

Reframing Javanese Femininity: Implications For Woman And Midwife Partnership

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Abstract

In patriarchal settings, women's reproductive health is often shaped by cultural norms that influence decision-making and access to care. In Javanese culture, the values of "Masak, Macak, Manak" continue to frame expectations of womanhood, yet their potential role in supporting women-centered and partnership-based midwifery care remains underutilized. This study explored how Javanese women reinterpret the cultural values of "Masak, Macak, Manak" in their reproductive and household lives and examined how these reinterpretations can inform culturally sensitive women-midwife partnerships. A qualitative ethnographic design was employed. Data were collected through focus group discussions with Javanese women and in-depth interviews with midwives, then analyzed using reflexive thematic analysis. The finding revealed four main themes: (1) "Masak, Macak, Manak" as a positive and evolving representation of the ideal woman, (2) limited recognition of "Masak, Macak, Manak" in relation to reproductive health, (3) It is essential to integrate the 3M tasks within midwifery services, and (4) Midwives Recognize the Need for Greater Understanding of Javanese Culture and Its Relevance to Reproductive Health. Integrating negotiated meanings of local cultural values such as Masak, Macak, Manak into culturally responsive midwifery care may strengthen women's agency and foster partnership-oriented care, while highlighting the need to enhance midwives' understanding of their relevance to reproductive health within patriarchal cultural contexts.

Keywords: *culturally responsive care, Javanese women, masak macak manak, midwifery partnership, reproductive health.*

Introduction

Women's reproductive health remains a significant global challenge, particularly in developing countries, where disparities in access to quality care persist (Mueck, 2021). In many Asian societies, women's roles are shaped by deeply rooted cultural norms that prioritize domestic responsibilities over autonomy in reproductive and social decision-making (Bussolo et al., 2024; Milne et al., 2018; Ouahid et al., 2025). In Southeast Asia, women's reproductive health outcomes vary widely across regions and are influenced by multiple factors, including educational attainment, access to health services, socio-economic conditions, and prevailing cultural norms (Feng et al., 2018). Addressing these challenges requires greater attention to cultural

parameters in global health research and practice, demanding commitment, reflexivity, and cultural sensitivity from health practitioners(Aubel & Chibanda, 2022)

In Indonesia, reproductive health continues to be a persistent concern despite overall declines in fertility and increased contraceptive use. Women's reproductive histories particularly early childbearing and pregnancies not ending in live birth are often associated with limited access to quality maternal care and unsafe abortion, contributing to long-term physiological stress and poorer health outcomes later in life(Leone et al., 2024). Living within predominantly patriarchal cultural settings, many Indonesian women rely on their spouses or extended family members for decision-making related to reproductive health, financial matters, and access to antenatal care(Afsah et al., 2019). While women frequently express a desire for independence, social expectations often constrain their autonomy, contrasting with matriarchal contexts where women tend to have greater control over reproductive decisions such as contraceptive use(Amraeni et al., 2021; Gayatri et al., 2023). These conditions underscore how patriarchal norms continue to shape women's reproductive autonomy in Indonesia.

Within the diverse cultural landscape of Indonesia, Javanese society represents one of the most influential cultural frameworks shaping women's identities and reproductive roles. Javanese femininity has long been constructed through normative ideals that emphasize harmony, modesty, and devotion to family life. Among these ideals, the cultural values of "*Masak, Macak, Manak*"(3M); Masak (cooking) Macak (grooming), Manak (childbearing) have traditionally defined the expectations placed upon women within marriage and household relationships(Muhmad Pirus & Nurahmawati, 2020; Tamara, 2023). While these values are often interpreted as reinforcing domesticity and gendered division of labor (Rosalina & Mujahidin, 2025; Yuspin & Aulia, 2022), they also function as cultural scripts through which women negotiate respect, relational harmony, even power and moral identity within patriarchal settings(Nagaseta & Soelistyo, 2020; Puspitasari et al., 2022).

Despite growing attention to women-centered and culturally responsive care in maternal and reproductive health(Adnani et al., 2025; Fikre et al., 2023), limited research has explored how cultural norms are actively negotiated by women as part of partnership-oriented care, rather than treated solely as barriers to autonomy(Ahmed et al., 2023; Lunda et al., 2024; Mackay et al., 2025; Negash et al., 2025; Opara & Petrucka, 2025). Existing studies often frame patriarchal cultural values as constraints that must be overcome, overlooking women's lived strategies in reinterpreting tradition to support shared decision-making and relational autonomy(Opara & Petrucka, 2025). In the context of Javanese culture, the values of 3M are frequently discussed as reinforcing domestic roles, yet little is known about how women themselves mobilize these values to negotiate reproductive choices and household relationships. From a midwifery perspective, understanding such cultural negotiation is essential for building effective partnerships between midwives and women. When cultural values are recognized as dynamic and meaningful to women's identities, midwifery care can move beyond prescriptive models toward relational, respectful, and collaborative practice(Fair et al., 2021; Mclachlan et al., 2022; Newton et al., 2025; Williamson et al., 2025). Therefore, this study aims to explore how Javanese women reinterpret the cultural values of 3M in their reproductive and household lives, and to figure out the implications of these reinterpretations for women-midwife partnership in culturally sensitive midwifery care.

Methods

This study utilized a qualitative ethnographic approach (Creswell & Creswell, 2018) to explore how Javanese women reinterpret the cultural values of 3M in their reproductive and

household lives, and to figure out the implications of these reinterpretations for women–midwife partnership in culturally sensitive midwifery care. Participants were purposively selected to provide relevant and information-rich perspectives on the phenomenon under study. Eligible women were of Javanese cultural background and had previous experience of receiving midwifery services, while eligible midwives had experience providing midwifery care to Javanese women in the study setting. The study was conducted from December 2024 to March 2025 in Bantul Regency, Yogyakarta, Indonesia, and involved 18 informants, comprising 12 Javanese women and six midwives. Data were collected through focus group discussions (FGDs) with the women to explore shared and negotiated meanings of 3M within their sociocultural context, while in-depth interviews were conducted with the midwives to gain deeper insights into their individual professional experiences and perspectives regarding 3M and its relevance to midwifery care. All data collection sessions were conducted in locations agreed upon with the participants, audio-recorded with informed consent, transcribed verbatim, and anonymized. Data saturation was considered to have been reached when subsequent interviews and FGDs generated no substantially new information, codes, or meanings relevant to the research questions, and recurring patterns were consistently identified across the data. The data analysis followed a reflective thematic approach that involves identifying and analyzing patterns of meaning, or "themes," within a dataset (Campbell et al., 2021; Polat, 2025). Through this three steps analysis (reading, coding, theming) (Saunders et al., 2023) the cultural values of macak, manak, masak were identified as interpretive themes representing women's perspective in negotiating cultural norms with implications for culturally sensitive in midwifery care. Ethical approval number Skep/667/XII/2024 was secured before data collection. Data trustworthiness was ensured through source and method triangulation, member checking, research team discussions, and reflexivity to enhance the credibility and trustworthiness of the findings.

Results

The ethnographic analysis and interpretation derived from focus group discussions with women, alongside comprehensive interviews with midwives, elucidated four primary themes and twelve subsidiary themes, as detailed in Table 1.

Table 1. Thematic Analysis Results on Indigenous Knowledge of 3M in the Context of Reproductive Health.

Theme		Sub-Theme	
1.	A Positive Interpretation of 3M "Cooking, Dressing, Childbearing" for Women.	1.a	The 3M tasks are the primary duties that define the concept of the ideal woman.
		1.b	Tasks of 3M flowing in everyday life
		1.c	Modern life is more varied and facilitates women's tasks.
2.	The understanding of 3M has not been specifically grasped in relation to reproductive health.	2.a	"Masak" as a fundamental skill involving nutrition, satisfaction, and economic considerations.
		2.b	"Macak" as self-care and appropriate self-presentation.
		2.c	"Manak" as childbearing and continuation of family lineage.

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| 3. | It is essential to integrate the 3M tasks within midwifery services. | 3.a | Women experience a heightened sense of "respect" and recognition. |
| | | 3.b | Culturally Connected Health Messages Are Easier to Understand. |
| | | 3.c | Women Experience Closeness and Trust in Their Relationships with Midwives. |
| 4. | Midwives Recognize the Need for Greater Understanding of Javanese Culture and Its Relevance to Reproductive Health | | |

1. A Positive Interpretation of 3M "Masak (cooking), Macak (dressing), Manak (Childbearing)" for Women.

This study highlights the consistent positive interpretation by women and midwives of "Masak, Macak, Manak" as a crucial cultural value towards becoming an "ideal woman," and since long ago, it has seamlessly integrated into daily tasks, and even now it continues to become easier by adapting to technological advancements.

1.a The 3M tasks are the primary duties that define the concept of the ideal woman.

Women and midwives collectively perceive the concept of 3M as intrinsically linked to femininity. Historically, families have prioritized these responsibilities and skills in the upbringing of their daughters. While not all parents provide explicit guidance, several informants have highlighted that this is a pervasive element embedded in the life experience of women. There exists a distinct recognition of a woman's adeptness in these tasks as emblematic of her achieving an idealized feminine identity. This perspective underscores the notion that the duties encompassed by 3M are viewed favorably, not as burdensome, and are imbued with particular significance as activities contributing to the attainment of the quintessential womanhood.

Basically, according to grandmother, a woman must be able to cook, dress well, and bear children... In essence, in the past, to be considered an ideal woman, you had to be capable of those things: cooking, dressing elegantly, and bearing children. (W-5)

Yes, I know that, ma'am... cooking, dressing up, and bearing children are the primary duties of a woman. It's highly regarded, and in society, if a woman can excel in these areas, she is considered to be an ideal woman, ma'am. (W-1)

Rather than viewing these roles as burdensome obligations, participants described them as accepted and meaningful aspects of being a woman. As one participant stated, *"As a requirement, being a woman is not burdensome, ma'am"* (W-12). This sense of acceptance was further reflected in another participant's account: *"In fact, it is an added value and should be taken into consideration. We go through it with joy every day, and thankfully, it brings blessings."* (W-10). Beyond personal acceptance, these roles were also described as socially expected competencies for women, reinforced through both family upbringing and formal education: *"Yes, it is learned from parents and taught in schools. There is a subject called PKK, specifically focusing on cooking, as women are expected to be able to cook"* (W-6). These accounts indicate that the 3M roles were understood not merely as practical household activities, but as culturally expected competencies associated with being an ideal woman.

1.b Tasks of 3M Flowing through everyday life.

The 3M roles were described by women as familiar practices embedded in their everyday lives. Rather than being consciously performed as prescribed cultural duties, these roles appeared to have become normalized through repeated practice and everyday experience. One participant described this familiarity by stating, *“Well, that's quite common, isn't it? Just accept it wholeheartedly, ma'am... hehe... after all, cooking is a woman's responsibility...”* (W-3). A similar sense of naturally adapting to these culturally expected roles was reflected in another participant's account: *“Just let things flow, ma'am... go with the tide, hehe... but the elders used to say that as a wife, one must know how to position oneself...”* (W-7).

This sense of familiarity appeared to develop through everyday family socialization rather than through explicit instruction. Participants described learning these roles by observing and responding to ordinary practices within the family, as illustrated by one woman: *“My mother usually didn't give detailed advice... she'd just say, 'Come on, hurry up and take a bath.' That was it, no special guidance... then I'd just figure it out on my own”* (W-3). Such experiences suggest that the 3M values were transmitted across generations and gradually internalized as part of everyday life. This was explicitly expressed by another participant: *“It's not a problem, ma'am; it's not heavy nor embarrassing. It has been taught by our parents since long ago, and somehow, it just flows naturally. Cooking, dressing up, and giving birth... that culture is good, ma'am, positive”* (W-7). Together, these accounts indicate that the 3M roles were not experienced merely as explicitly prescribed cultural expectations, but had become familiar and normalized practices through everyday experience and intergenerational transmission within the family

1.c Modern life is more varied and facilitates women's tasks.

Modern life has diversified the ways in which women engage with the 3M roles. Participants described how technological advances, commercial services, and changing lifestyle practices have made everyday tasks more convenient and flexible, without necessarily replacing the underlying cultural practices. This was evident in relation to food preparation and self-care. One participant noted, *“In this modern era, snacks are more varied and convenient...”* (W-7), while another described changes in beauty practices: *“Back in the day... kids these days are actually quite smart, ma'am, using skincare products. In the past, we didn't know about skincare... just used powder”* (W-9).

Greater access to food delivery services also provided women with alternatives to cooking when needed. As one participant explained, *“If you can't cook, just order out... hahaha... especially when you're not feeling well. [...] there's always Go-Jek, Shopee Food... hehehe”* (W-14). However, convenience did not necessarily lead women to abandon cooking, as personal preferences and considerations such as food hygiene continued to shape their choices: *“I prefer to cook rather than buy food outside. When you buy food, you're unsure about its cleanliness; there are often flies around”* (W-9).

Similar changes were evident in practices related to women's self-care and the postpartum period. Participants described some traditional practices as changing alongside contemporary lifestyles: *“The culture has shifted now, particularly in terms of beauty practices; the methods have changed... including traditional herbal remedies, ma'am. In the past, women would drink*

herbal tonics after giving birth, but now they don't" (W-12). Yet, these changes did not always imply the complete disappearance of traditional practices. Another participant explained, *"Oh, it's no problem; it's just the evolution of the times, offering even more variety. However, my mother still buys me some kind of herbal remedy after giving birth"* (W-5).

Overall, women suggest that modernization has not simply displaced the 3M practices but has diversified how they are enacted. Women adapted these culturally familiar roles by incorporating contemporary technologies, services, and practices while selectively maintaining aspects of traditional knowledge in their everyday lives.

2. The Understanding Of 3M Has Not Been Specifically Grasped in Relation To Reproductive Health.

The participants in this study demonstrated a comprehensive understanding of the 3M concept. Initially, during the interviews, the majority of participants did not offer detailed responses that connected the cultural values embodied by the 3M framework with their implications for reproductive health. Although three participants were initially able to relate these values to general health, their experiences or perceptions regarding the specific impact on reproductive health have not yet been elucidated.

2.a "Masak" as a fundamental skill involving nutrition, satisfaction, and economic considerations.

Both women and midwives described *"masak"* (cooking) as an important skill for women, primarily associated with providing nutritious food for themselves and their families. A midwife linked cooking skills with women's ability to ensure adequate nutrition while also reflecting the cultural expectation that women should be able to cook.

Yes, because when I look at it like this, for instance, if we can't cook, we end up buying food, which means there are dishes that lack nutrition. Moreover, my family insists that a woman must know how to cook so she can be well-prepared when she gets married. That's regarding cooking, so essentially, it's about nutrition. (M-5).

Beyond nutritional considerations, women also associated cooking with personal satisfaction and household economy. One participant explained, *"I always cook for myself, ma'am. It's more satisfying, more fulfilling... [...], and it definitely saves money. Nowadays, everything is expensive. In the village, you can grow your own vegetables, and there are plenty..."* (W-9). Another participant similarly emphasized its economic value, describing cooking simply as *"economical"* (W-12).

These accounts indicate that *masak* was primarily understood in relation to nutrition, personal satisfaction, and household economy. Although these meanings were associated with maintaining individual and family health, participants did not explicitly relate cooking practices to specific aspects of women's reproductive health.

2.b "Macak" as self-care and appropriate self-presentation.

Participants did not explicitly associate *macak* with health or reproductive health. Instead, their accounts primarily reflected *macak* as a form of self-care and appropriate self-presentation, emphasizing cleanliness, neatness, and the ability to present oneself appropriately in different social contexts. One participant emphasized that *macak* was not necessarily about dressing up, but rather about maintaining a neat appearance: *“Dressing up isn't really the focus; what's important is that your appearance doesn't look unkempt and should appear tidy”* (W-7). This understanding was further reflected in the importance of adapting one's appearance to different situations, as another participant explained: *“Now, when it comes to grooming, it implies knowing how to present oneself, choosing attire or grooming appropriately for different occasions, be it for a wedding, a casual outing, or any event—it should be suitably matched”* (W-5).

These accounts suggest that *macak* was understood less as an aesthetic obligation and more as a practice of maintaining a respectable and context-appropriate appearance. Although participants associated these practices with self-care and confidence, they did not explicitly connect *macak* with specific aspects of reproductive health.

2.c “Manak” as childbearing and continuation of family lineage.

Participants primarily understood *manak* in relation to women's capacity for pregnancy and childbirth, as well as the continuation of family lineage. Some women also connected childbearing with practices during pregnancy, particularly maintaining maternal well-being and seeking antenatal care. One participant explained:

It means being able to have children, ma'am... to give birth smoothly. So, based on my experience during this pregnancy, it's important to have regular check-ups. Sometimes, if parents see their child pregnant and not going out, they encourage them to take walks. (W-3).

Beyond pregnancy and childbirth, *manak* was also understood in relation to the cultural importance of having descendants. This meaning was reflected in one participant's account: *“Basically, every woman is capable of getting pregnant and having children. However, not everyone can. For example, my neighbor doesn't have children, and it's quite unfortunate that there are no descendants”* (W-7). Concerns about family lineage also emerged when participants discussed contemporary reproductive choices, including delaying or choosing not to have children. As one woman stated:

Nowadays, it seems there is a lifestyle that differs from what we experienced in the past. I've heard that many couples are postponing pregnancy or even deciding against having children. Personally, I believe this is not ideal; it's like taking birth control too far. While it might benefit one's health compared to giving birth every year, I find myself disagreeing... what about the family's lineage?. (W-9).

Although *manak* was the component of 3M most directly related to reproduction, its cultural meaning was not necessarily understood within a broader reproductive health framework. This gap was particularly evident in the midwives' accounts. One midwife acknowledged that reproductive health information was generally provided according to existing guidelines without explicitly connecting it to the cultural meaning of 3M:

I was actually unaware of that; I provided information on nutrition and reproductive health in a general manner. It was based on general guidelines, and I haven't yet linked it to the cultural aspect of the 3 M's, partly because I'm not really familiar with it—I've only heard about it and have a basic understanding... hehehe (M-3).

These findings indicate that *manak* was predominantly understood through the cultural meanings of pregnancy, childbirth, and continuation of family lineage. Although reproductive health practices such as antenatal care emerged in women's accounts, the broader connection between the cultural meaning of *manak* and reproductive health had not been explicitly conceptualized, particularly within midwifery care.

3. It is essential to integrate the 3M tasks within midwifery services.

Thematic analysis of informants' perspectives on the values inherent in the Javanese 3M tradition underscores the perceived significance of integrating these duties into midwifery services, as acknowledged by both midwives and female recipients of care. The following sub-themes substantiate this interpretation: (1) Women experience a heightened sense of "respect" and recognition when their cultural values are engaged or referenced within healthcare services, (2) Health-related messages are more readily comprehensible when articulated through culturally familiar frameworks such as the 3M tradition, and (3) Women feel a stronger connection with midwives. The rapport between midwives and women is strengthened through a mutual understanding and appreciation of local cultural practices. These findings suggest that employing a culturally-informed approach in midwifery services not only enhances the acceptance of such services but also fortifies the interpersonal relationship between midwives and their clients. The subsequent sections provide a more detailed examination of the data corresponding to each summarized sub-theme.

3.a Women experience a heightened sense of "respect" and recognition.

Women in this study articulated that when midwives possess a comprehensive understanding of the local culture, the rapport between midwives and women is significantly enhanced. The sentiment of being "recognized" arises as their cultural values are upheld, engendering a sense of contentment and facilitating greater acceptance of midwifery services. One participant explained: *"...if the midwife understands the culture, I feel more connected... I feel more respected, ma'am... it makes me happy."* (W-1). The perception of being "valued" significantly augments women's trust and receptivity towards midwifery professionals. When midwives engage with cultural competence, women exhibit a heightened willingness to attend to and embrace the health-related information disseminated. *"Happy... like being appreciated, acknowledged, we will continue to listen... especially when the midwife speaks..."* (W-11). Another participant explained about an alternative perspective underscores the enduring significance of the 3M tradition, asserting its continued relevance and advantageous impact. The revitalization of this tradition is perceived as a means to honor women's contributions while concurrently reinforcing their societal identity. *"Not considered outdated, it's good... back in the day, those traditions certainly had their benefits, so reviving them would be better. It means supporting or appreciating our role as women."* (W-6)

3.b Culturally Connected Health Messages Are Easier to Understand.

Midwives recognized that women's everyday practices are increasingly shaped by changing lifestyles, including the use of food delivery services, convenience foods, skincare products, and the continued use of traditional remedies. Understanding these practices was considered important for relating health information to women's cultural and everyday contexts. One midwife expressed her interest in gaining a deeper understanding of these connections:

The key point is, nowadays, many things are instant—like food delivery, snacks, and what is it ee.. skincare. Whether or not these are beneficial for health, or perhaps the traditional natural remedies from the past are better, such as herbal medicine... Ultimately, I am pleased if I can gain a better understanding of women's culture and health. (M-3).

From the women's perspective, connecting health information with familiar cultural contexts made the messages easier to understand. This was expressed directly by one participant: "Yes, ma'am... It's appreciated when there's a connection; it's easier to understand" (W-11).

Together, these accounts suggest that connecting health information with women's familiar cultural practices may facilitate understanding by making health messages more relevant to their everyday experiences.

3.c Women Experience Closeness and Trust in Their Relationships with Midwives.

Women described their connection with midwives in terms of shared understanding, attentiveness, familiarity, and comfort. Being cared for by another woman was also perceived by some participants as contributing to a sense of closeness, particularly when accompanied by an attentive approach. As one participant explained, "In my opinion, it's because we're both women, and Mrs. Midwife Maribu is a firm person, yet she's attentive to her patients, which makes us feel closer" (W-12).

Familiarity developed through continued interactions with the same midwife also appeared to strengthen women's sense of comfort and connection. One participant discussed traditional reproductive practices alongside her long-standing relationship with her midwife, whom she described as friendly and familiar:

It is crucial, ma'am, because nowadays many women are neglecting such treatments (herbal medicine, traditional oils, vaginal steaming). It's still important for childbirth too, so we can produce intelligent children. Besides, as for Mrs. Midwife Hajaroh, we are already acquainted, and she's very friendly... Since my first child, I've always come here for check-ups. It's close by too, ma'am. (W-9).

For some women, this relationship extended beyond receiving clinical care. Midwives were also regarded as trusted persons with whom women could discuss health concerns and share personal matters. This was reflected in one participant's account:

It's still important... important... like preserving culture. It's crucial for the health of our reproductive system. Nowadays, it seems many people have forgotten things like how to care for their children and other matters, you know... So, for me, the midwife is the ideal person and always there for me to address any of my health concerns, even for sharing personal thoughts... hahahaha. (W-7).

Together, these accounts suggest that women's connection with midwives was shaped not only by the provision of clinical care, but also by attentiveness, familiarity, continuity of interaction, and having a trusted person with whom they could discuss health and personal concern.

4. Midwives Recognize the Need for Greater Understanding of Javanese Culture and Its Relevance to Reproductive Health

Midwives acknowledged that cultural perspectives had not been explicitly incorporated into their routine practice. Although they were familiar with the 3M concept, they described having limited understanding of how its cultural meanings could be connected with reproductive health and communicated within midwifery care. One midwife reflected, *"Well... we treat everything uniformly; there's no specific approach that considers cultural backgrounds... so the 3M concept hasn't resonated with me yet... turns out, it's important..."* (M-5).

This recognition was accompanied by a perceived need to understand the cultural meanings of 3M before incorporating them into communication with women. One midwife particularly reflected on the relevance of such understanding when communicating with younger generations:

Well... it's actually important, but first, perhaps we as midwives need to learn and understand that culture, what it means, because in our place, you see... for example, if a Gen Z patient asks, a midwife should be able to explain. It turns out that 'macak' isn't just about grooming, but if cleanliness is not maintained, it can lead to infections and possibly even infertility (M-6).

Midwives also emphasized that effective communication about culturally grounded health issues required not only interpersonal skills but also sufficient knowledge of the cultural meanings being discussed. As another participant explained:

A midwife needs knowledge, and she must master the material. While the approach is already there, she still needs... well, God willing, she can explain it, but yes... umm, she needs to study more... haha... in order to better uncover the myriad meanings within Javanese cultural philosophy (M-5).

The perceived knowledge gap led midwives to identify training and other educational activities as potential ways to strengthen their understanding of Javanese cultural values in relation to women's health. One participant stated, *"I believe we need to acquire additional knowledge, perhaps through training or something similar, regarding this culture"* (M-2). However, opportunities to engage in such learning were described as limited. As another midwife noted, *"There are seldom any seminars or training sessions on Javanese culture in relation to women's health... even though it would be quite beneficial"* (M-3).

Together, these accounts indicate that midwives recognized a gap between their familiarity with Javanese cultural values and their ability to explicitly relate these values to reproductive health within midwifery care. Their accounts also reflected a perceived need for further learning opportunities to strengthen their understanding of the cultural meanings of 3M and their relevance to women's health

Discussion

The results of this investigation demonstrate that the concept of "Masak, Macak, Manak" (3M) possesses a positive connotation for both women and midwives, despite a lack of clarity regarding its association with reproductive health. The initial theme indicated that 3M are commonly perceived as a fundamental obligation that shape the construction of the "ideal woman" in Javanese culture. These ideals permeate everyday life and continue to evolve in response to modernity, which has diversified the ways in which women enact these responsibilities and, to some extent, made them more negotiable. However, these findings raise critical questions regarding the relevance of traditionally domestic-oriented definition of the "ideal woman" in contemporary contexts, where women increasingly participate in the public and professional. However, Javanese women leaders took initiatives to assert their presence both in private and public spheres. Previous studies have shown that Javanese women leaders actively assert their presence across both private and public domain, challenging conventional gender expectations (Mawaddah et al., 2021). From feminist perspective, the persistent separation between productive economic work and domestic labor has been criticized for marginalizing women's contribution, including their participation in formal employment and labor organization such as trade unions (Honosutomo, 2025; Tjandraningsih, 2021). The lack of progress in gender equality in Indonesia is not just due to inadequate government actions or deep-rooted patriarchy; it also stems from a pervasive cultural mindset of acceptance that has been absorbed by both the state and its people (Honosutomo, 2025). This reinforces the evidence that cultural values play a significant role in women's lives.

Women's lives are fundamentally intertwined with the complexities associated with their reproductive health. Regrettably, the awareness among women concerning their reproductive health remains inadequate. Empirical evidence suggests that the lack of awareness regarding issues of reproductive health and gender equality persists as a significant impediment to the attainment of optimal reproductive health outcomes (Barrio-Ruiz et al., 2024; Biglari Abhari et al., 2024; Ouahid et al., 2023). This study supports these findings revealing that despite women's competence and social acceptance in performing 3M related roles and midwives' familiarity with these cultural values, their potential contribution to enhancing women's reproductive health is often overlooked. Within patriarchal cultural frameworks, the autonomy of women in making reproductive health decisions—encompassing the utilization of contraceptives, timing of pregnancies, and access to maternal healthcare services—is frequently subjugated to male authority (Jahan & Habib, 2024; Matheson et al., 2021; Tura & Aluku, 2025; Udenigwe et al., 2023). This dynamic significantly curtails women's agency, despite their pivotal role in reproductive and domestic responsibilities. Such an imbalance in decision-making power not only restricts women's liberty but also engenders delays in seeking healthcare and results in suboptimal reproductive health outcomes. While much of the existing literature conceptualizes patriarchy as a constraint on women's reproductive health, this study suggest that patriarchal norms are not only experienced as limiting structures but also subtly negotiated by women within their reproductive and health contexts.

Based on the finding of this study, midwifery partnership becomes particularly relevant, as midwives are uniquely positioned to recognize these negotiated spaces and to support women's agency through culturally responsive care that works within, rather than against, existing social structures. Evidence shown how the development of trusting relationships facilitated a greater understanding of women's cultural context and provided a safe space for women to engage with midwifery partnership (Newton et al., 2025; Vaira et al., 2020). A mutually beneficial interaction within the relationship helps women establish trust, empowers them in decision-making, and plays a significant role in their care experiences (Goodwin et al., 2018; Mirzaee & Dehghan, 2020; Sales

et al., 2024). This has a significant impact on women's reproductive health outcomes. However, in several studies evaluating the relationship between midwives and women, the challenges encountered in this relationship are the availability of time and continuity of care to understand women's need, perspective, culture and religion, which typically occur in clinical and hospital settings (Daellenbach et al., 2024; Doering et al., n.d.). This gap highlights the need to reposition cultural value not merely as social expectations, but as strategic entry points for strengthening women's agency and advancing partnership-oriented midwifery care.

Despite these contributions, several limitations should be considered when interpreting these findings. First, the study involved 18 informants within a specific Javanese cultural context in Bantul Regency, Yogyakarta; therefore, the transferability of the findings to other cultural or geographical settings should be considered with caution. Second, this study primarily captured participants' reported perceptions and experiences rather than directly observing how cultural meanings were negotiated within women-midwife interactions in clinical practice. Furthermore, as an exploratory qualitative study, it did not assess whether integrating 3M into culturally responsive midwifery care leads to measurable changes in women's agency, partnership experiences, or reproductive health outcomes.

Conclusion

Javanese women actively reinterpret the cultural value of Masak, Macak, Manak (3M) as meaningful and dynamic practices embedded in their reproductive and household lives, rather than as fixed domestic obligations. However, its explicit connection to reproductive health remains insufficiently recognized by both women and midwives. Integrating 3M into midwifery services can enhance women-midwife partnerships. Importantly, this study contributes original insight by positioning patriarchy not merely as barrier but as a negotiated social structure, within which women exercise agency through culturally grounded practices. These findings highlight the need for culturally responsive training and other learning opportunities to strengthen midwives' understanding of local cultural values and their relevance to reproductive health, thereby supporting their integration into partnership-oriented midwifery care.

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References

- Adnani, Q. E. S., Nurfitriyani, E., Merida, Y., Khuzaiyah, S., Okinarum, G. Y., Susanti, A. I., Adepoju, V. A., & Hashim, S. H. (2025). Ninety-one years of midwifery continuity of care in low and middle-income countries: a scoping review. In *BMC Health Services Research* (Vol. 25, Number 1). BioMed Central Ltd. <https://doi.org/10.1186/s12913-025-12612-0>
- Afsah, Y. R., Astuti, Y., Azizah, S. N., & Muflihini, B. A. F. (2019, October). Javanese Women's Perception of Husband's Support in Women Reproductive Health. *Third International Conference on Sustainable Innovation 2019 – Health Science and Nursing (IcoSIHSN 2019)*. <https://doi.org/10.2991/icosihsn-19.2019.42>
- Ahmed, S. A. E., Mahimbo, A., & Dawson, A. (2023). Quality intrapartum care expectations and experiences of women in sub-Saharan African Low and Low Middle-Income Countries: a

- qualitative meta-synthesis. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-022-05319-1>
- Amraeni, Y., Kamso, S., Prasetyo, S. B., & Nirwan, M. (2021). A Matriarchal and Patriarchal Perception on Women's Autonomy in Decision Making on Contraception: Qualitative Analysis in Indonesia. In *Malaysian Journal of Medicine and Health Sciences* (Vol. 17, Number SUPP12).
- Aubel, J., & Chibanda, D. (2022). The neglect of culture in global health research and practice. *BMJ Global Health*, 7(9). <https://doi.org/10.1136/bmjgh-2022-009914>
- Barrio-Ruiz, C., Ruiz de Viñaspre-Hernandez, R., Colaceci, S., Juarez-Vela, R., Santolalla-Arnedo, I., Durante, A., & Di Nitto, M. (2024). Language and Cultural Barriers and Facilitators of Sexual and Reproductive Health Care for Migrant Women in High-Income European Countries: An Integrative Review. In *Journal of Midwifery and Women's Health* (Vol. 69, Number 1, pp. 71–90). John Wiley and Sons Inc. <https://doi.org/10.1111/jmwh.13545>
- Biglari Abhari, M., Sabetrohani, H., Saghfian Larijani, S., Ghafori, R., & Nafei, A. (2024). Social Determinants of Women's Reproductive Health: A Systematic Review. *Health Scope*, 13(1). <https://doi.org/10.5812/healthscope-140449>
- Bussolo, M., Ezebuihe, J. A., Muñoz Boudet, A. M., Poupakis, S., Rahman, T., & Sarma, N. (2024). Social Norms and Gender Disparities with a Focus on Female Labor Force Participation in South Asia. *World Bank Research Observer*, 39(1), 124–158. <https://doi.org/10.1093/wbro/lkad010>
- Campbell, K. A., Orr, E., Durepos, P., Nguyen, L., Li, L., Whitmore, C., Gehrke, P., Graham, L., & Jack, S. M. (2021). Reflexive thematic analysis for applied qualitative health research. *Qualitative Report*, 26(6), 2011–2028. <https://doi.org/10.46743/2160-3715/2021.5010>
- Creswell, J. W., & Crewell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (H. C. Salmon, M. O'Heffernan, D. C. Felts, & Marks. Amy, Eds.; Fifth Edition). SAGE. <https://doi.org/LCCN2017044644>
- Daellenbach, S., Dixon, L., Anderson, J., Nisa-Waller, A., Lockwood, S., & Neely, E. (2024). Partnership in a hospital setting: Consumer perspectives of hospital midwifery care in Aotearoa New Zealand. *New Zealand College of Midwives Journal*, 2024(60). <https://doi.org/10.12784/nzcomjnl.246001>
- Doering, K., Mcara-Couper, J., & Gilkison, A. (n.d.). *Seeking a connection: Women's lived experience of the woman-midwife relationship in mainstream maternity services in Japan*.
- Fair, F., Soltani, H., Raben, L., van Streun, Y., Sioti, E., Papadakaki, M., Burke, C., Watson, H., Jokinen, M., Shaw, E., Triantafyllou, E., van den Muijsenbergh, M., & Vivilaki, V. (2021). Midwives' experiences of cultural competency training and providing perinatal care for migrant women a mixed methods study: Operational Refugee and Migrant Maternal Approach (ORAMMA) project. *BMC Pregnancy and Childbirth*, 21(1). <https://doi.org/10.1186/s12884-021-03799-1>
- Feng, C., Lai, Y., Li, R., Wang, Y., Gu, J., Hao, C., Xu, D. (Roman), & hao, Y. (2018). Reproductive Health In Southeast Asian Women: current situation and the influence factors. *Global Health Journal*, 2(1), 32–41. [https://doi.org/https://doi.org/10.1016/S2414-6447\(19\)30116-2](https://doi.org/https://doi.org/10.1016/S2414-6447(19)30116-2)
- Fikre, R., Gubbels, J., Teklesilasie, W., & Gerards, S. (2023). Effectiveness of midwifery-led care on pregnancy outcomes in low- and middle-income countries: a systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-05664-9>

- Gayatri, M., Silvani, Y., Pirade, R. A., Akingbade, O., Harjo, I. W. W., & Hastuti, N. R. (2023). Javanese Women's Experiences during the First Pregnancy. *Iranian Journal of Nursing and Midwifery Research*, 28(6), 735–739. https://doi.org/10.4103/ijnmr.ijnmr_413_20
- Goodwin, L., Hunter, B., & Jones, A. (2018). The midwife–woman relationship in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy. *Health Expectations*, 21(1), 347–357. <https://doi.org/10.1111/hex.12629>
- Honosutomo, A. (2025). Nrimo ing Pandum: When a Misinterpreted Cultural Habitus of Acceptance Affected Gender Equality Outcomes in Indonesia. *Serunai*, 05(02), 76–89. <https://jurnal.idfos.or.id/index.php/serunai/article/view/102/49>
- Jahan, I., & Habib, E. A. (2024). *Patriarchal Influence on Contraceptive Use and Reproductive Decision Making: A Study on Selected Areas in Sirajganj District*. <https://doi.org/10.58970/IJSB.pdf>
- Leone, T., Väisänen, H., & Witoelar, F. (2024). Women's fertility and allostatic load in the post-reproductive years: An analysis of the Indonesian Family Life Survey. *Population Studies*, 78(1), 127–149. <https://doi.org/10.1080/00324728.2022.2160004>
- Lunda, P., Minnie, C. S., & Lubbe, W. (2024). Factors influencing respectful perinatal care among healthcare professionals in low-and middle-resource countries: a systematic review. *BMC Pregnancy and Childbirth*, 24(1). <https://doi.org/10.1186/s12884-024-06625-6>
- Mackay, J., Clapham, K., Molloy, L., Smith, K., & Best, O. (2025). Bridging historical understanding with culturally safe nursing and midwifery care for indigenous people: a scoping review's telling gap in literature. In *Contemporary Nurse* (Vol. 61, Number 4, pp. 352–364). Routledge. <https://doi.org/10.1080/10376178.2025.2469564>
- Matheson, A., Kidd, J., & Came, H. (2021). Women, patriarchy and health inequalities: The urgent need to reorient our systems. In *International Journal of Environmental Research and Public Health* (Vol. 18, Number 9). MDPI AG. <https://doi.org/10.3390/ijerph18094472>
- Mawaddah, H., Suyitno, S., & Suhita, R. (2021). Javanese Women's Efforts to Face Patriarchal Culture in the Novel Para Priyayi by Umar Kayam. *International Journal of Multicultural and Multireligious Understanding*, 8(1), 100. <https://doi.org/10.18415/ijmmu.v8i1.2267>
- McLachlan, H. L., Newton, M., McLardie-Hore, F. E., Mccalman, P., Jackomos, M., Bundle, G., Kildea, S., Chamberlain, C., Browne, J., Ryan, J., Freemantle, J., Shafiei, T., Jacobs, S. E., Oats, J., Blow, N., Ferguson, K., Gold, L., Watkins, J., Dell, M., ... Forster, D. A. (2022). Translating evidence into practice: Implementing culturally safe continuity of midwifery care for First Nations women in three maternity services in Victoria, Australia. *EClinicalMedicine*, 47, 101415. <https://doi.org/10.1016/j>
- Milne, L., M Ireland, J. C., van Teijlingen, E., Hundley, V., & Simkhada, P. P. (2018). Gender inequalities and childbearing: A qualitative study of two Gender inequalities and childbearing: A qualitative study of two maternity units in Nepal maternity units in Nepal. In *JAM) Journal of Asian Midwives (JAM)* (Vol. 5, Number 1). <https://ecommons.aku.edu/jam/vol5/iss1/3>
- Mirzaee, F., & Dehghan, M. (2020). A model of trust within the mother-midwife relationship: A grounded theory approach. *Obstetrics and Gynecology International*, 2020. <https://doi.org/10.1155/2020/9185313>
- Mueck, A. O. (2021). Reproductive health for global women. In *Global Health Journal* (Vol. 5, Number 2, pp. 63–65). KeAi Communications Co. <https://doi.org/10.1016/j.glohj.2021.05.001>
- Muhmad Pirus, M. S., & Nurahmawati, H. (2020). Javanese Women Identity Regarding 3M: Macak-Manak-Masak Values. *International Journal of Culture and History*, 7(2), 54. <https://doi.org/10.5296/ijch.v7i2.18055>

- Nagaseta, A., & Soelistyo, L. (2020). Woman with Power to Construct and Exercise Strategies as Portrayed in 7 Wonders. *K@ta Kita*, 8(3), 288–296. <https://doi.org/10.9744/katakita.8.3.288-296>
- Negash, W. D., Atnafu, A., Fite, R. O., & Lokuge, K. (2025). A scoping review of person-centred maternity care service in humanitarian and fragile settings. In *BMJ Global Health* (Vol. 10, Number 9). BMJ Publishing Group. <https://doi.org/10.1136/bmjgh-2025-020696>
- Newton, M. S., Crawford, S. B., Holmlund, S., McCalman, P., McLardie-Hore, F. E., Forster, D. A., & McLachlan, H. L. (2025). Stronger connections for better outcomes: Exploring the views and experiences of midwives working in a culturally tailored caseload midwifery model for women having a First Nations baby in Australia. *Women and Birth*, 38(5). <https://doi.org/10.1016/j.wombi.2025.102086>
- Opara, U. C., & Petrucka, P. (2025). Cultural Beliefs and Practices in Sub-Saharan Africa Influencing Use of Maternal Health Services: A Systematic Integrative Review of Qualitative Research. In *Nursing Forum* (Vol. 2025, Number 1). John Wiley and Sons Inc. <https://doi.org/10.1155/nuf/6416345>
- Ouahid, H., Mansouri, A., Sebbani, M., Nouari, N., Khachay, F. E., Cherkaoui, M., Amine, M., & Adarmouch, L. (2023). Gender norms and access to sexual and reproductive health services among women in the Marrakech-Safi region of Morocco: a qualitative study. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-05724-0>
- Ouahid, H., Sebbani, M., Cherkaoui, M., Amine, M., & Adarmouch, L. (2025). The influence of gender norms on women's sexual and reproductive health outcomes: a systematic review. In *BMC Women's Health* (Vol. 25, Number 1). BioMed Central Ltd. <https://doi.org/10.1186/s12905-025-03768-2>
- Polat, A. (2025). Thematic Analysis in Qualitative Research: Common Pitfalls and Practical Insights for Academic Writing. *International Journal of Qualitative Methods*, 24. <https://doi.org/10.1177/16094069251372835>
- Puspitasari, D., Pudjibudojo, J. K., & Hartanti, H. (2022). Decision Making on Divorce for Javanese Women in Indonesia. In *International Journal of Environmental, Sustainability, and Social Sciences* (Vol. 3, Number 3). <https://news.detik.com>
- Rosalina, A., & Mujahidin, A. (2025). Reaffirming Javanese Patriarchy. *Dialogia*, 23(01), 31–48. <https://doi.org/10.21154/dialogia.v23i01.10429>
- Sales, J., Normandin, L., & Pomey, M. P. (2024). Care and services partnership in Quebec birthing centres: myth or reality? *BMC Pregnancy and Childbirth*, 24(1). <https://doi.org/10.1186/s12884-024-06362-w>
- Saunders, C. H., Sierpe, A., Von Plessen, C., Kennedy, A. M., Leviton, L. C., Bernstein, S. L., Goldwag, J., King, J. R., Marx, C. M., Pogue, J. A., Saunders, R. K., Van Citters, A., Yen, R. W., Elwyn, G., & Leyenaar, J. A. K. (2023). Practical thematic analysis: a guide for multidisciplinary health services research teams engaging in qualitative analysis. *BMJ*. <https://doi.org/10.1136/bmj-2022-074256>
- Tamara, J. (2023). The Hegemony of Patriarchal Culture in Critical Eleven and The Architecture of Love. *K@ta Kita*, 11(3), 507–512. <https://doi.org/10.9744/katakita.11.3.507-512>
- Tjandraningsih, I. (2021). Rethinking Strategy for Gender Equality in Trade unions. *Jurnal Perempuan*, 26(1), 25–32. <https://indonesianfeministjournal.org/index.php/IFJ/article/view/540/424>
- Tura, R., & Aluku, N. C. M. (2025). Whose Decision Is It Anyway? Men's Perceptions of Women's Decision-Making Autonomy in Maternal and Child Health in Western Kenya. *Social Sciences*, 14(8). <https://doi.org/10.3390/socsci14080452>

- Udenigwe, O., Okonofua, F. E., Ntoimo, L. F. C., & Yaya, S. (2023). Seeking maternal health care in rural Nigeria: through the lens of negofeminism. *Reproductive Health*, 20(1). <https://doi.org/10.1186/s12978-023-01647-3>
- Vaira, R., Yanti, Y., & Hidayat, A. (2020). A qualitative study of partnership between woman and midwife within midwife-led care clinic. *Journal of Health Technology Assessment in Midwifery*, 3(1), 29–45. <https://doi.org/10.31101/jhtam.1368>
- Williamson, M., Capper, T. S., Chee, R. M., Ferguson, B., Lentell, K., & Haynes, K. (2025). How do midwives learn about, understand, and integrate Cultural Safety into their care of First Nations women and families? A qualitative exploration. *Women and Birth*, 38(1). <https://doi.org/10.1016/j.wombi.2025.101868>
- Yuspin, W., & Aulia, S. E. (2022). Traces of Gender Equality in Indonesia. *International Journal of Social Science Research and Review*, 5(10), 279–284. <https://doi.org/10.47814/ijssrr.v5i10.601>