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Experience of family empowerment in community midwifery care practices: A qualitative phenomenological study

Melia Dwi Yitna Putri
Lecturer of the Midwifery Professional Education Study Program, Sekolah Tinggi Ilmu Kesehatan Al-Ma'arif, Baturaja, South Sumatera, Indonesia

***Abstract*---**Family empowerment is a key approach in community midwifery that positions families as active partners in supporting maternal health. Family involvement in decision-making, utilization of antenatal care (ANC) services, emotional support, and childbirth preparation are important factors in the success of midwifery care during pregnancy. Various community midwifery programs have shown that family empowerment can improve family knowledge, attitudes, and behaviors in supporting maternal and fetal health. The purpose of this study was to explore families' experiences of family empowerment during midwifery care practices within the community. The research method used a qualitative phenomenological approach. Informants consisted of 12 pregnant women, 8 husbands, 4 community midwives, 5 health cadres, and 6 family members from February to April 2026. In-depth face-to-face interviews were conducted, recorded, transcribed verbatim, and analyzed using thematic analysis by Braun and Clarke. The results found six main themes: increased family knowledge about pregnancy, experiences of emotional support during pregnancy, family involvement in health decision-making, experiences of ANC assistance, family partnerships with community midwives, and family preparedness for childbirth. Family empowerment experiences have a positive impact on midwifery care practices through increased health literacy, emotional support, family involvement, and childbirth preparedness.

***Corresponding author**: Putri, M.D.Y.; Email: Meliadwiyp22@gmail.com*
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Introduction

Pregnancy is a crucial physiological process in the life cycle of women and families. Although most pregnancies proceed normally, various complications can occur during pregnancy, childbirth, and the postpartum period, potentially increasing maternal and infant morbidity and mortality (Ningtyas et al., 2026). Therefore, comprehensive, continuous, and family-oriented maternal health services are needed through quality midwifery care practices (Rahmawati et al., 2025). In the modern midwifery paradigm, families are positioned not only as companions but also as active partners in supporting maternal health through a family-centered maternity care approach and community midwifery (Azza et al., 2026).

Globally, maternal mortality remains a serious public health problem. The latest data from the World Health Organization shows that in 2023, approximately 260,000 women will die from causes related to pregnancy and childbirth. Every day, more than 700 women die from preventable complications, equivalent to one maternal death every two minutes (Awaliyah & Yuriah, 2025). The global maternal mortality ratio (MMR) in 2023 was recorded at 197 per 100,000 live births, still far from the Sustainable Development Goals (SDGs) target of less than 70 per 100,000 live births by 2030. More than 90% of maternal deaths occur in low- and middle-income countries, largely influenced by delays in recognizing danger signs, limited access to health services, and low family support in health decision-making (Karmila et al., 2025).

In Indonesia, reducing maternal mortality remains a priority for national health development. The government set a maternal mortality rate target of 183 deaths per 100,000 live births in the 2020–2024 National Medium-Term Development Plan (RPJMN). However, various reports indicate that achieving this target still faces significant challenges due to the complexity of medical, social, economic, cultural, and healthcare system factors. The Indonesian Health Profile 2024 indicates that maternal health remains a primary focus of health development through strengthening primary healthcare services, transforming healthcare services, improving the quality of maternal care, and strengthening the referral system.The main causes of maternal death include hemorrhage, hypertension during pregnancy, infection, heart problems, and delays in accessing adequate health care. In addition to medical factors, various studies have shown that social, cultural, family education, and family support play a significant role in determining the success of maternal health services (Indrawati & Astriana, 2024).
At the provincial level, South Sumatra still faces challenges in improving maternal health. Based on the results of the 2020 Population Census Long Form, the maternal mortality rate in South Sumatra Province was recorded at 175 deaths per 100,000 live births. Although this figure is lower than the national average in previous periods, maternal mortality remains a concern due to the late detection of complications, high-risk pregnancies, limited access to services in some areas, and low family involvement in supporting maternal health during pregnancy. The

South Sumatra Provincial Government, through the Health Office, continues to strengthen maternal health services by increasing antenatal care (ANC) coverage, strengthening maternal referral networks, empowering community midwives, and optimizing the role of health cadres in monitoring pregnant women. Ogan Komering Ulu (OKU) Regency, one of the regencies in South Sumatra Province, also faces similar challenges. The region, consisting of urban and rural areas, results in variations in community access to maternal health services. According to a report from the OKU Regency Health Office, coverage of antenatal care services has increased, but pregnant women still experience delays in seeking prenatal check-ups, lack understanding of pregnancy danger signs, and lack adequate childbirth preparation. Geographical, socio-cultural, and differing access to health facilities also influence the success of maternal health services in OKU Regency. Therefore, strengthening family empowerment is a crucial strategy to support maternal mortality reduction at the community level.

Efforts to reduce maternal mortality rate (MMR) depend not only on the quality of clinical services but also require the active involvement of families as the primary support system for pregnant women. From the perspective of Family-Centered Maternity Care, families play a crucial role in recognizing changes in the mother's condition, providing emotional support, assisting with health decision-making, accompanying antenatal visits, preparing for childbirth, and facilitating access to health services when complications arise. Family empowerment is a process aimed at increasing the family's knowledge, skills, and abilities so they can actively participate in maintaining maternal health throughout pregnancy and delivery (Kontoyannis et al., 2025).

Family empowerment is the process of increasing a family's ability to recognize health problems, make informed decisions, take preventative measures, and utilize available health resources (Ulfiana et al., 2022). Family empowerment focuses not only on increasing knowledge but also on increasing family participation, independence, and capacity to support maternal health (Awaliyah & Yuriah, 2024). Empowered families are expected to become the primary support system, helping mothers experience a healthy and safe pregnancy (Busro et al., 2024).

Various previous studies have demonstrated the importance of family empowerment in midwifery services. Ambarwati's (2019) study found that family empowerment through community-based family midwifery care improved family knowledge, attitudes, and behaviors in addressing family health issues. This study confirmed that families actively involved in health services demonstrated greater ability to support family members experiencing health issues. Ambarwati, Susanti, and Risdayanti's (2021) study on a family support model in midwifery services showed that family-based, continuous midwifery care increased family empowerment by more than 80%. Families became more capable of recognizing pregnancy danger signs, assisting with ANC examinations, and independently preparing for childbirth. Lustiani and Rahmayani's (2024) study demonstrated that family knowledge is a dominant factor influencing the success of holistic midwifery care in community midwifery services. The higher the family's knowledge, the better the support provided to pregnant women during pregnancy and in utilizing health services. Furthermore, research by Wilujeng et al. (2024)

regarding women's experiences during pregnancy showed that family support, especially from husbands, has a positive impact on the psychological condition of pregnant women. Emotional and social support from family helps mothers reduce anxiety, increase self-confidence, and build a positive pregnancy experience.
Although various studies have addressed the effectiveness of family empowerment on maternal health, most studies still use a quantitative approach and focus on intervention outcomes. Research specifically exploring families' experiences in the empowerment process during community midwifery care practices is still relatively limited, particularly in the context of South Sumatra and Ogan Komering Ulu Regency. Most studies also focus on pregnant women as the primary subjects, while the experiences of husbands, family members, health workers, and midwives in the empowerment process have not been explored in depth. The novelty of this study lies in its in-depth exploration of family empowerment experiences in community midwifery care practices using a qualitative phenomenological approach. This study not only describes the outcomes of family empowerment but also reveals the process, meaning, subjective experiences, forms of family support, the dynamics of health decision-making, family partnerships with community midwives, and family experiences in preparing for childbirth. Furthermore, this research was conducted in the context of the Ogan Komering Ulu Regency community, which has its own socio-cultural characteristics, thus providing new contributions to the development of family-based community midwifery practices.

A preliminary study was conducted in February 2026 through interviews with five pregnant women, three husbands, and one midwife in the Ogan Komering Ulu Regency Community Health Center (Puskesmas). The interviews showed that most pregnant women felt that family support was very helpful during their pregnancy. However, families were still unaware of pregnancy danger signs and were not optimally involved in ANC checkups. Midwives also reported that families who actively participated in health education and prenatal classes tended to be better prepared for childbirth than families who were less involved. These preliminary findings suggest that the experience of family empowerment is an important aspect that needs to be explored more deeply to understand how this empowerment process influences the practice of midwifery care in the community. This study aims to explore the experience of family empowerment in the practice of midwifery care in the community.

Method

The study used a qualitative method with an interpretive phenomenological approach. The phenomenological approach was chosen because the study aims to explore and understand family experiences in depth related to the process of family empowerment in the practice of midwifery care in the community. Through this approach, researchers seek to understand the meaning of experiences felt by informants based on their own perspectives while accompanying pregnant women through pregnancy. Research Location The working area of the Community Health Center in Ogan Komering Ulu Regency which has an active community midwifery program. The study was conducted from February to April 2026. Research informants were selected using a purposive sampling technique, namely the selection of participants who are considered capable of providing in-depth

information in accordance with the research objectives. Informants consisted of 12 pregnant women, 8 husbands, 4 community midwives, 5 health cadres, and 6 family members. The determination of the number of informants was based on the principle of data saturation, namely the data collection process was stopped when no new information emerged from the interview results.

Inclusion criteria for pregnant women include pregnant women in their second and third trimesters, living with their nuclear or extended family, attending antenatal care services at least 3 times during pregnancy, having attended a family empowerment program or pregnancy class, and being willing to be a research informant by signing an informed consent. Inclusion criteria for husbands and family members include living in the same house as the pregnant woman, being involved in care and decision-making during pregnancy, and being willing to be a research informant. Inclusion criteria for health cadres include actively accompanying pregnant women for at least 1 year and being involved in maternal and child health programs in the research area. Inclusion criteria for midwives include serving in the research area for at least 2 years and being involved in the implementation of family empowerment programs. Meanwhile, exclusion criteria include pregnant women with severe communication disorders that hinder the interview process, informants who withdraw during the research, informants who are unwilling to be recorded during the interview, and informants who cannot complete the interview process to completion.

The data collection technique used in-depth interviews with a duration of 45–60 minutes. Observations were conducted during antenatal care (ANC) activities, prenatal classes, and home visits. Focus group discussions (FGDs) involved families, health cadres, and community midwives. Data analysis used interview transcription, data familiarization, open coding, axial coding, theme development, and interpretation. Before data collection, the researcher coordinated with the head of the community health center, the coordinating midwife, and local health cadres to obtain research permits and identify potential informants who met the criteria. All interviews were recorded using a voice recorder after obtaining permission from the informants.

The approach to informants was carried out in stages through several steps, namely the research stage, the researcher introduced himself to potential informants and explained the objectives, benefits, and procedures of the research. At this stage, the researcher built a relationship of mutual trust (rapport) so that informants felt comfortable during the interview process. At the research information provision stage, the researcher explained that all information provided would be kept confidential and used only for research purposes. Informants were given the opportunity to ask questions about the research before stating their willingness. At the informant approval stage, after receiving a complete explanation, informants who were willing were asked to sign an informed consent form. At the in-depth interview stage, interviews were conducted face-to-face at the informant's home, the community health center consultation room, or a mutually agreed location. Each interview lasted 45–60 minutes using semi-structured interview guidelines. To ensure the validity and credibility of the data, the study applied four trustworthiness criteria according to

Lincoln and Guba: credibility, carried out through: source triangulation, method triangulation, member checking, and prolonged engagement.

Data analysis used thematic analysis according to Braun and Clarke (2006). The analysis was carried out systematically through the following six stages: Stage 1: familiarization with data, the researcher listened to the interview recordings repeatedly, read the transcripts thoroughly, and wrote down initial impressions of the data obtained. Stage 2: generating initial codes, the researcher identified important parts of the transcript and assigned codes based on the meanings that emerged. Stage 3: searching for themes, codes with similar meanings were grouped into temporary categories. Stage 4: reviewing themes, the researcher re-examined the suitability of the themes with the raw data and ensured that each theme had a strong connection with the informant's experience. Stage 5: defining and naming themes, the themes formed were then named according to the meaning contained in the data. Stage 6: compiling the research report (producing the report), the final stage was carried out by compiling the results of the analysis in a narrative manner using direct quotes (verbatim) from informants to support data interpretation. To improve the quality of the research and reduce subjective bias, researchers conducted regular consultations with various relevant experts, including: community midwifery experts to review the suitability of the concept of family empowerment and community midwifery practice, qualitative research methodologists to validate the research design, interview techniques, and thematic analysis process, and public health experts to review aspects of community and family empowerment. Input from these experts was used in the process of developing interview guidelines, validating themes, and interpreting research results.

The ethical principles applied in this research include, respect for persons (each informant is given the freedom to determine their willingness to participate in the research without any coercion), informed consent (before the interview is conducted, all informants are given a complete explanation regarding the objectives, benefits, risks, and procedures of the research and sign a consent form), beneficence (the research is conducted by minimizing risks and prioritizing benefits for informants and the development of midwifery science), non-maleficence (the researcher ensures that the research process does not cause physical, psychological, social, or economic harm to informants), and justice (all informants receive equal treatment without differentiating age, education, social status, or cultural background).

Results and Discussion

Results

The analysis produced 132 initial codes which were then grouped into 18 subthemes and finally formed six main themes that describe the experience of family empowerment in the practice of midwifery care for pregnancy in the community.

Table 1. Results of thematic analysis of family empowerment experiences in midwifery care practices during pregnancy

No	Theme	Subtheme	Sample Codes (Initial Codes)
1	Increased family knowledge about pregnancy	Understanding the physiological changes of pregnancy; Knowledge of danger signs; Nutritional needs of pregnant women	Understanding body changes; Recognizing bleeding; Knowing fetal movement; The importance of iron tablets; Balanced nutrition; The importance of ANC
2	Experience of emotional support during pregnancy	Husband's support; Extended family support; Increased sense of security	Listening to mother's complaints; Providing encouragement; Reducing anxiety; Helping with housework; Accompanying pregnancy check-ups
3	Family involvement in health decision making	Family consultation; Decisions based on midwife's advice; Rapid response to complications	Discuss before treatment; Contact a midwife; Determine a referral location; Mutual agreement
4	ANC assistance experience	Husband's presence during ANC; Communication with health workers; Understanding of examination results	Accompanying ANC; Listening to the midwife's explanation; Remembering the control schedule; Understanding the condition of the fetus
5	Family partnership with community midwives	Relationship of mutual trust; Ongoing communication; Role of health cadres	Telephone consultation; Home visits; Family education; Cadre mentoring
6	Family readiness for childbirth	Cost preparation; Transportation preparation; Blood donation preparation; Psychological readiness	Saving for childbirth costs; Preparing a vehicle; Determining blood donors; Preparing baby supplies

The analysis shows that the six themes are interrelated, forming a family empowerment process that starts from increasing knowledge to forming readiness to face childbirth.

Theme 1. Increasing Family Knowledge about Pregnancy

The first theme describes changes in family knowledge after participating in the empowerment process, which included prenatal classes, antenatal counseling, home visits, and individual education. Most informants reported that before receiving support, they had limited understanding of pregnancy, particularly

regarding danger signs, nutritional needs, and the importance of regular prenatal checkups.
A pregnant woman said:
"I used to only know that when I was pregnant I had to eat a lot. After the midwife explained it, I learned what foods were good for me, when to have check-ups, and what warning signs to check for immediately." (IB 1)
A husband said:
"I just realized that high blood pressure during pregnancy can be dangerous. Now I always remind my wife to get it checked." (S1)
The community midwife explains:
"When families understand the condition of the pregnancy, they are quicker to recognize problems and contact health workers." (BK 2)
This increase in knowledge encourages families to be more active in maintaining the mother's health during pregnancy.

Theme 2. Experiences of Emotional Support During Pregnancy
The second theme demonstrated that family empowerment not only improves knowledge but also strengthens emotional support for pregnant women. Informants revealed that the attention of their husbands and family provided a sense of comfort, increased self-confidence, and reduced anxiety during pregnancy.
A pregnant woman revealed:
"If my husband accompanies me to the midwife, I feel calmer and less afraid." (IB 2)
Family members said:
"We take turns helping with the housework so that mother doesn't get too tired." (K1)
The health cadre added:
"Mothers who receive family support are usually more diligent in attending check-ups than those who come alone." (KK3)

Theme 3. Family Involvement in Health Decision Making
The third theme reflects changes in family health decision-making patterns. Before participating in the empowerment program, health care decisions were primarily made by husbands or parents. After receiving education, decisions are made through family discussions, taking into account midwife recommendations.
A husband explains:
"Now, if we have a complaint, we immediately discuss it and contact the midwife." (S3)
A pregnant woman said:
"I feel more heard because now decisions are made together." (IB 4)
Community midwives said:
"Families can make decisions more quickly so they are not referred too late." (BK 2)

Theme 4. Antenatal Care (ANC) Assistance Experience
Most pregnant women reported that the presence of their husbands or family members during ANC was a positive experience. This assistance increased the family's understanding of the mother and fetus' condition and strengthened communication with healthcare providers.

A pregnant woman said:
"The husband heard the midwife's explanation directly so that we both knew the baby's development." (IB 7)
The husband revealed:
"I now know why check-ups are necessary." (S5)
Community midwives explained that families who attend ANC are more likely to follow health advice than families who are not accompanied.

Theme 5. Family Partnership with Community Midwives
This theme describes the collaborative relationship between families, community midwives, and health workers. Informants assessed midwives as acting as facilitators, counselors, and family companions during pregnancy.
Health cadres said:
"We help connect families with midwives if there are complaints." (KK 2)
The community midwife explains:
"Home visits allow us to understand the family's condition so that education is more appropriate." (BK 3)
The relationship that is formed increases the family's sense of trust in midwifery services.

Theme 6. Family Readiness for Childbirth
The final theme shows that family empowerment increases readiness for childbirth through cost planning, transportation, blood donation, childbirth supplies, and psychological readiness.
A husband said:
"We have prepared the vehicle, costs, and the midwife's telephone number." (S6)
Pregnant women say:
"I feel more prepared because everything is planned." (IB 8)
This preparedness reduces anxiety before delivery and increases family confidence.

Discussion

This study demonstrates that family empowerment is a crucial strategy in community-based midwifery care practices. The six themes identified describe a gradual process of family behavioral change, starting with increased knowledge, developing emotional support, increasing family participation in health decision-making, active involvement in antenatal care, establishing partnerships with community midwives, and ultimately achieving readiness for childbirth. These findings demonstrate that family empowerment is not simply a process of information transfer, but rather a transformational process that enhances the family's capacity as partners in maternal health services.

The first theme demonstrates that improving family knowledge is a key foundation for successful empowerment. Knowledge of the physiological changes in pregnancy, obstetric danger signs, nutritional needs, and the importance of ANC visits enables families to recognize conditions that require immediate attention (Petralina et al., 2023). From the perspective of the Health Promotion Model and Health Belief Model theories, increased knowledge will influence perceptions of benefits and encourage changes in health behavior. Families who

understand the conditions of pregnancy are better able to provide appropriate support, increase maternal compliance with ANC services, and reduce the risk of delays in managing complications. Family empowerment can increase knowledge about the physiological changes in pregnancy, nutritional needs, pregnancy danger signs, the importance of antenatal care, and childbirth preparation (Anita, 2024). Education provided through counseling, prenatal classes, home visits, and interpersonal communication with community midwives enables families to understand their role in maintaining maternal and fetal health. This increased knowledge forms the basis for changing family behavior in supporting healthy pregnancy practices (Yuriah et al., 2023).

These findings align with research by Abuya et al. (2022), which showed that family empowerment interventions through community-based health education improved family health literacy and enhanced families' ability to recognize obstetric danger signs early. Research by Shogren et al. (2023) also reported that families who received structured education during pregnancy had better knowledge of antenatal care and complication prevention than those who did not receive the intervention.

The results of this study are also consistent with research by Widiasih et al. (2022) in Indonesia, which found that family health education increases family readiness to support pregnant women and strengthens health-seeking behavior. From the perspective of Nola Pender's Health Promotion Model theory, increased knowledge is a predisposing factor that influences a person's health behavior. Good knowledge increases perceived benefits, self-efficacy, and family motivation to actively participate in maintaining maternal health during pregnancy (Ramayani et al., 2026).

The second theme indicates that emotional support is an essential component of a positive pregnancy experience. Husbands' support, family attention, warm communication, and shared domestic roles have been shown to increase a pregnant woman's sense of security and reduce anxiety. These findings align with the concept of Woman-Centered Care, which places women's emotional needs as an integral part of midwifery care. Emotional support also contributes to improved maternal mental health, which in turn impacts adherence to health recommendations and the quality of the mother-fetus relationship. Family empowerment results in increased emotional support for pregnant women. Husbands and other family members provide attention, motivation, a sense of security, and assistance with daily activities, making the mother feel calmer and more valued during pregnancy. This emotional support not only improves psychological well-being but also strengthens interpersonal relationships within the family (Juniarti et al., 2024).

These findings align with research by Afulani et al. (2021), which states that family support is a key component of woman-centered maternity care. Emotional support from a partner is associated with lower anxiety levels, increased satisfaction with midwifery care, and an improved quality of pregnancy experience. Research by Lestari et al. (2023) also shows that husband involvement during pregnancy reduces anxiety levels in primigravida mothers and increases adherence to ANC visits. These findings support the Woman-Centered

Care concept developed by Leap and Pairman, which states that midwifery services must address women's physical, psychological, social, and spiritual needs by involving the family as the primary support system. Pregnant women who receive emotional support from their families are more likely to complete ANC visits as recommended.

The third theme revealed changes in health decision-making patterns. Before the empowerment process, decisions were often dominated by husbands or older family members. After receiving education, the decision-making process became more participatory, involving pregnant women, husbands, family members, and community midwives. This change has important implications for reducing delays in decision-making (first delay), a leading cause of maternal mortality. Active family involvement accelerates access to health services when complications arise (Lopes et al., 2024).

These results align with research by Yargawa and Leonardi-Bee (2022), which showed that husband involvement in health decision-making increases maternal service utilization and accelerates access to health facilities when obstetric complications occur. Research by Tokhi et al. (2023) also reported that shared decision-making increases family adherence to health care provider recommendations and strengthens the effectiveness of family-based maternal care. These findings support the Three Delays Model developed by Thaddeus and Maine, particularly regarding the first delay (delay in deciding to seek care). Family empowerment can accelerate the decision-making process, thereby minimizing the risk of delays in accessing health care.

The fourth theme emphasized the importance of family support during ANC examinations. The presence of a husband or family member allows for direct access to health information, reducing miscommunication after the mother returns home. In addition to improving understanding of the mother and fetus's condition, support also strengthens adherence to ANC schedules, the consumption of iron supplements, and the adoption of healthy lifestyle behaviors during pregnancy. This demonstrates that ANC is not only a clinical examination tool but also a means of family education.

Family support during ANC visits provides a positive experience for both the mother and family members. The presence of the husband or family member allows them to receive health information directly from the midwife, improving their understanding of the mother's and fetus's condition and strengthening adherence to health recommendations (Khorasani et al., 2022).

Partner involvement in antenatal care is one strategy to improve the quality of maternal care and strengthen continuity of care. Research by Yaya et al. (2022) also showed that ANC assistance improves maternal compliance with antenatal visits, iron supplementation consumption, and childbirth preparation. Research by Nurfatimah et al. (2024) reported that pregnant women accompanied by their husbands during ANC had higher levels of service satisfaction than those who attended alone. The presence of family also increases the effectiveness of communication between health workers and families, making information easier to understand and apply.

ANC assistance is an implementation of the Continuity of Midwifery Care concept, namely midwifery services that take place continuously by involving the family as part of the service process.

The partnership between families and community midwives, which emerged in the fifth theme, demonstrates that successful empowerment requires a collaborative relationship. Community midwives serve not only as clinical service providers but also as educators, facilitators, advocates, and family counselors. Health cadres reinforce this process through home visits, monitoring pregnant women, and disseminating health information to the community. Collaboration between families, midwives, and cadres creates a sustainable support system and strengthens community-based primary health care.

The partnership between families and community midwives is a crucial factor in the success of family empowerment. Health cadres strengthen the partnership through home visits, monitoring pregnant women, and disseminating health information to the community. These findings align with research by Renfrew et al. (2021), which found that a partnership-based midwifery service model increases family trust in health workers and contributes to improving the quality of maternal care. Research by Bogren et al. (2022) also found that collaborative relationships between midwives and families improve adherence to health recommendations and strengthen the effectiveness of primary health care.

The transformation of primary care confirms that strengthening partnerships between health workers, community health workers, and families is a key strategy for increasing maternal health coverage at the community level. These findings support the Family-Centered Care approach, which positions families as active partners in every phase of health care. This approach emphasizes the importance of two-way communication, mutual respect, information sharing, and collaboration in decision-making.

The sixth theme demonstrates that family empowerment impacts increased preparedness for childbirth. Preparation of costs, transportation, blood donation, selection of health facilities, maternal and infant supplies, and psychological readiness are indicators that families have the ability to comprehensively plan for childbirth. This finding demonstrates the successful implementation of the Birth Preparedness and Complication Readiness (BPCR) concept recommended in maternal health services. This preparedness has the potential to reduce delays in reaching health facilities (second delay) and delays in obtaining adequate care (third delay). This preparation instills confidence in mothers and their families, thereby reducing anxiety leading up to childbirth.

Birth Preparedness and Complication Readiness (BPCR) it is an effective strategy for improving family preparedness for childbirth and reducing delays in accessing emergency obstetric care. Research by Berhanu et al. (2022) also showed that families participating in the BPCR program were better prepared for childbirth and accessed health facilities more quickly when complications arose.

Research by Handayani et al. (2023) found that family empowerment through home visits and prenatal classes improved childbirth preparedness, particularly

in aspects of cost planning, transportation, and blood donation. Research by Prasetyo et al. (2024) also reported that family involvement in developing a birth plan improved mothers' psychological preparedness for birth.

Overall, the research results indicate that family empowerment is an effective approach to improving the quality of midwifery care practices in the community. The six themes form a series of interrelated processes, starting from increasing knowledge capacity to establishing family readiness for childbirth. Thus, families are no longer positioned as passive recipients of information, but as strategic partners of midwives in supporting maternal and neonatal health. These findings reinforce the importance of developing a family-centered maternity care model in community midwifery services, which integrates education, mentoring, partnerships, and family empowerment as key components of sustainable maternal health services.

Conclusion

This study provides an in-depth overview of the experience of family empowerment in the practice of midwifery care for pregnancy in the community through a phenomenological approach. Based on the results of in-depth interviews with 35 informants consisting of pregnant women, husbands, community midwives, health cadres, and family members, it was found that family empowerment is a process that builds the family's capacity to actively participate in maintaining maternal health during pregnancy. Thematic analysis produced six main themes, namely: (1) increasing family knowledge about pregnancy, (2) experiences of emotional support during pregnancy, (3) family involvement in health decision-making, (4) experiences of antenatal care (ANC) assistance, (5) family partnerships with community midwives, and (6) family readiness for childbirth. These six themes indicate that family empowerment not only increases knowledge about pregnancy, but also strengthens psychosocial support, increases family participation in health services, builds good communication and partnerships with community midwives, and improves family readiness for childbirth.

Research findings confirm that families play a strategic role as partners with midwives in providing community-based midwifery care. Empowering families through education, mentoring, effective communication, and involvement in every stage of pregnancy care can improve families' ability to recognize the needs of pregnant women, make appropriate health decisions, and prepare for childbirth in a more planned manner. Therefore, a family-centered maternity care approach is an important strategy to support improvements in the quality of midwifery and maternal health services at the community level.

For community midwives, family empowerment needs to be systematically integrated into all antenatal care services through family counseling, home visits, prenatal classes, and communication involving husbands and other family members. This approach is expected to increase family involvement in maintaining maternal health and support early detection of pregnancy complications. Health cadres are expected to enhance their role as family companions through health education, monitoring pregnant women, and

facilitating communication between families and health workers, thereby improving antenatal care coverage and childbirth preparedness. Families are expected to actively participate throughout the pregnancy process by providing emotional support, accompanying mothers during ANC visits, participating in health decision-making, and developing birth plans and complication preparedness together.

Conflict of interest statement
The authors declared that they have no competing interests.

Statement of authorship
The authors have a responsibility for the conception and design of the study. The authors have approved the final article.

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