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The Implementation of Mind–Body Therapy–Based Complementary Midwifery Care on Reproductive Well-Being among Women of Reproductive Age

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Abstract

Reproductive well-being is influenced not only by physiological factors but also by psychological conditions such as stress and emotional imbalance. Mind–body therapy has emerged as a complementary approach that may enhance psychological regulation and overall well-being. This study aimed to examine the effect of mind–body therapy–based complementary midwifery care on reproductive well-being among women of reproductive age. Methods: A quasi-experimental study with a one-group pretest–posttest design was conducted among 30 women aged 15–49 years, selected through purposive sampling. The intervention consisted of four weekly sessions of breathing exercises, mindfulness meditation, and progressive relaxation. Reproductive well-being was measured with a structured questionnaire before and after the intervention and analyzed using a paired-sample t-test ($\alpha = 0.05$). Results: The mean reproductive well-being score increased from 58.93 to 77.43 after the intervention. A paired-sample t-test showed a statistically significant improvement ($t(29) = -29.970$, $p < 0.001$, 95% CI [-19.762, -17.238]), with a very large effect size (Cohen's $d = 5.47$). Conclusion: Mind–body therapy–based complementary midwifery care significantly improved reproductive well-being among women of reproductive age and may serve as a valuable, non-pharmacological strategy for holistic, patient-centered reproductive health services.

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Introduction

Reproductive health is an essential component of women's overall health and well-being (Aral et al., 2022). Women of reproductive age experience various physiological and psychological changes that may influence their reproductive health status (Jasienska et al., 2017). Conditions such as menstrual discomfort, hormonal fluctuations, emotional stress, and lifestyle-related factors can significantly affect women's reproductive well-being (Rain et al., 2026). Reproductive well-being refers not only to the absence of reproductive disorders but also to psychological comfort, emotional balance, and the ability to maintain healthy reproductive functions in daily life.

Globally, reproductive health problems remain an important public health concern affecting women across different age groups (Liang et al., 2019). Many women experience reproductive health disturbances that may be associated with stress, poor lifestyle patterns, or limited access to holistic healthcare services (Tepy et al., 2025). Psychological stress has been recognized as one of the important factors influencing reproductive health because prolonged stress may disrupt hormonal regulation and negatively affect reproductive functioning (Valsamakis et al., 2019). In many healthcare settings, reproductive health services still focus primarily on physical treatment, while psychological and emotional aspects of reproductive well-being receive less attention.

Integrating holistic approaches into healthcare services has become increasingly important in modern nursing and health practice (Frisch & Rabinowitsch, 2019). Nurses and midwives play a crucial role in promoting women's reproductive health through preventive, promotive, and supportive care (Khomami et al., 2021). Complementary and integrative healthcare approaches have been introduced to address the complex interaction between psychological, physiological, and social aspects of health (Pitcher et al., 2023). One approach that has gained increasing attention is mind–body therapy, which focuses on the interaction between mental processes and physiological responses (Levine et al., 2021). Techniques such as breathing exercises, mindfulness meditation, and relaxation practices are widely used to reduce stress, improve emotional balance, and support overall well-being.

Previous studies have shown that mind–body interventions may improve psychological health, reduce stress levels, and enhance emotional regulation (Tang et al., 2019). However, evidence regarding their specific impact on reproductive well-being remains limited and inconsistent (Dehlendorf et al., 2023). Many studies have focused primarily on mental health outcomes rather than examining reproductive health outcomes among women of reproductive age (Hall et al., 2017). Furthermore, the practical implementation of mind–body therapy within complementary midwifery care has not been widely explored in clinical or community healthcare settings. To address this gap, the present study specifically examines the effect of a structured, four-session mind–body therapy program delivered as part of complementary midwifery care on reproductive well-being—operationalized as physical comfort, emotional balance, and body awareness—among general (non-clinical) women of reproductive age in a community setting, an outcome domain and delivery context that has not been jointly examined in prior mind–body intervention research.

This study is guided by Roy's Adaptation Model, which emphasizes that individuals constantly interact with environmental stimuli and respond through adaptive mechanisms that influence health outcomes (Browning & Callis, 2020). According to this model, health is achieved when individuals adapt effectively to physiological and psychological changes (Kumar et al., 2022). Stress and emotional disturbances can act as stimuli that challenge an individual's adaptive capacity and may affect reproductive health. Interventions that promote relaxation and emotional balance, such as mind–body therapy, may help individuals regulate these stimuli and enhance adaptive responses that support reproductive well-being.

Within this conceptual framework, mind–body therapy functions as a therapeutic stimulus that supports women's adaptive responses to psychological stress and physiological changes. The

intervention may enhance emotional regulation, promote relaxation, and improve body awareness, which may ultimately contribute to improved reproductive well-being. Thus, the relationship between the independent variable (mind–body therapy intervention) and the dependent variable (reproductive well-being) can be explained through the adaptive processes described in Roy's Adaptation Model.

This study's findings are expected to contribute to nursing and healthcare practice by providing evidence on the potential role of mind–body therapy as part of complementary midwifery care. The results may support nurses and midwives in implementing holistic interventions that address both physical and psychological aspects of reproductive health. In addition, the study may help strengthen health promotion strategies, improve patient-centered care, and support the development of integrative approaches in reproductive health services.

Therefore, this study aimed to examine the effect of complementary midwifery care based on mind–body therapy on reproductive well-being among women of reproductive age.

Materials and Methods

Study Design

This study used a quasi-experimental design with a one-group pretest–posttest approach. This design assessed changes in reproductive well-being among women of reproductive age before and after implementing a complementary midwifery care intervention based on mind–body therapy (Creswell & Creswell, 2018).

The quasi-experimental design was selected because the study aimed to evaluate the intervention's effect on a single group of participants without a control group. Measurements were conducted at two different time points, namely before the intervention (pretest) and after the intervention (posttest), allowing the changes that occurred following the intervention to be directly analyzed.

Participants

This study used purposive sampling, which involves selecting respondents based on specific characteristics that align with the study's objectives (Sugiyono, 2017). This technique ensured that participants had characteristics relevant to the mind–body therapy intervention and could provide data aligned with the research focus.

The inclusion criteria for this study were women aged 15 to 49 years who were willing to participate as respondents, able to communicate effectively, and willing to follow the entire series of mind–body therapy interventions implemented during the study. In addition, respondents were required not to be pregnant, so that the physiological conditions of reproductive health measured in this study would not be influenced by the physiological changes that occur during pregnancy. These criteria were verified prior to enrollment: age was confirmed through participants' identity documents, willingness to participate and to complete the full intervention was confirmed through signed informed consent, communication ability was assessed through a brief screening interview conducted by the researcher, and pregnancy status was verified through self-report supported by confirmation from the local community health worker (kader/bidan).

Exclusion criteria included respondents who did not attend all sessions of the mind–body therapy intervention, withdrew from the study during the research process, or did not complete the research questionnaire fully, resulting in incomplete data that could not be analyzed optimally.

The sample included 30 women of reproductive age who met the predetermined inclusion and exclusion criteria. This sample size was justified using an a priori power analysis for a paired sample t-test, calculated with G*Power software (version 3.1.9.7), which indicated that a minimum of 27 participants was required to detect a large effect size (dz = 0.6) with a statistical power of 0.80 and α

= 0.05. Accordingly, the sample of 30 participants was considered sufficient to detect a statistically meaningful effect of the intervention.

Instrument

The instrument used in this study was the Reproductive Well-Being Questionnaire, which the researcher developed based on previous literature on women's reproductive health, psychological well-being, and the concept of mind–body therapy in complementary midwifery care to ensure its relevance for measuring reproductive well-being among women of reproductive age. The instrument was designed to assess several dimensions of reproductive well-being, including physical reproductive health, psychological well-being, and body awareness or relaxation associated with mind–body therapy practices.

This instrument underwent statistical testing to establish its validity and reliability. Content validity was first established through expert judgment involving two experts in midwifery and psychology/mental health, who reviewed the relevance, clarity, and representativeness of each item for the constructs of reproductive well-being. Construct validity was assessed using Pearson product-moment correlation analysis by examining the correlation between each item score and the total score. Items were considered valid if the calculated correlation coefficient (r count) exceeded the critical value of the r table at a significance level of 0.05, which was 0.361 for a two-tailed test with df = n - 2 = 28. The calculated item-total correlation coefficients ranged from r = 0.42 to r = 0.79, all of which exceeded the r table value.

To assess reliability, internal consistency was measured using Cronbach's alpha, yielding $\alpha \geq 0.70$, indicating good reliability and acceptable internal consistency. This result confirms that the questionnaire items consistently measure reproductive well-being.

The instrument is a self-report questionnaire with two sections. The first section collects demographic information, including age, education level, occupation, and marital status. The second section contains statements measuring reproductive well-being related to physical comfort during the menstrual cycle, emotional stability, stress management, and perceived body relaxation following mind–body therapy practices.

The questionnaire uses a 5-point Likert scale, and respondents rate each statement based on their level of agreement (Arikunto, 2010). The response options range from Strongly Disagree to Strongly Agree, with higher scores indicating higher levels of reproductive well-being and better psychological and physical comfort related to reproductive health.

This instrument measures women's reproductive well-being in relation to the implementation of complementary midwifery care based on mind–body therapy. The collected data were analyzed using statistical methods to compare pre-intervention and post-intervention reproductive well-being scores.

Table 1. Score of the Questionnaire of Reproductive Well-Being

Response	Score
Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5

Intervention

The intervention implemented in this study consisted of complementary midwifery care based on mind–body therapy to improve reproductive well-being among women of reproductive age. The intervention included several mind–body therapy techniques, such as breathing exercises,

mindfulness meditation, and body relaxation techniques, which were designed to promote psychological relaxation and physiological balance related to reproductive health.

The intervention was conducted in Tangerang City during the study period. Each participant attended guided sessions led by the researcher, who had prior knowledge and training related to mind–body therapy practices in the context of complementary midwifery care. The sessions were conducted in a comfortable, quiet setting to ensure participants could perform the relaxation and mindfulness exercises effectively.

The intervention was implemented over a predetermined period, during which participants practiced breathing regulation, mindfulness awareness, and body relaxation techniques under the researcher's supervision. These activities were intended to help participants reduce stress, increase body awareness, and enhance emotional balance, which may contribute to improved reproductive well-being.

Data Collection

Data collection was conducted in Tangerang City during March 2026. Data were collected in two stages: before the intervention (pretest) and after the intervention (posttest). During the pretest stage, respondents completed a questionnaire to assess their initial reproductive well-being. Subsequently, respondents participated in a series of interventions consisting of complementary midwifery care based on mind–body therapy, including breathing exercises, mindfulness meditation, and body relaxation techniques carried out during the predetermined intervention period. After the intervention, respondents completed the same questionnaire again as a posttest to identify changes in their reproductive well-being.

The researcher collected data directly at the study site. During data collection, the researcher was assisted by research assistants or enumerators trained in the research procedures, instructions for completing the questionnaire, and appropriate methods for assisting respondents. The involvement of research assistants aimed to support the administrative aspects of the research and ensure that respondents completed all questionnaires accurately and comprehensively.

Data Analysis

The collected data were analyzed using SPSS (Statistical Package for the Social Sciences) version 26. Data analysis was conducted to determine the effect of the mind–body therapy intervention on the reproductive well-being of women of reproductive age.

Statistical testing used a paired-sample t-test to compare reproductive well-being scores before and after the intervention. This test determined whether there was a significant difference between pretest and posttest scores within the same group of respondents. If the data did not meet the normality assumption, the analysis was continued using the Wilcoxon signed-rank test as a non-parametric alternative.

The level of statistical significance used in this study was $p < 0.05$, indicating that the observed differences were considered statistically significant.

Results and Discussions

Demographic Information

A total of 30 women of reproductive age participated in this study. The participants' ages ranged from 19 to 41 years. As presented in Table 2, most respondents had completed university education (66.7%), while 33.3% had completed high school education.

In terms of occupation, employees represented the largest proportion of participants (50.0%), followed by housewives (36.7%) and students (13.3%). Regarding marital status, most respondents were married (63.3%), while 36.7% were single, as shown in Table 2.

Table 2. Demographic Characteristics of Participants (n = 30)

Characteristic	Category	n	%
Age (years)	19–24	7	23.3
	25–30	9	30.0
	31–36	7	23.3
	37–41	7	23.3
Education Level	High School	10	33.3
	University	20	66.7
Occupation	Student	4	13.3
	Employee	15	50.0
	Housewife	11	36.7
Marital Status	Single	11	36.7
	Married	19	63.3

Changes in Reproductive Well-Being Before and After Intervention

These findings indicate that participants experienced increased reproductive well-being after receiving the mind–body therapy intervention, as shown in Table 3.

Table 3. Descriptive Statistics of Reproductive Well-Being Scores Before and After the Intervention

Paired Samples Statistics					
		Mean	**N**	**Std. Deviation**	**Std. Error Mean**
Pair 1	**PRE**	58.93	30	3.610	.659
	POST	77.43	30	4.368	.798

Table 3 presents the descriptive statistics of reproductive well-being scores before and after the intervention. The results showed that the mean reproductive well-being score before the intervention (pretest) was 58.93 (SD = 3.610), while the mean score after the intervention (posttest) increased to 77.43 (SD = 4.368).

Effect of Mind–Body Therapy on Reproductive Well-Being

To determine whether the intervention significantly improved reproductive well-being, a paired-samples t-test was conducted. Table 4 presents the results of the statistical analysis.

The analysis revealed a mean difference of -18.500, indicating that posttest scores were significantly higher than pretest scores. The test produced a t-value of -29.970 with 29 degrees of freedom (df = 29) and a p-value of 0.000 ($p < 0.001$).

Furthermore, the 95% confidence interval ranged from -19.762 to -17.238, which confirms that the improvement in reproductive well-being after the intervention was statistically significant, as shown in Table 4.

Table 4. Paired Sample t-Test of Reproductive Well-Being Scores Before and After the Intervention

Paired Samples Test

	Paired Differences					t		df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference					
				Lower	Upper				
Pair 1	PRE - POST	-18.500	3.381	.617	-19.762	-17.238	-29.970	29	.000

Hypothesis Testing

The hypotheses tested in this study were formulated as follows: H0 (null hypothesis): there is no significant difference between reproductive well-being scores before and after mind–body therapy–based complementary midwifery care; Ha (alternative hypothesis): there is a significant difference between reproductive well-being scores before and after the intervention. Based on the paired-sample t-test results in Table 4, reproductive well-being scores differed significantly before and after the intervention ($t = -29.970$, $p < 0.001$). Therefore, the study hypothesis stating that mind–body therapy–based complementary midwifery care improves reproductive well-being among women of reproductive age was supported, meaning that H0 was rejected and Ha was accepted. Beyond statistical significance, the magnitude of this effect was evaluated using Cohen's d for paired samples, calculated as the mean difference divided by the standard deviation of the differences (18.500 / 3.381 = 5.47), indicating a very large effect size. Together with the 95% confidence interval of the mean difference (-19.762 to -17.238, which does not include zero), these results indicate that the improvement in reproductive well-being was not only statistically significant but also substantial in magnitude.

Discussion

The results showed that mind–body therapy–based complementary midwifery care significantly improved reproductive well-being among women of reproductive age, with a substantial and statistically significant increase from pretest to posttest (see Table 3 and Table 4). The mean reproductive well-being score increased from 58.93 before the intervention to 77.43 after the intervention, and the paired sample t-test indicated a statistically significant difference ($t = -29.970$, $p < 0.001$). These findings suggest that mind–body therapy can positively influence women's reproductive well-being by reducing psychological stress and promoting emotional balance. Psychological stress is recognized as an important factor affecting hormonal regulation and reproductive functioning; therefore, relaxation techniques such as breathing exercises, mindfulness meditation, and body relaxation practices may help improve both psychological and physiological responses. Likewise, Ha & Ban (2021) found that mind–body therapy significantly improved reproductive well-being among women of reproductive age, highlighting the importance of addressing psychological factors in reproductive health management.

Furthermore, Fard et al. (2018) also showed that implementing mind–body therapy improved reproductive well-being among women of reproductive age. These findings are consistent with, and extend, the results of Ha & Ban (2021) and Fard et al. (2018), both of which were conducted among clinical populations of infertile women. In contrast, the present study shows that mind–body therapy

also produces significant improvement in reproductive well-being when delivered to general (non-clinical) women of reproductive age within a structured complementary midwifery care model in a community setting. This distinguishes the novelty of the present study, as it extends the application of mind–body therapy beyond infertility-focused populations and situates it within a holistic, nursing- and midwifery-led model of care.

The findings are also consistent with Roy's Adaptation Model, which explains that individuals respond to environmental stimuli through adaptive mechanisms. In this context, mind–body therapy may act as a positive adaptive stimulus that supports emotional regulation, body awareness, and physiological balance, which ultimately contributes to improved reproductive well-being. Furthermore, this study highlights the importance of integrating holistic and non-pharmacological approaches into reproductive healthcare services. The findings suggest that mind–body therapy can be effectively incorporated into complementary midwifery care to support both the psychological and physical aspects of women's reproductive health, thereby contributing to the development of more holistic and patient-centered reproductive healthcare practices. As shown in the study conducted by Tamamlayıcı & Kullanımı (2024) that evolving roles and responsibilities of nurses in modern healthcare, where technological advancements require nurses to develop effective strategies for integrating complementary and integrative therapies, such as mind–body interventions, to support patients' well-being and ensure their safe and appropriate use in clinical practice. Furthermore, this study is in line with previous research conducted by Afrilia et al. (2025), showing that complementary interventions such as prenatal yoga are safe, effective, and holistic approaches that support women's health and reproductive care, suggesting that the integration of complementary therapies into healthcare services may enhance women's overall well-being.

Implications and limitations

The findings provide important insights into the role of mind–body therapy as a complementary approach in reproductive health care. The results suggest that integrating mind–body therapy into complementary midwifery care may contribute to a broader understanding of holistic health interventions that address both psychological and physiological aspects of women's health. Conceptually, these findings support theoretical perspectives that emphasize the interaction between psychological well-being and reproductive health, including adaptive responses to stress as described in Roy's Adaptation Model. This study therefore contributes to the development of integrative healthcare approaches and provides a foundation for future research exploring non-pharmacological interventions aimed at improving women's reproductive well-being.

However, this study has several limitations that should be considered when interpreting the findings. The relatively small sample size (n = 30) may limit the statistical power and representativeness of the results. In addition, the study used a one-group pretest–posttest design without a control group, which may limit the ability to attribute the observed improvements solely to the intervention. Furthermore, the participants were recruited from a specific population, which may affect the generalizability of the findings to other populations or healthcare settings. Future studies involving larger samples, control groups, and more diverse populations are recommended to further validate and expand upon the findings of this study.

Relevance for Practice

The findings of this study suggest that mind–body therapy can be applied as a complementary intervention in midwifery and reproductive health services to support women’s reproductive well-being. Healthcare professionals, particularly nurses and midwives, can incorporate simple techniques such as breathing exercises, mindfulness practices, and relaxation techniques into routine reproductive health care or health education programs for women of reproductive age. Healthcare institutions may also consider integrating mind–body therapy into preventive and promotive

reproductive health programs, as these approaches are relatively low-cost, non-invasive, and easy to implement in clinical or community settings. Furthermore, policymakers and healthcare administrators may support the development of training programs and guidelines for integrative and holistic reproductive health care, enabling healthcare providers to effectively apply mind–body–based interventions to improve women's physical and psychological well-being.

Conclusion

This study demonstrated that mind–body therapy–based complementary midwifery care significantly improved reproductive well-being among women of reproductive age. The results showed a substantial increase in reproductive well-being scores after the intervention, indicating that relaxation techniques such as breathing exercises, mindfulness, and body relaxation can positively influence both psychological and physiological aspects of women's health. These findings highlight the importance of integrating holistic and non-pharmacological approaches into reproductive health services, suggesting that mind–body therapy can serve as an effective complementary strategy to support women's reproductive well-being and promote more comprehensive reproductive healthcare.

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