

# Holistic Approaches in Women's Reproductive Health Care: Integrating Conventional Medicine and Complementary Therapies

Diyah Tepy<sup>1</sup>, Eka Mardiana<sup>2</sup>, Astrisa Faadhilah<sup>3</sup>, Wulan Damayanti<sup>4</sup>

<sup>1</sup> Universitas Dehasen, Indonesia

<sup>2,3,4</sup> Universitas Muhammadiyah Tangerang, Indonesia

Inputed : October 13, 2025  
Accepted : November 14, 2025

Revised: October 30, 2025  
Published : November 25, 2025

## Abstract

*This study explores women's experiences in seeking reproductive health care by examining how they navigate the limitations of conventional biomedical services and incorporate complementary therapies into their self-care practices. Using an interpretative phenomenological analysis (IPA) approach, in-depth interviews were conducted with reproductive-age women who reported recurrent menstrual discomfort, hormonal complaints, or emotional distress despite receiving standard medical treatment. The findings reveal four major themes: (1) unmet needs within biomedical encounters, where clinical consultations focused primarily on physical symptoms and offered limited emotional support; (2) motivations for adopting complementary therapies, driven by the desire for comfort, stress reduction, and cultural familiarity; (3) dynamic experiences in integrating medical and complementary approaches, which provided a sense of balance, agency, and improved well-being; and (4) the need for holistic, empathetic, and women-centered reproductive care. These results highlight a significant gap between women's lived experiences and the structure of current reproductive health services, emphasizing that a strictly biomedical paradigm is insufficient to address biopsychosocial dimensions of women's health. The study underscores the importance of developing integrative care models that combine clinical accuracy with emotional support, clear communication, and evidence-based complementary options. Such an approach is essential for enhancing the quality, safety, and responsiveness of reproductive health services in Indonesia.*

**Keywords:** Reproductive health; Complementary therapies; Integrative care; Women's experiences; Phenomenology

---

Citation :

Tepy, D, Mardiana, E, Faadhilah.A, Damayanti W. 2025. Holistic Approaches in Women's Reproductive Health Care: Integrating Conventional Medicine and Complementary Therapies. *MSJ: Majority Science Journal*, 3(4), 38-45.

---

Corresponding Author:

Diyah Tepy\*  
[diyahtepi@unived.ac.id](mailto:diyahtepi@unived.ac.id)\*

---



## 1. Introduction

Reproductive health is a crucial determinant of the quality of life and productivity of women aged 15–49 years. Numerous studies emphasize that reproductive health is influenced not only by biological conditions but also by psychological, social, environmental, and nutritional factors that interact with one another (WHO, 2023). Stress, sleep quality, and dietary patterns, for example, have been shown to affect hormonal balance and contribute to various reproductive complaints. This perspective aligns with holistic approaches that view women as individuals shaped simultaneously by physical, emotional, and social dimensions (McCloskey et al., 2021).

Although conventional medical services are highly effective in establishing diagnoses and providing clinical treatment, they often do not fully meet the comprehensive needs of reproductive-age women. The biomedical model typically focuses on physical symptoms and pharmacological interventions, leaving emotional aspects, stress, lifestyle, and nutritional quality insufficiently addressed. Scientific evidence demonstrates that lifestyle factors—including dietary habits, physical activity, and stress—significantly influence reproductive health; for instance, overweight and obesity can disrupt the hypothalamic–pituitary–gonadal axis and reduce fertility (Glenn et al., 2019). The biopsychosocial approach has also been proven effective in managing chronic pelvic pain, with cognitive–behavioral therapy (CBT) and acceptance and commitment therapy (ACT) reducing pain while improving emotional functioning and quality of life (Johnson et al., 2025). These findings illustrate gaps within conventional medical care: while physical clinical issues are addressed, patients' psychological experiences and lifestyle factors remain insufficiently integrated into treatment, thereby limiting holistic reproductive well-being.

As awareness of these limitations grows, complementary therapies have become increasingly popular as an alternative means of supporting reproductive health more holistically. Studies show that practices such as yoga can reduce menstrual pain and improve emotional regulation and stress among reproductive-age women (Anggasari & Yunik, 2021). Acupressure has also been shown to alleviate dysmenorrhea and promote pelvic muscle relaxation (Purwaningsih et al., 2020). Other complementary approaches including aromatherapy, reflexology, and breathing exercises have been reported to reduce reproductive complaints and support hormonal balance (Ummah & Ismarwati, 2024; Mulyaningsih et al., 2025). This evidence indicates that complementary therapies can serve as effective non-pharmacological and holistic support for women.

In Indonesia, the use of complementary therapies is deeply embedded in community health practices. National reports indicate that more than half of adult women use herbal remedies, traditional medicine, or other complementary practices to address reproductive complaints and maintain bodily balance (Ministry of Health, 2023). Such practices are reinforced by cultural norms that view traditional therapies as safe, accessible, and aligned with community values (Widayanti et al., 2021). Research further shows that pregnant women and reproductive-age women generally express high acceptance of complementary therapies because they are perceived as having minimal side effects while offering physical and emotional comfort (Agustini et al., 2023; Alfian et al., 2024). However, the systematic integration of modern medical services and complementary therapies within health facilities remains limited and lacks standardization.

Globally, integrative approaches in reproductive healthcare have shown significant progress. The incorporation of herbal medicine and acupuncture in infertility treatment has been reported to improve Assisted Reproductive Technology (ART) outcomes by reducing stress, enhancing blood flow to reproductive organs, and supporting hormonal balance (Peng et al., 2025). Other studies indicate that women undergoing infertility therapy experience greater benefits when modern medical interventions are combined with complementary therapies, as these approaches enhance comfort, hope, and quality of life (Sehgal et al., 2023). These international findings suggest that integrating medical and complementary approaches is not only feasible but also highly relevant in reproductive healthcare.

Despite global evidence demonstrating the clinical potential of integrative care, research in Indonesia remains limited. Few studies have examined how women aged 15–49 utilize, perceive, and experience holistic approaches in addressing reproductive concerns or maintaining health. The lack of empirical data on usage patterns, perceptions, and women's lived experiences hinders the development of evidence-based, comprehensive integrative reproductive health services in Indonesia. Therefore, this study aims to analyze the usage, perceptions, and experiences of reproductive-age women in accessing conventional medical care alongside complementary therapies. The findings are expected to serve as a foundation for developing more holistic, effective, and responsive reproductive health services for Indonesian women.

## 2. Method

This study employed a qualitative design using an interpretative phenomenological approach to gain an in-depth understanding of the lived experiences of reproductive-age women in integrating conventional medical services with complementary therapies in their reproductive health care. This approach was selected because it enables the exploration of subjective meanings arising from participants' lived experiences, including their reasons for choosing holistic approaches, their perceptions of therapeutic effectiveness, and the challenges they encounter during help-seeking. Participants consisted of women aged 15–49 years who, within the past year, had accessed both conventional medical services and at least one type of complementary therapy such as herbal remedies, reflexology, yoga, or acupressure. Participants were recruited purposively based on strict inclusion criteria, with the sample size set at six to eight individuals to allow for rich narrative exploration in accordance with phenomenological principles. All participants provided informed consent after receiving detailed information about the purpose and benefits of the study.

Data were collected through semi-structured, in-depth interviews lasting between 45 and 60 minutes per participant. The interviews focused on reproductive complaints, help-seeking processes, motivations for using complementary therapies, and their assessments of the integration between medical and holistic approaches. All interviews were audio-recorded with participants' permission and transcribed verbatim to ensure data accuracy. Data analysis followed the procedures of Interpretative Phenomenological Analysis (IPA), including repeated reading of transcripts, initial coding, identification of emergent themes, development of superordinate themes, and interpretive meaning-making. The credibility of the findings was enhanced through member checking, triangulation of field notes, and researcher reflexivity to minimize interpretive bias. Ethical standards were upheld throughout the study, including the protection of participant confidentiality through coded identifiers and secure data storage.

## 3. Results and Discussion

### Results

#### *Initial Dependence on Conventional Medical Services*

The findings indicate that most participants initially relied heavily on conventional medical services as their primary strategy for addressing reproductive complaints. This dependence was driven by the belief that modern medical facilities offer the most reliable form of care, particularly regarding diagnosis and prescribed medication. Participants described feeling reassured by systematic clinical procedures such as ultrasound examinations, hormonal testing, and specialist consultations. However, their narratives also revealed that medical treatment often focused solely on physical symptoms and did not adequately address emotional aspects, stress, or bodily comfort. Several participants explained that although medication alleviated symptoms in the short term, issues such as menstrual pain, pelvic discomfort, and irregular cycles frequently reappeared. This pattern illustrates the limitations of the biomedical approach for reproductive-age women, prompting some of them to question whether conventional medical care alone could sufficiently meet their reproductive health needs.

### ***Motivations for Using Complementary Therapies***

The results further show that women's motivation to shift toward or incorporate complementary therapies stemmed from their experiences with the limitations of conventional medical services. Some participants expressed that medical treatments offered only temporary relief, while symptoms such as menstrual cramps, pelvic tension, or hormonal discomfort persisted over time. This dissatisfaction encouraged them to seek forms of care that not only addressed physical symptoms but also provided emotional restoration and bodily comfort. In their narratives, participants described therapies such as reflexology, herbal treatments, and breathing exercises as offering relaxation, calmness, and a deeper sense of connection with their bodies experiences they felt were absent from clinical procedures, which they perceived as rigid and mechanical. This search was further reinforced by cultural influences and family support, particularly from mothers or other women in their households who had long used traditional practices as part of daily health care. The combination of emotional needs, the pursuit of alternatives to biomedical limitations, and cultural reinforcement ultimately formed a strong basis for integrating complementary therapies into their reproductive health management.

### ***Women's Experiences in Combining Conventional Medical Approaches and Complementary Therapies***

The study reveals that women's experiences in integrating conventional medical services with complementary therapies were dynamic and contributed to a renewed understanding of their healing processes. Most participants reported that combining the two approaches provided a more balanced outcome compared with relying on either approach alone. Conventional medical care was valued for its ability to deliver accurate clinical diagnoses, while complementary therapies helped them manage stress, relieve bodily tension, and experience a sense of comfort not found in medical interventions. Participants also explained that this integration made them feel more active and empowered in their healing journey, as complementary practices enabled them to recognize bodily responses, regulate breathing, and calm the mind. Nevertheless, some participants noted challenges, such as a lack of information from healthcare providers regarding the compatibility of complementary therapies or concerns about disclosing their use of such therapies due to fear of being perceived as irrational. Despite these barriers, their overall experiences demonstrate that combining both approaches fostered a greater sense of control, balance, and improved quality of life compared with relying solely on conventional medical services.

### ***Women's Need for Holistic Reproductive Care***

The findings highlight that reproductive-age women have a strong need for more holistic forms of healthcare services that address not only biological conditions but also emotional, psychological, and overall well-being. Participants emphasized the importance of healthcare providers who are empathetic, communicative, and capable of offering comprehensive explanations about their bodily conditions rather than merely providing prescriptions or brief instructions. Many participants felt that conventional medical encounters were often too brief and procedural, leaving little room for discussion, questions, or expressing personal concerns. They also stressed the need for services that integrate education about stress management, nutrition, sleep quality, and activities that support hormonal balance. Several participants pointed out the necessity for health facilities to provide clear guidance on the safe use of complementary therapies so they would not have to rely on informal or unverified sources of information. Overall, the women's needs converge toward a model of care that combines clinical precision with emotional support, comfort, and standardized complementary practices enabling their reproductive health to be managed more comprehensively and sustainably.

## Discussion

### ***Reframing Reproductive Care Through A Biopsychosocial Lens***

Our findings particularly that women initially rely on biomedical services but report recurrent symptoms and unmet emotional needs underscore the limits of a purely biomedical approach and the explanatory power of the biopsychosocial model. The biopsychosocial perspective emphasises that biological symptoms are inextricable from psychological states and social context; recent syntheses update and reinforce this model as central to clinical practice and research (Bolton, 2023). Contemporary extensions (e.g., biopsychosociotechnical framings) further argue that system-level and technological factors must be considered when translating biopsychosocial insights into care pathways, a point relevant for integrating complementary modalities into routine services (Card, 2021)

Empirically, lifestyle and metabolic determinants (e.g., obesity, diet, stress, sleep) exert measurable effects on reproductive function and symptom burden, which supports participants' accounts that non-medical factors modulate recurrence of pain and hormonal complaints. Integrative reviews report mechanistic links (HPO axis dysregulation, inflammation, metabolic dysfunction) through which psychosocial and lifestyle factors influence reproductive outcomes. These physiological pathways give biological plausibility to participants' desire for interventions that address lifestyle and stress alongside conventional treatment (Schon et al., 2025).

### ***Complementary Approaches in Women's Reproductive Health***

Participants' motivations (seeking comfort, stress relief, cultural continuity) and reported benefits from therapies such as yoga, massage, herbal remedies, or acupuncture align with growing evidence that mind-body and selected CAM modalities can reduce symptom severity and improve emotional well-being in reproductive conditions. Systematic reviews and meta-analyses indicate clinically meaningful reductions in dysmenorrhea with yoga and related mind-body interventions (Kanchibhotla et al., 2023). Similarly, meta-analyses of acupuncture in infertility and assisted reproduction report modest but consistent improvements in some fertility outcomes and in emotional distress among women undergoing infertility treatment (Masoud et al., 2022). Reviews focused on pregnancy and peripartum care show that certain complementary therapies can reduce pregnancy-related stress and improve maternal comfort when delivered safely (Lima-De-La-Iglesia et al., 2024).

At the same time, prevalence studies show that CAM use among women of reproductive age is common and often driven by perceived benefit, cultural norms, accessibility, and avoidance of side effects. Meta-analyses and multi-country surveys report CAM usage rates that substantiate the behavioural patterns found in our sample (Sharifi et al., 2024). These data justify why women seek integrative care and underscore the need for clinicians to engage constructively with patients' complementary therapy use.

### ***Health-seeking behaviour, dissatisfaction with biomedicine, and agency***

Our themes describing early reliance on biomedical services followed by a turn to complementary therapies reflect a broader pattern: when biomedical encounters fail to address persistent symptoms, explanatory needs, or emotional distress, patients exercise agency by seeking alternatives. Qualitative and survey research in recent years documents diagnostic delay (e.g., endometriosis) and negative patient experiences (poor communication, dismissal of symptoms), which drive frustration and alternative help-seeking (Wrobel et al., 2022). International reports and reviews highlight systemic issues diagnostic lag, gender-bias in clinical encounters, and insufficient attention to chronic pelvic pain that help explain the trajectories we observed (de Kok et al., 2024)

Importantly, the IPA results that some women conceal CAM use from clinicians because of fear of being judged mirrors global findings about patient-clinician communication

gaps around CAM. Studies indicate that non-disclosure is common and may risk unsafe interactions (e.g., herb–drug interactions) and missed opportunities for coordinated care, reinforcing the call for open, non-judgmental clinician engagement (Wiedermann et al., 2025).

### ***Integrative care: challenges, facilitators, and policy implications for Indonesia***

The convergence of (a) women’s desire for holistic, empathetic care, (b) evidence of benefit for specific CAM modalities, and (c) high prevalence of CAM use argues for pragmatic integration strategies training clinicians in respectful inquiry about CAM, evidence-informed guidance on safety and contraindications, and pilot integration models in primary care. Recent implementation reviews identify enablers (training, clinical guidelines, reimbursement pathways) and barriers (knowledge gaps, regulatory uncertainty, variable evidence quality) to integration lessons directly relevant for Indonesian health services seeking to standardise safe integrative practices (Wang et al., 2025).

From a policy viewpoint, three priority actions emerge: (1) develop clinician curricula and continuing education addressing CAM evidence and communication skills; (2) create local guidelines on commonly used CAM modalities (safety, interactions, referral pathways); (3) pilot integrated women’s health hubs that co-locate biomedical and validated complementary services (e.g., physiotherapy, pelvic-floor therapy, supervised yoga, counselling). These policy steps echo recommendations from recent international reviews advocating for system-level approaches to safely harness CAM benefits while protecting public health (Denizer et al., 2024).

## **4. Conclusions and Suggestions**

This study demonstrates that the biomedical approach does not fully meet women’s reproductive health needs, particularly regarding emotional dimensions and subjective experiences of symptoms. These limitations prompt women to seek complementary therapies that offer comfort, stress management, and holistic support. The integration of medical services and complementary therapies provides a more balanced healing experience, although communication barriers with healthcare providers remain evident. These findings underscore the need for a more holistic, empathetic, and women-centered model of reproductive care to ensure that health services can adequately address the biopsychosocial needs of women.

## **Bibliografi**

- Agustini, N. K. T., Sagitarini, P. N., & Anggaraeni, K. R. T. (2023). Pemanfaatan Complementary and Alternative Medicine pada ibu hamil. *Jurnal Ilmiah Keperawatan SHT*, 18(1), 23-29. <https://doi.org/10.30643/jiksht.v18i1.227>
- Alfian, R. M., Rosyita, H., Hernayanti, H., Koniasari, K., Amalia, A. W., & Handayani, D. R. S. (2024). Socialization and Counseling About Health Traditional/Complementary Alternative Medicine for Mothers Pregnant. *Jurnal Health Sains*, 5(2), 95-102. <https://doi.org/10.46799/jhs.v5i2.1226>
- Anggasari, Y., & Windarti, Y. (2021). Acupressure Effectiveness and Yoga Exercises To Reduce Menstrual Pain. *STRADA : Jurnal Ilmiah Kesehatan*, 10(2), 1443–1448. <https://doi.org/10.30994/sjik.v10i2.844>
- Bolton D. (2023). A revitalized biopsychosocial model: core theory, research paradigms, and clinical implications. *Psychological medicine*, 53(16), 7504–7511. <https://doi.org/10.1017/S0033291723002660>
- Card, A. J. (2022). The biopsychosociotechnical model: a systems-based framework for human-centered health improvement. *Health Systems*, 12(4), 387–407. <https://doi.org/10.1080/20476965.2022.2029584>

- de Kok, L., Schers, H., Boersen, Z., Braat, D., Teunissen, D., & Nap, A. (2024). Towards reducing diagnostic delay in endometriosis in primary care: a qualitative study. *BJGP open*, 8(3). <https://doi.org/10.3399/BJGPO.2024.0019>
- Denizer, G. M. A., & Şahin, N. H. (2024). Use of Complementary and Integrative Medicine in Women's Health: A Literature Review. *Mediterranean Nursing and Midwifery*, 4(2), 73-80. <https://doi.org/10.4274/MNM.2024.24223>
- Glenn, T., Harris, A. L., & Lindheim, S. R. (2019). Impact of obesity on male and female reproductive outcomes. *Current opinion in obstetrics & gynecology*, 31(4), 201–206. <https://doi.org/10.1097/GCO.0000000000000549>
- Johnson, S., Bradshaw, A., Bresnahan, R., Evans, E., Herron, K., & Hapangama, D. K. (2025). Biopsychosocial Approaches for the Management of Female Chronic Pelvic Pain: A Systematic Review. *BJOG : an international journal of obstetrics and gynaecology*, 132(3), 266–277. <https://doi.org/10.1111/1471-0528.17987>
- Kanchibhotla, D., Subramanian, S., & Singh, D. (2023). Management of dysmenorrhea through yoga: A narrative review. *Frontiers in pain research (Lausanne, Switzerland)*, 4, 1107669. <https://doi.org/10.3389/fpain.2023.1107669>
- Kementerian Kesehatan Republik Indonesia. (2023). *Laporan nasional penggunaan herbal dan pelayanan kesehatan tradisional*.
- Lima-De-La-Iglesia, C., Magni, E., Botello-Hermosa, A., & Guerra-Martín, M. D. (2024). Benefits of Complementary Therapies During Pregnancy, Childbirth and Postpartum Period: A Systematic Review. *Healthcare*, 12(23), 2481. <https://doi.org/10.3390/healthcare12232481>
- Masoud, A., Elsayed, F., Abu-Zaid, A., Marchand, G., Lowe, R., Liang, B., & Jallad, M. (2022). Systematic review and meta-analysis of the efficacy of acupuncture as an adjunct to IVF cycles in China and the world. *Turkish journal of obstetrics and gynecology*, 19(4), 315–326. <https://doi.org/10.4274/tjod.galenos.2022.04752>
- Mulyaningsih, E. A., Juwita, septiana, Nahariani, P. ., & Mudhawaroh, M. (2025). Non-Pharmacological Approaches in the Management of Primary Dysmenorrhea: A Literature Review. *Jurnal Kebidanan Dan Kesehatan Tradisional*, 10(2), 100–119. <https://doi.org/10.37341/jkkt.v10i2.591>
- Peng, X., Wu, B., Zhou, S., Xu, Y., Ogihara, A., Nishimura, S., Jin, Q., & Litscher, G. (2025). Integrating Acupuncture and Herbal Medicine into Assisted Reproductive Technology: A Systematic Review and Meta-Analysis of East Asian Traditional Medicine. *Healthcare*, 13(11), 1326. <https://doi.org/10.3390/healthcare13111326>
- Purwaningsih, Y., Arfiana, A., & Idhayanti, R. I. (2020). Acupressure technique to reduce dysmenorrhea. *Midwifery and Nursing Research*, 2(2), 74-78. <https://doi.org/10.31983/manr.v2i2.6325>
- Schon, S. B., Cabre, H. E., & Redman, L. M. (2024). The impact of obesity on reproductive health and metabolism in reproductive-age females. *Fertility and sterility*, 122(2), 194–203. <https://doi.org/10.1016/j.fertnstert.2024.04.036>
- Sehgal, S., Dyer, A., Warren, C., Galic, I., & Jain, T. (2023). Integrative medicine utilization among infertility patients. *Reproductive Biology and Endocrinology*, 21(1), 71. <https://doi.org/10.1186/s12958-023-01121-6>
- Sharifi, F., Jamali, J., & Latifnejad Roudsari, R. (2024). The Prevalence of Complementary and Alternative Medicine Use among Infertile Patients: A Global Systematic Review and Meta-Analysis. *International journal of fertility & sterility*, 18(4), 314–322. <https://doi.org/10.22074/ijfs.2024.2005352.1482>

- Ummah, T., & Ismarwati, V. (2024). The impact of complementary therapies on dysmenorrhea in young women. *Majalah Obstetr Ginekol*, 32, 29-38. <https://doi.org/10.20473/mog.V32i12024.29-38>
- Wang, M., Liu, Z., Sun, Y., Zhang, Y., Ghaffar, A., & Ren, M. (2025). Integration of traditional and complementary medicine into primary health care systems: a systematic review. *Bulletin of the World Health Organization*, 103(11), 675–684C. <https://doi.org/10.2471/BLT.25.293465>
- Widayanti, W., Nur Aliah, Siti Difta Rahmantika, Eka Ratnasari, & Yeni Fitriyaningsih. (2023). Factors Associated to Midwives' Knowledge Related to Complementary Therapies as an Effort to Provide Holistic Care in Reproductive Health Services in the Cirebon Region. *Journal for Quality in Public Health*, 7(1), 24–33. <https://doi.org/10.30994/jqph.v7i1.469>
- Wiedermann, C. J., Piccoliori, G., & Engl, A. (2025). Integrating Complementary and Alternative Medicine into General Practice Training: A Regional Survey in South Tyrol. *Healthcare*, 13(7), 797. <https://doi.org/10.3390/healthcare13070797>
- World Health Organization. (2023). Reproductive health. <https://www.who.int/southeastasia/health-topics/reproductive-health>
- Wrobel, M., Wielgoś, M., & Laudański, P. (2022). Diagnostic delay of endometriosis in adults and adolescence-current stage of knowledge. *Advances in Medical Sciences*, 67(1), 148-153. <https://doi.org/10.1016/j.advms.2022.02.003>