Healthcare Facility Accessibility and Cultural Childbirth Traditions as Determinants of Intrapartum Care Preferences among Mothers: An Explanatory Sequential Mixed-Methods Study

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ABSTRACT

Cultural childbirth traditions and healthcare facility accessibility significantly influence mothers' preferences for intrapartum care, with culturally sensitive healthcare services serving as a vital factor in maternal healthcare utilization. This mixed-methods study examined the influence of cultural childbirth traditions and healthcare facility accessibility on mothers' preferences for intrapartum care in the Municipality of Sapad, Philippines. Using an explanatory sequential mixed-methods design, quantitative data were collected from 100 mothers selected through random sampling to assess cultural childbirth traditions, healthcare facility accessibility, and intrapartum care preferences. Subsequently, qualitative data were gathered from 10 mothers selected through purposive sampling to further explore and explain the quantitative findings, providing deeper insights into the factors influencing their intrapartum care preferences. Quantitative data were analyzed using descriptive and inferential statistical tools, while qualitative data underwent thematic analysis. Results showed clear evidence of cultural childbirth traditions in areas such as traditional birth practices, family influence, social networks, modesty, gender sensitivity, and spiritual determinism (Qadar). Mothers highly valued practices that respected privacy, religious beliefs, and sociocultural traditions during childbirth. While cultural traditions were strongly observed, they did not significantly influence preferences for intrapartum care. In contrast, healthcare accessibility and perceived cultural sensitivity significantly influenced maternal preferences, with mothers showing a greater preference for healthcare services that accommodated their cultural and religious needs. Emergent qualitative themes included religious and spiritual guidance during pregnancy, influence of elders and intergenerational transmission of traditional beliefs, family advice and shared experiences, emotional support and cultural connection, confidence and reassurance in childbirth preparation, traditional practices for physical recovery and childbirth preparation, traditional protective practices during pregnancy, and challenges in balancing traditional beliefs with medical recommendations and evaluating the safety of traditional practices. Cultural and spiritual beliefs remained important aspects of mothers' childbirth experiences; however, access to healthcare and culturally sensitive services emerged as more influential factors in shaping preferences for intrapartum care. The findings underscore the importance of balancing cultural and religious values with evidence-based maternal healthcare to promote safe, informed, and positive childbirth experiences. Healthcare institutions may strengthen culturally sensitive maternal healthcare programs, improve healthcare accessibility, enhance gender-sensitive practices, and provide continuous cultural competence training for healthcare workers to improve maternal health outcomes and encourage greater utilization of skilled birth services.

Keywords: cultural sensitivity, facility- based delivery, maternal decision-making, traditional birth process

INTRODUCTION

Maternal health remains a major nursing and public health concern worldwide, particularly in ensuring safe childbirth practices and equitable access to skilled intrapartum care. Despite global efforts to reduce maternal mortality, many women in low-resource and culturally diverse communities continue to experience barriers in accessing safe and culturally appropriate maternity services. The World Health Organization reported that approximately 287,000 women died from preventable pregnancy- and childbirth-related causes in 2020, with most cases occurring in developing countries where access to skilled birth attendants and culturally responsive

care remains limited (WHO, 2023). Cultural childbirth traditions, including modesty requirements, spiritual beliefs, and preference for female healthcare providers, continue to shape maternal healthcare decisions and childbirth preferences (Jomeen et al., 2021).

In the Philippine context, maternal healthcare utilization is influenced by socioeconomic inequalities, geographical barriers, and cultural beliefs, particularly in rural and underserved communities. The Philippine Statistics Authority reported that a considerable proportion of births still occur at home, especially in geographically isolated areas where access to healthcare facilities remains limited (PSA, 2022). In many communities in Mindanao, childbirth practices are shaped by religious beliefs, family traditions, and perceptions of healthcare institutions, with concerns about privacy, modesty, lack of female healthcare providers, and unfamiliar medical procedures contributing to hesitancy toward facility-based delivery (Rahman & Abdullah, 2021).

At the local level, home delivery remains common among mothers in several communities in Lanao del Norte, particularly in municipalities such as Sapad, due to cultural traditions, financial constraints, and limited access to healthcare. Mothers often prefer childbirth settings that respect modesty, allow family participation, and recognize spiritual beliefs such as reliance on divine will or Qadar (Khan & Abdullah, 2020). Although healthcare institutions continue to promote facility-based delivery, gaps remain in addressing cultural and religious considerations in maternal care services.

Existing literature has shown that culturally sensitive maternity care improves maternal satisfaction, healthcare utilization, and childbirth outcomes (Smith et al., 2020; Rahim & Hassan, 2022). However, most studies focus on either cultural factors or healthcare access, with limited exploration of how these variables interact to shape intrapartum care preferences. This indicates a need to further examine the combined influence of cultural childbirth traditions and healthcare accessibility on maternal decision-making in specific local contexts.

Although previous studies have demonstrated that cultural beliefs, family traditions, and healthcare accessibility influence maternal healthcare utilization, these factors have often been examined separately. Existing research has primarily focused on either cultural childbirth practices or structural barriers to maternal healthcare, with limited attention to their combined influence on intrapartum care preferences. Furthermore, few mixed-methods studies have explored how mothers reconcile traditional cultural beliefs and practices with modern healthcare recommendations when making childbirth decisions. This gap is particularly evident among Muslim mothers in rural communities where cultural traditions, religious beliefs, and healthcare accessibility simultaneously shape maternal healthcare experiences. Therefore, a more comprehensive understanding of how these factors interact is necessary to inform the development of culturally responsive and accessible maternal healthcare services (Hayudini & Pangandaman, 2024; Hodge et al., 2016).

This study examined the influence of cultural childbirth traditions and healthcare facility accessibility on mothers' preferences for intrapartum care in the Municipality of Sapad, Philippines. Specifically, it investigated the relationship among cultural childbirth traditions, healthcare accessibility, and intrapartum care preferences, and explored mothers' experiences balancing cultural beliefs, spiritual practices, and healthcare recommendations when making childbirth-related decisions.

REVIEW OF RELATED LITERATURE

Recent studies highlighted that cultural childbirth traditions significantly influenced maternal healthcare decisions and intrapartum care preferences among mothers and other culturally diverse populations. Several quantitative studies identified cultural beliefs, traditional birth practices, family influence, modesty, and spiritual beliefs as important independent variables affecting the dependent variable of preference for intrapartum care or childbirth setting. For instance, Rahman and Abdullah (2021) found that women preferred childbirth environments that respected privacy and modesty and included female healthcare providers, which significantly influenced their likelihood of using healthcare facilities. Similarly, Bohren et al. (2021) emphasized that family influence and social networks strongly shaped women's decisions regarding home births, particularly in traditional communities where elder family members guided maternal choices. These studies demonstrated that sociocultural norms remained central determinants of maternal health-seeking behavior.

Recent evidence also emphasized the influence of healthcare facility accessibility on childbirth preferences and maternal healthcare utilization. Geographic barriers, transportation difficulties, healthcare costs, and inadequate healthcare infrastructure were commonly identified as independent variables affecting institutional delivery preferences. Santos et al. (2021) reported that women residing in geographically isolated communities were less likely to access facility-based maternal healthcare services because of transportation limitations and long travel distances. Likewise, Lopez and Garcia (2022) identified economic constraints, including transportation expenses and out-of-pocket healthcare costs, as significant predictors of home births among low-income mothers. These studies reinforced the idea that healthcare accessibility directly influenced women's intrapartum care preferences and maternal outcomes.

Several studies further examined the role of culturally sensitive healthcare services in promoting institutional childbirth. Rahim and Khan (2020) revealed that healthcare facilities lacking cultural sensitivity, female healthcare providers, and accommodations for religious practices discouraged women from seeking institutional deliveries. Similarly, Jomeen et al. (2021) found that mothers often experienced dissatisfaction with hospital-based childbirth due to concerns regarding modesty, limited privacy, and restrictions on spiritual practices during labor. These findings supported the concept that culturally competent maternal healthcare services positively influenced women's trust in healthcare institutions and increased utilization of skilled birth services. Such studies identified cultural sensitivity as both an independent variable and a qualitative theme influencing maternal satisfaction and childbirth preferences.

Recent qualitative studies have also explored themes related to mothers' childbirth experiences, religious beliefs, and cultural expectations. Saeed and Ali (2022) identified themes of family-centered childbirth, spiritual comfort, trust in traditional birth attendants, and fear of discrimination within healthcare facilities as major factors influencing home birth preferences. Likewise, Kim et al. (2022) emphasized the role of female solidarity, emotional support, and community expectations in reinforcing traditional birthing practices. In another qualitative inquiry, Mendez et al. (2023) found that culturally aligned maternal care improved women's sense of safety, emotional well-being, and satisfaction during labor and delivery. These qualitative themes highlighted the importance of integrating cultural understanding and respectful maternity care into nursing and maternal health practice.

Theoretical and conceptual models also provided important foundations for understanding childbirth preferences and maternal healthcare utilization. The Health Belief Model of Rosenstock explained that women's decisions regarding childbirth settings were influenced by perceived susceptibility to complications, perceived benefits of healthcare services, perceived barriers such as cost and cultural insensitivity, and cues to action from family and community members. Leininger's Culture Care Diversity and Universality Theory further emphasized that culturally congruent nursing care enhanced patient satisfaction and healthcare utilization by respecting cultural values, beliefs, and practices (McFarland & Wehbe-Alamah, 2019). Additionally, Vygotsky's Sociocultural Theory supported the idea that social interaction, cultural traditions, and community influence shaped maternal beliefs and healthcare behaviors. These theories were highly relevant to explaining how cultural childbirth traditions and healthcare accessibility influenced mothers' intrapartum care preferences.

Previous mixed-methods studies have provided comprehensive evidence on the interaction among cultural, social, and structural factors influencing maternal healthcare utilization. Alshawish et al. (2025) conducted a mixed-methods study examining cultural beliefs and maternal healthcare preferences among women and found that cultural traditions and perceptions of healthcare discrimination significantly affected utilization of institutional delivery. Quantitative findings showed associations between cultural beliefs and healthcare preferences, while qualitative interviews revealed themes of modesty, trust, and fear of cultural misunderstanding. Similarly, Johnson et al. (2023) used mixed methods to explore maternal perceptions of home births and found that women valued culturally responsive, personalized childbirth experiences despite recognizing the medical advantages of hospital births. Another mixed-methods study by Castro et al. (2021) demonstrated that women who perceived healthcare services as culturally sensitive were more likely to prefer lying-in clinics and institutional childbirth services. These studies highlighted the value of mixed-methods inquiry in capturing both measurable relationships and lived experiences related to maternal healthcare decision-making.

Emerging trends in maternal healthcare research from 2020 to the present increasingly emphasized respectful maternity care, culturally competent nursing practice, and patient-centered childbirth services. Studies consistently show that healthcare systems that acknowledge cultural traditions, gender sensitivity, spiritual beliefs, and family involvement improve maternal satisfaction and increase institutional delivery utilization (Rahim & Hassan, 2022; Smith et al., 2020). Furthermore, global maternal health initiatives increasingly recognize the importance of integrating sociocultural considerations into maternal healthcare frameworks to reduce maternal mortality and improve healthcare equity. These trends underscored the necessity of culturally responsive nursing interventions and evidence-based maternal health policies that addressed both the medical and sociocultural needs of mothers.

Overall, the reviewed literature demonstrated that cultural childbirth traditions and access to healthcare facilities were strongly associated with women's preferences for intrapartum care. Quantitative studies established measurable relationships between sociocultural and structural factors and childbirth preferences, while qualitative studies provided a deeper understanding of women's lived experiences, cultural values, and perceptions of maternal healthcare services. Existing theories, such as the Health Belief Model, Leininger's Culture Care Theory, and Sociocultural Theory, further support the importance of cultural beliefs, social influence, and perceived barriers in shaping maternal healthcare behavior. Previous mixed-methods studies reinforced the need for comprehensive approaches in understanding maternal healthcare decision-making among Muslim mothers, thereby justifying the use of mixed-methods inquiry in the present study.

METHODS

Research Design. This mixed-methods study employed an explanatory sequential design, beginning with a quantitative phase to determine the significant relationships among cultural childbirth traditions, healthcare facility accessibility, and mothers' preferences for intrapartum care, followed by a qualitative phase to further explain and elaborate on the quantitative findings (Creswell, 2011). The qualitative phase provided deeper insights into mothers' experiences, beliefs, and perceptions regarding childbirth practices, healthcare accessibility, and preferences for intrapartum care, particularly in relation to cultural and religious influences (Toyon, 2021).

The quantitative component of the study examined the significant relationships among cultural childbirth traditions, healthcare facility accessibility, and mothers' preferences for intrapartum care. It also determined the extent to which cultural childbirth traditions and healthcare accessibility influenced maternal preferences for home delivery, lying-in clinic delivery, and hospital-based childbirth. The qualitative phase further explored the lived experiences, perceptions, and decision-making processes of mothers regarding childbirth practices and utilization of maternal healthcare services.

Setting. The study was conducted in one of the barangays in the municipality of Sapad. The municipality is predominantly rural, with several communities experiencing limited access to healthcare, transportation difficulties, and socioeconomic challenges. The area is composed of families whose childbirth practices and healthcare decisions are often influenced by cultural traditions, religious beliefs, family support systems, and accessibility to maternal healthcare services. The selected barangay was considered appropriate for the study because home births and traditional childbirth practices remain evident among mothers in the community.

Respondents. For the quantitative component, 100 mothers who had experienced home delivery, lying-in clinic delivery, or hospital-based childbirth were randomly selected from the identified barangay in the Municipality of Sapad. Eligible respondents were mothers who had given birth within the past five years and were currently residing in the selected community. The inclusion criteria ensured that participants had sufficient lived experience and recall of childbirth practices, healthcare accessibility, and preferences for intrapartum care. Mothers with severe medical or psychological conditions that could affect their ability to participate in the study were excluded, ensuring the reliability and accuracy of responses regarding childbirth experiences and maternal healthcare utilization.

For the qualitative component, 10 mothers were purposively chosen based on their childbirth experiences and willingness to participate in in-depth interviews. These participants provided rich and detailed accounts of their

cultural beliefs, healthcare experiences, access-related challenges, and preferences for intrapartum care. The purposive selection of participants ensured that only information-rich cases were included, allowing for a deeper understanding of the cultural and social factors influencing maternal healthcare decisions and strengthening the interpretation of the quantitative findings.

Instruments. Four research instruments were utilized to collect data for the study. The Cultural Childbirth Traditions Questionnaire was used to assess the extent of cultural childbirth traditions among mothers, focusing on traditional birth practices, family influence and social networks, modesty and gender sensitivity, and spiritual determinism (Qadar). This questionnaire used a 5-point Likert scale ranging from 5, "Strongly Agree," to 1, "Strongly Disagree," to measure the degree of agreement of mothers on culturally related childbirth practices and beliefs.

The Healthcare Facility Accessibility Questionnaire was used to determine the level of healthcare accessibility experienced by mothers in terms of geographic factors, economic factors, and cultural sensitivity of healthcare services. It also used a 5-point Likert scale to assess respondents' perceptions of the accessibility and utilization of maternal health services, particularly regarding the distance, affordability, and responsiveness of healthcare facilities to cultural needs.

The Preference for Intrapartum Care Questionnaire was used to identify mothers' preferences regarding home delivery, lying-in clinic delivery, and hospital-based childbirth. The instrument included items on comfort, safety, cultural appropriateness, accessibility, trust in healthcare providers, and perceived quality of maternal care, and used a structured Likert-type response format.

The Interview Guide was used during the qualitative phase to gather in-depth information on mothers' experiences, beliefs, and perceptions related to cultural childbirth traditions, healthcare accessibility, and intrapartum care preferences. It focused on cultural practices, family influence, religious beliefs, perceived barriers to healthcare utilization, and experiences with healthcare providers during childbirth.

The researcher-developed questionnaires underwent expert validation by healthcare professionals, nursing educators, maternal health practitioners, and research experts to ensure content validity, clarity, and relevance. A pilot test involving selected mothers with characteristics similar to the study respondents, but not included in the final sample, was conducted to assess reliability and usability. Based on the pilot results, minor revisions were made to improve item clarity and alignment with the study variables. Reliability analysis was conducted using Cronbach's alpha to ensure internal consistency, yielding acceptable coefficients for all instruments, confirming their suitability for data collection.

Data Collection. After securing approval from the research ethics committee and permission from the relevant local authorities, data collection was initiated to address the study's objectives. The quantitative phase involved administering structured questionnaires to 100 mothers via face-to-face distribution and retrieval. Prior to participation, respondents were provided with informed consent forms explaining the purpose, procedures, risks, and benefits of the study. The questionnaires assessed cultural childbirth traditions, healthcare facility accessibility, and preferences for intrapartum care among mothers in the selected barangay.

For the qualitative component, purposively selected participants took part in face-to-face semi-structured interviews. These interviews explored mothers' childbirth experiences, cultural beliefs and practices, healthcare accessibility challenges, and reasons behind their preferences for home delivery, lying-in clinics, or hospital-based childbirth. Audio-recorded interviews were transcribed verbatim and analyzed thematically alongside manual interpretation to identify emerging themes and patterns relevant to the study objectives and to further explain and enrich the quantitative findings.

Ethical Considerations. The researcher strictly adhered to ethical guidelines to protect the rights, dignity, and confidentiality of all participants throughout the study. Informed consent was obtained from all respondents prior to participation, with clear explanations of the study's purpose, procedures, potential risks, and benefits. Participants were also informed that their participation was entirely voluntary and that they could withdraw from the study at any time without any penalty or negative consequences.

All collected data were treated with strict confidentiality and anonymity. Questionnaire responses and interview transcripts were coded to protect participants' identities and were securely stored in password-protected files accessible only to the researcher. Audio recordings and physical documents were safely stored and properly handled to prevent unauthorized access. Upon completion of the study, all research materials were disposed of in accordance with institutional ethical guidelines. Findings were reported in aggregate only, ensuring that no participant-identifying information was disclosed, thereby maintaining privacy and confidentiality throughout the dissemination of results.

Data Analysis. Quantitative data were analyzed using Jamovi software, with calculations of frequencies, percentages, means, and standard deviations for cultural childbirth traditions, healthcare facility accessibility, and mothers' preferences for intrapartum care. The Pearson product-moment correlation coefficient was used to explore relationships between cultural childbirth traditions, level of healthcare facility accessibility, and preference for intrapartum care.

HyperResearch was used in the qualitative component to systematically organize, code, and retrieve interview data; however, the analysis was not conducted exclusively in the software. Thematic analysis (Braun & Clarke, 2013) was conducted manually in conjunction with HyperResearch, enabling the researcher to interpret patterns and themes while preserving human-centered insights. The six-phase analysis included (1) data familiarization, (2) initial coding, (3) theme identification, (4) theme review, (5) theme refinement, and (6) theme definition. Two independent coders analyzed transcripts over two coding rounds, reconciling differences through consensus. Inter-coder reliability was assessed using Cohen's kappa, which was 0.87. Finalized themes were synthesized into a cohesive narrative and illustrated with representative excerpts from participants.

RESULTS AND DISCUSSION

Respondents' Cultural Childbirth Traditions

Table 1 shows that the respondents' assessment of cultural childbirth traditions has an overall mean score of 3.95 (SD = 0.43) and is rated as "Traditional". Among the dimensions, Spiritual Determinism obtained the highest mean (M = 4.11, SD = 0.398), followed by Traditional Birth Practices (M = 4.01, SD = 0.462). Meanwhile, Family Influence (M = 3.84, SD = 0.440) and Gender Sensitivity (M = 3.84, SD = 0.405) received the same mean score, although both remained within the "Traditional" category. The findings suggest that cultural beliefs, particularly those related to spirituality, traditional birthing customs, family involvement, and gender-related preferences, continue to shape childbirth practices among Muslim mothers.

The predominance of traditional cultural childbirth practices may be attributed to the enduring influence of religious beliefs, family traditions, and sociocultural norms among Muslim communities. The high rating for spiritual determinism supports the findings of Hassan et al. (2022), who reported that Muslim women commonly integrate religious practices such as prayers, recitation of Quranic verses, and reliance on faith throughout pregnancy and childbirth, viewing these practices as sources of comfort and guidance. Similarly, Njenga (2022) found that cultural beliefs and traditions remain deeply embedded in maternal experiences, influencing decisions and behaviors during pregnancy and childbirth. Furthermore, Hassan et al. (2020) emphasized that family expectations, gender preferences, and religious values often affect maternal healthcare choices and childbirth experiences among Muslim women. These studies affirm that cultural and spiritual traditions remain important determinants of maternal practices even in settings with access to modern healthcare services.

Healthcare providers should recognize and respect the cultural and spiritual beliefs of Muslim mothers when delivering intrapartum care. Since traditional childbirth practices remain highly valued, culturally sensitive maternal health programs may be developed to integrate beneficial cultural traditions with evidence-based medical care. Healthcare professionals should also engage family members and community leaders in maternal health education to promote safe childbirth practices while preserving cultural identity. By acknowledging the significance of spirituality, family influence, and gender-related preferences, healthcare facilities can improve maternal satisfaction, strengthen trust between patients and providers, and encourage greater utilization of skilled birth services among Muslim mothers.

Constructs	M	SD	Remarks
TraditionalBirth Practices	4.01	0.462	Traditional
FamilyInfluence	3.84	0.440	Traditional
GenderSensitivity	3.84	0.405	Traditional
Spiritual Determinism	4.11	0.398	Traditional
OverallCulturalChildbirthTraditions	3.95	0.43	Traditional

Table 1: Cultural childbirth traditions

Note. Scale: 4.20–5.00 (Very Traditional); 3.40–4.19 (Traditional); 2.60–3.39 (Neutral); 1.80–2.2.59 (Not Traditional); 1.0–1.79 (Very Not Traditional)

Level of Healthcare Facility Accessibility

Table 2 shows that the respondents' assessment of healthcare facility accessibility has an overall mean score of 3.76 (SD = 0.49), indicating that healthcare facilities are generally perceived as accessible. Among the dimensions, Economic Factors obtained the highest mean (M = 3.99, SD = 0.369), suggesting that the cost-related aspects of accessing healthcare were viewed favorably. This was followed by Geographic Factors (M = 3.79, SD = 0.581), indicating that the location and physical proximity of healthcare facilities were generally manageable for the respondents. Meanwhile, Healthcare Services received the lowest mean score (M = 3.49, SD = 0.509), although it still fell within the "Accessible" category. These findings suggest that while healthcare facilities are generally accessible and affordable, there are still areas for improvement in the quality and availability of healthcare services.

The accessibility of healthcare facilities may be explained by ongoing efforts to improve maternal healthcare services and expand access to healthcare resources, particularly in underserved communities. The relatively high rating for economic factors is consistent with Ahmed et al. (2022), who found that financial support mechanisms and government health programs significantly improve access to maternal healthcare services among vulnerable populations. Similarly, geographic accessibility remains a key determinant of healthcare utilization, as women are more likely to seek facility-based maternal care when health centers are located within reasonable distances, and transportation is available (Adu et al., 2023). However, the comparatively lower rating for healthcare services suggests that challenges related to service quality, staffing, waiting times, and resource availability may still affect healthcare experiences. According to the World Health Organization (2023), improving the quality of maternal healthcare services is essential for increasing healthcare utilization and achieving positive maternal and neonatal outcomes. These findings indicate that while physical and financial access may be adequate, strengthening healthcare service delivery remains a priority.

Healthcare policymakers and administrators may continue efforts to enhance healthcare facility accessibility while prioritizing improvements in service delivery. Although respondents generally perceive healthcare facilities as accessible, the lower assessment of healthcare services highlights the need for investments in healthcare infrastructure, personnel training, medical supplies, and patient-centered care. For Muslim mothers, accessible healthcare facilities that provide culturally sensitive and high-quality maternal services can encourage greater utilization of skilled birth attendance and facility-based deliveries. Strengthening healthcare services while maintaining affordability and geographic accessibility may improve maternal health outcomes, reduce barriers to intrapartum care, and increase satisfaction with maternal healthcare services.

Constructs	M	SD	Remarks
GeographicFactors	3.79	0.581	Accessible

EconomicFactors	3.99	0.369	Accessible
HealthcareServices	3.49	0.509	Accessible
Overall Level of Healthcare Facility Accessibility	3.76	0.49	Accessible

Table 2: Level of Healthcare Facility Accessibility

Note. Scale: 4.20–5.00 (Very Accessible); 3.40–4.19 (Accessible); 2.60–3.39 (Neutral); 1.80–2.2.59 (Not Accessible); 1.0–1.79 (Very Not Accessible)

Level of Preference for Intrapartum Care

Table 3 shows that the respondents' level of preference for intrapartum care has an overall mean score of 3.41 (SD = 0.53), indicating that respondents generally prefer facility-based intrapartum care. Among the two dimensions, Hospital Delivery obtained a mean score of 3.56 (SD = 0.604) and was interpreted as Preferred, while Home Birth Delivery recorded a mean score of 3.25 (SD = 0.452) and was interpreted as Neutral. These findings suggest that although some respondents remain open to home birth practices, there is a greater inclination toward hospital delivery, reflecting an increasing preference for professional healthcare services during childbirth.

The preference for hospital delivery may be associated with increased awareness of maternal and neonatal health risks, as well as greater confidence in the availability of skilled birth attendants and emergency obstetric care. A study by Afulani et al. (2021) found that women were more likely to choose facility-based childbirth when they perceived healthcare facilities as capable of providing safe and high-quality maternal care. Similarly, Benova et al. (2022) reported that access to skilled healthcare professionals and emergency services significantly influenced women's decisions to deliver in healthcare institutions. The neutral rating for home birth delivery suggests that traditional childbirth practices continue to hold cultural significance for some women, particularly in communities where family support, cultural beliefs, and familiarity with the home environment are valued. According to Bohren et al. (2023), women's childbirth preferences are often shaped by a combination of cultural traditions, perceived quality of care, and previous birth experiences. These findings indicate that while modern healthcare services are increasingly preferred, traditional influences still play a role in childbirth decision-making.

Healthcare providers and policymakers may continue to strengthen maternal healthcare services to sustain and further increase the preference for facility-based deliveries. Efforts should focus on ensuring respectful, culturally sensitive, and high-quality intrapartum care that addresses the unique needs and values of Muslim mothers. Since some respondents remain neutral toward home birth delivery, healthcare programs should provide continuous education regarding the benefits of skilled birth attendance while respecting cultural beliefs and practices. Enhancing trust in healthcare institutions, improving patient-provider relationships, and integrating culturally appropriate care approaches may encourage more women to choose hospital-based deliveries, thereby contributing to safer childbirth outcomes and reduced maternal and neonatal risks.

Constructs	M	SD	Remarks
Home Birth Delivery	3.25	0.452	Neutral
Hospital Delivery	3.56	0.604	Preferred
Overall Level of Preference for Intrapartum Care	3.41	0.53	Preferred

Table 3: Level of preference for intrapartum care

Note. Scale: 4.20–5.00 (Very Preferred); 3.40–4.19 (Preferred); 2.60–3.39 (Neutral); 1.80–2.2.59 (Not Preferred);1.0–1.79 (Very Not Preferred)

Test of Significant Correlation Between the Respondents' Cultural Childbirth Traditions and Preference for Intrapartum Care.

Table 4 presents the correlation test between the respondents' cultural childbirth traditions and their preference for intrapartum care. The findings reveal that traditional birth practices have a significant positive relationship with both home birth delivery (r = 0.260, p = .004) and hospital delivery (r = 0.197, p = .031). Specifically, the relationship between traditional birth practices and home birth delivery is highly significant, while its relationship with hospital delivery is significant. These results indicate that respondents who strongly adhere to traditional childbirth practices tend to exhibit stronger preferences regarding their choice of intrapartum care, whether at home or in a health facility. In contrast, family influence, gender sensitivity, and spiritual determinism showed no significant relationship with either home or hospital delivery, as all p-values were greater than .05. Therefore, the null hypothesis was rejected only for traditional birth practices and accepted for the remaining cultural dimensions.

Variables	r-value	p-value	Decision
Traditional Birth Practices			
Home Birth Delivery	0.260**	.004	Highly Significant
Hospital Delivery	0.197*	.031	Significant
Family Influence			
Home Birth Delivery	0.059	.522	Not Significant
Hospital Delivery	0.049	.595	Not Significant
Gender Sensitivity			
Home Birth Delivery	0.051	.577	Not Significant
Hospital Delivery	0.045	.628	Not Significant
Spiritual Determinism			
Home Birth Delivery	-0.005	.954	Not Significant
Hospital Delivery	-0.001	.989	Not Significant

Table 4: Results of the test of correlation between the respondents' cultural childbirth traditions and preference for intrapartum care

Note: Ho: There is no significant relationship between there spondents' cultural child birth traditions and preference for intrapartum care.

Note: **p <0.01(Highly Significant); *p< 0.05 (Significant); p >0.05(Not Significant)

The significant relationship between traditional birth practices and preferences for intrapartum care may be explained by the enduring influence of cultural norms and customary beliefs surrounding childbirth. Studies have shown that women's decisions regarding the place and manner of childbirth are often shaped by traditions passed down through generations, including beliefs about labor, postpartum care, and the role of traditional birth

attendants. A study by Ansong et al. (2022) found that sociocultural beliefs strongly influenced childbirth decisions and often encouraged home delivery and the use of traditional birth attendants. Similarly, Del Mastro et al. (2021) reported that women in indigenous communities preferred home births because they viewed childbirth as an intimate cultural event rooted in family traditions and community practices. In the Philippine context, Juanzo (2024) found that traditional birth attendants continue to play a significant role in rural communities, with cultural beliefs remaining a major determinant of home delivery preferences despite government efforts to promote facility-based births. These studies support the present finding that traditional birth practices significantly influence women's intrapartum care preferences. However, the absence of significant relationships for family influence, gender sensitivity, and spiritual determinism suggests that contemporary maternal health decisions may increasingly be guided by individual preferences, health information, and access to healthcare services rather than by familial pressure or spiritual beliefs alone.

Cultural traditions remain an important factor in shaping maternal healthcare preferences and may not be overlooked in the design and implementation of maternal and child health programs. Healthcare providers and policymakers need to recognize and respect beneficial traditional childbirth practices while ensuring that mothers receive accurate information about safe and evidence-based intrapartum care. Integrating culturally sensitive approaches into maternal health education, strengthening collaboration with traditional birth attendants, and promoting community-based awareness programs may improve acceptance of facility-based deliveries without disregarding cultural values. Since family influence, gender sensitivity, and spiritual determinism were not significantly associated with intrapartum care preferences, interventions may be more effective when focused on addressing traditional childbirth beliefs and practices directly rather than solely targeting family or spiritual factors. Ultimately, culturally responsive maternal healthcare strategies can improve maternal and neonatal outcomes while respecting community traditions.

Test of Correlation Between the Level of Healthcare Facility Accessibility and Preference for Intrapartum Care.

Table 5 presents the results of the correlation test between the level of healthcare facility accessibility and respondents' preference for intrapartum care. The findings indicate that geographic factors are strongly associated with both home birth ($r = 0.266$, $p = .003$) and hospital birth ($r = 0.329$, $p < .001$). Likewise, healthcare services show a highly significant relationship with home birth ($r = 0.449$, $p < .001$) and hospital birth ($r = 0.361$, $p < .001$). These results suggest that accessibility-related factors, particularly the location of healthcare facilities and the quality and availability of healthcare services, significantly influence women's preferences regarding intrapartum care. On the other hand, economic factors were found to be significantly related only to home birth ($r = 0.189$, $p = .039$), but not to hospital birth ($r = 0.092$, $p = .320$). Thus, the null hypothesis was rejected for geographic factors and healthcare services in relation to both delivery preferences and partially rejected for economic factors, specifically regarding home birth delivery.

The significant relationships observed between healthcare facility accessibility and intrapartum care preference are consistent with contemporary maternal health research. Geographic accessibility remains a critical determinant of maternal healthcare utilization, as women residing farther from healthcare facilities often face transportation challenges, travel costs, and delays in accessing skilled birth attendance. A study by Ahmed et al. (2021) found that proximity to healthcare facilities significantly increased the likelihood of facility-based deliveries among pregnant women. Similarly, Wilunda et al. (2023) reported that distance to health facilities and transportation barriers strongly influenced women's decisions regarding the place of childbirth. The strong correlation between healthcare services and delivery preference is also supported by research indicating that the availability of skilled healthcare professionals, adequate medical equipment, and quality maternity services encourage women to seek institutional care during childbirth. According to Kassa et al. (2022), women were more likely to choose facility-based deliveries when they perceived healthcare services as accessible, respectful, and responsive to their needs. Furthermore, the significant association between economic factors and home birth may reflect financial constraints in some households, where transportation, medical expenses, and hospitalization costs encourage women to opt for home births. However, the absence of a significant relationship between economic factors and hospital delivery suggests that government maternal health programs and insurance schemes may have reduced financial barriers for women seeking facility-based childbirth services.

Improving healthcare facility accessibility is essential for promoting safe and informed childbirth decisions. Policymakers and healthcare administrators may prioritize establishing and strengthening healthcare facilities in geographically disadvantaged areas to ensure that pregnant women can readily access skilled birth services. Investments in transportation infrastructure, emergency referral systems, and mobile maternal health services may further reduce barriers associated with distance and geographic isolation. Additionally, enhancing the quality, availability, and responsiveness of healthcare services can increase women's confidence in facility-based childbirth and improve maternal and neonatal outcomes. Since economic factors significantly influence home birth preferences, targeted financial support programs, transportation subsidies, and expanded maternal healthcare coverage may help address cost-related concerns. Overall, the findings underscore the importance of creating an accessible, equitable, and high-quality maternal healthcare system that addresses the diverse needs of women and promotes safer intrapartum care practices.

Variables	r-value	p-value	Decision
Geographic Factors			
Home Birth Delivery	0.266**	.003	Highly Significant
Hospital Delivery	0.329**	<.001	Highly Significant
Economic Factors			
Home Birth Delivery	0.189*	.039	Significant
Hospital Delivery	0.092	.320	Not Significant
Healthcare Services			
Home Birth Delivery	0.449**	<.001	Highly Significant
Hospital Delivery	0.361**	<.001	Highly Significant

Table 5: Results of the test of correlation between the level of healthcare facility accessibility and preference for intrapartum care

Note: Ho: There is no significant relationship between the level of health care facility accessibility and preference for intrapartum care.

Note: **p <0.01(Highly Significant); *p< 0.05(Significant); p >0.05(Not Significant)

Cultural Childbirth Traditions and Healthcare Facility Accessibility as Determinants of Intrapartum Care Preferences Among Muslim Mothers

Figure 1. Schematic diagram of the Cultural Child Birth Traditions Health Care Facility Accessibility for Muslim Postpartum Mothers

Religious and spiritual foundations, together with cultural and family influences, shape maternal perceptions and experiences during pregnancy. These perceptions influence engagement in traditional health and recovery practices, which are subsequently evaluated against medical recommendations. Through a process of balancing cultural traditions with evidence-based healthcare, Muslim mothers make informed maternal health decisions that lead to positive maternal, infant, emotional, cultural, and spiritual outcomes.

Religious and Spiritual Foundations

Participants consistently described faith and religious practices as central aspects of their pregnancy and childbirth experiences. Prayer, Qur'an recitation, and reliance on Allah provided guidance, protection, and emotional reassurance.

"They encouraged me to pray regularly, recite verses from the Qur'an, and seek guidance from Allah." (P1)

"Read the Qur'an and ask for Allah's protection." (P2)

The findings suggest that Islamic beliefs significantly influence how Muslim mothers perceive pregnancy, childbirth, and maternal well-being. Religious practices provide a framework through which participants interpret and manage their experiences. Faith appears to function as both a spiritual resource and a source of psychological comfort.

"My family encouraged me to strengthen my faith through regular prayers and reading the Qur'an." (P4)

"Maintaining a strong faith would help both the mother and the baby." (P5)

Spiritual beliefs play a fundamental role in maternal health experiences among Muslim mothers. Healthcare providers may enhance culturally competent care by acknowledging and respecting patients' religious practices. Such an approach may strengthen trust, communication, and patient satisfaction within maternal healthcare settings.

Cultural and Family Influences

The participants emphasized the significant influence of family members, elders, and community traditions on pregnancy-related beliefs and practices. Family guidance served as an important source of knowledge, advice, and support throughout the maternal journey.

"My family, especially my mother and older relatives, shared advice based on our traditions and beliefs." (P1)

"My parents and older relatives often reminded me to pray." (P2)

"My grandmother and mother often reminded me to make du'a." (P3)

The findings reveal that pregnancy and childbirth experiences are deeply shaped by family and community influences. Elders play a central role in preserving and transmitting cultural knowledge across generations. Their guidance helps sustain traditional beliefs and practices among Muslim mothers.

"Older family members and community elders strongly believed in its protective properties." (P9)

Family members and elders remain influential decision-makers in maternal health practices. Maternal health programs may benefit from involving family members in health education initiatives to promote informed and culturally appropriate decision-making. Recognizing family influence may improve the effectiveness of maternal healthcare interventions within Muslim communities.

Emotional Support and Spiritual Resilience

Participants described how religious beliefs, traditional practices, and family support provided emotional comfort, confidence, and spiritual strength throughout pregnancy and childbirth. These sources of support helped them manage fears, uncertainties, and the challenges associated with motherhood.

"They encouraged me to pray regularly, recite verses from the Qur'an, and seek guidance from Allah for a safe delivery." (P1)

"These traditions made me feel more confident and spiritually prepared for childbirth." (P2)

The findings indicate that emotional well-being during pregnancy is strengthened through both spiritual practices and culturally meaningful traditions. Participants associated these practices with feelings of reassurance, confidence, and preparedness for childbirth. Such experiences demonstrate the importance of faith, family support, and cultural beliefs in fostering maternal resilience.

"Following these traditions made me feel emotionally supported and spiritually prepared." (P4)

"Using snake oil provided me with a sense of comfort, security, and confidence throughout my pregnancy." (P9)

Religious and cultural practices serve as important coping mechanisms that help mothers manage emotional stress during pregnancy and childbirth. Healthcare providers may benefit from recognizing these sources of support when delivering culturally sensitive maternal care. Integrating respect for spiritual beliefs into maternal health services may enhance mothers' emotional well-being and healthcare experiences.

Balancing Tradition with Medical Recommendations

Participants described situations where traditional beliefs and practices differed from healthcare recommendations. Despite valuing their cultural traditions, they emphasized the importance of making safe and informed healthcare decisions.

"Some traditional beliefs differed from the advice given by healthcare professionals." (P1)

"Traditional advice did not match what healthcare workers recommended." (P2)

"Deciding which traditional practices were safe to continue." (P3)

"I would continue practicing cultural traditions while also following the guidance of healthcare professionals." (P4)

The findings indicate that participants actively negotiated between cultural traditions and professional healthcare recommendations. Rather than rejecting either perspective, mothers sought ways to preserve meaningful traditions while prioritizing safety and evidence-based care. This reflects a pragmatic approach to maternal decision-making that values both cultural identity and health outcomes.

"Balancing traditional beliefs with modern medical advice." (P6, P9)

"A balanced approach between cultural traditions and professional healthcare." (P10)

Maternal healthcare providers should recognize the coexistence of traditional beliefs and medical knowledge in shaping health decisions. Open and respectful communication may help mothers make informed choices without feeling that their cultural values are being disregarded. Culturally responsive healthcare approaches may strengthen maternal trust, adherence to care, and overall health outcomes.

Maternal Perceptions and Experiences

Participants described pregnancy and postpartum recovery as periods marked by physical challenges, emotional adjustments, and personal growth. Their experiences reflected both the demands and rewards of motherhood.

"Physically, I felt tired and needed time to recover from childbirth." (P1)

"I experienced body pain, fatigue, and difficulty sleeping." (P2)

The findings highlight the multidimensional nature of postpartum experiences, encompassing physical recovery, emotional adaptation, and maternal fulfillment. While participants encountered fatigue and challenges, they also

expressed profound joy and gratitude associated with motherhood. These experiences demonstrate the complex transition involved in becoming and being a mother.

"The first few weeks after giving birth were both rewarding and challenging." (P3)

"I felt immense joy, gratitude, relief, and fulfillment upon finally becoming a mother." (P9)

Maternal healthcare services should address both the physical and emotional dimensions of postpartum recovery. Providing continuous support and education may help mothers navigate challenges more effectively during the transition to motherhood. Holistic postpartum care may contribute to improved maternal well-being and positive maternal experiences.

Traditional Health and Recovery Practices

Participants reported engaging in various traditional practices believed to promote maternal protection, facilitate childbirth, and support postpartum recovery. These practices reflected longstanding cultural beliefs and community traditions.

"Special food preparations believed to help with recovery." (P1)

"Applying snake oil before giving birth was believed to help make labor easier." (P6)

The findings demonstrate that traditional health practices remain an important component of maternal care among participants. Although some practices may lack scientific validation, they continue to provide cultural meaning and psychological reassurance. These traditions reflect the enduring influence of indigenous knowledge and cultural heritage on maternal health behaviors.

"Wearing black clothing as protection against balbal." (P8)

"Drinking ginger water during the eighth and ninth months of pregnancy." (P10)

Traditional practices continue to shape maternal health experiences and decision-making among Muslim mothers. Healthcare providers may benefit from understanding these practices to facilitate respectful discussions regarding safety and effectiveness. This approach can support culturally sensitive care while promoting evidence-based maternal health practices.

Implications:

The findings revealed that cultural childbirth traditions remained highly evident among mothers, particularly regarding spiritual determinism and traditional birth practices. However, only traditional birth practices demonstrated a significant relationship with intrapartum care preferences, while family influence, gender sensitivity, and spiritual determinism did not significantly influence mothers' preferences for home birth or hospital delivery. These findings suggest that although cultural and religious traditions continue to shape maternal experiences and beliefs, they may not be the primary determinants of healthcare utilization decisions. In contrast, healthcare facility accessibility emerged as a more consistent determinant of intrapartum care preferences. Geographic accessibility and healthcare services were significantly associated with both home birth and hospital delivery preferences, indicating that practical considerations such as distance, service availability, and perceived quality of care play a substantial role in maternal decision-making. These findings suggest that mothers may value their cultural traditions while prioritizing accessible, reliable healthcare services when choosing where to give birth.

The qualitative findings complement the quantitative results by illustrating that cultural and spiritual beliefs remain central to mothers' childbirth experiences even when they do not directly determine intrapartum care preferences. Participants consistently described the importance of prayer, family guidance, traditional health practices, and spiritual preparation during pregnancy and childbirth. However, they also expressed willingness to follow healthcare professionals' recommendations and made a concerted effort to balance traditional beliefs

with evidence-based maternal healthcare practices. This convergence suggests that cultural traditions primarily influence how mothers experience pregnancy and childbirth, whereas healthcare accessibility and service availability more strongly influence where they choose to seek intrapartum care.

CONCLUSIONS

Cultural childbirth traditions remain an important aspect of mothers' pregnancy and childbirth experiences, particularly through spiritual practices, family influence, and traditional health beliefs. However, these cultural factors generally did not significantly influence preferences for intrapartum care, except for traditional birth practices. In contrast, healthcare facility accessibility, particularly geographic accessibility and access to healthcare services, had a greater influence on mothers' preferences for childbirth settings. Qualitative findings further revealed that mothers value both cultural traditions and evidence-based healthcare, often seeking to balance these perspectives when making maternal health decisions. These findings highlight the importance of providing accessible, culturally sensitive, and patient-centered maternal healthcare services that respect cultural beliefs while promoting safe childbirth practices.

RECOMMENDATIONS

Healthcare providers and policymakers may continue to strengthen healthcare accessibility by improving the availability, quality, and responsiveness of maternal healthcare services, particularly in rural and geographically isolated communities. Efforts to enhance transportation support, referral systems, and facility readiness may encourage greater utilization of skilled birth services and improve maternal health outcomes. Healthcare professionals may also continue providing culturally sensitive care that acknowledges mothers' spiritual beliefs, family traditions, and cultural practices while promoting evidence-based maternal healthcare. Maternal health education programs may benefit from involving family members and community leaders, given their continuing influence on maternal beliefs and decision-making. Furthermore, open and respectful communication regarding traditional practices may help mothers make informed healthcare choices without feeling that their cultural values are being disregarded. Future studies may explore additional factors influencing intrapartum care preferences, including healthcare quality, trust in healthcare providers, prior childbirth experiences, and maternal health literacy, to provide a more comprehensive understanding of maternal healthcare decision-making.

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