

# Psychosocial Needs and Parenting Challenges among Mothers of Congenital Gastro Intestinal Anomalies Children

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## Abstract

Congenital gastrointestinal anomalies significantly impact mothers, demanding prolonged hospitalizations and complex caregiving. This study aimed to assess the psychosocial needs and parenting challenges of mothers of hospitalized children with these conditions at ICH, Chennai. Using a non-experimental descriptive design and purposive sampling, 32 mothers were evaluated with Socio-Demographic Data, Parental Challenges Scale, and Psychosocial Needs Scale. Results showed that 53.13% had high to very high psychosocial needs, while 62.5% experienced moderate to high parenting challenges. A significant correlation was found between higher psychosocial needs and increased parenting challenges. Additionally, maternal job roles influenced psychosocial needs, and education levels significantly affected parenting challenges. The findings emphasize the importance of developing targeted interventions and support systems to address these mothers' emotional, social, and financial burdens.

**Keywords:** Psychosocial Needs, Parenting Challenges, Mothers of Children with Congenital Gastrointestinal Anomalies.

## Introduction:

Congenital gastrointestinal anomalies (CGIAs) are developmental malformations of the gastrointestinal tract, including conditions such as oesophageal atresia, intestinal atresia, and gastroschisis. These anomalies often require complex surgical interventions and prolonged hospitalizations, significantly impacting affected children's growth and quality of life. The management of CGIAs involves a multidisciplinary approach, including paediatric surgeons, gastroenterologists, and dietitians, to address the diverse needs of children and their families.

Mothers, as primary caregivers, face immense psychosocial challenges, including stress, anxiety, and depression. These arise from managing their child's condition, uncertainty about outcomes, and the

demands of caregiving. Long-term management, including dietary adjustments and repeated medical appointments, further intensifies these burdens, impacting maternal well-being and parenting capacity. Understanding the specific psychosocial needs of these mothers is essential for creating targeted interventions, including counselling and support systems, to foster resilience. Addressing these challenges enhances maternal well-being and ensures better outcomes for both mothers and their children.

## Background of the Study

### Global Scenario:

As of 2023, congenital gastrointestinal anomalies (CGIAs) affect 1 in 2,500 to 1 in 3,000 births, contributing to 10% of neonatal deaths from congenital anomalies. Timely surgical care improves outcomes, as highlighted by WHO and UNICEF. These conditions demand ongoing research and multidisciplinary support for affected families worldwide.

### National Scenario:

In India, congenital gastrointestinal anomalies (CGIAs) affect 1 in 2,500 newborns, causing significant neonatal morbidity and healthcare costs. Limited access to specialized care, especially in rural areas, exacerbates maternal stress and financial strain. Improved healthcare access and maternal support are crucial for addressing these challenges and enhancing childcare outcomes.

### Tamil Nadu scenario:

In Tamil Nadu, congenital gastrointestinal anomalies (CGIAs) occur in 1 in 2,000 live births, with conditions like oesophageal and intestinal atresia being common. Despite advanced healthcare facilities, rural areas face access challenges. A 2023 report emphasizes the need for improved support services, including counselling, to assist affected families.

## Need for the study

The study of congenital gastrointestinal anomalies (CGIAs) and the psychosocial challenges faced by mothers is essential, especially given the prevalence of these conditions, such as in Tamil Nadu, where 1 in 2,000 live births are affected. While medical care for affected children is prioritized, the emotional and psychological burdens on mothers often go overlooked. These mothers face anxiety, stress, financial strain, and isolation, which impact their mental health and caregiving abilities. Long-term challenges, such as ongoing medical needs and disruptions to daily life, also require attention. The existing literature mainly focuses on clinical outcomes, leaving a gap in understanding the psychosocial needs of mothers. This study aims to address this gap and advocate for improved healthcare policies and support systems. By addressing these needs, the study could enhance maternal mental health, family dynamics, and ultimately, the health outcomes of children with CGIAs.

## Statement of the Problem

*“A Study to Determine the Psychosocial Needs and Parenting Challenges among Mothers of Hospitalized Children Having Congenital Gastrointestinal Anomalies, at ICH, Chennai”*

### Primary Objective:

To assess the psychosocial needs and parenting challenges among mothers of hospitalized children with congenital gastrointestinal anomalies.

### Secondary Objectives:

- To correlate the psychosocial needs and parenting challenges of these mothers.

- To determine the association between psychosocial needs, parenting challenges, and selected demographic variables of the mothers.

### **Operational Definitions**

#### **Psychosocial Needs:**

Emotional, social, and psychological support mothers need to manage stress while caring for hospitalized children.

#### **Parenting Challenges:**

Difficulties faced by mothers in managing care, emotional stress, and healthcare navigation for hospitalized children.

#### **Congenital Gastrointestinal Anomalies:**

Birth defects in the gastrointestinal tract, such as oesophageal atresia, require medical care and surgical intervention.

### **Assumptions**

The study assumes that addressing the psychosocial challenges faced by mothers can improve their well-being and enhance the care of their children.

### **Hypothesis**

**H1:** A significant relationship exists between psychosocial needs and parenting challenges.

**H2:** A significant association exists between needs, challenges, and demographic variables.

### **Delimitations**

The study focused on mothers of hospitalized children with congenital gastrointestinal anomalies at ICH, Chennai, for four weeks.

### **Methodology**

#### **Research Approach & Design**

Quantitative Descriptive study.

#### **Research Setting**

ICH, Egmore, Chennai-08.

#### **Study Population**

Mothers of Hospitalized Children Having Congenital Gastrointestinal Anomalies

#### **Sample Size**

32 Mothers of Hospitalized Children Having Congenital Gastrointestinal Anomalies

#### **Sampling Technique**

Purposive sampling technique

### **Sampling Criteria**

#### **Inclusion Criteria:**

- Mothers' commitment to care with a child in hospital for at least one week
- Mothers parenting with gastrointestinal anomalies children
- Mothers parenting preschool children 3 years to 5 years.

- Children diagnosed with congenital anomalies and undergoing surgery

**Exclusion Criteria:**

- Mothers of children with other anomalies.
- Mothers with cognitive impairments.
- Mothers in other studies.

**Data Collection Instruments**

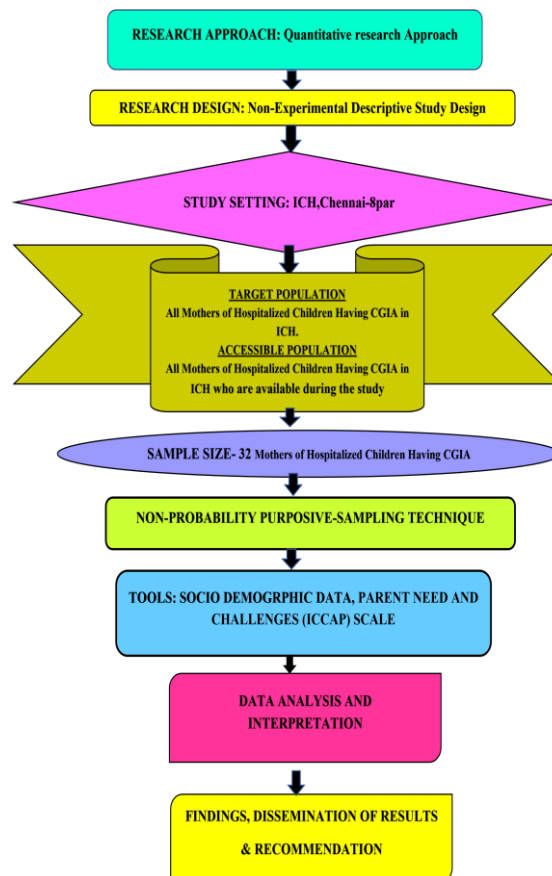
- **Demographic Variables:** Age, Level of education, mother's job, Consanguinity, and type of family.
- **Parent Needs Scale & ICCAP [the impact of a child with congenital anomalies on parents] Parenting Challenges scale**

**Reliability and Validity**

The tool's validity was confirmed by experts, and its reliability, with a Cronbach alpha of 0.85, ensures it is effective for assessing mothers of hospitalized children with gastrointestinal anomalies.

**Ethical Considerations**

The study was conducted after obtaining ethical clearance from the ethical committee and the Director of the Institute of Child Health and Hospital for Children.



**FIG.1. SCHEMATIC PRESENTATION**

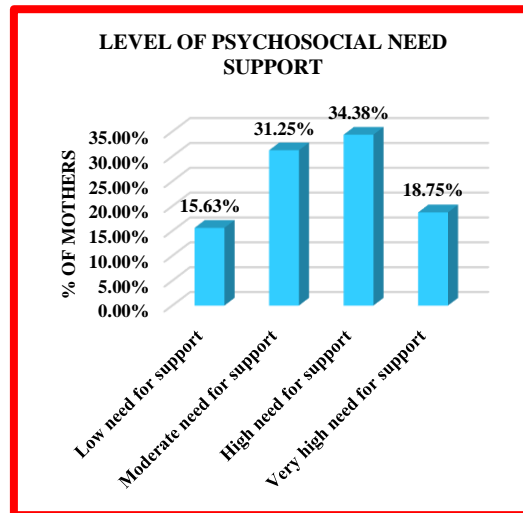
**Results**

The analysis revealed that 18.75% of mothers had a very high need for psychosocial support, while 34.38%

reported a high need, 31.25% a moderate need, and 15.63% a low need. Regarding parenting challenges, 18.75% faced low or very high challenges, 25% experienced high challenges, and 37.50% reported moderate challenges. Notably, higher psychosocial needs correlated with increased parenting challenges. Additionally, mothers' job roles and education levels significantly influenced their psychosocial needs and parenting challenges, respectively, as confirmed by chi-square analysis.

Score Range	Interpretation	N	(%)
14 – 28	Low need	5	15.63%
29 – 42	Moderate need	10	31.25%
43 – 56	High need	11	34.38%
57 – 70	Very high need	6	18.75%
<b>TOTAL</b>		<b>32</b>	<b>100%</b>

**TABLE 1. LEVEL OF PSYCHOSOCIAL NEEDS SCORE**



**FIG.2.LEVEL OF PSYCHOSOCIAL NEEDS SCORE**

**TABLE 2. LEVEL OF PARENTING CHALLENGES SCORE**

Score	Interpretation	N	(%)
31 – 62	Low challenges	6	18.75%
63 – 93	Moderate challenges	12	37.50%
94 – 124	High challenges	8	25%
125 – 155	Very high challenges	6	18.75%
<b>TOTAL</b>		<b>32</b>	<b>100%</b>

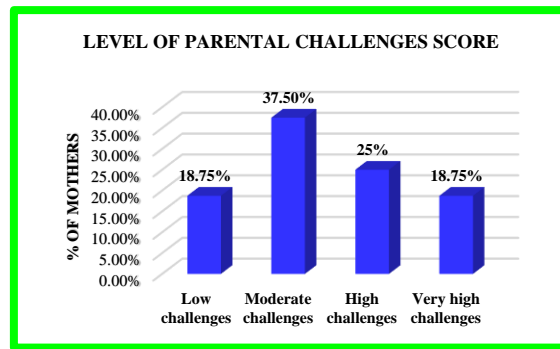
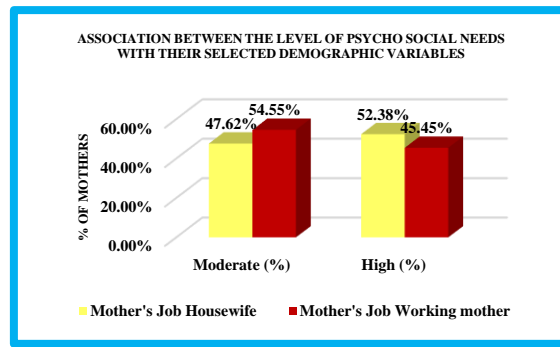


FIG.3.LEVEL OF PARENTING CHALLENGES SCORE

TABLE 3. ASSOCIATION BETWEEN LEVEL OF PSYCHOSOCIAL NEEDS SCORE AND MOTHERS' DEMOGRAPHIC VARIABLES

Demographic Variable		Mode rate (≤ 65)	Mode rate (%)	High (> 65)	High (%)	Total	Chi-Square	p-value	LOS
Mother's Age	Below 20	3	75%	1	25%	4	2.18	0.54	NS
	20-30	9	56.25%	7	43.75%	16			
	30-40	3	33.33%	6	66.67%	9			
	Above 40	1	33.33%	2	66.67%	3			
Level of Education	Didn't read or write	4	66.67%	2	33.33%	6	2.97	0.4	NS
	Primary school education	4	57.14%	3	42.86%	7			
	Secondary school education	6	50%	6	50%	12			
	University education	2	28.57%	5	71.43%	7			
Mother's Job	Housewife	10	47.62%	11	52.38%	21	4.3	0.04	S*
	Working mother	6	54.55%	5	45.45%	11			
Consanguinity	Yes	5	45.45%	6	54.55%	11	0.08	0.78	NS
	No	11	52.38%	10	47.62%	21			
Type of Family	Nuclear family	8	47.06%	9	52.94%	17	0.14	0.93	NS
	Joint family	6	54.55%	5	45.45%	11			
	Extended family	2	50%	2	50%	4			

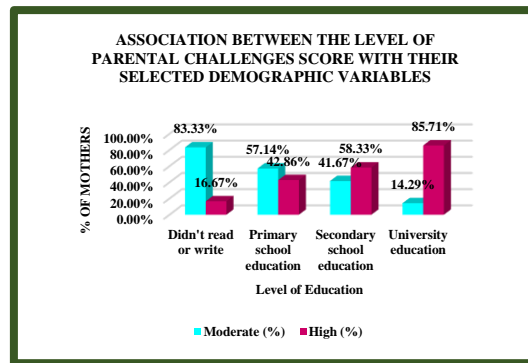


**FIG.4.ASSOCIATION BETWEEN LEVEL OF PSYCHOSOCIAL NEEDS SCORE AND MOTHERS' DEMOGRAPHIC VARIABLES**

**TABLE 4. ASSOCIATION BETWEEN LEVEL OF PARENTING CHALLENGES SCORE AND MOTHERS' DEMOGRAPHIC VARIABLES**

Demographic Variable		Moderate ( $\leq 70$ )	Moderate (%)	High ( $> 70$ )	High (%)	Total Frequency	Chi-Square	p-value	Significance
Mother's Age	Below 20	3	75%	1	25%	4	1.32	0.72	NS
	20-30	7	43.75%	9	56.25%	16			
	30-40	3	33.33%	6	66.67%	9			
	Above 40	2	66.67%	1	33.33%	3			
Level of Education	Didn't read or write	5	83.33%	1	16.67%	6	8.24	0.04	S*
	Primary school education	4	57.14%	3	42.86%	7			
	Secondary school education	5	41.67%	7	58.33%	12			
	University education	1	14.29%	6	85.71%	7			
Mother's Job	Housewife	12	57.14%	9	42.86%	21	0.59	0.44	NS

	Working mother	3	27.27%	8	72.73%	11			
Consanguinity	Yes	6	54.55%	5	45.45%	11	0.08	0.77	NS
	No	9	42.86%	12	57.14%	21			
Type of Family	Nuclear family	6	35.29%	11	64.71%	17	1.06	0.59	NS
	Joint family	7	63.64%	4	36.36%	11			
	Extended family	2	50%	2	50%	4			



**FIG.5.ASSOCIATION BETWEEN LEVEL OF PARENTING CHALLENGES SCORE AND MOTHERS' DEMOGRAPHIC VARIABLES**

### Discussion

The discussion interprets and evaluates the study findings, highlighting that 18.75% of mothers had very high psychosocial needs, while 34.38% reported high needs, 31.25% moderate needs, and 15.63% low needs. **Syedrasooli et al. (2022)** demonstrated that supportive programs significantly reduce maternal anxiety, emphasizing family-centered care. Parenting challenges varied, with 18.75% facing very high or low challenges, 25% high, and 37.5% moderate challenges. **Alqarawi et al. (2023)** identified insufficient healthcare support and stigma as critical issues, underscoring the need for community awareness. The study confirmed significant associations between psychosocial needs, parenting challenges, and demographic variables, supporting tailored interventions.

### Implications of the Study

Nursing implications involve emotional support, communication, and addressing psychological needs to enhance Mothers' care.

### Nursing Education

- Integrate congenital anomalies and family-centered care in nursing education.
- Promote empathy, collaboration, and early diagnosis strategies.
- Use case studies and simulations for skill development.



**Nursing Administration**

- Promote family-centered care and staff training.
- Advocate resources and standardized assessments.
- Enhance care through monitoring and outreach.

**Nursing Practice**

- Provide individualized, culturally sensitive care and support resources.
- Educate families, monitor maternal well-being, and promote involvement in care.
- Collaborate with teams and use evidence-based practices to improve outcomes.

**Nursing Research**

- Evaluate supportive programs, nursing support, and education interventions for maternal and family care.
- Investigate maternal mental health, self-confidence, and disparities in access to care.
- Develop tools and strategies to enhance family-centered care and patient outcomes.

**Limitations**

- Small sample, self-reports, and lack of controls limit validity.
- Cross-sectional design, funding constraints restrict insights.
- Healthcare variability and regional differences affect results.
- Researcher bias and inconsistent definitions impact interpretation.

**Recommendations**

- Future qualitative studies should explore in-depth maternal experiences and coping strategies.
- Quantitative research should assess the long-term impact of psychosocial support programs.
- Mixed-methods studies can evaluate the effectiveness of family-centered care interventions across diverse populations.

**Conclusion**

The study highlights the significant impact of congenital gastrointestinal anomalies on infants and mothers, stressing the need for comprehensive support. It emphasizes family-centered care, integrating emotional, informational, and practical support to empower mothers. Future research should focus on psychosocial impacts and innovative interventions to alleviate stress, improving care experiences for families dealing with congenital anomalies.

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