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Socio-ecological Analysis of the Coping Mechanisms of Filipino Rural Health Midwives during the Pandemic

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Abstract. Midwives played crucial roles in the grassroots healthcare system in the Philippines, especially at the peak of the COVID-19 pandemic. Despite numerous challenges, midwives coped with several physical, emotional, and professional challenges while dispensing vital community health services. This phenomenological research investigated the coping mechanisms of Rural Health Midwives during the pandemic. The study utilized the Collaizi Method to steer the thematic identification and analysis. Using the five foci Socio-ecological Model as the theoretical lens, five immense themes for the coping mechanisms emerged: weaving social connections, bridging relationship gaps, suppressing anxieties, forging innovative solutions, and anchoring trust in the authorities. The findings underscore the pandemic-forged coping mechanisms of Rural Health Midwives, which propelled them through countless complexities in the face of the COVID-19 pandemic. While sustaining their unwavering commitments, a collective imperative intervention from the government, health sectors, and stakeholders is crucial in optimizing their well-being during and beyond the pandemic. A comprehensive support system, including mental health, professional advancement opportunities, and adequate resource allocation, is crucial for bolstering the resilience of Rural Health Midwives and ensuring the continuity of essential healthcare services in rural communities.

Keywords: COVID-19 pandemic; Coping mechanisms; Rural health midwives; Community health; Socio-ecological model.

1.0 Introduction

The COVID-19 pandemic posed tremendous challenges for Rural Health Midwives, requiring them to be resilient yet compassionate in their service (Schmitt et al., 2021). Navigating through uncertainties, they emerged as unsung heroes, often unrecognized by the community. Their roles transformed a lot to adapt to the ever-shifting tides. Undeterred by this, they continued serving their constituents amid the unpredictable chaos, a testament to their unwavering dedication to their duty.

Rural health midwives in the Philippines are crucial in providing a wide range of essential healthcare services. They are considered grassroots workers, closely working with other auxiliary health workers and the barangay key leaders. Midwives under the Department of Health (DOH) placement program implement various programs in different aspects of care, including preventive, health-promotive, curative, and rehabilitative. The highlight of their routine activities include delivery of maternal and child health services such as antepartum care, attending to labor and delivery, post-partum care, immunization, family planning counseling/services, attending to

individual patients, referral of unmanageable cases, follow-up of patient discharged from the hospital, and implementation of several control programs for different prevalent and emerging diseases. They cater to individual patients, perform home visits to targeted families, and address community health and health-related problems.

With the advent of the COVID-19 pandemic, the already burdensome routines of rural health midwives became even more exhausting as new responsibilities were added. Midwives were tasked with contact tracing, monitoring quarantined patients, participating in vaccination programs, referring COVID-suspected patients, conducting nasal/throat swabbing, implementing COVID-19 protocols, and more (Felipe-Dimog, 2024). These additional duties and their existing responsibilities created a demanding workload. The pandemic also increased physical and mental health conditions among community members, resulting in more individual patient consultations at barangay health stations. The scarcity of health resources, such as PPE supplies, medications, and logistics, further burdened rural health midwives, forcing them to find creative solutions and sometimes use their resources to address challenges (Domingo, J & Domingo, J., 2024). However, despite chronic understaffing in rural healthcare settings, midwives play critical roles in delivering essential services to disadvantaged communities. Their efforts often go unrecognized (Green et al., 2020). Recognizing the needs of midwives and their contributions to community health, the Department of Health (DOH) launched the Rural Health Midwife Placement Program (RHMPP) to bolster the current workforce (Tejero, 2022).

As the world continues to recover from the COVID-19 pandemic, it is crucial to learn from people's diverse experiences during and after the crisis. Given the limited research on midwives' coping mechanisms, particularly in rural health settings, this study aims to explore the lived experiences of Rural Health Midwives working in the DOH's Deployment Program during the pandemic's peak. By examining the subjective experiences of these frontline workers, the study seeks to contribute to a deeper understanding of the midwives' coping mechanisms in overcoming the challenges they faced to continue providing essential care.

2.0 Methodology

2.1 Research Design

This phenomenological study explored the lived experiences of Rural Health Midwives as they navigated the challenges of the COVID-19 pandemic. This qualitative research offered a flexible and nuanced lens to explore their perspectives (Collins et al., 2018), allowing researchers to understand the underlying meaning and processes shaping their realities. This study adopted a descriptive phenomenological approach to gain a deep understanding of the lived experiences of Filipino rural health midwives during the COVID-19 pandemic. This qualitative research method allowed us to delve into the rural health midwives' subjective realities and the unique perspectives of these frontline healthcare workers.

2.2 Research Locale

With Koronadal City as its capital, South Cotabato is a province in the SOCCSKSARGEN region of the Philippines. According to the 2020 census conducted by the Philippine Statistics Authority, it has 975,476 residents, which makes up 22% of the region's total population. In September 2020, the province isolated 200 health professionals because of a possible infection and reported 10,976 COVID-19 cases (Punzalan, 2021). Of the 139 rural health midwives employed in South Cotabato, 102 are part of the Rural Health Midwife Placement Program run by the Department of Health (DOH). This effort aims to improve treatment for expecting mothers and infants and strengthen Barangay Health Stations (BHS) to reduce the rates of maternal and infant mortality (MB. Libatique, personal communication, January 6, 2022).

2.3 Research Participants

Ten rural health midwives who work for the DOH's Rural Health Midwife Placement Program are among the participants. During the height of the COVID-19 pandemic, these individuals were assigned to the Province of South Cotabato, Philippines. Participants were chosen through purposive sampling according to the inclusion and exclusion criteria, including being a registered midwife, a citizen of the Philippines, working for the RHMPP for a minimum of a year, willing to participate, and in good mental health.

2.4 Research Instruments
A semi-structured interview guide was developed to elicit rich qualitative data. Open-ended questions allowed flexibility while maintaining the focus. The instrument was translated into Hiligaynon and validated by three experts in community health and research. Audio recordings were utilized to capture participants' responses comprehensively. Note-taking was limited to establish rapport and minimize distractions.

2.5 Data Gathering Procedure
This study secured the necessary approval from the Provincial Department of Health, the Municipal Health Officer (MHO), and the target municipalities' Public Health Nurses (PHN). One rural health midwife was selected per municipality (N = 10) through coordination with local health offices. Participants provided informed consent after a thorough explanation of the study. Three prospective participants declined participation. In-depth interviews were conducted in private and well-ventilated settings to ensure participants' comfort and data confidentiality. Audio recordings captured verbatim conversation and vocal cues. Minimum health protocols were strictly observed throughout the data collection process. While online interviews were initially unplanned due to potential technical and observational limitations, two participants were interviewed online due to unforeseen circumstances.

2.6 Data Analysis
The thematic presentation was analyzed in depth, guided by Bronfenbrenner's Systems Ecological Model (SEM). Through repeated readings of the transcripts aligned with each stage of the SEM, the researchers immersed themselves in the data, consequently facilitating a comprehensive understanding of the rural health midwives' experiences, particularly their coping mechanisms for navigating the challenges posed by the COVID-19 pandemic. The participants' responses were categorized according to the SEM foci. Each line of these transcripts was assigned line numbers. Significant statements within each transcript were identified and tabulated, noting their corresponding page and line numbers in the final transcript. These tabulated significant statements were then analyzed for meaning, considering several factors such as the participants' expressions, tone of voice, language, emotional resonance, and personal context. The formulated meanings were categorized based on similarities, and each category was assigned a cluster theme. Through a comprehensive analysis of these clustered meanings and themes, the identified emerging themes encapsulated the core coping mechanisms of rural health midwives. Finally, emerging themes were categorized as light, moderate, or heavy based on the significance and emotional intensity expressed by the participants.

To gauge the magnitude and relevance of the emerging themes, the researchers considered factors such as vocal inflections, repetitions, accompanying emotions, eloquence of description, and non-verbal cues like gestures and facial expressions. The steps were repeatedly read to get a vivid picture of the rural health midwives' coping mechanisms. Each step was meticulously evaluated, rephrased, and restructured, retaining the core meanings of participants coping mechanisms. In describing the findings, the fundamental structures of their responses were noted and retained. Moreover, to ensure the relevance of the interpretation, the findings were presented to the research participants, validating the description of their coping mechanisms. All participants agreed to the description of their coping mechanisms, with very few additional points made. Moved by the description of their responses, rural midwives expressed gratitude for being given a voice and a platform to share their unique experiences.

2.7 Ethical Considerations
The researcher secured the approval of the ethics review board before commencing data collection. This study adhered to the ethical norms and research standards, particularly in ensuring rigor, respect for the participants, data storage, and dissemination of data and results.

3.0 Results and Discussion
The socio-ecological model guided the data analysis, as illustrated in Figure 1. The thematic landscape emerged naturally, reflecting the participants' articulation and interpretation of their experiences. The presented emerging themes were those deemed most significant. Each emerging theme within each stage of the SEM was identified.

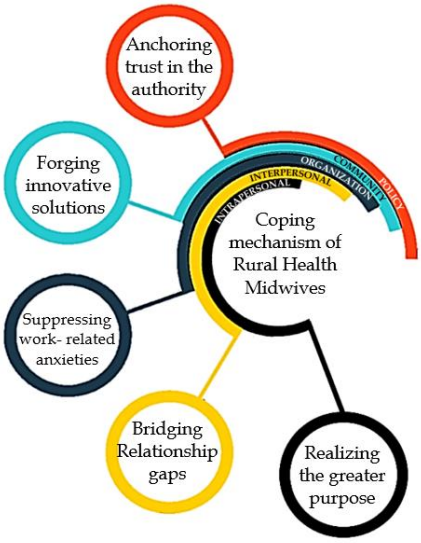

Figure 1. Coping mechanisms of Rural Health Midwives during the COVID-19 pandemic

Table 1 shows the emerging themes for coping mechanisms utilized by the rural health midwives based on each focus of the SEM. Based on their magnitude and immensity, the twenty emergent themes have been classified into three categories: light, medium, and heavy. The immense themes for the individual, interpersonal, organization, community, and policy levels are building social connections, bridging relationship gaps, suppressing job-related anxieties, forging innovative solutions, and anchoring trust in the authority, respectively.

Table 1. Immensity and magnitude of coping mechanisms' themes

Foci	Light	Medium	Heavy
Individual		• Repressing the anxieties. • Realizing the greater purpose	• Weaving social connections
Interpersonal	• Creating diversions	• Conquering the adversities. • Facing fears head-on. • Accepting worries and finding peace of mind. • Leaning on loved ones.	• Bridging relationship gaps.
Organizational	• Finding strength in faith	• Prioritizing the well-being of the community • Embracing the problem-solving mindset	• Suppressing anxieties related to job security
Community		• Suppressing work-related concerns • Respecting cultural differences	• Forging innovative solutions
Policy	• Taking a break to protect oneself	• Prioritizing public safety through responsibility • Serving as role models	• Anchoring trust in the authority

Individual Coping: Weaving Social Connections with Colleagues, Friends, and Families

The COVID-19 pandemic revealed unprecedented challenges for rural health midwives, testing their resilience and fortitude. However, amidst the adversity, these dedicated professionals found solace and strength in their relationships with family, friends, and colleagues. Sharing their experiences, fears, and concerns with loved ones provided a much-needed emotional outlet and a sense of community. Practical assistance, such as childcare and meal preparation, especially during quarantines and work-related activities, eased their burden. The shared experience of the pandemic fostered a sense of solidarity and empathy, strengthening existing bonds and creating new ones. The following descriptions of the participants best exemplify the coping mechanisms presented:

"I cried to myself, or sometimes to my husband, about how frustrated I was with the barangay officials' lack of support."

"I asked my Barangay Health Workers for advice and realized how much they cared about me."

"My kids truly helped me feel strong. They told me they were okay and I should keep helping others."

Through these connections, rural midwives were able to tap into a powerful source of hope and strength, enabling them to persevere in their challenging roles. Friends, family members, and colleagues significantly contributed to the midwives' coping with the challenges. When faced with isolation and the scarcity of social connections, many midwives turned to their faith, praying for strength and reminding themselves of their greater purpose. In the quiet hours, they channeled their worries into the rhythm of daily work, remaining productive as a testament to their unyielding spirit. These are some of the responses from the participants:

"I believe, 'I can do this, and God will care for those who insulted me."

"Seeing my elderly patients getting better makes all the tiredness go away. It encourages me to keep going."

Effective coping methods can help manage difficult situations, reducing stress levels (Waters et al., 2021). Buffeted by the relentless challenges of the COVID-19 pandemic, midwives discovered a beacon of light in the strength of their bonds (Eddy, 2019). The unbreakable camaraderie with people around them fostered resilience and a sense of belonging during times of isolation and uncertainty (Doolittle, 2021). Hence, a robust social tie is vital for rural health midwives to combat isolation. As Labrague (2021) emphasizes, this essential network of communications with people around them shields rural health midwives against the pandemic's hardest blows.

Interpersonal Coping: Bridging Relationship Gaps

Midwives innovated a bold odyssey of connections and communications with friends, colleagues, and clientele. Family members mended family conflicts and rekindled reconnections, resulting in more vibrant expressions of concern and care. Friends and families fortified the therapeutic landscape by filling the voids of connections with support and understanding, as verbalized by the rural health midwives below:

"I made sure to call them every day. I even video called them even when I was right outside our house because I couldn't go inside, especially since I had been in contact with someone who had COVID-19."

"I kept monitoring my kids even if I was at work via text or calls. I was worried when my older daughter got sick and was afraid she might give it to her younger sister."

"I explained to my husband and kids what my job is like. I told them I am always on call, and they understand that. They do not complain about it at all."

"You never know what might happen tomorrow, so we need to be there for each other. I feel closer to my family now because we talk and check in on each other more often."

The use of social media became common to our midwife front liners. It served as a bustling platform for communication, support, and networking, tethering them to sanity and a façade of normalcy while in the monotony of lockdowns and quarantines. It was their way of sharing their stories with their loved ones across the globe, both the harrowing and heartwarming ones. Petty and meaningful talks unfolded virtually, knitting frayed and old bonds and forging new ones. Even as the world felt still, they found comfort and inspiration in the tales of resilience of fellow health workers across the globe. Without a leap in information technology, midwives would have been imprisoned in boredom and seclusion, bereft of educational opportunities across screens, just silence.

"My family and friends don't see each other anymore, so we call or message each other and sometimes post on Facebook."

"I keep thinking that this is for my family. I often attend webinars and watch updates on social media."

"We refer our patients to the doctor and send him pictures if needed. The doctor decides whether to see the patient in person or give orders over the phone."

Midwives leveraged information technology to bridge the geographical gaps between rural and urban communities. It gave midwives crucial access to training and insightful webinars on relevant skills and updates on COVID-19, easing their fears of the unknown. *Telekonsulta* brought healthcare online, connecting health workers and patients virtually. High-risk pregnancies, individual clients, and several program implementations can still be monitored. Digital records, referrals, and networked communications bridged physical gaps, ensuring seamless health services while maintaining access to vital health updates in protocols.

The COVID-19 pandemic necessitated innovative approaches for rural health midwives. Social media became a lifeline during the pandemic (Saud et al., 2020). By exploiting and harnessing new information technology, midwives strengthened social connections, accessed essential training, and ensured continuity of care. Social media platforms facilitated virtual interactions, while telehealth services and digital health tools bridged geographical gaps and streamlined healthcare delivery. These adjustments showed the midwives' versatility and relentlessness in overcoming the pandemic's challenges.

Organizational Coping: Suppressing Work-related Anxieties

Midwives' precarious work contracts as job-order employees pushed them to muffle their voices for fear that their job-order status would not be renewed next term. They suppressed many of their work-related anxieties, a plight shared by many healthcare professionals, especially in regions with scarce health resources. With all the hurdles and menial jobs that rural midwives encounter in their organizations, they felt compelled to swallow their egos and anxieties, lest their means of livelihood vanish.

"I keep praying I do not get sick with COVID. We only got ten masks, so we had to wash and iron them. We also made our own PPE using a garbage bag like a gown because we ran out of supplies."

"We just have to accept what the DOH decides because we are not regular employees. We are working for them, so they'll decide whether to renew our work contract. We should be happy with whatever they offer us."

"We try to spend less during Christmas and New Year's Eve. We might not have jobs next year, so we need to save as much money as possible."

Midwives channeled their frustrations into active self-improvement by learning time management skills and setting realistic work expectations to avoid burnout. They find it crucial to find opportunities for self-care, rest, and relaxation instead of tiring themselves over petty things. Networking with fellow healthcare professionals and community key leaders ignited a collaborative spirit of innovation, empowering them to delve deeper into problems and unearth resourceful solutions.

"We kept teaching people about COVID-19, like its cause, the risks, and how to stay safe. We understand that there is only so much we can do, and we do not have that much choice."

"I was always racing against the clock to finish my report on time. I even brought my work home with me. I also tried attending as many webinars as possible because I believed they were relevant."

Suppression is a deliberate act of an individual to consciously push unwanted experiences out of the mind (Sigmund Freud, in the study by Berlin and Koch (2019). Many individuals find it convenient, but it has implicit undesirable effects. It posits that unresolved painful situations might eventually result in harmful consequences. Pent-up emotions like anger, frustration, and sadness can resurface (Happygohippy, 2020). Studies, such as Giunchi et al. (2019), further suggest that emotion-avoidance-focused coping amplifies negative associations between job insecurity and well-being. Though suppressions offered a shield against immediate conflicts, midwives recognized that it was fragile and temporary, as they claimed there was nothing they could do about it other than show their full acceptance. Midwives exhibited remarkable adaptation to new protocols gracefully and unleashed their innovativeness. They ceaselessly honed their knowledge and skills, formally and informally, to meet all the challenges posed by COVID-19.

Community Coping: **Forging Innovative Solutions**
Rural midwives resorted to remarkable resourcefulness during the pandemic surge, despite the perceived deprivation of logistic support from local authorities. Digging into their own pockets, they attempted to solve work-related issues. However, the use of personal resources is unsustainable, and it simply masks the issue of poor support and resource mismanagement in local government units. Nonetheless, it was an act of unwavering dedication to their chosen vocation and the community at hand.

"We repeatedly explained that the Barangay Health and Emergency Response Team (BHERT) is not just composed of health workers; the barangay officials should also participate in it."

"I worked closely with the nurse to create a plan. I did this to expedite the processes. Then, we presented it to the barangay council for their ideas, approval, and support."

"We think of the money we spend from our pockets as our acts of gratitude for being alive and still having jobs and income."

"At the barangay health station, we all chipped in money to help patients with food, transportation, supplies, and laboratory fees. We did this to avoid any more problems with the patient."

While the internet viewed midwives as unsung heroes, they often felt underappreciated and overlooked for their crucial contributions to healthcare. Faced with cultural, manpower, and financial constraints, they prioritized the most essential needs, forged several partnerships, and championed *Telekonsulta*. Their innovation and efficiency fueled proactive health education, empowered communities, and ensured cooperation.

"We told people they would not get their 4Ps benefits if they did not participate in the vaccination program. However, that was not true. We just said that to encourage them to get vaccinated."

"We just called the doctor and asked for medical advice using our money, personal phones, and data."

Midwives, as rural vanguards, displayed exemplary resourcefulness while implementing the COVID-19 vaccination program across different cultures. While self-funded health initiatives sustained healthcare services, studies by Crisp et al. (2018) highlighted the limitations of such stopgaps. Thus, in this premise, midwives' easy solution of spending their resources is a quick response to the pressing problems that need immediate intervention. However, when urgent response is required, midwives consider tapping into available and accessible resources as a practical option. While already weary from the massive workload and unfulfilled requests, a temporary fix through self-reliance is more feasible and time-efficient.

Policy Coping: Anchoring Trust In The Authority
Rural midwives faced the daunting task of implementing IATF protocols, often navigating conflicting guidelines and community perspectives. Despite personal reservations, they embraced their role as leaders and role models, becoming sources of information and guidance for their communities. Serving as mediators between government agencies and the community, midwives fostered peace and order by promoting adherence to local and national regulations. Recognizing the hardships and cultural nuances, they demonstrated empathy and understanding of their constituents. To preserve their well-being, midwives prioritized self-care, taking breaks to rest and recharge. These enabled them to return to their duties with renewed vigor and a commitment to serve their communities based on DOH programs and protocols. While prohibited from riding on a motorcycle with their husband as the driver, they lobbied for considerations regarding the "no back-rider" rule of the IATF for motorcycles.

"To convince people to get vaccinated, I vaccinated my family first. I even showed them that I vaccinated my 9-year-old child. Back then, getting kids between 5 and 11 vaccinated was difficult because parents were hesitant. So we kept doing information campaigns and going door-to-door to encourage people to be vaccinated."

"I kept explaining to people that we only followed the approved rules. We always carried a copy of it to show people."

"We visited a family who was holding a wake for a loved one who died from COVID-19. We wanted to show our support and explain the rules to them. The barangay captain went with us to make sure we were safe."

"We asked the barangay officials to help us implement the IATF protocols regarding burying dead people right away. I was following the rules. I tried calming myself down and understanding how the family was feeling."

Healthcare workers and frontliners demonstrated remarkable dedication by adhering to COVID-19 protocols, even when these measures conflicted with personal beliefs or preferences (Nguyen (2023). Despite potential challenges and uncertainties, they prioritized the collective good and public health over individual inclinations. This commitment to following guidelines was crucial in mitigating the spread of the virus and protecting vulnerable populations. Their considerate approach to people, supported by Bohm et al.'s (2016) findings, reduced confusion, built trust, and fostered compliance, thus promoting community order amidst stringent COVID-19 measures. Midwives, recognizing the relevance of a secure and orderly community (Leonard, 2018), actively tackled issues concerning the existing protocols of the Inter-agency Task Force (IATF) for COVID-19. Midwives stood resolute when the pandemic brought chaos to the world, reshaping their practice, unfolding new skills, and confronting the hurdles head-on. Equipped with contingency plans, no matter what happened, they stood unwaveringly, ensuring vital care was delivered when everyone seemed to wane.

4.0 Conclusion

Healthcare workers and frontliners demonstrated remarkable dedication by adhering to COVID-19 protocols, even when these measures conflicted with personal beliefs or preferences. Despite potential challenges and uncertainties, they prioritized the collective good and public health over individual inclinations. This commitment to following guidelines was crucial in mitigating the spread of the virus and protecting vulnerable populations. Their considerate approach to people, supported by Bohm et al.'s (2016) findings, reduced confusion, built trust, and fostered compliance, thus promoting community order amidst stringent COVID-19 measures.

Midwives, recognizing the relevance of a secure and orderly community (Leonard, 2018), actively tackled issues concerning the existing protocols of the Inter-agency Task Force (IATF) for COVID-19. When the pandemic brought chaos, our midwives stood resolute, reshaping their practice, unfolding new skills, and confronting the hurdles head-on. Equipped with contingency plans, no matter what happened, they stood unwaveringly, ensuring vital care was delivered when everyone seemed to wane.

A comprehensive mental health program is recommended to enhance the mental well-being of midwives and other healthcare professionals. This program should incorporate stress management strategies, physical activity, stress debriefing sessions, peer support networks, and accessible mental health services. Additionally, the program should address workplace challenges such as workload management, employment conditions, resource allocation, and professional recognition. This recommended initiative requires significant investment in infrastructure, equipment, and the establishment of a robust community health system.

5.0 Contribution of Authors

The authors collaborated equitably throughout the research process, sharing responsibilities in conceptualization, study implementation, data collection, analysis, and manuscript preparation. Ms. Jinky Flores has extensive experience as a rural health midwife and nurse under the DOH's deployment program. Her expertise in community immersion and nursing is valuable to this study. She reviewed and provided feedback on the concept paper, participated in focused-group discussions, and managed secretariat tasks such as printing, documentation, and maintaining printed and soft copies of participant responses. She also reviewed and contributed to the data analysis procedure. Ms. Jean F. Domingo conceptualized the paper and coordinated with Jinky Flores and Art Domingo to finalize it. She coordinated various paperwork, collated outputs from the co-authors, and conducted the thematic analysis. Jean Domingo facilitated the ethics review, coordinating with the two grammarians and mentors who helped finalize the study from full paper to publication manuscript. She typically initiated the writing of the manuscript submitted to publication companies. Art Domingo is frequently involved in finalizing written documents, composing research proposals, writing communication letters, creating semi-structured interview guides, and translating informed consent. He finalized the data analysis using Colaizzi's method of phenomenology, edited the entire study content, and wrote and finalized manuscripts for presentation and publication. Art Domingo also prepared presentations and posters for two research conferences to disseminate the study's findings. Art Domingo and Jean Domingo coordinated the study, particularly in sending communications and meeting with Rural Health Unit heads. Jinky Flores and Jean Domingo followed up with participants and set up appointments. All three authors contributed to the preparation and finalization of related literature. All three of them met the participants during each interview. They equitably shared responsibilities in data gathering, transcription, and deriving the thematic landscape of the study. Jinky Flores and Art Domingo were each assigned to transcribe three participant responses until emerging themes were derived, while Jean Domingo processed the remaining four responses. The authors also jointly decided on the conclusions and recommendations.

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7.0 Conflict of Interest

According to the rules governing ethical research, the authors disclosed no potential conflicts of interest for any organizations involved in the study.

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