A Descriptive Study to Assess Factors Influencing Mother Child Bonding Who Have Undergone Lower Segment Caesarean Section

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1. Introduction

Bonding has been defined as "The emotional and physical attachment occurring between a parent, especially a mother, and offspring, that usually begins at birth and is the basis for further emotional affiliation [1]." The mother is a very special and important woman in a person's life. She is the first woman who symbolizes unconditional love of child. She wants to give the best of the world to her child. maternal bond is the relationship between a mother and her child. While typically associated with pregnancy and childbirth [2]. Both physical and emotional factors influence the mother-child bonding process. In separation anxiety disorder a child becomes fearful and nervous when away from a loved one. New mothers do not always experience instant love toward their child. Instead, the bond can strengthen over time. Bonds can take hours, days, weeks, or months to develop.

2. Need of the Study

Most of the mothers are unable to perform self-care activity. mother is not able to sit and feed the baby, Baby is not able suck properly due to inverted or large nipples. Mother may have severe pain. Due to poor maternal nutrition mothers are not able to maintain good health. Mother may have some chronic disease i.e. high blood pressure, anaemia, diabetes mellitus and cigarette smokers. There may be low birth weight baby so mother is not able to hold the baby. There are some socio-economic problems which affect mother's physical and mental health. To swallow their problems and maintain mother's health. Promotion of health, prevention of illness, early detection of complication, taking proper precautionary measure and self-care practice are expected to be performed. Some learning needs, better knowledge and positive attitude improves the self-care practice of the individual mother.

3. Problem Statement

"A descriptive study to assess Factors Influencing Mother Child Bonding who has Undergone Lower Segment Caesarean Section".

4. Objectives of the Study

1. To determine the factors influencing mother child bonding in mother undergone lower segment caesarean section.

2. To find out the association of factors influencing mother-child bonding with selected demographic variable.

Assumption:

There is significant association between mother and child bonding.

Hypothesis

H0: There is no significant association of selected demographic variable with factors influencing on a mother-child bonding at 0.05 level of significant.

Limitation:

- Study is limited only for month of period.
- Mother who underwent L. S. C. S.
- Mothers who are getting delivery only with P. C. M. C. Hospital

5. Research Methodology

Research Approach:

In order to achieve the objectives of the study, qualitative approach is considered appropriate, as the investigator aimed to find out the association of factors influencing mother child bonding with selected demographical variable.

Research Design:

The research design adopted in this study was **non experimental design**.

Setting of the Study:

The study is conducted in selected hospital of city.

Population:

Target population-

The target population for present study comprises all the L. S. C. S. mother in selected hospital of city.

Accessible population-

The accessible population for the present study consists of all the L. S. C. S. mother in selected hospital of city.

Inclusion Criteria:

1. Lower Segment Caesarean Section. Mother
2. Primipara and multipara Lower Segment Caesarean Section. Mother.

Exclusion Criteria:

1. Critically ill mothers
2. Mothers who are not willing

Sample & Sampling Technique:

Sample-

In present study, the samples selected were the all mother undergone Lower Segment caesarean section.

Sampling technique-

In this study, sampling techniques used was **purposive sampling technique.**

Sample size:

In this study, the sample selected was 100 all the Lower segment Caesarean Section mothers admitted in selected hospital of city.

Sampling Criteria-

In the present study, following inclusion and exclusion criteria were set.

Development of the Tool Preparation:

Tool is prepared to assess the factors influencing mother child bonding and an observational checklist of mother child bonding.

Description of tool:

1. **Section I:** Demographic variable
2. **Section II:** Checklist to the factors influencing mother-child bonding

Section I:-consisted of 5 items on Demographic variable i.e. educational, Occupation, Obstetrical score, Mode of delivery and Baby's weight.

Section II: Factors influencing mother and child bonding with marital age, economic status, priority of gender, family support, marital pain, new born birth complication, extent of 'Rooming in' with baby, breast feeding, mother's psychological status and mother's preparedness.

Criteria for Scoring

The score helps to categories the level of awareness of the subjects in the sample based on the distribution of items.
Part-II: It includes statements **and** each statement scored as follows.

Always =5	Very often =4	Quite often =3	Some times =2	rarely =1	Never =0

The total score for positive feelings of mother child bong are 35% and negative feeling of mother child bonding is 35%. So, the total score of mother child bonding is 100/ 70%.

Validity

Content validity refers to an instrument on test actually testing what it is supposed to be testing. To ensure the content validity of the prepared tool, it was given to 19 experts. These experts included nursing expert - 02, statistician-01, Obstetrician nursing-11, Pediatric nursing expert-03, medical surgical expert-01, community health nursing expert-01. Corrections given by the experts was incorporated in the tool. As such there were some corrections in the tools. As a whole the suggestions and comments of the experts included. The suggestions were discussed with guide and the necessary changes were made.

Reliability

Reliability of the tool was checked by Cronbach's Alpha. The factors score reliability was found to be 0.082 and observational scale reliability was found 0.84. Hence the tool was found to be highly reliable.

Data Analysis and Interpretation

The data was analysed according to the objectives of study which were:

1. To determine the factors influencing mother child bonding in mother undergone lower segment caesarean section.
2. To find out the association of factors influencing mother-child bonding with selected demographic variable.

The data analysed was presented in the following sections:

Section I: Description of demographic variable of mother undergone lower segment caesarean section.

Section II: Description of factors influencing mother-child bonding.

Section I: Description of demographic variable of mother undergone lower segment caesarean section

n=100

Parameters	No. of mothers (f)	Percentage (%)
Education		
Secondary	43	43
Higher secondary	44	44
Graduate	13	13
Occupation	44	44
House wife	20	20
Service	21	21
Laboure	15	15
Business		
Gravida	32	32
G1	49	49
G1	14	14
G2	5	5
G3		
Birth weight (kg)		
<2.5	8	8
2.5 - 3	71	71
>3	21	21
Mode of delivery		
Emergency LSCS	56	56
Planned LSCS	44	44

Education: Majority of 44 % of mother had higher secondary education while 43% of mother had secondary and 13 % of mothers had graduate education level. Occupation: Majority of 44% of mother were Housewife, while 21% of mothers were working as laborer, 20% of mothers were in service and 15% of mothers were working in business. Gravida: Majority of 49% mothers were gravida 1, while 32 % mothers were gravida 2, and 14% of mother's cases had gravida 3 as well as 5% of mother had gravida 4. Birth weight: Majority of 71% of babies birth weight was 2.5 - 3 kg. While 21% of babies birth weight was >3 kg. and remaining 8% baby's birth weight was <2.5kg group. Mode of delivery: Majority of 56% of mothers were emergency LSCS and 44% of mothers had planned LSCS.

Section II: Description of factors influencing mother-child bonding

n-100

Parameters	No of mothers (F)	Percentage (%)
Maternal age		
<26	44	44
27 – 30	43	43
31 & above	13	13
Economic status	25	25
☐ 3000 – 5000		
☐ 5001 – 10000	48	48
☐ 10001 – 15000	22	22
☐ >15000	5	5
Priority of gender		
● Male	53	53
● Female	16	16
● Both	31	31
Family support from		
● Husband	43	43
● Parents	44	44
● Other people	13	13
Maternal pain		
● Mild	13	13
● Moderate	44	44
● Severe	43	43
New born complication		
● Present	87	87
● Absent	13	13

Extent of 'Rooming in' with baby		
● All of the time		
● Most of the time	45	45
● Some of the time	20	20
● None of the time	21	21
	14	14
Breast feeding		
● Yes	87	87
● No	13	13
Mother's Psychologicalstatus		
● Stable	87	87
● Unstable	13	13
Mother's preparedness		
● Prepared	87	87
● Not prepared	13	13

Maternal age: Majority of 44% of mother were age <26 yrs., while 43% of mother were age 27 - 30 yrs. And 13% mothers were 31 & above yrs. Age. . Family support: Majority of 44% of mother had family support from parent, while 43% of mothers had family support from husband and 13% of mother had family support from other people. Maternal pain: Majority of 44% of mother had moderate maternal pain, while 43% of mother had severe maternal pain and 13 % mother had mild maternal pain. New born complication: Majority of 87% of babies had new born complication and 13% of babies had no new born complication.

Extent of rooming in with baby: Majority of 45% of babies had all of the time extent of rooming in with baby, 21 % of babies had some of the time extent of rooming in with baby, while 20 % of babies had most of the time extent of rooming in with baby and 14% of babies had none of the time extent of rooming in with baby. Breast feeding: Majority of 87 % mothers were breast fed immediately after surgery and where as13 % of mothers were not breast fed to their baby immediately. Mother's psychological status: Majority of 87 % mothers were having stable psychological status and where as13 % of mothers were unstable mother's psychological status. Mother's preparedness: Majority of 87 % mothers were prepared and where as13 % of mothers were not prepared.

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