

Global Society and Knowledge Review

Women's Health Empowerment through Midwifery Training

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ARTICLE INFO

Received January 24, 2025
Revised February 5, 2025
Accepted February 21, 2025
Available April 28, 2025

Keywords:

midwifery training,
women's empowerment,
maternal health, Laos
PDR

ABSTRACT

This study examines the impact of midwifery training programs on women's health empowerment in the Lao People's Democratic Republic (PDR), focusing on maternal health outcomes, professional development, and healthcare system strengthening. The research employs a mixed-methods approach to evaluate the effectiveness of midwifery education initiatives implemented between 2020-2024. Results demonstrate that enhanced midwifery training significantly improves maternal and neonatal health outcomes, with maternal mortality rates declining by 35% in areas with trained midwives. Professional empowerment outcomes show increased job satisfaction, clinical competency, and leadership roles among trained midwives. The study reveals that comprehensive midwifery education programs contribute to healthcare system strengthening through improved service delivery, enhanced community trust, and reduced referral rates.

Policy implications suggest that sustained investment in midwifery education and supportive regulatory frameworks are essential for achieving universal health coverage and women's empowerment goals. These findings underscore the critical role of midwifery training in addressing health inequities and promoting sustainable development in low-resource settings.

INTRODUCTION

The Lao People's Democratic Republic (PDR) faces significant challenges in maternal and child health, with maternal mortality rates remaining among the highest in Southeast Asia at 185 deaths per 100,000 live births as of 2020 (World Health Organization, 2024). Despite progress toward achieving Sustainable Development Goal 3, substantial disparities persist, particularly in rural and remote areas where access to skilled birth attendants remains limited. The country's healthcare system struggles with inadequate human resources, with only 1.2 midwives per 1,000 women of reproductive age, well below the WHO recommended minimum of 2.5 per 1,000 (Thompson et al., 2024). This shortage is compounded by geographic barriers, cultural factors, and limited educational opportunities that restrict women's access to quality maternal healthcare services.

Midwifery training programs have emerged as a critical intervention for addressing these challenges while simultaneously empowering women both as healthcare providers and recipients of care. Research by Martinez and Chen (2023) demonstrates that countries with strong midwifery education systems achieve better maternal health outcomes, with trained midwives capable of managing 87% of essential maternal and newborn care services. The empowerment dimension extends beyond clinical skills to encompass professional autonomy, decision-making authority, and leadership opportunities that enhance women's status within healthcare systems and communities. This dual empowerment—of midwives as professionals and women as healthcare recipients—creates sustainable pathways for health system strengthening and gender equality advancement.

The historical context of midwifery in Laos reveals a complex evolution from traditional birth attendants to formally trained healthcare professionals. Early midwifery education began in 1960, but political instability and resource constraints led to inconsistent training standards and limited program sustainability (Anderson et al., 2023). The absence of national policies on human resources for health resulted in various categories of birth attendants, including nurses, midwives, nurse-midwives, and auxiliary nurse-midwives, creating confusion about roles and responsibilities. This fragmentation undermined professional identity and limited career advancement opportunities for women in midwifery practice. Contemporary efforts to standardize midwifery education and establish clear competency frameworks represent significant progress toward professionalizing midwifery and empowering women within the healthcare system.

International partnerships and development assistance have played crucial roles in strengthening midwifery training programs in Laos. The United Nations Population Fund (UNFPA) has supported capacity building initiatives that focus on evidence-based midwifery education, clinical skills development, and regulatory framework establishment (Johnson & Patel, 2024). These partnerships have facilitated knowledge transfer, resource mobilization, and technical assistance that enhance the quality and sustainability of midwifery training programs. The collaborative approach has also promoted South-South learning, enabling Laos to benefit from best practices and innovations from other countries with similar development contexts and challenges.

The cultural and social dimensions of midwifery training in Laos reflect broader patterns of gender empowerment and social change. Traditional gender roles and cultural practices influence women's participation in formal healthcare education and their acceptance as healthcare providers in some communities (Roberts et al., 2023). However, midwifery training programs have demonstrated potential to challenge these norms by providing women with professional credentials, economic opportunities, and social recognition that enhance their status and influence. The profession's focus on women's health and childbirth aligns with cultural values while creating space for women to exercise authority and leadership in healthcare contexts.

Economic empowerment through midwifery training represents a significant opportunity for women's advancement in Laos, where employment opportunities for women remain limited, particularly in rural areas. Trained midwives can earn stable incomes, pursue career advancement, and contribute to household economic security while serving their communities (Brown & Davis, 2024). The cost-effectiveness of midwifery training—approximately \$3,000 per midwife who can serve over 1,000 women throughout her career—demonstrates the potential for sustainable economic impact through targeted educational investments. This economic dimension of empowerment extends beyond individual benefits to community-wide effects, as trained midwives often become local health advocates and leaders who promote broader health and development initiatives.

The integration of midwifery training with broader health system strengthening efforts enhances its impact on women's empowerment and health outcomes. Comprehensive approaches that combine pre-service education, continuing professional development, supportive supervision, and career advancement opportunities create enabling environments for midwifery practice and women's professional growth (Garcia et al., 2024). These systems-level interventions address structural barriers to empowerment, including inadequate resources, limited autonomy, and insufficient recognition of midwifery contributions to health outcomes. The holistic approach recognizes that empowerment occurs within broader social, economic, and political contexts that must be addressed for sustainable change.

Quality assurance and accreditation mechanisms represent critical components of midwifery training that ensure professional standards and enhance women's empowerment through credible qualifications. The International Confederation of Midwives (ICM) accreditation of three midwifery education centers in Laos in 2023 marked a significant milestone in establishing internationally recognized standards for midwifery practice (Wilson et al., 2024). This accreditation process validates the competency of trained midwives, enhances their professional credibility, and creates opportunities for international mobility and career advancement. The quality assurance framework also ensures that midwifery education remains responsive to evolving health needs and evidence-based practices.

Technology integration and innovative training methodologies are transforming midwifery education in Laos, creating new opportunities for women's empowerment through enhanced learning experiences and professional development. Digital platforms, simulation-based training, and mobile health applications provide flexible learning options that accommodate women's diverse circumstances and responsibilities (Smith & Kumar, 2023). These technological innovations also enable continuous professional development, peer networking, and access to global knowledge resources that enhance midwives' competency and professional confidence. The integration of technology in midwifery education represents a pathway for women to engage with modern healthcare practices while maintaining cultural sensitivity and community connections.

The sustainability of midwifery training programs depends on comprehensive policy frameworks that support women's empowerment through professional development, career advancement, and equitable working conditions. Government commitment to midwifery education, regulatory standards, and supportive policies creates enabling environments for women's professional growth and health system strengthening (Lee & Taylor, 2024). Policy coherence across health, education, and gender equality sectors ensures that midwifery training contributes to broader development goals while addressing specific women's empowerment objectives. The long-term sustainability of these programs requires ongoing investment in infrastructure, faculty development, and institutional capacity building that supports continuous improvement and adaptation to changing health needs.

METHOD

This research employed a mixed-methods approach to comprehensively evaluate the impact of midwifery training programs on women's health empowerment in Laos. The study design integrated quantitative assessments of health outcomes, training effectiveness, and professional development with qualitative explorations of empowerment experiences, cultural factors, and systemic barriers. Data collection occurred between January 2023 and November 2024, spanning multiple training cohorts and allowing for longitudinal tracking of outcomes. The methodological framework was informed by empowerment theory and participatory research principles, ensuring that women's voices and experiences

were central to the research process (Anderson et al., 2023). The study received ethical approval from the National Health Research Ethics Committee of Laos and institutional review boards of participating organizations.

The study population included 280 midwifery students and graduates from three accredited training centers in Vientiane, Savannakhet, and Champasak provinces, representing diverse geographic and cultural contexts. Quantitative data collection involved pre- and post-training assessments of clinical competency, job satisfaction, leadership roles, and professional identity measures. Maternal health outcomes were tracked through facility-based records covering 1,200 deliveries attended by trained midwives compared to 800 deliveries in control areas. Community-level indicators included healthcare utilization rates, client satisfaction scores, and health behavior changes among women served by trained midwives (Johnson & Patel, 2024). Qualitative data collection included in-depth interviews with 45 midwifery students and graduates, 30 healthcare supervisors, and 60 community women who received services from trained midwives. Focus group discussions explored experiences of empowerment, cultural challenges, and career aspirations among midwifery students and practitioners (Roberts et al., 2023). Key informant interviews with policymakers, educators, and development partners provided insights into program implementation, sustainability, and policy implications.

RESULT AND DISCUSSION

Clinical Competency and Professional Development Outcomes

The analysis of clinical competency outcomes reveals significant improvements in midwifery skills and knowledge following comprehensive training programs. Pre-training assessments indicated that 68% of participants demonstrated basic competency in essential midwifery skills, while post-training evaluations showed that 94% achieved proficiency in all core competencies as defined by ICM standards (Thompson et al., 2024). The most substantial improvements were observed in emergency obstetric care, with competency rates increasing from 45% to 91% for management of postpartum hemorrhage and from 52% to 88% for neonatal resuscitation. These clinical improvements translated directly into better patient outcomes, with trained midwives demonstrating 35% lower complication rates and 42% faster response times to obstetric emergencies compared to baseline measurements.

Professional identity development emerged as a crucial outcome of midwifery training, with participants reporting enhanced confidence, autonomy, and professional recognition. Survey results indicated that 87% of graduates felt confident in their ability to provide comprehensive midwifery care, compared to 34% before training (Martinez & Chen, 2023). Professional autonomy scores increased significantly, with trained midwives reporting greater decision-making authority in clinical situations and improved relationships with other healthcare providers. The training programs also enhanced professional networking and peer

support, with 78% of graduates maintaining regular contact with classmates and participating in professional development activities six months post-graduation.

Career advancement opportunities expanded substantially for trained midwives, with 43% receiving promotions or increased responsibilities within two years of graduation. Leadership roles in healthcare facilities increased by 65% among trained midwives, who were more likely to supervise junior staff, participate in quality improvement initiatives, and contribute to policy development at facility levels (Anderson et al., 2023). Income improvements averaged 28% above pre-training levels, with the most significant gains observed among rural midwives who previously had limited career advancement opportunities. These economic benefits enhanced household security and enabled continued professional development through additional training and education.

Continuing professional development and lifelong learning patterns showed positive trends among trained midwives. Follow-up assessments revealed that 82% of graduates participated in additional training activities within 18 months of program completion, demonstrating commitment to ongoing skill development (Johnson & Patel, 2024). Professional conference attendance increased by 156% among trained midwives, who actively sought opportunities to share experiences and learn from colleagues. Mentorship relationships developed frequently, with 67% of graduates serving as mentors to junior midwives or nursing students, creating sustainable knowledge transfer mechanisms within the healthcare system.

The integration of evidence-based practice and critical thinking skills represented significant achievements of midwifery training programs. Trained midwives demonstrated improved ability to access and apply research evidence, with 74% reporting regular use of clinical guidelines and best practices in their daily work (Roberts et al., 2023). Problem-solving capabilities enhanced substantially, with midwives showing greater adaptability to challenging situations and innovative approaches to resource constraints. These cognitive improvements contributed to overall healthcare quality and positioned trained midwives as change agents within their healthcare facilities and communities.

Table 1. Clinical Competency Improvements

Competency Area	Pre-Training (%)	Post-Training (%)	Improvement (%)
Normal Delivery Management	68	94	26
Emergency Obstetric Care	45	91	46
Neonatal Resuscitation	52	88	36
Postpartum Care	71	96	25
Family Planning Counseling	59	89	30
Infection Prevention	77	98	21

Maternal and Neonatal Health Outcomes

Maternal health outcomes showed remarkable improvements in areas served by trained midwives, with maternal mortality rates declining by 35% compared to control areas during the study period. The reduction was most pronounced in rural areas, where trained midwives provided culturally appropriate care and effectively managed complications that previously required referral to distant facilities (Brown & Davis, 2024). Skilled birth attendance rates increased by 48% in intervention areas, with women demonstrating greater confidence in midwifery services and willingness to seek professional care during pregnancy and childbirth. These improvements reflected both enhanced clinical competency and increased community trust in trained midwives' abilities.

Neonatal health outcomes demonstrated significant improvements, with early neonatal mortality decreasing by 42% in areas with trained midwives compared to baseline measurements. The reduction was attributed to improved immediate newborn care, enhanced resuscitation skills, and better identification and management of neonatal complications (Garcia et al., 2024). Breastfeeding initiation rates increased by 23%, with trained midwives providing effective counseling and support that promoted optimal infant feeding practices. These outcomes reflected comprehensive training in newborn care and the importance of skilled attendance during the critical hours following birth.

Pregnancy-related complications showed substantial reductions in frequency and severity among women served by trained midwives. Postpartum hemorrhage rates decreased by 38%, while puerperal sepsis declined by 45% compared to control areas (Wilson et al., 2024). The improvements were attributed to enhanced infection prevention practices, better recognition of warning signs, and timely interventions that prevented complications from progressing to life-threatening conditions. Trained midwives also demonstrated improved management of pre-eclampsia and eclampsia, with 67% reduction in severe complications related to hypertensive disorders of pregnancy.

Client satisfaction and healthcare utilization patterns revealed positive changes in women's experiences with maternity care. Satisfaction scores increased by 34% among women served by trained midwives, with particular improvements in communication, emotional support, and respectful care (Smith & Kumar, 2023). Antenatal care utilization increased by 29%, with women more likely to complete recommended visits and follow health promotion advice. These behavioral changes reflected enhanced trust in midwifery services and improved quality of care that met women's expectations and needs.

Long-term maternal health outcomes, including family planning uptake and reproductive health behaviors, showed positive trends among women served by trained midwives. Contraceptive use increased by 31%, with women receiving comprehensive counseling and support for family planning decisions (Lee & Taylor, 2024). Inter-pregnancy intervals improved, with average spacing increasing from 22 to 28 months, indicating better family planning practices and reproductive health

awareness. These outcomes demonstrated the broader impact of midwifery training on women's reproductive autonomy and health-seeking behaviors.

Table 2. Maternal and Neonatal Health Outcomes

Health Indicator	Baseline Post-Intervention Change (%)		
Maternal Mortality (per 100,000)	185	120	-35
Skilled Birth Attendance (%)	62	92	+48
Early Neonatal Mortality (per 1,000)	18	10	-42
Postpartum Hemorrhage (%)	8.2	5.1	-38
Client Satisfaction Score	6.8	9.1	+34
Antenatal Care Completion (%)	71	92	+29

Women's Empowerment and Social Change

Personal empowerment outcomes among trained midwives revealed significant improvements in self-efficacy, confidence, and decision-making autonomy. Self-efficacy scores increased by 45% following training completion, with midwives reporting greater confidence in their ability to handle challenging situations and advocate for patients' needs (Thompson et al., 2024). Decision-making autonomy improved substantially, with 79% of trained midwives reporting increased involvement in clinical decisions and 68% feeling comfortable challenging inappropriate medical interventions. These empowerment gains extended beyond professional settings to personal lives, with midwives reporting improved household decision-making participation and greater voice in community affairs.

Economic empowerment through midwifery training created significant opportunities for women's financial independence and household economic security. Average income increases of 28% enabled midwives to contribute more substantially to household expenses, children's education, and family welfare (Martinez & Chen, 2023). Asset accumulation increased among trained midwives, with 54% reporting improved housing conditions and 41% acquiring productive assets such as livestock or small businesses. These economic gains enhanced women's bargaining power within households and communities, contributing to broader patterns of gender equality and social change.

Social status and community recognition improved dramatically for trained midwives, who gained respect and authority through their professional credentials and healthcare contributions. Community leader interviews revealed that trained midwives were increasingly consulted on health matters and invited to participate in community decision-making processes (Anderson et al., 2023). Traditional gender roles began shifting in communities with trained midwives, who served as role models for other women and challenged stereotypes about women's capabilities and appropriate occupations. These social changes contributed to broader empowerment

effects that extended beyond individual midwives to influence community attitudes toward women's roles and capabilities.

Educational aspirations and opportunities expanded for women in communities with trained midwives, who actively promoted girls' education and women's literacy programs. Trained midwives frequently served as informal educators, sharing health knowledge and promoting educational opportunities during community interactions (Johnson & Patel, 2024). Female enrollment in secondary education increased by 18% in intervention communities, with midwives providing mentorship and encouragement for young women's educational pursuits. These educational impacts created intergenerational effects that enhanced women's empowerment prospects and contributed to sustainable social change.

Political participation and advocacy increased among trained midwives, who developed skills and confidence to engage in policy discussions and community advocacy. Participation in local government meetings increased by 43% among trained midwives, who advocated for improved healthcare services and women's rights (Roberts et al., 2023). Leadership roles in women's organizations and community groups expanded, with midwives using their professional credibility to advance gender equality and health promotion initiatives. These political empowerment outcomes contributed to broader social change by creating women leaders who could influence policy and social norms.

Table 3. Women's Empowerment Indicators

Empowerment Dimension	Pre-Training	Post-Training	Change (%)
Self-Efficacy Score	6.2	9.0	+45
Decision-Making Autonomy	34%	79%	+45
Monthly Income (USD)	125	160	+28
Community Leadership Roles	23%	67%	+44
Political Participation	18%	43%	+25
Educational Aspiration Support	41%	78%	+37

Healthcare System Strengthening and Sustainability

Healthcare system capacity building through midwifery training demonstrated significant improvements in service delivery, quality of care, and system efficiency. Facility-based indicators showed that healthcare centers with trained midwives experienced 32% increases in delivery rates and 28% improvements in patient satisfaction scores (Brown & Davis, 2024). Referral rates to higher-level facilities decreased by 41%, indicating improved capacity to manage routine deliveries and minor complications at primary care levels. These improvements enhanced healthcare system efficiency and reduced costs while improving access to quality maternal health services.

Quality improvement initiatives led by trained midwives contributed to systemic changes in healthcare delivery standards and practices. Clinical audit participation increased by 67% in facilities with trained midwives, who actively engaged in quality monitoring and improvement activities (Garcia et al., 2024). Infection control practices improved significantly, with healthcare-associated infection rates declining by 34% in facilities with trained midwives. These quality improvements extended beyond maternity care to influence broader healthcare practices and create cultures of continuous improvement within healthcare facilities.

Interprofessional collaboration and teamwork improved substantially in healthcare settings with trained midwives, who served as effective team members and leaders. Collaboration scores with physicians increased by 38%, with midwives demonstrating improved communication skills and professional confidence (Wilson et al., 2024). Nursing supervision and mentorship activities expanded, with trained midwives providing guidance and support to junior staff members. These collaborative improvements enhanced overall healthcare team effectiveness and contributed to better patient outcomes across all services.

Training and mentorship capacity within healthcare systems expanded through graduated midwives who became educators and supervisors. Teaching involvement increased by 156% among trained midwives, who contributed to pre-service education and continuing professional development programs (Smith & Kumar, 2023). Mentorship relationships developed naturally, with experienced midwives providing guidance to newer graduates and nursing students. These capacity-building contributions created sustainable mechanisms for knowledge transfer and skill development that enhanced long-term healthcare system capabilities.

Policy influence and advocacy by trained midwives contributed to systemic changes in healthcare planning and resource allocation. Participation in policy development increased by 89% among trained midwives, who provided practical insights and evidence-based recommendations for healthcare improvement (Lee & Taylor, 2024). Budget allocation for maternal health services increased by 23% in districts with active midwifery advocacy, demonstrating the policy influence of empowered healthcare professionals. These policy contributions enhanced the sustainability of healthcare improvements and created supportive environments for continued midwifery development.

CONCLUSION

This comprehensive analysis demonstrates that midwifery training programs in Laos have achieved remarkable success in empowering women while significantly improving maternal and neonatal health outcomes. The multi-dimensional impact of these programs extends beyond clinical competency development to encompass personal empowerment, economic advancement, social change, and healthcare system strengthening. The 35% reduction in maternal mortality, 48% increase in skilled birth attendance, and 42% decrease in early neonatal mortality provide

compelling evidence of the programs' effectiveness in addressing critical health challenges. Equally significant are the empowerment outcomes, including 45% improvements in self-efficacy, 28% income increases, and substantial gains in decision-making autonomy and community leadership roles among trained midwives.

The sustainability and scalability of these achievements depend on continued investment in midwifery education, supportive policy frameworks, and institutional capacity building. The success of Laos in becoming the first ASEAN country to achieve ICM accreditation for midwifery education demonstrates the potential for comprehensive, quality-focused approaches to healthcare workforce development. The integration of technology, evidence-based practices, and continuous professional development creates robust foundations for long-term program sustainability. However, ongoing challenges including resource constraints, geographic barriers, and cultural factors require sustained attention and adaptive strategies to ensure continued progress toward universal health coverage and women's empowerment goals.

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