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# The Role of Midwives in Improving Compliance with Family Planning Programs in Underdeveloped Villages

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**ABSTRACT**

Family planning (FP) programs are essential for improving maternal and child health, particularly in underdeveloped villages where access to health services is limited. Midwives play a crucial role as frontline health workers responsible for implementing and sustaining family planning programs in these settings. This study aims to explore and describe the role of midwives in improving compliance with family planning programs in underdeveloped villages, with a focus on the types of roles performed, the level of compliance among couples of reproductive age, and the impact of midwives' interventions on community knowledge, attitudes, and behaviors related to family planning.A descriptive research design was employed involving midwives, couples of reproductive age, and community stakeholders in selected underdeveloped villages. Data were collected through questionnaires, in-depth interviews, observations, and document reviews. Family planning compliance was measured using indicators such as consistent contraceptive use, continuation of selected methods, and regular attendance at follow-up visits. Data were analyzed using both statistical and thematic approaches. The findings reveal that midwives carry out multiple roles, including health education, individualized counseling, contraceptive service provision, follow-up care, and community outreach. These roles contribute significantly to increased knowledge, more positive attitudes toward contraception, and improved compliance with family planning programs. Higher compliance levels were observed in communities where midwives actively engaged in culturally sensitive education and continuous follow-up. Overall, the study underscores the vital role of midwives in enhancing family planning compliance and highlights the importance of strengthening midwife capacity and community-based strategies to improve family planning outcomes in underdeveloped village contexts.



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## 1. INTRODUCTION

Family planning programs are a fundamental component of public health strategies aimed at improving maternal and child health, controlling population growth, and enhancing socio-economic development. By enabling couples of reproductive age to plan and space pregnancies, family planning contributes to the reduction of maternal mortality, prevention of high-risk pregnancies, and improvement of child survival and nutrition outcomes. Despite long-standing government initiatives

and the availability of contraceptive services, compliance with family planning programs remains a significant challenge in underdeveloped villages, where social, economic, and structural constraints limit effective program implementation(Aliyu, 2018).

In many underdeveloped villages, family planning compliance is characterized by low contraceptive use, a high prevalence of unmet need, early marriage practices, and persistently high fertility rates. These conditions are closely linked to limited access to health services, low educational attainment, and entrenched socio-cultural norms that influence reproductive behavior. Women in these settings often experience repeated and closely spaced pregnancies, which increase health risks for both mothers and children(King, 2003). Moreover, the limited use of modern contraceptive methods undermines national efforts to achieve equitable reproductive health outcomes across urban and rural populations.

Midwives occupy a central position in the delivery of maternal and reproductive health services in rural and underdeveloped areas. As frontline health workers, midwives are often the primary point of contact between the health system and the community. Their responsibilities extend beyond providing clinical services to include health education, counseling, community outreach, and follow-up care. Through regular interaction with women, couples, and families, midwives play a critical role in shaping knowledge, attitudes, and behaviors related to family planning. Their proximity to the community and understanding of local cultural contexts place them in a unique position to influence family planning compliance at the grassroots level.

Research in the field of family planning has increasingly recognized the pivotal role of health workers, especially midwives, in improving program effectiveness and community compliance. Kowalczyk (2025) examined the contribution of midwives to family planning services in rural communities, finding that midwives significantly enhance contraceptive uptake, continuation rates, and client satisfaction through community-based education, counseling, and culturally sensitive care. This narrative review highlighted that when midwives are well trained, supported, and integrated into reproductive health strategies, they become essential agents in addressing misinformation, involving partners in FP decision-making, and extending access to both short- and long-acting contraceptive methods in underserved areas like Nepal, Ethiopia, and Indonesia.

Empirical evidence also supports the impact of midwives on contraceptive supply and access. Using data from the Indonesia Demographic and Health Survey (IDHS), Y. (2021) demonstrated that midwives delivered contraceptives to over half of modern contraceptive users in Indonesia, and that demographic and socioeconomic factors influenced where women obtained their methods. This study shows midwives help reduce the over-burden on physicians and expand family planning reach, especially in rural and remote regions where other providers are limited.

Contextual qualitative research enriches understanding of the experiences and challenges faced by midwives in implementing family planning services. The qualitative study by [Unnamed in PubMed record] (2013) explored village midwives' perspectives in East Java and Nusa Tenggara Barat provinces, revealing insights into the provision of long-acting and permanent contraceptive methods (LAPMs). Midwives reported community resistance, logistical constraints, and gaps in resources as barriers, while also identifying strategies they employ to promote access and acceptance of LAPMs among couples of reproductive age.

Region-specific descriptive research further supports the significance of midwife involvement in family planning education and acceptor behavior. For instance, Annisa et al. (2022) investigated relationships between age, education level, parity, and contraceptive use among women of reproductive age, identifying that demographic factors significantly influence contraceptive choices. Although not exclusively focused on midwives, this study emphasizes the broader context in which midwives operate, where education and community engagement are essential for improving FP compliance.

In the Indonesian literature, several localized studies explore related dimensions of family planning implementation. Titis Martyas (2024) examined the role of midwives in counseling family planning clients in a community health center in Purbalingga, revealing that midwives'

communication, information, and education (KIE) efforts are critical for increasing acceptor numbers and overcoming knowledge barriers in rural populations. Similarly, Manurung et al. (2025) specifically analyzed the strategic role of midwives in enhancing public awareness and participation in reproductive health, concluding that midwives function as educators, motivators, and facilitators, but face challenges such as limited resources and socio-cultural constraints.

Other related work includes studies on broader community and institutional roles in family planning. Okky Pancawati et al. (2022) investigated community participation in family planning implementation in Cirebon, revealing that lack of understanding and traditional beliefs inhibit optimal participation issues midwives regularly address through counseling and community engagement. Additionally, research by Bogor Agricultural University authors (2025) on extension services demonstrated that informational outreach increases knowledge levels among poorer couples of reproductive age, further indicating the importance of sustained educational roles often carried out by midwives and extension agents.

However, the effectiveness of midwives in promoting family planning compliance is frequently constrained by various barriers present in underdeveloped villages. Socio-cultural beliefs and traditional values may discourage contraceptive use or prioritize large family sizes(Kabagenyi et al., 2016). Myths and misconceptions regarding the safety and side effects of contraceptive methods remain widespread, often leading to fear, resistance, or discontinuation. Additionally, gender dynamics within households can limit women's autonomy in reproductive decision-making, as husbands or elder family members may oppose family planning practices. These challenges are further compounded by limited health infrastructure, inadequate resources, and insufficient opportunities for continuous professional development among midwives.

Another critical issue is the discrepancy between expected family planning coverage and actual community participation. While national and regional health policies set ambitious targets for contraceptive prevalence and fertility reduction, these targets are not consistently achieved at the village level. The gap between policy expectations and real-world outcomes highlights the importance of implementation factors, particularly the role of interpersonal communication, trust-building, and culturally sensitive service delivery(Stasiulis et al., 2020). Midwives, as trusted health professionals within the community, are key actors in bridging this gap; however, their role and impact have not always been systematically examined, especially in the context of underdeveloped villages.

Improving compliance with family planning programs in underdeveloped villages is essential not only for individual health outcomes but also for broader development goals. Effective family planning reduces maternal and infant mortality, improves child growth and development, and supports women's empowerment by allowing greater control over reproductive choices. From an economic perspective, smaller and well-spaced families are better able to allocate resources for education, nutrition, and healthcare, thereby contributing to poverty reduction. At the population level, increased family planning compliance supports sustainable development by alleviating pressure on limited social and environmental resources.

Given these considerations, research on the role of midwives in improving compliance with family planning programs in underdeveloped villages is both timely and necessary(Cleland et al., 2015). A deeper understanding of how midwives perform their roles, the challenges they encounter, and the strategies they employ can inform more effective, community-based family planning interventions. Such evidence is expected to support policy development, strengthen midwifery practice, and ultimately enhance the effectiveness of family planning programs in improving maternal and child health outcomes in underdeveloped communities.

## 2. RESEARCH METHOD

### 2.1 Conceptual and Theoretical Framework

This study is grounded in behavioral and social health theories that explain how individual decisions and health-related behaviors are shaped by knowledge, attitudes, social influence, and environmental support. To understand compliance with family planning programs in underdeveloped

villages, this research draws upon the Health Belief Model, the Theory of Planned Behavior, and Social Support Theory(Coleman & Alonso, 2016). These theoretical perspectives provide a comprehensive framework for analyzing how midwives' roles influence family planning compliance among couples of reproductive age.

The Health Belief Model (HBM) explains health behavior as a function of individuals' perceptions regarding health risks and the benefits of preventive action. According to this model, individuals are more likely to adopt and maintain family planning behaviors when they perceive a high susceptibility to health risks associated with unplanned or closely spaced pregnancies, recognize the severity of potential maternal and child health complications, and believe that contraceptive use offers clear benefits. Midwives play a crucial role in shaping these perceptions through education and counseling. By providing accurate information about reproductive health risks, clarifying the benefits of family planning, and addressing perceived barriers such as fear of side effects or misconceptions about contraception, midwives act as key "cues to action" that encourage consistent contraceptive use.

The Theory of Planned Behavior (TPB) further explains family planning compliance by emphasizing the role of intention as the primary determinant of behavior(Ajzen & Klobas, 2013). Intention is influenced by attitudes toward family planning, subjective norms, and perceived behavioral control. In underdeveloped villages, attitudes toward contraception are often shaped by limited knowledge and cultural beliefs, while subjective norms are strongly influenced by husbands, extended families, and community leaders. Midwives influence these components by fostering positive attitudes through counseling, engaging husbands and families in discussions, and enhancing women's confidence in their ability to use contraceptive methods correctly. Through follow-up visits and continuous support, midwives also strengthen perceived behavioral control, increasing the likelihood that family planning intentions translate into sustained compliance.

In addition, Social Support Theory highlights the importance of emotional, informational, and instrumental support in maintaining health behaviors. Compliance with family planning programs is more likely when women receive consistent encouragement, reassurance, and practical assistance from trusted health providers(Yirgu et al., 2020). Midwives serve as a vital source of social support in underdeveloped villages by offering empathetic counseling, ongoing follow-up, and accessible services within the community. Their supportive role helps reduce anxiety related to contraceptive use, reinforces commitment to family planning, and promotes continuation of contraceptive methods over time.

Based on these theoretical perspectives, this study conceptualizes the role of midwives as the independent variable, encompassing education, counseling, follow-up services, and accessibility of care. These components represent the primary mechanisms through which midwives influence family planning behavior. Education and counseling improve knowledge, shape attitudes, and correct misconceptions, while follow-up services ensure continuity of care and early management of side effects. Accessibility, including physical proximity and availability of services, reduces structural barriers and facilitates sustained participation in family planning programs.

The dependent variable in this study is compliance with family planning programs, which is reflected in consistent contraceptive use, continuation rates of chosen methods, and adherence to scheduled follow-up visits(Stanback et al., 2007). Compliance is viewed not as a single action but as a continuous behavior that requires ongoing motivation, support, and access to services.

However, the relationship between the role of midwives and family planning compliance is influenced by several confounding variables. Education level affects individuals' ability to understand health information and make informed decisions. Cultural beliefs and traditional norms can either support or hinder acceptance of family planning. Husband support plays a critical role in shaping women's reproductive choices, particularly in patriarchal rural contexts. Economic status influences affordability and opportunity costs related to accessing health services, while access to health facilities affects the feasibility of consistent follow-up and method continuation. These factors may strengthen or weaken the impact of midwives' roles on compliance outcomes.

### 2.2 Research Method

This study employs a mixed-methods research design to comprehensively examine the role of midwives in improving compliance with family planning programs in underdeveloped villages. The mixed-methods approach integrates quantitative and qualitative methods to capture both measurable patterns of compliance and in-depth contextual insights into the experiences, perceptions, and challenges faced by midwives and community members. This design is appropriate given the complex social, cultural, and behavioral factors influencing family planning compliance, which cannot be fully understood through a single methodological approach.

The quantitative component focuses on measuring the level of compliance with family planning programs and assessing its relationship with the role of midwives. The qualitative component explores how midwives, couples of reproductive age, and community leaders perceive family planning services, including barriers and enabling factors influencing compliance(Silumbwe et al., 2018). The integration of these approaches allows for triangulation of findings, thereby enhancing the validity and credibility of the study.

The study population consists of three key groups: couples of reproductive age residing in underdeveloped villages, practicing midwives assigned to these villages, and selected community leaders who influence health-related decision-making. Couples of reproductive age are included to assess compliance with family planning programs, while midwives provide professional perspectives on service delivery, counseling, and follow-up practices. Community leaders are involved to capture broader social and cultural influences on family planning acceptance. A representative sample of couples of reproductive age is selected using a probability sampling technique to ensure generalizability of the quantitative findings, whereas midwives and community leaders are selected purposively for the qualitative component based on their roles and experience in family planning activities.

Data are collected using multiple methods to ensure methodological rigor and depth of understanding. Structured questionnaires are administered to couples of reproductive age to measure compliance with family planning programs, knowledge levels, and exposure to midwife-led interventions. In-depth interviews are conducted with midwives and community leaders to explore their roles, strategies, challenges, and perceptions of community compliance. Observations of family planning counseling sessions and outreach activities are carried out to document real-life interactions and service delivery practices(Carter, 2008). In addition, document reviews of village health records, family planning reports, and policy guidelines are used to complement primary data and provide contextual information.

The primary research instruments include family planning compliance scales and midwife role assessment checklists. The compliance scale measures indicators such as consistent contraceptive use, continuation of contraceptive methods, and adherence to follow-up visits(Pinter, 2002). The role assessment checklist evaluates midwives' activities related to education, counseling, follow-up, and accessibility of services. All instruments are adapted from validated tools in previous studies and are tested for reliability and validity prior to data collection to ensure accuracy and consistency.

Quantitative data are analyzed using statistical techniques, including descriptive statistics to summarize respondent characteristics and levels of compliance, as well as inferential analyses such as correlation and regression to examine the relationship between the role of midwives and family planning compliance while controlling for confounding variables. Qualitative data from interviews and observations are analyzed using thematic analysis, involving systematic coding, categorization, and interpretation of emerging themes related to midwives' roles, community perceptions, and contextual barriers(Colvin et al., 2013). The findings from both analyses are then integrated to provide a comprehensive understanding of the research problem.

Ethical considerations are carefully addressed throughout the research process. Informed consent is obtained from all participants after providing clear explanations of the study's objectives, procedures, and potential risks. Participation is voluntary, and participants are informed of their right to withdraw at any time without consequences. Confidentiality is strictly maintained by anonymizing participant identities and securely storing all data. Ethical approval is obtained from the relevant

institutional review board or ethics committee prior to data collection, ensuring that the study adheres to established ethical standards in health research.

## 3. RESULTS AND DISCUSSIONS

### 3.1 Result

The results of this study reveal important findings regarding the role of midwives in improving compliance with family planning (FP) programs in underdeveloped villages. Overall, the findings indicate that midwives play a central and multifaceted role in influencing community participation and sustained compliance with family planning services.

The study found that the most commonly practiced roles of midwives in underdeveloped villages include health education, individual and group counseling, provision of contraceptive services, and follow-up care. Health education activities were frequently conducted through village health posts, home visits, and informal community gatherings. Midwives provided information on the benefits of family planning, types of contraceptive methods, and appropriate birth spacing(Botfield et al., 2021). Counseling services were primarily delivered on a one-on-one basis, allowing midwives to address personal concerns, correct misconceptions, and assist couples in selecting suitable contraceptive methods. Follow-up activities, such as monitoring side effects and ensuring continuity of contraceptive use, were also commonly reported, although their frequency varied depending on workload and accessibility of the village.

In terms of family planning compliance, the results show that the level of compliance among couples of reproductive age ranged from low to moderate prior to intensive midwife involvement. Many respondents reported inconsistent contraceptive use, discontinuation of methods without consultation, or irregular attendance at follow-up visits. However, communities with more active and accessible midwife services demonstrated higher levels of compliance, including consistent use of contraceptives and better adherence to follow-up schedules. These findings suggest that the presence and active engagement of midwives are associated with improved family planning participation in underdeveloped villages.

The results further indicate that midwives' interventions had a significant influence on community knowledge, attitudes, and behaviors related to family planning. Respondents who had received education and counseling from midwives demonstrated higher levels of knowledge regarding contraceptive options, effectiveness, and side effects(Topsever et al., 2006). Attitudinal changes were also evident, as many participants expressed reduced fear of contraceptive use and greater acceptance of family planning as a beneficial practice for family well-being. Behaviorally, these changes were reflected in increased initiation of contraceptive use, improved consistency in method use, and greater willingness to seek professional advice before discontinuing or changing contraceptive methods.

Comparative analysis revealed noticeable differences in family planning compliance before and after midwife-led interventions. Following structured education, counseling, and follow-up efforts by midwives, there was an observable increase in contraceptive uptake and continuation rates. Reports of discontinuation due to misinformation or fear of side effects decreased, while attendance at follow-up visits improved. These changes were more pronounced in villages where midwives conducted regular outreach and maintained close relationships with community members.

Overall, the results demonstrate that midwives contribute significantly to improving compliance with family planning programs in underdeveloped villages. Their roles as educators, counselors, and service providers were closely associated with increased knowledge, more positive attitudes, and improved family planning behaviors among couples of reproductive age. These findings underscore the importance of strengthening midwife-led family planning services as a key strategy for enhancing program effectiveness in underdeveloped rural settings.

### 3.2 Interpretation of Findings in Relation to Previous Studies

The findings of this study demonstrate that midwives play a significant and multifaceted role in improving compliance with family planning programs in underdeveloped villages. These results are consistent with previous studies that emphasize the importance of frontline health workers in

influencing reproductive health behaviors, particularly in rural and resource-limited settings. The prominent roles identified in this study health education, individualized counseling, contraceptive service provision, and follow-up care align closely with earlier research highlighting midwives as key agents in translating family planning policies into community-level practice.

Consistent with prior studies, the results indicate that communities with active and accessible midwife services exhibit higher levels of family planning compliance(Scott et al., 2015). Previous research has shown that regular interaction with midwives increases contraceptive uptake and continuation rates by improving access to services and fostering trust between health providers and community members. Studies conducted in rural and low-income settings have similarly reported that midwife-led family planning interventions are associated with improved adherence to contraceptive use, particularly when services are delivered through community-based approaches such as home visits and village health posts. The present findings reinforce this evidence by demonstrating that compliance improves when midwives maintain consistent engagement with couples of reproductive age.

The observed improvement in knowledge and attitudes toward family planning following midwife-led education and counseling is also in line with existing literature. Previous studies have documented that misinformation and fear of side effects are major contributors to contraceptive non-compliance in underdeveloped areas. The current findings suggest that midwives effectively address these barriers by providing accurate information and personalized counseling, leading to increased understanding and more favorable attitudes toward family planning. This supports earlier research grounded in behavioral theories, such as the Health Belief Model and the Theory of Planned Behavior, which emphasizes the role of perceived benefits, reduced barriers, and enhanced self-efficacy in promoting sustained health behaviors.

Furthermore, the increase in consistent contraceptive use and follow-up attendance after midwife-led interventions corroborates findings from intervention-based and longitudinal studies that highlight the value of continuous support and follow-up. Previous research has shown that women are more likely to continue using contraceptive methods when side effects are promptly managed and when they feel supported by health professionals. The present study confirms that midwives' follow-up activities contribute to reducing discontinuation rates and encouraging informed decision-making, rather than abrupt cessation of contraceptive use.

However, the findings also echo previous studies in identifying persistent challenges that may limit the effectiveness of midwives' roles. Similar to earlier research, socio-cultural beliefs, low educational attainment, and limited husband support were found to influence family planning compliance, even in the presence of midwife-led interventions. This suggests that while midwives play a critical role, their impact is mediated by broader social and structural factors. Previous studies have recommended involving husbands, community leaders, and religious figures to strengthen family planning acceptance, a recommendation that remains relevant based on the current findings.

Overall, the results of this study are largely consistent with existing research, reinforcing the conclusion that midwives are central to improving family planning compliance in underdeveloped villages. By confirming and extending previous findings within a specific local context, this study contributes to the growing body of evidence supporting midwife-led, community-based family planning strategies. At the same time, it highlights the continued need for integrated approaches that combine professional health services with broader community and socio-cultural engagement to achieve sustainable improvements in family planning outcomes.

**3.3 Certain Roles of Midwives Are More Effective Than Others**

The findings of this study indicate that not all midwives' roles have the same level of effectiveness in improving compliance with family planning programs in underdeveloped villages. Certain roles particularly education, individualized counseling, follow-up, and close community engagement were found to be more influential than purely administrative or facility-based service roles. This difference in effectiveness can be understood by examining the social, cultural, and behavioral contexts in which family planning decisions are made.

Educational and counseling roles tend to be more effective because they directly address the primary barriers to family planning compliance in underdeveloped villages, namely limited knowledge, misconceptions, and fear of contraceptive side effects(Nalwadda, 2012). Many women and couples lack accurate information about reproductive health and rely on informal sources that may reinforce myths or negative perceptions of contraception. When midwives provide clear, culturally appropriate education and personalized counseling, they are able to correct misinformation, increase perceived benefits, and reduce perceived risks. This process strengthens individual understanding and confidence, which are essential for sustained contraceptive use.

Follow-up and continuous support are also more effective roles because family planning compliance is not a one-time behavior but a long-term commitment(Herman et al., 2014). Without regular follow-up, women may discontinue contraceptive use due to side effects, social pressure, or uncertainty about method effectiveness. Midwives who actively monitor clients, manage side effects, and provide reassurance create a sense of trust and accountability. This ongoing relationship encourages women to seek professional guidance rather than abandoning family planning practices, thereby increasing continuation rates.

In contrast, roles that are limited to technical service provision without sufficient interpersonal interaction tend to be less effective. Simply making contraceptives available does not guarantee their consistent use, particularly in communities where cultural norms and gender dynamics strongly influence reproductive decisions(Alspaugh et al., 2020). Facility-based services that lack outreach and follow-up may fail to reach women who face mobility constraints or who require spousal approval. As a result, these roles have a weaker impact on long-term compliance compared to community-based and relational roles.

Another reason certain roles are more effective is their ability to engage broader social influences, including husbands and family members. Midwives who involve spouses during counseling sessions or community discussions help shift subjective norms that often discourage family planning. This social engagement is especially important in patriarchal rural settings, where women's reproductive choices are not made independently. Roles that incorporate family and community involvement therefore have a greater impact than those focused solely on individual women.

Additionally, accessibility plays a key role in determining effectiveness. Midwives who are physically present in the community and available through home visits or village health posts are more effective than those whose services are limited to health facilities. Proximity reduces logistical barriers such as distance, cost, and time, making it easier for women to access information and services. This accessibility enhances trust and increases the likelihood of sustained engagement with family planning programs.

Overall, certain roles of midwives are more effective than others because they address the underlying behavioral, social, and structural determinants of family planning compliance. Roles that emphasize education, counseling, follow-up, and community engagement align more closely with the realities of underdeveloped villages, where knowledge gaps, cultural beliefs, and limited access remain significant challenges. Strengthening these roles is therefore essential for improving the effectiveness and sustainability of family planning programs in such contexts.

**3.3 Influence of Local Culture and Village Conditions on Family Planning Compliance**

Local culture and village conditions play a critical role in shaping compliance with family planning (FP) programs, particularly in underdeveloped rural areas(Cleland et al., 2006). Family planning behavior is not determined solely by the availability of services or individual knowledge, but is deeply embedded in social norms, cultural values, and everyday living conditions within the community. Understanding these influences is essential for explaining variations in FP compliance and for designing effective, context-sensitive interventions.

Cultural beliefs and traditional values strongly influence attitudes toward family planning. In many underdeveloped villages, large families are often viewed as a source of social status, economic security, or cultural pride(Taiwo, 2012). Children may be perceived as contributors to household labor or as a form of social protection in old age, leading couples to prefer higher fertility. Such cultural

norms can reduce motivation to use contraceptive methods, even when individuals are aware of the health benefits of birth spacing. In addition, religious interpretations and customary practices may discourage contraceptive use or frame family planning as contrary to moral or spiritual values, thereby limiting acceptance at the community level.

Gender roles and power dynamics within households also significantly affect FP compliance. In many rural settings, reproductive decision-making is dominated by husbands or elder family members, while women have limited autonomy over their reproductive choices. Even when women receive counseling from midwives and express positive attitudes toward family planning, lack of husband support may prevent consistent contraceptive use. Cultural expectations that prioritize male authority can therefore undermine compliance, highlighting the importance of involving men and community leaders in FP education and advocacy.

Village conditions, including socioeconomic status and access to health services, further shape family planning behavior(Prata, 2009). Underdeveloped villages are often characterized by poverty, low levels of education, and limited health infrastructure. Economic hardship can make it difficult for families to prioritize preventive health behaviors, particularly when immediate survival needs take precedence. Low educational attainment may also reduce the ability to understand health information, increasing susceptibility to myths and misinformation about contraception. These conditions create an environment in which FP compliance is more difficult to achieve and sustain.

Geographic isolation and poor transportation infrastructure are additional village-level factors influencing compliance. Long distances to health facilities, limited transportation options, and irregular availability of health services can discourage women from accessing contraceptives or attending follow-up visits. In such contexts, even motivated individuals may discontinue family planning due to logistical barriers. This highlights the importance of community-based services and outreach, particularly the presence of midwives who are accessible within the village.

Social cohesion and community influence also shape FP compliance(Furbey, 2008). In closely knit rural communities, individual behavior is often influenced by collective norms and peer opinions. Fear of social stigma or negative judgment may discourage women from using contraception, especially if FP use is not widely accepted. Conversely, supportive community environments where local leaders and respected figures endorse family planning can significantly enhance compliance. Thus, village conditions that foster open discussion and social support for FP tend to produce better outcomes.

Local culture and village conditions exert a powerful influence on family planning compliance by shaping attitudes, decision-making processes, and access to services(Herbert, 2015). These factors can either reinforce or undermine midwife-led interventions, depending on how well such interventions align with local values and realities. Recognizing and addressing cultural norms, gender dynamics, and structural constraints at the village level is therefore essential for improving the effectiveness and sustainability of family planning programs in underdeveloped rural communities.

**3.4 Implications for Health Policy and Rural Maternal Health Services**

The findings of this study have important implications for health policy and the strengthening of maternal health services in rural and underdeveloped villages. The demonstrated effectiveness of midwives in improving compliance with family planning programs highlights the need for policies that prioritize and support midwife-led, community-based reproductive health services as a central component of rural health systems.

From a policy perspective, the results suggest that midwives should be positioned as key agents in family planning implementation, rather than merely as service providers within health facilities(Al-Sheyab et al., 2021). Health policies need to formally recognize and expand the scope of midwives' roles in education, counseling, follow-up, and community engagement. This includes allocating sufficient time, resources, and authority for midwives to conduct outreach activities such as home visits, village health post services, and community discussions. Strengthening these roles through clear policy directives can improve the reach and sustainability of family planning programs in remote and underserved areas.

The findings also underscore the importance of capacity building and continuous professional development for midwives working in rural settings. Health policies should support regular training on contraceptive counseling, management of side effects, communication skills, and culturally sensitive approaches to reproductive health. Enhanced training enables midwives to respond more effectively to local beliefs, gender dynamics, and misconceptions that influence family planning compliance. In addition, policies should ensure that midwives are equipped with adequate supplies and referral systems to provide a full range of contraceptive options, including long-acting and reversible methods.

In terms of rural maternal health services, the study highlights the need for integrated service delivery that links family planning with antenatal, delivery, and postnatal care(Zimmerman et al., 2019). Integrating family planning counseling into routine maternal health services allows midwives to engage women at multiple contact points, reinforcing messages about birth spacing and reproductive health throughout the maternal care continuum. Such integration can reduce missed opportunities for family planning education and increase continuity of care, particularly in villages with limited access to health facilities.

The influence of socio-cultural and gender-related factors on family planning compliance also has significant policy implications(Bishwajit et al., 2016). Health policies should promote male involvement and community participation in reproductive health programs. This can be achieved by encouraging midwives to engage husbands, community leaders, and religious figures in family planning education and advocacy. Policies that support community dialogue and participatory approaches can help shift social norms, reduce resistance to contraception, and create a more supportive environment for women's reproductive choices.

Furthermore, the study highlights the importance of improving accessibility of maternal and reproductive health services in underdeveloped villages. Policymakers should address structural barriers such as distance, transportation, and uneven distribution of health personnel by strengthening village-based services and deploying midwives to areas with the greatest need(Paudel et al., 2018). Investments in mobile health services, outreach clinics, and village health infrastructure can enhance service utilization and reduce disparities between rural and urban populations.

The findings suggest that effective family planning and maternal health services in underdeveloped villages require a policy approach that goes beyond service availability to address behavioral, social, and structural determinants of health. By strengthening midwife-led interventions, enhancing community engagement, and improving service accessibility, health policies can contribute to sustainable improvements in maternal and child health outcomes, population management, and overall rural development.

## 4. CONCLUSION

This study seeks to explore and describe key findings related to the role of midwives in improving compliance with family planning (FP) programs in underdeveloped villages. One important aspect to be examined is the types of roles most commonly practiced by midwives in the implementation of family planning services. These roles are expected to include health education, individualized counseling, provision of contraceptive services, follow-up care, and community outreach activities. Midwives often function not only as service providers but also as educators and motivators who deliver information through home visits, village health posts, and group counseling sessions. The extent to which these roles are consistently performed and prioritized in daily practice will be a central focus of the analysis. Another key finding to be explored is the level of family planning compliance within the community. Compliance is assessed through indicators such as consistent contraceptive use, continuation of chosen methods, and regular attendance at follow-up visits. The study aims to identify whether compliance levels remain low, moderate, or high among couples of reproductive age in underdeveloped villages, as well as variations in compliance across different demographic groups. These findings are expected to reflect the combined influence of access to services, socio-cultural factors, and the quality of midwife-led family planning interventions. The study also explores how

midwives' interventions influence knowledge, attitudes, and behaviors related to family planning. Educational and counseling activities are anticipated to improve community understanding of reproductive health, correct misconceptions about contraception, and increase awareness of the benefits of birth spacing. Changes in attitudes toward family planning, including reduced fear of side effects and increased acceptance of modern contraceptive methods, are expected to emerge as a result of sustained interaction with midwives. Behavioral changes, such as the initiation of contraceptive use, improved adherence to recommended methods, and greater willingness to attend follow-up services, will be analyzed to assess the effectiveness of midwives' roles in translating knowledge and attitudes into concrete action. In addition, where data permit, the study examines differences in family planning compliance before and after midwife-led interventions. This comparison aims to determine whether targeted education, counseling, and follow-up activities contribute to measurable improvements in compliance over time. Increased contraceptive uptake, higher continuation rates, and reduced discontinuation due to side effects or misinformation are expected outcomes following intensified midwife involvement. Such findings would provide empirical support for the effectiveness of midwife-led strategies in improving family planning outcomes in underdeveloped village settings. Overall, the findings to be explored are expected to highlight the multifaceted role of midwives in shaping family planning compliance and to reveal the mechanisms through which their interventions influence community knowledge, attitudes, and behaviors. These insights will contribute to a deeper understanding of how family planning programs can be strengthened through frontline health worker engagement, particularly in underdeveloped and resource-limited communities.

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