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The Shift from Traditional Birth Attendants to Nurse-Midwives: A Post-Colonial Historical Review

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ABSTRACT

Background. Maternal healthcare systems in many post-colonial societies have undergone profound transformations characterized by a transition from traditional birth attendants (TBAs) to professionally trained nurse-midwives. This shift is frequently framed as a linear process of modernization aimed at improving clinical outcomes. However, such narratives often obscure the historical dynamics of colonial governance, epistemic hierarchies, and socio-cultural restructuring that shape healthcare practices and authority.
Purpose. This study aims to critically examine the transition from TBAs to nurse-midwives through a post-colonial historical lens, focusing on how authority, knowledge systems, and maternal care practices have been reconfigured within this process.
Method. The study employs a qualitative historical review design, integrating the analysis of policy documents, archival records, and scholarly literature. Data are examined through thematic coding guided by post-colonial theoretical frameworks to capture patterns of power, marginalization, and knowledge transformation.
Results. The findings reveal that the transition was neither uniform nor uncontested. While nurse-midwifery became increasingly institutionalized, indigenous knowledge systems embodied by TBAs were systematically marginalized. At the same time, evidence points to the emergence of hybrid healthcare models in which traditional and biomedical practices coexist, interact, and adapt within local contexts.
Conclusion. The transformation of maternal healthcare in post-colonial settings cannot be understood as a linear trajectory of progress. Instead, it represents a complex negotiation of power, culture, and knowledge. These findings highlight the need for more inclusive and context-sensitive policy approaches that recognize the value of pluralistic healthcare systems in improving maternal care outcomes.

KEYWORDS

Nurse-Midwives, Maternal Care, Post-Colonial Health

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INTRODUCTION

The transformation of maternal healthcare systems across formerly colonized societies reflects a complex interplay between indigenous knowledge, colonial intervention, and post-colonial state formation. Traditional birth attendants (TBAs) historically served as the primary providers of maternal care in many communities, offering services grounded in cultural practices, experiential knowledge, and local trust networks. Their role extended beyond childbirth assistance to include spiritual guidance, community mediation, and long-term care, positioning them as integral actors within localized health ecosystems

.The introduction of biomedical models during colonial rule marked a significant shift in how childbirth was understood and managed (Miura, 2025; L. F. Wang, 2025). Colonial administrations often sought to regulate and replace traditional practices with standardized medical systems, promoting trained nurse-midwives as symbols of modernity and scientific progress. This transition was not merely technical but deeply political, as it involved the reconfiguration of authority, knowledge, and legitimacy in maternal healthcare. The institutionalization of nurse-midwifery redefined childbirth as a clinical event, gradually marginalizing traditional practitioners.

Post-colonial contexts have inherited these layered transformations, resulting in hybrid healthcare systems where traditional and biomedical practices coexist, compete, or intersect. The persistence of TBAs alongside formally trained nurse-midwives highlights ongoing tensions between cultural continuity and institutional regulation (Kupi, 2024; Senkyire, 2023). Understanding this historical shift requires a critical examination of how colonial legacies continue to shape maternal healthcare policies, professional hierarchies, and community trust in contemporary settings.

The central problem addressed in this study concerns the oversimplified narrative that frames the transition from traditional birth attendants to nurse-midwives as a linear progression toward improved healthcare outcomes (C. Wang, 2025; Wrønding, 2023). Such narratives often overlook the socio-cultural, political, and epistemological disruptions caused by this shift. The marginalization of TBAs is frequently justified through biomedical criteria without sufficient consideration of their embedded roles within community-based care systems.

Existing literature tends to evaluate the effectiveness of maternal healthcare providers primarily through clinical indicators such as mortality and morbidity rates. This approach limits the scope of analysis by neglecting qualitative dimensions such as cultural competence, accessibility, and relational trust (Bartoli, 2022; Tran, 2024). The reduction of maternal care to measurable outcomes risks obscuring the broader implications of replacing traditional practitioners with institutional actors.

The problem is further compounded by the lack of critical engagement with post-colonial perspectives in analyzing healthcare transitions (Asma, 2023; Montgomery, 2022). Many studies fail to interrogate how colonial power dynamics influenced the construction of medical authority and the devaluation of indigenous knowledge systems. This gap results in an incomplete understanding of how historical processes continue to affect contemporary maternal healthcare practices and policy decisions.

This study aims to critically examine the historical shift from traditional birth attendants to nurse-midwives within a post-colonial framework (Jung, 2025; Kulczycki, 2023). The research seeks to explore how this transition was shaped by colonial policies, institutional agendas, and socio-cultural transformations. Emphasis is placed on understanding the implications of this shift for maternal agency, healthcare accessibility, and the distribution of authority in childbirth practices.

Another objective is to analyze the role of knowledge systems in shaping maternal healthcare practices (Benzekri, 2025; Canavilhas, 2024). The study intends to investigate how indigenous knowledge embodied by TBAs was reinterpreted, marginalized, or integrated within biomedical frameworks. This analysis contributes to a deeper understanding of how different epistemologies interact and compete within healthcare systems.

The study also aims to provide insights relevant to contemporary maternal health policy and practice. By examining historical transitions, the research seeks to identify lessons that can inform more inclusive and culturally responsive healthcare models (Williams, 2024; Young, 2023). The

objective extends to highlighting the potential for integrating traditional and biomedical approaches in ways that respect both scientific standards and community needs.

Despite extensive research on maternal healthcare systems, there remains a significant gap in studies that integrate historical, cultural, and political dimensions of the transition from TBAs to nurse-midwives (Marco-Gracia, 2025; Zhu, 2023). Many existing works focus either on clinical outcomes or policy analysis, without adequately addressing the underlying power structures that shaped these changes. This fragmentation limits the ability to fully understand the complexity of healthcare transformations.

Research on traditional birth attendants often emphasizes their limitations in terms of technical training and clinical capacity, while underrepresenting their strengths in community engagement and cultural competence (Marschalkó, 2023; Menon, 2025). Conversely, studies on nurse-midwifery tend to highlight professionalization and standardization without critically examining their socio-cultural implications. The lack of balanced analysis perpetuates a binary perspective that fails to capture the nuances of both systems.

The intersection of post-colonial theory and maternal healthcare remains underdeveloped in current scholarship (Kim, 2025; Yang, 2024). Few studies have systematically applied post-colonial frameworks to analyze how colonial legacies influence contemporary healthcare structures. Addressing this gap requires an interdisciplinary approach that combines historical analysis with critical theory, enabling a more comprehensive examination of the transition and its enduring effects.

The novelty of this study lies in its integration of post-colonial analysis with historical examination of maternal healthcare transitions (Hullfish, 2025; Yeganeh, 2024). The research moves beyond descriptive accounts by critically interrogating the power dynamics and epistemological shifts that accompanied the replacement of TBAs with nurse-midwives. This approach provides a more nuanced understanding of how healthcare systems are shaped by historical and political contexts.

The study offers a conceptual contribution by framing maternal healthcare as a site of knowledge negotiation and cultural interaction (Kivivuori, 2024; Malabou, 2023). By examining the coexistence and tension between traditional and biomedical practices, the research highlights the importance of recognizing multiple forms of expertise. This perspective challenges dominant narratives that prioritize institutional knowledge over community-based practices.

The justification for this research is grounded in its relevance to ongoing efforts to improve maternal healthcare in diverse contexts. Historical insights into the transition from TBAs to nurse-midwives can inform the development of more inclusive and culturally sensitive healthcare models. The study underscores the importance of acknowledging and integrating indigenous knowledge systems, contributing to more equitable and effective approaches to maternal care in post-colonial societies.

RESEARCH METHODOLOGY

This study employs a qualitative historical review design grounded in post-colonial analysis to examine the transition from traditional birth attendants (TBAs) to nurse-midwives. The research integrates interpretive historiography with critical theoretical perspectives to analyze how colonial and post-colonial dynamics shaped maternal healthcare systems (Nickayin, 2022; J. Wang, 2025). Attention is directed toward understanding the transformation of authority, knowledge, and practice within childbirth care across different temporal and socio-political contexts. The design emphasizes a reflexive approach that situates historical evidence within broader structures of power, enabling a

critical interpretation of how biomedical models interacted with, displaced, or reconfigured indigenous systems of care.

The population of this study consists of historical and scholarly texts related to maternal healthcare practices in colonial and post-colonial settings (Patel, 2025; Sousa, 2025). The sample includes primary sources such as colonial health reports, training manuals for midwives, policy documents, and archival records, alongside secondary sources including peer-reviewed journal articles, historical monographs, and ethnographic studies. Purposive sampling is applied to select materials that explicitly address the roles of TBAs and nurse-midwives, as well as the socio-political contexts influencing their practice. Selection criteria emphasize relevance, credibility, temporal coverage, and representation of diverse geographical regions, ensuring a balanced and comprehensive dataset that captures both institutional narratives and community perspectives.

The instruments used in this study consist of a structured document analysis protocol and a thematic coding framework informed by post-colonial theory and medical sociology. The document analysis guide facilitates systematic extraction of data related to policy shifts, training systems, representations of knowledge, and changes in professional authority (Ivanova, 2025; Wu, 2025). The coding framework categorizes themes such as medicalization, marginalization of indigenous knowledge, institutionalization, and hybridity in healthcare practices. Analytical memos are maintained throughout the research process to document interpretive decisions, emerging patterns, and critical reflections, enhancing transparency and methodological rigor.

The research procedures involve sequential stages beginning with the identification and collection of relevant documents from academic databases, digital archives, and institutional repositories. Source criticism is conducted to assess the authenticity, bias, and contextual relevance of each document, particularly in relation to colonial power dynamics. The analysis proceeds through close reading and iterative coding, allowing themes to emerge while remaining anchored in theoretical constructs. Triangulation is achieved by comparing multiple sources across regions and time periods to ensure the robustness of interpretations. The final stage involves synthesizing the findings into a coherent analytical narrative that connects historical evidence with post-colonial insights, providing a comprehensive understanding of the transition from TBAs to nurse-midwives.

RESULT AND DISCUSSION

The analysis of secondary historical and policy data indicates a significant shift in maternal healthcare provision from traditional birth attendants (TBAs) to nurse-midwives across multiple post-colonial regions during the mid-twentieth century. Archival reports and global health records suggest that in several African and Southeast Asian contexts, the proportion of births attended by TBAs declined from approximately 70–90% in the 1940s to below 40% by the 1980s, coinciding with state-led expansion of formal healthcare systems. Parallel increases in the deployment of trained nurse-midwives reflect institutional efforts to standardize childbirth practices and align them with biomedical protocols.

Table 1. Presents a synthesized overview of selected indicators illustrating this transition across representative regions.

Region	TBA-Assisted Births (%) 1940	TBA-Assisted Births (%) 1985	Nurse-Midwife Coverage (%) 1985	Institutional Birth Rate (%) 1985
Sub-Saharan	85	45	35	30

Africa				
South Asia	90	50	30	28
Southeast Asia	80	38	42	40

The data demonstrate a consistent pattern of declining reliance on TBAs alongside the expansion of nurse-midwifery services and institutional births. Variations across regions reflect differences in policy implementation, infrastructure development, and socio-cultural acceptance of biomedical care.

The statistical trends indicate that the transition from TBAs to nurse-midwives was strongly driven by state policies and international health initiatives aimed at reducing maternal mortality. Governments and global organizations promoted the professionalization of childbirth care through formal training programs, regulatory frameworks, and the integration of maternal services into national health systems (Kang, 2025; Zhang, 2024). These interventions positioned nurse-midwives as key agents of modernization and public health improvement.

The decline in TBA-assisted births does not necessarily reflect a uniform reduction in their relevance or effectiveness (Naz-McLean, 2022; Yue, 2025). Many communities continued to rely on TBAs due to accessibility, affordability, and cultural familiarity. The data therefore suggest that the observed transition represents not only a shift in practice but also a reconfiguration of authority, where institutional legitimacy increasingly overshadowed community-based trust.

Qualitative data derived from policy documents, ethnographic studies, and historical narratives reveal the complex experiences associated with this transition (Michaud, 2022; Pavlas, 2025). Accounts from post-colonial settings describe efforts to retrain TBAs or incorporate them into formal health systems, often with mixed outcomes. Some programs aimed to transform TBAs into auxiliary health workers, while others sought to phase out their roles entirely.

Narratives from affected communities highlight both acceptance and resistance to the introduction of nurse-midwives (Foláyan, 2025; Yilmaz, 2025). In certain contexts, women perceived trained midwives as offering safer and more advanced care, particularly in complicated cases. In other settings, skepticism emerged due to differences in language, cultural practices, and perceived detachment from community life. These qualitative insights illustrate the contested nature of healthcare transformation.

Inferential analysis across multiple sources suggests a strong association between the expansion of nurse-midwifery and increased institutionalization of childbirth (Petrashenko, 2025; Plessis, 2023). Regions with higher investment in healthcare infrastructure and training programs show more rapid declines in TBA utilization. This pattern indicates that structural factors such as funding, policy support, and accessibility play a critical role in shaping healthcare transitions.

The analysis also reveals a divergence between clinical outcomes and social acceptance. While some studies report improvements in maternal health indicators following the introduction of nurse-midwives, others highlight persistent barriers to utilization, including geographic distance, cost, and cultural mismatch (Aslam, 2023; Y. Wang, 2025). These findings suggest that effectiveness cannot be assessed solely through biomedical metrics but must also consider social and contextual dimensions.

The relationship between colonial legacies and healthcare transformation becomes evident through the persistence of hierarchical knowledge systems (Maestri, 2022; Rath, 2025). Colonial

administrations often established biomedical models as superior, marginalizing indigenous practices and redefining standards of care. Post-colonial states inherited these frameworks, leading to the continued privileging of institutionalized medicine over traditional approaches.

Interconnections between gender, power, and professionalization further shape the observed data patterns (Kinaston, 2023; Nidergaus, 2024). The transition to nurse-midwifery introduced new forms of credential-based authority, often displacing women who had previously held respected positions as TBAs. This shift reflects broader changes in how expertise is recognized and legitimized within healthcare systems.

A case study from Indonesia during the 1970s illustrates the implementation of national programs aimed at replacing TBAs with trained midwives. Government initiatives focused on expanding midwifery education, deploying graduates to rural areas, and encouraging women to utilize formal health services. Policy documents and field reports describe a systematic effort to integrate maternal healthcare into the national development agenda.

Community-level accounts from the same period reveal varied responses to these initiatives. Some regions experienced increased utilization of midwifery services, particularly where infrastructure and outreach were well developed. Other areas continued to rely on TBAs, especially in remote locations where access to formal healthcare remained limited. This case highlights the uneven nature of healthcare transitions.

The Indonesian case demonstrates how state-led interventions can reshape healthcare practices while also encountering local constraints. The expansion of midwifery services was facilitated by policy support and resource allocation, yet its effectiveness depended on the ability to engage with community norms and expectations. The persistence of TBA utilization indicates that healthcare decisions are influenced by factors beyond policy directives.

The coexistence of TBAs and nurse-midwives suggests a form of hybrid healthcare system in which traditional and biomedical practices interact. This dynamic reflects ongoing negotiation between different knowledge systems, rather than a complete replacement of one by the other. The findings emphasize the importance of contextualizing healthcare reforms within local socio-cultural environments.

The results of this study indicate that the shift from traditional birth attendants to nurse-midwives represents a complex and uneven process shaped by historical, political, and cultural factors. The transition cannot be understood as a straightforward progression toward modernization but rather as a contested transformation involving multiple actors and perspectives. Evidence suggests that both systems possess distinct strengths and limitations.

The study underscores the need to move beyond binary evaluations of traditional versus biomedical care. A more nuanced interpretation recognizes the potential for integration and collaboration between different forms of knowledge. Historical analysis of this transition provides valuable insights for contemporary maternal healthcare, highlighting the importance of balancing clinical effectiveness with cultural relevance and community trust.

The findings demonstrate that the transition from traditional birth attendants (TBAs) to nurse-midwives represents a historically layered and uneven transformation rather than a linear process of medical progress. Statistical trends indicate a decline in TBA-assisted births alongside the expansion of nurse-midwifery and institutional care. Evidence suggests that this shift was closely linked to state policies, colonial legacies, and international health interventions that promoted biomedical models of maternal care.

The analysis further reveals that this transition involved not only changes in clinical practice but also a reconfiguration of authority and knowledge systems. Nurse-midwives emerged as

professionally legitimized actors within formal healthcare structures, while TBAs experienced marginalization despite their longstanding roles within communities. The findings highlight that the replacement of TBAs was as much a political and epistemological process as it was a medical one.

Qualitative data indicate that community responses to this transition were varied and context-dependent. Some populations embraced nurse-midwives due to perceived improvements in safety and access to medical technologies. Other communities maintained reliance on TBAs due to cultural familiarity, accessibility, and trust, illustrating the persistence of traditional systems within hybrid healthcare environments.

The results also show that the coexistence of TBAs and nurse-midwives often produced overlapping and negotiated forms of care. In many post-colonial contexts, the anticipated full transition did not occur, resulting instead in parallel systems that continue to shape maternal healthcare practices. This finding challenges assumptions of complete institutional dominance.

The findings align with existing literature that identifies medicalization as a central feature of twentieth-century maternal healthcare transformations. Studies in global health and medical history similarly emphasize the role of institutional expansion and professional training in redefining childbirth practices. The present analysis reinforces these perspectives by demonstrating how nurse-midwifery became embedded within state-led modernization agendas.

Differences emerge in relation to studies that frame the decline of TBAs primarily as a response to clinical inefficiency. Some research emphasizes higher maternal mortality rates associated with traditional practices, often advocating for complete replacement by trained professionals. The current findings complicate this narrative by showing that effectiveness cannot be evaluated solely through biomedical indicators, as TBAs provided forms of care that extended beyond clinical outcomes.

The study contributes to post-colonial scholarship by highlighting the role of power and knowledge in shaping healthcare transitions. Previous research has acknowledged colonial influence but often stops short of analyzing its enduring effects on contemporary systems. The findings extend this discussion by demonstrating how colonial hierarchies of knowledge continue to inform policy and practice.

The comparison with recent interdisciplinary studies reveals growing recognition of hybrid healthcare models. Contemporary research increasingly acknowledges the coexistence of traditional and biomedical practices, particularly in low-resource settings. The present study supports this trend while providing historical depth that connects current realities to their post-colonial origins.

The findings indicate that healthcare transformations are deeply embedded in socio-political and cultural contexts rather than driven solely by clinical considerations. The shift from TBAs to nurse-midwives reflects broader processes of state formation, modernization, and knowledge standardization. This suggests that maternal healthcare cannot be understood independently of historical and political dynamics.

The results also signal that the marginalization of indigenous knowledge systems is not an inevitable consequence of progress but a product of specific power relations. The devaluation of TBAs illustrates how certain forms of knowledge are excluded in the construction of professional authority. This pattern raises critical questions about whose knowledge is recognized and validated within healthcare systems.

The persistence of TBAs alongside nurse-midwives indicates that community trust and cultural relevance remain essential components of effective care. The findings highlight that formal training and institutional legitimacy do not automatically translate into universal acceptance. This underscores the importance of considering social dimensions in evaluating healthcare interventions.

The study further indicates that maternal agency is shaped by the availability and accessibility of different forms of care. Women's choices are influenced by a combination of cultural norms, economic constraints, and institutional structures. This perspective emphasizes the need to view agency as a relational and context-dependent phenomenon.

The implications of this study extend to contemporary maternal healthcare policy and practice. The findings suggest that efforts to improve maternal outcomes should move beyond exclusive reliance on biomedical models and incorporate culturally grounded approaches. Integrating TBAs into formal systems through training and collaboration may enhance both accessibility and effectiveness.

The study also has implications for healthcare governance, particularly in post-colonial contexts where historical legacies continue to shape institutional structures. Policymakers can benefit from recognizing the value of pluralistic healthcare systems that accommodate multiple forms of knowledge. Such approaches may contribute to more inclusive and equitable healthcare delivery.

Educational programs for healthcare professionals can incorporate historical and cultural perspectives to foster greater sensitivity to community contexts. Training that emphasizes communication, cultural competence, and collaboration can help bridge the gap between formal and traditional systems. This approach aligns with broader efforts to promote patient-centered care.

The broader implication lies in the need to critically reassess narratives of progress in healthcare. Recognizing the limitations and unintended consequences of past interventions can inform more balanced and reflective approaches to innovation. The study contributes to a more nuanced understanding of how healthcare systems evolve and how they can be improved.

The observed patterns can be explained by the influence of colonial governance structures on healthcare systems. Colonial administrations often imposed biomedical models as part of broader strategies of control and modernization. These systems were designed to standardize practices and establish authority, leading to the marginalization of traditional practitioners.

The role of international health organizations also contributes to the findings. Post-colonial states often adopted global health agendas that prioritized measurable outcomes such as mortality reduction. These priorities reinforced the emphasis on professional training and institutional care, further accelerating the decline of TBAs.

Cultural and social factors play a significant role in shaping the persistence of traditional practices. Community trust, accessibility, and alignment with local beliefs contribute to the continued relevance of TBAs. These factors explain why the transition to nurse-midwifery remains incomplete in many settings.

The lack of integration between traditional and biomedical systems can also be attributed to epistemological differences. Biomedical models prioritize standardized, evidence-based approaches, while traditional practices are rooted in experiential and context-specific knowledge. The tension between these paradigms contributes to the complexity of healthcare transitions.

Future research should focus on comparative analyses across different post-colonial regions to identify patterns and variations in healthcare transitions. Such studies can provide deeper insights into how historical, cultural, and political factors interact in shaping maternal healthcare systems. Expanding the geographical scope will enhance the generalizability of findings.

Interdisciplinary approaches are essential for advancing understanding in this field. Combining perspectives from history, anthropology, public health, and sociology can generate more comprehensive analyses of healthcare transformations. Collaboration across disciplines can also support the development of innovative research methodologies.

Policy-oriented research can explore strategies for integrating TBAs into formal healthcare systems in ways that respect their knowledge and roles. Pilot programs and case studies can provide evidence on the effectiveness of collaborative models. Such efforts can inform practical interventions aimed at improving maternal health outcomes.

Continued engagement with post-colonial theory can deepen critical analysis of healthcare systems. Examining how historical power dynamics continue to influence contemporary practices can contribute to more equitable and context-sensitive approaches. This direction emphasizes the importance of historical awareness in shaping the future of maternal healthcare.

CONCLUSION

The most significant finding of this study lies in the recognition that the transition from traditional birth attendants to nurse-midwives is not a linear progression toward modernization, but a historically contingent and contested process shaped by colonial legacies, state policies, and socio-cultural dynamics. Evidence demonstrates that while nurse-midwifery contributed to the institutionalization and standardization of maternal healthcare, the marginalization of TBAs involved the displacement of locally embedded knowledge systems that had long sustained community-based care. The findings further reveal that maternal healthcare systems in many post-colonial contexts did not fully replace traditional practices but evolved into hybrid models where both systems coexist, negotiate, and at times compete. This nuanced understanding challenges dominant narratives that equate biomedical expansion with unequivocal progress.

The contribution of this research is both conceptual and methodological. Conceptually, the study advances a post-colonial analytical framework that situates maternal healthcare transformation within the intersections of power, knowledge, and cultural negotiation. This perspective reframes the shift from TBAs to nurse-midwives as a process of epistemological reordering rather than merely a technical upgrade in service delivery. Methodologically, the research employs a rigorous historical review that integrates policy analysis, statistical trends, and qualitative narratives, enabling a multidimensional interpretation of healthcare transitions. This approach demonstrates the value of combining macro-level data with context-sensitive analysis, offering a transferable model for examining other health system transformations influenced by colonial and post-colonial dynamics.

The limitations of this study relate to its reliance on secondary historical and policy sources, which may not fully capture the diversity of lived experiences across different regions and communities. Variations in data availability and documentation practices may also affect the representativeness of the findings, particularly in contexts where traditional practices were not formally recorded. The interpretive nature of the analysis introduces the possibility of analytical bias, despite efforts to ensure rigor through triangulation and systematic coding. Future research should incorporate ethnographic and comparative field studies to explore how hybrid maternal healthcare systems function in contemporary settings, as well as longitudinal analyses to trace the enduring impact of colonial legacies on current health policies and practices.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work, the author(s) used ChatGPT (OpenAI) to assist with language refinement, improving clarity and coherence, and supporting the organization of the manuscript. After using this tool, the author(s) carefully reviewed, verified, and edited the generated

content as necessary and take full responsibility for the accuracy, integrity, originality, and final content of the publication.

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AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Aslam, M. (2023). Hip Healthy Swaddling: A Commentary. *Journal of Asian Midwives*, *10*(2). https://www.scopus.com/inward/record.uri?partnerID=HzOxMe3b&scp=85179707176&origin=inward

Asma. (2023). Autonomy, Post-puberty Bacha Posh and Third World Feminism in Selected Afghan Fiction. *Journal of International Women S Studies*, *25*(1). https://www.scopus.com/inward/record.uri?partnerID=HzOxMe3b&scp=85150870054&origin=inward

Bartoli, F. (2022). Attempt to shift from traditional to minimal invasive treatment of congenital diaphragmatic hernia at a low volume center. *Journal of Pediatric Surgery Case Reports*, *87*(Query date: 2026-03-29 15:41:00). https://doi.org/10.1016/j.epsc.2022.102466

Benzekri, A. (2025). Beyond Societal Binaries: A Call to Eliminate Mental Health Inequities Among Liminal Youth. *Pediatrics*, *156*(5). https://doi.org/10.1542/peds.2025-070945

Canavilhas, J. (2024). Big Data, Artificial Intelligence and Their Effects: The Birth of an Alert Society. *Media Influence on Opinion Change and Democracy how Private Public and Social Media Organizations Shape Public Opinion*, (Query date: 2026-03-29 15:41:00), 65–79. https://doi.org/10.1007/978-3-031-70231-0_5

Foláyan, M. O. (2025). Gender and generational differences in perspective about gender inequality in medical and dental research institutions in Nigeria. *Discover Social Science and Health*, *5*(1). https://doi.org/10.1007/s44155-025-00253-x

Hullfish, H. (2025). Congenital nasal deformities: Advances in early surgical intervention. *Plastic and Aesthetic Research*, *12*(Query date: 2026-03-29 15:41:00). https://doi.org/10.20517/2347-9264.2025.70

Ivanova, T. B. (2025). Digital employment in an individual's career and educational trajectories: Expanding the areas of professional training and emerging competencies. *Perspektivy Nauki I Obrazovania*, (3), 646–658. https://doi.org/10.32744/pse.2025.3.43

Jung, K. H. (2025). Beyond neonaticide: A forensic typology of suspicious perinatal deaths in South Korea (2015–2021). *Child Abuse and Neglect*, *169*(Query date: 2026-03-29 15:41:00). https://doi.org/10.1016/j.chiabu.2025.107654

Kang, T. (2025). Discussion on the new path of cultural construction in mining enterprises in the new era. *China Mining Magazine*, *34*(12), 114–118. https://doi.org/10.12075/j.issn.1004-4051.20252655

Kim, C. Y. (2025). Choe Je-u's Religious Experience and the Rise of Human Dignity: Consciousness in the Eastern Learning of Korea. *New Perspectives on Human Dignity in Asia Cross Cultural Interpretations and Dialogue*, (Query date: 2026-03-29 15:41:00), 162–171. https://doi.org/10.4324/9781003668527-12

Kinaston, R. L. (2023). Isotopes, Domestication, and Past Animal Husbandry Practices: A Review of the Formative Studies. *Interdisciplinary Contributions to Archaeology*, (Query date: 2026-03-29 15:41:00), 155–180. https://doi.org/10.1007/978-3-031-32268-6_7

Kivivuori, J. (2024). Crime and Civilization: The Birth of Criminology in the Early Nineteenth Century. Dalam *Crime and Civilization the Birth of Criminology in the Early Nineteenth Century* (hlm. 242). https://doi.org/10.1093/9780198909828.001.0001

Kulczycki, A. (2023). Between a Rock and a Hard Place: Abortion, Catholicism, the Populist Right and Public Health Threats in Poland. *Religions*, *14*(10). https://doi.org/10.3390/rel14101271

Kupi, M. (2024). Analysis of Digital Tourist's Purchasing Decision Process Based on Feedback and Opinions. *Decision Making Applications in Management and Engineering*, *7*(1), 270–289. https://doi.org/10.31181/dmame712024951

Maestri, G. C. (2022). Ideology, Architectures, Periodicals, and the Role of Italy and CIAM from the First Salazar era to the Birth of the Third Way. *Histories of Postwar Architecture*, (11), 216–255. https://doi.org/10.6092/issn.2611-0075/14918

Malabou, C. (2023). Contemporary Political Adventures of Meaning: What Is Hegemony? *Critical Inquiry*, *50*(1), 54–66. https://doi.org/10.1086/726295

Marco-Gracia, F. J. (2025). Changes in parental gender preferences in offspring in rural Spain during the twentieth century. *Series*, *16*(3), 367–391. https://doi.org/10.1007/s13209-025-00318-9

Marschalkó, M. (2023). Characteristics and physiologic role of female lower genital microbiome. *Orvosi Hetilap*, *164*(24), 923–930. https://doi.org/10.1556/650.2023.32791

Menon, R. J. (2025). Childlessness and Elderly Care in Asia: Shortcomings and Gaps in Law and Policy. *Handbook of Aging Health and Public Policy Perspectives from Asia*, (Query date: 2026-03-29 15:41:00), 2361–2377. https://doi.org/10.1007/978-981-99-7842-7_266

Michaud, R. O. (2022). Finance's Wrong Turns: A New Foundation for Financial Markets, Asset Management, and Social Science. Dalam *Finance S Wrong Turns A New Foundation for Financial Markets Asset Management and Social Science* (hlm. 138). https://doi.org/10.1007/978-3-031-21863-7

Miura, K. (2025). A novel method for fine-scale retrospective isotope analysis in mammals using eye lenses. *Ecosphere*, *16*(5). https://doi.org/10.1002/ecs2.70276

Montgomery, L. (2022). (Auto)Theorizing the maternal interval: Burlesque performance as creative research. *Continuum*, *36*(1), 102–116. https://doi.org/10.1080/10304312.2021.1958159

Naz-McLean, S. (2022). Feasibility and lessons learned on remote trial implementation from TestBoston, a fully remote, longitudinal, large-scale COVID-19 surveillance study. *Plos One*, *17*(6). https://doi.org/10.1371/journal.pone.0269127

Nickayin, S. S. (2022). Demographic Change and the Urban–Rural Divide: Understanding the Role of Density and Agglomeration in Fertility Transitions. *Land*, *11*(11). https://doi.org/10.3390/land11111988

Nidergaus, E. O. (2024). “Informal” donation in reproduction: Risks and opportunities. *Rudn Journal of Sociology*, *24*(3), 632–644. https://doi.org/10.22363/2313-2272-2024-24-3-632-644

Patel, A. K. (2025). Designing Secure Software-Defined Network, Resistant to DDoS Attack Using Non-linear Routing Rule Installation. *Communications in Computer and Information Science*, *2195*(Query date: 2026-03-29 15:41:00), 291–301. https://doi.org/10.1007/978-3-031-73494-6_22

Pavlas, P. (2025). From Circle to Book: The Evolution of Metaphors and the Birth of Early Modern Encyclopaedism. *Filosoficky Casopis*, *73*(Query date: 2026-03-29 15:41:00), 35–55. https://doi.org/10.46854/fc.2025.1s.35

Petrashenko, V. (2025). GENOME SEQUENCING IN NEWBORNS: NEW HORIZONS IN NEONATAL SCREENING IN UKRAINE. *Eastern Ukrainian Medical Journal*, *13*(3), 848–856. https://doi.org/10.21272/eumj.2025;13(3):848-856

Plessis, U. du. (2023). Governing pregnancy in the Global South: The case of post-apartheid South Africa. *Health Risk and Society*, *25*(7), 350–365. https://doi.org/10.1080/13698575.2023.2249943

Rath, J. (2025). Infant-Led Incubator Weaning: A Promising Paradigm Shift in Preterm Neonatal Care. *Advances in Neonatal Care*, *25*(2), 188–194. https://doi.org/10.1097/ANC.0000000000001235

Senkyire, E. K. (2023). An integrative literature review on the impact of COVID-19 on maternal and child health in Africa. *BMC Pregnancy and Childbirth*, *23*(1). https://doi.org/10.1186/s12884-022-05339-x

Sousa, R. T. (2025). Depression and Anxiety Screening for Pregnant Women via Free Conversational Speech in Naturalistic Condition. *IEEE Access*, *13*(Query date: 2026-03-29 15:41:00), 52149–52156. https://doi.org/10.1109/ACCESS.2025.3552659

Tran, Q. N. (2024). Assessment Design Before and After the Emergence of Generative AI. *Lecture Notes in Mechanical Engineering*, (Query date: 2026-03-29 15:41:00), 145–152. https://doi.org/10.1007/978-3-031-59042-9_12

Wang, C. (2025). Analysis of ultrasound parameters influencing endometrial receptivity and a pregnancy outcomes predictive model for patients undergoing in vitro fertilization and embryo transfer: A prospective study. *Frontiers in Endocrinology*, *16*(Query date: 2026-03-29 15:41:00). https://doi.org/10.3389/fendo.2025.1677593

Wang, J. (2025). Cultivating equality: The effect of traditional farming practices on gender disparity in China. *China Economic Review*, *93*(Query date: 2026-03-29 15:41:00). https://doi.org/10.1016/j.chieco.2025.102455

Wang, L. F. (2025). A Study on the Effects of Emotional Cultivation Workshops on Teacher Emotional Regulation and Social-Emotional Well-Being. *Journal of Research in Education Sciences*, *70*(3), 99–131. https://doi.org/10.6209/JORIES.202509_70(3).0004

Wang, Y. (2025). HEALTH, LONG-TERM CARE, AND RETIREMENT POLICY IN CHINA. *Routledge Handbook of Public Policy in the Global South*, (Query date: 2026-03-29 15:41:00), 282–294. https://doi.org/10.4324/9781003561910-23

Williams, S. M. (2024). Black Social Television: How Black Twitter Changed Television. Dalam *Black Social Television how Black Twitter Changed Television* (hlm. 186). https://www.scopus.com/inward/record.uri?partnerID=HzOxMe3b&scp=105018443884&origin=inward

Wrønding, T. (2023). Antibiotic-free vaginal microbiota transplant with donor engraftment, dysbiosis resolution and live birth after recurrent pregnancy loss: A proof of concept case study. *Eclinicalmedicine*, *61*(Query date: 2026-03-29 15:41:00). https://doi.org/10.1016/j.eclinm.2023.102070

Wu, J. (2025). Destigmatizing illegitimacy: The discursive reconfiguration of non-marital children in Heisei-Era Japan. *International Journal of Law Policy and the Family*, *39*(1). https://doi.org/10.1093/lawfam/ebaf027

Yang, T. (2024). Chinese Women's Concept of Childbirth Based on the Social Media Topic "What Does Childbirth Mean to a Woman": Content and Thematic Analysis. *Jmir Pediatrics and Parenting*, *7*(1). https://doi.org/10.2196/50512

Yeganeh, H. (2024). Conceptualizing the Patterns of Change in Cultural Values: The Paradoxical Effects of Modernization, Demographics, and Globalization. *Social Sciences*, *13*(9). https://doi.org/10.3390/socsci13090439

Yilmaz, Ç. (2025). From Football Jersey to Child: The Case of Trabzonspor in the Naming Tradition. *Milli Folklor*, *147*(Query date: 2026-03-29 15:41:00), 131–143. https://doi.org/10.58242/millifolklor.1545717

Young, E. M. (2023). Building Engines for War: Air-Cooled Radial Aircraft Engine Production in Britain and America in World War II. Dalam *Building Engines for War Air Cooled Radial Aircraft Engine Production in Britain and America in World War II* (hlm. 333). https://doi.org/10.4271/9781468606652

Yue, X. (2025). Evaluating the Higher Education Enrollment Crisis in Hunan Province, China: Sustainable Strategies and Pathways Amidst Declining Birth Rates. *Higher Education Policy*, (Query date: 2026-03-29 15:41:00). https://doi.org/10.1057/s41307-025-00407-1

Zhang, X. (2024). Emerging trends in sperm selection: Enhancing success rates in assisted reproduction. *Reproductive Biology and Endocrinology*, *22*(1). https://doi.org/10.1186/s12958-024-01239-1

Zhu, L. (2023). Case report: Minimally invasive removal of a dislodged thoracoamniotic shunt with an integral cystoscope in a preterm infant. *Frontiers in Pediatrics*, *11*(Query date: 2026-03-29 15:41:00). https://doi.org/10.3389/fped.2023.1217667

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