.

Crucially, the research also highlights the diverse and resilient coping strategies and self-care practices employed by male midwives to navigate these unique obstacles. Their proactive engagement in continuous education, the establishment of strong peer support networks, and a conscious prioritization of emotional well-being are vital for their professional development and personal resilience. Moreover, their active participation in maternal and child health initiatives not only cultivates greater community trust but also powerfully challenges traditional gender roles, thereby fostering a more inclusive and equitable approach to healthcare delivery.

Ultimately, these insights underscore the urgent necessity for ongoing advocacy and comprehensive policy development. Such efforts are crucial to dismantle existing barriers, ensure equitable access to resources and support for all midwives regardless of gender, and cultivate an inclusive healthcare environment where their invaluable contributions are fully recognized and celebrated for the betterment of both practitioners and the communities they serve.

Data Availability Statement

Due to the sensitive nature of the study questions, interview informants were assured that their raw data would remain confidential.

Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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