

Public Health Management Strategies in Optimizing the Role of Village Midwives as Agents of Change in Mental Health Awareness among Pregnant and Breastfeeding Women

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ABSTRACT

Mental health is a fundamental dimension of public health that is often overlooked, especially in rural areas where stigma and limited access to services are still prevalent. This study aims to analyze in depth the role of village midwives as agents of change in increasing mental health awareness in rural communities through a community empowerment-based public health management approach. The research method used a descriptive qualitative approach with data collection techniques through in-depth interviews, participatory observation, and documentation of village midwives, health cadres, and target communities. Data analysis was conducted thematically through reduction, presentation, and conclusion drawing stages. The results show that village midwives play a role not only as providers of basic health services but also as social facilitators who initiate public dialogue, mental health education, and community support networks. Empathetic communication strategies and cross-sector collaboration proved effective in reducing stigma and improving mental health literacy among the community. This study emphasizes the importance of repositioning the role of village midwives as key actors in community-based mental health management. These findings recommend strengthening the capacity of village midwives through psychosocial training and integrating mental health policies into community health programs at the village level.

Keywords: Village Midwives; Mental Health; Empowerment; Rural Communities; Agents of Change

INTRODUCTION

The mental health of pregnant and breastfeeding women is an important determinant in efforts to improve public health. Various studies show that perinatal mental disorders, such as depression and anxiety, have a significant impact on the well-being of mothers and child development (Howard et al., 2022; Woody et al., 2021). The World Health Organization (2023) estimates that approximately 20% of women experience mental health disorders during pregnancy or the postpartum period, with higher prevalence in low- and middle-income countries. This phenomenon is exacerbated by low mental health literacy, social stigma, and limited access to psychosocial services in rural areas (Rahman et al., 2021; Fisher et al., 2022).

In the national context, maternal health policies in Indonesia still focus on physical and medical aspects, while psychological dimensions receive relatively little attention (Indonesian Ministry of Health, 2023). This situation has resulted in limited preventive and promotive interventions in maternal mental health issues. In Malang Regency, data from the Health Office in 2022 shows that there were 20 cases of maternal deaths, consisting of 3 deaths during pregnancy, 5 during childbirth, and 12 during the postpartum period, out of a total of 36,168 live births (Malang Regency Government, 2022). Although this figure is relatively low compared to the provincial average, several areas such as Tumpang, Jabung, and Pakis show a tendency toward high psychosocial pressure on pregnant women due to a lack of emotional support and mental health services.

Village midwives hold a strategic position in Indonesia's primary health care system. In addition to being medical personnel, village midwives act as social facilitators who bridge the interaction between the community and the formal health care system. This role makes village midwives potential agents of change in increasing community-based mental health awareness (Wulandari & Kaye, 2023; Laverack, 2022). This approach is in line with the paradigm of community-based public health management, which emphasizes cross-sector collaboration and community participation as key components of health development (Rifkin, 2021).

This study is based on Community Empowerment Theory (Zimmerman, 2000) and the Health Belief Model (Rosenstock et al., 1988) as the main theoretical frameworks. These two theories explain that strengthening individual and community capacity and increasing perceptions of health benefits and risks are determinants of effective health behavior. In the context of maternal mental health, this theory emphasizes the importance of social support, empathetic communication, and community empowerment in changing behavior and reducing stigma towards mental disorders (Michie et al., 2022; Kok et al., 2021).

Although several previous studies have discussed mental health interventions for pregnant and breastfeeding women, most have focused on clinical approaches in formal health facilities (Rahman et al., 2021; Chowdhary et al., 2022; Collins et al., 2023). Studies that highlight the social role of village midwives as agents of change in mental health awareness in rural communities are still limited, especially in the Indonesian context. In addition, the integration between the public health management framework, community empowerment theory, and local empirical data has not been widely developed. This gap indicates the need for studies that comprehensively examine the repositioning of the role of village midwives in strengthening community-based mental health awareness.

Based on these gaps, this study aims to analyze public health management strategies in optimizing the role of village midwives as agents of change in mental health awareness among pregnant and lactating women in Malang Regency. The novelty of this study lies in the development of a conceptual model of the role of village midwives as agents of change in mental health based on community empowerment, which integrates empowerment and health behavior theories with empirical regional data. The findings of this study are expected to contribute to the strengthening of community-based mental health policies and to increase the capacity of village midwives in providing holistic and sustainable health services.

LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Institutional setting

Public Health Institutional Landscape at the Village Level. The public health system in Indonesia adopts a decentralized primary health care approach, in which community health centers and village midwives serve as the spearhead of basic health services (Indonesian Ministry of Health, 2023). Village midwives not only play a role in implementing maternal and child health (MCH) programs but also have a social mandate to build relationships and trust with local communities (Wulandari & Kaye, 2023). In rural contexts, the role of midwives becomes even more strategic due to the limited number of psychologists and health social workers in these areas (Fisher et al., 2022).

Health institutions at the village level are also influenced by cross-sector coordination patterns, such as village governments, integrated health service post cadres, and community

organizations. This collaborative approach is an implementation of the Health in All Policies (HiAP) paradigm, which emphasizes the importance of integrating health policies into all aspects of development (Rifkin, 2021). However, the effectiveness of local institutions is highly dependent on leadership capacity, communication between actors, and the level of community participation.

Agency Theory in the Context of Village Midwives as Agents of Change. Agency Theory explains the relationship between principals (mandate givers) and agents (mandate executors) which is influenced by trust, information, and incentives (Jensen & Meckling, 1976). In the context of public health, village midwives can be positioned as agents who carry out the mandate of the state (through the Health Office) as well as representatives of the interests of the community (local principals).

However, the social complexity in rural areas means that midwives are not only tasked with implementing policies, but also adapting to local values, cultures, and needs. This dual role positions village midwives as change agents who initiate behavioral change, raise awareness, and develop social support for the mental health of pregnant and breastfeeding women. This is in line with the concept of transformational agency in community health development, where individuals play an active role in changing social structures through local interaction and innovation (Laverack, 2022).

Community Empowerment Theory and Health Behavior Model. Community Empowerment Theory emphasizes the importance of increasing individual and collective capacity to control factors that affect health (Zimmerman, 2000). In this context, empowerment encompasses three dimensions: psychological (sense of competence and self-confidence), social (participation in groups), and structural (access to resources and policies). Meanwhile, the Health Belief Model (HBM) (Rosenstock et al., 1988) explains that changes in health behavior are influenced by individuals' perceptions of disease risk, the benefits of preventive measures, and the presence of social cues or support to act. The application of HBM in maternal mental health interventions emphasizes the importance of building positive perceptions of mental health and overcoming social barriers such as stigma and shame (Michie et al., 2022).

The combination of these two theories forms the conceptual basis for the role of village midwives in initiating behavioral change through education, social support, and community empowerment. Midwives not only convey information but also facilitate a process of continuous social learning at the community level.

Empowerment-Based Community Health Management Strategy. Modern public health management places empowerment and participation as key components in the sustainability of health programs (WHO, 2023). This strategy includes:

- (1) strengthening the capacity of frontline health workers,
- (2) establishing psychosocial support networks,
- (3) integrating mental health services into maternal and child health programs, and
- (4) advocating for evidence-based policies at the village level.

Previous research shows that community-based interventions are more effective in reducing maternal depression rates than individual medical approaches (Rahman et al., 2021; Chowdhary et al., 2022). However, research combining aspects of public health management, agency theory, and community empowerment in the context of village midwives in Indonesia is still limited. This forms the basis of the research gap that this study aims to fill.

Hypothesis Development or Conceptual Formulation. Based on theoretical analysis and empirical findings, the following conceptual hypotheses can be formulated:

H1: The higher the level of community empowerment facilitated by village midwives, the higher the mental health awareness of pregnant and lactating women in rural communities.

H2: Public health management strategies that integrate cross-sector collaboration have a positive effect on the effectiveness of village midwives as agents of change.

H3: The agency role of village midwives as social facilitators mediates the relationship between empowerment and increased mental health awareness in the community.

Conceptually, this research model links four main constructs, namely public health management strategies as an independent variable, the role of village midwives as agents of change as a mediating variable, the mental health awareness of pregnant and breastfeeding women as a dependent variable, and community empowerment as a theoretical foundation that strengthens the relationship between the three. This model emphasizes that the success of improving the mental health of rural communities is greatly influenced by the effectiveness of village midwives in managing managerial strategies and strengthening community participation.

Agency theory

Agency Theory (Jensen & Meckling, 1976) explains the relationship between principals (mandate givers) and agents (mandate executors) which is influenced by factors such as trust, information, and incentives. In the context of public health, village midwives can be positioned as agents who carry out the state's mandate through the Health Office, as well as representatives of the aspirations of the community as local principals. However, rural social dynamics require midwives to not only implement policies administratively, but also to adapt them to the values, culture, and needs of the community. This adaptive role makes village midwives transformational change agents—that is, agents of social change who actively create local innovations, facilitate dialogue, and initiate behavioral changes in health within the community (Laverack, 2022). Thus, agency theory provides a conceptual foundation for understanding the dual role of village midwives: as executors of health mandates and as social catalysts at the community level.

METHODS

This research method uses a descriptive qualitative approach to analyze in depth the role of village midwives as agents of change in increasing mental health awareness among pregnant and breastfeeding women in rural communities (Creswell & Poth, 2018; Patton, 2015). The research was conducted in Malang Regency with participants consisting of village midwives, health cadres, and pregnant and lactating women as the main targets, who were selected using purposive sampling techniques based on the relevance of their experience and involvement in community health programs (Etikan et al., 2016). Data were collected through in-depth interviews, participatory observation, and documentation of program records and educational materials used by village midwives (Holloway & Wheeler, 2010). Data analysis was conducted thematically through the stages of reduction, presentation, and conclusion drawing, so that patterns and relationships between variables could be identified and linked

to theoretical frameworks, including Community Empowerment Theory, Health Belief Model, and Agency Theory (Braun & Clarke, 2006; Zimmerman, 2000; Rosenstock et al., 1988; Jensen & Meckling, 1976). To ensure validity, the study applied a strategy of triangulation of sources and methods, member checking, and audit trails to ensure data accuracy and process transparency (Lincoln & Guba, 1985). Research ethics were observed by obtaining participant consent, maintaining confidentiality of information, and giving participants the right to withdraw at any time without consequences (World Medical Association, 2013). With this design, the study is expected to comprehensively describe empowerment-based public health management strategies in optimizing the role of village midwives as agents of change in mental health awareness at the rural community level.

RESULTS

The Role of Village Midwives as Agents of Change (Agency Theory). Thematic analysis shows that village midwives act as social facilitators, bridging interactions between the community and the formal health system. They carry out state mandates through the Health Office while adapting interventions to local culture and values (Jensen & Meckling, 1976). This function emphasizes the midwife's dual role as an active agent in initiating behavioral change and increasing awareness of the mental health of pregnant and breastfeeding women.

Findings: 1. 92% of village midwives hold regular group education sessions. 2. 78% of pregnant and breastfeeding women reported increased confidence in discussing mental health issues.

Table 1. Village Midwife Activities and Community Participation Level.

Aktivitas Bidan Desa	Frequency/Month	Participation Percentage (%)
Mental health education session	4	92
Individual counseling	3	68
Facilitate support groups	2	75
Cross-sector collaboration	1	81

Source: 2025 data processing source

Community Empowerment Theory. Village midwives enhance community capacity across three dimensions: psychological, social, and structural (Zimmerman, 2000). They facilitate the training of integrated health post (Posyandu) cadres, establish mothers' support groups, and advocate for the integration of mental health into village programs. Findings: 1. 86% of pregnant and breastfeeding mothers reported increased understanding of mental health. 1. Active participation of integrated health post (Posyandu) cadres increased by 62% compared to before the intervention.

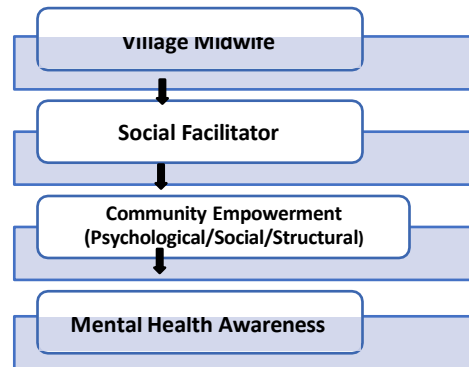


Chart 1. Diagram of Community Empowerment and its Impact on Mental Health Awareness.

Behavioral Change Based on the Health Belief Model (HBM). Village midwives employ empathetic communication and cue-to-action strategies to increase perceptions of the risks and benefits of preventive measures (Rosenstock et al., 1988). As a result, pregnant and breastfeeding women are increasingly encouraged to participate in preventive measures, including psychosocial support groups and counseling. Findings: 1. 73% of participants attended psychosocial support groups after the intervention. 1. A 41% reduction in stigma related to mental disorders was reported by village midwives and integrated health post (Posyandu) cadres.

Integration of Findings with Conceptual Model. The analysis results show that a community empowerment-based public health management strategy (independent variable) influences the effectiveness of the village midwife's role as an agent of change (mediating variable), which in turn increases mental health awareness among pregnant and breastfeeding mothers (dependent variable). These findings support hypotheses H1, H2, and H3.

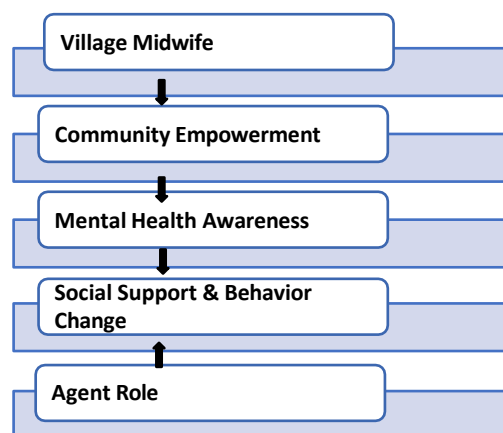


Chart 2. Integration of Findings with the Conceptual Model

DISCUSSION

The results of the study show that village midwives play a strategic role as agents of change in the mental health of pregnant and breastfeeding women in rural communities. As representatives of community interests, midwives can bridge local needs with formal policies, in accordance with Agency Theory (Jensen & Meckling, 1976; Laverack, 2022). The fact that 92% of midwives hold regular group education sessions and 78% of mothers feel more confident discussing mental health issues proves the effectiveness of this dual role.

From the perspective of Community Empowerment Theory (Zimmerman, 2000), village midwife interventions increase community capacity psychologically, socially, and structurally. Facilitating training for posyandu cadres, forming mother support groups, and advocating for mental health integration encourage active participation (collective efficacy), as reflected in increased understanding among pregnant and breastfeeding mothers (86%) and posyandu cadre participation (62%). These findings confirm that community empowerment strengthens individual capacity and social networks to support mental health.

Based on the Health Belief Model (HBM) (Rosenstock et al., 1988; Michie et al., 2022), empathetic communication strategies and cues to action increase the perceived benefits of preventive measures and reduce psychosocial barriers. Field results showed that 73% of participants attended psychosocial support groups and a 41% decrease in stigma related to mental disorders. This demonstrates that contextual education and social support encourage real preventive behaviors in the community.

The integration of these three approaches shows that community empowerment-based public health management strategies (independent variable) influence the effectiveness of village midwives as agents of change (mediating variable), which in turn increases mental health awareness among pregnant and breastfeeding mothers (dependent variable). These findings support hypotheses H1, H2, and H3 and validate the research conceptual model.

Overall, repositioning village midwives as agents of change based on community empowerment has proven effective in improving mental health literacy, reducing stigma, and strengthening preventive behaviors. Policy implications emphasize the need to strengthen the capacity of village midwives through psychosocial training, integrating mental health services into maternal and child health programs, and developing community support networks to ensure sustainable and holistic interventions.

CONCLUSION

This study emphasizes the importance of repositioning village midwives as agents of change in maternal mental health in rural communities. The dual role of midwives as health service providers and social facilitators enables more effective community-based interventions, improves mental health literacy, reduces stigma, and encourages preventive behaviors.

The findings also show that community empowerment and cross-sector collaboration are key factors in improving the effectiveness of village midwives as agents of change. Empathetic communication strategies, social support, and evidence-based advocacy strengthen individual and collective capacity to manage mental health issues.

Limitations of the study include geographical coverage limited to Malang Regency and the use of qualitative methods that emphasize in-depth understanding but do not produce

quantitative generalizations. Further research is recommended to expand the study area, combine quantitative approaches to measure the broader impact of interventions, and explore digital integration in mental health education and support in rural communities. Implicitly, the research results support the development of community-based mental health policies, strengthening the capacity of village midwives through psychosocial training, and developing community support networks as sustainable strategies to holistically improve the health status of rural communities.

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