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# A Study to Challenges Faced by Mothers and the Coping Strategies Adopted by Them During Postpartum Period at Selected Saveetha Rural Health Centre

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***Abstract:*** ***The current study aims to to assess the demographic status of the mothers , level of challengesfaced by the mothers and coping strategies by them during postpartum period and to find the association between level of challenges with selected demographic variables. The quantitative approach with Experimental descriptive research design was adopted for the present study. A total of 60 postnatal mothers who met the inclusion criteria was selected by Non- probability purposive sampling technique .This study has been conducted for a interval of 1 weeks .The data was collected by self- structured questionnaire was developed to assess the challenges faced by the mothers during postpartum period and coping strategies adopted by them which coveres 30 questions on the general knowledge aspects . The collected data were tabulated andanalysed by using descriptive and inferential statistics. The results revealed that variable such as occupation and type of family shows significant association with challenges faced by the postpartum mothers.***

***Keywords: Challenges faced by mothers ,Coping strategies ,Postpartum period.***

## I. INTRODUCTION

The postnatal phase starts as soon as the baby is born and lasts for up to 6 weeks. It matters tothe mother, the child, and the entire family. The woman must undergo significant changes during this time because it may be an important and difficult time in her reproductive life [1]. 10% to 20% of women have postpartum depression [2]. But only 50% of women with the noticeable symptom receive a diagnosis[3]. "Situations in which the demands on individuals exceed their adaptive skills" are what are referred to as stressful situations. Postpartum depression is strongly correlated with postpartum stress [4]. The mood and wellbeing of mothers have repeatedly been linked to postpartum stress. Mothers typically exhibit postpartumblues symptoms in the first few days following delivery because they are adjusting to several life changes and alterations, including new patterns, home chores, and routines [5]. Numerouscontributing factors have been identified by significant research, however the exact reasons ofpostnatal depression remain unknown. commonly recognised psychological and psychosocial risk factors, including lack of social support, marital conflict, life stress, and mother self-esteem and Multiple pregnancy also causes the depression [6] [7]. For new mothers, posttraumatic stress disorder (PTSD) has the potential to be a mental health risk. Increased PTSD symptoms have been linked to unhelpful coping mechanisms during the postpartum period, when women experience a lot of pressures, demands, and obstacles. [8]. disorders may have a negative impact on the bond between a woman and her infant, as well as on marital and family ties andchild development [9].Stress levels were higher in mothers than in fathers, and mothers' stresslevels were correlated with attachment, maternal health status, average sleep duration, employment status, and family income, whereas fathers' stress levels were correlated with attachment and health status. Therefore, it is essential to have a thorough grasp of mothers' sentiments and experiences because the postpartum period is a trying time when moms want assistance [10]. Coping mechanisms are deliberate actions taken to deal with difficult circumstances. Parents use a variety of coping strategies to manage the stress of parenting. One could adopt problem-focused coping mechanisms in which they assess the unpleasant circumstance and take immediate action [11]. To be able to care for their babies at home afterbeing released from the hospital, mothers must develop coping mechanisms. [12]. Adjustmentsettings Physiological, self-conceptual, role-based, and interdependent actions or responses are proven through four ways in which women's regulating and cognitive coping subsystems are activated throughout the puerperium.

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The Autonomic Nervous System and the Endocrine System mediate the regulatory subsystem, and its reactions are represented in the physiologicalmode. [13].Psychosocial adaptations, which frequently last much longer than 6 to 8 weeks to resolve, include changes in parental role, changes in family connections, and alterations in self-perception and body image [14]. changes in diet and exercise habits, as well as women's experiences with weight changes during pregnancy and the postpartum period and the coping mechanisms they employ [15]. The level of parental behaviour can be greatly impacted by a feeling of competence and contentment in the maternal role during the transition to parenthood.Women who felt confident in their ability to be good mothers exhibited a secure attachment style and responsive, caring nurturing behaviour, which aided the infant's growth and development. [16].

## II. MATERIALS AND METHODS

The study was conducted in saveetha rural health centre mapped, Thiruvallur district. The research approach used for this study was quantitative approach and Non-Experimental descriptive research design .The total study sample was 60 postnatal mothers were selected byNon- purposive sampling technique with the inclusion criteria of Postnatal mothers between atmapped, who are willing to participate the present study and who can read, write and understand English and Tamil .mothers who are not willing to participate in study. who are not available during the study period and who cannot read, write and understand English and Tamil are excluded. The study was conducted for the interval of 1 week. The permission letterwas obtained from the medical officer in selected health centre and approved by the ethics committee of the institution. Informed consent was obtained by the investigator from the study samples and explained the purpose of the study to ensure better cooperation. The demographicvariables and data was collected by self- structured questionnaire to assess the challenges facedby the mothers during postpartum period and coping strategies adopted by them. The collecteddata was tabulated and analysed by descriptive and inferential statistics.
who cannot read, write and understand English and Tamil.

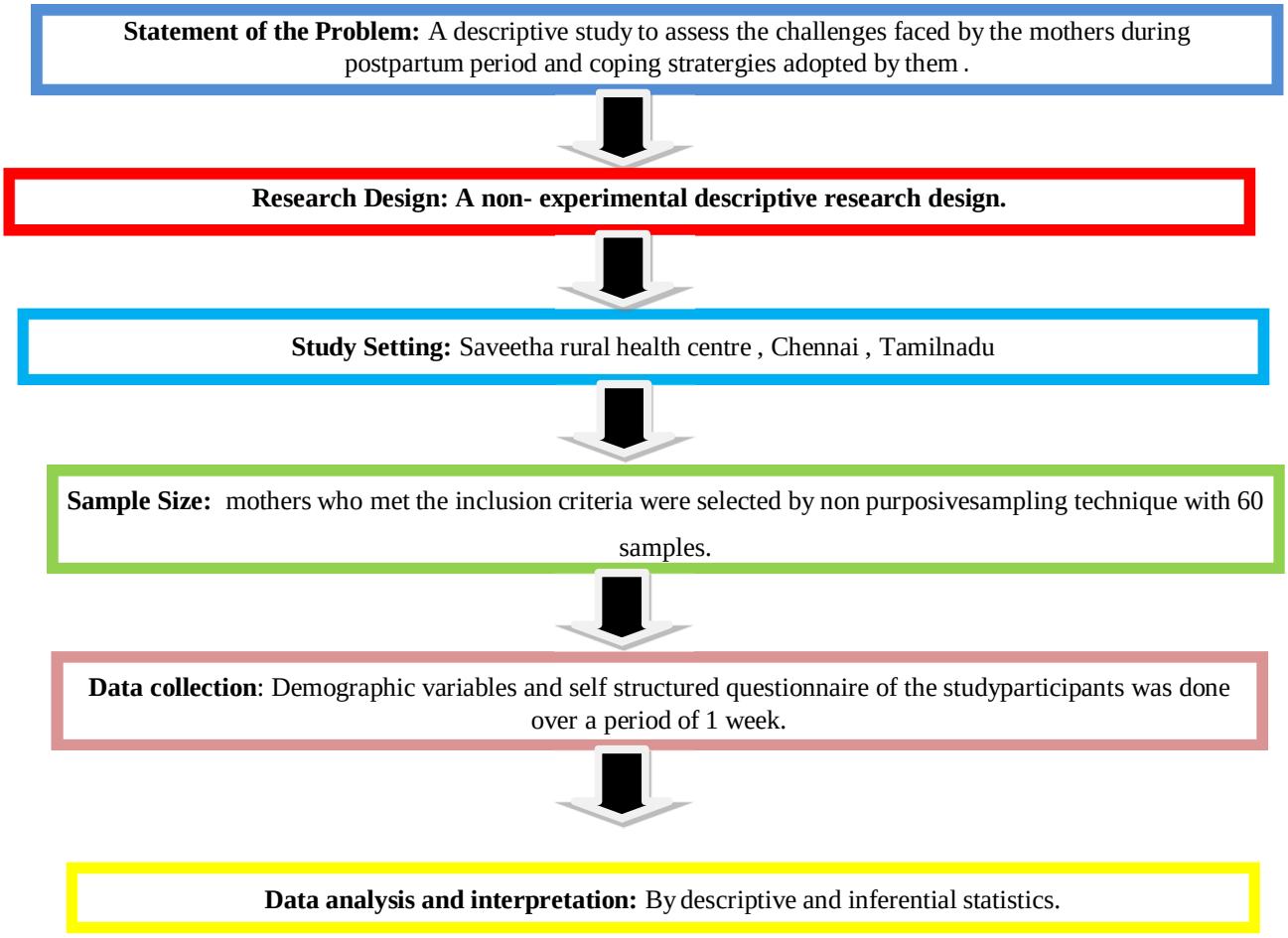



Fig:1 Schematic Representation Of Research Plan

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## III. RESULTS AND DISCUSSION

1) *Section A:* Description of the demographic variables of the mothers Table 1: Frequency and percentage distribution of demographic variables of the mothers

| Demographic Variables | Frequency (f) | Percentage(%) |
|---|---|---|
| Age in years | | |
| 22-23 years | 26 | 43.3 |
| 24-25 years | 18 | 30 |
| 26-27 years | 16 | 26.6 |
| Educational status of the mother | | |
| Secondary | 32 | 53.3 |
| Higher secondary | 12 | 20 |
| Graduates | 16 | 26.6 |
| Post graduates | - | - |
| Occupation status of the mother | | |
| Employed | 26 | 26.6 |
| Un employed | 44 | 73.3 |
| Demographic Variables | Frequency (f) | Percentage(%) |
| Family income | | |
| Below 4000/- | 36 | 60 |
| 4000/- 7000/- | 14 | 23.3 |
| 7001/- and above | 10 | 16.6 |
| Religion | | |
| Hindu | 14 | 23.3 |
| Muslim | 20 | 33.3 |
| Christian | 26 | 43.3 |
| Type of the family | | |
| Nuclear | 14 | 23.3 |
| Joint | 36 | 60 |
| Conjoint | 10 | 16.6 |
| Area of residence | | |
| Urban | 42 | 70 |
| Rural | 11 | 18.3 |
| Semi urban | 7 | 11.6 |
| Source of information | | |
| Relatives and friends | 30 | 50 |
| Neighbours | 26 | 43 |
| Health personnel | 4 | 6.6 |

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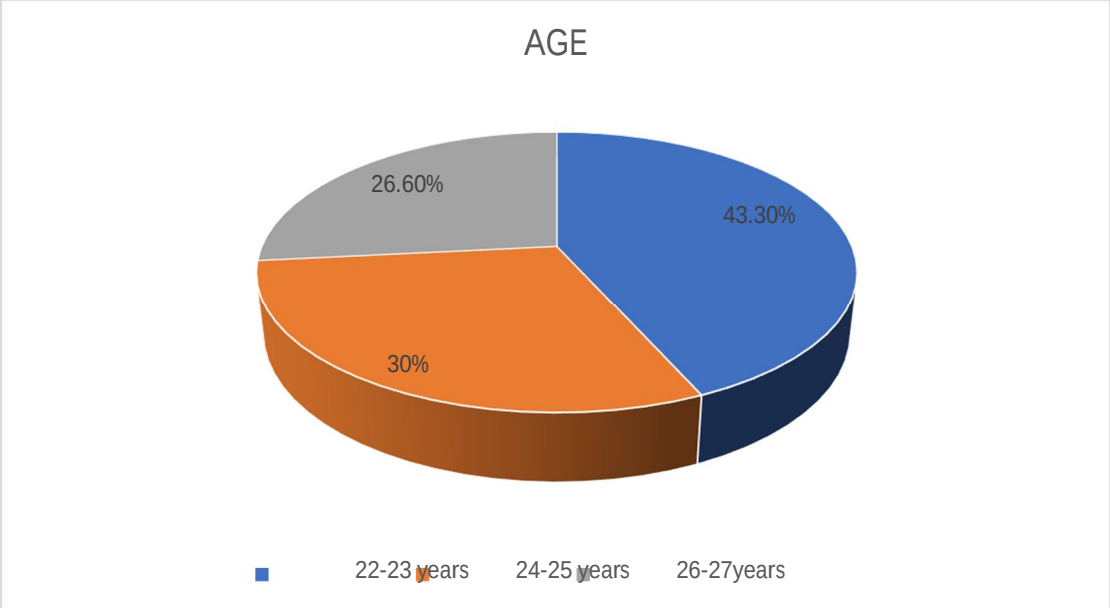



Figure1: percentage distribution age

This table 43.3 % of them were in age group of 22-23, 53,3% of them had secondary level of education , 73.3% of the mothers were unemployed , maximum of them earning , below 4,000and 43.3 %were christian, 60 % of joint family 70% of them were of urban setup , 50% of them had information relatives

*2) Section B:* Assessment of level of challenges and coping stratergies adopted by them duringpostpartum period

Table 2: frequency and percentage distribution of level of challenges and coping stratergies adopted by them

| | Level 1 | | Level 2 | | Level 3 | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| Level of challenges | 26 | 43.3 | 20 | 33.3 | 14 | 23.3 |

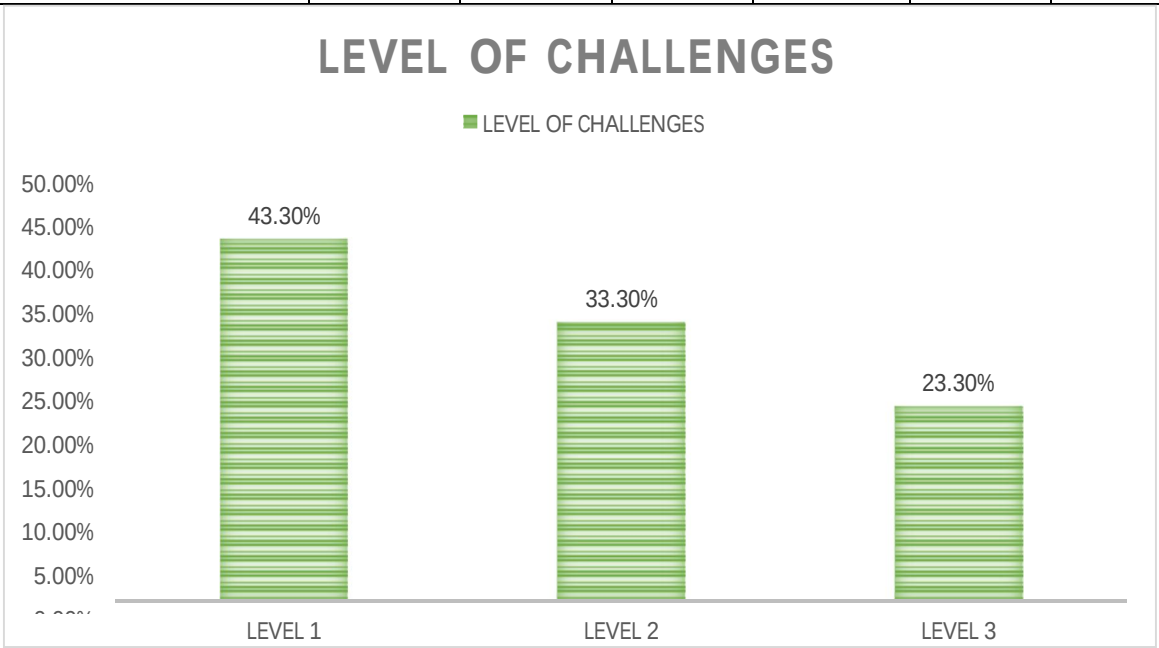



Figure 2: Percentage Distribution Level Of Challenges

This table shows that maximum of them at level 1 challenges , 33.3% are level 2 and 23.3 ofthem of level 3 challenges .

Table 3: Frequency of mean and standard deviation of level of challenges .

| Challenges | Mean |
|---|---|
| Minimum Score | 6 |
| Maximum Score | 28 |
| Mean | 14.62 |
| Standard Deviation | 2.49 |

Table 4: frequency and percentage distribution of coping strateries

| | Inadequate | | Moderate | | Adequate | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| level of coping stratergies | 16 | 26.6 | 22 | 36.6 | 22 | 36.6 |

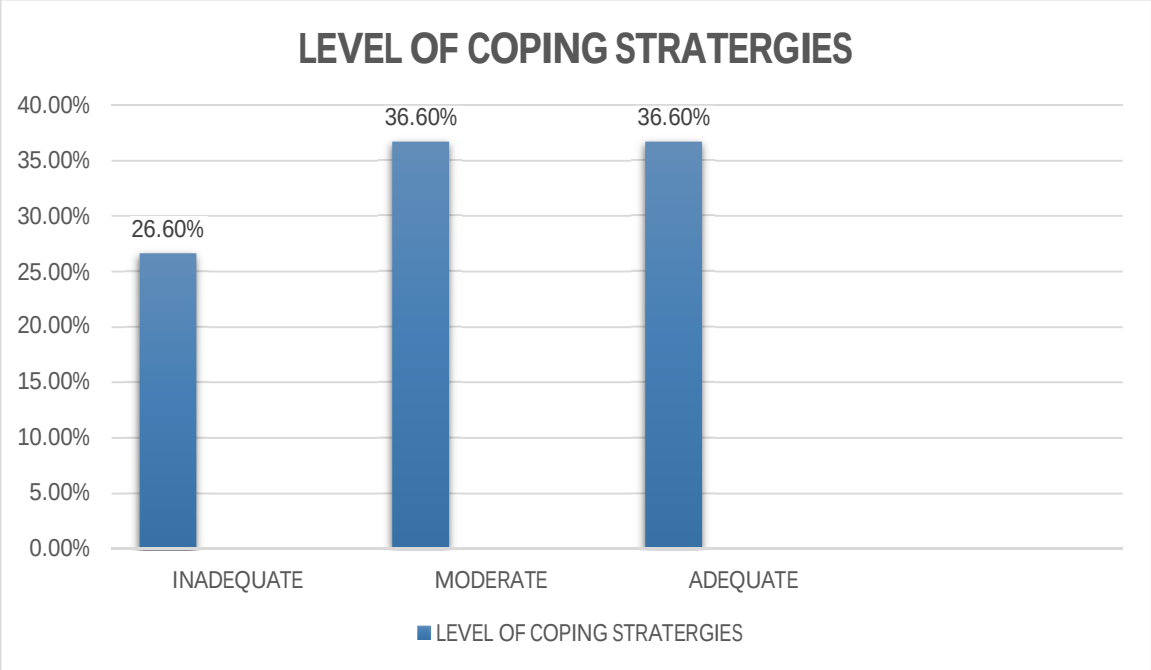



Figure 3: Percentage Distribution Level Of Coping Stratergie

This table shows that about 36.6% are moderate & adequate, 26.6% are inadequate.

Table 5: Frequency of mean and standard deviation of coping strategies

| Knowledge | Mean |
|---|---|
| Minimum Score | 6 |
| Maximum Score | 24 |
| Mean | 3.65 |
| Standard Deviation | 12.26 |

*3) Section C:* Association of level of challenges with their selected demographic variables

Table 5: frequency and percentage distribution of level of challenges selected demographicvariables of community health nurses

| Demographic Variables | Level 1 | | Level 2 | | Level3 | | Chi-SquareTest |
|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | |
| Age in years | | | | | | | $\chi^2$=0.158 |
| 22-23 years | 12 | 20 | 12 | 20 | 7 | 11.6 | d.f=3 |
| 24-25 years | 8 | 13.3 | 4 | 6.6 | 3 | 5 | p = 0.984N.S |
| 26-27 years | 6 | 10 | 4 | 6.6 | 4 | 6.6 | |
| Educational status of the mother | | | | | | | $\chi^2$=1.178 |
| Secondary | 9 | 15 | 9 | 15 | 6 | 10 | d.f=2 |
| Higher secondary | 11 | 18.3 | 7 | 11.6 | 3 | 5 | p = 0.555N.S |
| Graduates | 6 | 10 | 4 | 6.6 | 5 | 8.3 | |
| Post graduates | | | | | | | $\chi^2$=2.550 |
| Occupation status of the mother | 10 | 16.6 | 8 | 13.3 | 4 | 6.6 | d.f=3 |
| Employed | 17 | 28.3 | 12 | 20.0 | 10 | 16.6 | p = 0.466S |
| Un employed | | | | | | | $\chi^2$=3.146 |
| Family income | 6 | 10 | 12 | 20 | 4 | 6.6 | d.f=2 |
| Below 4000/- | 6 | 10 | 4 | 6.6 | 8 | 13.3 | p = 0.207N.S |
| 4000/- 7000/- | 4 | 23.3 | 4 | 6.6 | 2 | 3.3 | |
| 7001/- and above | | | | | | | |
| Religion | 5 | 8.3 | 6 | 10 | 8 | 13.3 | $\chi^2$=2.746 |
| Hindu | 20 | 13.3 | 12 | 20 | 2 | 3.3 | d.f=2 |
| Muslim | 1 | 1.6 | 2 | 3.3 | 4 | 6.6 | p = 0.253 N.S |
| Christian | | | | | | | $\chi^2$=0.690 |
| Type of the family | 11 | 18.3 | 12 | 20 | 4 | 6.6 | |
| Nuclear | 8 | 13.3 | 5 | 8.3 | 3 | 5 | d.f=1 |
| Joint | 7 | 11.6 | 3 | 5 | 7 | 11.6 | p = 0.406S |
| Conjoint | | | | | | | $\chi^2$=0.238 |
| Area of residence | 9 | 15 | 7 | 11.6 | 3 | 5 | |
| Urban | 6 | 10 | 4 | 6.6 | 5 | 8.3 | d.f=1 |
| Rural | 11 | 18.3 | 9 | 15 | 6 | 10 | p = 0.626N.S |
| Semi urban | | | | | | | |
| Source of information | 6 | 10 | 10 | 16.6 | 7 | 11.6 | $\chi^2$=3.438 |
| Relatives and friends | 8 | 13.3 | 6 | 10 | 4 | 6.6 | |
| Neighbours | 12 | 20 | 4 | 6.6 | 3 | 5 | d.f=2 |
| Health personnel | | | | | | | p = 0.179N.S |

This table shows that occupation and type of family shows significant association with challenges faced by the postpartum mothers

## IV. CONCLUSSION

Based on the findings of the current study it was evident that maximum of them at level 1 challenges , 33.3% are level 2 and 23.3 of them of level 3 challenges and also occupation andtype of family shows significant association with challenges faced by the postpartum mothers

## V. ACKNOWLEDGMENT

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## VI. CONFLICT OF INTEREST

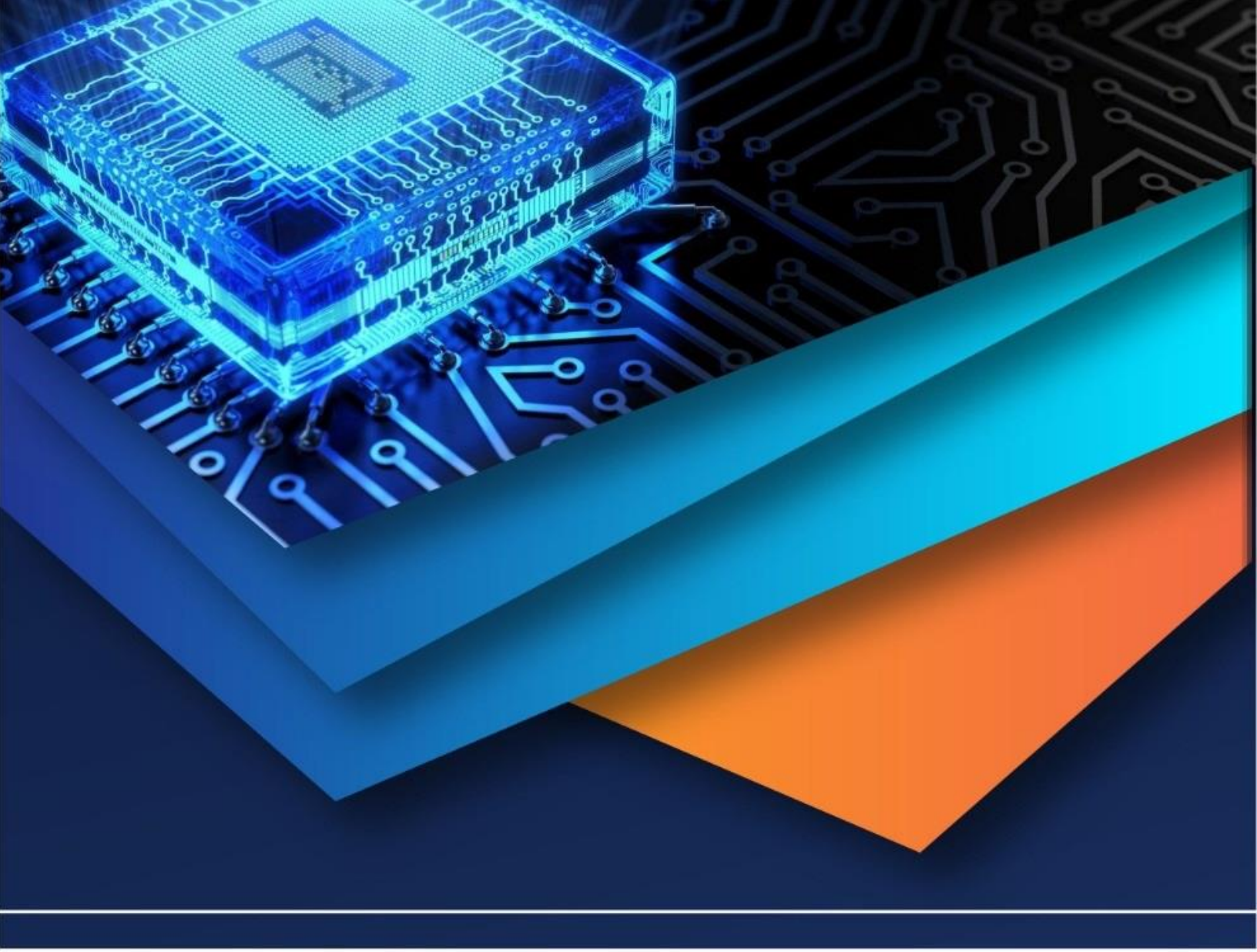
Authors declare no conflict of interest.

## VII. FUNDING SUPPORT

None.

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