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# FACTORS RELATED TO THE ATTITUDE OF PREGNANT WOMEN IN THE USE OF COMPLEMENTARY THERAPIES IN PREGNANCY

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**ABSTRACT**

During pregnancy, a woman experiences physiological changes that require therapy/treatment. One of the therapies used during pregnancy to overcome discomfort during this period is complementary therapy. The use of complementary therapies by pregnant women is influenced by several factors. Therefore, this study aims to determine the factors related to the attitudes of pregnant women in utilizing complementary therapies during pregnancy. The purpose of the study was to determine the relationship of knowledge, perceptions of pregnant women, and family support to the attitudes of pregnant women in the use of complementary therapies during pregnancy. This research is a cross-sectional questionnaire-based descriptive research study conducted on pregnant women who access primary and secondary services in the Pekalongan Regency working area. The sampling technique used in this study was proportional random sampling. The estimated size according to the data analysis design carried out is a multivariate analysis involving 4 independent variables. This study involved 60 research subjects with inclusion criteria, namely pregnant women who can read and exclusion criteria for pregnant women who have pregnancy danger signs. Pregnant women with a high level of knowledge have a 7,244 times higher chance of utilizing complementary therapy, which is related to the opportunity for pregnant women to detect early danger signs during pregnancy. Complementary therapy is a solution to deal with discomfort in pregnant women during pregnancy and can even cure some diseases. The use of complementary therapies is supported by several factors in the pregnant woman's environment. For this reason, it is necessary to understand the use of complementary therapies so that the use of complementary therapies can be maximized for pregnant women.

Keywords: complementary, pregnancy women, knowledge



## INTRODUCTION

Pregnant women generally face several biological stages and critical periods during pregnancy which can cause various diseases and uncomfortable conditions. Pregnant women generally experience nausea, vomiting, palpitations, lower back pain, increased frequency of urination, hyperpigmentation, and striae. In addition, hypertensive disorders, gestational diabetes mellitus, and urinary tract infections often occur during pregnancy (S. Jarvis & C. Nelson-Piercy, 2014). Some pregnant women experience discomfort during pregnancy, both in the first trimester, the second trimester, and even until the third trimester. Such discomfort arises due to the influence of hormones during pregnancy. The appearance of complaints of discomfort is normal. What must be considered is the awareness of

pregnant women to balance it with clean and healthy living behavior (Alqathama et al., 2023).

Complementary midwifery services are part of the application of complementary and alternative medicine in midwifery service settings. The current paradigm of midwifery services has shifted. For a decade now, midwifery care has been carried out by combining conventional and complementary midwifery services and has become an important part of midwifery practice (Bowman et al., 2018). According to the National Center for Complementary and Integrative Health (NCCIH), the term complementary and alternative medicine (CAMs) is defined as a group of diverse medical and healthcare systems, practices, and products as part of conventional medicine to improve public health. Complementary therapies are practiced with varying degrees of popularity in many countries (9-76%) for treating/treating chronic conditions (Alqathama et al., 2023).

Research shows that women tend to avoid using pharmaceutical products while pregnant or breastfeeding because of the possible harmful effects that can arise for the health of pregnant women and their babies (Strouss et al., 2014) and research shows that women prefer to use complementary therapies for reasons such as belief in their effectiveness and safety, claimed to be more natural, accessibility, satisfaction with previous complementary therapy methods and perceptions that conventional medicine is harmful as well as cultural traditions (Yuvaci et al., 2019). In a US study, up to 37% of pregnant women and 28% of postpartum women were found to be using complementary therapies (Holden et al., 2015) and in a sample of pregnant women in the UK, 57.1% showed interest in complementary therapy modalities (Yu et al., 2 (Olivia)022).

Complementary care in some midwifery communities is already an important part of midwifery practice. Women, especially pregnant women, are the highest consumers of complementary medicine. One of the reasons complementary care is a client's choice is dissatisfaction with conventional medicine and neglect of a holistic approach, as well as concerns about medication side effects (Dewi, S*, et al*., 2020).

Studies on the effectiveness of drug therapy in pregnant women highlight various aspects of drug use in special medical conditions. A study evaluated the effectiveness of intravenous paracetamol as a prophylactic to prevent chills during spinal anesthesia in sectio caesarea surgery. The results of this study showed that intravenous paracetamol was effective in reducing the incidence of chills during spinal anesthesia in sectio caesarea surgery

In this study, researchers packaged a discussion of the factors that influence the attitude of pregnant women toward the use of complementary therapies during pregnancy. This study aims to determine the relationship of knowledge, perception, and family support to the attitudes of pregnant women toward the use of complementary therapies in pregnancy.

## METHOD

This study used a cross-sectional study conducted from March to August 2022 with data collected from several Puskesmas in the Pekalongan Regency area. The sampling technique used in this study was proportional random sampling. The estimated size according to the data analysis design carried out is a multivariate analysis involving 4 independent variables.

This study involved 60 research subjects with inclusion criteria, namely pregnant women who can read and exclusion criteria for pregnant women who have pregnancy danger signs. The data collection technique used in this study using the questions in the guidelines (questionnaire) is arranged in such a way that it includes variables related to the hypothesis.

Data collection in this study was given a structured questionnaire. Questionnaires are used to obtain data on the characteristics of respondents, knowledge of pregnant women about complementary therapies, perceptions of pregnant women, family support, and attitudes of pregnant women towards the use of complementary therapies.

The tool used to collect data in this study was a questionnaire on the use of complementary therapies in pregnant women. The number of questions is 25 questions. Before the

questionnaire is used, validity and reliability tests are first carried out. Data collection is carried out by distributing knowledge questionnaires (pre-test) before providing counseling. Then conduct counseling with the question-and-answer lecture method on the research subject. Counseling is carried out for approximately 30 minutes. After the counseling activity was completed, it continued to distribute questionnaires (post-tests) for respondents to fill out.

Statistical tests used to describe the frequency distribution of pregnant women's characteristics, knowledge, perceptions of pregnant women, family support and attitudes of pregnant women use univariate tests, while bivariate analysis is carried out computerized by each independent variable with dependent variables using the Chi-square test to analyze the relationship with the level of meaning and confidence interval of 95%. The results of the above test can be concluded that if the p-value of ≤ α, Ho is rejected, there is a relationship between factors of knowledge, perception of pregnant women, and family support with the attitude of pregnant women in the use of complementary therapies during pregnancy (Olivia, p. 2018)

Multivariate analysis in this study uses multiple logistic regression, which is one of the mathematical models used to analyze the relationship of one or several independent variables with a category-dependent variable that is dichotomous. The statistical test used is multiple logistic regression.

## RESULT

**Table 1. Characteristics of respondents and univariate analysis.**

| Variable | Frequency | % |
|---|---|---|
| **Age** | | |
| 20-35 | 42 | 70.0 |
| <20 and >35 | 18 | 30.0 |
| **Education Level** | | |
| SD/SMP | 24 | 40,0 |
| SMA/PT | 36 | 60,0 |
| **Gravida Status** | | |
| Primigravida | | |
| Multigravida | 11 | 18,4 |
| Grandemultigravidae | 46 | 76,6 |
| | 3 | 5 |

The majority of expectant mothers fall within the age bracket of 20 to 35 years, boasting educational achievements ranging from high school to college graduation. Furthermore, a significant proportion of pregnant women in this demographic are categorized as multigravidae, emphasizing the diversity and experience within this group

The age, education, work, and experience of pregnant women become support to receive and apply the information obtained, thus supporting the perception of pregnant women about complementary therapies (Li et al., 2023).

**Table 2. The results of the logistic regression test analysis of the relationship between knowledge, perceptions of pregnant women, and family support towards the attitudes of pregnant women in the use of complementary therapies during pregnancy**

| | OR | CI 95% | | *p* |
|---|---|---|---|---|
| | | **Lower** | **Upper** | |
| Knowledge | 7,224 | 0,096 | 37,31 | 0,001 |
| Perception | 1,229 | 0,250 | 6,036 | 0,800 |
| Family Support | 3,455 | 1,231 | 9,255 | 0,031 |
| N Observation = 60 | | | | |
| -2 Log likelihood = 97,126 | | | | |
| Nagelkerke $R^2$ = 0,173 | | | | |

From Table 2, it is found that the knowledge variable is most closely related to maternal attitudes in the use of complementary therapies. It was seen that the perception of pregnant women in good, attitudes of pregnant women to well-informed mothers had a 7,224 times higher chance of detecting this risk of pregnant women than pregnant women with poor knowledge (OR = 7,244; CI 95%=0.933-41.531; p=0.001).

## DISCUSSION

The results showed that most mothers were aged 20-35 years, where that age is the reproductive age. In this age range also individuals in the mature period, where the age of 26-35 years can

determine a choice and can solve problems in their lives (Domínguez-Solís et al., 2021).

Most pregnant women have a recent secondary and college education. According to (Bowman et al., 2018), A person's education will have an impact on his level of knowledge. Highly educated mothers will have a broader outlook compared to less educated mothers.

One of the external factors that influence perception comes from individual knowledge. Most pregnant women have secondary education, contributing to mothers' positive perception of complementary therapies (Kiftia et al., 2022). Persepsi individu didukung oleh pendidikan formalnya. Positive perceptions of pregnant women towards complementary therapies provide support for pregnant women to utilize complementary therapies during their pregnancy (Strouss et al., 2014). In formal education, there is a process of developing and directing the abilities that a person has programmatically and intentionally, so that the higher the education taken, the more the process of development and direction that a person goes through and gets that can affect their perception (Obi & Anosike, 2023).

Most pregnant women are not in their first pregnancy, where more than 50% of mothers have had 1-3 children so the mother has experience in previous pregnancies. These experiences play a role in shaping pregnant women's positive perceptions of complementary therapies in pregnancy because past experiences are one of the functional factors of perception (Maziyah Hurin et al., 2023). In addition, family support for previous pregnancy experiences in pregnancy now has a role for pregnant women in the use of complementary therapies during their pregnancy (Domínguez-Solís et al., 2021).

The experience of pregnant women in previous pregnancies encourages pregnant women to do complementary therapies during their current pregnancy. This is according to research (Alqathama et al., 2023) that complementary therapies can improve well-being and quality of life so pregnant women in the United States tend to use complementary therapies during pregnancy and breastfeeding because of the minimal side effects to the health of her and her baby. Complementary therapies are considered more effective and safe in reducing discomfort felt during pregnancy and breastfeeding.

Complementary therapies are non-conventional therapies that aim to improve the degree of public health including promotive efforts, preventive, curative, and rehabilitative that have been clinically and scientifically tested for safety and effectiveness. Several countries have implemented complementary and alternative therapies as supporters of conventional medicine. In hospitals in China, 95% have implemented complementary therapies in conventional therapies, while in Japan 72% of doctors have implemented the use of complementary and alternative medicine into their practice (Kamaludin, 2010).

Pregnant women are a group that is recommended to use therapy or Complementary medicine in overcoming perceived complaints because complementary therapy can avoid the side effects of conventional medicine and have great control over one's health (El Hajj et al., 2020). The use of complementary therapies by pregnant women is influenced by the media mass, information about a product, recommendations of family and friends, properties Natural humans who want to always try new things and ease of access to this treatment can affect a person's perception to use complementary therapies because they are considered natural and safe to use (Onyiapat, 2011).

The usefulness of support is very influential as the results of studies conducted on the usefulness of birth support and the results are often surprising. Birth support can influence the events of labor itself and a mother's feelings about her labor, especially if the mother has complications. Studies show that mothers who receive less support during labor need more pain relief, experience more medical intervention, and give birth to less strong babies(Suparni, Nurlaela, and Rahmah, 2016).

According to the researchers' assumptions, pregnant women choose complementary therapies over medications to address discomfort during pregnancy due to increased awareness of potential risks to the fetus that may be associated with the use of drugs. Complementary therapies, such as acupuncture, yoga, or certain herbs, are

considered more natural alternatives and are often considered safer, especially if guided and supervised by an experienced health practitioner. However, this decision should be discussed and monitored by health professionals who understand the special conditions of pregnant women to ensure the safety and well-being of the mother and fetus.

## CONCLUSION

There was a positive and statistically significant relationship between knowledge, perceptions of pregnant women and family support, and attitudes of pregnant women toward the use of complementary therapies during pregnancy. Limitations in this study may be observational, making it difficult to establish a cause-and-effect relationship between the observed factors and pregnant women's attitudes toward complementary therapies. Pregnant women's attitudes toward complementary therapies are subjective and can be influenced by a variety of personal, cultural, and social factors.

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