



Evaluation of Postpartum Women's Knowledge and Practice Regarding Traditional and Complementary Medicine After Cesarean Section

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Abstract

Objectives: This study aimed to evaluate the knowledge levels and experiences of women regarding traditional and complementary medicine (TCM) practices following cesarean delivery. With the increasing rates of cesarean sections, complications such as pain, infection, and prolonged recovery have become more common, leading women to seek supportive interventions during the postpartum period. However, research on this topic in Türkiye is limited.

Methods: This descriptive, cross-sectional study was conducted with 82 women who had undergone cesarean delivery at least 2 years prior. Participants were recruited using snowball and convenience sampling methods, and data were collected through an online survey between May and August 2025. The data collection tools included a "Descriptive Information Form" and the "Traditional and Complementary Medicine Attitude Scale (TCMAS)." Data analyses were performed using Statistical Package for the Social Sciences version 25.0.

Results: Of the participants, 68.2% had used at least one TCM method after cesarean delivery. The most commonly preferred practices were herbal teas/mixtures (30.5%), heat applications (11.0%), and massage (7.3%). Participants primarily learned about these practices through their own research (24.4%) and the Internet/social media (13.4%). The mean TCM attitude scale score was 111.26 ± 21.12 , indicating that women generally had a positive attitude toward TCM. A significant difference was found between women who considered TCM practices harmful and those who considered them harmless ($p=0.027$).

Conclusion: The findings indicate that women show interest in and have a positive attitude toward TCM practices after cesarean delivery. However, these practices are often applied irregularly and without sufficient knowledge. It is important for healthcare professionals to provide guidance and education on TCM during postpartum care.

Keywords: Cesarean section, health attitude, knowledge level, postpartum care, practice experience, traditional and complementary medicine.

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Cesarean section is one of the most frequently performed surgical procedures worldwide, and its increasing prevalence has been accompanied by complications such as post-operative pain, wound infection, hematoma, and

delayed recovery. As a result, many women turn to traditional, complementary, and alternative medicine (TCAM) modalities, including herbal therapies, aromatherapy, massage, dietary supplements, acupuncture, and relaxation

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techniques, to support pain relief, enhance comfort, and promote overall postpartum recovery. The rising costs of healthcare services have also contributed to the growing preference for these modalities.^[1–3]

TCAM methods are commonly used in the postpartum period to alleviate pain, reduce stress and anxiety, promote lactation, and improve maternal well-being. Evidence demonstrates that acupuncture may assist in managing post-operative pain and facilitating early mobilization after cesarean birth.^[4] In addition, studies indicate that practices such as foot reflexology can support early physiological recovery and maternal comfort during the immediate post-cesarean period.^[5,6]

Despite the widespread use of TCAM practices among postpartum women, research specifically focusing on attitudes toward and experiences with these modalities after cesarean section remains limited. Understanding women's perceptions, motivations, and patterns of use is essential for informing holistic, woman-centered postpartum care and for supporting safe clinical guidance in this period.^[7]

Studies from various regions report differing levels of TCAM utilization among postpartum women. In Türkiye, for instance, Şimşek et al.^[8] found that 60.5% of postpartum women used at least one TCAM method. Sociodemographic factors, including age, education level, and socioeconomic status, have been shown to influence TCAM use among postpartum populations.^[9] Similarly, research from Malaysia highlights extensive use of traditional practices during the postpartum period, shaped by cultural norms and socioeconomic conditions.^[10] A recent review from Türkiye further emphasizes the diversity of TCAM applications used during childbirth and the important role of midwives in guiding these practices.^[11] However, studies focusing specifically on the post-cesarean period remain scarce.

Therefore, this study aimed to assess women's attitudes toward and practice experiences with traditional and complementary medicine (TCM) following cesarean delivery.

Materials and Methods

Study Design

This study was conducted as descriptive cross-sectional research.

Population and Sample

Data were collected through an online survey using popular instant messaging applications and social media platforms, leveraging the researchers' professional and

personal networks. Snowball sampling was employed to reach women who had undergone cesarean delivery across Türkiye. In the initial phase, participants who responded to the form referred other eligible women living in different cities. Data collection was carried out between May 10, 2025, and August 10, 2025. A total of 82 women who met the inclusion criteria and completed the online survey were included in the study.

Inclusion Criteria

Participants were included if they:

- Had undergone cesarean delivery,
- Were at least 2 years postpartum,
- Were aged 18 years or older,
- Could read and write in Turkish, and,
- Voluntarily agreed to participate in the study.

Data Collection Instruments

The survey consisted of two sections as follows:

1. Descriptive information form: Developed by the researchers based on the literature, this form included 18 questions covering demographic information (age, marital status, education, income) and TCM usage.^[10–12]
2. TCM attitude scale (TCMAS): Developed by McFadden et al.^[13] and adapted to Turkish by Köse, Ekerbiçer, and Erkorkmaz,^[14] the scale is a 27-item Likert-type instrument (1=Strongly Disagree, 7=Strongly Agree). The scale does not have a cutoff score; higher scores indicate a more positive attitude toward TCM. It comprises three subscales: Cognitive Perspective on Complementary Medicine, Dissatisfaction with Modern Medicine, and Holistic View of Health. Twenty-two items are positively worded, and five items are negatively worded (reverse-scored during analysis). The Turkish adaptation reported a Cronbach's alpha of 0.80; in the present study, it was 0.84.

Data Collection Procedure

Data were collected online through Google Forms. Participants were recruited through social media (WhatsApp, Instagram, etc.) and instant messaging platforms using snowball sampling, where respondents referred other eligible participants. The survey took approximately 10–15 min to complete. Participants were informed about the study's objectives and provided voluntary consent by selecting "I agree to participate in the study" at the beginning of the form. Permissions for the use of the scales in this study were obtained through email from the authors who conducted the Turkish validity and reliability studies.

Statistical Analysis

Data analysis was performed using IBM Statistical Package for the Social Sciences (SPSS) Statistics version 25.0 (IBM SPSS Statistics for Windows, Version 25. Armonk, IBM Corp, NY, USA). Descriptive analyses, including frequencies, percentages, means, and standard deviations, were used to summarize the data. The distribution of continuous variables was examined through the Skewness and Kurtosis coefficients and verified with the Shapiro–Wilk test. For variables that did not meet normality assumptions, comparisons between two groups were conducted using the Mann–Whitney U-test, whereas comparisons among three or more groups were made using the Kruskal–Wallis test. Statistical significance was determined at a p-value threshold of <0.05 .

Ethical Considerations

The ethical approval was obtained from the KTO Karatay University Non-pharmaceutical and Medical Device Research Ethics Committee (Date: August 05, 2025/Decision No: 05). Participant rights were protected in accordance with the Helsinki Declaration. Participants were informed about the study, and voluntary consent was obtained online. Permissions for the use of the instruments were secured from the original authors of the Turkish validity and reliability studies through email.

Results

The mean age of participants was 32.77 ± 5.64 years, and the mean time since their last delivery was 11.90 ± 10.04 months. Among participants, 69.5% had a bachelor's degree, 8.5% had a postgraduate degree, and 61.0% were not employed. Regarding parity, 42.7% had one child and 46.3% had two children. In terms of birth order, 48.2% were primiparous. Cesarean delivery was chosen due to medical necessity in 54.9% of cases and due to previous births or cesarean history in 31.7%.

Of the participants, 68.2% reported using at least one TCM practice after cesarean delivery. The most frequently used methods were herbal teas/mixtures (30.5%), heat applications (11.0%), and massage (7.3%). Among TCM users, 24.4% reported choosing these methods based on their own research, while 13.4% learned about them through the Internet and social media. Approximately 40.2% perceived some benefit from the practices, and 14.6% reported significant benefits. A total of 61.0% expressed a desire for TCM practices to be supported in healthcare facilities (Table 1).

The mean TCMAS score was 111.26 ± 21.12 , indicating that participants had a generally positive attitude toward TCM

after cesarean delivery. The internal consistency of the scale was high (Cronbach's $\alpha=0.84$). No statistically significant differences in TCMAS scores were observed according to demographic variables such as education level, employment status, number of children, birth order, or reason for cesarean delivery ($p>0.05$). Variables such as TCM usage status, frequency, and source of recommendation also did not significantly affect attitude scores.

However, differences in TCMAS scores were observed based on perceived benefit and satisfaction from TCM, though these differences were not statistically significant ($p>0.05$). Participants who believed that TCM practices contributed to postpartum recovery had higher attitude scores, but this difference was not statistically significant ($p=0.132$). In contrast, a significant difference was found between women who considered TCM practices harmful and those who considered them harmless ($p=0.027$). According to Bonferroni post hoc tests, participants who perceived TCM practices as harmless had significantly higher attitude scores than those who perceived them as harmful (Table 2).

Discussion

This study examined women's attitudes and practice experiences regarding TCM during the postpartum period following cesarean delivery. Similar to our findings, global reports indicate that TCM use is widespread; the World Health Organization estimates that approximately 76% of the world population uses at least one traditional or complementary practice annually, and 88% of member countries utilize local traditional medicine or methods such as herbal therapy and acupuncture for health-related purposes.^[15,16]

In Türkiye, national studies also report high rates of TCM use, with prevalence ranging between 60% and 70% depending on population characteristics.^[17–19] Şimşek et al.^[8] identified a 60.5% TCM utilization rate among Turkish women, while other studies have shown similarly high usage for managing maternal or familial health needs, including among mothers treating their children (76.9%).^[19] These findings align with the 68% TCM use rate observed in our sample of post-cesarean women.^[20]

In another study conducted at a family health center, it was observed that 53.2% of 400 people used Complementary and Alternative Medicine (CAM), and 88.7% of these people reported improvement.^[21] Although many existing studies focus on different populations such as older adults, university students, or individuals managing chronic illness, they collectively highlight patterns relevant to postpartum women, particularly regarding commonly used methods. For example, herbal therapies,

Table 1. Sociodemographic characteristics of women (n=82)

Variables			Mean±SD (min-max)			n	%
Age (years)	32.77±5.64 (18–43)	–	Several times a week		5	6.1	
			Only once		7	8.5	
			No regular pattern		17	20.7	
Time since last birth (months)	11.90±10.04 (1–48)	–	Source of T&CM recommendation				
			Family members		8	9.8	
			Healthcare personnel		9	11.0	
Education level			Internet/social media		11	13.4	
			Neighbors/friends		7	8.5	
			Own research		20	24.4	
Primary education	3	3.7	Perceived benefit of T&CM				
Secondary education	15	18.3	Very beneficial		12	14.6	
Undergraduate	57	69.5	Somewhat beneficial		33	40.2	
Graduate	7	8.5	No effect		10	12.2	
Employment status			Desire for T&CM support in healthcare settings				
Employed	32	39	Yes		50	61.0	
Unemployed	50	61	No		6	7.3	
Number of children			No opinion		26	31.7	
			Satisfaction with T&CM used				
			Satisfied		12	14.6	
1	35	42.7	Partially satisfied		29	35.4	
2	38	46.3	Not satisfied		14	17.1	
3	9	11.0	Perceived effect of T&CM on recovery				
Number of deliveries			Yes		10	12.2	
			Partially		27	32.9	
			No		17	20.7	
Reason for cesarean delivery			Interest in learning more about T&CM				
Medical necessity	45	54.9	Yes		50	61.0	
Previous births/cesarean history	26	31.7	Unsure		21	25.6	
Personal preference	11	13.4	No		11	13.4	
T&CM use after cesarean			Desire for more guidance from healthcare professionals				
Yes	56	68.2	Yes		56	68.3	
No	26	31.8	No opinion		18	22.0	
Types of T&CM used			No		8	9.8	
			Perception of T&CM harm after cesarean				
			Yes		9	11.0	
Herbal tea/mixture	25	30.5	Unsure		37	45.1	
Massage	6	7.3	No		36	43.9	
Aromatherapy	6	7.3					
Yoga/Meditation	5	6.1					
Heat therapy	9	11.0					
Music therapy	5	6.1					
Frequency of T&CM use							
Once a day	14	17.1					

SD: Standard deviation, Min: Minimum, Max: Maximum, TCM: Traditional and complementary medicine, T&CM: Traditional and complementary medicine

massage, vitamin supplements, music therapy, and heat applications are among the most frequently preferred approaches in various groups.^[22–25] In our study, herbal applications were the most used method postpartum, although often inconsistently. Variations across studies likely reflect cultural norms, accessibility, and differing postpartum care expectations.

Participants' sources of information were also comparable to prior literature. Previous studies report that family members, social circles, and the Internet are major sources of TCM knowledge among women and young adults.^[26–28] Similarly, in our study, women reported obtaining information primarily through their own Internet searches (24%) and social media (13%). These findings underscore

Table 2. Distribution of Women's (T&CMAS) scores by sociodemographic variables (n=82)

Variables	T&CMAS total score median (IQR) (minimum-maximum)	Test (X^2/z), p
Education level		1.087, 0.780
Primary education	109.00 (0.00) (81.0–120.0)	
Secondary education	110.00 (33.00) (81.0–144.0)	
Undergraduate	113.00 (25.50) (67.0–174.0)	
Graduate	105.00 (39.00) (79.0–154.0)	
Employment status		-1.307, 0.185
Employed	105.50 (31.75) (67.0–174.0)	
Unemployed	113.50 (20.75) (81.0–160.0)	
Number of children		1.571, 0.456
1	109.00 (30.00) (67.0–161.0)	
2	112.50 (22.25) (74.0–154.0)	
3	114.00 (32.00) (87.0–174.0)	
Number of deliveries		2.628, 0.269
1	108.00 (30.00) (74.0–161.0)	
2	115.00 (23.00) (81.0–154.0)	
3	110.00 (32.00) (67.0–174.0)	
Reason for cesarean delivery		1.091, 0.579
Medical necessity	109.00 (30.00) (74.0–174.0)	
Previous births/cesarean history	113.00 (27.50) (67.0–141.0)	
Personal preference	116.00 (47.00) (81.0–154.0)	
Post-cesarean T&CM use		-0.689, 0.491
Yes	115.00 (35.00) (67.0–161.0)	
No	109.00 (27.50) (74.0–174.0)	
Type of T&CM used		5.906, 0.316
Herbal tea/mixture	109.00 (24.50) (67.0–160.0)	
Massage	116.50 (17.50) (81.0–124.0)	
Aromatherapy	112.00 (31.75) (91.0–131.0)	
Yoga/Meditation	129.00 (55.00) (88.0–161.0)	
Heat therapy	121.00 (17.00) (106.0–140.0)	
Music therapy	114.00 (61.00) (81.0–152.0)	
Frequency of T&CM use		3.026, 0.388
Once a day	119.00 (17.25) (87.0–161.0)	
Several times a week	117.00 (28.00) (95.0–131.0)	
Only once	109.00 (29.00) (88.0–140.0)	
No regular pattern	107.00 (48.00) (67.0–160.0)	
Source of T&CM recommendation		2.606, 0.626
Family members	108.50 (22.75) (67.0–133.0)	
Healthcare personnel	116.00 (27.00) (81.0–130.0)	
Internet/social media	110.00 (36.00) (91.0–144.0)	
Neighbors/friends	121.00 (37.00) (85.0–152.0)	
Own research	116.50 (35.25) (82.0–161.0)	
Perceived benefit of T&CM		1.833, 0.400
Very beneficial	116.00 (13.00) (97.0–161.0)	
Somewhat beneficial	114.00 (34.50) (82.0–154.0)	
No effect	109.50 (38.75) (67.0–160.0)	
Support for T&CM in healthcare settings		3.073, 0.215
Yes	115.00 (24.50) (78.0–161.0)	
No	100.50 (60.00) (91.0–154.0)	

Table 2. Cont.

Variables	T&CMAS total score median (IQR) (minimum-maximum)	Test (X ² /z), p
No opinion	106.50 (23.75) (67.0–174.0)	3.735, 0.155
Satisfaction with T&CM		
Satisfied	116.50 (11.25) (95.0–161.0)	
Partially satisfied	114.00 (36.00) (82.0–154.0)	
Not satisfied	106.50 (26.00) (67.0–160.0)	4.050, 0.132
Perceived effect on recovery		
Yes	119.00 (12.25) (106.0–161.0)	
Partially	114.00 (32.00) (82.0–154.0)	
No	109.00 (28.50) (67.0–160.0)	1.700, 0.427
Interest in learning more about T&CM		
Yes	113.50 (20.75) (74.0–161.0)	
Unsure	108.00 (26.00) (67.0–174.0)	
No	97.00 (32.00) (82.0–152.0)	0.641, 0.726
Desire for more guidance from healthcare professionals		
Yes	112.50 (28.75) (67.0–161.0)	
No opinion	109.00 (40.25) (79.0–174.0)	
No	105.50 (28.50) (88.0–128.0)	7.230, 0.027*
Perception of T&CM harm		
Yes (a)	97.00 (30.50) (79.0–126.0)	
Unsure (b)	107.00 (29.00) (67.0–174.0)	
No (c)	116.00 (25.25) (78.0–161.0)	c>a
Total T&CMAS Score	111.26±21.12 (67.0–174.0)	Cronbach's α=0.84

z: Mann Whitney U-test, X²: Kruskal-Wallis test, a, b, c: Bonferroni Test istatistik, *p<0.05. T&CMAS: Traditional and complementary medicine attitude scale, TCM: Traditional and complementary medicine, IQR: Interquartile range, T&CM: Traditional and Complementary Medicine.

the importance of providing reliable, evidence-based information through health professionals, particularly considering that postpartum women frequently rely on non-professional sources.

Most of the women in this study perceived TCM methods as harmless. Comparable findings have been reported in different clinical contexts; for instance, Teng et al.^[29] found that 71.7% of cancer patients believed they benefited from TCM practices, and Tan et al.^[30] reported that 87% of participants expressed similar benefits. Although these studies involve distinct populations, they reflect a common belief in the safety and usefulness of TCM, an attitude also present among postpartum women in our study. Importantly, participants emphasized a desire for more structured information and institutional support regarding TCM use after cesarean delivery.

Overall, this study contributes to the limited body of knowledge on TCM use specifically in the post-cesarean population and highlights the need for postpartum-focused education and guidance regarding safe and effective use of these methods.

TCM practices, although widely perceived as harmless, may pose specific risks during the post-cesarean period. Herbal products can interact with analgesics, antibiotics, and anticoagulants commonly used after cesarean delivery, potentially altering drug metabolism or increasing adverse effects. Certain herbs, such as ginseng, ginger, ginkgo, and garlic, may increase bleeding risk, which is particularly relevant in women recovering from major abdominal surgery. Similarly, uterotonic active herbs such as sage, pennyroyal, or certain traditional postpartum mixtures may influence uterine contractility and pose risks if used unsupervised. Topical applications, including oils and heated compresses, may cause delayed wound healing or skin irritation near the incision site. Therefore, clinicians should provide postpartum women with evidence-based guidance on safe practice, and TCM use should be carefully evaluated when women are receiving post-operative medications or experiencing complications.^[31,32]

Limitations

This study has several limitations. First, data were collected solely through online surveys, excluding individuals

without Internet access. Second, the sample was selected using non-probability sampling methods (snowball and convenience sampling), which limits generalizability. Self-reported data may also be subject to social desirability bias. Due to the cross-sectional design, causal relationships between variables could not be assessed. Finally, the study was conducted within a limited timeframe (May 10–August 10, 2025) and with a small sample size (n=82), which also restricts generalizability.

Conclusion

This study found that a significant proportion of women used TCM practices after cesarean delivery and that their attitudes toward these practices were generally positive. Information sources were primarily informal channels, such as social circles and social media. The findings align with existing literature indicating the widespread use of TCM in Türkiye and globally.

Herbal methods were among the most frequently used practices; however, these were often applied irregularly and without sufficient knowledge. Most of the women did not perceive TCM methods as harmful and emphasized the need for more information and institutional support regarding these practices.

Disclosures

Ethics Committee Approval: The study was approved by the KTO Karatay University Non-pharmaceutical and Medical Device Research Ethics Committee (no: 05, date: 05/08/2025).

Informed Consent: Obtained online from all participants.

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