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.

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 a 17 item 3 point rating scale measured as $3=\text{always}$; $2=\text{sometimes}$ and $1=\text{never}$. 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 tools were found to be clear and understandable. Few difficult terminologies were changed to simpler form. Reliability of the tool was found to be reliable. Feasibility of the study 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.

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 hypertensive; 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 illitrate. 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 Hirshprun’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>
<thead>
<tr>
<th>Sample characteristics</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children</td>
<td>52</td>
<td>43.33</td>
</tr>
<tr>
<td>Two</td>
<td>57</td>
<td>47.50</td>
</tr>
<tr>
<td>Three</td>
<td>09</td>
<td>07.50</td>
</tr>
<tr>
<td>Four</td>
<td>02</td>
<td>01.66</td>
</tr>
<tr>
<td>Not applicable</td>
<td>52</td>
<td>43.33</td>
</tr>
<tr>
<td>Three</td>
<td>09</td>
<td>07.50</td>
</tr>
<tr>
<td>Four</td>
<td>02</td>
<td>01.66</td>
</tr>
<tr>
<td>Not applicable</td>
<td>52</td>
<td>43.33</td>
</tr>
<tr>
<td>Previous experience of caring other children</td>
<td>05</td>
<td>04.16</td>
</tr>
<tr>
<td>No</td>
<td>115</td>
<td>95.83</td>
</tr>
<tr>
<td>Husband’s support</td>
<td>117</td>
<td>97.50</td>
</tr>
<tr>
<td>No</td>
<td>03</td>
<td>02.50</td>
</tr>
<tr>
<td>Support from health care agency</td>
<td>46</td>
<td>38.33</td>
</tr>
<tr>
<td>No</td>
<td>74</td>
<td>61.66</td>
</tr>
</tbody>
</table>
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 class. 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).
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.

**Acknowledgement**

We sincerely thank all the mothers of children admitted in paediatric surgery ward for participating in the study.

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**Conflict of interest:** Nil

**REFERENCES**


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