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Effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospital, Lucknow

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Abstract
Background: According to recent WHO research, the global rate of caesarean sections is steadily increasing. Afterpains can have significant consequences for both mothers and newborns, including increased anxiety, sleep disruptions, emotional distress, depression, and challenges with breastfeeding and caring for the baby. Therefore, the present study aimed to assess the effect of foot reflexology therapy on pain among post-cesarean mothers in a selected hospital at Lucknow.
Purpose: The purpose of the study was to assess the effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospital, Lucknow.
Research Methodology: This study was conducted using Quantitative approach in Era's Lucknow Medical College and Hospital and Quasi experimental research design was used in the study. Total sample size was 70 (35 in experimental group and 35 in control group) selected by non - probability purposive sampling technique and data was collected by using Socio-demographic tool and Numerical pain rating scale.
Result: The mean pain score of the experimental group (M = 3.71, SD = 1.073) was lower than the control group (M = 7.26, SD = 2.049). The t-test revealed a statistically significant difference in the post-test pain scores between the experimental and control groups ($t = 9.08$, $df = 68$, $p < 0.001$). Hence, this indicated that the intervention administered to the experimental group was effective in reducing pain levels compared to the control group.
Conclusion: The statistically significant difference in pain scores between the experimental and control groups claims that foot reflexology is a safe, simple, and feasible complementary approach for post-cesarean pain management. Thus, this study concluded that foot reflexology therapy is an effective non-pharmacological intervention for reducing post-cesarean pain.

Keywords: Foot reflexology, post-cesarean pain, non-pharmacological intervention

1. Introduction

1.1. Background

Childbirth is a remarkable and life-changing experience for women, filled with new emotions and challenges. As a natural physiological process, it can have a profound impact on a woman's physical and emotional well-being, as well as her family. While childbirth is a celebration of new life, it can also be a source of stress, pain, and anxiety, particularly regarding potential complications and operative procedure like caesarean section [1].

According to recent WHO research, the global rate of caesarean sections is steadily increasing, currently accounting for over 21% of all births. This trend is expected to continue, with projections suggesting that nearly 29% of births will be via caesarean section by 2030. While caesarean sections can be lifesaving when medically necessary, unnecessary procedures can pose risks to both mothers and babies, including short- and long-term health complications [2].

Afterpains can have significant consequences for both mothers and new borns, including increased anxiety, sleep disruptions, emotional distress, depression, and challenges with breastfeeding and caring for the baby. Additionally, afterpains can impact a mother's ability to perform daily tasks and establish a smooth postpartum routine [3].

Foot reflexology may alleviate pain through several mechanisms. By stimulating reflex points, it can increase blood flow to tense muscles and joints, reducing stiffness and promoting relaxation. Additionally, research suggests that reflexology may trigger the

release of natural pain-relieving chemicals, such as opioids, in the brain, providing further pain relief [4].

Thus, this study pursue to assess the effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospitals of Lucknow by evaluating pain levels before and after the administration of foot reflexology therapy and comparing them with a control group receiving routine care.

1.2. Need of the study

Pain is an unpleasant experience that combines sensory and emotional aspects, often resulting from actual or potential tissue damage [5].

Post-operative pain and is routinely controlled by pharmacological measure alone. Complementary strategies based on sound research findings are needed to aid in post-operative pain relief [6].

Scarring from surgery can lead to trigger points in nearby muscles, potentially causing referred pain in areas such as the clitoris or urethra [7].

While reflexology's impact on pain and pregnancy-related pain has been extensively researched, its effectiveness in alleviating post-cesarean pain remains understudied. This study aimed to investigate the effect of foot reflexology on post-cesarean pain, providing evidence for innovative nursing approaches to support mothers in caring for themselves and their newborns [8].

1.3. Aim of the Study

To assess the effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospital, Lucknow.

1.4. Objectives

1. To assess the pre-interventional level of pain among post-cesarean mothers in the experimental and control groups.
2. To assess the post-interventional level of pain among post-cesarean mothers in the experimental and control groups.
3. To compare the post-interventional level of pain among post-cesarean mothers between the experimental and control groups.
4. To determine the association between the level of pain among post-cesarean mothers and their selected socio-demographic variables in both groups.

1.5 Hypotheses

- **H_0:** There is no significant effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospital, Lucknow.
- **H_1:** There is significant effect of foot reflexology on pain among post-cesarean mothers admitted in selected hospital, Lucknow.

2. Subjects and Methods

2.1. Research Approach: Quantitative

2.2. Research Design: Quasi-experimental research design

2.3. Setting of the study: This study was conducted in Era's Lucknow Medical College and Hospital.

2.4. Population

- **Target population:** In this research the target population was the post-cesarean mothers.
- **Accessible population:** The accessible population for this study consisted of post-cesarean mothers who were admitted to Era's Lucknow Medical College and Hospital, Lucknow.

2.5. Sample

In this study sample were post-caesarean mothers on 1st to 3rd post-operative day admitted in Era's Lucknow Medical College and Hospital who fulfilled the inclusion criteria.

2.6. Sample Size

The sample size was 70 post-cesarean mothers, 35 in experimental group and 35 in control group from Era's Lucknow Medical College and Hospital.

2.7. Sampling technique

In this study, Non - probability purposive sampling technique was used for selecting the sample for the study.

2.8. Criteria of sample selection

Inclusion Criteria

1. Post-cesarean section mothers from 1st to 3rd post-operative day.
2. Mothers who are willing to participate in the study.

Exclusion Criteria

1. Mothers with any nerve conduction problem or diabetic neuropathy.
2. With severe post-operative maternal complications.
3. Diagnosed with post-partum psychiatric disorders.
4. Using any other complementary therapies.
5. Having painful (trauma, blisters, warts, open sore wound fracture) or infectious feet, HIV, Hep B, C and herpes zoster

2.9. Research Variables

- **Independent Variable:** Foot reflexology therapy
- **Dependent Variable:** Pain among post-cesarean mother.
- **Demographic variables:** Age, Parity, occupation, History of previous-cesarean and Post-operative day.

2.10. Ethical Consideration

The permission from Research Committee of Era College of Nursing was obtained which followed the ethical approval by Institutional Ethics Committee, Era's Lucknow Medical College and Hospital (Registration no. ECR/717/Inst./UP/2015/RR-21) dated on 08/02/2025. Informed Written consent was obtained from each participant before collection of data. Confidentiality was maintained by not disclosing the data obtained and data were stored in password protected files on personal computer.

2.11. Intervention

In this study, foot reflexology therapy was administered by applying pressure to the foot with the thumb and finger for a single 20-minute session (10 minutes of foot reflexology for each foot) at the same time for three consecutive days (from 24 hours after the cesarean section to the third post-operative day).

2.12. Research Tool and Scoring Criteria:

1. Socio Demographic data: It consists of 5 items related to personal and health variables. Verbal responses were obtained from the post-cesarean mothers regarding age, parity, occupation, previous history of caesarean section and post-operative day.
2. Numerical pain rating scale

2.13. Data collection process

- Formal administrative approval was obtained from Era's Lucknow Medical College and Hospital to conduct the main study.
- Data collection was carried out from 14th May 2025 to 20th June 2025.
- Informed written consent was obtained from participants after explaining the purpose of the study.
- A total of 70 post-cesarean mothers (35 experimental and 35 control) were selected using non-probability purposive sampling.
- On day one, in experimental group, a pre-test was conducted using the Numerical Pain Rating Scale, followed by a 20-minute foot reflexology session (10 minutes per foot). A post-test was taken one hour later. In the control group, only pre-test and post-test pain assessments were done without intervention.
- The procedure was repeated for three consecutive days, with participants showing good comfort and cooperation throughout.

3. Results

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics.

Table 1, shows that the majority of participants in both groups were aged 25-29 years (51.4% in the experimental and 42.9% in the control group). Most were primipara (54.3% and 60%) and non-working mothers (80% and 77.1%). A greater proportion had no previous cesarean section (60% and 62.9%). Observations were mainly recorded on the first post-operative day (51.4% and 40%). The Chi-square test showed no significant difference between groups in age, parity, occupation, previous cesarean section, or post-operative day of observation, indicating that both groups were comparable and homogeneous before the intervention.

Table 2, shows that before the intervention, most post-cesarean mothers in the experimental group (85.7%) and control group (77.1%) experienced severe pain, while a few (8.6% in both groups) reported the worst possible pain. Only a small proportion had moderate pain, and none reported mild or no pain, indicating that all participants experienced considerable postoperative discomfort before the intervention.

According to the data presented in table 3, in the experimental group, the majority of post-cesarean mothers (54.3%) reported moderate pain, indicating a marked reduction in pain intensity after the intervention. A considerable proportion (45.7%) experienced mild pain, showing further improvement in comfort levels. Notably, none of the participants in this group reported severe pain, worst possible pain, or complete absence of pain, highlighting the effectiveness of foot reflexology therapy in reducing pain severity. In the control group, the highest percentage of participants (45.7%) continued to experience severe pain, followed by 40% who reported moderate pain. A small proportion (8.6%) still experienced the worst possible pain, and only 5.7% reported mild pain. None of the participants in the control group reported complete absence of pain, indicating that without the intervention, pain remained relatively high among post-cesarean mothers.

Table 4, depicts the comparison of post-interventional pain levels among post-cesarean mothers between the experimental and control groups. The mean pain score of the experimental group ($M = 3.71$, $SD = 1.073$) was notably lower than that of the control group ($M = 7.26$, $SD = 2.049$). The t-test revealed a statistically significant difference between the two groups ($t = 9.08$, $df = 68$, $p < 0.001$). Hence, it was concluded that there was a significant difference between the experimental and control groups regarding post-interventional pain levels, indicating that the intervention was highly effective in reducing pain among post-cesarean mothers.

Thus, it may be inferred that foot reflexology had a significant effect on pain reduction among post-cesarean mothers. Therefore, the null hypothesis (H_0) was rejected, and the research hypothesis (H_1) was accepted.

According to table 5, a significant association was found between the post-operative day and pre-intervention pain levels ($p = 0.042$). Pain intensity was highest on the first post-operative day and gradually decreased by the third day, with moderate pain becoming more common. This indicates a natural decline in pain intensity over time following cesarean delivery.

In contrast, there was no significant association between age, parity, occupation, or previous cesarean section and pre-intervention pain levels, indicating that pain perception was similar across these demographic groups. Most participants experienced severe pain, particularly those aged 25-29 years and primipara mothers. Both working and non-working women, as well as those with or without a prior cesarean section, predominantly reported severe pain before the intervention.

According to Table 6, a significant association was found between the post-operative day and pre-intervention pain levels ($p = 0.009$). Pain intensity was highest on the first post-operative day and gradually decreased by the third day, indicating progressive recovery and a natural decline in pain intensity over time among post-cesarean mothers.

In contrast, demographic variables such as age, parity, occupation, and previous cesarean section showed no significant association with pre-intervention pain levels. Most participants, irrespective of these factors, experienced severe pain, particularly those aged 25-29 years and primipara women, who reported slightly higher pain intensity. Similarly, both working and non-working women, as well as those with or without a previous cesarean section, predominantly reported severe pain levels, suggesting that pre-intervention pain was uniformly distributed across different demographic groups.

4. Discussion

The aim of the study was to assess the effect of foot reflexology therapy on pain among post-cesarean mothers admitted in selected hospital, Lucknow. Samples of the study were selected by non-probability purposive sampling technique. The data was collected 35 from experimental group and 35 from control group and interpretation of the data analyzed according to the objectives of the study.

To assess the pre-interventional level of pain among post-cesarean mothers in the experimental and control groups.

Result showed that, before the intervention, most post-

cesarean mothers in the experimental group (85.7%) and control group (77.1%) experienced severe pain, while a few (8.6% in both groups) reported the worst possible pain. Only a small proportion had moderate pain, and none reported mild or no pain, indicating that all participants experienced considerable postoperative discomfort before the intervention.

These findings are supported by a study conducted by Saini and Kaur (2020) who found that most post-cesarean mothers (86%) reported moderate to severe pain within 12 hours after delivery, highlighting the urgent need for effective pain management strategies [9].

Another study conducted by Gebremedhn *et al*. (2021) also reported that 85.5% of mothers experienced moderate to severe postoperative pain within the first 24 hours of cesarean section in Ethiopia ($p < 0.001$) [10].

To assess the post-interventional level of pain among post-cesarean mothers in the experimental and control groups.

In the experimental group, the majority of post-cesarean mothers (54.3%) reported moderate pain, indicating a marked reduction in pain intensity after the intervention. A considerable proportion (45.7%) experienced mild pain, showing further improvement in comfort levels. Notably, none of the participants in this group reported severe pain, worst possible pain, or complete absence of pain, highlighting the effectiveness of foot reflexology therapy in reducing pain severity. In the control group, the highest percentage of participants (45.7%) continued to experience severe pain, followed by 40% who reported moderate pain. A small proportion (8.6%) still experienced the worst possible pain, and only 5.7% reported mild pain. None of the participants in the control group reported complete absence of pain, indicating that without the intervention, pain remained relatively high among post-cesarean mothers.

These findings are supported by Kaur and Bains (2021), found that post-cesarean mothers receiving foot reflexology showed a significant reduction in pain scores from severe to mild levels within 30 minutes of intervention ($p < 0.001$) [11].

To compare the post-interventional level of pain among post-cesarean mothers between the experimental and control groups.

The comparison of post-interventional pain levels among post-cesarean mothers between the experimental and control groups. The mean pain score of the experimental group (M = 3.71, SD = 1.073) was notably lower than that of the control group (M = 7.26, SD = 2.049). The t-test revealed a statistically significant difference between the two groups (t = 9.08, df = 68, $p < 0.001$). Hence, it was concluded that there was a significant difference between the experimental and control groups regarding post-interventional pain levels, indicating that the intervention was highly effective in reducing pain among post-cesarean mothers.

Thus, it may be inferred that foot reflexology had a significant effect on pain reduction among post-cesarean mothers. Therefore, the null hypothesis (H_0) was rejected, and the research hypothesis (H_1) was accepted.

These findings are supported by Kaur and Bains (2021), who reported that foot reflexology significantly reduced post-cesarean pain scores from severe to mild levels within 30 minutes of therapy ($p < 0.001$) [11].

In another study Joseph and George (2020) also observed decrease pain intensity and increased maternal satisfaction among post-cesarean mothers who received foot reflexology compared to those who received routine care [12].

To determine the association between the level of pain among post-cesarean mothers and their selected socio-demographic variables in both groups.

In the present study, a significant association was found between the post-operative day and pre-intervention pain levels (p = 0.042 in the experimental group and p = 0.009 in the control group), where pain was highest on the first day and gradually decreased by the third day, indicating a natural decline in pain intensity over time. However, no significant association was found between demographic variables such as age, parity, occupation, and previous cesarean section, showing that pain perception was similar across these groups.

These findings are supported by Yadav and Rani (2020), which reported no significant association between demographic characteristics and postoperative pain among cesarean mothers, but observed a significant decline in pain scores with advancing postoperative days [13].

In another study by, Thapa *et al*. (2021) found that age, parity, and previous cesarean history did not significantly influence pain perception, while pain reduction was strongly associated with postoperative time [14].

Table 1: Table showing frequency and percentage distribution of study sample based on their socio-demographic variables in experimental and control groups N=70

Socio-Demographic Variables	Categories	Experimental (n=35)		Control (n=35)		χ^2 test	df	Table Value	P Value
		(f)	(%)	(f)	(%)				
Age (in years)	18-24	7	20.0%	8	22.9%	0.527	3	7.815	0.913^{NS}
	25-29	18	51.4%	15	42.9%				
	30-34	6	17.1%	7	20.0%				
	35-38	4	11.4%	5	14.3%				
Parity	Primipara	19	54.3%	21	60.0%	0.233	1	3.841	0.629^{NS}
	Multipara	16	45.7%	14	40.0%				
Occupation	Working	7	20.0%	8	22.9%	0.085	1	3.841	0.771^{NS}
	Non-working	28	80.0%	27	77.1%				
Previous caesarean section	Yes	14	40.0%	13	37.1%	0.060	1	3.841	0.806^{NS}
	No	21	60.0%	22	62.9%				
Post-operative Day	First Day	18	51.4%	14	40.0%	1.227	2	5.991	0.541^{NS}
	Second Day	9	25.7%	13	37.1%				
	Third Day	8	22.9%	8	22.9%				

^{NS}= Non-significant

Table 2: Table showing frequency and percentage distribution of pre-interventional level of pain among post-cesarean mothers in the experimental and control groups N=70

Category Score	Experimental (n=35)		Control (n=35)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Worst Possible Pain (10)	3	8.6%	3	8.6%
Severe Pain (7-9)	30	85.7%	27	77.1%
Moderate Pain (4-6)	2	5.7%	5	14.3%
Mild Pain (1-3)	0	0%	0	0%
No Pain (0)	0	0%	0	0%

Table 3: Table showing frequency and percentage distribution of post-interventional level of pain among post-cesarean mothers in the experimental and control groups N = 70

Category Score	Experimental (n=35)		Control (n=35)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Worst Possible Pain (10)	0	0%	3	8.6%
Severe Pain (7-9)	0	0%	16	45.7%
Moderate Pain (4-6)	19	54.3%	14	40%
Mild Pain (1-3)	16	45.7%	2	5.7%
No Pain (0)	0	0%	0	0%

Table 4: Showing comparison of post-interventional level of pain among post-cesarean mothers between the experimental and control groups N=70

		Pain Score Post-test		Unpaired t-test	
Group	n	Mean	SD	df	t
Experimental Group	35	3.71	1.073	68	9.08
Control Group	35	7.26	2.049		

P value≤0.001

Table 5: Showing association between the level of pain among post-cesarean mothers and their selected socio-demographic variables in experimental group N=70

Demographic Variables	Category	Worst Possible Pain	Severe Pain	Moderate Pain	Mild Pain	None Pain	Chi-square (χ^2)	df	Table Value	P Value
Age (in years)	18-24	1	6	0	0	0	3.259	6	12.592	0.77 NS
	25-29	2	15	1	0	0				
	30-34	0	5	1	0	0				
	35-38	0	4	0	0	0				
Parity	Primipara	3	15	1	0	0	2.763	2	5.991	0.25 NS
	Multipara	0	15	1	0	0				
Occupation	Working	0	7	0	0	0	1.458	2	5.991	0.48 NS
	Non-working	3	23	2	0	0				
Previous Caesarean Section	Yes	0	13	1	0	0	2.222	2	5.991	0.32 NS
	No	3	17	1	0	0				
Post-operative Day	First Day	3	15	0	0	0	9.917	4	9.488	0.042 * (Significant)
	Second Day	0	9	0	0	0				
	Third Day	0	6	2	0	0				

*=significant ^{NS}=Non-significant

Table 6: Showing association between the level of pain among post-cesarean mothers and their selected socio-demographic variables in control group

Demographic Variables	Category	Category Score					Chi Test (χ^2)	df	Table Value	P Value
		Worst possible pain	Severe pain	Moderate pain	Mild pain	None pain				
Age (in years)	18-24	1	6	0	0	0	3.259	6	12.592	0.77 ^{NS}
	25-29	2	15	1	0	0				
	30-34	0	5	1	0	0				
	35-38	0	4	0	0	0				
Parity	Primipara	3	15	1	0	0	2.763	2	5.991	0.25 ^{NS}
	Multipara	0	15	1	0	0				
Occupation	Working	0	7	0	0	0	1.458	2	5.991	0.48 ^{NS}
	Non-working	3	23	2	0	0				
Previous caesarean section	Yes	0	13	1	0	0	2.222	2	5.991	0.32 ^{NS}
	No	3	17	1	0	0				
Post-operative Day	First Day	3	15	0	0	0	9.917	4	9.488	0.042 *
	Second Day	0	9	0	0	0				
	Third Day	0	6	2	0	0				

N=70 *=significant ^{NS}=Non-significant

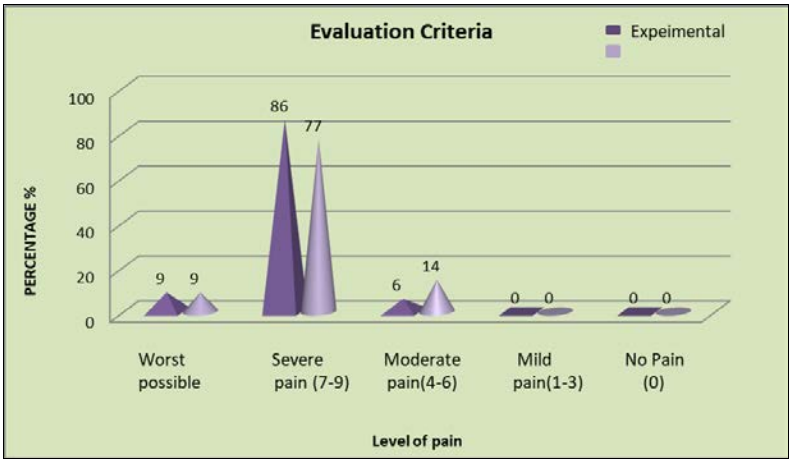

Fig 1: Showing pre interventional level of pain among post-cesarean mothers in experimental and control group.

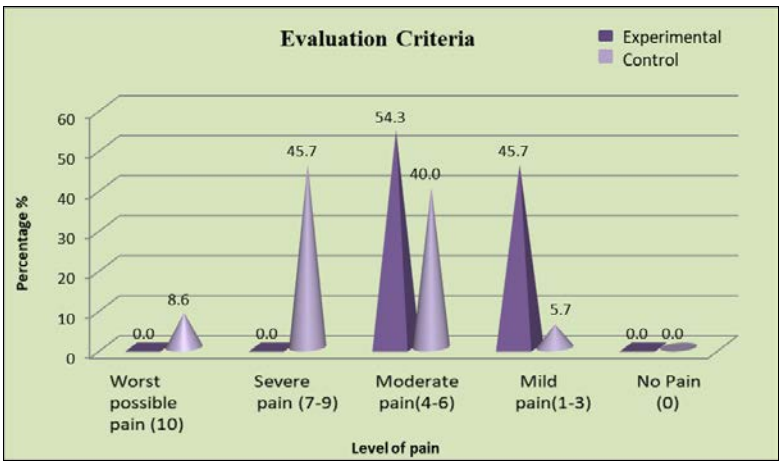

Fig 2: Showing post interventional level of pain among post-cesarean mothers in experimental and control group

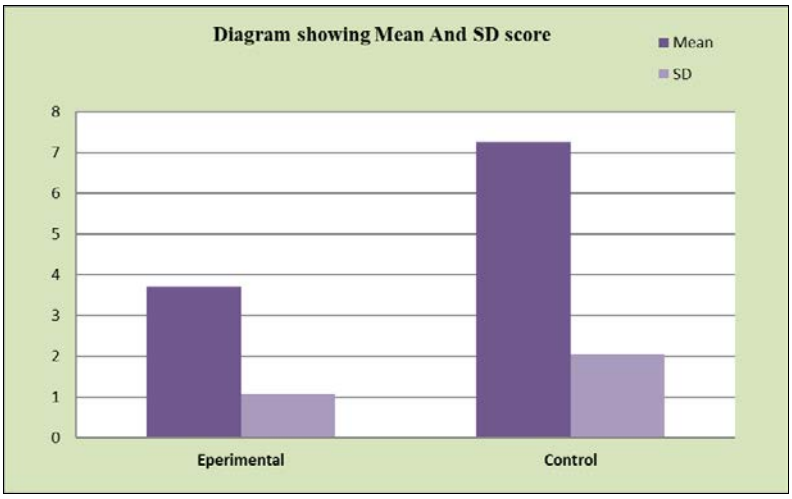

Figure 3: Representing comparison of post-interventional level of pain among post-cesarean mothers between the experimental and control groups.

4.1 Conclusion

This study concluded that foot reflexology is an effective and cost-effective non-pharmacological intervention for reducing post-cesarean pain. Participants who received foot reflexology therapy showed significantly lower pain scores. Pain was highest on the first postoperative day and naturally declined by the third day. These findings support integrating foot reflexology therapy into routine post-cesarean pain management to enhance maternal comfort and recovery.

4.2 Recommendations

1. Foot reflexology therapy should be incorporated into routine post-cesarean care as a non-pharmacological pain management strategy.
2. Similar studies can be conducted with larger and more diverse populations to strengthen the findings.
3. Workshops and training programs should be organized for nurses and midwives to enhance their skills in administering foot reflexology therapy.

Conflict of Interest
Not available

Financial Support
Not available

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