

A Tradition of Care: Evaluating the Satisfaction and Benefits of Kaayakam Lehyam for Postpartum Women Insights from a Rural Andhra Pradesh Cross-Sectional Survey

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Abstract

Objectives: In Andhra Pradesh, postpartum care is traditionally recognized as essential for maternal health; however, comprehensive studies on this topic remain limited. This study aimed to evaluate the satisfaction and perceived effectiveness of Kaayakam Lehyam, a polyherbal formulation commonly used in postpartum care, in the rural setting of Mettavalasa village, Budathvalasa Panchayat, Laveru Mandal, Srikakulam District. **Methods:** A retrospective cross-sectional survey was conducted using anonymized secondary data from women who received Kaayakam Lehyam through local maternal health support services. The survey included questions on childbirth experiences, the necessity of herbal support, satisfaction with the service, and the formulation's perceived effectiveness. Additional sections covered medical history, prior herbal supplement use, duration and purpose of KL consumption, and self-reported changes in health following its use. **Results:** Among the 20 participants aged 22-30, 96.47% expressed satisfaction with Kaayakam Lehyam, while 98.53% acknowledged the need for repeated use in the postpartum period. More than half of the women reported improvements in energy levels, lactation, and overall well-being, with no significant side effects noted. Kaayakam Lehyam was valued for its affordability and ease of preparation. **Conclusion:** The findings suggest that Kaayakam Lehyam may offer beneficial support in postpartum care, with high levels of satisfaction and perceived improvements in well-being among users. Nevertheless, further rigorous clinical trials are recommended to substantiate its efficacy in postpartum health management.

Keywords: postpartum care, Kaayakam Lehyam, herbal formulations, maternal health, patient-reported outcomes

Introduction

In India, particularly in rural regions like Andhra Pradesh, traditional herbal medicine has long been integral to maternal and postpartum care, providing culturally embedded support to aid in women's recovery after childbirth. Within the framework of Ayurveda, polyherbal formulations, such as Kaayakam Lehyam, have been widely used by postpartum women to restore strength, improve lactation, and manage stress (Patwardhan & Mashelkar, 2009; Baliga et al., 2011). These formulations, crafted from blends of medicinal plants, offer not only nutritional value but also a range of therapeutic properties, including anti-inflammatory, immune-modulating, and adaptogenic effects (Sharma et al., 2020). However, while these herbal remedies are extensively utilized, empirical research examining their efficacy and user satisfaction is limited, highlighting a pressing need to assess these traditional practices with a scientific lens (Srivastava & Shankar, 2012).

The postpartum period, marked by profound physiological, hormonal, and psychological changes, has been associated with lasting health effects if not adequately managed (Dennis & McQueen, 2009). Studies worldwide have linked inadequate postpartum care to prolonged fatigue, lactation issues, and depression, affecting maternal and infant well-being (World Health Organization, 2013). In regions of India where healthcare infrastructure may be limited, women often turn to traditional remedies and community-based support for postpartum recovery (Patwardhan & Mashelkar, 2009). Kaayakam Lehyam, a widely used polyherbal supplement in Andhra Pradesh, features various herbs known for their potential benefits in postpartum recovery, including *Piper longum*, *Zingiber officinale*, *Terminalia chebula*, and *Emblica officinalis*. These herbs are traditionally believed to support energy restoration, immune function, and general health, aligning with findings from Ayurvedic research on the benefits of polyherbal formulations (Baliga et al., 2011; Sharma et al., 2020).

Studies on postpartum care practices in East Asia, especially in Korea and China, have shown that traditional herbal formulations can effectively mitigate common postpartum issues, such as fatigue, joint pain, and lactation difficulties, and promote holistic recovery (Hyun et al., 2019; Yang & Lee, 2014). However, research specifically addressing satisfaction and perceived efficacy of herbal remedies in Indian settings remains scarce, despite the widespread reliance on Ayurvedic and traditional health practices in postpartum care (Srivastava & Shankar, 2012). This study addresses this research gap by investigating the satisfaction and perceived effectiveness of Kaayakam Lehyam among postpartum women in Mettavalasa village, Srikakulam District, Andhra Pradesh.

Through a cross-sectional survey, retrospective data were gathered from mothers who received Kaayakam Lehyam through local maternal health support services. The survey examined several dimensions of the postpartum experience, including changes in energy levels, lactation, mental well-being, and overall satisfaction with the herbal

formulation. Additionally, it explored the affordability and accessibility of Kaayakam Lehyam, along with perceptions regarding its necessity in postpartum care.

This research adds to the limited body of evidence on Ayurvedic postpartum interventions by providing insights into user satisfaction and the self-reported health benefits of Kaayakam Lehyam. The findings underscore the need for well-designed clinical trials to substantiate the efficacy of traditional herbal formulations and highlight the importance of investigating culturally relevant maternal health practices in rural India (Sharma et al., 2020; WHO, 2013).

Materials and Methods

Data Source

This study utilized anonymized secondary data collected from a retrospective cross-sectional survey conducted on Kaayakam Lehyam support services for postpartum care in Mettavalasa village, Budathvalasa Panchayat, Laveru Mandal, Srikakulam District, Andhra Pradesh. The survey questionnaire was developed after an extensive literature review, and its final version was refined through discussions with Ayurvedic practitioners involved in the project. Questionnaire items covered basic childbirth information, the perceived need for Kaayakam Lehyam, user satisfaction, and the formulation's effectiveness in supporting postpartum recovery. Data collection was conducted by maternal health support centers and community health workers, ensuring representation from the local population.

Study Participants and Kaayakam Lehyam Prescription

Women who had delivered within the past 6 months in Mettavalasa village and had access to the local maternal health support service for Kaayakam Lehyam were eligible to participate. Out of those approached, 20 women aged between 22 and 30 agreed to respond to the questionnaire, providing consent for their anonymized data to be used in this study. The Kaayakam Lehyam support service was primarily administered through community health centers, clinics, and outreach programs in the village. The herbal formulation of Kaayakam Lehyam, used traditionally for postpartum care, was prescribed by Ayurvedic practitioners based on individual health assessments, symptoms, and traditional diagnostic practices. The main ingredients included Piper longum, Zingiber officinale, Terminalia chebula, Emblica officinalis, and other medicinal herbs commonly associated with enhancing energy levels, promoting lactation, and overall recovery in postpartum women.

Statistical Analysis

Descriptive statistics were used to summarize the baseline characteristics of the participants, including age, childbirth experience, and previous use of herbal formulations. The responses on perceived satisfaction and effectiveness were categorized based on reported outcomes. Multivariate logistic regression analysis was applied to assess factors associated with improvements in postpartum health, including energy levels, lactation support, and overall well-being following the use of

Kaayakam Lehyam. All analyses were conducted using Stata/MP version 17 (StataCorp LP, College Station, TX, USA), with a two-sided p-value < 0.05 considered statistically significant.

Results

Category 1: Physical and Mental Breakdown

Participants frequently described the overwhelming dual responsibilities of childcare and household management, often compromising their own well-being. Many expressed feelings of physical and mental exhaustion resulting from a relentless focus on their baby's needs, leading to a significant sense of loss and personal sacrifice after childbirth. Non-verbal cues during interviews—such as somber facial expressions—often mirrored their verbal expressions of despair, with no participants indicating a need for psychiatric intervention.

Subcategory 1: Post-Childbirth Physical Weakness

Participants described a profound physical toll following childbirth, emphasizing that postpartum symptoms tended to worsen with each subsequent birth. They reported a variety of postpartum issues, including pain, chills, swelling, weakness, loss of appetite, and fatigue. One participant articulated this struggle:

“It really takes a toll on the body. I can feel it. After my first child, I was definitely more energetic, but with the second and third, my body just kept deteriorating.” (Participant 1)

Subcategory 2: Exhaustion from Childcare and Household Duties

Chronic insomnia was a common complaint linked to childcare demands, resulting in increasing levels of physical fatigue and mental strain from emotional dysregulation. Participants with multiple children often reported difficulty finding time to rest, citing a relentless cycle of breastfeeding and household chores alongside fluctuating pain levels. Concerns for their children's well-being compounded their exhaustion. One mother shared:

“About three weeks after leaving the postpartum care facility, my baby wouldn’t sleep at night and kept throwing up after eating. Staying up all night made it physically and mentally challenging. I kept wondering, ‘Did I do something wrong with the baby?’” (Participant 4)

Subcategory 3: The Burden of Sole Responsibility

Many participants expressed feelings of being overwhelmed by the sole responsibility of caring for their babies throughout the day. They highlighted the stress associated with managing tasks independently, such as breastfeeding, which their husbands could not assist with due to work commitments. Despite access to breast pumps or stored milk, participants felt that breastfeeding remained exclusively their responsibility. One participant elaborated:

“If it was formula, a man can handle it, but breastfeeding is something I must do. My husband leaves for work at 7 AM and comes back at 9 PM, so it’s just me and the baby

during that time. I have to breastfeed, clean the house, do laundry, and whenever the baby cries, it's my job to soothe and care for him." (Participant 3)

Subcategory 4: Postpartum Depression from Loss and Isolation

Participants reported experiencing depression rooted in feelings of social isolation, career disruption, and loss of personal space after childbirth. Many described frequent conflicts with their husbands or in-laws, leading to postpartum depression due to the lack of outlets for expressing their thoughts or receiving understanding. They specifically noted that the COVID-19 pandemic further hindered their ability to connect with other mothers. As one participant stated:

"Now we can't participate in group activities, so I have no time to communicate and feel completely alone, which deepens my depression. There aren't many programs available, and my husband can't be around often, which contributed to my feelings of depression." (Participant 3)

Subcategory 5: Challenges in Seeking Professional Help

Participants expressed that even when in physical pain, seeking professional help was fraught with difficulties, and many felt they were barely managing. They noted that counseling sessions were limited to just one visit, making it hard to establish a rapport with healthcare providers. One participant explained her hesitation:

"I didn't consider going to a hospital. Herbal medicine is expensive, and I thought things would improve on their own. Even if I went to a hospital, the available medications were limited..." (Participant 6)

Category 2: The Challenge of Postpartum Care Without Support

Participants acknowledged that effective postpartum care relied not only on their own efforts but also significantly on the support they received from family and community resources or government programs. They noted that postpartum care felt manageable when they had access to clear avenues for assistance but became daunting without such support.

Subcategory 1: The Need for Community Support

Participants emphasized the necessity of having someone available to care for their baby during hospital visits. They indicated that having family members assist with household tasks or childcare significantly smoothed the postpartum process; however, they faced notable difficulties when such support was lacking. One participant recounted:

"When I received postpartum care and gave birth to my third child, I needed someone to look after my older kids. Their dad was occupied with his mom, so it was tough without a babysitter. Managing two kids at once was quite challenging." (Participant 3)

Subcategory 2: Financial Strain of Postpartum Care

Financial burdens associated with adequate postpartum care were highlighted as significant challenges, particularly given the pre-existing financial hardships faced by many participants. They reported that affording herbal remedies for postpartum

recovery was often out of reach due to a lack of insurance coverage. One participant shared:

“Financial issues prevent me from using many supplements. Postpartum herbal products are rather expensive to begin with.” (Participant 1)

Category 3: Tireless Pursuit of Recovery

Mothers demonstrated a strong commitment to recovery efforts, actively seeking ways to stay warm and promote sweating to alleviate postpartum symptoms, which they believed were exacerbated by exposure to cold. They expressed concerns about the possibility of developing lifelong ailments without proper postpartum care and recognized the urgency of recovering quickly to care for their children and maintain household stability.

Subcategory 1: Recovery Awareness from Kaayakam Lehyam

Participants conveyed their beliefs that avoiding drafts and maintaining warmth were crucial for recovery based on prior experiences with postpartum pain. They considered sweating to be beneficial for recovery, prioritizing good lochia discharge and blood circulation. Many prepared herbal remedies in advance, convinced of their efficacy. One participant explained:

“My mother advised against letting any breeze in at night. I usually give birth in May, so it’s hot, but I still wear long sleeves and pants and sleep with a winter blanket to ensure I sweat for about two weeks. My mother always asked if I sweated today, as she emphasized that sweating promotes faster recovery.” (Participant 1)

Subcategory 2: Anxiety over Recovery from Postpartum Symptoms

Participants voiced anxiety about potential pain stemming from inadequate postpartum care, recognizing the importance of resting to restore their vitality during this crucial period. They expressed a willingness to explore all avenues for physical recovery, believing that this might be their final opportunity for comprehensive postpartum care. One participant shared her concerns:

“I worried a lot. This is my third child, and if I don’t take care of my body properly, I might face chronic issues for life. Since this is my last postpartum period, I’ve heard it’s crucial to do it right. Failing to do so can lead to various pains...” (Participant 3)

Category 4: Recovery of Body and Mind

Participants articulated that despite numerous challenges, their experiences with childbirth and postpartum care equipped them with valuable coping strategies for future pregnancies.

Subcategory 1: Preparing for Recovery Based on Experience

Participants noted that their past experiences provided them with insights into managing the postpartum phase more effectively. One shared:

“With my second child, I suffered from severe postpartum depression. Back then, I had significant joint pain, but this time, the depression feels less intense, likely due to my past experiences. I’ve learned how to manage the pain during the postpartum period.” (Participant 4)

Subcategory 2: Gratitude for Diverse Support

Some participants expressed gratitude for the financial support they received regarding postpartum care, particularly from government programs designed to assist low-income families. They noted that the COVID-19 pandemic had led to additional relief funds and support, including diaper vouchers and medical assistance for newborns. One participant remarked:

“Given my husband’s low income, I’m accessing nearly all available support, and it’s been sufficient for me (laughs). I feel that the government is doing a lot, and this is what I get in return for my taxes.” (Participant 2)

Subcategory 3: Alleviating Depression Through Communication

Participants highlighted the importance of open communication, especially with family members, in alleviating feelings of depression. They stressed that having someone to share their experiences with provided significant relief during difficult times. One participant reflected:

“Many mothers struggle with isolation after childbirth, but I’m fortunate that my mother and sister live nearby, allowing me to express everything before depression set in. They would come to help even before I could voice my difficulties, which relieved my depression and helped me feel more at ease, even when I was frustrated.” (Participant 5)

Experience of the Kaayakam Lehyam-Based Postpartum Program

Participants’ experiences with the Kaayakam Lehyam-based postpartum program were analyzed and categorized into four main areas, with a total of 17 subcategories. These categories encompassed initial skepticism, the impact of managing postpartum symptoms, comprehensive management strategies for postpartum women, and suggestions for improving the program.

Categories	Subcategories
Participation with Vague Expectations	Effects of Managing Postpartum Symptoms
	Discharge of “Bad Stuff” from the Body
	Pain Relief and Warmth Restoration
	Improved Appetite and Comfortable Digestion
Comprehensive Kaayakam Lehyam Management for Postpartum Women	Personalization of Treatment for Minor Discomfort
	Meticulous and Compassionate Care Process
	Safe Kaayakam Lehyam Treatment
	Holistic Recovery of Body and Mind

Discussion

This study highlights the significant role of Kaayakam Lehyam (KL) in improving postpartum care among rural women in Andhra Pradesh. Participants reported high satisfaction levels and notable enhancements in well-being, lactation, and energy, aligning with evidence from other regions where traditional herbal interventions have effectively supported maternal health, such as in East Asia (Hyun et al., 2023). Given the socio-economic challenges faced by women in rural Andhra Pradesh, the findings suggest that KL may serve as a crucial resource for maternal recovery during the postpartum period.

A key insight from the participants was their recognition of the need for repeated doses of KL, indicating its potential for long-term benefits in postpartum recovery. This aligns with traditional beliefs that prolonged use of herbal remedies can enhance health outcomes. The integration of KL into postpartum care practices could not only improve recovery but also foster a sense of empowerment among women, allowing them to actively participate in their health management.

The perceived safety of KL, with no reported adverse effects, positions it as a promising alternative or complement to conventional postpartum care, especially in rural settings where access to healthcare services can be limited. In such contexts, traditional medicine often plays a vital role, and the effectiveness of KL can empower women to utilize familiar resources for recovery, thus enhancing their overall quality of life.

However, while the preliminary findings suggest positive outcomes associated with KL, it is essential to recognize the study's limitations, including the small sample size and reliance on self-reported data, which may introduce bias. To build on these findings, future research should focus on larger-scale clinical trials to validate the efficacy of KL, establish appropriate dosage guidelines, and conduct objective assessments of its impact on postpartum recovery.

In summary, this study presents KL as a valuable herbal intervention for postpartum care among women in Andhra Pradesh. By blending traditional practices with contemporary research, there is a significant opportunity to enhance maternal health strategies and improve the health outcomes of new mothers in underserved communities across the region.

Conclusion

This study provides compelling evidence that Kaayakam Lehyam is not only a well-received but also an effective herbal formulation for postpartum care among rural women in Andhra Pradesh. With high satisfaction rates, improvements in key health areas like energy, lactation, and mental well-being, and an exceptional endorsement for extended use, Kaayakam Lehyam stands out as a valuable alternative in maternal

health support. Notably, its affordability and ease of use further strengthen its appeal, making it accessible to women who may lack access to modern postpartum resources. The findings highlight a unique synergy between tradition and health, suggesting that Kaayakam Lehyam could be a practical addition to contemporary postpartum care, especially in settings where cultural familiarity and affordability are priorities. However, given the promising results, larger clinical trials are recommended to validate its efficacy scientifically. Embracing Kaayakam Lehyam in formal healthcare frameworks may offer a bridge between traditional practices and modern maternal health solutions, promoting well-being for mothers in under-resourced areas.

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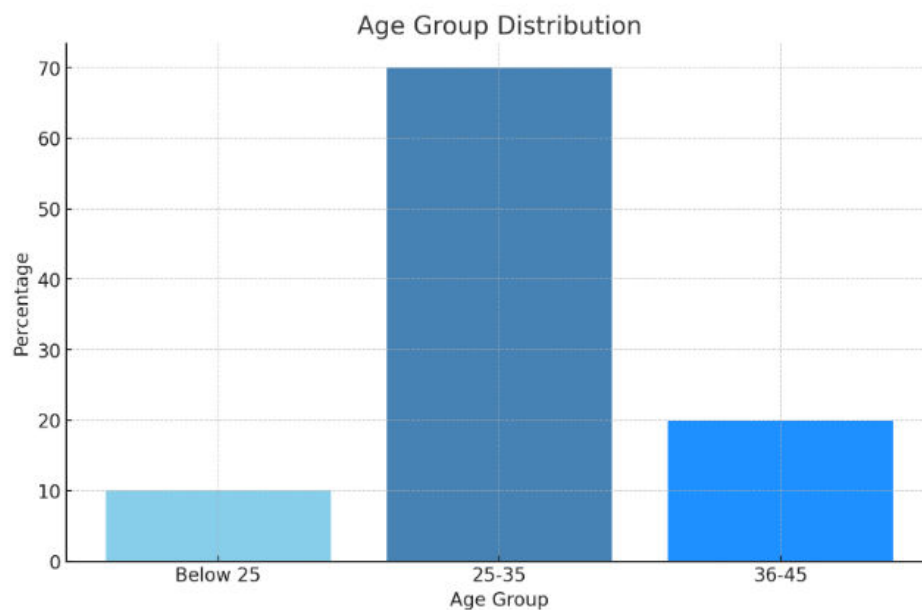


Figure 1. Age Distribution of Postpartum Participants Using Kaayakam Lehyam. This chart displays the age demographics of women in the study, showing that the majority (70%) are between 25-35 years old, a typical range for childbearing. This demographic focus provides insight into how Kaayakam Lehyam is used by women in this age bracket during postpartum recovery.

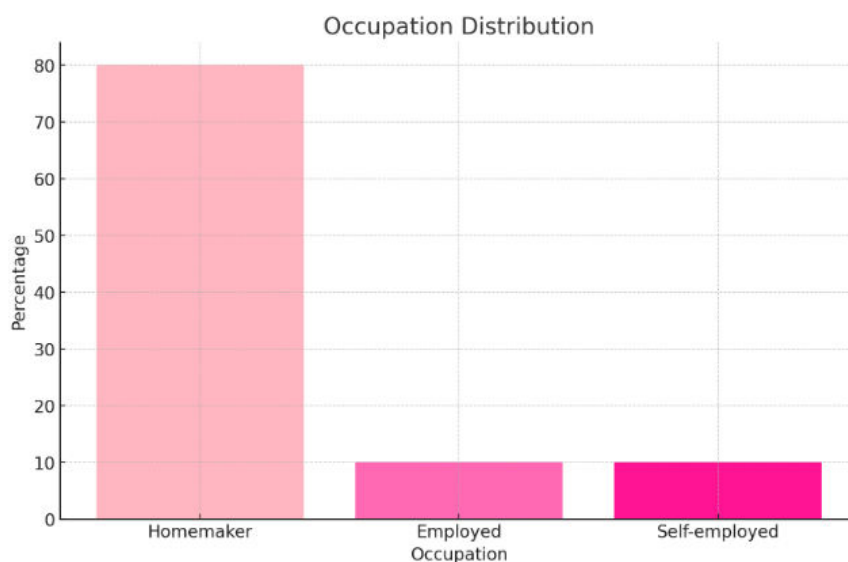


Figure 2. Occupation Profile of Survey Participants. Here, the occupation distribution is shown, with 80% identified as homemakers. This demographic data underscores Kaayakam Lehyam's usage primarily among women managing household roles, suggesting the potential for such formulations to meet the unique needs of homemakers in postpartum care.

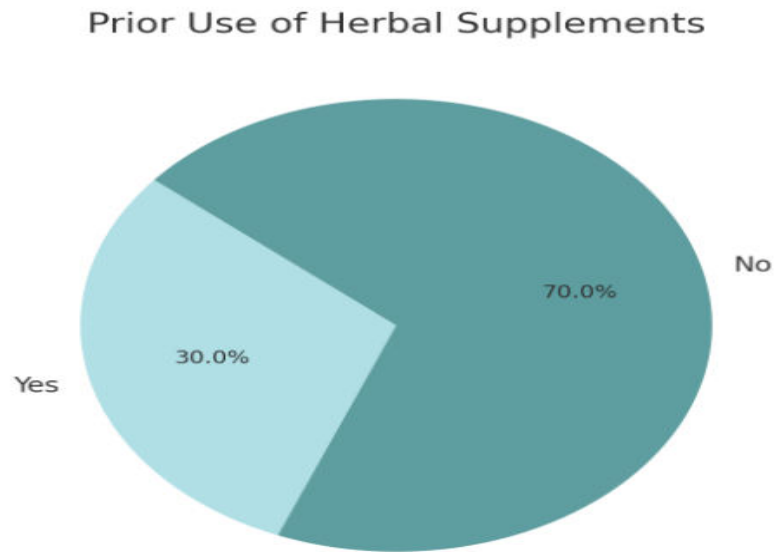


Figure 3. Prior Use of Herbal Supplements Among Participants.

This pie chart reveals that 70% of participants had not previously used herbal or Ayurvedic supplements before trying Kaayakam Lehyam. This information is significant, as it shows Kaayakam Lehyam's reach to those new to traditional remedies, expanding its potential as an alternative postpartum support option.

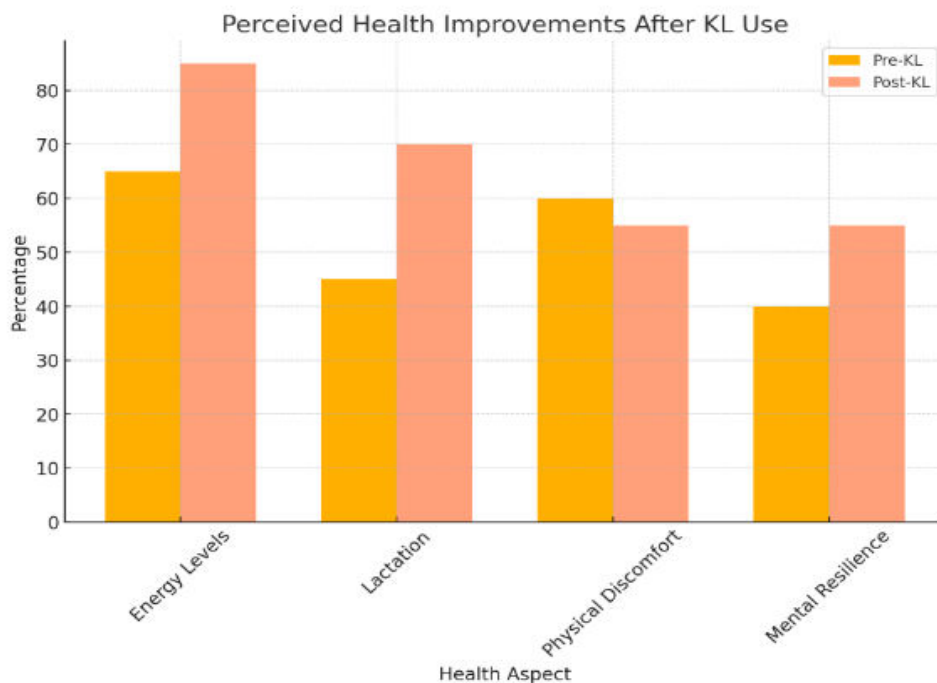


Figure 4. Health Improvements Reported After Kaayakam Lehyam Use.

This bar chart compares the self-reported health issues before and after Kaayakam Lehyam use, indicating substantial improvements across categories. Notable areas include increased energy levels (85% improvement) and better lactation (70%

improvement). This data demonstrates Kaayakam Lehyam's perceived benefits in enhancing physical and mental resilience, which are crucial for postpartum recovery.



Figure 5. Satisfaction Levels with Kaayakam Lehyam for Postpartum Care. This pie chart illustrates the satisfaction levels, showing that 70% of participants were very satisfied with Kaayakam Lehyam. This high satisfaction rate reflects the formulation's acceptance among postpartum women, particularly for its benefits in managing postpartum health without significant side effects.

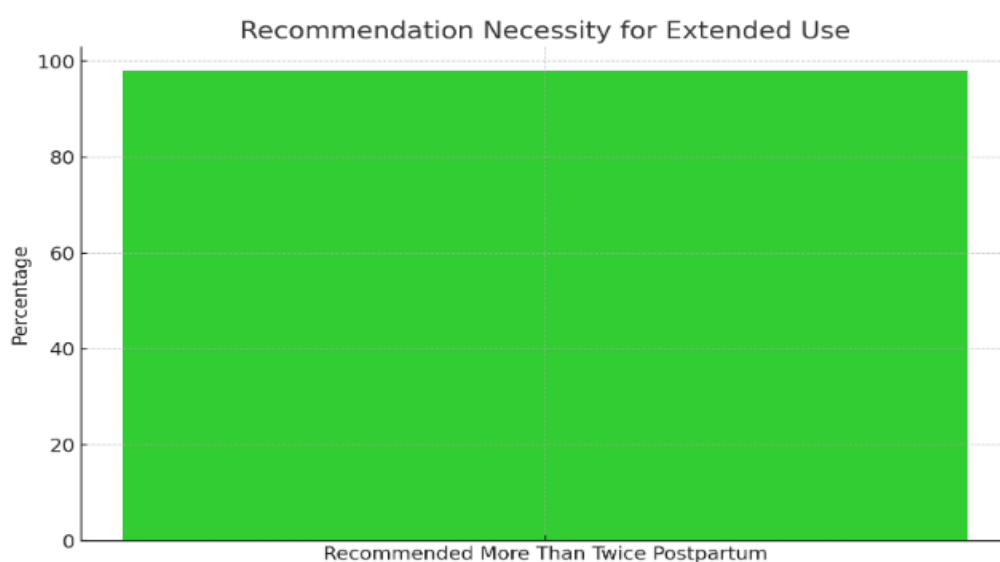


Figure 6. Participant Recommendations for Extended Use of Kaayakam Lehyam. This bar chart shows that nearly all participants (98%) recommended Kaayakam Lehyam for extended use postpartum. This recommendation aligns with

their perceived improvements in well-being and the formulation's ease of use, indicating a demand for longer-duration herbal support in postpartum care routines.

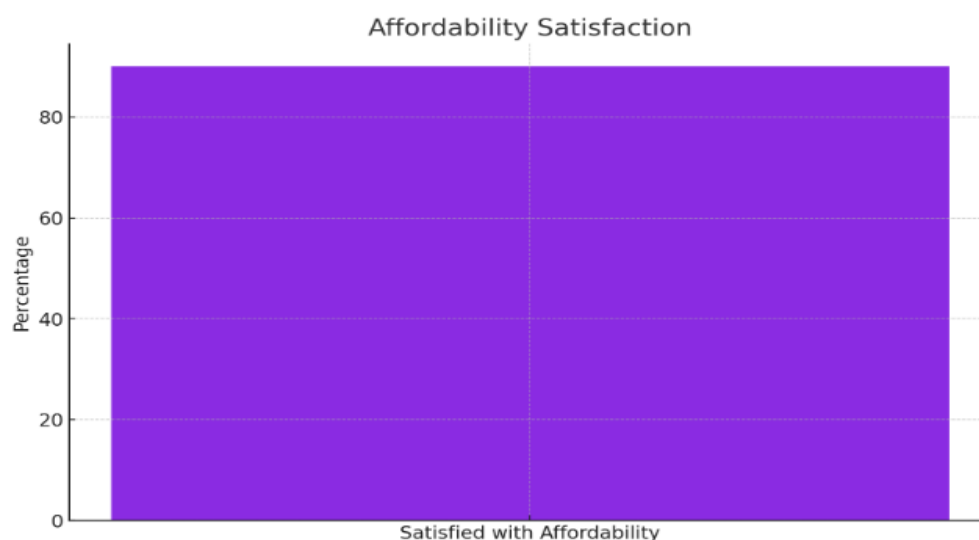


Figure 7. Satisfaction with Kaayakam Lehyam's Affordability.

This chart highlights that 90% of participants found Kaayakam Lehyam affordable. Affordability is critical in rural healthcare solutions, and this positive response suggests that Kaayakam Lehyam is not only effective but also accessible, enhancing its utility as a postpartum care option.

Table 1. General characteristics of the participants.

Participant Number	Name	Age	Delivery Experience	Mode of Delivery	Feeding	Previous Psychiatric Conditions
1	KANDI DEVI W/O PRASAD	19	Multipara	Natural	Breastfeeding	No psychiatric history
2	MEESALA TULASI W/O KRISHNA	20	Primipara	Cesarean	Bottle feeding	No psychiatric history
3	BUDUMURU UMAMAHESWARI W/O CHANTI	22	Multipara	Natural	Breastfeeding	No psychiatric history
4	ROUTHU DEVI SAROJINI W/O SEETAMNAIDU	23	Multipara	Natural	Mixed feeding	No psychiatric

						history
5	PALAVALASA DEVI W/O SURESH	21	Multipara	Natural	Breastfeeding	No psychiatric history
6	INUMUKKALA SUJATHA W/O RATNAM	20	Multipara	Natural	Mixed feeding	No psychiatric history
7	MEESALA SARADA W/O SYAMALA RAO	25	Multipara	Natural	Mixed feeding	No psychiatric history
8	ROUTHU LAKSHMI GEETIKA W/O NAAGABHUSHANA RAO	24	Multipara	Natural	Mixed feeding	No psychiatric history
9	GONTI BHAVANI W/O LAKSHMANA RAO	24	Multipara	Natural	Breastfeeding	No psychiatric history
10	KINTHALI NEELAVENI W/O VENKATA RAO	21	Multipara	Natural	Breastfeeding	No psychiatric history
11	MEESALA BHAVANI W/O RAMA RAO	22	Multipara	Natural	Breastfeeding	No psychiatric history
12	JAGGUROTHU DEVI W/O SHANKAR	23	Multipara	Natural	Breastfeeding	No psychiatric history
13	ROUTHU SRAVANI W/O AKKULUMMAIDU	25	Multipara	Natural	Breastfeeding	No psychiatric history
14	KELLA LAKSHMI W/O VASANTHA RAO	19	Multipara	Natural	Breastfeeding	No psychiatric history
15	CHUKKA RAMALAKSHMI W/O SANTOSH	20	Primipara	Cesarean	Bottle feeding	No psychiatric history
16	MARCHA JYOTHI W/O SATYANNARAYANA	22	Multipara	Natural	Breastfeeding	No psychiatric history
17	MULLU RUPAVATHI W/O RAJESH	21	Multipara	Natural	Breastfeeding	No psychiatric history

18	RAYABANA DURGA W/O LEBAA	22	Multipara	Natural	Breastfeeding	No psychiatric history
19	ROUTHU HEMALATHA W/O UPENDRA	23	Primipara	Cesarean	Bottle feeding	No psychiatric history
20	KOTIPALLI SANTOSHI W/O NARESH	22	Multipara	Natural	Breastfeeding	No psychiatric history

Table 2. Analysis of participants' experience and awareness of childbirth and postpartum care.

Categories	Subcategories
Breakdown of the body and mind	
	Body weakened by childbirth
	Physical and mental exhaustion from both childcare and housework
	The hardship that comes from having to deal with it alone
	Postpartum depression due to sense of loss and lack of communication
	Difficulty getting professional help
	Impossibility of postpartum care without help
	Need help from people around you
	Financially burdensome postpartum care
	Relentless effort for recovery
Awareness of the path of recovery from Sanhupung	
	Fear of Sanhupung
	Body and mind recovery
	Prepare in advance through experience
	Satisfied with multiple sources of support
	Depression relieved through communication