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RESEARCH ARTICLE

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF MOTHERS OF HOSPITALIZED CHILDREN IN SURGICAL WARD

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ABSTRACT

The study was a descriptive analysis of the socio-demographic characteristics carried out at a paediatric surgical unit of Kasturba Hospital Manipal.

Objective: The objective of the study is to describe the socio-demographic characteristics of the mothers of children admitted for surgery in the paediatric surgery ward.

Methods: Participants of this study were 120 mothers selected using purposive sampling. Data were collected using a socio-demographic questionnaire and family support rating scale.

Result: Mother's age ranged from 19 to 42 years with mean of 27.23 years. The age of marriage for the girls is 18 years and by 35 years all women would have got married and has had one or two children. Most of the mothers had high family support were from lower socio economic status.

Conclusion: Understanding the socio-demographic characteristics will help in communication with the mothers when their children are admitted in the hospital.

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INTRODUCTION

Family is an integral part of any individual. The happiness and sadness are shared with the family. When children are diagnosed with illness, mothers undergo lots of stress. The family becomes important at that point of time. With strong family support, parents are able to sustain the stress. The family becomes important for decision making regarding the treatment. The hospitalization period is difficult for the patient and his family, especially when it comes to children as patients. A sick child often feels helpless because most of the time he lacks the tools for understanding what is going on. The child needs his parents more than ever and a lot of support. (centre Hm, 2015). As the socio-demographic characteristic varies with the region the research studies may not be directly applicable.

MATERIALS AND METHODS

This study is part of the nonrandomised trial of effectiveness of hospital based intervention among mothers of children in the pediatric surgical ward. The study was a descriptive analysis of the socio-demographic characteristics carried out at a paediatric surgical unit of Kasturba Hospital Manipal. Kasturba hospital is tertiary care teaching hospital with multispecialty units situated in Udupi District, South India. Participants of this study were the mothers of children admitted for surgery in the paediatric surgery ward. 120 Mothers were selected using purposive sampling. An inclusion criterion was the mothers of children admitted for the surgery first time. However, the mothers of children posted for emergency operation was excluded from the study. The study protocol was approved by the Institutional Ethical Committee (IEC) of Kasturba Hospital Manipal, India. All the participants were informed about the purpose of the study and written informed consent from mother was obtained. Data collection instruments used for the study were background information, socio economic status and family support rating scale.

Back ground information had details of the mother and the child. The details were grouped under two sections i.e. details of the mother and the details of the child. Mother's detail assessed were mother's age, education, occupation, religion, total number of children, health of other children, experience of caring for other children with illness, mental state of the mother and parenting style. Details of the child assessed were age of the child, gender, diagnosis.

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Socio economic status had 9 items related to education, occupation, income details of membership etc. Total score was 65 and categorized as upper, middle and lower socio economic status. Family support rating scale is a17 item 3 point rating scale measured as 3= always; 2=sometimes and 1 = never. Family support scale measures the support received by the mother from husband and relatives. The maximum possible score was 51. A score of 36 – 51 is considered as high support and score of 01-35 was considered as low support. All the tools were developed by the investigator and content validity was established by taking suggestions form the experts.After the validity, the tools were translated in Kannada by a language expert. Retranslation to English was done by a language expert to check for any differences.

Pre testing of the tools were carried out among 10 mothers of children admitted in special wards of Kasturba hospital. The tools were found to be clear and understandable. Few difficult terminologies were changed to simpler form.Reliability of the family support rating scale was established by test retest method. The reliability coefficient obtained was 0.86, hence the tool was found to be reliable. Feasibility of the study was assessed by carrying out the pilot study among 10 mothers of children admitted in paediatric surgery wards of Kasturba Hospital, Manipal.Data analysis was done using descriptive and inferential statistics.

RESULTS

Sample characteristics of the mother

The data obtained to describe the demographic characteristics of mothers are presented in table 1 in terms of frequency and percentage

Mother's age ranged from 19 to 42 years with mean of 27.23 years. Majority of the mothers in both the groups belonged to the age group 19 to 30 years. There was one mother of 19 year old, got married at the age of 18 years and other two were 42 years old. Majority of the mothers (102 out of 120) belonged to Hindu religion. All the participants of the study were married with majority, i.e 117 out of 120 samples were living with their husband. Three mothers did not get support from husband. Among three one died of of hypertension; one left her after hearing that the child was sick and had to be hospitalized and one did not have any contact with her husband because her parents insist her to be in mother's house because of the child's illness and treatment.

With regard to the education of the mother, eight mothers out of 120(i.e.6.66%) were illiterates. Majority of the mothers, 91 out of 120 (75.83%) had primary education. Most of the mothers were homemakers (109 out of 120 i.e., 90.83%); Almost equal number of mothers had one or two children. There were two mothers who had four children.Those mothers who had more than one child (68 mothers) were asked about the health of other children. Two children were not healthy. Among these, one child had Congenital Talipusequinovarus (CTEV) and one had Hirshprung's diseases that were treated.

Sample characteristics on the mothers experience and support

Table 2 show the frequency and percentage distribution of mothers on previous experience of caring, husbands support and support form health care agency. Five mothers out of 120 had previous experience of caring for other children.

Table 1. Percentage and Frequency Distribution of mothers on sample characteristics n=120

Sample characteristics	*Category*	*f*	*%*
Mothers age (in years)	19- 30	92	76.66
	31 – 40	26	21.66
	41 and above	02	01.66
Religion	Hindu	102	85.00
	Christian	007	05.83
	Muslim	011	09.16
Marital status	Living with husband	117	97.5
	Husband died	01	0.83
	Husband left	01	0.83
	No contact with the husband	01	0.83
Educational status	Illiterate	08	06.66
	Primary Education	91	75.83
	Intermediate	05	04.16
	Graduation	16	13.33
Occupation	Unemployed	109	90.83
	Employed	11	09.16
Total number of children	One	52	43.33
	Two	57	47.50
	Three	09	07.50
	Four	02	01.66
Health of other children (n=68)	Healthy	66	55.00
	Not healthy	02	01.66
	Not applicable	52	43.33

Table 2. Frequency and Percentage Distribution of mothers on sample characteristics n=120

Sample characteristics	Category	*f*	*%*
Previous experience of caring other children	Yes	05	04.16
	No	115	95.83
Husband's support	Yes	117	97.50
	No	03	02.50
Support from health care agency	Yes	46	38.33
	No	74	61.66

Table 3. Frequency and Percentage Distribution of children on sample characteristics n=120

Sample characteristics	Category	*f*	%
Age of the child	0 – 3 Years	60	50.00
	4 – 6 Years	29	24.16
	7 – 16 Years	31	25.83
Gender of the child	Girl	30	25.00
	Boy	90	75.00
Diagnosis	Ano rectal Malformation(ARM)	26	21.66
	Genito urinary anomaly	48	40.00
	Hirschprung's disease	07	05.83
	Intestinal Obstruction	04	03.33
	Tumors	05	04.16
	Others	30	25.00

Table 4. Frequency and Percentage Distribution of mothers on Family support and Socio economic status n=120

Sample characteristics	Category	*f*	%
Family support	High support	85	70.83
	Low support	35	29.16
Socio economic status	Middle	23	19.16
	Lower	97	80.83

Among this two mothers experience had giving care to their own children. All mothers except three (117 out of 120) were living with their husband and they got good support from their husband. Majority of the mothers did not have any support from health care agency. Support from health care agency included health card from the Kasturba hospital for which they have to apply or other organization; health insurance coverage from company where the family member is working. It was observed that during the first admission of their children mothers became aware of the facility available and they applied for the health card which will be of use for them during the subsequent visits.

Sample characteristics of children

Analysis in Table 3 show that the age group of children ranged from one day to 16 years. Of 120 children, 90 were boys and 30 were girls. With regard to the diagnosis, 40% of the children had genito urinary anomaly and 21.66% had ano rectal anomaly. Diagnosis other than listed were grouped under the category "others".

Family Support and Socio economic Status of mothers

The analyses on family support of mothers show that 70.83% of the mothers had high family support and 29.16% of them had low family support. Majority (80.83%) of the mothers were from lower socio economic status and no one belonged to high socio economic status. All mothers of this study were admitted in general ward where the cost of hospitalization and treatment is less in comparison to the cost of other private rooms.

DISCUSSION

Mother's age ranged from 19 to 42 years with mean of 27.23 years. The age of marriage for the girls is 18 years and by 35 years all women had one or two children. Most of the mothers had high family supportwere from lower socio economic status. Similar findings were observed in the study carried out by Puri S *et al.* on the socio-demographic characteristics of cancer patients (Puri *et al.,* 2014).

The study showed that the majority (33.5%) of participants were of low socioeconomic status. (Purushottam and Giri, 2014) However the study carried out in the tertiary care unit in Gulbarga, one of the south Indian region showed that 60.7% of children were from the rural areas. (Gangadhar Mirji *et al.,* 2014) In south Indian region majority of the population belong to Hindu region. Similar trend was observed in this study also. After the marriage, usually in the lower socio economic age group, husband supports the family financially. It is also not strange to notice that during the illness of the children, the familyor husband may not take care of the woman. The possible reasons could be the woman is responsible for the health of the children. In this study there was one woman whose husband left her after hearing that the child was sick and she had to be hospitalized. Onemother lost contact with her husband for her parents insisted her to be in mother's house because of the child's illness and treatment.

Literacy level even though increasing in present years, in rural areas availability of the facility of education is still low. In this study there were eight mothers out of 120were illiterates. Similar findings were reported in the study carried out among poising cases in a tertialry care unit in West Bengal. The Majority of cases were Hindu, housewives, in 20-29 years age group, of general caste, from rural and nuclear families. 18.5% of cases were illiterate Majority belonged to lower or upper-lower socio-economic class. (Sarkar, 2013) Mothers were mostly unemployed (109 out of 120 i.e., 90.83%); Almost equal number of mothers had one or two children and two mothers who had four children. When mothers were asked about the health of other children, they reported that two children were not healthy as they had. Congenital Talipusequinovarus (CTEV) and Hirshprung's diseases that were treated. Among five mothers out of 120 had previous experience of caring for other children, two mothers had experience was giving care to their own children. All mothers except three (117 out of 120) were living with their husband and they got good support from their husband. Age group of children ranged from one day to 16 years. Of 120 children, 90 were boys and 30 were girls.

With regard to the diagnosis, 40% of the children had genitor urinary anomaly and 21.66% had ano-rectal anomaly.

Conclusion

The socio-demographic characteristics of mothers of children vary with the geographical location and the other factors. Understanding the socio-demographic characteristics will help in communication and anticipatory guidance for the mothers when their children are admitted in the hospital.

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