Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

Negotiating birth: literacy and intercultural health communication in rural Indonesia

Priyo Subekti[1*], Dian Wardiana Sjuchro[1], Rina Fitriana[3], Nguyen Minh Tri[4]

[1]Faculty of Communication Sciences, Universitas Padjadjaran, Jalan Raya Bandung-Sumedang, Bandung, West Java, Indonesia
[2]Hospitality Study Program, Politeknik Sahid, Sahid Sudirman Residence, Karet Tengsin, Kecamatan Tanah Abang, Jakarta, Indonesia
[3]Faculty of International Relations & Communications, Ho Chi Minh City University of Foreign Languages - Information Technology, Vietnam

[*]Email: priyo.subekti@unpad.ac.id

Received: April 07,2025; Revision: March 03, 2026; Acceptance: March 13, 2026

ABSTRACT

This study examines how socio-cultural literacy and intercultural health communication shape childbirth service preferences in rural Indramayu, Indonesia. Although national health insurance schemes have expanded access to biomedical services, many women continue to involve traditional birth attendants (TBAs) in pregnancy and childbirth due to culturally embedded trust, relational proximity, and locally grounded knowledge systems. Using a qualitative case study design, data were collected from 19 purposively selected informants—eight midwives, three TBAs, and eight mothers—through semi-structured interviews and limited field observations. The data were analysed thematically following Braun and Clarke's framework. The findings demonstrate that childbirth decisions are not determined solely by medical accessibility or rational evaluation of risk. Rather, they are negotiated within culturally structured systems of meaning that include ritual practices, family authority, symbolic communication, and interpersonal trust networks. Partnerships between midwives and TBAs reveal processes of adaptation in which traditional actors are repositioned within, rather than entirely excluded from, the formal health system. Conceptually, this study reconceptualises health literacy as a socio-cultural and relational practice rather than an individual cognitive skill, and positions intercultural health communication as the mechanism through which biomedical and indigenous knowledge systems are continuously negotiated. By foregrounding these relational dynamics, the study contributes to culturally grounded approaches to maternal health promotion and highlights the importance of inclusive communication strategies in improving rural maternal health outcomes.
Keywords: *socio-cultural literacy, health communication, maternal health, traditional birth attendants, community-based health, rural Indonesia, childbirth preference*

INTRODUCTION

In many rural communities in Indonesia, including Indramayu District, people still tend to choose traditional birth attendants (Putri Setyatama et al., 2023) TBAs), locally known as paraji or indung beurang, as birth attendants . Despite the availability and affordability of medical services such as village midwives and puskesmas through the national health insurance (BPJS) programme, the preference for TBAs remains strong. This choice is not only based on limited access or cost, but also on cultural values, social relations, and hereditary belief in the role of TBAs in the birth process (Yuliani et al., 2023). This phenomenon shows that decision-making related to maternal health services is not solely based on medical logic, but also on social structures and cultural meaning systems that develop in the community.

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

To clarify the analytical positioning of this study, socio-cultural literacy is treated as the primary conceptual lens through which childbirth preferences are examined. In this framework, health communication functions as the mechanism through which socio-cultural literacy is enacted and negotiated in everyday interactions between midwives, traditional birth attendants (TBAs), families, and pregnant women. Birth service preference is therefore analysed as the outcome of these culturally structured meaning-making processes. Cultural values and power relations, including gendered family authority, are approached as contextual conditions that shape how socio-cultural literacy operates. Accordingly, this study does not aim to establish a statistical correlation between socio-cultural literacy and service preference; rather, it seeks to interpret how culturally embedded literacy practices structure maternal health decision-making in rural Indramayu.

Indramayu is one of the regencies in West Java Province that consists of agrarian, coastal, and rural areas with strong local culture. In the context of this agrarian society, close social relations, the value system of gotong royong, and trust in local figures are important factors in determining important decisions, including in terms of reproductive health. In some cases, people feel more comfortable interacting with TBAs who are personally known and considered as part of the community's extended family (Furi & Megatsari, 2014).

One strong cause of this phenomenon is the health literacy gap, especially in the socio-cultural context. Health literacy not only includes the ability to understand medical information, but also reflects how people interpret pregnancy, childbirth, and the safety of mothers and babies in terms of local cultural values, symbols, and practices (Pattimahu et al., 2024). A woman who is massaged by a TBA or undergoes a puputan ritual is not only receiving a physical service, but also undergoing a social and spiritual process that strengthens her sense of security and confidence in the lead-up to birth (Komala et al., 2014). Therefore, health care strategies cannot be separated from the cultural context of local communities.

In this context, health communication plays an important role as a bridge between the modern health system and traditional cultural practices. Health communication is not only a means of delivering medical messages, but also a process of negotiating meaning involving actors with different socio-cultural backgrounds. The culture-centered approach (CCA) developed by Dutta (2015)views communication as a dialogical process that enables the representation of local community voices in the healthcare system. CCA emphasises the importance of community participation in shaping the meanings of health, so that communication strategies become more contextual and responsive to local realities.

In addition, the theory of health literacy as social practice (Nutbeam, 2008) explains that people's understanding of health information cannot be separated from the socio-cultural conditions in which they live. Nutbeam distinguishes three levels of health literacy: functional, interactive and critical. In the context of traditional communities such as in Indramayu, health literacy is mostly at the functional stage and is strongly influenced by experiences and interpersonal relationships, such as from TBAs or traditional leaders, rather than from formal medical institutions.

Several previous studies have shown that the continuation of TBA practices is not merely a form of resistance to medical services, but a form of adaptation and negotiation between modernity and tradition. Garces et al. (2019) noted that people

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

tend to see TBAs as figures who "understand their language" - both literally and symbolically - and are able to provide emotional support that is not always available in interactions with medical personnel. A similar finding was made by Byrne & Morgan (2011), who pointed out that in many cases, TBAs do not act as competitors to midwives, but instead function as complements or informal partners in the maternal health care system.

In practice, several partnership initiatives between TBAs and midwives have been developed by puskesmas through regular meetings, short trainings, and informal community-based approaches (Habibah et al., 2024). However, the dynamics of communication between them-both in relational aspects, knowledge representation, and trust-have rarely been the focus of research. In fact, the relationship between medical personnel and traditional actors such as TBAs plays an important role in shaping community preferences, as well as being key in strengthening maternal health literacy and behaviour at the grassroots level.

Most previous studies tend to focus on accessibility, service efficiency, or perceived medical quality in explaining delivery preferences. Meanwhile, research highlighting the integration of socio-cultural literacy and health communication as key factors in decision-making is limited. In fact, in the context of rural communities where the belief in social relations and cultural values is still strong, such an approach is very relevant. This also underlines the importance of participatory and culturally sensitive communication approaches. Health campaigns often rely on one-way counselling strategies with the assumption that people will respond logically and rationally to medical information. In reality, health messages are often ineffective because they fail to resonate with people's meaning systems and lived experiences. Therefore, there is a need for health communication strategies that are able to bridge between medical logic and the cultural logic that lives in the community.

This study offers novelty by exploring in depth how socio-cultural literacy and health communication influence birth service preferences in rural communities. Different from previous studies that tend to be descriptive or focus on the technical aspects of services, this study provides an interactive-cultural perspective that explains the decision-making process as the result of complex interactions between culture, communication, and power relations between health actors. This study also presents the dynamics of the relationship between midwives and TBAs as complementary cultural partners, and how their interactions play a role in shaping community understanding of a safe and culturally meaningful birth process. With this approach, this study is expected to contribute to the development of a more inclusive, humane and culturally-based maternal health service strategy.

Despite a growing body of research on maternal health service utilisation in Indonesia, most studies primarily emphasise structural determinants such as accessibility, cost, and service quality, or focus descriptively on the persistence of traditional birth attendants (TBAs). While these approaches provide important insights, they often overlook how culturally embedded literacy practices and everyday communication processes shape decision-making in rural contexts. In particular, limited attention has been given to the interaction between socio-cultural literacy and intercultural health communication as constitutive forces in childbirth preference formation. As a result, maternal health choices are frequently interpreted through biomedical or behavioural frameworks without adequately examining the relational,

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

symbolic, and power-laden dynamics through which meaning is negotiated. Addressing this gap requires an analytical shift from access-based explanations toward a culturally grounded understanding of how knowledge, authority, and trust are co-constructed within community health systems.

METHOD

Focusing on the practice of birth services in the Indramayu Regency area, this descriptive qualitative study employs a case study method (Creswell & Poth, 2018). The site was selected mainly with reference to the community that still preserves local cultural practices in the field of reproductive health, particularly in relation to the presence of traditional birth attendants or paraji who are still actively engaged.

The main informants—eight village midwives, three traditional birth attendants (TBAs), and eight pregnant women or moms who had recently given birth—were chosen using a purposive sampling technique (Rakhmat, 2017). The deliberate choice was based on the awareness of the informants' knowledge, experience, and direct participation in rural community birth care procedures. The following table shows the criterion of selection for every group of informants:

Table 1. Research informant and criteria

No.	Category	Description
1	Village midwife (8 people):	- Actively working in the study villages (at least the last 2 years). - Experienced in managing normal and referral pregnancies and deliveries. - Have had direct interaction or partnerships with local TBAs. - Engage in community activities such as posyandu, mother's class, or health counselling.
2	Traditional Birth Attendants / TBAs (3 people):	She is still actively assisting in pregnancy and childbirth in her neighbourhood. - Long experience (minimum 10 years) and recognised by the local community. - Practising traditional rituals or practices related to pregnancy and birth. - Willing to be interviewed and open to the presence of a midwife/medical officer.
3	Pregnant women / new mothers (8 people):	- Aged 20-40 years old and living in the research village. - Experienced pregnancy or childbirth within the last 1 year. - Have experience being served by a midwife, TBA, or both. - Willing to provide information about their preferences, experiences, and perceptions of health services.

Source: research data (2024)

The number of informants in this study was limited due to the characteristics of qualitative studies, where depth of data is prioritised over quantity. In a descriptive

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

qualitative case study-based approach, the main objective is to gain a contextual and in-depth understanding of the social phenomenon under study, not statistical generalisation. Eight midwives and eight patients were selected to reflect the diversity of experiences from different regions and ensure triangulation of perspectives between providers and users of formal health services. Meanwhile, the number of TBAs was limited to three due to the limited number of TBAs still active in the research location, and because TBAs generally serve more than one village so that their experiences are representative of the wider socio-cultural context.

In addition, it was found in field practice that access to TBAs was more limited compared to midwives and patients, as some TBAs were reluctant to be interviewed or were no longer active in childbirth practice. Therefore, the three TBA informants interviewed were strategically selected based on their openness, long experience in traditional practices, as well as their involvement in partnership forums with the local Puskesmas. The total number of informants (19 people) also met the principle of data saturation-a condition when the information obtained starts to show repetitive patterns and does not produce significant new findings (Bajari, 2015). Thus, despite the relatively limited number of informants, the data collected was sufficient to be analysed thematically and in-depth, in line with the study objectives and scope.

While the numerical imbalance between midwives (8) and TBAs (3) reflects the declining presence of active traditional birth attendants in the study area, this distribution also has analytical implications. The stronger representation of biomedical actors may shape the narrative toward formal health perspectives. This imbalance is therefore acknowledged not only as a pragmatic limitation, but also as an empirical indicator of shifting authority within the local maternal health system. Reflexivity was maintained throughout the research process. The researcher's academic background and institutional affiliation with higher education may have positioned him closer to formal health discourse, potentially influencing interview dynamics. Particular attention was given to mitigating power asymmetries, especially during interviews with TBAs who may experience marginalisation within the biomedical system. Interviews with TBAs were conducted in familiar community spaces, using local language where possible, and framed as exploratory rather than evaluative conversations. Building trust required repeated informal engagement prior to formal interviews, ensuring that TBAs could articulate their perspectives without fear of judgment or institutional comparison.

The combination of these three informant groups allowed the researcher to triangulate perspectives between medical service providers (midwives), local cultural actors (TBAs), and service users (patients), thus representing the dynamics of birth service preferences more thoroughly and contextually. Data were collected through semi-structured interviews with guiding questions developed based on the research objectives. In addition, limited field observations were conducted to understand the social and cultural context of interactions between patients, TBAs, and midwives. Researchers also accessed supporting documents in the form of local government policies and programmes related to midwife and TBA partnerships, where available.

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

Data analysis was conducted through a thematic analysis approach following Braun & Clarke's (2006) procedure, which included the stages of data familiarisation, initial coding, theme search, theme review, defining and writing up the results. The resulting themes were categorised into seven main themes, namely:

Table 2. Thematic categorization

Main Theme	Sub-Themes	Data Source
Birth Preference	Midwife selection due to medical and free, TBA due to tradition and convenience	Midwife, TBA, Patient
Socio-Cultural Literacy	Traditional vs formal knowledge, some communities lack health literacy	TBA, Midwife, Patient
TBA-Midwife Partnership	Regular partnership via Puskesmas, TBA as cultural partner	Midwife, TBA
Cultural Values & Local Rituals	Rituals of 'puput', 'geong', pregnancy massage, baby positioning (golang)	TBA, Patient, Midwife
Access and Infrastructure	BPJS, distance to facility, availability of medical equipment	Patient, Midwife
Health Communication Patterns	Dissemination of information through mother's class, posyandu, massage, P4K stickers	Midwife, TBA, Patient
Gender & Family Roles	Decisions influenced by husband/family; high empathy among villagers	Patient, Midwife

Source: research data (2024)

To improve the validity of the data, source triangulation between informant groups (midwives, TBAs and patients) was conducted to confirm and enrich the findings. The entire research process was conducted with due regard to social research ethics. Informants were given an explanation of the purpose of the study and agreed to participate through informed consent. This study did not involve medical intervention and did not require experimental procedures, but still followed the ethical guidelines that apply in social and public health research.

RESULTS AND DISCUSSION

In line with interpretive qualitative traditions, results and discussion are presented in an integrated manner. This approach allows empirical findings and theoretical interpretation to be analysed dialogically rather than sequentially. However, to maintain analytical clarity, each subsection distinguishes between empirical description and conceptual interpretation. This study contributes to the understanding of maternal health not merely as a biomedical issue, but as a culturally constructed field of communication and negotiation, where indigenous logics coexist and contest with modern health discourses within postmodern societal frameworks.

Birth Preferences: Medical Rationality vs Traditional Culture

One of the main conclusions of this study is that people's tastes for birth treatment are changing. On the one hand, most responses among pregnant women and new moms revealed an inclination to prefer midwives as birth attendants for medical reasons. The main elements motivating this decision are considerations like the availability of complete facilities, guaranteeing the safety of mothers and children, and simplicity of financing via the BPJS program. From being based on hereditary experience to being

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

based on medical reasoning and the accessibility of the official health system, this pattern reveals a change in the rationality of the society in looking at mother health services.

The results also reveal, though, that one's inclination for paraji or traditional birth attendants (TBAs) does not always vanish. Not for medical treatment but rather for psychological comfort, spiritual support, and culturally complex aid, many mothers and their families still include TBAs in the pregnancy and birth process. Still conducted as part of a custom thought to keep mothers and children safe are practices include pregnant massages, puputan rites, and the offering of prayers or water readings. In this sense, the choice of TBA reflects the cultural norms and meaning systems developed in the society rather than being a kind of "ignorance".

The Health Belief Model (HBM) (Glanz et al., 2008) helps one to understand this result since it shows that a person will take a health action if they believe that the action can lower risk, is easily accessible, and offers real advantages. Those who prefer midwives have good opinions on the efficiency and advantages of medical treatments. For others, nevertheless, comfort, trust, and emotional connection with the TBA are crucial elements lacking replacement from medical considerations. This reveals that emotional and social aspects as well as cognitive knowledge shape health decisions (Anuar et al., 2020).

Moreover, from a health communication standpoint, the inclination for TBA can be justified with a culture-centered communication style (Dutta, 2015). This method sees health communication as a process inseparable with the cultural background, social structure, and community agency. Since TBAs grasp local symbols, customs, and values, they are said to be able of "speaking" in a deeper meaning. Some midwives who successfully establish trust with the community not only provide medical knowledge but also respect local cultural viewpoints and may engage in conversations with sensitive ways.

Health message transmission can be less effective if communication techniques ignore the socio-cultural background (Handayani & Arianto, 2024). On the other hand, a dialogic approach honoring the function of TBAs as part of the health ecosystem enhances the cooperation between medical and traditional sectors (Rokhmah et al., 2018). In some places, including Puskesmas Widasari, where TBAs are often asked to meetings to cooperate and foster mutual understanding, this is evident in the relationship between midwives and TBAs. Under this cooperation, TBAs are now more of cultural partners accompanying the birth process from a social and spiritual standpoint than rivals. This result aligns with the Cycle theory of social change, which holds that rather than by unilateral eradication, the progressive change of beliefs and practices in society results from negotiations (Sariyanti & Chadijah, 2023). Instead than making a binary choice between midwives or TBAs, the Indramayu community is developing a new knowledge that combines indigenous wisdom with medical reason. Stated differently, this process of transition captures the collective efforts of the society to adjust to change without sacrificing their cultural background.

Birth care choices in Indramayu must thus be seen as a complicated process of cultural communication where local values, social ties and health practices interact rather than as a simple process of medical logic or economic availability. Improving mother health care in this area calls for not only infrastructure or education but also

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

communication techniques that can help to link native knowledge systems with modern medical systems.

Socio-Cultural Literacy: Shared and Limited Knowledge

This study revealed that, especially in relation to pregnancy and childbirth, health literacy among rural Indramayu populations is not fairly distributed and is still much influenced by cultural background and social events. Traditional birth attendants (TBAs) revealed in interviews that they had a kind of literacy based on hereditary experience, passed down from past generations through direct practice, observation and social contact. This information covers how to massage expectant mothers, identify the baby's position—such as the term "golang"—puputan rites, and the recitation of some prayers for the protection of mother and child. But this kind of literacy is symbolic and narrative, hence it is not always compatible with contemporary medical systems. Although some TBAs have taken part in training sponsored by Puskesmas or community health cadres, their understanding is still more pragmatic and intuitive than conceptual or grounded on medical evidence.

On the other hand, some patients—especially young women with low education—showed poor awareness of pregnancy danger indicators, the need of frequent midwife visits, and medical procedures. Sometimes pregnant ladies did not know why they should have blood pressure monitoring or why labour should happen in a specific health facility. More out of respect or custom than a thorough awareness of medical hazards, they followed advise from midwives or TBAs. This implies that the process of health education has not been totally successful in increasing individuals's critical understanding of the medical features of pregnancy.

This result helps to explain why health literacy cannot be considered as a neutral cognitive process but rather as a socio-cultural practice impacted by power relations, norms and social structures (Nutbeam et al., 2018). In this approach, literacy is not only the capacity to read health pamphlets or follow medical advice, but also how a person acquires, analyzes and uses health information in the context of his or her particular life. The idea of literacy as a social practice helps us to realize that elements including language, education, gender roles and social status affect people's capacity to grasp health knowledge (Batubara et al., 2020). In Indramayu, women who have little access to formal education often rely on knowledge from their environment, such that of family, TBAs, or neighbors. All of which are part of the socio-cultural literacy of the society, they learn via stories, other people's experiences or symbolic rituals.

Meanwhile, midwives and health workers often face challenges in conveying information in a way that people can understand. One-way communication, the use of unfamiliar medical terms, and overly technical approaches often hinder patient understanding. The few midwives who are able to build a good rapport with patients generally use a personalised approach, speak the local language, and position themselves as a companion rather than a provider of instructions. This suggests that the effectiveness of health communication depends largely on the extent to which health workers understand the cultural context in which they work.

Thus, improving community health literacy, especially in pregnancy and childbirth, needs to be done through a culturally-based and participatory approach. Health education cannot rely solely on the transfer of information, but must open a

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

space for dialogue and acknowledge the existence of local knowledge systems that have long lived in the community. In this context, TBAs can be potential partners in bridging medical knowledge with local traditions, as long as they are engaged with dignity and not marginalised from the formal health system.

TBA-Midwife Partnership: Inclusive Strategies in Health Systems

Field findings show that in some areas in Indramayu district, inclusive partnerships have developed between formal health workers - particularly village midwives - and traditional birth attendants (TBAs) or paraji. This form of partnership is facilitated by the Puskesmas through regular meetings, short trainings, and informal coaching aimed at building a shared understanding of their respective roles in the delivery process. In these forums, TBAs are not only educated about maternal and infant health, but are also involved in discussions about community-based care strategies. These activities provide an important space for negotiation between medical knowledge systems and local culture.

Some midwives said they see TBAs as cultural partners who more intimately grasp the social and psychological issues of patients rather than rivals. Conversely, TBAs are starting to see their own limitations in medical affairs. They understand that patients should be straight sent to midwives or health facilities in circumstances of high-risk pregnancies or during problems. Still, they are quite helpful in guiding expectant mothers through spiritual techniques, customary ceremonies, and confidence-building exercises and calmness-building prelude to delivery.

This change in the position of TBAs demonstrates social adaptability at the community level, in which traditional practices are not eradicated but rather complemented with the contemporary health system (Jolley, 2014). This implies that including local culture into official health services could help to increase community acceptance of initiatives aimed at mother and child health (Leyns et al., 2025). In this sense, health centers serve not just as providers of medical services but also as facilitators of cross-cultural communication between local people and health professionals.

Using the community-based health system approach (Ohta et al., 2006), which underlines the need of community empowerment in decision-making and health care delivery, one can examine such collaborations. Especially in addressing disadvantaged groups or those who lack trust in official institutions, this system establishes local actors—including TBAs—as part of the health ecosystem with value and significant contributions. Including TBAs into the health system not only honors local culture but also increases the availability of services by way of a more humanistic and contextualized approach.

From an intercultural communication standpoint, these collaborations also show a process of conversation between two different knowledge systems—biomedical and traditional (Holmes & O'Neill, 2012; Roy et al., 2017). Successful midwives in developing positive relationships with TBAs are usually those who are eager to learn and pay attention since they realize that the success of health services depends on their capacity to create sensitive communication based on local values in addition to medical interventions. In this regard, health communication is a useful instrument to

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

level views, foster confidence, and enhance cooperation across professional and cultural borders.

Therefore, the cooperation between TBAs and midwives displays a service paradigm that respects local knowledge and is inclusive as well as a technical approach in handling delivery services. This cooperation shows how active participation of all players—including those from conventional practices—is necessary for sustainable health system transformation while preserving the safety, dignity, and empowerment of every individual in the public health care system.

Cultural Values and Local Rituals: Symbolic Spaces in Health Practices

The study found that amidst the onslaught of modernisation and the influx of medical-based health services, rural communities in Indramayu still maintain a number of cultural practices in the process of pregnancy and childbirth. Some of the rituals that are still performed include 'memitu' (thanksgiving when the pregnancy enters the age of seven months), pregnant massage, puputan ritual (celebrating the release of the baby's umbilical cord), and 'geong' (ritual so that the baby quickly learns to sit or walk). These practices are carried out not only as tradition, but also as a form of social and spiritual expression that gives deep meaning to the journey of pregnancy and birth.

Traditional birth attendants (paraji or indung beurang) play an important role in the performance of these rituals. They not only act as technical organisers of massages or ceremonies, but also as custodians of cultural symbols and narratives that are believed to protect and calm pregnant women. In interviews, the TBAs mentioned that the touch, prayers, water readings, and the direction of the massage have spiritual meanings that cannot be explained medically, but are believed by the community as a way to maintain the safety and smoothness of the birthing process. Symbols such as tumpeng rice, flower water, mantras, or even just sitting positions in rituals have strong social functions. They strengthen community cohesion, provide emotional support for pregnant women, and connect the birth process with ancestral values. In conditions where pregnant women feel anxious, fearful, or isolated, these rituals serve as psychologically safe spaces that allow them to feel cared for, valued, and empowered.

Sociologically, these cultural practices can be understood as a form of informal education and social control mechanism within the community (Lewis & Smith, 1980). Through 'memitu' rituals, for example, families and communities collectively remind the importance of maintaining pregnancy, supporting pregnant women, and preparing to welcome new family members. Health messages conveyed symbolically in such events - such as the prohibition of heavy labour, the importance of healthy food, and prayers for safety - can be more easily accepted because they are wrapped in familiar and accepted cultural values.

Furthermore, in the context of health communication, these local rituals and cultural practices can be considered as horizontal and meaning-based symbolic communication models (Chen et al., 2011). Compared to formal counselling, which is often one-way and based on medical texts, communication through rituals is more participatory, touches on emotional aspects, and takes place in an intimate and respectful atmosphere. This makes messages delivered in a cultural context often more impactful and accepted without resistance.

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

However, it is important to note that this symbolic power can be ambiguous if not integrated with accurate medical knowledge. Some TBAs have understood this and no longer interpret rituals as a substitute for medical treatment, but rather as a spiritual and social complement (Ohaja et al., 2020). They even strongly recommend that patients continue to check with midwives and prepare for delivery at health facilities, while still undergoing rituals as a form of inner calm and respect for tradition (Gurara et al., 2020; Setyo Pramono & Sri Sadewo, 2012).

As such, cultural rituals and practices in the pregnancy and birth process in Indramayu are not only a preserved ancestral heritage, but also part of a vibrant social communication and education system that plays an important role in shaping community health behaviours. In the perspective of culturally-based health care, recognising these values is key in creating a health system that is inclusive, relevant and rooted in the real lives of the community.

Access and Infrastructure: The Role of Services and Convenience

This study reveals among other crucial elements the influence of infrastructure and accessibility on people's choice of birth procedures. Many respondents—especially pregnant women—said that their choice to use a village midwife was greatly affected by accessibility, in terms of geography, facility availability, and financing as well as by ease of access. Key factors were proximity to the midwife's house, communication ease, and guarantee of emergency medical treatment—especially for people living in rural areas with few roads and transportation.

The availability of health facilities like labor rooms, basic medical equipment, and enough medications (Nurmala & Feriyal, 2024) is another important determinant. Some patients said specifically that they selected midwives since they did not find pregnancy monitoring tools in TBA practices and the location was clean, with unique beds. This implies that the degree of trust in medical services is strongly influenced by views of technical preparedness (Ode Nurul Mutia & Yuliani Adnan, 2025). Furthermore highly important is the existence of a village midwife close to the community. More trusted and relied upon are midwives who are easily reachable, ready to visit homes, and personally known by neighbors. They are not only medical professionals but also part of the social network of the community who actively participate in posyandu events, mother's classes, and other health forums since they are permanently present in it.

In this context, the findings can be analysed through a structural approach (Lazuardi et al., 2025), which sees that individual decisions in choosing health services do not occur in a vacuum, but are influenced by social structures, infrastructure availability, and state policies. A health system that provides village midwives with a home attached to the community, and supports them with logistics and subsidies through BPJS, is part of a structural intervention that makes it easier for people to switch from traditional services to formal medical services.

Nevertheless, challenges remain. Some respondents from peripheral areas reported that access to puskesmas or village midwives is still quite difficult, especially at night or when transport is not available. In such situations, TBAs remain an option because they live within the village, are easily accessible, and do not charge large fees. This shows that structural limitations in some areas still provide space for traditional

Versi Online: http://journal.ubm.ac.id/
Hasil Penelitian

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

practices to exist, not merely because of cultural beliefs, but because there are no other adequate options. On the other hand, the success of community-based health programmes-such as posyandu strengthening, mother's class counselling, and P4K card distribution-has also contributed to shaping people's understanding that medical services are not only available, but also affordable and friendly. When the service structure is built as a whole, the community's response to modern health interventions becomes more positive.

Thus, accessibility and infrastructure readiness are important prerequisites for increasing community participation in medically-based birth services. People's choices are not only determined by their beliefs or customs, but also by the structural realities they face on a daily basis. An inclusive health strategy must consider the geographical distribution of health workers, strengthening basic service facilities, and policy interventions that favour rural communities and marginalised groups.

Health Communication Patterns: Informal and Formal Pathways

The findings show that health information delivery patterns in rural Indramayu communities take place through two main channels: formal and informal channels. Formal channels include activities organised by the health system, such as pregnant women's classes, posyandu, counselling at Puskesmas, as well as the distribution of health information media (P4K stickers, MCH books, or pregnancy risk posters). In these forums, midwives deliver information on the importance of regular antenatal check-ups, the danger signs of pregnancy, the benefits of delivering in a health facility, and the importance of nutrition and immunisation.

However, the effectiveness of information delivery through formal channels is highly dependent on the extent to which communication is interpersonal and contextualised (Jaafar et al., 2017; Kamali et al., 2018). Some midwives admitted that it was difficult to reach residents if they only relied on one-way counselling. Meanwhile, respondents from among pregnant women often felt awkward to ask questions or did not understand the medical terms used.

In contrast, informal channels play a major role in conveying health information in a more personalised way that is better received by the community (Yustikasari et al., 2024). Massaging by TBAs, for example, is not only a physical activity, but also a means of conveying advice, stories of experience, and even suggestions about where patients should give birth or when to see a midwife. In this context, communication takes place naturally and dialogically - not patronising, but based on experience and trust relationships.

TBAs are also often the link between patients and midwives. In many cases, TBAs suggest that patients with certain conditions should be seen by a midwife. This shows that the health communication function is not only performed by medical personnel, but also by traditional actors trusted by the community. Because TBAs speak the local language, use terms that the community understands, and deliver messages in a non-formal setting, information is more easily received and internalised by pregnant women.

This strategy conforms to the ideas in interpersonal communication that underline the need of rapport, emotional closeness, and mutual trust in the process of delivering messages (Lohmann & Albarracín, 2022; Suka et al., 2015). In the context of

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

health promotion, interpersonal communication has the ability to modify attitudes and behaviors since it takes place in an intimate scenario and lets two-way discourse (Caron et al., 2023; Kone et al., 2022). This method is far more successful than mass counseling in societies with little health literacy as it is usually one-way and top-down.

Furthermore very important in linking conventional values with medical information is culture-based communication (Crowe et al., 2017; Petrun Sayers et al., 2021). People are more likely to pay attention to and respond to health messages when they are connected to known cultural practices or symbols. For instance, an advise to eat healthy food may be connected to the custom of "preparing a strong baby from the womb", or a ban of rigorous activities could be linked to the conviction that the baby won not be "knocked down by fate".

In Indramayu, then, the structure of health communication combines official and informal methods that enhance one another. The efficacy of mother health promotion programs depends on who delivers them, how they are offered, and in what socio-cultural setting they are received in addition to the content provided. Consequently, health communication initiatives should emphasize the interpersonal dimension, pay attention to cultural-based methods, and empower local actors such TBAs as a communication bridge between the medical system and the society.

Gender and Family Roles in Decision Making

This study found that the decision-making process regarding birth services in Indramayu is not entirely in the hands of women as the main subject of childbirth. Instead, in many cases, important decisions such as where to go for a prenatal check-up, who will assist with the delivery, and when to refer to the hospital, are determined by the husband and extended family members, such as the biological mother, mother-in-law, or aunt.

In discussions with patients and TBAs, the story usually surfaced that even if a pregnant woman wanted to see a midwife or deliver her baby at a health facility, she couldn't do so without her husband's or family's permission. One informant said, for instance, that she wanted to deliver her baby at a puskesmas as she felt safer, but her family thought it "cheaper and familiar," thus she had her baby at home with the aid of a TBA. Apart from financial considerations, cultural norms that empower the family—especially men—as the primary decision-makers also shape such choices by influencing their authority. These results reveal that collective kinship networks and patriarchal structures still significantly impact healthcare practices in the framework of an agricultural society like Indramayu (Ibeneme et al., 2017; Sadana et al., 2024). In these systems, women are positioned as part of a greater societal system where decisions must be in line with the family's collective opinions rather than as autonomous agents over their bodies and health.

A patriarchal view of reproductive health helps one to understand this phenomena by showing that, both symbolic and real, control over women's bodies is usually in the hands of others rather than in their own. Men's position as head of the household and resource controller in a patriarchal society affords them enormous power over choices about their wives and children, including mother health (Biles et al., 2024). Not all experiences, though, exhibit a rigorous kind of dominance. During prenatal visits, some midwives saw rising spouses' involvement in mother class

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

activities or accompaniment. This indicates that there is room for change towards a more equal partnership in family health decision-making, even if the reason differs from love, to a sense of responsibility, to being inspired by the Puskesmas initiative.

In addition to patriarchy, collective decisions in extended families are also a typical pattern in rural areas (Thahirabanuibrahim & Logaraj, 2021; Walsh & O'Shea, 2008). Health decisions are not only individual, but also reflect a shared consensus within the family. This has implications for health communication strategies that need to involve not only pregnant women, but also their husbands, in-laws, and other family leaders. In other words, maternal health promotion should be designed with broader social dynamics in mind, not just individual aspects.

Therefore, health programme approaches that focus too much on the pregnant woman as the sole target may miss the fact that she does not always have full power over her body and decisions. Communication strategies and health interventions need to be based on participatory approaches that involve the family as the main social unit. Educating husbands and other family members about the importance of medical care during childbirth is an important step towards strengthening maternal autonomy and improving the success of maternal and child health programmes.

CONCLUSION

This study moves beyond an access-based explanation of childbirth preferences by demonstrating that maternal health decision-making in rural Indramayu is structured through negotiated systems of cultural meaning. The continued involvement of traditional birth attendants (TBAs), despite the expansion of biomedical services, reflects not resistance to modern healthcare but the persistence of socio-cultural literacy as a relational and meaning-based practice. Childbirth decisions emerge from interactions among cultural legitimacy, interpersonal trust, family authority, and structural access rather than from individual medical rationality alone.

Conceptually, this study contributes to the reconceptualisation of health literacy as a socio-cultural and relational process embedded in local narratives, rituals, and power structures. By positioning intercultural health communication as the mechanism through which biomedical and indigenous knowledge systems are negotiated, the study highlights how maternal health systems operate as hybrid spaces of authority rather than binary oppositions between tradition and modernity. The findings also reveal an important tension: while partnerships between midwives and TBAs signal collaboration, they may simultaneously reconfigure traditional authority into symbolic roles within a biomedical hierarchy.

Several limitations should be acknowledged. The case-based design and the uneven representation of midwives and TBAs may shape the interpretive balance of perspectives. Moreover, the study focuses on a single rural district, limiting broader generalisation. Future research could adopt comparative multi-site approaches to examine how socio-cultural literacy operates across different cultural settings, or explore more deeply whether TBA–midwife partnerships lead to genuine epistemic integration or subtle marginalisation within formal health governance structures. By foregrounding socio-cultural literacy and intercultural negotiation, this study offers a culturally grounded framework for designing maternal health policies that are inclusive, context-sensitive, and attentive to local systems of meaning and authority.

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

In practical terms, the findings suggest several actionable directions for maternal health policy. First, counselling modules should be redesigned to include husbands and extended family members, recognising their decisive role in childbirth decision-making. Second, midwife–TBA partnership protocols could be institutionalised through formal training programmes facilitated by local health departments, ensuring that TBAs are equipped with basic risk-identification skills while maintaining their cultural roles. Third, health promotion messages may be embedded within existing local rituals and community gatherings, allowing biomedical information to be communicated through culturally legitimate actors and symbolic practices. Such operational strategies would move beyond information dissemination toward relational and culturally anchored health engagement.

REFERENCES

Anuar, H., Shah1, S. A., Gafor1, H., Mahmood1, I., & Ghazi, H. F. (2020). Usage of Health Belief Model (HBM) in Health Behavior: A Systematic Review. In Malaysian Journal of Medicine and Health Sciences (Vol. 16, Number SUPP11).

Bajari, A. (2015). Metode penelitian komunikasi; Prosedur, tren dan etika (2nd ed.). Simbiosa Rekatama.

Batubara, S. O., Wang, H.-H., & Chou, F.-H. (2020). Literasi Kesehatan: Konsep Analisis. Keperawatan Muhammadiyah, 5(2), 88–98. https://doi.org/https://doi.org/10.30651/jkm.v5i2.5683

Biles, B. J., Serova, N., Stanbrook, G., Brady, B., Kingsley, J., Topp, S. M., & Yashadhana, A. (2024). What is Indigenous cultural health and wellbeing? A narrative review. www.thelancet.com

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Byrne, A., & Morgan, A. (2011). How the integration of traditional birth attendants with formal health systems can increase skilled birth attendance. In International Journal of Gynecology and Obstetrics (Vol. 115, Number 2, pp. 127–134). John Wiley and Sons Ltd. https://doi.org/10.1016/j.ijgo.2011.06.019

Caron, R. M., Noel, K., Reed, R. N., Sibel, J., & Smith, H. J. (2023). Health Promotion, Health Protection, and Disease Prevention: Challenges and Opportunities in a Dynamic Landscape. AJPM Focus, 100167. https://doi.org/10.1016/j.focus.2023.100167

Chen, S. C. C., Wang, J. Der, Ward, A. Lou, Chan, C. C., Chen, P. C., Chiang, H. C., Kolola-Dzimadzi, R., Nyasulu, Y. M. Z., & Yu, J. K. L. (2011). The effectiveness of continuing training for traditional birth attendants on their reproductive health-care knowledge and performance. Midwifery, 27(5), 648–653. https://doi.org/10.1016/j.midw.2009.12.008

Creswell, J. W., & Poth, C. N. (2018). Qualitative Inquiry & Research Design (4th ed., Vol. 4). SAGE Publications, Inc.

Crowe, R., Stanley, R., Probst, Y., & McMahon, A. (2017). Culture and healthy lifestyles: a qualitative exploration of the role of food and physical activity in three urban Australian Indigenous communities. Australian and New Zealand Journal of Public Health, 41(4), 411–416. https://doi.org/10.1111/1753-6405.12623

Dutta, M. J. (2015). Decolonizing Communication for Social Change: A Culture-Centered Approach. Communication Theory, 25(2), 123–143. https://doi.org/10.1111/comt.12067

Furi, L. T., & Megatsari, H. (2014). Faktor Yang Mempengaruhi Ibu Bersalin Pada Dukun Bayi Dengan Pendekatan Who Di Desa Brongkal Kecamatan Pagelaran Kabupaten Malang. Promkes, 2, 77–88.

Garces, A., McClure, E. M., Espinoza, L., Saleem, S., Figueroa, L., Bucher, S., & Goldenberg, R. L. (2019). Traditional birth attendants and birth outcomes in low-middle income countries: A review. In Seminars in Perinatology (Vol. 43, Number 5, pp. 247–251). W.B. Saunders. https://doi.org/10.1053/j.semperi.2019.03.013

Glanz, K., Rimer, B. K., & Viswanath, K. (2008). Health Behaviour and Health Education: Theory, Research, and Practice: 4th Edition (C. T. Orleans, Ed.). Jossey Bass.

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

Gurara, M., Muyldermans, K., Jacquemyn, Y., Van geertruyden, J. P., & Draulans, V. (2020). Traditional birth attendants' roles and homebirth choices in Ethiopia: A qualitative study. Women and Birth, 33(5), e464–e472. https://doi.org/10.1016/j.wombi.2019.09.004

Habibah, M., Mardianah, L., Rokhimawaty, A., Mardianah, L., Estiningtyas, Q., & Adnani, S. (2024). Literature Review: The Partnership Between Midwives and Traditional Birth Attendants. Media Ilmu Kesehatan, 13(3), 289–301. https://doi.org/10.30989/mik.v13i3.1312

Handayani, B., & Arianto, B. (2024). Promosi Kesehatan Era Digital. Borneo Novelty Publishing.

Holmes, P., & O'Neill, G. (2012). Developing and evaluating intercultural competence: Ethnographies of intercultural encounters. International Journal of Intercultural Relations, 36(5), 707–718. https://doi.org/10.1016/j.ijintrel.2012.04.010

Ibeneme, S., Eni, G., Ezuma, A., & Fortwengel, G. (2017). Roads to Health in Developing Countries: Understanding the Intersection of Culture and Healing. In Current Therapeutic Research - Clinical and Experimental (Vol. 86, pp. 13–18). Excerpta Medica Inc. https://doi.org/10.1016/j.curtheres.2017.03.001

Jaafar, N. I., Ainin, S., & Yeong, M. W. (2017). Why bother about health? A study on the factors that influence health information seeking behaviour among Malaysian healthcare consumers. International Journal of Medical Informatics, 104, 38–44. https://doi.org/10.1016/j.ijmedinf.2017.05.002

Jolley, G. (2014). Evaluating complex community-based health promotion: Addressing the challenges. Evaluation and Program Planning, 45, 71–81. https://doi.org/10.1016/j.evalprogplan.2014.03.006

Kamali, S., Ahmadian, L., Khajouei, R., & Bahaadinbeigy, K. (2018). Health information needs of pregnant women: information sources, motives and barriers. Health Information and Libraries Journal, 35(1), 24–37. https://doi.org/10.1111/hir.12200

Komala, L., Hafiar, H., Damayanti, T., & puspitasari, L. (2014). Implementasi Model Komunikasi Kesehatan Two Step Flow Communication Dalam Menyebarkan Informasi Kesehatan Ibu Dan Janin Melalui Para Dukun Beranak Di Jawa Barat. In Jurnal Komunikasi KAREBA (Vol. 3, Number 1). http://jabar.tribunnews.com/2013/02/04/angka-

Kone, J., Bartels, I. M., Valkenburg-van Roon, A. A., & Visscher, T. L. S. (2022). Parents' perception of health promotion: What do parents think of a healthy lifestyle in parenting and the impact of the school environment? A qualitative research in the Netherlands. Journal of Pediatric Nursing, 62, e148–e155. https://doi.org/10.1016/j.pedn.2021.09.005

Lazuardi, D., Gustina, I., Wahyuni, P., & Rinaldi, M. (2025). Peningkatan Akses Layanan Dasar Untuk Mengurangi Kemiskinan: Pendekatan Berbasis Pemberdayaan Masyarakat Di Kota Medan. Lebah, 18(2), 69–76. https://doi.org/https://doi.org/10.35335/lebah.v18i2.262

Lewis, D. J., & Smith, R. L. (1980). American Sociology and Pragmatism: Mead, Chicago Sociology, and Symbolic Interaction (1st ed., Vol. 1). The University of Chicago Press.

Leyns, C., Ascarrunz, C., Rasguido, S., Rodriguez, P., Eid, D., & Guitian, J. (2025). Engaging communities in health promotion through community-based primary care and participatory research during the COVID-19 pandemic in Bolivia. Archives of Medical Research, 56(3). https://doi.org/10.1016/j.arcmed.2024.103154

Lohmann, S., & Albarracín, D. (2022). Trust in the public health system as a source of information on vaccination matters most when environments are supportive. Vaccine, 40(33), 4693–4699. https://doi.org/10.1016/j.vaccine.2022.06.012

Nurmala, C., & Feriyal. (2024). Faktor-Faktor Yang Berhubungan Dengan Pemilihan Tempat Bersalin Pada Ibu Hamil Di Wilayah Kerja Puskesmas Sindang Tahun 2024. Kesehatan Abdurahman Palembang, 14(1), 18–31. https://doi.org/https://doi.org/10.55045/jkab.v14i1.216

Nutbeam, D. (2008). The evolving concept of health literacy. Social Science and Medicine, 67(12), 2072–2078. https://doi.org/10.1016/j.socscimed.2008.09.050

Nutbeam, D., McGill, B., & Premkumar, P. (2018). Improving health literacy in community populations: A review of progress. Health Promotion International, 33(5), 901–911. https://doi.org/10.1093/heapro/dax015

Ode Nurul Mutia, W., & Yuliani Adnan, D. (2025). Pilihan Fasilitas Kesehatan Bagi Ibu Hamil Terhadap Kunjungan Antenatal Care Dipuskesmas Meo-Meo Kota Baubau. Jurnal Ilmu Kedokteran Dan Kesehatan, 12(1), 2549–4864. https://doi.org/https://doi.org/10.33024/jikk.v12i1.18162

Bricolage ; Jurnal Magister Ilmu Komunikasi
Vol.12 (No. 1) : 141 - 157 Th. 2026
p-ISSN: 2502-0935
e-ISSN: 2615-6423

Ohaja, M., Murphy-Lawless, J., & Dunlea, M. (2020). Midwives' views of traditional birth attendants within formal healthcare in Nigeria. Women and Birth, 33(2), e111–e116. https://doi.org/10.1016/j.wombi.2019.01.005

Ohta, M., Takigami, C., & Ikeda, M. (2006). Effect of lifestyle modification on worker's job satisfaction through the collaborative utilization of community-based health promotion program. International Congress Series, 1294, 123–126. https://doi.org/10.1016/j.ics.2006.01.021

Pattimahu, A. I. K., Noviyani, E. P., & Tambunan, N. (2024). Pemberdayaan, Persepsi, Literasi Kesehatan dan Hubungannya dengan Perilaku Perawatan Diri Ibu Pasca Melahirkan. Open Access Jakarta Journal of Health Sciences, 3(6), 1280–1294. https://doi.org/10.53801/oajjhs.v3i6.277

Petrun Sayers, E. L., Bouskill, K. E., Concannon, T. W., & Martin, L. T. (2021). Creating culture-centered health and health insurance literacy resources: lessons learned from Haitian Creole, Mandarin, Native American, and Vietnamese communities. Journal of Communication in Healthcare, 14(4), 312–323. https://doi.org/10.1080/17538068.2021.1930814

Putri Setyatama, I., Khilmi, S., Damayanti, A., Na, N., Labiibah, fa, & Studi Kebidanan Universitas Bhamada Slawi, P. (2023). Keterlibatan Dukun Bayi Dalam Pertolongan Persalinan. In Jurnal Ilmiah Kesehatan (Vol. 16, Number 1). Online.

Rakhmat, J. (2017). Metode penelitian komunikasi. Simbiosa Rekatama.

Rokhmah, D., Khoiri, A., Falih, A., Kesehatan, D. P., Perilaku, I., Kesehatan, F., Universitas, M., & Abstrak, J. (2018). Traditional Birth Attendance and Tetanus Neonatorium: Reflection on the Failure of Midwive and Traditional Birth Attendance Partnership Program. In Perilaku dan Promosi Kesehatan (Vol. 1, Number 1).

Roy, L. A. S., Porter, R. E., McDaniel, E. R., & S., C. (2017). Communication Between Cultures (Ninth). Cengage Learning.

Sadana, S., Spees, C. K., Ramaswamy, B., & Taylor, C. A. (2024). Cultural Perceptions of Health in Asian Indian Adults. Journal of Nutrition Education and Behavior. https://doi.org/10.1016/j.jneb.2024.07.005

Sariyanti, L., & Chadijah, D. I. (2023). Lato-Lato : Sebuah Fenomena Perubahan Sosial Di Tinjau Dari Teori Siklus. Society, 3(1), 24–34. https://doi.org/https://doi.org/10.35308/jspps.v3i1.7694

Setyo Pramono, M., & Sri Sadewo, dan F. (2012). Analysis the Presence of Village Midwives and Traditional Birth Attendance in East Java. Buletin Penelitian Sistem Kesehatan, 15(3), 305–313. https://doi.org/https://dx.doi.org/10.22435/bpsk.v15i3%20Jul.3005

Suka, M., Odajima, T., Okamoto, M., Sumitani, M., Igarashi, A., Ishikawa, H., Kusama, M., Yamamoto, M., Nakayama, T., & Sugimori, H. (2015). Relationship between health literacy, health information access, health behavior, and health status in Japanese people. Patient Education and Counseling, 98(5), 660–668. https://doi.org/10.1016/j.pec.2015.02.013

Thahirabanuibrahim, I., & Logaraj, M. (2021). Impact of health education intervention in promoting cervical cancer screening among rural women of Chengalpattu district - The community based interventional study. Clinical Epidemiology and Global Health, 12. https://doi.org/10.1016/j.cegh.2021.100895

Walsh, K., & O'Shea, E. (2008). Responding to rural social care needs: Older people empowering themselves, others and their community. Health and Place, 14(4), 795–803. https://doi.org/10.1016/j.healthplace.2007.12.006

Yuliani, I., Setyowati, L., & Rohmatin, H. (2023). Perbedaan Pelayanan Persalinan Bidan Dan Dukun Dari Sudut Pandang Pasien Didusun Dadapan Puskesmas Andongsari. SAINTEKES: Jurnal Sains, Teknologi Dan Kesehatan, 2(4), 476–485. https://doi.org/10.55681/saintekes.v2i4.161

Yustikasari, Y., Anisa, R., Dewi, R., Subekti, P., & Ananda, F. (2024). Social Media as a Catalyst: Exploring the Impact of Instagram on Health Promotion Practices in Private Hospitals of West Java. Sociologia y Tecnociencia, 14(2), 23–39. https://doi.org/10.24197/st.2.2024.23-39