"A Study To Assess The Physical And Psychological Wellbeing And Its Associated Factors Among Women Who Underwent Cesarean Delivery In A Tertiary Care Hospital, Ludhiana, Punjab."

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ABSTRACT

Delivery is the physiological process of giving birth to a baby. Worldwide, it is very important domain of the health care system due to its dynamic process, it may sometimes include several complications. A lower (uterine) segment cesarean section is the most commonly used type of delivery in which a transverse incision is made in the lower uterine segment above the attachment of the urinary bladder to the uterus and the baby is delivered. LSCS may alter physical and psychological wellbeing of women which are reported as minor ailments of puerperium like backache, headache, constipation, cramps, anxiety stress or sometime postpartum depression .So keeping in view a descriptive study is planned to assess the physical and psychological wellbeing & its associated factors among 200 women who underwent lower segment cesarean section in order to enhance their wellbeing using convenience sampling technique. Data will be complied and analyzed by using descriptive and inferential statistics. **Objective:** To assess the physical and psychological wellbeing and its associated factors among women who underwent cesarean delivery. **Methodology:** A Quantitative research approach and descriptive exploratory research design was used including 200 women who underwent cesarean delivery as sample visiting Gynae & Pediatric OPD in DMCH, Ludhiana, Punjab. Data was collected by using structured likert scale to assess physical wellbeing, standardized DASS 21 to assess psychological wellbeing & structured checklist to assess associated factors. Quantitative data was obtained by using self report method. Data was tabulated and analysis was done by using descriptive and inferential statistics (SPSS, 25). **Results**: The findings of the study revealed that 200 women who underwent cesarean delivery were within 2 to 6 week after delivery. The analysis of socio-demographic variables revealed that among 200 women, 67% were in the age group of 29-38

years with the mean age of 30.84±4.80. Majority 72% women were graduate & above, 73% women were homemakers. More than half 58.5% women belonged to joint family. As per religion, maximum 58% women were Hindu, followed by 63% women were from urban area, 68.5% women preferred vegetarian diet and (43%) were found in the category of lower middle class (III).

Regarding clinical profile of women as per BMI (kg/m^2) almost half 49.5% of women had normal weight while as per parity, 53.5% of women were with one parity, had 1 live children. According to age of last child, 64.5% women had 1-5 year age child with 54.83% women had female children. In case of abortion, majority 72.50% women had no abortion and 96.5% had no history of still birth. As per post-operative days, 47% women were within 14 -21 postoperative days, 49% had term delivery and majority 92% had single baby. In relation to use of contraceptive method, majority 88% did not use contraceptives methods, 70.5% had no history of pregnancy induced medical illness, 82.5% had no history of comorbidity and 68.5% had no history of previous any surgery.

Majority 75.5% women who underwent cesarean delivery had good level of physical wellbeing whereas 68% had mild level of psychological (Depression) wellbeing, 52.5% were with normal level of psychological (Anxiety) wellbeing and majority 95.6% had normal level of psychological (Stress) wellbeing. The most common associated factors affecting physical and psychological wellbeing reported as frequently changing diapers at night by 79% followed (72.5%) reported for frequently awakening during night related to feed, (70%) expressed about inadequate rest during day time, followed by (48%) women complained of inadequate milk secretion, whereas (41.5%) women felt pressure on lower abdomen. The association of all variables delivery were found to be statistically non-significant except few variables like socioeconomic status, term of delivery.

Conclusion: The present study concluded that majority of women had good level of physical & psychological wellbeing and the association of most of the variables with physical & psychological wellbeing among women who underwent cesarean delivery was found to be non- significant. The most common associated factors affecting physical & psychological wellbeing among women who underwent cesarean delivery were frequent changing of diapers at night & frequent awakening during night related to feed.

Keywords: *Women who underwent cesarean delivery, physical wellbeing, psychological wellbeing, associated factors.*

INTRODUCTION

The postpartum period is one of the critical periods in which the health status of the women is impacted. Both physical & psychological problems after childbirth are common & may have a significant & possibly long–term impact on women's wellbeing & daily functioning. The experience of childbirth can be complex due to a wide range of individual, medical and social factors that can interact to influence women's experience and outcomes

Postpartum depression is one of the most common psychological health problem among women, affecting 10%-15% worldwide. Regarding maternal postpartum anxiety, the prevalence rate ranged from 9% to 13% worldwide. The following risk factors are strong predictors of postpartum depression or anxiety: stressful

recent life events, poor social support, and a previous history of depression. The various physical, physiological, psychological issues alter the wellbeing of postnatal women and ultimately effects the overall quality of life which should be taken care of for better mother and child health.

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So, there is a need to do assessment of physical and psychological wellbeing among women who undergo LSCS and explore the various factors associated with alteration in quality of life of these women so that being a health professional, antenatal and postnatal counselling can be arranged regarding strategies to improve the mother and child health status.

PROBLEM STATEMENT

A study to assess the physical and psychological wellbeing and its associated factors among women who underwent cesarean delivery in a tertiary care hospital, Ludhiana, Punjab."

OBJECTIVES

1. To assess the level of physical & psychological wellbeing among women who underwent cesarean delivery.

2. To explore the associated factors of physical & psychological wellbeing among women who underwent cesarean delivery.

3. To determine the association of physical & psychological wellbeing among women who underwent cesarean delivery with their selected socio demographic variables.

4. To plan & disseminate an IEC material (pamphlet) on strategies to maintain physical & psychological wellbeing among women who underwent cesarean delivery.

OPERATIONAL DEFINITION

Physical wellbeing: It refers to the level of bodily wellness of women who underwent Cesarean delivery in carrying out their daily living activities within 2 to 6 weeks of delivery as assessed by structured physical wellbeing scale.

Psychological wellbeing: It refers to the mental wellness of women who underwent caesarean delivery in managing the various psychological changes experienced within 2 to 6 weeks of delivery as assessed by DASS 21(Depression, Anxiety, Stress scale).

Women who underwent Cesarean delivery: It refers to the postnatal females with in 2 to 6 weeks of surgical procedure, done for the delivery of the fetus by surgical incision / cut on the abdomen.

Associated factors: It refers to the physical, psychological and social elements present among the women

who underwent cesarean delivery such as anxiety, change in lifestyle, lack of sleep, bodily changes, altered physical health, lack of social support etc as assessed by structured checklist.

MATERIALS AND METHODS

The present study was conducted in the Gynae and Pediatric OPD of Dayanand Medical College & Hospital, Ludhiana, Punjab, The target population were women who underwent cesarean delivery in a selected tertiary care hospital, Ludhiana, Punjab, within 2 to 6 weeks of delivery and present during the period of data collection and sample were women who underwent cesarean delivery. study were 200 women who underwent cesarean delivery. So, in present study, sampling technique was purposive because the researcher purposively took women who underwent cesarean delivery and were within 2 to 6 weeks after delivery. In this study Independent research variables were physical & psychological wellbeing and its associated factors and being the descriptive study there are no dependent variables in this.

Description of tool:

The tool consisted of following 5 parts.

Section I (A): Socio demographic profile Section I (B): Clinical profile

Section II (A): Structured physical wellbeing scale

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Section II (B): Standardized depression anxiety stress scales (DASS21)

Section III: Structured checklist to assess the associated factors.

Criterion measure of the tool

Minimum Score: 0

Maximum Score: 56

LEVEL OF WELLBEING	SCORE
VERY GOOD	43-56
GOOD	29-42
AVERAGE	15-28
BELOW AVERAGE	1-14

Criterion Measure:

Before interpreting the scores, the summed numbers in each sub-scale need to be multiplied by 2.

SEVERITY	DEPRESSION	ANXIETY	STRESS
NORMAL	0-9	0-7	0-14
MILD	10-13	8-9	15-18
MODERATE	14-20	10-14	19-25
SEVERE	21-27	15-19	26-33
EXTREMELY SEVERE	28+	20+	34+

RESULTS

Tables 1: depicts the distribution of women as per socio demographic variables As per age, maximum 134 (67%) women were in the age group of 29-38 years, followed by 57(28.5%) were in the age group of 19-28 years, whereas 8(4%) were in the age group of 39-48 years and only 1 (0.5%) women were in the age group of ≥49 years.

As per educational status, majority 144(72%) women were graduate & above, followed by 30(15%) women were educated up to secondary level, 23(11.5%) were with educational level up to elementary and only 3(15.0%) women were illiterate.

As per the educational status of husband, majority 125(62.5%) were graduate & above, followed by 39(19.5%) husbands were educated up to secondary level, whereas 31(15.5%) were with education level up to elementary and remaining 5(2.5%) husbands were illiterate.

As per occupational status, majority 146(73%) women were homemakers and remaining 54(27%) were working. On the other hand, all 200(100%) husbands were working.

As per type of family, more than half 117(58.5%) women belonged to joint family, followed by 73(36.5%) had nuclear family and remaining 10(5.0%) women belonged to extended family.

As per religion, more than half 116(58%) women were Hindu, followed by 77(38%) women belonged to Sikh religion, whereas 4(2%) and 3(1.5%) women belonged to Muslim and Christian religion respectively.

As per habitat, majority 126(63%) women were from urban area and remaining 74(37%) women were from rural area.

As per dietary status, maximum 137(68.5) women preferred vegetarian diet, followed by 57(28.5%) women preferred non vegetarian diet and remaining 6(3%) women were Lacto ova vegetarian.

As per kuppuswamy socioeconomic status scale (2023), 86(43%) of women were found in the category of lower middle class (III), followed by 66(33%) women belonged to upper middle class (I), whereas 27(13.5%) and 27(10.5%) women were found in the category of upper lower class and upper class

respectively.

Hence, it can be concluded that majority of the women belonged to age group of 29- 38years, were with educational level up to graduate and above, were nonworking/ homemakers, residing with joint family, were Hindu, belonged to urban areas, preferred having vegetarian diet and belonged to lower middle class family.

Table 2 depicted the clinical profile of women who underwent cesarean delivery. As per BMI (kg/m^2) almost half 99(49.5%) of women had normal weight and 70(35%) of women were overweight. On the other hand 24(12%) of women with obese category, whereas only 7(3.5%) of women had underweight.

As per parity, more than half 107(53.5%) of women with one parity followed by 76(38%) with parity two, and only 17(8.5%) with parity three or more.

Then regarding number of live children, more than half 107(53.5%) women had 1 live children, whereas 87(43.5%) had 2live child. On the other hand, 6 (3%) women had ≥ 3 live children.

According to age of last child, maximum 60(64.5%) women had 1-5 year age child, 30(32.3%) women had 5-10 year age child. and only 3(3.2%) had last child age of
≥10 years.

As per gender of last child, more than half 51(54.83%) women had female children followed by 42(45.17%) had male children.

In case of abortion, majority 145(72.50%) women had no abortion followed by 55(27%.5) women had abortion. Out of those, 47(85.55%) had one or two abortion, followed by 5(9.0%) had three or four abortion and 3(5.45%) had more than four abortions.

In case of still birth, majority 193(96.5%) had no history of still birth. whereas 7(3.5%) had history of still birth and among those 5(66.67%) had one still birth and only 2(33.33%) had two still birth.

As per post-operative days, almost half 94(47%) women were within 14th -21st postoperative days, whereas 50(25%) were with in 22nd -29th post-operative day, followed by 27(13.5%) were within 30th – 37th post-operative days and 29(14.5%) were within ≥38 postoperative days.

As per term of delivery, almost half 98(49%) had term delivery followed by 96(48%) women had preterm delivery and 6(3%) had post term delivery.

As per latest pregnancy outcome, majority 184(92%) women had single baby, followed by 14(7%) women had twins baby and 2(1%) women had triplets.

In relation to use of contraceptive method, majority 176(88%) did not use contraceptives methods followed by 24 (12%) who used contraceptive methods and out of them, 17(70.84%) used male condom followed by 1(4.16%) used female condom, and 6(25%) women used pills.

As per history of pregnancy induced medical illness, 141(70.5%) had no history while 59(29.5%) had faced complications, out of them medical illness found in them were hypertension among 19(32.20%) and

14(23.72%) had history of gestational diabetes mellitus, followed by 13(22.03%) had history of thyroid issue and 10(16.94%) women had anemia, although 11(18.64%) were with other complications like preeclampsia/ HIV/ Jaundice.

As per history of comorbidity, majority 165(82.5%) had no history of comorbidity, while 35(17.5%) had history of comorbidity. Out of these equal number 5(14.28%) women had history of hypertension & diabetes mellitus, 6(17.14%) women had thyroid issue, followed by equal number 11(31.42%) women had history of anemia, and other complications like HIV/ jaundice/ malaria / typhoid/ piles/ UTI.

In case of history of previous surgery, maximum 137(68.5%) had no history of previous any surgery, while 63(31.5%) women had the history of previous surgery and among those, 63women,49(77.78%) women had history of LSCS while 14(22.22%) had other history of surgery like myomectomy/ laparotomy/Orthosurgery.

Hence, it can be interfere that maximum women had normal BMI, with parity one, had one live child, had no abortion and no history of still birth, had term of delivery and delivered single baby. Most of them had not used any contraceptive methods, and had no medical or surgical history and comorbidity.

Table 3 exhibits that one third 151(75.5%) women who underwent cesarean delivery had good level of wellbeing with mean±SD=48.42±3.84 followed by 41(20.5%) had average level of wellbeing with mean±SD=39.80±1.97 and 6(3%) had very good level of wellbeing with mean±SD=58.33±1.86 while only 2(1%) had below average level of wellbeing with mean±SD= 27.50±0.70. The overall mean physical wellbeing score was found to be 46.74±5.64 among women who underwent cesarean delivery.

Hence, majority of women who underwent cesarean delivery had good level of physical wellbeing.

Table 4 depicts that majority 136(68%) women had normal level of depression with mean±SD=3.55±3.08, followed by 30(15%) women had mild level of depression with mean±SD=11.06±1.01, although 29(14.5%) women had moderate level of depression with mean±SD=16.20±2.02 while 3(1.5%) women had severe depression with mean±SD=22.66±1.15. Least percentage 2(1%) women had extremely severe level of depression with mean±SD=33.00±1.41. The overall mean psychological (Depression) wellbeing score was found to be 7.10±6.37 among women who underwent cesarean delivery.

Hence, majority of women who underwent cesarean delivery had mild level of psychological (Depression) wellbeing.

Table 5 revealed that 105(52.5%) women had normal level of anxiety with mean±SD=3.15±2.25, followed by 53(26.5%) women had moderate level of anxiety with mean±SD=11.58±1.63, as followed by 19(9.5%) women with mild level of anxiety with mean±SD=8.00±0.00 while 7(3.5) had severe level of anxiety with mean±SD=16.57±0.97, although 16(8.0%) women had extremely severe anxiety with mean±SD=23.62±3.81. The overall mean Psychological (Anxiety) wellbeing score was found to be 7.95±6.52 among women who underwent cesarean delivery.

Hence, majority of women who underwent cesarean delivery had normal level of psychological (Anxiety) wellbeing.

Table 6 depicts that 153(76.5%) women had normal level of stress with mean±SD=6.65+4.63, followed by 25(12.5%) women had mild stress with mean±SD=16.80+1.00 followed by 18(9%) women had moderate level of stress with mean±SD=21.00+1.57, while, 2(1.0%) had severe level of stress with mean±SD=30.00+2.82, and 2(1.0%) women had extremely severe stress with mean±SD=38.00+0.00. The overall mean psychological (stress) wellbeing score was found to be 9.71±7.18 among women who underwent cesarean delivery.

Hence, majority of women who underwent cesarean delivery had normal level of psychological (Stress) wellbeing.

Table 7 illustrates the various associated factors of physical and psychological wellbeing as per their rank order in which 158(79%) women reported that frequently changing diapers at night affects their physical & psychological wellbeing followed by 145(72.5%) revealed frequently awakening during night related to feed affected their overall physical & psychological wellbeing.

Further, 140(70%) expressed about inadequate rest during day time, followed by 96(48%) women complained of inadequate milk secretion, whereas 83(41.5%) women felt pressure on lower abdomen.

While the least associated factors which effect physical and psychological wellbeing of women who underwent cesarean delivery were issues related to marital adjustment as reported by and 19(9.5%) social withdrawal among 13(6.5%) women.

Hence, the most common associated factor which affected physical & psychological wellbeing among women who underwent cesarean delivery was frequent changing of diapers at night.

Table 8 depicts the association of physical wellbeing among women who underwent cesarean delivery with their selected socio demographic variables (age, education status of wife & husband and occupation status of wife & husband, type of family, religion, dietary habits and socioeconomic status of family).

As per age, maximum 134 (67%) women were within the age group of 29-38 years with mean ±SD score 46.46+5.24 and their association with physical wellbeing was found to be non- significant as (p=0.42).Then regarding educational status of wife, majority 144(72%) women were graduate & above, with mean±SD score 46.74±5.80 and their association with physical wellbeing was found to be non- significant as (p=0.51).

As per the educational status of husband, majority 125(62.5%) were graduate & above with mean±SD score 46.74±5.64 and their association with physical wellbeing was found to be non- significant as (p=0.27).

Then as per occupational status, majority 146(73%) women were homemakers with mean±SD score 46.94±5.82 and their association with physical wellbeing was found to be non- significant (p=0.41)

On the other hand, all 200(100%) husbands were working with mean±SD score

46.74±5.64 and their association with physical wellbeing was found to be non- significant (p=0.60).

As per type of family, more than half 117(58.5%) women belonged to joint family, with mean±SD score

46.78±5.42 and their association with physical wellbeing was found to be non- significant (p=0.99).

Further as per religion, maximum 116(58%) women were Hindu, with mean±SD score 46.45± 5.71 and their association with physical wellbeing was found to be non- significant (p=0.64).

As per habitat, majority 126(63%) women were from urban area, and mean±SD score

46.68±5.62 and their association with physical wellbeing was found to be non- significant (p-0.83).

As per dietary habits, maximum 137(68.5) women preferred vegetarian diet with mean± SD score 46.79±5.50 and their association with physical wellbeing was found to be non- significant (p=0.94).

As per socioeconomic status of family, maximum 86(43%) were found in the category of lower middle class (III) and mean± SD score 46.26±5.36 and their association with physical wellbeing was found to be non- significant (p=0.68).

Hence, it can be concluded that association of all socio-demographic variables like age, educational status of wife & husband, occupational status of wife & husband type of family, religion, habitat, dietary habits and socioeconomic status of family with physical wellbeing among women who underwent cesarean delivery were found to be statistically non-significant.

Table 9 reveals association of psychological wellbeing (depression) among women who underwent cesarean delivery with their selected socio demographic variables (age, education status of wife & husband and occupation status of wife & husband, type of family, religion, dietary habits and socioeconomic status of family).

As per age, maximum 134 (67%) women were within the age group of 29-38 years with mean ±SD score 6.67±6.09 and their association with physical wellbeing was found to be non- significant (p=0.36). Then regarding educational status of wife, majority 144(72%) women were graduate & above with mean±SD score 7.12±6.29 and their association with psychological (depression) wellbeing was found to be non-significant (p=0.63).

As per the educational status of husband, majority 125(62.5%) were graduate & above with mean±SD score 7.24±6.28 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.29).

Then as per occupational status, majority 146(73%) women were homemakers with mean±SD score 7.46±6.63 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.14).

On the other hand, all 200(100%) husbands were working with mean±SD score 7.07±6.37. but their association with psychological (depression) wellbeing was found to be non- significant (p=0.72).

As per type of family, more than half 117(58.5%) women belonged to joint family, and means±SD score 6.65±6.38 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.16).

Further as per religion, maximum 116(58%) women were Hindu with mean±SD score was 7.25± 6.12. but their association with psychological (depression) wellbeing was found to be non- significant.(p=0.47)

As per habitat, majority 126(63%) women were from urban area with mean±SD score was 7.30±6.21 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.56).

As per dietary status, maximum 137(68.5) women preferred vegetarian diet with mean±SD score7.18±6.78 and their association with psychological (depression) wellbeing was found to be non- significant (0.51).

As per socioeconomic status of family, maximum 86(43%) were found in the category of lower middle class (III) with mean±SD score 7.65±6.29 and their association with psychological (depression) wellbeing was found to significant (p=0.01).

Hence, it can be concluded that association of sociodemographic variables with psychological (Depression) wellbeing among women who underwent cesarean delivery was found to be non- significant except socioeconomic status.

Table 10 depicts the association of psychological wellbeing (anxiety) among women who underwent cesarean delivery with their selected socio demographic variables (age, education status of wife & husband and occupation status of wife & husband, type of family, religion, dietary habits and socioeconomic status of family).

As per age, maximum 134 (67%) women were within the age group of 29-38 years with mean ±SD score 7.58±6.74 and their association with physical wellbeing was found to be non- significant (p=0.44). Then regarding educational status of wife, majority 144(72%) women were graduate & above with mean±SD score 8.02±6.54 and their association with psychological (anxiety) wellbeing was found to be non-significant (p=0.91).

As per the educational status of husband, majority 125(62.5%) were graduate & above with mean±SD score 8.13±6.69 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.51).

Then as per occupational status, majority 146(73%) women were homemakers with mean±SD score 8.13±6.38 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.56).

On the other hand, all 200(100%) husbands were working with mean±SD score

7.97±6.51 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.95).

As per type of family, more than half 117(58.5%) women belonged to joint family with means±SD score 7.93±6.57 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.99).

Further as per religion, maximum 116(58%) women were Hindu with mean±SD score 8.72± 6.59 and their association with psychological (anxiety) wellbeing was found to be significant (p=0.02)

As per habitat, majority 126(63%) women were from urban area with mean±SD score

8.13±6.52 and their association with psychological (anxiety) wellbeing was found to be significant (p= 0.61).

As per dietary status, maximum 137(68.5%) women preferred vegetarian diet with mean±SD score 7.86±6.97 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.93).

As per socioeconomic status of family, maximum 86(43%) were found in the category of lower middle class (III), and mean±SD score 8.95±6.69 and their association with psychological (anxiety) wellbeing was found to be significant (p= 0.01).

Hence, it can be concluded that association of sociodemographic variables with psychological (anxiety) wellbeing among women who underwent cesarean delivery was found to be non- significant except religion & socioeconomic status.

Table 11 depicts the association of psychological wellbeing (stress) among women who underwent cesarean delivery with their selected socio demographic variables (age, education status of wife & husband and occupation status of wife & husband, type of family, religion, dietary habits and socioeconomic status of family).

As per age, maximum 134 (67%) women were within the age group of 29-38 years with mean ±SD score 9.56±7.23 and their association with physical wellbeing was found to be non- significant (p= 0.79). Then regarding educational status of wife, majority 144(72%) women were graduate & above with mean±SD score 9.56±7.23.and their association with psychological (Stress) wellbeing was found to be non-significant (p=0.35).

As per the educational status of husband, majority 125(62.5%) were graduate & above with mean±SD score 9.64±7.20 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.96).

Then as per occupational status, majority 146(73%) women were homemakers with mean±SD score 9.60±7.10 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.70).

On the other hand, all 200(100%) husbands were working with mean±SD score

9.72±7.13 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.62).

As per type of family, more than half 117(58.5%) women belonged to joint family with means±SD score 9.38±7.12. but their association with psychological (Stress) wellbeing was found to be non- significant (p=0.73).

Further as per religion, maximum 116(58%) women were Hindu with mean±SD score 10.37± 7.31 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.18).

As per habitat, majority 126(63%) women were from urban area with mean±SD score

9.79±7.31 and their association with psychological (Stress) was found to be non- significant (p=0.83).

As per dietary status, maximum 137(68.5) women preferred vegetarian diet with mean±SD score 10.16±7.84 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.39)

As per socioeconomic status of family, maximum 86(43%) were found in the category of lower middle class (III), and mean±SD score was 9.74±6.98. but their association with psychological (Stress) wellbeing was found to be significant (p=0.75).

Hence, it can be concluded that association of all socio-demographic variables (like age, educational status of wife & husband, occupational status of wife & husband type of family, religion, habitat, dietary habits and socioeconomic status of family) with psychological (stress) wellbeing among women who underwent cesarean delivery were found to be statistically non-significant.

Table 12 depicts the association of physical wellbeing among women who underwent cesarean delivery with their clinical profile variables BMI, Parity, Number of live children, Age of last child, gender of last child, abortion, still birth, Post-operative term of delivery, latest pregnancy outcome, pregnancy induced medical illness.

As per BMI (kg/m^2) almost half 99(49.5%) of women had normal weight with mean±SD score 47.34±5.10 and their association with physical wellbeing was found to be non- significant (p=1.78).

As per parity, majority 107(53.5%) of women with one parity with mean±SD score was 46.37±5.66 and their association with physical wellbeing was found to be non- significant (p= 0.35)

Then regarding number of live children, majority 107(53.5%) women had 1 live children with mean±SD score 46.25±5.62 and their association with physical wellbeing was found to be non- significant (p=0.22).

Table 13 Illustrates the association of psychological (depression) wellbeing among women who underwent cesarean delivery with their clinical profile variables BMI, Parity, Number of live children, Age of last child, gender of last child, abortion, still birth, Post-operative term of delivery, latest pregnancy outcome, pregnancy induced medical illness.

As per BMI (kg/m^2) almost half 99(49.5%) of women had normal weight with mean±SD score 6.98±6.15 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.69).

As per parity, majority 107(53.5%) of women with one parity with mean±SD score 6.80±6.04 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.13)

Then regarding number of live children, majority 107(53.5%) women had 1 live children with mean±SD score 6.74±6.05 and their association with psychological (depression) wellbeing was found to be non-

significant (p=0.15).

According to age of last child, majority 60(64.5%) women had 1-5 year age child with mean±SD score 7.36±6.92 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.64).

As per gender of last child, most 51(54.83%) women had female children with mean±SD score 47.13±6.41 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.62).

In case of abortion, majority 145(72.50%) women had no abortion with mean±SD score 6.99±6.58 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.78).

In case of still birth, 193(96.5%) had no history of still birth with mean±SD score 7.10±6.53 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.65).

As per post-operative days, majority 94(47%) women were within 14th -21st postoperative days with mean±SD score 6.31±5.55 and their association with psychological (depression) wellbeing was found to be non- significant (p= 0.38).

As per term of delivery, majority 98(49%) women had term delivery with mean±SD score 6.30±6.37 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.09).

As per latest pregnancy outcome, majority 184(92%) women had single baby with mean±SD score 6.88±6.33 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.14).

As per history of pregnancy induced medical illness, 141(70.5%) had no history with mean±SD score 6.86±6.42 and their association with psychological (depression) wellbeing was found to be non- significant (p=0.80).

Hence, it can be concluded that association of all clinical profile variables like BMI, Parity, Number of live children, Age of last child, gender of last child, abortion, still birth, Post-operative days, term of delivery, Latest pregnancy outcome, pregnancy induced medical illness with psychological (Depression) wellbeing among women who underwent cesarean delivery were found to statistically non-significant.

Table 14 depicts the association of psychological (anxiety) wellbeing among women who underwent cesarean delivery with their clinical profile variables BMI, Parity, Number of live children, Age of last child, gender of last child, abortion, still birth, Post-operative term of delivery, latest pregnancy outcome, pregnancy induced medical illness

As per BMI (kg/m^2) almost half 99(49.5%) of women had normal weight with mean±SD score 8.44±6.59 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.55)

As per parity, majority 107(54.5%) of women with one parity with mean±SD score 7.78±5.64, and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.10).

Then regarding number of live children, majority 107(53.5%) women had 1 live children with mean±SD

score 7.59 ± 5.59 and their association with psychological (anxiety) wellbeing was found to be non-significant (p=0.19).

According to age of last child, majority 60(64.5%) women had 1-5 year age child with mean±SD score 8.66 ± 7.69 and their association with psychological (anxiety) wellbeing was found to be non- significant (p= 0.74).

As per gender of last child, most 51(54.83%) women had female children with mean±SD score 47.13 ± 6.41 and their association with psychological (anxiety) wellbeing was found to be non- significant (p= 0.62).

In case of abortion, majority 145(72.50%) women had no abortion with mean±SD score 7.69 ± 6.32 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.32).

In case of still birth, 193(96.5%) had no history of still birth with mean±SD score 8.00 ± 6.53 and their association with psychological (anxiety) wellbeing was found to be non- significant (p= 0.73)

As per post-operative days, majority 94(47%) women were within 14th -21st postoperative days with mean±SD score 7.13 ± 6.38 and their association with psychological (anxiety) wellbeing was found to be non- significant (p= 0.20).

As per term of delivery, majority 98(49%) women had term delivery with mean±SD score 6.96 ± 6.25 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.57).

As per latest pregnancy outcome, majority 184(92%) women had single baby with mean±SD score 7.79 ± 6.36 and their association with psychological (anxiety) wellbeing was found to be non- significa (p=0.34).

As per history of pregnancy induced medical illness, 141(70.5%) had no history with mean±SD score 7.34 ± 6.08 and their association with psychological (anxiety) wellbeing was found to be non- significant (p=0.16).

Hence, it can be concluded that association of all clinical profile variables like BMI, parity, number of live children, age of last child, gender of last child, abortion, still birth, post-operative days, term of delivery, latest pregnancy outcome, pregnancy induced medical illness with psychological (anxiety) wellbeing among women who underwent cesarean delivery were found to statistically non-significant.

Table 15 depicts the association of psychological (Stress) wellbeing among women who underwent cesarean delivery with their clinical profile variables BMI, Parity, Number of live children, Age of last child, gender of last child, abortion, still birth, Post-operative term of delivery, latest pregnancy outcome, pregnancy induced medical illness

As per BMI (kg/m^2) almost half 99(49.5%) of women had normal weight with mean±SD score and 9.85 ± 7.13 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.55).

As per parity, majority 107(54.5%) of women with one parity with mean±SD score

9.81±6.93 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.16).

Then regarding number of live children, majority 107(53.5%) women had 1 live children with mean±SD score 9.75±6.95 and their association with psychological (Stress) wellbeing was found to be non-significant (p=0.70).

According to age of last child, majority 60(64.5%) women had 1-5 year age child with mean±SD score 9.90±7.90 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.48)

As per gender of last child, most 51(54.83%) women had female children with mean±SD score 8.13±7.97 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.06).

In case of abortion, majority 145(72.50%) women had no abortion with mean±SD score 9.25±7.03 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.13).

In case of still birth, 193(96.5%) had no history of still birth with mean±SD score

9.73±7.11. and their association with psychological (Stress) wellbeing was found to be non- significant (0.91).

As per post-operative days, maximum 94(47%) women were within 14th -21st postoperative days, with mean±SD score 8.80±7.24 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.26)

As per term of delivery, almost half 98(49%) women had term delivery with mean±SD score 8.83±7.41 and their association with psychological (Stress) wellbeing was found to be significant (p=0.00)

As per latest pregnancy outcome, majority 184(92%) women had single baby with mean±SD score 9.44±7.00 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.17).

As per history of pregnancy induced medical illness, 141(70.5%) with mean±SD score 9.48±7.11 and their association with psychological (Stress) wellbeing was found to be non- significant (p=0.48).

Hence, it can be concluded that association of all clinical variables with psychological (Stress) wellbeing among women who underwent cesarean delivery was found to be non-significant except term of delivery.

CONCLUSION

The present study concluded that majority of women had good level of physical & psychological wellbeing and the association of most of the variables with physical & psychological wellbeing among women who underwent cesarean delivery was found to be non- significant. The most common associated factors affecting physical & psychological wellbeing among women who underwent cesarean delivery were frequent changing of diapers at night & frequent awakening during night related to feed.

RECOMMENDATIONS

- A study can be conducted on long – term effects of caesarean delivery on health and behavioral outcomes of the mother and child.

- Similar study can be conducted on relationship between the level of pain and quality of sleep in women after a cesarean –section. A study can be conducted on long – term effects of caesarean delivery on health and behavioral outcomes of the mother and child.

- Similar study can be conducted on relationship between the level of pain and quality of sleep in women after a cesarean –section.

- A Comparative study can be conducted to assess the physical health of mother after normal vaginal and cesarean deliveries.

- Longitudinal study can be conducted to assess the mode of birth and women's psychological and physical wellbeing in the postnatal period.

- A descriptive study can be conducted on major concerns of women after cesarean delivery.

- A qualitative study can be conducted to explore the experience of postnatal women after cesarean delivery.

NURSING IMPLICATION

Nurses have pivotal role in maintaining and promoting physical, psychological wellbeing of postnatal women.

Nurse perform various roles for providing services to individuals as well as family. They act as educator, counsellor, organizers, direct, care providers, leaders and motivators.

Findings of present study has implications in nursing education, nursing practice and nursing administration, nursing research.

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