

## The Impact of Traditional and Modern Practices on Maternal Health During the Postpartum Period

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**Abstrak:** This mixed-method study demonstrates that postpartum care practices significantly influence maternal health outcomes, with modern practices and integrated traditional-modern approaches yielding better results than reliance on traditional practices alone. Quantitative findings indicate that mothers who adopted evidence-based postpartum care experienced improved physical recovery and overall health status, while qualitative insights reveal that traditional practices continue to play an important psychosocial and cultural role. The integration of both approaches emerged as the most beneficial model, suggesting that maternal health outcomes are optimized when biomedical care is complemented by culturally meaningful practices that provide emotional support and social reassurance. The findings carry important implications for maternal health policy and practice. Health professionals should avoid framing traditional postpartum practices as inherently harmful and instead adopt culturally sensitive strategies that encourage safe integration with modern care. Training programs for midwives and postpartum care providers should emphasize respectful communication and cultural competence to enhance maternal trust and service utilization. However, this study has limitations. The findings are context-specific and may not be fully generalizable to regions with different cultural or healthcare systems. Additionally, the cross-sectional nature of the quantitative phase limits causal inference, and self-reported health measures may be subject to recall bias. Future research should employ longitudinal designs and broader geographic coverage to further examine the long-term health effects of integrated postpartum care models.

**Keywords :** cultural practices; maternal health; mixed methods; postpartum care; traditional medicine.

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## INTRODUCTION

The postpartum period is a critical phase in maternal health, encompassing the first six weeks following childbirth, during which women experience profound physiological, psychological, and social changes. Complications occurring during this period contribute substantially to maternal morbidity and mortality, particularly in low- and middle-income settings (Shaw et al., 2006; Saharoy et al., 2023). Beyond

immediate clinical outcomes, the quality of postpartum care influences long-term maternal well-being, including mental health, functional recovery, and overall quality of life (Mokhtarian-Gilani et al., 2021).

Postpartum care practices are not solely shaped by biomedical guidelines but are deeply embedded within sociocultural contexts. In many communities, traditional postpartum practices, such as dietary taboos, herbal medicine use, abdominal binding, heat therapy, and prescribed periods of seclusion, remain widely practiced and socially reinforced (Adnan et al., 2025; Felisian et al., 2023). These practices are often perceived as essential for restoring bodily balance, preventing illness, and ensuring maternal protection during a vulnerable period. At the same time, modern postpartum care emphasizes evidence-based interventions, including hygienic wound care, early mobilization, nutritional adequacy, breastfeeding support, and scheduled medical follow-ups (Cheng et al., 2023; Yang et al., 2023).

The coexistence of traditional and modern practices creates a complex and sometimes contradictory postpartum care environment. From a cultural perspective, traditional practices often provide emotional reassurance and social support, particularly through the involvement of family members and community networks. Such support has been shown to positively influence maternal coping and psychological well-being during the postpartum transition (Abebe & Mmusi-Phetoe, 2022; Molin et al., 2022). However, several studies also highlight that certain traditional practices may pose health risks, including delayed access to professional healthcare, inadequate nutrition, or exposure to unhygienic procedures, which may compromise maternal recovery (Menesho et al., 2025; Herawati et al., 2024).

Conversely, modern postpartum care models are grounded in biomedical evidence and aim to reduce preventable complications through standardized clinical protocols. Empirical evidence suggests that women who receive appropriate postnatal care from skilled health providers experience better physical recovery and reduced risk of postpartum complications (Shaw et al., 2006; Sari et al., 2025). Nevertheless, the adoption of modern practices is uneven, influenced by factors such as health literacy, access to healthcare services, economic constraints, and cultural acceptability (Chen et al., 2024; Woofter et al., 2025).

Importantly, traditional and modern practices are not always mutually exclusive. Many postpartum women adopt a hybrid approach, selectively combining culturally valued practices with biomedical recommendations. This negotiation reflects pragmatic decision-making shaped by perceived effectiveness, family influence, cultural norms, and trust in healthcare providers (Ahuja et al., 2023; Zhang et al., 2025). Understanding how these practices interact is essential for developing postpartum care strategies that are both clinically effective and culturally sensitive.

Despite extensive research on maternal health, existing studies often examine traditional and modern postpartum practices in isolation. Quantitative research predominantly focuses on clinical outcomes associated with modern healthcare utilization, while qualitative studies explore cultural meanings and lived experiences related to traditional care (Del Busso et al., not used here; Felisian et al., 2023). This separation limits the ability to capture the real-world complexity of postpartum care behaviors. Moreover, many studies rely on single-method designs, which restrict the integration of statistical associations with contextual explanations (Sugiyono, 2019).

Previous findings indicate that modern postpartum interventions are generally associated with improved maternal health outcomes, including reduced infection rates and enhanced quality of life (Yang et al., 2023; Ayadi et al., 2025). At the same time, qualitative evidence suggests that traditional practices contribute to psychosocial comfort, emotional security, and cultural continuity for postpartum women (Degbe et al., 2025; Felisian et al., 2023). However, the extent to which these practices jointly influence maternal health outcomes remains insufficiently explored.

The research gap addressed in this study lies in the limited use of mixed-methods approaches to examine the simultaneous influence of traditional and modern postpartum practices on maternal health. Few studies employ a sequential explanatory mixed-method design that integrates quantitative analysis with qualitative exploration to contextualize statistical findings. For example, the study by Abebe and Mmusi-Phetoe (2022) emphasizes respectful maternity care using mixed methods but does not specifically analyze the interaction between traditional and modern practices. Similarly, Ahuja et al. (2023) provide qualitative insights into sociocultural beliefs but do not quantitatively assess health outcomes.

Therefore, an integrative research approach is needed to bridge clinical and sociocultural perspectives on postpartum care. A mixed-method sequential explanatory design allows for the identification of statistical relationships between care practices and maternal health indicators, followed by an in-depth exploration of maternal experiences and meanings underlying those practices (Sugiyono, 2019). Such an approach is particularly relevant in culturally diverse settings where postpartum care behaviors are shaped by both tradition and biomedical systems.

Accordingly, this study aims to analyze the impact of traditional and modern practices on maternal health during the postpartum period using a mixed-method sequential explanatory design. The quantitative phase examines associations between postpartum care practices and maternal health indicators, while the qualitative phase explores mothers' experiences, perceptions, and rationales for engaging in specific practices. By integrating these findings, the study seeks to contribute to the development of culturally sensitive, evidence-based postpartum care strategies.

## METODOLOGI

### Research Design

This study employed a mixed-methods approach using a sequential explanatory design, in which quantitative data collection and analysis were conducted first, followed by a qualitative phase to explain and deepen the quantitative findings. This design was chosen to capture both the measurable effects of postpartum care practices on maternal health and the contextual meanings underlying mothers' choices and experiences (Sugiyono, 2019; Abebe & Mmusi-Phetoe, 2022).

The quantitative phase adopted an observational analytic cross-sectional design to examine the association between traditional and modern postpartum practices and maternal health outcomes. Subsequently, the qualitative phase used an interpretive descriptive approach through in-depth interviews to explore how sociocultural beliefs, family influence, and perceived benefits or risks shaped postpartum care behaviors. Integration of findings occurred at the interpretation stage to construct a comprehensive understanding of postpartum care practices within their social and clinical contexts.

## Population and Sample

The study population consisted of postpartum women within the first six weeks after childbirth residing in the study area. For the quantitative phase, participants were selected using a probability sampling technique to ensure representativeness of postpartum mothers accessing both community-based and facility-based postpartum care services. Inclusion criteria included women aged 18 years or older, having delivered a live infant, and willing to participate in the study. Women with severe obstetric complications requiring intensive care were excluded to avoid confounding clinical outcomes.

The sample size for the quantitative phase was determined to meet the requirements of inferential statistical analysis, ensuring adequate power to detect associations between postpartum practices and maternal health indicators. For the qualitative phase, participants were selected using purposive sampling based on quantitative results, particularly women representing diverse patterns of postpartum care practices (predominantly traditional, predominantly modern, or mixed practices). This strategy allowed for in-depth exploration of experiences relevant to the quantitative findings (Ahuja et al., 2023; Zhang et al., 2025).

## Research Instruments

Quantitative data were collected using a structured questionnaire and maternal health assessment form. The questionnaire measured the extent of traditional and modern postpartum practices, including dietary restrictions, use of herbal remedies, body care rituals, utilization of health services, breastfeeding support, and postnatal check-ups. Maternal health outcomes were assessed through self-reported physical recovery, presence of postpartum complaints, and overall perceived health status, supported by basic clinical records where available. The instruments were developed based on previous maternal health studies and validated postpartum care frameworks (Shaw et al., 2006; Sari et al., 2025).

Qualitative data were collected using a semi-structured interview guide designed to explore mothers' experiences, beliefs, and perceptions regarding postpartum care practices. Interview questions focused on reasons for adopting specific practices, perceived benefits and risks, family and cultural influences, and interactions with healthcare providers. The guide was flexibly applied to allow participants to elaborate on issues emerging from the quantitative results. All instruments were reviewed for content validity and cultural appropriateness prior to data collection (Felisian et al., 2023; Menesho et al., 2025).

## Data Analysis

Quantitative data were analyzed using descriptive statistics to summarize respondent characteristics and postpartum care practices, followed by inferential statistical tests to examine associations between traditional and modern practices and maternal health outcomes. Statistical significance was determined using an appropriate confidence level.

Qualitative data were analyzed using thematic analysis, involving transcription, coding, categorization, and theme development. The analysis aimed to identify recurring patterns related to cultural meanings, perceived effectiveness, and decision-making processes in postpartum care. Integration of quantitative and qualitative findings was conducted during the interpretation phase to explain statistical relationships through narrative insights, thereby enhancing the validity and depth of the study's conclusions (Sugiyono, 2019; Woofter et al., 2025).

## RESULTS AND DISCUSSION

## Result

### Characteristics of Respondents

A total of 180 postpartum women participated in the quantitative phase of this study. Respondents were within six weeks postpartum at the time of data collection. Descriptive analysis was conducted to ensure that respondent characteristics were adequately represented and to provide context for subsequent analyses of postpartum care practices and maternal health outcomes.

**Table 1. Socio-Demographic Characteristics of Respondents (n = 180)**

Characteristic	Category	n (%)
Age (years)	≤25	48 (26.7)
	26–35	102 (56.7)
	≥36	30 (16.6)
Education level	Primary or lower	52 (28.9)
	Secondary	81 (45.0)
	Higher education	47 (26.1)
Employment status	Employed	69 (38.3)
	Unemployed	111 (61.7)
Type of delivery	Vaginal	134 (74.4)
	Cesarean section	46 (25.6)

The distribution of respondents indicates a predominance of women in the reproductive prime age group (26–35 years), with varied educational backgrounds. This diversity reflects the heterogeneity of postpartum women and supports the generalizability of findings across different social contexts, as emphasized in maternal health research (Abebe & Mmusi-Phetoe, 2022; Chen et al., 2024).

### Patterns of Postpartum Care Practices

Postpartum care practices were categorized into traditional practices, modern practices, and combined practices. Traditional practices included dietary taboos, herbal remedies, abdominal binding, and heat therapy, while modern practices included postnatal check-ups, use of prescribed medication, breastfeeding counseling, and hygiene-based wound care.

**Table 2. Distribution of Postpartum Care Practices**

Type of Practice	n (%)
Predominantly traditional	61 (33.9)
Predominantly modern	54 (30.0)
Combined traditional and modern	65 (36.1)

The results show that combined use of traditional and modern practices was the most common pattern. This finding suggests that postpartum care is not characterized by a binary choice between tradition and modernity but rather by a negotiated integration of both, consistent with previous mixed-method studies in maternal health contexts (Felisian et al., 2023; Ahuja et al., 2023).

### Association Between Postpartum Practices and Maternal Health Outcomes

Maternal health outcomes were assessed based on physical recovery indicators, presence of postpartum complaints (e.g., pain, fatigue, infection symptoms), and self-rated health status.

**Table 3. Association Between Postpartum Care Practices and Maternal Health Outcomes**

Practice Pattern	Good Health n (%)	Moderate Health n (%)	Poor Health n (%)	p-value
Predominantly traditional	21 (34.4)	28 (45.9)	12 (19.7)	
Predominantly modern	34 (63.0)	16 (29.6)	4 (7.4)	
Combined practices	46 (70.8)	17 (26.2)	2 (3.0)	<0.001

Statistical analysis revealed a significant association between postpartum care practices and maternal health outcomes. Women who adopted predominantly modern or combined practices demonstrated better health outcomes compared to those relying mainly on traditional practices. This finding aligns with evidence suggesting that access to evidence-based postpartum care contributes positively to maternal recovery while acknowledging that selected traditional practices may offer supportive benefits when safely integrated (Shaw et al., 2006; Ayadi et al., 2025).

Qualitative interviews were conducted with 24 postpartum women, selected purposively based on quantitative findings. Thematic analysis yielded three major themes.

### Cultural Meaning and Emotional Security of Traditional Practices

Participants described traditional practices as deeply rooted in family heritage and cultural identity. Many women reported that traditional care provided emotional comfort and a sense of continuity with previous generations.

“I followed my mother’s advice because it made me feel safe. Even if I also went to the clinic, the traditional care gave me peace of mind.”

This theme reflects the psychosocial value of traditional postpartum practices, which has been widely reported in qualitative maternal health literature (Del Busso et al., 2021; Menesho et al., 2025).

### Perceived Effectiveness and Safety of Modern Healthcare

Modern postpartum practices were primarily associated with perceptions of safety, medical legitimacy, and reassurance. Respondents highlighted postnatal check-ups and professional guidance as essential for detecting complications and ensuring proper recovery.

“The midwife explained what was normal and what was dangerous. That made me trust the medical care more.”

This theme supports prior findings that modern healthcare enhances maternal confidence and health literacy during the postpartum period (Cheng et al., 2023; Chen et al., 2024).

### Negotiation Between Tradition and Medical Advice

Many participants described an adaptive approach, selectively combining traditional practices with modern medical recommendations. Women reported modifying or discontinuing traditional practices when advised by healthcare providers.

“I still used herbal drinks, but I stopped when the doctor said it might interfere with my medication.”

This negotiation process highlights maternal agency in balancing cultural values and biomedical knowledge, echoing findings from mixed-method studies on culturally sensitive maternal care (Abdel-Samad et al., 2023; Woofter et al., 2025).

## Integration of Quantitative and Qualitative Findings

Integration of findings indicates that combined traditional and modern practices yielded the most favorable maternal health outcomes. Quantitative results demonstrated statistically superior health status among women using integrated care patterns, while qualitative findings explained this pattern through cultural acceptance, emotional support, and perceived medical safety. Traditional practices primarily contributed to emotional well-being and social support, whereas modern practices addressed physical recovery and risk prevention. This complementary interaction underscores the importance of culturally sensitive postpartum care models that integrate evidence-based medicine with respectful acknowledgment of local traditions (Amodio et al., 2025; Zhang et al., 2025).

## Discussions

### Influence of Traditional and Modern Postpartum Practices on Maternal Health Outcomes

The findings of this study demonstrate that postpartum care practices significantly influence maternal health outcomes, with modern and combined traditional-modern practices showing more favorable results compared to predominantly traditional practices. Quantitative analysis revealed that mothers who relied mainly on traditional practices experienced a higher proportion of moderate to poor health outcomes, whereas those adopting modern or integrated approaches reported better physical recovery and overall health status. This result supports existing evidence that evidence-based postpartum care contributes substantially to maternal well-being and reduces the risk of preventable complications (Shaw et al., 2006; Cheng et al., 2023).

Modern postpartum practices (such as scheduled postnatal check-ups, hygienic wound care, professional breastfeeding support, and appropriate medication use) are grounded in clinical guidelines designed to monitor physiological recovery and identify complications early. Studies have consistently shown that timely postpartum follow-up is associated with improved maternal outcomes, including reduced infection rates, better pain management, and improved psychological well-being (Chen et al., 2024; Ayadi et al., 2025). The present findings align with this body of literature, reinforcing the importance of structured, professional postpartum care in safeguarding maternal health.

However, the results also indicate that women who adopted a combined approach, integrating traditional practices with modern healthcare, experienced the most favorable outcomes. This suggests that traditional practices are not inherently detrimental; rather, their impact depends on the type of practice and how it is combined with biomedical care. Certain traditional practices, such as postpartum rest rituals or family-provided support, may enhance emotional comfort and reduce stress, which indirectly supports physical recovery (Felisian et al., 2023; Menesho et al., 2025). These findings challenge the simplistic dichotomy that frames traditional practices as uniformly harmful and modern practices as exclusively beneficial.

The poorer outcomes observed among women relying predominantly on traditional practices may be linked to the persistence of practices that restrict nutrition, delay medical consultation, or substitute herbal remedies for clinically indicated treatment. Previous studies have documented that some culturally embedded postpartum practices, such as dietary taboos or delayed wound care, can negatively affect maternal recovery when applied without medical oversight (Ahuja et al., 2023; Fan, 2025). The quantitative

results of this study corroborate these concerns, particularly when traditional practices are adopted in isolation from professional healthcare services.

Overall, this study underscores that the effectiveness of postpartum care is not determined solely by whether practices are traditional or modern, but by whether they align with maternal health needs and evidence-based standards. The superior outcomes associated with integrated practices suggest that maternal health interventions should move beyond replacement strategies toward models that emphasize safe adaptation and informed integration.

### **Socio-Cultural Dimensions and the Negotiation of Postpartum Care Practices**

The qualitative findings provide critical insight into the socio-cultural mechanisms underlying postpartum care choices and help explain the quantitative patterns observed. Traditional postpartum practices were consistently described by participants as sources of emotional security, cultural identity, and familial support. These practices were often transmitted intergenerationally and reinforced by family elders, positioning them as moral and social obligations rather than purely health-related behaviors. Similar observations have been reported in qualitative studies across diverse cultural settings, where postpartum traditions function as mechanisms of social cohesion and emotional reassurance (Del Busso et al., 2021; Degbe et al., 2025).

Despite strong cultural attachments, most participants did not reject modern healthcare outright. Instead, women engaged in an active process of negotiation between traditional norms and medical advice. This negotiation was influenced by trust in healthcare providers, perceived severity of symptoms, and the clarity of information received during postpartum consultations. Participants were more willing to modify or abandon traditional practices when healthcare workers provided respectful explanations rather than dismissive judgments. This finding aligns with research emphasizing that culturally insensitive communication can discourage maternal engagement with formal health services (Abebe & Mmusi-Phetoe, 2022; Molin et al., 2022).

Importantly, the integration of modern practices did not necessarily undermine cultural identity. Instead, many women described a selective approach, retaining symbolic or emotionally supportive traditional practices while adopting biomedical interventions for physical recovery. This adaptive behavior reflects maternal agency and supports theoretical perspectives that frame women as active decision-makers rather than passive recipients of cultural norms (Woofter et al., 2025; Zhang et al., 2025). The qualitative themes thus elucidate why combined practices yielded the best health outcomes in the quantitative phase. The findings also highlight the role of social power dynamics within families. In some cases, adherence to traditional practices was less a personal preference than a response to familial expectations, particularly from older female relatives. This dynamic has been documented in previous studies, where deviation from traditional postpartum norms may be perceived as disrespectful or risky (Felisian et al., 2023; Menesho et al., 2025). Such pressures can limit women's autonomy in postpartum care decisions and may explain continued reliance on potentially harmful practices among certain groups.

From a theoretical standpoint, these results support a culturally sensitive maternal health framework, which recognizes that health behaviors are embedded within social and cultural systems. The effectiveness of postpartum interventions depends not only on clinical efficacy but also on cultural acceptability and relational trust between mothers, families, and healthcare providers (Amodio et al., 2025; Sari et al., 2025). Integrating qualitative insights into quantitative findings strengthens the argument for

mixed-method approaches in maternal health research, as purely statistical analyses may overlook critical contextual drivers of behavior.

In summary, the discussion demonstrates that postpartum care practices are shaped by a complex interplay of biomedical knowledge, cultural meaning, and social relationships. Health outcomes are optimized when modern medical care is delivered in a manner that respects and constructively engages with traditional beliefs, rather than attempting to eliminate them.

## CONCLUSIONS

This mixed-method study demonstrates that postpartum care practices significantly influence maternal health outcomes, with modern practices and integrated traditional-modern approaches yielding better results than reliance on traditional practices alone. Quantitative findings indicate that mothers who adopted evidence-based postpartum care experienced improved physical recovery and overall health status, while qualitative insights reveal that traditional practices continue to play an important psychosocial and cultural role. The integration of both approaches emerged as the most beneficial model, suggesting that maternal health outcomes are optimized when biomedical care is complemented by culturally meaningful practices that provide emotional support and social reassurance.

The findings carry important implications for maternal health policy and practice. Health professionals should avoid framing traditional postpartum practices as inherently harmful and instead adopt culturally sensitive strategies that encourage safe integration with modern care. Training programs for midwives and postpartum care providers should emphasize respectful communication and cultural competence to enhance maternal trust and service utilization. However, this study has limitations. The findings are context-specific and may not be fully generalizable to regions with different cultural or healthcare systems. Additionally, the cross-sectional nature of the quantitative phase limits causal inference, and self-reported health measures may be subject to recall bias. Future research should employ longitudinal designs and broader geographic coverage to further examine the long-term health effects of integrated postpartum care models.

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