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EFFECT OF BENSON RELAXATION THERAPY ON POST-CAESAREAN PAIN AND STRESS AMONG POSTNATAL MOTHERS

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ABSTRACT:

Background & Objectives

Following a caesarean section, many mothers commonly experience pain, postpartum depression, and stress. Non-pharmacological interventions offer an accessible, cost-effective, and safe approach to managing these challenges. Benson's relaxation therapy, a non-pharmacological method, promotes physical and mental relaxation and improves overall recovery.

To assess the effect of Benson relaxation therapy on post-caesarean pain and stress among postnatal mothers.

To find out the association between pre-interventional level of c-section pain and stress among postnatal mother who underwent c-sections with their selected demographic variable.

Methods

A quasi-experimental study was conducted on 108 post-caesarean mothers in the post-natal ward of Queen Mary Hospital, KGMU, Lucknow, India. The experimental group received an intervention twice daily for three days. Post-interventional pain and stress were assessed by using a numerical pain rating scale & modified Hung postpartum stress scale.

Results & conclusions

The study reflected that BRT effectively reduced pain and stress levels in the experimental group. The mean pain score for the experimental group reduced from 5.79 to 2.64 while in the control group, it was 6.62 at pre-intervention and 5.09 at follow-up. The mean stress score for the experimental group reduced from 148.63 to 91.61 while in the control group, it was 159.41 at pre-intervention and 147.45 at follow-up. Also, there was no significant association between pre-interventional level of c-section pain and stress among post-natal mothers with their selected socio-demographic variables ($p < 0.05$).

This study reflected the positive effect of Benson's relaxation therapy in reducing pain and stress levels among post-caesarean section mothers.

Keywords: Benson's Relaxation Therapy, Post-Cesarean Pain, Postnatal Stress, Postpartum Period, Complementary Therapies, Maternal Health, Pain Management

INTRODUCTION

A caesarean section, additionally known as a c-section, is a surgical procedure involving incisions through the abdominal wall and the uterus for fetal delivery. This procedure can be planned or performed emergently and is considered a life-saving intervention in the presence of pregnancy-related complications (Byamugisha and Adroma, 2020). Postpartum decision-making is significantly influenced by pain, occasionally leading women to elect for caesarean sections despite the procedure's failure to eliminate labour-associated pain completely. Midwives should conduct thorough and consistent assessments to enhance maternal and neonatal outcomes, providing essential care throughout the labor process. The World Health Organization (WHO) advises that a nation's cesarean section rates should not exceed 15 %. A study by Bétran et al. (2007) estimated the average caesarean section rate in Asia to be 15.9% at the beginning of the 21st century. Currently, India is witnessing a significant increase in deliveries via cesarean section, coinciding with a surge in births taking place in hospitals.

The percentage of Caesarean sections performed in India has risen from 25.4% to 32%. Notably, Southern India exhibits an even higher rate, reaching around 32.6%. Post-caesarean pain is a major contributor to adverse outcomes in the postpartum period. These include patient discomfort and dissatisfaction, impaired wound healing, prolonged recovery, extended hospital stays, reduced quality of life, challenges with mother-infant bonding, and the development of chronic pain syndromes. Severe pain following caesarean delivery can transform the typically positive experience of childbirth into a stressful one, significantly hindering activities such as ambulation, breastfeeding, and newborn care Demelash et al., 2022. Inadequate postoperative pain management following caesarean delivery is associated with several adverse outcomes, including the development of chronic pain, increased opioid consumption, delayed recovery, and an elevated risk of postpartum depression. Comprehensive postoperative care should prioritize not only analgesia but also the facilitation of maternal mobility, minimization of adverse effects for both mother and neonate, promotion of a rapid return to pre-operative functional status, and support for early hospital discharge. S. Caitlin, C. Brendan.⁴ The management of post-caesarean pain encompasses a range of strategies, which can be classified into pharmacological and non-pharmacological approaches. Pharmacological Therapies involve the application of analgesic drugs, such as non-narcotic analgesics (e.g., nsais) or narcotic analgesics, to promptly mitigate pain. Despite their efficacy, prolonged utilization of these medications may result in potential adverse effects, including nephrotoxicity. Consequently, there is a growing emphasis on minimizing opioid consumption to enhance post-caesarean recovery, with pain management plans personalized to individual requirements. Non pharmacological pain management methods, which are generally safer and devoid of side effects, can be further segmented into cognitive, physical, and emotional interventions. Examples of these Therapys include applying warm or cold compresses, massage, acupuncture or acupressure, aromatherapy, electromagnetic therapy, music therapy, and various relaxation therapies. (Zimpel et al., 2020) Non-pharmacological relaxation therapies are effective in mitigating post-caesarean section pain. These strategies primarily involve muscle relaxation, breathing exercises, meditation, and behavioral relaxation therapies. Specifically, the Benson Relaxation Therapy (BRT), characterized by a breathing method tailored to promote relaxation and enhance general well-being through personal belief systems, has been identified as a cost-effective approach for reducing post-caesarean pain. Studies indicate that the BRT can decrease postoperative opioid analgesic consumption, diminish pain intensity, alleviate stress, anxiety, and postpartum fatigue, and improve patient satisfaction. Post-caesarean nursing care necessitates continuous monitoring of vital signs, assessment of vaginal bleeding, intravenous fluid administration, prophylactic antibiotic administration, and analgesic provision for pain management. Nursing education should emphasize the proper implementation of the Benson relaxation Therapy to reduce reliance on analgesic medications and facilitate non-pharmacological pain management post-caesarean section, thereby minimizing potential adverse effects. The worldwide prevalence of caesarean section is becoming more common, accounting for more than 21% of all deliveries. The lowest occurrences are found in less developed nations, where they average about 8%, and fall to as low as 5% in sub-Saharan Africa. In stark contrast, Latin America and the Caribbean have high incidences, with caesarean sections accounting for roughly 43% of births. Notably, caesarean deliveries now outnumber vaginal births in five specific countries: the Dominican Republic, Brazil, Cyprus, Egypt, and Turkey.WHO, 2021.

I. RESEARCH METHODOLOGY

1. Population and Sample

The study adopted a quantitative, quasi-experimental (non-randomized control group) research design to assess the effectiveness of Benson Relaxation Therapy (BRT) on pain and stress among post-caesarean mothers. The accessible population comprised post-caesarean mothers admitted to the postnatal ward of the Department of Obstetrics and Gynaecology, Queen Mary Hospital, King George's Medical University (KGMU), Lucknow, during November 2024. A total of 108 post-caesarean mothers were selected using a non-probability convenient sampling technique. The participants were divided equally into an experimental group (n = 54) and a control group (n = 54). Mothers admitted to the booked postnatal care (PNC) ward were assigned to the experimental group, while mothers admitted to the unbooked PNC ward formed the control group. The sample size was determined using the standard formula $n = Z^2 p(1-p)/d^2$, with a 95% confidence level ($Z = 1.96$), expected prevalence ($p = 0.50$), and precision ($d = 0.10$), yielding a sample size of 97, which was increased to 108 after considering a 10% attrition rate.

2. Data and Sources of Data

The study was based entirely on primary data collected directly from post-caesarean mothers admitted to Queen Mary Hospital, KGMU, Lucknow. Data were collected after obtaining ethical clearance and informed written consent from the participants. Baseline information included socio-demographic variables (age, education, occupation, family type, monthly income, place of residence, dietary pattern, and social support) and obstetric variables (number of deliveries and indication for the present caesarean section). Pain was measured using the Numerical Pain Rating Scale (NPRS), while stress was assessed using the Modified Hung's Postpartum Stress Scale, a standardized 46-item Likert scale. Pre-test data were collected 4–5 hours after surgery before the intervention, and post-test data were collected on the third postoperative day.

3. Theoretical Framework

The study was based on Dr. Herbert Benson's Relaxation Response Theory, which explains that relaxation techniques activate the parasympathetic nervous system, thereby reducing physiological and psychological stress responses. Benson Relaxation Therapy involves deep breathing, progressive muscle relaxation, mental focus, and repetition of a calming word, prayer, or positive affirmation. In this study, the intervention was administered to mothers in the experimental group for 10–20 minutes twice daily until the third postoperative day. The theory supports that regular relaxation practice decreases sympathetic nervous system activity, leading to reduced pain perception, lower stress levels, improved emotional well-being, and enhanced postoperative recovery.

4. Statistical Tools and Economic Models

The collected data were coded, tabulated, and analyzed using descriptive and inferential statistical methods. Descriptive statistics such as frequency, percentage, and mean were used to summarize demographic characteristics and outcome variables. Inferential statistics included the independent t-test to compare mean pain and stress scores between the experimental and control groups and the Chi-square test to determine the association between selected demographic variables and pain and stress levels. Statistical significance was established at $p < 0.05$. Since this study focused on evaluating the clinical effectiveness of Benson Relaxation Therapy rather than economic outcomes, no economic model or cost-effectiveness analysis was applied.

5. Descriptive Statistics

Descriptive statistics were employed to present the socio-demographic and obstetric characteristics of the participants and to summarize the levels of pain and stress before and after the intervention. Frequencies and percentages were used for categorical variables such as age group, educational status, occupation, family type, and parity. Mean values were used to describe continuous variables, including pain and stress scores measured by the Numerical Pain Rating Scale and Modified Hung's Postpartum Stress Scale. These descriptive measures provided an overview of the participants' characteristics and facilitated comparison between the experimental and control groups before conducting inferential statistical analyses.

Effect of Benson relaxation therapy on post-caesarean pain and stress among postnatal mothers at Department of Obstetrics and Gynecology, KGMU, Lucknow

Research approach- Quantitative approach

Research design: Quasi-Experimental Research Design
(nonrandomized control group design)

Study Variables

Population: post-caesarean
postnatal mother

Setting
Postnatal ward

Independent variable:
Benson relaxation therapy
Dependent variable:
Pain and stress

Target Population: Postnatal mothers admitted in
the postnatal ward at the Department of Obstetrics and
Gynecology, KGMU

Accessible Population: post-caesarean mothers
admitted in the postnatal ward at the Department of
Obstetrics and Gynecology, KGMU

Sample size n=108

Sampling technique: Non-probability,
convenient sampling technique

Tool for data collection: Demographic
variables, Numerical pain rating scale,
Modified Hung's postpartum stress scale

Data analysis- Descriptive and Inferential
statistics

Figure 2: Schematic Representation of Research

III. RESULTS AND DISCUSSION

Results of Descriptive Statistics of Study Variables

The study was conducted to assess the effect of Benson's therapy on post-caesarean pain and stress among postnatal mothers.

Table 1: Frequency & Percentage distribution of demographic variables

N=108					
S. No	Demographic Variables	Experimental Group (n=54)		Control Group (n=54)	
		f	%	f	%
1	Age				
	a) Below 20	2	3.70	0	0
	b) 21-25	15	27.77	12	22.22
	c) 26-30	24	44.44	28	51.85
	d) Above 30	13	24.07	14	25.92
2	Educational Status				
	a) No formal education	0	0	0	0
	b) Primary Education	18	33.33	8	14.81
	c) Secondary / Higher Secondary Education	34	62.96	21	38.88
	d) Graduation / above	2	3.70	25	46.29
3	Type of family				
	a) Nuclear	4	7.40	23	42.59
	b) Joint	50	92.59	31	57.40
	c) Extended	0	0	0	0
4	Religion of mother				
	a) Hindu	43	79.62	32	59.25
	b) Muslim	11	20.37	22	40.74
	c) Christian	0	0	0	0
	d) Others	0	0	0	0
5	Occupation				
	a) Employed	22	40.74	23	42.59
	b) Unemployed	32	59.25	31	57.40
6	Monthly income in Rs				
	a) Upto 5000	27	50	31	57.40
	b) 5001-10000	12	22.22	18	33.33
	c) 10001-20000	15	27.77	5	9.25
	d) Above 20000	0	0	0	0
7	Place of residency				
	a) Rural	15	27.77	21	38.88
	b) Urban	39	72.22	33	61.11
8	Social Support				
	a) Yes	52	96.29	33	61.11
	b) No	2	3.70	21	38.88
9	Type of diet				
	a) Vegetarian	26	48.14	17	31.48
	b) Non-Vegetarian / Mixed	28	51.85	37	68.51

10	Gravida				
	a) Primigravida	32	59.25	41	75.92
	b) Multigravida	22	40.74	13	24.07
11	Indication of Caesarean Section				
	a) Meconium aspiration syndrome	0	0	0	0
	b) Fetal distress	35	64.81	24	44.44
	c) Fetal malpresentation	19	35.18	30	55.56
	d) Any other (specify)	0	0	0	0

From the above table, we can infer the following main observations:

- Majority of mothers belonged to age group of 26-30 years. In Experimental group 27.78% mothers were in the 21-25 age range and 44.44 % were in the 26-30 age range, while in Control group this figure stands as 22.22% & 51.85% respectively. For the rest of age groups in Experimental group 3.70% mothers belonged to age group of less than 20years and 24.07% belonged to more than 30 years. In Control group the figure stands as none & 25.92% respectively.
- Regarding Educational status of mothers, we can infer that in both groups all the mothers had atleast primary education with 33.33 mothers in experimental group and 14.81 in control group.
- Considering type of family, most mothers belonged to a joint family.
- We can see there is almost equal distribution between employed and unemployed mothers. In experimental group 40.74% mothers were employed while 59.25% were unemployed. Similarly, in control group this figure stands as 42.59 and 57.40 respectively.
- Majority of mothers had income range as upto 5000 per month (50% in experimental group and 57.40% in control group).
- Most of the mothers belonged to urban areas and had social support.
- In experimental group, 48.14% mothers were vegetarian while 51.85% were non-vegetarian. In control group these figures were 31.48% and 68.51% respectively.
- 59.25% mothers had Primigravida and 40.74% had Multigravida in experimental group. Similarly in control group these figures were 75.92% and 24.07% respectively.
- Regarding indication of caesarean section, 64.81% had Fetal Distress and 35.18% had Fetal Malpresentation in experimental group. Similarly, in control group these figures were 44.44% and 55.56% respectively.

Table 2: Comparative evaluation of post-caesarean pain among postnatal mothers between experimental and control groups (pre-interventional)

Pain Level	Experimental Group		Control Group	
	f	%	f	%
No Pain	0	0.0%	0	0.0%
Mild Pain	6	11.11%	1	1.85%
Moderate Pain	28	51.85%	23	42.59%
Severe Pain	20	37.04%	30	55.56%
Total	54	100%	54	100%

On comparative evaluation of pain among groups before intervention, it was found that 11.11% mothers had mild and 51.85% reported moderate pain in Experimental group. Similarly, it was found that 1.85% mothers had mild and 42.59% had moderate pain in Control group, Further, in experimental group 37.03% and in control group, 55.55% mothers had severe level of pain respectively.

Table 3: Comparative evaluation of post-caesarean pain among postnatal mothers between experimental and control groups (post-interventional)

Pain Level	Experimental Group		Control Group	
	f	%	f	%
No Pain	0	0.00%	0	0.0%
Mild Pain	43	79.63%	5	9.28%
Moderate Pain	11	20.37%	43	79.61%
Severe Pain	0	0.0%	6	11.11%
Total	54	100%	54	100%

On comparative evaluation of pain among groups after intervention, it was found that 79.61% mothers had mild and 20.37% reported moderate pain in Experimental group. Similarly, it was found that 9.25% mothers had mild and 79.61% had moderate pain in Control group, Further, mothers in experimental group experienced no severe pain, while in the control group, 11.11% did.

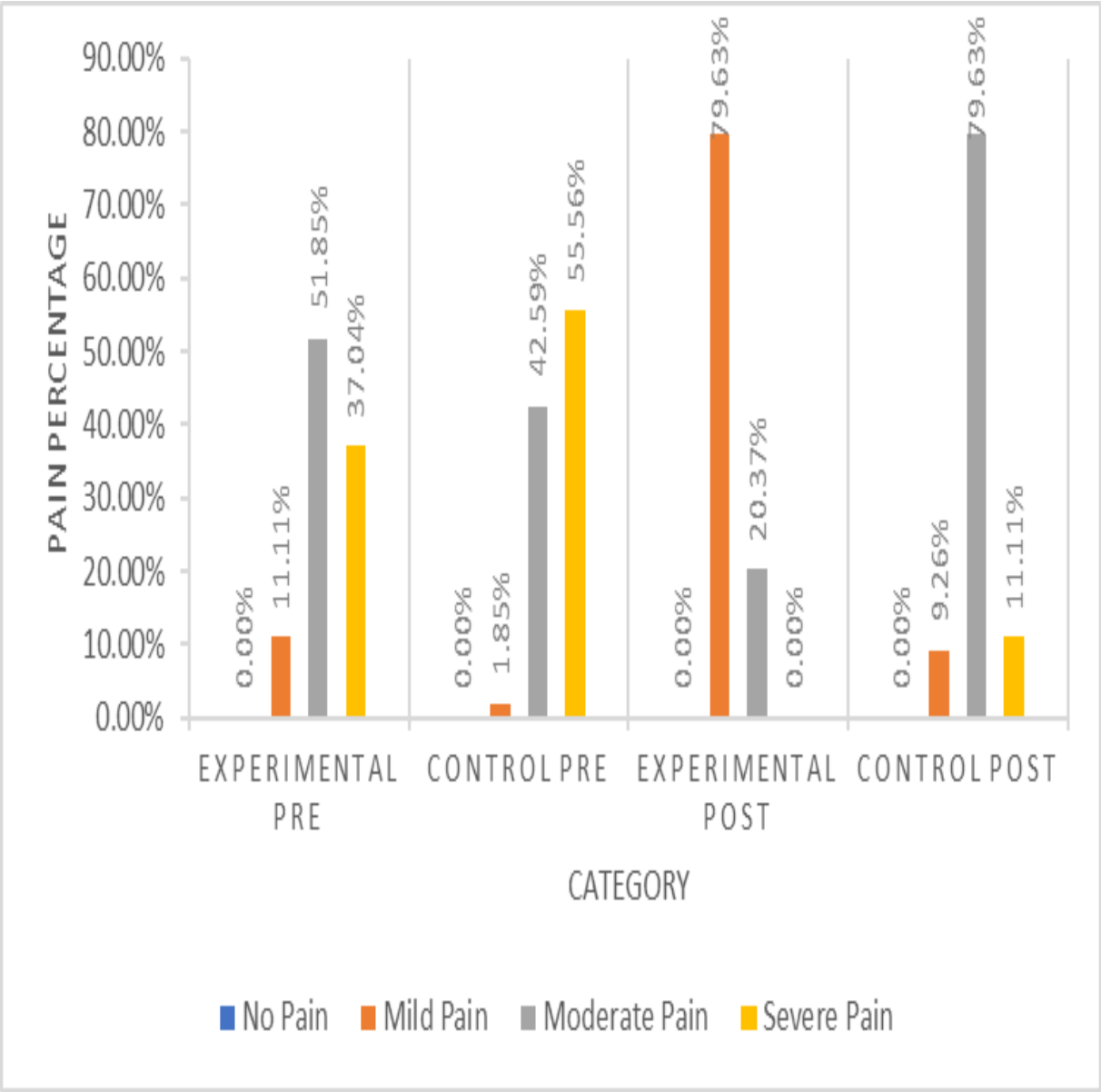


Figure: 3 Comparative evaluation of post caesarean pain among postnatal mothers between experimental and control groups

Table 4: Comparative evaluation of post-caesarean stress among postnatal mothers between experimental and control groups (pre-interventional)**N=108**

Stress Level	Experimental Group		Control Group	
	f	%	F	%
Mild	8	14.81%	8	14.81%
Moderate	12	22.23%	9	16.66%
Severe	34	62.96%	37	68.53%
Total	54	100%	54	100%

On comparative evaluation of stress among groups before intervention, it was found that 14.81% mothers had mild and 22.22% had moderate stress in Experimental group. Similarly, it was found that 14.81% mothers had mild and 16.66% had moderate stress in Control group, Further, 62.96% of mothers in the experimental group and 68.51% of mothers in the control group, respectively, experienced severe stress.

Table 5: Comparative evaluation of post-caesarean stress among postnatal mothers between experimental and control groups (post-interventional)**N=108**

Stress Level	Experimental Group		Control Group	
	f	%	F	%
Mild	38	70.37%	8	14.81%
Moderate	13	24.07%	11	20.37%
Severe	3	5.55%	35	64.81%
Total	54	100%	54	100%

On comparative evaluation of stress among groups after intervention, it was found that 70.37% mothers had mild and 24.07% reported moderate stress in Experimental group. Similarly, it was found that 14.81% mothers had mild and 20.37% had moderate stress in Control group, Further, in control group 64.81% mothers experienced severe stress, compared to 5.55% in experimental group.

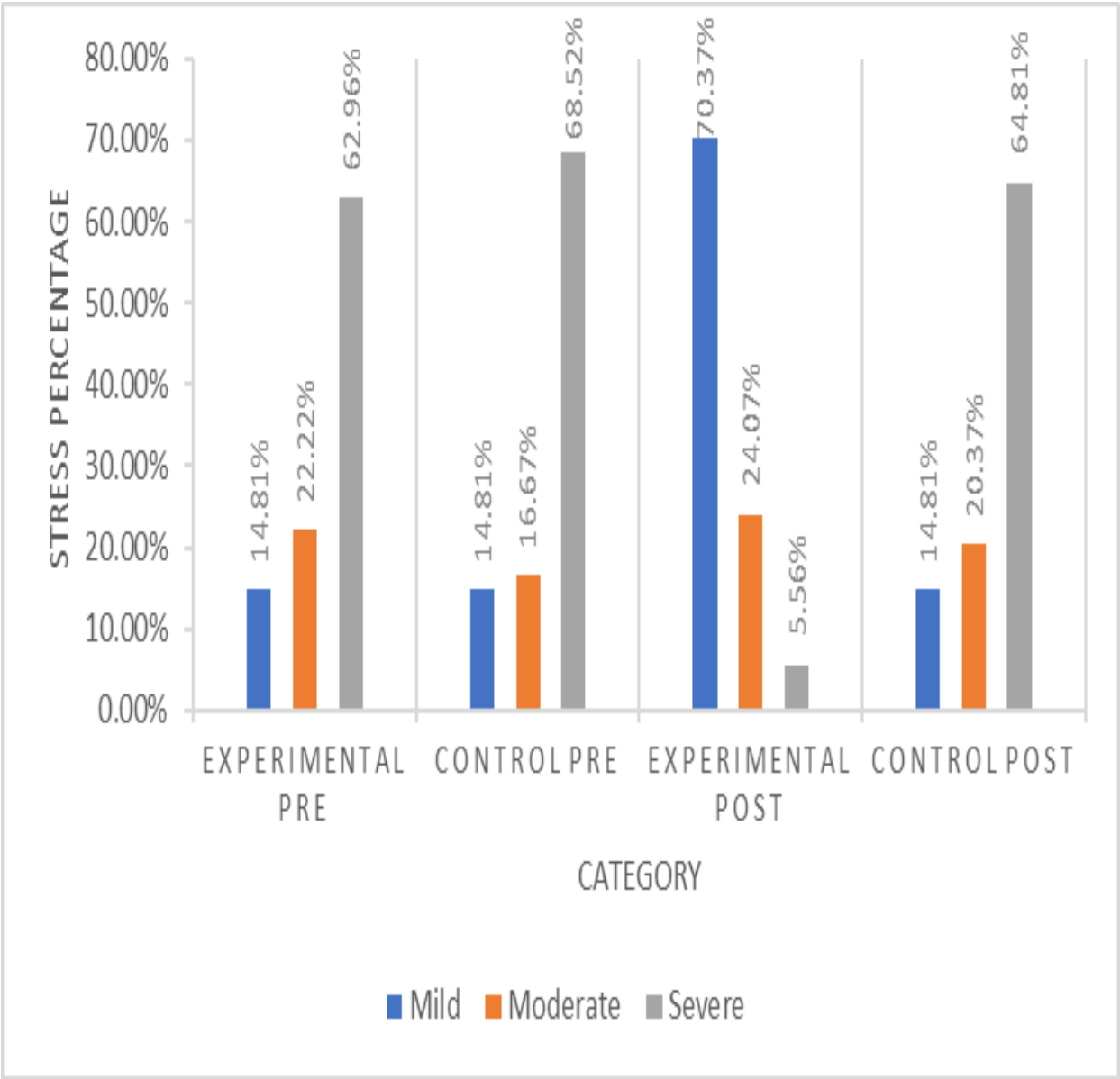


Figure: 4 Comparative evaluation of post-caesarean stress among postnatal mothers between experimental and control groups

Table 6: Mean, Standard deviation, Mean Difference and ‘t’ value of pre-test and post-test level of pain in experimental group and control group

N=108											
S.No .	Observation	Experimental Group (n=54)		Control Group (n=54)		MD		t value (stat)		p value	
		Mean	SD	Mean	SD	Exp	Control	Exp	Control	Exp	Control
1	Pre-test	5.79	1.71	6.62	1.35	3.15		15.58		0.0001	
2	Post-test	2.64	1.01	5.09	1.16		1.54		11.94		0.0001

In experimental group mean level of pain before the application of Benson's therapy was 5.79(falling under moderate category and close to severe category of pain). However, after the application of Benson's therapy on postnatal mothers this mean level was reduced to 2.64

(falling under mild category). Also, there was a significant reduction in standard deviation from 1.71 to 1.01. On the application of t test, we found t value to be 15.58 in experimental group, 11.94 in control group and p value as 0.00001 (which is <0.05) for both the groups. Thus, we can infer that the degree of pain was significantly reduced from moderate to mild level after the application of Benson's therapy among postnatal mothers.

Thus, similar to hypothesis H1, there is a significant difference between pre interventional level and post interventional level of pain among postnatal mothers.

Table 7: Mean, Standard deviation, Mean Difference and 't' value of pre-test and post-test level of stress in experimental group and control group

		N=108									
S.No.	Obs	Experimental Group (n=54)		Control Group (n=54)		MD		t value (stat)		p value	
		Mean	SD	Mean	SD	Exp	Control	Exp	Control	Exp	Control
1	Pre-test	148.63	35.89	159.41	37.08						
2	Post-test	91.61	15.45	147.54	29.10	57.02	11.87	10.45	2.05	0.0001	0.0453

In experimental group mean level of stress before the application of Benson's therapy was 148.63 (falling under severe category of stress). However, after the application of Benson's therapy on postnatal mothers, the mean level was reduced to 91.61 (falling under mild category of stress). Also, there was a significant reduction in standard deviation from 35.89 to 15.45. On the application of t test, we found t value to be 10.45 for experimental group, 2.05 for control group and p value as 0.00001 for experimental group, 0.0453 for control group. Thus, we can infer that the degree of stress was significantly reduced from severe to mild after the application of Benson's therapy among postnatal mothers.

Thus, similar to hypothesis H1, there is a significant difference between pre-interventional level and post-interventional level of stress among postnatal mothers.

Table 8: Association between pre-interventional level of c-section pain among postnatal mothers with their selected demographic variables.

N=108

S. No	Demographic Variables	Pain Level				χ^2	p value (0.05)
		None	Mild	Moderate	Severe		
1	Age						
	a) Below 20	0	0	2	0	7.303**	0.29
	b) 21-25	0	1	17	9		
	c) 26-30	0	3	21	28		
	d) Above 30	0	3	11	13		
2	Educational Status						
	a) No formal education	0	0	4	4	9.2**	0.16
	b) Primary Education	0	1	21	17		
	c) Secondary / Higher Secondary Education	0	5	26	28		
	d) Graduation / above	0	1	0	1		

3	Type of family						
	a) Nuclear	0	2	10	15	1.506**	0.47
	b) Joint	0	5	41	35		
	c) Extended	0	0	0	0		
4	Religion of mother						
	a) Hindu	0	5	36	34	0.094**	0.95
	b) Muslim	0	2	15	16		
	c) Christian	0	0	0	0		
	d) Others	0	0	0	0		
5	Occupation						
	a) Employed	0	5	20	20	2.735**	0.25
	b) Unemployed	0	2	31	30		
6	Monthly income in Rs						
	a) Upto 5000	0	2	27	29	7.785*	0.09
	b) 5001-10000	0	1	16	13		
	c) 10001-20000	0	4	8	8		
	d) Above 20000	0	0	0	0		
7	Place of residency						
	a) Rural	0	2	12	22	4.838*	0.08
	b) Urban	0	5	39	28		
8	Social Support						
	a) Yes	0	6	42	37	1.271**	0.52
	b) No	0	1	9	13		
9	Type of diet						
	a) Vegetarian	0	2	21	20	0.409**	0.81
	b) Non-Vegetarian / Mixed	0	5	30	30		
10	Gravida						
	a) Primigravida	0	5	35	33	0.13**	0.93
	b) Multigravida	0	2	16	17		
11	Indication of Caesarean Section						
	a) Meconium aspiration syndrome	0	0	0	0	5.18*	0.07
	b) Fetal distress	0	6	23	30		
	c) Fetal malpresentation	0	1	28	20		
	d) Any other (specify)	0	0	0	0		

Designation: *Significant at $p < 0.05$ ** Non-Significant at $p < 0.05$

No significant association was identified between pre-interventional level of c-section pain among postnatal mothers with all demographic variables ($p < 0.05$). Only few variables including Monthly Income, Place of residency and Indication of Caesarean section, were associated with c-section pain while rest of the demographic variables were not associated.

Thus, contrary to hypothesis H2, there was no significant association between the pre-interventional level of pain of post-caesarean mothers with their selected demographic variables.

Table 9: Association between pre-interventional level of c-section stress among postnatal mothers with their selected demographic variables.**N=108**

S. No	Demographic Variables	Stress Level			χ^2	p value (0.05)
		Mild	Moderate	Severe		
1	Age					
	a) Below 20	2	0	0	17.47*	0.007
	b) 21-25	1	7	19		
	c) 26-30	8	12	32		
	d) Above 30	5	2	20		
2	Educational Status					
	a) No formal education	0	5	3	13.41**	0.03
	b) Primary Education	5	8	26		
	c) Secondary / Higher Secondary Education	10	8	41		
	d) Graduation / above	1	0	1		
3	Type of family					
	a) Nuclear	2	8	17	3.296**	0.19
	b) Joint	14	13	54		
	c) Extended	0	0	0		
4	Religion of mother					
	a) Hindu	13	15	47	1.443**	0.48
	b) Muslim	3	6	24		
	c) Christian	0	0	0		
	d) Others	0	0	0		
5	Occupation					
	a) Employed	6	10	29	0.442**	0.80
	b) Unemployed	10	11	42		
6	Monthly income in Rs					
	a) Upto 5000	9	9	40	5.472**	0.24
	b) 5001-10000	4	10	16		
	c) 10001-20000	3	2	15		
	d) Above 20000	0	0	0		
7	Place of residency					
	a) Rural	4	7	25	0.613**	0.73
	b) Urban	12	14	46		
8	Social Support					
	a) Yes	15	14	56	3.978**	0.13
	b) No	1	7	15		
9	Type of diet					
	a) Vegetarian	7	10	26	0.939**	0.62
	b) Non-Vegetarian / Mixed	9	11	45		

10	Gravida					
	a) Primigravida	9	16	48	1.649**	0.43
	b) Multigravida	7	5	23		
11	Indication of Caesarean Section					
	a) Meconium aspiration syndrome	0	0	0	0.517**	0.77
	b) Fetal distress	9	10	40		
	c) Fetal malpresentation	7	11	31		
	d) Any other (specify)	0	0	0		

Designation: *Significant at $p < 0.05$ ** Non-Significant at $p < 0.05$

No significant association was identified between pre interventional level of c-section stress among postnatal mothers with all demographic variables (at $p < 0.05$). Only Age was associated with c section stress while rest of the demographic variables were not associated.

Thus, contrary to hypothesis H2, there was no significant association between pre interventional level of stress of post caesarean mothers with their selected demographic variables.

DISCUSSION

- **To assess the effect of Benson's therapy on post-caesarean pain and stress among postnatal mothers.**

In present study, majority of postnatal mothers before the test, in the experimental group, experienced moderate to severe pain. However, postnatal mothers' pain levels significantly decreased to the mild category when Benson's relaxation therapy was used. Similarly, regarding level of stress majority of mothers had severe level of stress before application of Benson's therapy which reduced to mild level after the application of same.

Thus, similar to hypothesis H1, there is a significant difference between pre-interventional level and post-interventional level of pain & stress among postnatal mothers.

These results are inlined with a study done by Wafaa Kamel Sadek Abd El Rahman, Amany A. Ahmed, Azza Mohamed El-Sayed Atwa on Effect of Benson Relaxation Therapy on Post-Operative Pain and Stress among Nulliparus Women undergoing Cesarean Section (Egyptian Journal of Health Care, 2022 EJHC Vol 13. No.3) where following the use of Benson's relaxation therapy, a decrease in pain and stress was noted.

- **To find out the association between pre-interventional level of c-section pain and stress among postnatal mother underwent c-section with their selected demographic variable.**

In present research, not all demographic variables were associated with pain and stress level among postnatal mothers. We found the association with some demographic variables only.

Thus, we can say that contrary to H2, there was no significant association between level of pain and stress with all the demographic variables and only few demographic variables were associated.

These findings are comparable to those of another study on the effectiveness of Benson's relaxation therapy on pain and stress in post-caesarean mothers conducted by Radha C., Bommi K., and Sumithra S. (Int. J. of Advances in Nur. Management. 2019; 7(4):316-320. doi: 10.5958/2454-2652.2019.00074.X), which found no significant association between demographic characteristics and their level of pain or stress at the $p < 0.05$ level.

CONCLUSION

Valuable insightful details regarding Effect of Benson's therapy on post caesarean pain and stress among postnatal mothers were provided in this study. From the findings, a significant improvement in postnatal mothers' pain and stress levels was found. From statistical significance point of view, it was observed that Mean level of pain during pre-test was 5.79 which was reduced to 2.64 in experimental group. On the other hand, mean level of stress also decreased from 148.63 to 91.61. Thus, it has been observed that Benson's therapy is helpful to lower post-caesarean pain and stress among postnatal mothers.

IV. ACKNOWLEDGMENT

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