



BENEFITS OF WOMEN'S EMPOWERMENT IN MIDWIFERY SERVICES: SCOOPING REVIEW

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ABSTRACT

Empowering women in the health sector is an important element of women's human rights and reducing gender inequality towards acceleration of SDGs achievement targets in the third and fifth "Decade of Action" goals in 2030. Objective: to find out evidence based on the benefits of women's empowerment in midwifery services in developing countries. This research uses a five-step framework adapted from Arksey and O'Malley. The review focuses on searching for articles using databases (PubMed and Science Direct), to find relevant articles published in 2014-2024 with the keywords used (women empowerment) AND (midwifery services). There were 207 articles found and sorted based on inclusion and exclusion criteria, resulting in 10 articles used in this research from which the data would then be extracted, as well as compiling, summarizing and reporting the results. Research shows that women's empowerment has a greater possibility of using contraception, improving sexual health, access to antenatal services, improving the quality of baby care and providing proper nutrition to children, complete vaccination, giving birth with professional staff. The importance of support government and midwife in giving quality midwifery services, access to credible sources of information, and encouraging women's involvement so as to realize women's health and welfare globally.

Keywords: midwifery empowerment; midwifery services; sustainable development

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INTRODUCTION

Women's health is one of the important issues that is a global challenge today. This is closely related to the Sustainable Development Goals (SDGs), namely the third and fifth SDG goals, ensuring healthy lives and improving the welfare of the entire population at all ages and focusing on women's empowerment and gender equality (Kementerian Perencanaan Pembangunan Nasional/ Badan Perencanaan Pembangunan Nasional, 2017). UNFPA data shows that in 2015, the average MMR in Asia-Pacific was 127 per 100,000 live births and almost 92% occurred in developing countries including Indonesia (Amalia et al., 2022). The results of the Inter-Census Population Survey (SUPAS) in 2020 were 189/100,000 live births with the most causes being bleeding, preeclampsia, and sepsis and IMR recorded at 16.85 per 1,000 live births with the most causes being LBW or prematurity and asphyxia. Even though each year it continues to decline by an average of 2.9%, the decline has still not reached half

of the required figure for MMR below 70 per 100,000 live births and IMR of 12 per 1000 live births to be met by 2030 (Badan Pusat Statistik Indonesia, 2023). This shows that critical gaps and disparities still exist despite many evidence-based reproductive, maternal, newborn and child health interventions.

The main factors causing the death rate to remain high are late diagnosis and late referral to health facilities that have complete facilities and infrastructure. Many factors influence each other in women's ability to obtain health services and in developing countries, late decision making is the most common case (Amalia et al., 2022). Being late in making your own decision is influenced by the individuals involved in making the decision, education, socio-cultural factors, and financial factors (Mgawadere et al., 2017). The 2018 SDGs report regarding goal number five shows that sociocultural norms and attitudes are still factors inhibiting women's ability to make independent decisions. These patriarchal social and cultural norms and attitudes are based on gender imbalance and inequality (Lopes et al., 2021).

Gender inequality affects sexual and reproductive health outcomes including early marriage and teenage pregnancy, abortion, increased incidence of human immunodeficiency virus (HIV), increased rates of violence against women and girls and increased sexually transmitted infections (STIs) (Muluneh et al., 2021). Greater gender equality can lead to improved health and quality of life for women and their family members through various means and recently there have been many improvements and commitments from the government, but achievements related to this issue are still far from the targets set by the SDGs (BAPPENAS, 2019). One of the factors that enables access to adequate reproductive services and making independent decisions is women's empowerment (Mokam & Zamo Akono, 2022). Increasing decision making by women, control of resources including finance, access to work and education are very important to advance the fifth SDGs goal by 2030.

Midwives as a health profession whose duties are always involved in services and education for women's health have a philosophy that every woman must be empowered through counseling and IEC to make decisions about the health of herself and her family. The International Confederation of Midwives (ICM) on World Midwife Day 2019 emphasized that midwives play an important role in protecting women's rights by fulfilling their human rights, especially the right to reproductive and sexual health (IBI, 2020). This literature was created to identify how women's empowerment benefits midwifery services.

METHOD

Scoping review using methodology from Arksey and O' Malley (2005) and identify scoping review questions, *Frameworks* used is PEOS (Population, Exposure, Outcome, Study). Search for articles using the Pubmed and ScienceDirect databases, keywords used (women empowerment) AND (midwifery services) OR "antenatal") OR "family planning") OR "contraception") OR "give birth") OR "breastfeeding") OR "vaccination").

Inclusion Criteria

Search for articles 2014-2024, using English and Indonesian, no specific criteria for targeted countries, research population of adolescents, pregnant women, mothers giving birth, postpartum mothers and newborns, articles discussing the benefits of empowering women in midwifery services, Original research, Scopus indexed articles, qualitative and quantitative studies.

Exclusion Criteria

Review articles (systematic reviews and literature reviews) and reports, opinion papers. In the article search, 207 duplicate articles were identified, n= 32, then filtering was carried out based on titles/abstracts related to women's empowerment, resulting in n= 62 articles. Screening was carried out again to find articles that were relevant to empowering women in midwifery services. A full text search of the 28 identified articles was conducted to screen the article content. From the results of filtering the contents of the articles, suitability of the population, methods and results, as well as critical appraisal using a tool in the form of the Joana Brigs checklist from the Joana Brigs Institute, 10 articles were obtained which will be used for the Scoping Review.

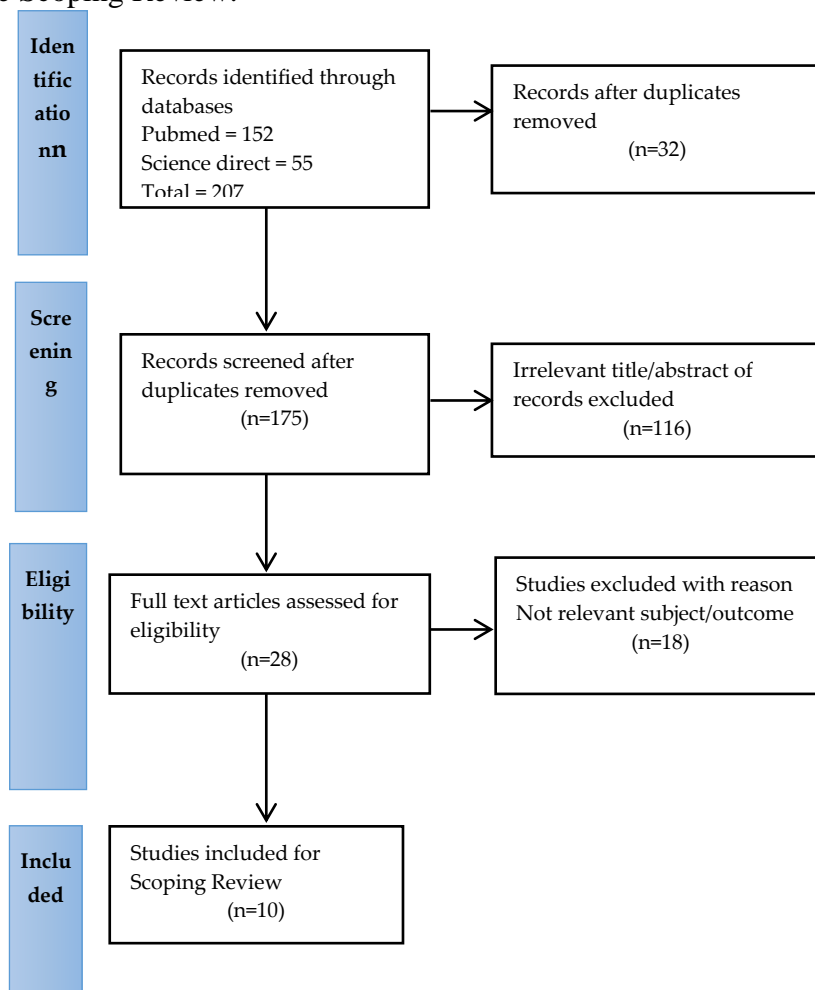


Figure 1. PRISMA Flowchart

RESULTS

Table 3.1 Data Extraction

Author/Year	Country	Samples	Results
(Wassie et al., 2024)	Ethiopia	582 mothers who had children aged 6–59 months	High levels of women's empowerment are significantly associated with a lower likelihood of stunting in childhood.
(Dadzie et al., 2021)	Ghana	1,640 mothers and children	Eating frequency is largely influenced by economic factors and family support which contribute to women's empowerment.
(Whidden et al., 2021)	Africa	14,032 women of childbearing age	Women who play a role in decision making, who have formal education and participate in work, live at home with other women and live far from health services are more likely to use modern contraception.
(Shibre et al., 2021)	33 Sub-Saharan	Pregnant women from 33 countries	Women with higher levels of empowerment had slightly higher chances of skilled ANC services

Author/ Year	Country	Samples	Results
(Dickson, 2021)	African Countries Ghana	2,093 people	The increase in childbirth among professional workers is significantly influenced by women's empowerment, men's involvement in maternal health issues, women's education, and participation in ANC.
(Dickson et al., 2021)	Sub-Saharan Africa	166,022 people	Women's empowerment (i.e. decision-making power, level of knowledge, workforce, acceptance of wife beating), place of residence, age, partner's education level, ANC provider skills, number of ANC visits, and obtaining medical attention for oneself: distance to health facility , was noted to have a significant relationship with health service utilization.
(Al Jubayer Biswas et al., 2022)	India	17,886 people	Shared decision making by women can be considered as a marker of women's empowerment in Muslim societies like Bangladesh. This collective decision-making capacity was ultimately associated with lower STI symptom reporting.
(Efendi et al., 2023)	5 ASEAN countries	65,771 people from 5 ASEAN countries	Women's labor force participation is an important determinant of contraceptive use.
(Porth et al., 2021)	Kenya	2019 DHS data	Empowerment may not affect immunization among women from the poorest families, but among wealthier women, empowerment plays an important role in determining a child's vaccination status.
(Muluneh et al., 2021)	Ethiopia	746 women	Women's empowerment is an important factor in contraceptive use. Dimensions of women's empowerment include increasing household decision-making power, socio-demographic variables and access to information about family planning and accessible health facilities.
(Dehghani et al., 2023)	Iran	34 women	Maternal empowerment is an important factor for continuing breastfeeding. Belief in the importance of breastfeeding and comprehensive support influence the continuation of exclusive breastfeeding.

DISCUSSION

Women's empowerment is the ability of women to make life choices. Basically, women's empowerment refers to awareness of one's condition and is supported by knowledge, skills and information that allows women to have higher self-esteem and facilitates their role as decision makers in a society with a patriarchal culture and in this research restores opportunities for women to enjoy sexual health services and rights in midwifery services (Srinivasa Murthy A T, 2017). Women's empowerment is closely related to gender inequality which has never been truly resolved. In order to realize the 5 SDGs goals, Gender Mainstreaming (PUG) was established as a strategy based on Presidential Instruction No. 9 of 2000. In its implementation, PUG involves policy makers such as Governors and Mayors/Regents (Yuslin, 2021). Midwives are one of the health professions where the scope of midwifery practice is based on the Republic of Indonesia Minister of Health Decree No. 320 of 2020 consists of preconception, antenatal, intranatal, neonatal, post-natal, family planning, gynecology, pre-menopause services. The scope of practice of midwifery services shows that midwives are a profession that is very close to women and is committed to addressing issues of gender equality and empowering women towards the 2030 SDGs.

Midwives as service providers can provide reproductive health and family planning counseling for women of childbearing age even before the women are sexually active, such as during adolescence and then continue until the preconception period (Tyson, 2019). Counseling is the key to women's empowerment because with counseling there is an exchange of information that will increase women's knowledge thereby influencing women's

autonomy or ability to fulfill their rights (Nurmala, 2018). Research in several developing countries, women who play a role in decision making, who have formal education and participate in work, live at home with other women and who live far from health services are more likely to use modern contraception (Whidden et al., 2021); (Muluneh et al., 2021); (Efendi et al., 2023). In addition, evidence shows in research in India that this collective decision-making capacity is ultimately associated with improving a person's attitudes and ability to negotiate alternatives to safe sexual relations and decreasing reports of STI symptoms (Al Jubayer Biswas et al., 2022).

In the antenatal period, health education and family support can influence psychology during pregnancy so as to provide positive experiences for mothers in increasing women's empowerment and self-esteem (Yuriah et al., 2024). Health education empowers individuals to play an active role in changing the environment to influence health (2018). Research in Iran empowering women is significantly correlated with a higher increase in women coming to health services to check their pregnancies and having better and better planned prenatal care outcomes as well as better maternal nutritional conditions (Tavananezhad et al., 2022). Our findings show that, as women's education increases, Continuity Of Care (COC) models of continuous care for women throughout pregnancy, childbirth and postpartum also continue to improve (Rahman et al., 2021).

In Indonesia, Antenatal Care (ANC) services for normal pregnancies are a minimum of 6x, with details of 2x in Trimester 1, 1x in Trimester 2, and 3x in Trimester 3. At least 2x checked by a doctor during the 1st visit in Trimester 1 and during the 5th visit in Trimester 3 (Kemenkes RI, 2020). Antenatal care helps identify danger signs, symptoms of health problems and provides important medical services, such as tetanus vaccination, iron supplementation and malaria treatment (Mokam & Zamo Akono, 2022). In order for the program to work well, it must help empower women, increase greater autonomy and confidence to make decisions about their own health, and have awareness and receive information about maternal health services (Yuriah & Kartini, 2022).

The use of professional health workers has been proven to prevent 16-33 percent of maternal deaths. During childbirth, emergency obstetric complications such as eclampsia, bleeding and sepsis are a significant risk of maternal death and can be managed if the place of birth is in a health center with professional staff (Shimamoto & Gipson, 2017). WHO describes health workers as accredited health professionals who are competent in the skills required to handle normal (uncomplicated) pregnancy and childbirth and to identify, manage and refer complications in women and newborns namely midwives, doctors or nurses (Newman, 2005). In Indonesia, this is proven by the existence of regulations according to Minister of Health Regulation No. 21 of 2021, that childbirth must take place in a health service facility. The health facilities in question can be at Community Health Centers, Independent Practicing Midwives, Maternity Clinics and Hospitals and assisted by obstetricians or midwives. Women's empowerment influences childbirth. Research evidence in Africa shows that as the level of women's empowerment increases in the household, the greater the tendency for them to give birth in health services with the help of professional health workers (Dickson et al., 2021).

One example of women's empowerment during the postpartum period is supporting early breastfeeding initiation (IMD) (Muthoharoh et al., 2022). Skin to skin and breastfeeding in the first hours of life are practices that help reduce neonatal morbidity and mortality and increase rates of exclusive breastfeeding (Santos et al., 2021). Research in Iran Mother's empowerment

is an important factor for continuing breastfeeding, belief in the importance of breastfeeding and comprehensive support influence the continuation of exclusive breastfeeding. Breastfeeding reduces the chances of contracting many diseases, including asthma, obesity, type 1 diabetes, respiratory diseases, sudden infant death syndrome (SIDS), dental malocclusion, and gastrointestinal infections. Breastfeeding is also effective in preventing maternal disease. Longer duration of breastfeeding contributes to maternal health and well-being; this reduces the risk of ovarian and breast cancer and helps maintain spacing between pregnancies (Dehghani et al., 2023). In Indonesia PP RI No.33 of 2012 concerning exclusive breastfeeding given to babies from birth for 6 (six) months, without adding and/or replacing it with other foods or drinks. This shows that indirectly women's empowerment also plays a role in baby health.

Women are often the primary caregivers for children, including preparing and providing food, psychosocial care, etc. Children's meal frequency is largely influenced by economic factors and family support which contribute to women's empowerment (Dadzie et al., 2021). Research in Ghana says that high levels of women's empowerment are significantly associated with a lower likelihood of stunting in childhood (Yuriah et al., 2022). The nutritional quality of food has an important impact on the health and welfare of the family, especially the Golden Period which occurs during the First 1000 Days of Life (HPK) to improve children's growth and development optimally (Wassie et al., 2024). In Indonesia, there is still a stunting problem, to accelerate stunting reduction, the government in Indonesia has issued Presidential Decree No. 72 of 2021 concerning the Acceleration of Stunting Reduction. The government is targeting a reduction in stunting prevalence of 14% in 2024 and a sustainable development target in 2030 based on achievements in 2024. Mekonnen et al., (2021) stated that women's empowerment at the household and community level has the potential to reduce cases of stunting and underweight in developing countries.

Not only in providing nutrition for babies, women's empowerment is also needed in immunization for children. In Indonesia explained in Minister of Health Regulation No. 12 of 2017 on the implementation of immunization for every baby and child (Yuriah et al., 2023). Research evidence in Kenya that women with low financial resources does not influence increased immunization, but among women with high financial resources, empowerment plays an important role in determining children's immunization status (Porth et al., 2021). This may be influenced by research methods, different concepts of empowerment and the specific domains discussed in the research.

CONCLUSION

Women's empowerment makes a significant contribution to improving the overall health of mothers, newborns and children in developing countries. Research shows a positive relationship between women's empowerment and midwifery services. Research shows that women's empowerment has a greater possibility of using contraception, improving sexual health, access to antenatal services, improving the quality of baby care and providing proper nutrition to children, complete vaccination, giving birth with professional staff. The ability to make decisions independently is an important element of women's human rights and reduces gender inequality, patriarchal culture in developing countries. The government's role is very important in replicating it more widely and encouraging the acceleration of the SDGs achievement targets in the "Decade of Action" by improving education, the economy, use of health insurance, which means increased access to health services. Midwives as professional health workers who are close to women can better understanding the concept of empowerment and implementing empowerment when providing midwifery services can be strengthened by

utilizing digital technology in the era of society 5.0 so that midwives play a role in providing quality midwifery services, reliable access to information sources, and encouraging women's involvement in realizing women's health and welfare globally.

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