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Maternal Health Seeking Behavior from a Sociocultural Perspective: A Qualitative Ethnographic Study

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Abstract

Maternal healthcare behavior is shaped by biomedical, sociocultural, familial, and traditional factors. However, despite improvements in maternal health programs in Indonesia, limited evidence exists on how sociocultural processes influence maternal healthcare decision-making among indigenous communities. This study aimed to explore the sociocultural influences on maternal healthcare behavior among the Kaili Indigenous community in Loru Village, Central Sulawesi, Indonesia. A qualitative ethnographic study was conducted in Loru Village, Sigi Biromaru District, Central Sulawesi, Indonesia, between January and June 2025, involving seven participants selected through purposive sampling. Data were collected through in-depth semi-structured interviews, participant observation, document review, and triangulation interviews and analyzed using thematic analysis. The findings demonstrated that maternal healthcare behavior was strongly influenced by collective family decision-making, sociocultural values, customary authority, and traditional beliefs. Furthermore, culturally responsive communication by midwives and collaboration with traditional birth attendants increased community acceptance of formal maternal healthcare services while respecting local cultural practices. These findings indicate that maternal healthcare behavior within the Kaili Indigenous community is a socially and culturally embedded process rather than an individual health decision. They further highlight the potential of culturally responsive maternal healthcare strategies that actively engage families, community leaders, and traditional birth attendants to improve maternal healthcare utilization and strengthen culturally appropriate service delivery in indigenous settings. Further research involving multiple indigenous communities, larger participant groups, and comparative ethnographic designs is warranted to confirm the transferability of these findings and broaden understanding of sociocultural influences on maternal healthcare behavior across diverse cultural contexts.

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1. INTRODUCTION

Maternal mortality remains a critical global public health issue and continues to reflect inequalities in access to quality healthcare services, social welfare and health system performance (Andriani et al., 2026; Anindya et al., 2020; Rivillas et al., 2020). Despite global reductions, Indonesia still reports relatively high maternal mortality compared to other Southeast Asian countries (Cresswell et al., 2025; Syairaji et al., 2024). The main biomedical causes include postpartum hemorrhage, hypertensive disorders, infections, obstructed labor and delays in seeking or receiving care. However, maternal mortality is not solely determined by clinical factors, but is also shaped by sociocultural determinants that influence healthcare-seeking behavior (Cresswell et al., 2025; Damayanti et al., 2023).

Maternal healthcare behavior is best understood through transcultural and sociocultural theoretical perspectives. Leininger's Transcultural Nursing Theory emphasizes that health behaviors are shaped by cultural values, beliefs and lifeways that influence perceptions of illness and care (Kaihlanen et al., 2019). In addition, the Social Ecological Model (SEM) highlights that health behavior is determined by multiple interacting levels, including individual, interpersonal, community, organizational and policy contexts. Together, these frameworks position maternal healthcare behavior as a culturally embedded and multi-level social process (Hamidah et al., 2026).

In indigenous communities, pregnancy and childbirth are not only biological events but are embedded within cultural meanings, collective responsibilities and traditional belief systems. Maternal healthcare decisions are often influenced by family hierarchies, community norms and traditional authorities. Previous studies show that maternal healthcare utilization in low-resource settings is frequently negotiated within household and social structures rather than being individually determined (Bacciaglia et al., 2023).

The Kaili indigenous community in Central Sulawesi maintains strong cultural traditions influencing maternal health practices. Traditional birth attendants (sando) play an important role due to their cultural legitimacy and trusted position in providing emotional, spiritual and practical support. Practices such as food taboos, ritual ceremonies, and consultation with elders continue to shape maternal healthcare behavior alongside formal health services (Hamidah et al., 2026).

Several studies in Indonesia have explored maternal health practices among indigenous and rural communities. Research among the Baduy community in Banten demonstrated that pregnancy and childbirth are strongly influenced by traditional beliefs and reliance on traditional birth attendants. Studies in rural Javanese and Bugis communities similarly reported that maternal healthcare decisions are often mediated by family hierarchy, cultural norms and local traditions rather than individual preferences (Damayanti et al., 2023; Ketut et al., 2021). However, these studies primarily focused on specific cultural practices or healthcare utilization patterns and did not comprehensively examine maternal healthcare behavior from an integrated sociocultural and ecological perspective. Moreover, evidence regarding maternal healthcare behavior among the Kaili indigenous community in Central Sulawesi remains extremely limited.

Despite improvements in maternal health programs, most studies in Indonesia still emphasize biomedical and individual behavioral approaches, with limited attention to sociocultural and multi-level determinants in indigenous contexts. This gap highlights the need for an in-depth ethnographic exploration grounded in transcultural and ecological perspectives (Herwansyah et al., 2025; Ketut et al., 2021; Sulistyorini et al., 2025). Therefore, this study aims to explore sociocultural influences on maternal healthcare behavior in the Kaili indigenous community of Central Sulawesi, Indonesia.

2. METHODS

This study employed a qualitative ethnographic design to explore the sociocultural influences on maternal healthcare behavior within the Kaili Indigenous community. An ethnographic approach was selected because it facilitates an in-depth understanding of cultural beliefs, traditional healthcare practices, healthcare perceptions, social interactions, and family decision-making processes related to pregnancy and childbirth within their natural sociocultural context. (Rashid et al., 2016). Ethnography enables researchers to examine health behaviors as they are embedded in everyday life, cultural values, and social structures, making it particularly suitable for investigating maternal healthcare practices among Indigenous populations(Sulistyorini et al., 2025). The study was conducted in Loru Village, Sigi Biromaru District, Sigi Regency, Central Sulawesi, Indonesia, between January and June 2025. This setting was purposively selected because the Kaili Indigenous community continues to preserve strong cultural traditions while simultaneously utilizing both traditional and formal maternal healthcare services. The coexistence of these healthcare systems provides a rich context for exploring how sociocultural beliefs, family dynamics, and interactions with healthcare providers shape maternal healthcare behaviors and decision-making. Participants were recruited using purposive sampling based on their direct experience and involvement in maternal healthcare within the community. Seven participants were included, comprising one village midwife, three pregnant women, one traditional birth attendant (sando), one husband of a pregnant woman, and one village head. This sampling strategy was intended to capture diverse perspectives on maternal healthcare behaviors and decision-making processes from both healthcare providers and community members.

Data collection continued until thematic saturation was achieved, defined as the stage at which no new codes, categories, or conceptual insights emerged from successive interviews and observations. Saturation was confirmed through iterative comparison of data across participant groups, with the final interviews yielding no additional thematic variation.

Multiple qualitative data collection methods were employed to enhance data triangulation, including in-depth semi-structured interviews, participant observation, field documentation, and triangulation interviews to validate emerging findings. Interviews were conducted face-to-face in either Indonesian or the Kaili language according to participants' preferences. Each interview lasted approximately 45–90 minutes and was audio-recorded with participants' informed consent. Throughout the fieldwork, detailed field notes were maintained to document observations of cultural practices, interpersonal interactions, and contextual factors related to maternal healthcare behaviors.

Researcher reflexivity was incorporated throughout the research process to enhance methodological rigor. The researchers acknowledged their professional backgrounds as midwifery practitioners, recognizing that their experiences could potentially influence data collection and interpretation. To minimize researcher bias, reflexive journaling was conducted continuously during fieldwork and data analysis to document assumptions, reflections, methodological decisions, and emerging interpretations. In addition, regular peer debriefing sessions were undertaken within the research team to critically review coding, thematic development, and interpretation of findings.

Data were analyzed using thematic analysis following the six-phase framework proposed by Braun and Clarke. Interview recordings were transcribed verbatim, translated into English where necessary, and repeatedly reviewed to achieve data familiarization. Initial codes were generated inductively from the data and subsequently organized into potential themes. Themes were iteratively reviewed, refined, defined, and named through

constant comparison across participants to ensure coherence and consistency. The final themes were interpreted in relation to the study objectives and existing literature on maternal healthcare and sociocultural influences.

The trustworthiness of the study was established according to the criteria of credibility, dependability, confirmability, and transferability. Credibility was enhanced through prolonged engagement in the field, data source triangulation, method triangulation, and member checking with selected participants to verify the accuracy of the interpreted findings. Dependability was ensured through systematic documentation of all research procedures, including data collection, coding, theme development, and decision-making processes, supported by a comprehensive audit trail. Confirmability was strengthened through continuous reflexive journaling and peer debriefing to ensure that the findings remained grounded in participants' experiences rather than researcher assumptions. Transferability was addressed by providing a rich description of the research setting, participant characteristics, and the sociocultural context of the Kaili indigenous community, enabling readers to assess the applicability of the findings to similar indigenous settings.

Ethical approval for this study was obtained from the Research Ethics Committee of Universitas Widya Nusantara, Indonesia (Research Ethics Approval No. 002405/KEP Universitas Widya Nusantara/2026) prior to data collection. The ethical approval was granted in accordance with the World Health Organization (WHO) Standards and Operational Guidance for Ethics Review of Health-Related Research (2011) and the Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Health-related Research Involving Humans (2016). Written informed consent was obtained from all participants before their participation in the study. Participants were informed about the study objectives, research procedures, the voluntary nature of participation, their right to withdraw at any time without any consequences, and the measures implemented to ensure confidentiality, anonymity, and the secure management of research data throughout the study.

3. RESULTS AND DISCUSSION

Sociocultural systems, collective family responsibility, customary values, and traditional healthcare practices strongly influenced maternal healthcare behavior within the Kaili indigenous community. Pregnancy was not perceived merely as an individual biological condition but rather as a social event involving the active participation of husbands, parents, and extended family members. Healthcare-related decisions were commonly reached through family deliberation before formal health services were accessed, reflecting a collectivist pattern of decision-making that is deeply embedded in the local sociocultural structure.

One participant explained:

> *"In our family, pregnancy is not only the mother's responsibility. Parents and husbands must also decide what is best for the mother and baby."*

This finding suggests that maternal healthcare utilization within the Kaili community is socially negotiated rather than individually determined. Family members function not only as sources of emotional support but also as key decision-makers who influence the timing, type, and place of maternal healthcare services. Similar patterns have been reported in other low-resource and indigenous settings, where family hierarchy, collective values, and sociocultural norms substantially shape maternal healthcare decision-making (Yaya et al., 2018; Nasution et al., 2022). These findings also indicate that individual-

centered behavioral frameworks, such as the Health Belief Model, may not adequately explain maternal healthcare behavior in collectivist societies because healthcare decisions are mediated by family relationships and social obligations rather than individual perceptions alone.

Traditional beliefs and practices also remained deeply embedded throughout pregnancy. Dietary restrictions, including avoiding pineapple, durian, and spicy foods, were widely practiced because these foods were believed to increase the risk of miscarriage or pregnancy complications (Mogi et al., 2024). Pregnant women were also discouraged from leaving the house at night due to beliefs concerning supernatural disturbances that could threaten maternal and fetal wellbeing.

One participant stated:

> *"Our parents told us not to go outside at night during pregnancy because spirits may disturb the baby."*

Although these beliefs are not supported by biomedical evidence, participants perceived them as protective practices that provide emotional reassurance while preserving cultural continuity across generations (Mogi et al., 2024; Hanafie Das et al., 2022). Such findings demonstrate that cultural practices surrounding pregnancy should not be interpreted solely through a biomedical lens but also as expressions of local knowledge systems that reinforce social cohesion and cultural identity. Similar culturally embedded practices have been documented among other indigenous and rural populations, where pregnancy-related beliefs function as coping mechanisms while simultaneously strengthening cultural identity (Agus et al., 2022; Damayanti et al., 2023). Nevertheless, these findings should be interpreted within the specific sociocultural context of the Kaili community and should not be generalized to all indigenous populations.

Another important finding concerns the continuing role of traditional birth attendants (*sando*) as highly trusted members of the community (Titaley et al., 2020). Participants valued traditional birth attendants because they provided emotional support, demonstrated cultural understanding, and were readily accessible throughout pregnancy and childbirth preparation.

One participant explained:

> *"I feel more comfortable talking to the traditional birth attendant because she understands our traditions and speaks gently."*

This finding indicates that trust in maternal healthcare providers is shaped not only by technical competence but also by cultural familiarity, interpersonal relationships, and respectful communication. Traditional birth attendants therefore continue to occupy an important complementary role despite the increasing availability of formal maternal healthcare services. Similar observations have been reported in previous studies demonstrating that traditional birth attendants remain influential because they possess strong cultural legitimacy and established social relationships within their communities (Afad et al., 2024).

At the same time, several traditional practices may conflict with evidence-based maternal healthcare recommendations, particularly dietary restrictions and certain non-standard physical interventions during pregnancy (Mogi et al., 2024). However, participants consistently reported that direct rejection of these cultural beliefs by healthcare professionals often generated discomfort and discouraged healthcare utilization (Maggiulli et al. 2022). Instead, gradual explanations delivered respectfully were

perceived as more acceptable and effective.

One midwife stated:

> *"If we directly prohibit their traditions, they become uncomfortable and avoid healthcare services. We must explain slowly and respectfully."*

This finding highlights the importance of culturally congruent communication in maternal healthcare. Rather than replacing traditional beliefs with biomedical recommendations, healthcare providers should seek culturally appropriate ways to negotiate health messages while maintaining respect for local traditions. This approach is consistent with Transcultural Nursing Theory, which emphasizes that culturally sensitive care strengthens therapeutic relationships and facilitates the integration of professional healthcare with culturally meaningful practices.

The present findings further demonstrate that maternal healthcare behavior emerges from the interaction between sociocultural structures and the responsiveness of the healthcare system. Whereas conventional biomedical models primarily emphasize individual knowledge, attitudes, and perceived risk, maternal healthcare decisions within the Kaili community are socially embedded, culturally mediated, and influenced by collective relationships. Consequently, improving maternal healthcare utilization requires interventions that extend beyond individual behavior change by acknowledging the broader sociocultural environment in which healthcare decisions are made (Goodwin, 2021).

Another significant finding concerns the role of culturally adaptive midwives. Participants expressed greater confidence in midwives who respected local customs, involved husbands and other family members in healthcare discussions, and collaborated constructively with traditional birth attendants. Such culturally responsive practices were perceived as more acceptable than communication approaches based exclusively on biomedical perspectives. These findings support the principles of Transcultural Nursing, which advocate culturally congruent care as an effective strategy for enhancing trust, improving patient-provider relationships, and increasing healthcare utilization among culturally diverse populations (Gabrysch and Campbell, 2019; Truong et al., 2016). From a policy perspective, maternal healthcare interventions within the Kaili community should actively engage husbands, parents, community elders, traditional birth attendants, and customary leaders because of their substantial influence on maternal healthcare decision-making. Community-based maternal health programs that integrate culturally responsive communication and collaborative partnerships between healthcare providers and traditional practitioners may enhance antenatal care utilization while improving maternal health outcomes (Suandi, Williams, & Bhattacharya, 2019).

Strengthening transcultural competencies among midwives and other maternal healthcare providers is equally important. Existing maternal health programs predominantly focus on biomedical indicators, whereas sociocultural determinants often receive limited attention (Truong et al., 2016). Integrating cultural competence training into midwifery education and continuing professional development could improve provider-community relationships, increase healthcare acceptance, and support the delivery of culturally appropriate maternal healthcare services (Shepherd et al., 2019).

This study has several limitations. It was conducted within a single Kaili indigenous community in Central Sulawesi; therefore, the findings cannot be generalized to all indigenous populations in Indonesia. The qualitative ethnographic design and relatively small sample size were intended to generate an in-depth understanding of sociocultural

influences rather than statistical generalization. Furthermore, sociocultural beliefs and healthcare practices are dynamic and may evolve over time due to modernization, educational advancement, and increasing access to health information (Dida et al., 2021). Future research involving multiple indigenous communities and comparative ethnographic approaches is recommended to provide a broader understanding of sociocultural influences on maternal healthcare behavior across diverse cultural settings in Indonesia.

4. CONCLUSION

Sociocultural values, collective family decision-making, customary beliefs, and traditional healthcare practices strongly shape maternal healthcare behavior within the Kaili indigenous community. Maternal health decisions are influenced not only by individual perceptions but also by family members, community norms, and the continued role of traditional birth attendants. Midwives who adopt culturally responsive communication and collaborate with traditional birth attendants are more likely to establish community trust and facilitate the utilization of maternal healthcare services.

These findings highlight the importance of integrating cultural competence into maternal healthcare programs, particularly in indigenous communities where sociocultural factors strongly influence healthcare-seeking behavior. Strengthening the capacity of healthcare providers to deliver culturally responsive care, while fostering collaboration among midwives, traditional birth attendants, families, and community leaders, may enhance the acceptance and utilization of maternal health services and ultimately contribute to improved maternal health outcomes in culturally diverse settings.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

Arfiah conceived and designed the study, collected and analyzed the data, interpreted the findings, and drafted the manuscript. Nurdin Rahman contributed to the study design, supervised the research process, critically reviewed the analysis and interpretation of the findings, and revised the manuscript. Andi Mascundra Amir contributed to the interpretation of the findings from a sociocultural perspective, critically revised the manuscript for important intellectual content, and provided scientific input throughout the study. All authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

Generative artificial intelligence (AI) was used solely to improve the language, grammar, readability, and organization of the manuscript. All scientific content, study design,

data collection, data analysis, interpretation of the findings, and final manuscript preparation were performed by the authors. The authors take full responsibility for the accuracy, originality, and integrity of the manuscript.

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