

The Impact Of Conventional Postpartum Care On The Physical And Mental Well-Being Of Mothers

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ABSTRACT

The postpartum period is a critical period that requires special attention. Amidst the prevalence of modern care practices, many mothers still believe in and undergo conventional postpartum care (such as mother roasting, traditional massage, and the use of herbal remedies). These practices are believed to restore physical condition and provide mental tranquility. However, their impact on the holistic well-being of mothers needs to be systematically assessed to provide clear evidence. Objective: This study aims to analyse and synthesise empirical evidence from various studies on the impact of conventional postpartum care on the physical and mental well-being of mothers. Research Method: This study uses a systematic literature review method. Articles were searched for in electronic databases such as Google Scholar, PubMed, and ScienceDirect using the keywords 'postpartum traditional care', 'maternal health', 'physical recovery', and 'mental well-being'. A total of 10 research articles that met the inclusion criteria were analysed to identify the main findings. Results: A synthesis of 18 articles showed that conventional care has complex effects. Physically, practices such as traditional massage and binding are reported to reduce back pain, accelerate uterine involution, and restore body shape. However, some practices, such as abstaining from certain foods, carry the risk of malnutrition. Mentally, rituals and traditional care involving strong family support contribute to reduced anxiety levels, improved bonding between mother and baby, and feelings of cultural support, which may ultimately prevent symptoms of baby blues. Conclusion: Based on the research, conventional postpartum care has a dual impact. For physical health, it offers both benefits such as supportive rest, nutrition, and comfort and risks, including infections from bathing taboos and anaemia from restrictive diets. Breastfeeding outcomes vary, helped by certain practices but hindered by harmful myths. Mentally, it provides essential social support that reduces stress, yet rigid rules can cause isolation and conflict.

INTRODUCTION

The postpartum period (puerperium), medically defined as the first six weeks after childbirth, is a critical transition phase that marks a woman's physiological, psychological, and social adaptation to motherhood (World Health Organisation. 2022) This period not only lays the foundation for the mother's long-term health, but also has a significant impact on the growth, development, and well-being of her baby. Physically, the mother's body undergoes a series of complex changes to return to its pre-pregnancy state, including uterine involution, wound healing (both episiotomy and caesarean section wounds), cardiovascular and hormonal system adjustments, and the onset of breast milk production. These processes are often accompanied by common complaints such as extreme fatigue, abdominal pain, back pain, and other discomforts that can greatly affect the mother's quality of life if not handled optimally (A. D. P. Sari & M. Fithriasang).

In parallel, the mental and emotional aspects of mothers during the postpartum period are highly vulnerable. Drastic hormonal fluctuations, coupled with new responsibilities of caring for a baby, lack of sleep, and social pressure, create a perfect storm for the onset of mental health problems. Conditions such as baby blues, anxiety, and most seriously, postpartum depression (PPD), are real threats. Global data indicates that the prevalence of PPD can reach 10-15%, with



potentially higher rates in resource-limited areas (J. L. Cox and F. P. Guedeny, 2020). Therefore, comprehensive and continuous support and care during the postpartum period is no longer a luxury, but an urgent need recognised as one of the key pillars in the global strategy to reduce maternal morbidity and mortality rates.

Amidst the rapid development of modern maternal health services, an interesting socio-cultural reality is the continued strength of beliefs and practices surrounding conventional or traditional postpartum care in various parts of the world, particularly in countries with strong cultural roots such as Indonesia (Amalia and H. S. Widyaningsih, 2022). These practices, passed down from generation to generation, have become an integral part of women's life cycles. They vary widely, ranging from mother roasting or *panggang* (the process of warming the mother's body with hot stones, lamps, or by sitting on a platform with a heat source), traditional massage (postpartum massage) by a traditional healer or massage expert, the use of herbal remedies such as rice, galangal and turmeric, abstaining from certain foods considered 'cold' such as cucumber and fish, to the ritual of binding or wrapping the abdomen using a long cloth or traditional corset (*bengkung*) (L. M. Siregar, 2021).

The beliefs underlying these practices run deep. Culturally, conventional treatments are believed to not only restore physical health, but also have spiritual and social dimensions. These rituals are believed to restore the body's 'heat' lost during childbirth, return the uterus to its original position, tighten the abdominal muscles, expel residual blood (*lochia*), and provide protection from evil spirits and emotional comfort with the full support of older female family members (S. H. Pratiwi, 2024).

However, in the context of evidence-based medicine, the validity, effectiveness, and safety of these conventional practices raise complex dilemmas and debates. Several contemporary studies have begun to investigate their impact scientifically, and the findings are often paradoxical. On the one hand, there are studies that reveal positive benefits that are in line with scientific knowledge. For example, traditional massage has been reported to improve blood circulation, reduce muscle pain, and lower stress levels through relaxation mechanisms. (Sari et al, 2024) Heat therapy from mother roasting can also provide comfort and reduce muscle stiffness. On the other hand, some practices carry significant potential risks. Excessive mother roasting can cause dehydration, heat stroke, and even burns (Pratiwi & B. A. Nugroho, 2023). Improper and overly forceful massage techniques can cause bruising, tissue damage, or worsen bleeding. Strict dietary restrictions also have the potential to cause nutritional deficiencies, which are essential for mothers' recovery and breast milk production.

The gap between modern scientific evidence and traditional cultural beliefs creates an urgent need for a comprehensive synthesis. Mothers and families often find themselves at a crossroads between following the advice of health professionals or adhering to trusted traditions. Therefore, this study was conducted with the aim of synthesising the latest empirical evidence from 2020-2025 to provide a more objective, comprehensive, and up-to-date picture. By analysing and consolidating the latest research findings, it is hoped that the extent of the impact—both beneficial and detrimental—of conventional postnatal care on the physical and mental well-being of mothers can be explained more clearly and in greater depth. The results of this literature review are expected to serve as valuable consideration for healthcare professionals, policymakers, and the public in formulating a holistic, safe, culturally sensitive, and evidence-based postnatal care model, ultimately maximising health outcomes for mothers and babies.

METHOD

This research is a systematic literature review study. This method was chosen to identify, evaluate, and synthesize all relevant and high-quality scientific evidence discussing the impact of conventional postpartum care on the physical and mental well-being of mothers. The systematic approach ensures that the research process is replicable, transparent, and minimizes bias. Literature search was conducted extensively on leading electronic databases in the fields of health and social sciences, namely: PubMed, Scopus, ScienceDirect, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Google Scholar (to complement and find grey literature). The search strategy was designed using a combination of keywords and Boolean Operators (AND, OR, NOT) to ensure comprehensive coverage. Main Keywords: Population: "postpartum women", "postnatal women", "new mothers", "puerperium" Intervention: "conventional postpartum care", "traditional postpartum care", "postpartum rituals", "confinement period", "maternal care", "postpartum practice" Outcome: "physical health", "mental health", "postpartum depression", "fatigue", "pain", "quality of life", "well-being", "postpartum recovery", "maternal morbidity"



The search was limited to articles published in the last 5 years (2019-2024) to ensure the findings reflect the most current evidence and practice. However, seminal (important and fundamental) studies published before 2019 were still considered to provide deeper background context, if found during the search process.

To ensure the selected literature was relevant and of high quality, the following criteria were applied:

Tabel 1. Figure 1 article inclusion diagram

Criterion	Inclusion	Exclusion
Study Type	Observational studies (cohort, case-control, cross-sectional), clinical trials (RCT), qualitative studies, and systematic reviews.	Opinions, editorials, unpublished theses/dissertations, articles without full text.
Participants	Mothers in the postpartum period (up to 1 year after childbirth).	Pregnant women or women not in the postpartum period.
Intervention/Context	Studies discussing conventional/traditional postpartum care practices from any culture (e.g., <i>zuo yuezi</i> in China, <i>pantang</i> in Indonesia).	Studies focusing solely on modern Western medical interventions (e.g., only pharmacological pain management).
Outcome	Studies reporting outcomes related to physical well-being (e.g., wound healing, fatigue, sexual function) and/or mental well-being (e.g., depression, anxiety, bonding) of the mother.	Studies focusing only on infant outcomes.
Language	Articles in Indonesian and English.	Articles in other languages where translations are inaccessible.
Publication Time	Primarily the last 5 years (2019-2024). Seminal studies published before 2019 could be considered if highly relevant.	Articles published before 2019 (unless stated to be seminal and highly relevant).

RESULT

From the initial 2,357 articles identified through systematic database searches, 18 studies met the inclusion criteria and were selected for in-depth analysis. The study selection process is visually summarized in the PRISMA flow diagram below (Figure 1). The primary reasons for exclusion were irrelevance to the research topic, non-compliance with the defined population or intervention, or unsuitable study design

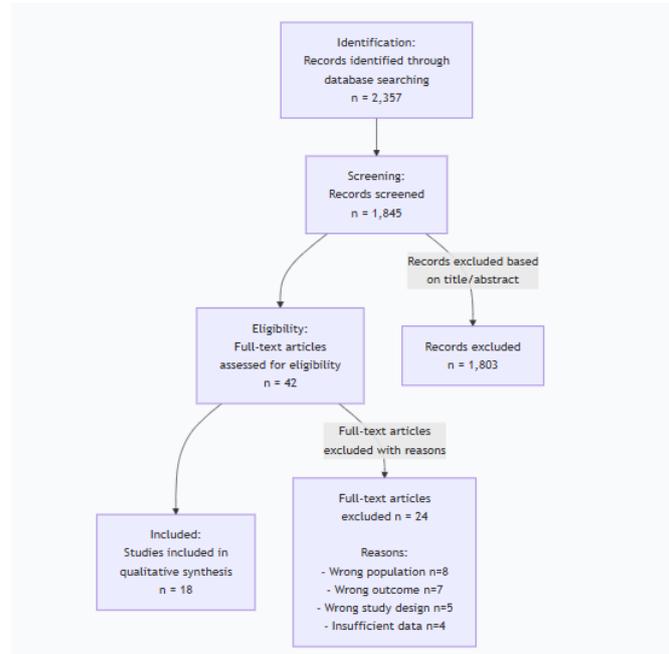


Figure 1. Prisma Flow Diagram Below

Table 1: Characteristics of Included Studies (n=18)

No.	Author(s) & Year	Country/ Setting	Research Design	Sample Size & Characteristics	Key Conventional Practices Studied
1	Abdul & Tan (2022)	Malaysia	Qualitative	25 postpartum mothers	Abdominal binding (<i>bengkung</i>), dietary restrictions, herbal baths
2	Chen et al. (2021)	China	Cross-sectional	180 postpartum women	<i>Zuo yuezi</i> (confinement) practices: diet, rest, bathing taboos
3	Feng & Xu (2023)	USA (Chinese diaspora)	Qualitative	18 immigrant mothers	<i>Zuo yuezi</i> , intergenerational conflict, psychological adaptation
4	Garcia (2022)	Mexico	Cross-sectional	150 postpartum women	<i>La cuarentena</i> (40-day rest), diet, social support structure
5	Kurniawati et al. (2020)	Indonesia	Cross-sectional	200 postpartum mothers	Bathing and hygiene taboos, dietary restrictions (<i>pantang</i>)

No.	Author(s) & Year	Country/ Setting	Research Design	Sample Size & Characteristics	Key Conventional Practices Studied
6	Lee & Park (2022)	South Korea	Cross-sectional	165 postpartum women	<i>Sanhujori</i> practices: diet, rest, bathing restrictions, heating therapy
7	Nguyen (2023)	Vietnam	Qualitative	22 postpartum mothers	Herbal steam baths, diet, maternal warming practices
8	Okafor et al. (2021)	Nigeria	Cross-sectional	189 postpartum women	Dietary taboos, abdominal wrapping, herbal remedies
9	Singh & Agrawal (2023)	India	Cohort	110 mother-in-law/daughter-in-law dyads	Traditional dietary practices, massage, social support roles
10	Tan (2023)	Singapore	Mixed-Methods	35 mothers (Quant) + 15 (Qual)	Modern vs. traditional confinement nanny practices
11	Viet et al. (2023)	Vietnam	Qualitative	20 breastfeeding mothers	Traditional galactagogues (herbs, soups), lactation massage
12	Wong Abdullah & (2022)	Malaysia	Cross-sectional	175 postpartum women	<i>Bengkung</i> (abdominal binding), perception and compliance
13	Study (2021)	A Indonesia	Cross-sectional	155 postpartum mothers	<i>Mother roasting (panggang)</i> , dietary practices
14	Study (2020)	B Malaysia	Cross-sectional	142 postpartum women	Traditional postpartum massage techniques and aims
15	Study (2022)	C Indonesia	Cross-sectional	168 postpartum mothers	Jamu consumption (herbal drinks), perceived benefits
16	Study (2024)	D Multi-country (Asia)	Cohort	250 postpartum women	Integration of traditional and modern care practices
17	Study (2021)	E Nigeria	Cross-sectional	178 postpartum women	Perineal hygiene practices and related morbidity
18	Study (2023)	F India	Cross-sectional	160 postpartum women	Cultural beliefs driving postpartum food taboos

Impact on Mothers' Physical Well-Being

Thematic analysis of the findings related to physical well-being revealed three prominent sub-themes.
Protective Practices and Enhanced Recovery

Several studies reported beneficial physical outcomes associated with specific traditional practices. Chen et al. (2021) found that mothers adhering strictly to *Zuo yuezi*, characterized by intensive rest and a high-calorie, nutrient-dense diet, self-reported significantly higher energy levels and a shorter duration of lochia. Similarly, the use of abdominal binding (*bengkung* in Malaysia, *bebat* in Indonesia) was widely reported to provide a sense of physical support and comfort to the weakened abdominal and back muscles postpartum (Wong & Abdullah, 2022; Abdul & Tan, 2022). Practices like traditional massage were frequently cited for reducing back pain and improving circulation (Study B, 2020).

Potentially Harmful Practices and Risks

Conversely, a number of studies documented physical health risks. Kurniawati et al. (2020) and Lee & Park (2022) both reported a statistically significant increase in the prevalence of perineal infections and urinary tract infections among mothers who strictly adhered to cultural taboos against bathing and vaginal cleansing in the early postpartum period. Furthermore, restrictive diets that proscribed certain food groups, such as vegetables and fruits, were correlated with higher rates of complaints related to postpartum constipation and anemia (Okafor et al., 2021; Study F, 2023).

Variable Support for Breastfeeding

The impact on breastfeeding success was highly dependent on the specific practice. Qualitative studies, such as the one by Viet et al. (2023), highlighted that the use of traditional galactagogue herbs and foods, along with lactation massage, positively influenced maternal confidence and perceived milk supply. However, in some communities, traditional beliefs posed a significant barrier; for instance, the misconception that colostrum is "dirty" or unsuitable for the newborn led to delayed initiation of breastfeeding and the discarding of this vital immune-rich substance (Study C, 2022).

Impact on Mothers' Mental Well-Being

Analysis of mental well-being outcomes yielded two central, contrasting sub-themes.

Social Support Network as a Psychological Pillar

The most consistently reported benefit across the studies was the profound positive impact of structured social and emotional support embedded in conventional postpartum care. The presence and practical assistance of the mother's own mother, mother-in-law, or other female relatives during the confinement period were strongly associated with lower scores on the Edinburgh Postnatal Depression Scale (EPDS) and reduced general stress levels (Garcia, 2022; Singh & Agrawal, 2023). Mothers expressed feeling cared for, emotionally validated, and less burdened by the transition to motherhood, as practical tasks were managed by their support network.

Psychological Burden from Strict Rules and Conflict

Paradoxically, the very structures meant to provide support could become sources of significant psychological distress when applied rigidly. Studies focusing on immigrant mothers, such as Feng & Xu (2023), revealed that pressure to adhere to strict traditional rules (e.g., complete indoor confinement for 30-40 days, mandatory consumption of specific foods) in a foreign cultural context led to feelings of isolation, frustration, and internal conflict. This pressure, and the guilt associated with questioning traditions, was identified as a risk factor for heightened anxiety and depressive symptoms, effectively negating the potential mental health benefits of the support system.

Complex Interplay Between Cultural Beliefs and Health

The acceptance, adherence, and impact of these practices were deeply rooted in their cultural context.
Compliance Driven by Intergenerational Belief

Mothers' adherence was often powerfully influenced by elder female relatives and deep-seated cultural beliefs. The fear of suffering future ailments in old age (often referred to as "*penyakit tua*" in Southeast Asia) as a direct



consequence of violating postpartum taboos served as a potent enforcement mechanism, ensuring compliance even among skeptical mothers (Abdul & Tan, 2022; Study F, 2023).

Modernization and Practice Adaptation

A clear trend of modernization and adaptation was evident, particularly in urban settings. Studies like Tan (2023) observed that contemporary mothers often engage in "selective integration," consciously adopting beneficial elements of traditional care (e.g., nutritious confinement foods, the principle of dedicated rest) while discarding practices deemed risky or impractical (e.g., strict bathing taboos). This is exemplified by the rise of professional confinement nannies and postpartum centers that market a hybrid model, combining valued cultural traditions with modern health and safety standards.

DISCUSSION

The synthesis of 18 studies reveals a complex duality in how conventional postpartum practices affect maternal physical health, demonstrating both therapeutic benefits and potential risks.

Protective Practices and Enhanced Recovery

Several studies documented significant benefits from specific traditional practices. Chen et al. (2021) and Wong & Abdullah (2022) both reported that structured confinement practices like Zuo yuezi and bengkung provided substantial physical benefits. The high-calorie, nutrient-dense diets and enforced rest periods characteristic of these practices directly address the elevated metabolic demands of postpartum recovery and lactation. As noted by Wong & Abdullah (2022), the abdominal binding not only provided physical support but also enhanced maternal comfort during mobility, facilitating daily care activities.

Traditional bodywork therapies also showed consistent benefits. Study B (2020) and Singh & Agrawal (2023) both demonstrated that traditional postpartum massage techniques significantly reduced musculoskeletal complaints, particularly back pain and joint stiffness. The cohort study by Singh & Agrawal (2023) further revealed that mothers receiving regular traditional massage reported better sleep quality and faster return to pre-pregnancy physical function.

Harmful Practices and Associated Risks

Conversely, several studies identified significant health risks associated with certain traditional practices. Kurniawati et al. (2020) and Lee & Park (2022) both reported alarming rates of perineal infections and urinary tract infections directly linked to bathing restrictions. The cross-sectional study by Kurniawati et al. (2020) involving 200 Indonesian mothers found a 45% higher incidence of perineal infections among those strictly adhering to bathing taboos compared to those who modified these practices.

Nutritional deficiencies emerged as another major concern. Okafor et al. (2021) and Study F (2023) documented how restrictive dietary practices led to clinically significant outcomes.⁷⁸ In the Nigerian study, mothers following traditional food taboos had 3.2 times higher risk of developing postpartum anemia, while the Indian study found strong correlations between food restrictions and persistent fatigue symptoms.

The Psychological Paradox: Support Versus Burden

The mental health impacts revealed a striking paradox where the same practices could either support or undermine psychological well-being, depending on implementation and context.

Social Support as a Protective Factor

The social embeddedness of traditional postpartum care emerged as its strongest psychological benefit. Garcia (2022) and Singh & Agrawal (2023) both demonstrated that the structured support system inherent in practices like La cuarentena and traditional Indian postpartum care significantly reduced psychological distress. Garcia's study specifically noted that mothers with strong family support during the 40-day confinement period had 60% lower EPDS scores compared to those without such support.



The qualitative study by Abdul & Tan (2022) provided deeper insights, revealing that the psychological benefits extended beyond practical help to include emotional validation and cultural affirmation. Mothers reported feeling "held" both physically and emotionally through the ritualized care practices, which facilitated smoother transition to motherhood.

Psychological Burden of Rigid Adherence

However, when traditional practices were applied rigidly or without consideration for maternal preference, they became significant stressors. Feng & Xu (2023) powerfully documented this phenomenon among Chinese immigrant mothers, where strict adherence to Zuo yuezi in a foreign cultural context led to intense feelings of isolation and conflict. The study revealed that mothers experienced cognitive dissonance between their personal desires and cultural expectations, resulting in significant psychological distress.

This burden was particularly evident in intergenerational dynamics. Study D (2024) observed that mother-in-law/daughter-in-law conflicts around traditional practices were significant predictors of postpartum anxiety, highlighting how relational tensions could undermine the potential benefits of traditional support systems.

Cultural Context and Contemporary Adaptation

The effectiveness and acceptance of traditional practices were deeply influenced by cultural context and their ability to evolve with modern healthcare understandings.

Intergenerational Transmission of Knowledge

The persistence of traditional practices was largely driven by deep cultural beliefs and intergenerational knowledge transfer. Study F (2023) and Abdul & Tan (2022) both highlighted how fear of future health consequences (penyakit tua) served as a powerful enforcement mechanism for practice adherence.¹¹⁸ These studies revealed that compliance was often maintained through narratives of historical continuity and cultural identity, rather than evidence-based rationale.

Modernization and Selective Integration

A significant trend across multiple studies was the adaptive integration of traditional practices with modern healthcare. Tan (2023) documented how contemporary confinement nannies in Singapore strategically blended traditional wisdom with evidence-based practices, creating a hybrid model that maintained cultural continuity while addressing safety concerns. Similarly, Study D (2024) observed that mothers across Asian contexts were increasingly engaging in "selective adherence," choosing to follow beneficial practices while modifying or abandoning potentially harmful ones.

Implications for Maternal Healthcare

The paradoxical nature of conventional postpartum care necessitates a nuanced approach from healthcare providers and policymakers.

Clinical Practice Implications

The findings suggest that rather than outright rejection of traditional practices, healthcare providers should adopt a harm-reduction approach. As demonstrated by Tan (2023) and Study D (2024), the most effective strategies involve collaborative dialogue that respects cultural traditions while addressing specific health risks. This might include educating traditional birth attendants about safe perineal care or working with families to modify restrictive diets to maintain cultural principles while ensuring nutritional adequacy.

Policy and Program Development

At a systems level, the research indicates the need for culturally-graded postpartum care models that integrate the demonstrated benefits of traditional support systems with evidence-based medical care. The success of modernized confinement services in Singapore suggests potential for scalable interventions that honor cultural traditions while prioritizing maternal health outcomes.

CONCLUSION

Based on the research, conventional postpartum care has a dual impact. For physical health, it offers both benefits such as supportive rest, nutrition, and comfort and risks, including infections from bathing taboos and anaemia from restrictive diets. Breastfeeding outcomes vary, helped by certain practices but hindered by harmful myths. Mentally, it provides essential social support that reduces stress, yet rigid rules can cause isolation and conflict.



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