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COMPLEMENTARY THERAPIES USED AMONG POSTNATAL MOTHERS: A CROSS-SECTIONAL STUDY

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Abstract

Introduction: The postnatal period, defined as the period beginning immediately after the birth of the baby and extending up to six weeks (42 days)[1]. Motherhood is an experience cherished by every woman during which many transformative physical changes take place to revert to the pre-pregnant state[2]. Along with conventional treatment, many mothers follow complementary therapies, which are widely used in the postnatal period for physical recovery, psychological wellbeing and to aid lactation [3]. Most of the practices are based on centuries of keen observation, trial and error. These cultural practices and beliefs are not the same throughout India with vast variations in language, food habits, tradition and beliefs. It has also absorbed, adopted and adapted outside cultures and influences, which have merged into Indian society[4]. Altogether, complementary therapies are commonly used by postnatal mothers and can offer supportive benefits for pain and psychological symptoms when integrated with standard care if followed carefully.[2] **Objectives:** (1) To determine the prevalence of complementary therapy use among postnatal mothers; (2) to identify commonly used complementary therapies and their perceived effectiveness; and (3) to determine the association of demographic variables with perceived effectiveness. **Methods:** A cross-sectional design was used. A total of 160 postnatal mothers aged 19 to 40 years who attended the postpartum clinic of a teaching hospital for infant immunisation were selected by non-probability purposive sampling. Data were analysed by using descriptive and inferential statistics. **Results:** Among 160 participants, 71.88% reported using at least one complementary therapy during the postnatal period. Oil massage (76.87%), heat therapy (63.75%), hot water therapy (54.37%) and herbal preparations (54.37%), were the commonly reported therapies. Family members were the major source of information (88.75%). The perceived effectiveness score of complementary therapy among 160 postnatal mothers had a mean of 22.23 ± 4.05 (SD) and a median of 22.00. The mean percentage was 74.10%, indicating a high level of perceived effectiveness. The scores ranged from 10 to 30 (Range = 20). Based on the median score, 69 (43.1%) participants scored below the median, whereas 91 (56.9%) scored at or above the median, suggesting that more than half of the participants perceived complementary therapy as effective. None of the selected demographic or therapy-related variables showed a statistically significant association with perceived effectiveness ($p>0.05$).

Conclusion: The postpartum period is a critical phase during which women often use complementary therapies to promote recovery, improve lactation, relieve pain, and enhance overall well-being. Understanding the pattern of complementary therapy use can help healthcare professionals provide safe and evidence-based maternal care. Routine enquiry about complementary therapy use during postnatal visits would enable nurses and midwives to reinforce safe practices and discourage potentially harmful ones.

Keywords: Complementary therapy, postnatal mothers, postpartum care, cross-sectional study

1. Introduction

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Despite improvements in antenatal and intrapartum services, the postnatal period remains relatively neglected, even though a large proportion of maternal morbidity and mortality occurs during this time.

The postpartum period begins after the delivery of the baby and ends when the mother's body has nearly returned to her pre-pregnant state. This period often lasts 6 weeks. The postpartum period involves moving through many changes, both emotionally and physically3. Common postnatal concerns include perineal and incisional pain, backache, fatigue, breast engorgement, lactation difficulties, sleep disturbance and mood changes, for which many women seek relief from home-based and traditional remedies.

The World Health Organization recognizes traditional and complementary medicine as an important component of healthcare in many countries5. However, scientific evidence regarding safety and effectiveness varies considerably. Therefore, healthcare providers should understand the prevalence and patterns of complementary therapy use among postnatal mothers to ensure safe maternal care. In India, postnatal practices such as oil massage, heat application, hot water bathing, herbal decoctions and special diets are passed down through generations and are frequently initiated by mothers-in-law and elder women in the family. Because these practices are often used alongside prescribed medications without the knowledge of the treating team, a clear understanding of their prevalence, pattern and perceived benefit is essential for planning safe postnatal care.

Objectives: (1) To determine the prevalence of complementary therapy use among postnatal mothers; (2) to identify commonly used complementary therapies and their perceived effectiveness; (3) to determine the association of demographic variables with perceived effectiveness. Hypothesis (H1): There will be a significant association between selected demographic variables and the perceived effectiveness of complementary therapy among postnatal mothers, tested at 0.05 level of significance.

2. MATERIALS AND METHODS

Permission was obtained from the Institutional Ethics Committee (IEC No. KoIMS/IEC/32/22-23, dated 12/01/2023). A quantitative research approach with a cross-sectional research design was used. The study was conducted in the postpartum clinic of [name of teaching hospital], [city], Karnataka, India. Data were collected from 160 postnatal mothers aged 19 to 40 years who attended the postpartum clinic for infant immunisation, selected by non-probability purposive sampling, from 02/02/2026 to 30/04/2026. The tools used for data collection were: (1) a demographic questionnaire covering age, religion, annual income, type of family, education and occupation; (2) a clinical profile covering parity, use of complementary therapy, type of therapy used, onset, frequency and duration of use, and source of information; and (3) a 5-point Likert scale assessing the perceived effectiveness of complementary therapy. Data were analysed using descriptive and inferential statistics (mean, frequency distribution, percentage, standard deviation and the chi-square test) to determine the association of demographic variables with perceived effectiveness. Mothers who were critically ill or who had delivered within the previous 24 hours were excluded, as were those unwilling to participate were excluded. Written informed consent was obtained from every participant after explaining the purpose of the study, and confidentiality of the information was assured. Each item of the Likert scale was scored from 1 to 5, giving a possible range of 6 to 30, and the median score was used as the cut-off to classify perceived effectiveness as 'below median' or 'median and above'. The level of significance was set at $p<0.05$.

3. RESULTS

The findings were organised in accordance with the plan for data analysis. The results showed that 43.1% of the postnatal mothers were in the age group of 19–25 years, 38.1% were aged 26–30 years, 13.8% were aged 31–35 years and the remaining 5.0% were aged 36–40 years. Further, 61.25% belonged to the Hindu religion, 9.38% were Christian and 29.37% were Muslim. The majority (67.5%)

were from nuclear families and 32.5% from joint families. Thirty per cent of the mothers belonged to the above-poverty-line category, 61.25% to the below-poverty-line category and the remaining 8.75% held Antyodaya cards. Thus the majority of the participants (81.2%) were young mothers below 30 years of age, predominantly Hindu, from nuclear families and from economically weaker sections.

Regarding educational qualification, 14.38% of the postnatal mothers had studied below SSLC, 17.5% had passed SSLC, 31.88% had studied PUC, 28.75% were graduates and the remaining 7.5% were postgraduates. Overall, more than one-third (36.25%) of the mothers had completed graduation or post-graduation, indicating a reasonably literate sample.

Regarding the husband's qualification, 11.88% had studied below SSLC, 15% had passed SSLC, 25.63% had studied PUC, 39.38% were graduates and the remaining 8.13% were postgraduates. Husbands were comparatively better educated, with 47.5% being graduates or post-graduates.

Regarding occupation, 7.5% of the postnatal mothers worked in the government sector, 20% in the private sector, 10% had their own business, 28.75% were daily-wage workers and 33.75% were home makers. A majority of the mothers (62.5%) were therefore either home makers or daily wage workers.

Among the husbands, 11.25% worked in the government sector, 13.13% in the private sector, 20% had their own business, 26.25% were daily-wage workers and the remaining 29.38% were farmers. With regard to parity, 49.38% were primiparous, 33.13% had two children and 17.5% had three children.

Regarding the prevalence of use among 160 mothers 71.88% reported using at least one complementary therapy during the postpartum period, whereas 28.12% reported not using. Most users began complementary therapy immediately after discharge from hospital (80%), practised it daily (76.25%) and continued it for about two months (50%).

Family members were the main source of information (88.75%). Friends (4.38%) and internet or social media (6.87%) contributed only marginally, indicating that this knowledge is largely transmitted within the household.

SECTION - A

Table 1: DEMOGRAPHIC PROFILE OF POSTNATAL MOTHERS

N=160

Variables	Frequency	Percentage
1.Age in years		
a.19–25 years	69	43.13
a. 26–30 years	61	38.13
b. 31–35 years	22	13.75
c. 36–40 years	8	5.00
2.Religion		
a.Hindu	98	61.25
b.Christian	15	9.38
c.Muslim	47	29.37
3.Family type		
a.Nuclear family	108	67.50
b.Joint family	52	32.50
4.Annual income		
a.Above poverty line	48	30.00
b.Below poverty line	98	61.25
c.Antyodaya	14	8.75
5.Qualification		
a.Below SSLC	23	14.38
b.SSLC	28	17.50
c.PUC	51	31.88
d.Graduation	46	28.75
e.Post Graduation	12	7.50
6.Qualification of husband		
a.Below SSLC	19	11.88
b.SSLC	24	15.00
c.PUC	41	25.63
d.Graduation	63	39.38
e.Post Graduation	13	8.13

7.Occupation		
a.Government Sector	12	7.50
b.Private sector	32	20.00
c.Business	16	10.00
d.Daily wages	46	28.75
e.Home maker	54	33.75
8.Occupation of husband		
a.Government Sector	18	11.25
b.Private sector	21	13.13
c.Business	32	20.00
d.Daily wages	42	26.25
e.Farmer	47	29.38
9.Parity		
a.1	79	49.38
b.2	53	33.13
c.3	28	17.50
10.Onset of use		
a.Immediately after discharge	128	80.00
b.After one week	21	13.13
c.After 15 days	11	6.88
11.Frequency of use		
a.Daily	122	76.25
b.Once in 2 days	18	11.25
c.Twice a week	12	7.50
d.Weekly once	8	5.00
12.Duration of Use		
a.15 days	15	9.38
b.One month	22	13.75
c.2 months	80	50.00
d.3 months	35	21.88
e.More than 3 months	8	5.00
TOTAL	160	100.00

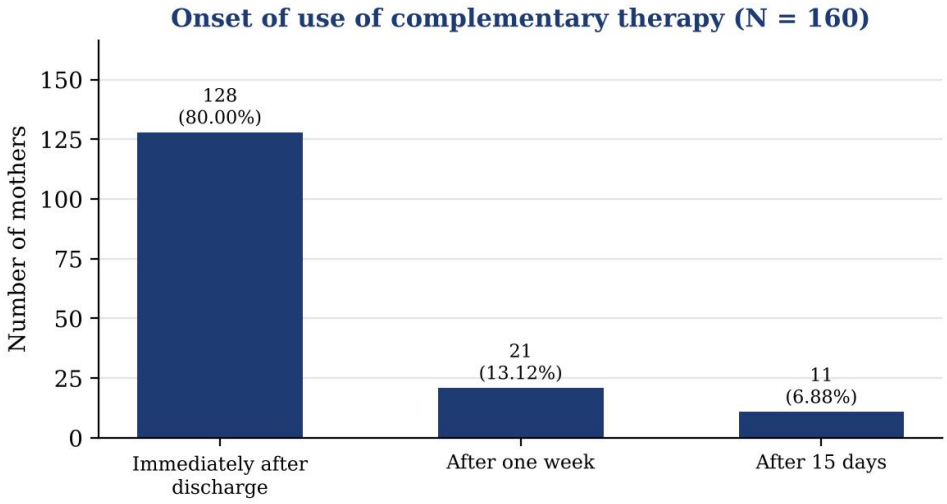


Fig 1: Onset of use of complementary therapy

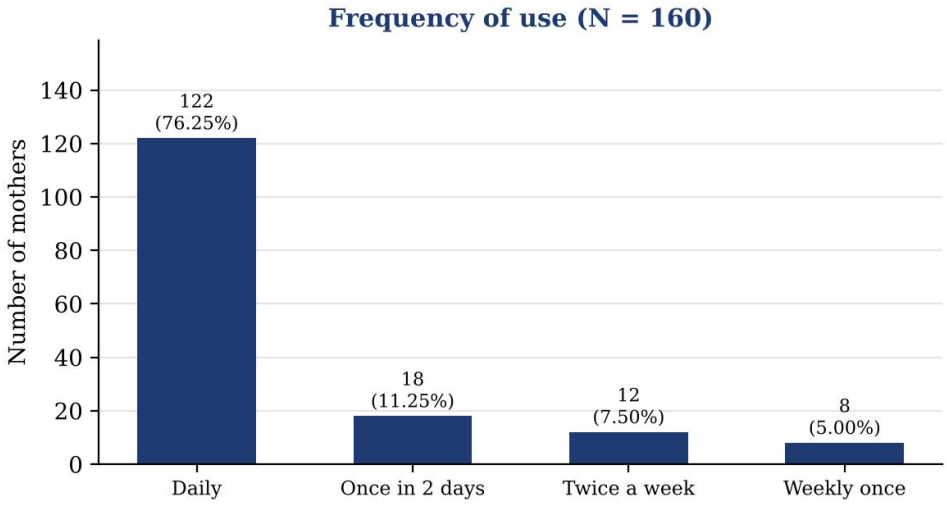


Fig 2: Frequency of use of complementary therapy

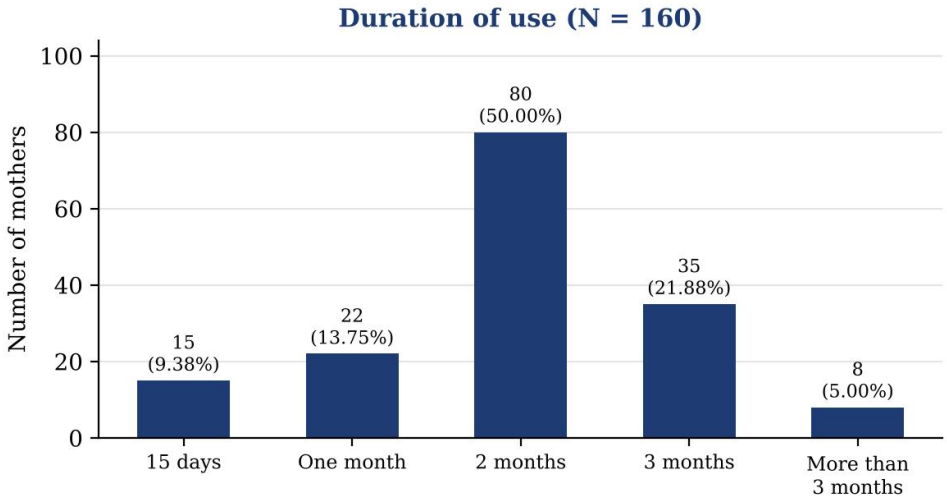


Fig 3: Duration of use of complementary therapy

SECTION- B

Table 2 : PREVALENCE OF COMPLEMENTARY THERAPY USE

N=160

Complementary Therapies Used	Frequency	Percentage
Yes	115	71.88
No	45	28.12
Total	160	100

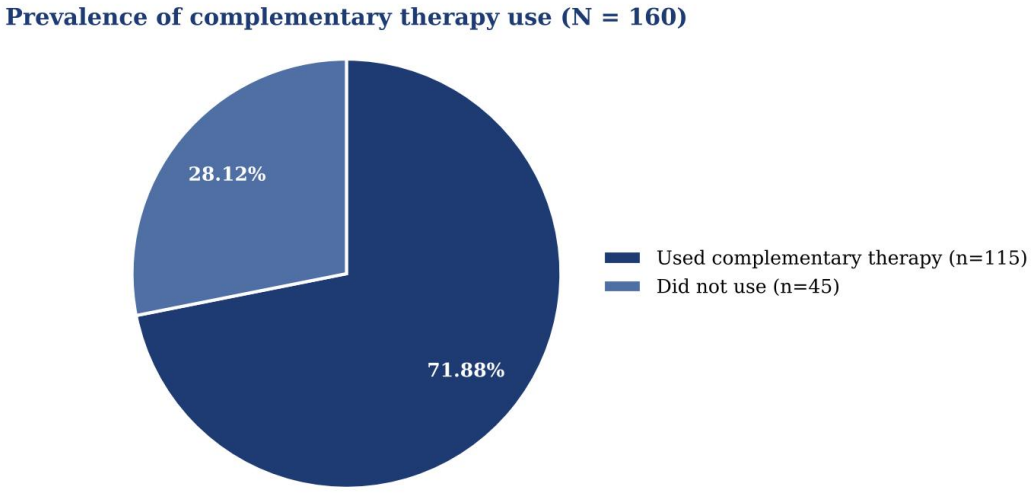


Fig 4: Prevalence of complementary therapy use

Among 160 mothers 71.88% reported using at least one complementary therapy during the postpartum period, whereas 28.12% reported not using. This prevalence is comparable to that reported in other Asian settings and reflects the deep-rooted cultural acceptance of traditional postpartum care.

Table 3: SOURCE OF INFORMATION REGARDING COMPLEMENTARY THERAPY

N=160

Source of Information	Frequency	Percent
Family	142	88.75
Friends	7	4.38
Internet/Social media	11	6.87
Total	160	100

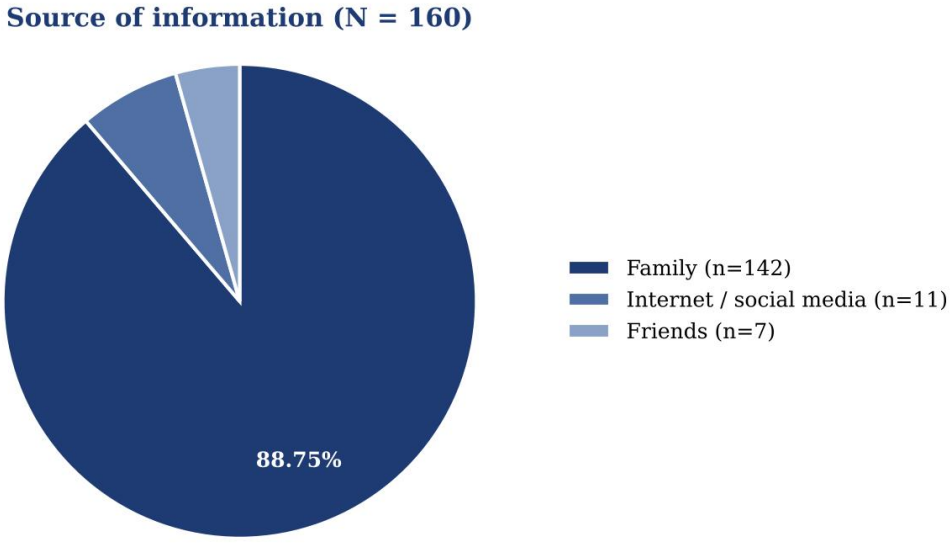


Fig 5: Source of information regarding complementary therapy

Table 3 and Fig 5 highlights family as the main source of information (88.75%), followed by internet

and social media (6.87%) and the remaining 4.38% from friends. The dominant role of the family underscores the need to involve mothers-in-law and other family elders in postnatal health education.

Table 4: TYPES OF COMPLEMENTARY THERAPIES USED

Sl. No.	Complementary Therapy	Frequency	Percentage
1	Herbal medicines	87	54.37
2	Oil massage	123	76.87
3	Heat Therapy	102	63.75
4	Hot water therapy	87 [confirm]	54.37
5	Yoga/Breathing exercises	18	11.25
6	Meditation	9	5.62
7	Music therapy	7	4.37
8	Aromatherapy	2	1.25
9	Acupressure	0	0
10	Acupuncture	0	0
11	Ayurveda	6	3.75
12	Homeopathy/Siddha/Unani	4	2.5

Multiple Responses were permitted

Table 4 shows that among the 160 participants, oil massage (76.87%), heat therapy (63.75%), hot water therapy (54.37%) and herbal preparations (54.37%) were the most commonly reported therapies. Mind–body therapies such as yoga or breathing exercises (11.25%), meditation (5.62%) and music therapy (4.37%) were used far less often, while acupressure and acupuncture were not reported by any participant.

SECTION - C

TABLE 5: TOTAL PERCEIVED EFFECTIVENESS SCORE

N=160

	No. of Items	Max Score	Mean	Mean %	Median	SD
Perceived effectiveness of Complementary Therapy	06	30	22.23	74.10%	22.00	4.05

Table 5 highlights the overall mean, mean percentage, median and standard deviation of perceived effectiveness of complementary therapy. The perceived effectiveness score of complementary therapy among 160 postnatal mothers had a mean of 22.23 ± 4.05 and a median of 22.00. The mean percentage was 74.10%, indicating a high level of perceived effectiveness. The scores ranged from 10 to 30 (Range = 20). Based on the median score, 69 (43.1%) participants scored below the median, whereas 91 (56.9%) scored at or above the median, suggesting that more than half of the participants perceived complementary therapy as effective. The relatively small standard deviation indicates that most mothers rated the therapies consistently within the favourable range of the scale.

SECTION - D

ASSOCIATION OF PERCEIVED EFFECTIVENESS OF COMPLEMENTARY THERAPY WITH SELECTED DEMOGRAPHIC VARIABLES

Table 6: Association of perceived effectiveness of complementary therapy with demographic variables.

N= 160

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
1.Age in years						
a.19–25 years	30	39	1.74	3	0.628	NS
d. 26–30 years	33	28				
e. 31–35 years	10	12				
f. 36–40 years	3	5				
2.Religion						
a.Hindu	41	57	1.68	2	0.432	NS
b.Christian	9	6				

c.Muslim	19	28				
3.Family type						
a.Nuclear family	49	59	0.72	1	0.396	NS
b.Joint family	20	32				
4.Annual income						
a.Above poverty line	20	28				
b.Below poverty line	44	54	0.35	2	0.840	NS
c.Antyodaya	5	9				
5.Qualification						
a.Below SSLC	9	9				
b.SSLC	10	18				
c.PUC	24	32	1.67	4	0.797	NS
d.Graduation	22	24				
e.Post Graduation	4	8				
6.Qualification of husband						
a.Below SSLC	12	7				
b.SSLC	9	15				
c.PUC	19	22	3.29	4	0.511	NS
d.Graduation	24	39				
e.Post Graduation	5	8				
7.Occupation						
a.Government Sector	7	5				
b.Private sector	14	18				
c.Business	06	10	0.89	4	0.926	NS
d.Daily wages	19	27				
e.Home maker	23	31				
8.Occupation of husband						
a.Government Sector	10	8				
b.Private sector	11	10				
c.Business	11	21	2.47	4	0.650	NS
d.Daily wages	19	23				
e.Farmer	18	29				
9.Parity						
a.1	39	40				
b.2	19	34	2.42	2	0.298	NS
c.3	11	17				
10.Onset of use						
a.Immediately after discharge	58	70				
b.After one week	09	12	2.72	2	0.257	NS
c.After 15 days	2	9				
11.Frequency of use						
a.Daily	56	66				
b.Once in 2 days	7	11	0.56	3	0.905	NS
c.Twice a week	4	8				
d.Weekly once	4	6				
12.Duration of Use						
a.15 days	6	9				
b.One month	8	14				
c.2 months	38	42	0.52	4	0.971	NS
d.3 months	14	21				
e.More than 3 months	3	5				

The association between perceived effectiveness (below median and median & above) and selected demographic variables was analysed using the Pearson Chi-square test. There was no statistically significant association between perceived effectiveness and age (χ^2=1.74, df=3, p=0.628), religion (χ^2=1.68, df=2, p=0.432), family type (χ^2=0.72, df=1, p=0.396), annual income (χ^2=0.35, df=2, p=0.840), educational qualification (χ^2=1.67, df=4, p=0.797),

husband's qualification (χ^2=3.29, df=4, p=0.511), occupation (χ^2=0.89, df=4, p=0.926), husband's occupation (χ^2=2.47, df=4, p=0.650), parity (χ^2=2.42, df=2, p=0.298), onset of use (χ^2=2.72, df=2, p=0.257), frequency of use (χ^2=0.56, df=3, p=0.905) and duration of use (χ^2=0.52, df=4, p=0.971) (p>0.05).

Interpretation: At the 5% level of significance (α = 0.05), all p-values are greater than 0.05. Therefore, there is no statistically significant association between any of the selected demographic or complementary therapy-related variables and the perceived effectiveness score (Below Median vs. Median and Above). Thus, the null hypothesis is accepted for all the variables, indicating that the perceived effectiveness of complementary therapy did not differ significantly according to age, religion, family type, annual income, educational qualification, husband's qualification, occupation, husband's occupation, parity, onset of use, frequency of use and duration of use. The uniformity of perceived benefit across groups may reflect the shared cultural belief system within which these practices are embedded.

4. DISCUSSION

The present study found that among 160 participants, 71.88% reported using at least one complementary therapy during the postnatal period. Oil massage (76.87%), heat therapy (63.75%), hot water therapy (54.37%) and herbal preparations (54.37%) were the commonly reported therapies. These findings are consistent with a Malaysian study, "Complementary alternative medicine use among postpartum mothers in a primary care setting: A cross-sectional study in Malaysia", which revealed complementary alternative medicine (CAM) is widely used among postpartum mothers to maintain their well-being3. The high prevalence of oil massage and heat-based therapies in the present study is likely related to the traditional belief that the postpartum body is 'cold' and needs warmth to aid involution, relieve pain and prevent body aches in later life.

Family members were the principal source of information (88.75%), emphasizing the influence of cultural traditions in postpartum care. The findings are consistent with a study, "Traditional and Complementary Medicine Use During Postpartum Period: A Cross-Sectional Analysis at a Rural, Public Maternal and Child Health Clinic in West Malaysia", which revealed that the prevalence of TCM (traditional and complementary medicine) use during the postpartum period was 66.2% among the subjects. The most common type of TCM used was massage (88.3%), and the most common reason reported was to improve general well-being (72.1%). "Family belief" had the highest mean for influence toward TCM use (mean: 3.63)6. In the present study too, family belief appears to be the driving force behind the use of these therapies, which highlights the importance of family-centred counselling.

Healthcare professionals should actively discuss complementary therapy use during postnatal visits to ensure therapies are evidence-based and safe. This was supported by a study conducted on postpartum women's experiences of postnatal care in sub-Saharan Africa which synthesized the data resulted in the development of 5 analytical themes which included adequacy of physical examination and communication of resources and the findings, adequacy of PNC information, the quality of interactions with health care workers, the availability of resources and adequacy of health care workers and denial of care7. Since herbal preparations were used by more than half of the mothers, nurses should specifically enquire about them, as some may interact with prescribed drugs or affect the breastfed infant. The absence of association between demographic variables and perceived effectiveness suggests that educational interventions need not be targeted to a particular subgroup but can be offered universally during postnatal visits. Limitations: The study was confined to one teaching hospital postpartum clinic with a purposively selected sample, and effectiveness was self-reported; hence the findings cannot be generalised to all postnatal mothers.

5. CONCLUSION

Complementary therapies are commonly used among postnatal mothers. Maternal healthcare providers should routinely assess complementary therapy use and provide appropriate counseling regarding benefits, potential risks, and evidence-based postpartum care. Integrating culturally accepted and safe complementary practices with standard postnatal care may improve maternal satisfaction, recovery and overall well-being.

RECOMMENDATIONS: The study can be replicated on a larger scale. Perceived effectiveness can be compared between users and non-users. Qualitative studies may also be undertaken to explore the beliefs and experiences underlying these practices, and the safety of commonly used herbal preparations needs scientific evaluation.

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee of Kodagu Institute of Medical Sciences, Madikeri (IEC No. KoIMS/IEC/32/22-23, dated 12/01/2023). Written informed consent was obtained from all participants.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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Nil.

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