Natural Resources for Human Health
eISSN: 2583-1194

Original Research
Received 18 May 2026
Revised 22 June 2026
Accepted 10 July 2026

Natural Resources for Human Health 2026, Vol. 6 (6s): 678–688

KEYWORDS:
Comfort; Cultural Care, Natural Childbirth Resilience, Sibaso Care, Trust.

Experiences of Natural Childbirth under Sibaso Care in Rural Indonesia: A Phenomenological Study

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ABSTRACT: Childbirth is increasingly shaped by technocratic medical models, contributing to rising cesarean section (CS) rates worldwide and concerns about the erosion of physiological birth practices. This study explores how culturally embedded caregiving by Sibaso, traditional Batak birth attendants, influences maternal experiences of childbirth in Nainggolan District, Samosir Regency, Indonesia. Using a transcendental phenomenological approach, in-depth interviews were conducted with 15 participants, including five mothers and ten Sibaso practitioners. The findings reveal that Sibaso care operates through a relational pathway linking trust, comfort, and maternal self-efficacy. Spiritual reassurance, therapeutic touch, and empathetic communication created a sense of embodied relational safety that reduced childbirth anxiety and strengthened women's confidence in physiological birth. This culturally grounded support functioned as a "cultural buffer" within an increasingly medicalized maternity system. The study highlights the importance of integrating relational and culturally responsive care into maternal health services to support respectful childbirth and potentially reduce non-medically indicated cesarean sections.

INTRODUCTION

Childbirth, historically understood as a physiological and sociocultural life event, is increasingly framed within a technocratic medical model (Symonds and Hunt 1996). The rapid expansion of obstetric interventions, particularly Cesarean Section (CS), reflects a broader global trend toward the medicalization of childbirth. While surgical delivery is a life-saving intervention when medically indicated, excessive reliance on CS has raised concerns among global health authorities (Thomaidi et al. 2025; Zahroh et al. 2026). The World Health Organization (WHO) has long indicated that population-level CS rates above 10–15% are not associated with further reductions in maternal or neonatal mortality, suggesting potential overuse of surgical delivery in many settings (Organization 2015). Recent global projections estimate that by 2030, nearly one-third of all births worldwide may occur through CS, highlighting a critical challenge for maternal health systems seeking to balance clinical safety with the preservation of physiological childbirth (Programme 2021).

Clinical indications do not solely drive the growing prevalence of CS but are increasingly influenced by psychosocial factors, including fear of childbirth (tokophobia), institutionalized obstetric practices, and declining maternal autonomy within highly medicalized care environments (Alonso-Colón, Pérez-Gómez and Ramis 2025; Angolile et al. 2023). Although modern obstetric technologies have significantly improved maternal and neonatal survival, their dominance within maternity care has also been criticized for shifting childbirth from a holistic, woman-centered experience toward a highly procedural medical event (Bai et al. 2024; Hod et al. 2023). In many contexts, this transformation has contributed to a widening gap between clinical safety and

maternal emotional well-being, often encouraging women to perceive surgical delivery as a safer and more predictable option (Çeri, Gültekin and Keskin 2025; The Lancet Global 2021).

Indonesia reflects this global pattern of rising medicalization. National health data indicate that the prevalence of CS has increased substantially in recent years, reaching approximately 20.5% of births by 2023 (Indonesia 2023). Regional disparities are also evident, with North Sumatra reporting rates approaching 24% (Oktaria and Mahendradhata 2022). While some surgical deliveries are medically necessary, an increasing proportion are influenced by non-clinical considerations, including maternal anxiety, institutional practices, and sociocultural perceptions of safety in hospital settings. These trends highlight an important challenge for maternal health policy: ensuring that technological progress does not undermine women's confidence in their physiological capacity to give birth (Bubpawong et al. 2025; Guidelines Review Committee 2018).

Within this broader context, rural communities present unique sociocultural dynamics that influence childbirth experiences. Samosir Regency in North Sumatra provides an illustrative case. In Nainggolan District, where maternal services are primarily provided through the Nainggolan and Sirait Community Health Centers (Puskesmas), facility-based childbirth compliance exceeds 90%, indicating strong integration with the formal health system. The referral pathway to Pangururan Regional General Hospital (RSUD) is well established, enabling effective management of obstetric complications. However, despite this high level of medical accessibility, the rate of CS in Samosir has reached approximately 17.8%, suggesting the emergence of a sociomedical paradox: improved facility utilization does not necessarily guarantee the preservation of physiological childbirth practices (Hyre et al. 2019).

Amid this transition, the presence of Sibaso, traditional Batak birth attendants, remains an important cultural component of maternal care. Beyond providing practical assistance, Sibaso traditionally offers emotional reassurance, cultural legitimacy, and relational support to pregnant women and their families. This role may function as a form of cultural buffering within the maternal health system, helping women navigate childbirth with greater psychological confidence. In rural settings where formal healthcare services may be perceived as highly procedural or impersonal, such culturally grounded support may play a critical role in shaping women's childbirth preferences and reducing anxiety related to labor (Chi and Urdal 2018; Miller and Smith 2017).

Existing literature on traditional birth attendants generally presents a dichotomous narrative. On one hand, traditional caregivers are often portrayed as culturally valuable actors embedded in community life; on the other hand, they are frequently viewed through a biomedical lens emphasizing clinical risk and the need for formal supervision(MacDonald 2022). Many studies have focused on the integration of traditional birth attendants within referral systems or their impact on maternal mortality outcomes (Dwivedi et al. 2024). While these studies provide valuable insights, they rarely explore the internal psychosocial mechanisms through which traditional caregiving practices influence women's childbirth experiences and decision-making processes.

Particularly lacking are phenomenological investigations that examine how relational dimensions such as trust and emotional comfort function as psychological resources during pregnancy and childbirth. Although continuous emotional support during labor has been shown to reduce obstetric interventions, how culturally embedded care practices generate such support remains poorly understood (Lunda, Minnie and Benadé 2018). This knowledge gap is especially important in contexts like Samosir, where high health facility utilization coexists with persistent reliance on traditional caregivers.

Understanding these dynamics is crucial in addressing the rising demand for non-medically indicated CS. Without addressing the psychosocial roots of childbirth anxiety, maternal health interventions risk remaining predominantly technocratic and may fail to respond to women's emotional and cultural needs (Veparala et al. 2025). Exploring the lived experiences of women who engage with traditional caregivers can therefore provide valuable insight into how culturally embedded support systems contribute to maternal confidence and childbirth decision-making (Kingdon, Downe and Betran 2018).

This study aims to explore the subjective experiences of pregnant women who utilize Sibaso care in rural Samosir and to understand how culturally grounded practices shape perceptions of trust, comfort, and childbirth preparedness. Using an interpretive phenomenological approach, this research seeks to examine how interactions with Sibaso contribute to maternal psychological resilience and influence women's preferences for physiological childbirth within an increasingly medicalized maternity care environment. By situating traditional caregiving within contemporary public health discourse, this study also seeks to contribute to the development of more culturally responsive and woman-centered maternity care models.

METHODS

Study Design

This study employed a qualitative research design using a transcendental phenomenological approach, grounded in the philosophical framework of Edmund Husserl. Transcendental phenomenology seeks to describe the essence of lived experiences by focusing on how individuals consciously perceive and interpret a phenomenon (Moerer-Urdahl and Creswell 2004). This approach was considered appropriate for exploring the meanings that pregnant women and traditional caregivers attribute to trust, comfort, and emotional support within Sibaso care.

The study aimed to capture the subjective experiences surrounding traditional caregiving practices and how these experiences influence women's perceptions of childbirth within an increasingly medicalized maternal health system. By emphasizing participants' lived experiences, the study sought to identify the underlying psychological and cultural structures that shape maternal confidence in physiological childbirth.

Study Setting

The research was conducted in Nainggolan District, a rural area characterized by strong Batak cultural traditions and an expanding formal maternal health system. Maternal healthcare services in this district are primarily delivered through community health centers (Puskesmas), with referrals directed to the regional hospital in Pangururan. Despite high utilization of facility-based maternity services, traditional birth attendants known locally as Sibaso continue to play an important sociocultural role in supporting pregnant women during pregnancy and childbirth. This setting provided a valuable context for examining the interaction between traditional caregiving practices and modern obstetric services, particularly in relation to women's experiences of emotional support and childbirth decision-making.

Participants and Sampling

Participants were recruited using purposive sampling to identify individuals with direct experience of the phenomenon under investigation. The inclusion criteria ensured that participants were able to provide rich and relevant narratives related to Sibaso care. The study involved 15 participants divided into two groups. The first group consisted of five mothers who had received care from Sibaso during pregnancy and experienced physiological childbirth within the previous three years (2022–2024). The second group consisted of ten Sibaso practitioners who were actively providing maternal support services in Nainggolan District and were recognized by the local community for their role in assisting pregnant women. The sample size was considered sufficient to achieve data saturation, defined as the point at which no new themes or meaningful insights emerged from subsequent interviews. In phenomenological research, emphasis is placed on the depth and richness of lived experiences rather than on numerical representation.

Data Collection

Data were collected through in-depth semi-structured interviews, conducted from 26th to 31st January 2026. The primary research instrument was the researcher herself, consistent with qualitative research principles in which the investigator serves as the main tool for data generation and interpretation. An interview guide was developed to explore participants' experiences of Sibaso care, focusing on themes such as:

- perceptions of emotional and physical comfort during pregnancy and childbirth
- relational trust between mothers and Sibaso practitioners
- cultural meanings attached to traditional caregiving practices
- perceptions of hospital-based childbirth and medical interventions

Each interview lasted approximately 45–60 minutes and was conducted in a location chosen by participants to ensure privacy and comfort. Interviews were audio-recorded using a digital recorder with participants' consent. In addition, field notes were documented during and immediately after each interview to capture contextual information, non-verbal expressions, and researcher reflections. All interviews were subsequently transcribed verbatim for analysis.

Bracketing and Reflexivity

To maintain phenomenological rigor, the study applied the principle of epoché (bracketing), which involves consciously suspending pre-existing assumptions about the phenomenon under investigation. Before and during data collection, the researcher engaged in reflective journaling to identify personal beliefs, professional knowledge, and potential biases related to traditional birth attendants and cesarean delivery trends. This reflexive process helped minimize the influence of the researcher's perspectives and allowed the analysis to remain grounded in the participants' lived experiences (Tavakol and Sandars 2025; Thomas and Sohn 2023).

Data Analysis

Data analysis followed the phenomenological method proposed by Clark Moustakas (Moustakas 1994). The analytical process involved several systematic steps:

1. Horizontalization All significant statements related to the phenomenon were identified from the interview transcripts and treated with equal value.
2. Thematic Clustering Significant statements were grouped into meaningful units to form emerging themes that reflected participants' experiences.
3. Imaginative Variation The data were examined from multiple interpretive perspectives to identify the underlying structures that shape the experience.
4. Textural and Structural Description Textural descriptions captured what participants experienced, while structural descriptions explored how the experiences occurred within specific contexts.
5. Essence Synthesis The final step involved integrating textural and structural descriptions into a comprehensive understanding of the essence of Sibaso caregiving as experienced by participants.

Ethical Considerations and Trustworthiness

This study adhered to established ethical principles for health research involving human participants. Before data collection, participants were provided with detailed information regarding the study objectives, procedures, and their rights as research participants. Written informed consent was obtained from all participants before conducting the interviews. Confidentiality and anonymity were strictly maintained by removing identifying information from interview transcripts and research reports.

To enhance the trustworthiness of the findings, several strategies were employed. Member checking was conducted by allowing participants to review interview transcripts and preliminary interpretations to ensure the accuracy of the recorded experiences. Peer debriefing was undertaken through discussions with experts in maternal health and health sociology to refine thematic interpretations and minimize potential researcher bias. Additionally, thick description was used to provide detailed contextual information, enabling readers to assess the transferability of the findings to similar settings.

Ethical approval for this study was obtained from the Health Research Ethics Commission of the University of Sumatra Utara (No. 184/KEPK/USU/2026). Through these procedures, the study sought to ensure methodological rigor and credibility in capturing the lived experiences of mothers and Sibaso practitioners within the maternal care context of rural Samosir.

RESULTS

Analysis of the interview transcripts identified three major themes describing how Sibaso caregiving contributes to maternal confidence in physiological childbirth:

1. The construction of trust through transcendental and relational dimensions,
2. The experience of comfort as an alternative to technocratic maternity care, and
3. The strengthening of maternal agency through the development of childbirth self-efficacy. These themes illustrate how culturally grounded caregiving practices influence women's psychological readiness for childbirth within a context of increasing medicalization.

1. Construction of Trust: Transcendental and Relational Dimensions in Mitigating Childbirth Anxiety

Participants consistently described trust in Sibaso care as a multidimensional construct that integrates both spiritual beliefs and interpersonal relationships. Trust was not merely based on technical skills but was rooted in cultural legitimacy and shared spiritual values within the community. At a transcendental level, many mothers perceived Sibaso as providing spiritual protection during pregnancy and childbirth. Prayers and ritual practices were described as emotionally strengthening experiences that created inner calm and reduced anxiety associated with labor. One participant explained:

"We believe in the same prayers." (Mother 4)

This shared spiritual framework allowed mothers to interpret childbirth not only as a biological process but also as a spiritually guided life event. As a result, fear related to the uncertainty of labor—including concerns about surgical intervention—was reduced.

At a relational level, trust was reinforced through close interpersonal interaction and emotional familiarity. Participants frequently referred to the Batak concept of "pos roha," which reflects deep confidence and emotional assurance within a relationship. Sibaso practitioners were perceived as approachable, compassionate, and attentive, creating an atmosphere of psychological safety during pregnancy and childbirth. As one mother described:

"Her voice is gentle… we feel comfortable with her… ittor pos roha." (Mother 5)

Through continuous presence and personal attention, Sibaso practitioners created a sense of stability that contrasted with the perceived impersonality of hospital-based care. This relational trust functioned as a cultural buffer, stabilizing mothers' emotions and mitigating anxiety associated with the possibility of surgical birth.

2. Manifestations of Comfort: Affective and Physical Dimensions of Care

The second theme that emerged from the analysis was the experience of comfort, which participants described as both a physical and emotional dimension of care. Unlike the procedural environment often associated with institutional maternity services, Sibaso care was perceived as providing a more human-centered approach to childbirth.

The physical dimension of comfort was expressed through traditional therapeutic practices such as massage (locally referred to as *kusuk* or *dampol*). These practices were believed to relieve bodily tension and reduce physical discomfort during pregnancy and labor.

One participant described the experience as follows:

"Just a mardampol with Sibaso… then it feels good." (Mother 5)

Participants reported that these practices helped their bodies relax and contributed to a sense of readiness for childbirth. Equally important was the affective dimension of comfort, which was characterized by empathy, patience, and emotional reassurance. Mothers described Sibaso as providing a supportive environment where they felt respected and understood. In contrast, some participants expressed that interactions with formal health facilities sometimes felt intimidating due to strict procedures and perceived authority dynamics.

One mother explained:

"Be patient… no one yells at us." (Mother 3)

This statement reflects how Sibaso caregiving created a psychosocial space of safety, where women were treated as active participants in the childbirth process rather than passive recipients of medical procedures. The combination of emotional reassurance and physical care contributed to an overall experience of comfort that participants considered essential for maintaining confidence during labor.

3. Strengthening Maternal Agency: From Psychocultural Support to Childbirth Self-Efficacy

The third theme highlights how the synergy between trust and comfort strengthened maternal agency and contributed to the development of childbirth self-efficacy. Participants described gaining confidence in their bodies' ability to give birth naturally when supported by culturally familiar caregiving practices.

For many mothers, the presence of Sibaso provided what they described as "emotional courage", enabling them to face labor with greater confidence. This confidence sometimes influenced their decisions regarding medical interventions, particularly when no clinical complications were present.

One participant explained:

"We stayed together and remained calm… because we did not want to be operated on." (Mother 5)

Participants emphasized that this preference for physiological childbirth was not driven by rejection of modern medicine but by a belief that childbirth could proceed naturally when supported by a calm and supportive environment. The role of Sibaso extended beyond individual emotional support. As respected community figures, Sibaso practitioners were perceived as "village parents", whose guidance carried strong cultural legitimacy. Their non-commercial relationship with mothers and their continuous availability during pregnancy and labor reinforced the perception that childbirth could be a safe and empowering process.

Through this combination of spiritual affirmation, emotional presence, and culturally embedded caregiving, Sibaso practitioners contributed to the reconstruction of childbirth as an empowering life event rather than a purely clinical procedure. In this way, Sibaso care helped strengthen women's psychological resilience and supported their preference for physiological childbirth within a healthcare landscape increasingly shaped by medicalization.

DISCUSSION

Interpretation of Key Findings

This study explored how culturally embedded caregiving provided by Sibaso influences maternal experiences of childbirth in Nainggolan, Samosir Regency. The findings indicate that mothers' continued reliance on Sibaso care is not primarily a rejection of modern healthcare, but rather a strategy to secure psychosocial and relational safety during childbirth. Two key dimensions—trust and comfort—emerged as central mechanisms through which Sibaso care strengthens maternal self-efficacy and supports women's preference for physiological birth (Wensley et al. 2020).

Trust in Sibaso care was constructed through both transcendental and relational elements. Shared spiritual practices and prayer created a sense of inner reassurance that helped mothers reinterpret childbirth as a meaningful and manageable life event rather than a threatening medical procedure(Puchalski 2001). At the same time, relational proximity—expressed through gentle communication, emotional presence, and cultural familiarity—generated a strong sense of psychological security. These findings suggest that maternal trust extends beyond technical competence to include spiritual alignment and relational continuity, elements that are often less visible within formal healthcare settings(Crowther and Hall 2015).

Comfort was similarly experienced as an embodied and relational phenomenon. Participants described physical practices such as therapeutic massage (*dampol*) and continuous supportive presence as sources of bodily relaxation and emotional stability during pregnancy and labor. These practices helped reduce anxiety and reinforced mothers' confidence in their bodies' natural capacity for childbirth. The integration of physical touch and empathetic communication created a supportive environment that enabled women to maintain emotional resilience during labor(Röhricht 2021).

Importantly, the interaction between trust and comfort generated a strong sense of maternal self-efficacy, allowing mothers to assert agency in their childbirth decisions. Women reported feeling more confident in choosing physiological birth and resisting surgical intervention when they perceived their bodies as supported by both cultural knowledge and relational care(Samdan et al. 2022). These findings highlight the role of culturally grounded support in strengthening maternal agency within contexts where medicalized childbirth practices are increasingly prevalent (Tognasso et al. 2022).

Positioning the Findings within Global Literature

The findings of this study contribute to the growing body of literature addressing the global medicalization of childbirth and the increasing reliance on cesarean delivery. Although cesarean section is an essential life-saving intervention when clinically indicated, its widespread overuse has become a major concern in maternal health systems worldwide. Previous research suggests that cesarean rates above approximately 10–15% at the population level are not associated with additional reductions in maternal or neonatal mortality, indicating potential overmedicalization of childbirth (Ganeriwal et al. 2021; Thomaidi et al. 2025).

Several scholars have argued that rising cesarean rates are influenced not only by clinical factors but also by institutional routines, medico-legal pressures, and maternal anxiety regarding childbirth (Ojong et al. 2026). In this context, the present findings highlight how psychological and cultural dimensions of care shape women's childbirth preferences. In Nainggolan, Sibaso caregiving functions as a culturally embedded support system that counterbalances the technocratic framing of childbirth by restoring emotional reassurance and trust.

The study's findings also align with extensive evidence demonstrating the benefits of continuous labor support. Previous systematic reviews have shown that women who receive continuous emotional and physical support during labor experience lower rates of obstetric interventions, including cesarean delivery, as well as higher levels of satisfaction with childbirth experiences (Jayasundara et al. 2024). Continuous support provides reassurance, enhances coping capacity, and reduces the perception of childbirth as a threatening event (Lunda, Minnie and Benadé 2018).

The caregiving practices described in this study closely resemble these mechanisms. Sibaso practitioners provide continuous presence, emotional reassurance, and physical comfort, creating an environment that supports physiological labor. However, the findings extend existing models of continuous labor support by highlighting additional spiritual and cultural dimensions, including shared prayer and the social authority of respected community elders. These culturally specific elements appear to strengthen maternal trust and may enhance the effectiveness of supportive care during childbirth.

Another important contribution of this study relates to the role of Sibaso care in mitigating childbirth anxiety, including tokophobia. Tokophobia, defined as an intense fear of childbirth, has been identified as a significant contributor to elective cesarean requests in many health systems. Research suggests that women experiencing high levels of childbirth fear are more likely to perceive vaginal birth as risky or uncontrollable (Barton et al. 2024).

The findings indicate that Sibaso caregiving helps reframe childbirth as a supported and culturally meaningful experience, thereby reducing fear and strengthening maternal confidence. Through spiritual reassurance, therapeutic touch, and empathetic communication, Sibaso practitioners help women reinterpret childbirth as a natural process rather than a medical threat. These findings support the argument that addressing psychological and emotional needs during pregnancy and labor is essential for reducing unnecessary obstetric interventions (Krausé, Minnie and Coetzee 2020).

Cultural Childbirth Models and the Role of Traditional Care

These results also contribute to anthropological and sociological literature, emphasizing that childbirth is not solely a biomedical event but also a cultural and relational experience (Symonds and Hunt 1996). In many communities, traditional caregivers play important roles in maintaining cultural continuity, providing emotional support, and facilitating communication between families and health services (Ng and Indran 2021). Within the Batak cultural context, Sibaso practitioners are widely recognized as respected community figures, often described as "village elders." Their role extends beyond technical assistance to include moral guidance, spiritual reassurance, and social support. This social legitimacy strengthens maternal trust and allows women to interpret childbirth decisions within a culturally meaningful framework.

Rather than functioning as competitors to modern healthcare, Sibaso practitioners in this study appear to act as cultural intermediaries who complement formal services. While health facilities provide clinical monitoring and emergency referral capacity, Sibaso caregivers provide the relational and emotional support necessary to maintain maternal confidence. This dual system of support reflects a form of cultural buffering, where traditional caregiving helps balance the psychosocial gaps that may emerge within highly technocratic health systems.

Implications for Maternal Health Policy and Practice

The findings have important implications for maternal healthcare policy and practice, particularly in rural settings undergoing rapid health system transitions. Efforts to reduce unnecessary cesarean delivery should extend beyond clinical protocols and address the psychosocial environment in which childbirth takes place. First, maternity services should prioritize respectful and supportive communication, recognizing that emotional reassurance is a critical component of safe childbirth experiences. Health workers may benefit from training that emphasizes empathetic communication, culturally sensitive care, and patient-centered decision-making. Second, the integration of community-based support figures into maternity care systems may strengthen trust between women and formal health services. Collaborative partnerships between healthcare providers and traditional caregivers could help ensure that clinical referrals occur when medically necessary while preserving culturally

meaningful forms of emotional support. Finally, strengthening maternal self-efficacy should be recognized as an important strategy for reducing elective cesarean requests. Programs that combine medical safety with emotional and cultural support may contribute to more balanced childbirth practices that respect both clinical evidence and women's lived experiences.

Study Limitations

Several limitations should be considered when interpreting the findings of this study. First, the research was conducted in a single rural district in Samosir Regency, and the cultural context of Batak society may influence the dynamics of trust and caregiving observed in this setting. As a result, the findings may not be directly transferable to other regions with different cultural traditions. Second, the study employed a phenomenological approach with a relatively small sample size, which prioritizes depth of experience rather than statistical generalization. While the findings provide valuable insights into the meaning structures underlying maternal experiences, they cannot be used to quantify the broader impact of Sibaso care on cesarean section rates at the population level. Finally, retrospective accounts of childbirth experiences may be subject to recall bias. However, steps such as member checking and careful interview procedures were implemented to enhance the data's credibility.

Directions for Future Research

Future research should further explore the psychological and spiritual dimensions of childbirth support, particularly in culturally diverse contexts. Quantitative and mixed-methods studies could examine how spiritual reassurance, emotional support, and relational continuity influence maternal self-efficacy and childbirth outcomes. Additionally, research examining collaborative models between traditional caregivers and formal healthcare providers could provide valuable insights for designing culturally responsive maternal health systems. Longitudinal studies may also help evaluate how such collaborations influence maternal well-being, childbirth experiences, and healthcare utilization over time.

CONCLUSION

This study demonstrates that Sibaso care in Nainggolan, Samosir, functions as a critical psychocultural mechanism within maternal health systems, operating as a Cultural Buffer against the growing medicalization of childbirth. The findings reveal that trust and comfort are not merely residual elements of tradition but constitute forms of embodied relational safety that directly influence maternal childbirth experiences. Through therapeutic touch, gentle communication, continuous presence, and shared spirituality, Sibaso care mitigates tokophobia and strengthens maternal confidence in the physiological capacity of the body during labor.

The analysis highlights a clear pathway in which trust fosters emotional comfort, and together these dimensions reinforce maternal childbirth self-efficacy, enabling women to maintain agency in decisions related to delivery and to resist non-medically indicated surgical intervention. In this context, the effectiveness of physiological birth is shaped not only by clinical preparedness but also by the availability of meaningful relational support that affirms maternal dignity and autonomy.

Theoretically, this study advances a holistic conceptualization of childbirth safety, integrating affective, relational, and transcendental dimensions alongside biomedical care. Practically, the findings suggest that integrating culturally grounded emotional support—such as those embodied in Sibaso practices—into formal maternity services may enhance respectful maternity care and contribute to reducing unnecessary cesarean sections in rural settings. Such integration offers a pathway toward more humane, culturally responsive, and equitable maternal healthcare systems.

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