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Research Article

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Examining the Social Problems Rural Midwives Face

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ABSTRACT

Currently, 1,127 midwives are working in the health sector nationwide, with 39.6 percent of them working in primary health care units. Since there is a lack of research specifically examining the social issues of local midwives, we aim to bring the voices of rural midwives to the forefront to address these pressing issues. To study the social protection issues of midwives working in primary health care facilities. To study the social problems of midwives through some demographic indicators, as well as salary levels, and credit status. Assess midwives' workload, working conditions, and health status through self-assessment. The study employed both descriptive and questionnaire research methods. The survey data were collected from participants between April 15 and April 23 using two sets of 15-question questionnaires and statistically processed. The monthly salary of rural midwives is 660,000 tugriks, and 86.2% have salary loans.

51.7% of respondents are barely able to support their families with the small amount of money they earn above their monthly salary. 48.1% of the survey participants were under the age of 35, and 51.6% were over the age of 36. The salary of midwives working in primary health care facilities is 660,000, and the difference in salary is small compared to the education level and years of service. Of the respondents, 86.2% have salary loans, 17.2% have housing loans, 58.6% live at home, 1.7% live in rented accommodation, 51.7% are the sole breadwinners, 55.1% pay student tuition fees, and 8.1% are heads of households.

Rural midwives have a high workload, high stress, high responsibility, and do more work than is indicated in their job description. 82.7% of the survey participants classified their health level as Group III, and 58.6% disagreed with the idea of having annual preventive checkups, indicating that they need to pay attention to their health. While 100% of respondents supported the idea that it is right to include the midwifery profession in the category of difficult working conditions, 96.5% disagreed with the idea of increasing the retirement age.

Keywords: Salary, Stress, Workload

Introduction

The midwifery profession is an integral part of the population's health system and plays a key role in protecting the health of mothers and children. In Mongolia, midwives provide healthcare services to rural communities, which make up more than 30 percent of the population, and are responsible for childbirth and newborn care. {15} However, midwives working in rural areas face many social difficulties and challenges. This is influenced by factors such as professional conditions, social security, wages, workload, and lack of social support.

They were thematically analyzed to explore barriers present at the micro-, macro-, and meso-levels. The micro-level barriers included isolation, financial insecurity due to low volume, and challenges in separating personal and professional life. Barriers at the meso level included discord in interprofessional relationships and challenges in attending continuing education. Lack of midwifery representation, overt medical dominance, and policy acted as barriers at the macro level.

Empirical evidence shows that when midwifery care is provided by educated, trained, regulated, licensed midwives, it is associated with improved quality of care and rapid and sustained reductions in maternal and newborn mortality [1,2].

Maternal and neonatal health disparities are often most pronounced in rural and remote geographical areas. Midwives, as primary maternity care providers, are key to bridging this gap. Their ability to deliver holistic, evidence-based care is, however, significantly constrained by the social and structural

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realities of rural practice. While challenges like resource scarcity and logistical barriers are well-documented, the social issues—those relating to human interaction, community integration, professional relationships, and personal life—require focused attention.

Key Social Problems for Rural Midwives

Lack of Community Trust and Social Status

- **Low Perceived Value:** In some cultures, there's a hierarchical perception that places doctors at a higher status than midwives, which can affect the community's trust in and willingness to utilize midwifery services.
- **Gender Bias:** Since the majority of midwives are women, unresolved gender issues in some conservative societies can lead families to prefer or trust male doctors more, undermining the midwife's authority and professionalism.
- **Mistrust of Modern Healthcare:** Some rural communities, especially those that are Indigenous or traditionally marginalized, may have a deep-seated distrust of formal healthcare systems due to past experiences, leading them to prefer traditional birth attendants or home births, which puts pressure on the midwife trying to promote safer facility-based care.

Cultural and Language Barriers

- **Communication Difficulties:** Midwives deployed to rural areas may not speak the local or indigenous language, leading to significant miscommunication, poor relationships, and a lack of understanding regarding the birthing person's concerns or cultural practices.
- **Conflict with Traditional Practices:** Midwives must often navigate and respect deeply held cultural beliefs and traditions surrounding birth. When their medical training conflicts with these practices, they can face resistance, conflict, or exclusion from the community.

Isolation and Lack of Social Support

- **Professional Isolation:** Rural midwives often work in isolation, without easy access to peer support, mentorship, or consultation from more experienced colleagues or specialist doctors, increasing the stress and burden of decision- making.
- **Personal Isolation:** Being stationed far from their own families and social networks, especially if they are migrants or from urban areas, can lead to personal loneliness and difficulty integrating into the host community.

Gendered Expectations and Work Overload

- **Heavy Workload:** Midwives in rural settings are frequently tasked with a far heavier workload than their urban counterparts, often covering multiple villages, managing non-birthing healthcare (like general and primary care), and serving as the primary health resource for the entire community. This over-delegation reduces focus on their core midwifery tasks.
- **Balancing Roles:** Midwives, being primarily women, may also have to balance their intense professional duties with their own unpaid domestic and care work, which is a common gender inequality that exacerbates fatigue and stress.

Compounding Systemic and Economic Challenges

These social issues are often compounded by severe systemic and economic problems:

- **Poor Infrastructure and Logistics:** Bad roads, lack of reliable transport, and long distances make it difficult for midwives to reach clients quickly in an emergency and for clients to reach the facility.
- **Resource Scarcity:** Rural facilities often lack essential medical supplies, equipment, electricity, and even clean water, forcing midwives to work in ill- equipped and challenging environments.
- **Inadequate Remuneration and Incentives:** Low pay, complicated billing processes, and a lack of financial incentives for working in remote, high-risk areas contribute to high turnover rates and difficulty in recruiting and retaining skilled personnel.

Lack of Safety/Insecurity: Midwives working in fragile, conflict-affected, or remote areas can face significant personal insecurity, including risks of violence, theft, or navigating dangerous checkpoints to deliver care.

Problem Statement

A high turnover rate among rural midwives, coupled with difficulties in recruitment, threatens the sustainability of rural maternity services [3]. This is often linked not just to clinical workload but to the profound social and professional isolation experienced in remote settings. Understanding these specific social issues is a prerequisite for developing effective retention strategies and support systems [4].

Literature Review: The Social Context of Rural Midwifery

Professional Isolation and Lack of Support

A primary social issue is professional isolation. Unlike their urban counterparts, rural midwives often work as single providers or in small, dispersed teams with limited access to immediate peer support, senior mentorship, or specialized obstetric/pediatric backup [5].

- **Lack of Collegial Networks:** Limited opportunities for case discussions and peer debriefing lead to heightened vigilance and feelings of vulnerability, particularly when managing obstetric emergencies alone [5].
- **Distance to Continuing Professional Development (CPD):** Geographical distance is a major barrier to attending mandatory training and educational events, leading to a perceived or actual lack of opportunities for professional advancement and skill maintenance. This can fuel professional insecurity [6].
- **Interprofessional Tensions:** Isolation can be compounded by poor or unstable relationships with other local healthcare providers (e.g., family physicians, nurses), which hinder effective referral and collaborative care.

The Blurring of Personal and Professional Boundaries ("Being Known")

In tight-knit rural communities, midwives often experience a lack of distinction between their professional role and their personal life, a phenomenon known as "being known [7]."

- **Loss of Privacy:** The midwife's private life is often scrutinized or co-opted by the community. They may find it difficult to

"turn off" their professional role at home, leading to chronic stress and an inability to maintain a work-life balance [8].

- **Personal Stakes in Outcomes:** As a community member, the midwife is personally linked to both the good and bad outcomes of births. This intensifies the emotional toll of adverse events, as their patients are often neighbors, friends, or family acquaintances.
- **Uncompensated Service:** Midwives may feel social pressure to provide informal or uncompensated advice and care outside of their designated work hours due to their community role.

Challenges to Work-Life Balance and Family Life

The intense nature of rural on-call work, often without adequate backup, significantly strains the midwife's personal and family life.

- **On-Call Burden:** Chronic on-call duty, extended shifts, and the long travel times inherent to rural geography make it difficult to schedule family events or even basic household chores. This can lead to family life troubles and concerns about the upbringing of their own children.
- **Stress and Burnout:** The combination of heavy workload, professional isolation, and the '24/7' nature of the job contributes to high levels of stress, fatigue, and burnout, which directly impacts mental and physical health.

Structural and Systemic Social Disadvantage

The professional standing of the midwife within the wider health system can be a profound social challenge, especially in contexts of medical dominance or weak policy.

- **Lack of Policy Recognition:** In some regions, limited scope of practice regulations or inadequate integration of midwifery into healthcare planning acts as a systemic barrier [9].
- **Financial Insecurity (in some models):** For caseload or private practice rural midwives, low birth volume and long travel distances can lead to financial uncertainty, which acts as a powerful disincentive for retention [10].
- **Lack of Recognition and Motivation:** Midwives may report feeling unnoticed or undervalued despite their heavy workload, particularly if incentives (like rural allowances) are not equitably extended to them compared to other health professionals.

Objective

The aim is to identify the social issues facing midwives working in rural areas and to study and analyze the factors that affect their work lives.

Methods

The study was conducted using descriptive and questionnaire research methods. A total of 58 midwives from Arkhangai and Uvurkhangai aimags participated. The survey data were collected from participants between April 15 and April 23using two sets of 15-question questionnaires, and statistical analysis was performed using SPSS software.

Results:

The monthly salary of rural midwives is 500,000-600,000 tugriks, and 86.2% have salary loans. 51.7% of respondents are barely able to support their families with the little money they earn above their monthly salary. 48.1% of the survey participants were under the age of 35, and 51.6% were over the age of 36.

The salary of midwives working in primary health care facilities ranges from 500.0 to 600.0, and the salary gap appears small compared to education level and years of service. Of the respondents, 86.2% have salary loans, 17.2% have housing loans, 58.6% live at home, 1.7% in rented accommodation, 51.7% are single-parent households, 55.1% pay student tuition fees, and 8.1% live as heads of households.

While 100% of respondents supported the idea that it is right to include the midwifery profession in the list of difficult working conditions, 96.5% disagreed with the idea of increasing the retirement age.

Discussion

The cumulative effect of these social issues on the rural midwifery workforce is clear: poor retention and difficulty in recruitment. When midwives are isolated, unsupported, and unable to protect their personal space, their well-being suffers, which inevitably compromises the quality and safety of the care they provide to rural women. The social strength that often draws midwives to rural practice—a deep connection to the community—paradoxically becomes a source of stress when professional boundaries are lost [11].

According to the survey, 78% of rural midwives felt that their workload was high and their pay was inadequate. 65% said there was a lack of professional support and training. However, 54% considered that social security services (housing, incentives, and benefits) were lacking.

The results of the in-depth interviews revealed the following main issues:

1. Professional environment challenges: Working alone in remote soums and teams, lack of equipment, transportation, and communication difficulties.
2. Lack of social support: Low work values, weak public attitudes, and lack of psychological support.
3. Quality of life issues: Housing problems, family separation, and difficulties with children's education.

These factors negatively affect midwives' professional values, satisfaction, and work motivation, and cause instability in the workplace [11].

Conclusion

82.7% of the survey participants classified their health level as Group III, and 58.6% disagreed with the idea of undergoing annual preventive examinations, indicating a lack of attention to their health and the non-implementation of Article 29.6 of the Health Law.

While 100% of respondents supported the idea that it is right to include the midwifery profession in the list of difficult working conditions, 96.5% disagreed with the idea of increasing the retirement age.

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