

# “From Fear to Fortitude: A Mixed-Method Study on Mothers’ Reported Experiences in Paediatric Seizure Care”

Sowmiya Bellora Benedict<sup>1</sup>, Shankar Shanmugam Rajendran<sup>2</sup>,  
Leema Poulin C<sup>3</sup>, Kannan Kasinathan<sup>4</sup>, Siva Ragavan<sup>5</sup>,  
Kalaimani Thangamani<sup>6</sup>, Vijayalakshmi Sathish Kumar<sup>7</sup>

<sup>1,5,6,7</sup> Post Graduate Nurse, <sup>2</sup> Principal, <sup>3</sup> Vice Principal,

<sup>1,2,4,5,6,7</sup> College of Nursing, Madras Medical College, Chennai-03. (Affiliated to the Tamil Nadu Dr. MGR Medical University, Chennai).

<sup>4</sup> Professor, Neurology Department, Institute of Child Health and Hospital for Children, Chennai-8 (Affiliated to the Tamil Nadu Dr. MGR Medical University, Chennai).

## ABSTRACT

**Background:** Seizure disorders in children are chronic neurological conditions that affect not only the child’s physical health but also their psychosocial, emotional, and cognitive well-being. Mothers, as primary caregivers, play a crucial role in managing the child’s illness while coping with emotional stress, caregiving burdens, and societal stigma. Understanding mothers’ Patient Reported Experience Measures (PREM) is essential to evaluate the quality of care, support systems, and overall caregiving experience in a tertiary care setting. Examining both quantitative quality-of-life outcomes and qualitative lived experiences provides a comprehensive understanding of mothers’ perspectives in managing childhood seizure disorders.

**Title of the Study:** “A study to assess the level of PREM (Patient Reported Experience Measures) among mothers of children with seizure disorders in a tertiary care hospital.”

**Objectives:** The study aimed to assess the quality of life of children as reported by mothers of children with seizure disorders, explore mothers lived experiences in caregiving, determine the association between quality of life and selected demographic variables, and integrate quantitative and qualitative findings for comprehensive interpretation.

**Materials and Methods:** An explanatory sequential mixed-methods design was employed. In the quantitative phase, 60 mothers of children with seizure disorders were selected using non-probability convenience sampling from the Neurology OPD of the Institute of Child Health, Chennai. In the qualitative phase, six participants were chosen through purposive sampling for in-depth interviews. Data were collected using a socio-demographic questionnaire, the Paediatric Quality of Life Inventory (PedsQL) Epilepsy Module, and a semi-structured interview guide. Quantitative data were analysed using descriptive and inferential statistics, while qualitative data underwent thematic analysis.

**Results:** Most mothers were aged above 25 years, moderately educated, and belonged to joint families. The majority of children had moderate impairment in quality of life, particularly in school functioning,

social interaction, and emotional well-being. Overall, 58.33% of children had moderate quality-of-life scores, 35% had low scores, and 6.67% had high scores. Significant associations were found between quality of life and demographic variables such as maternal age, education, and family type. Qualitative findings revealed three major themes: psychosocial impact on the child, cognitive and academic difficulties, and physical health and lifestyle changes. Mothers reported emotional distress, fear of seizures, social stigma, and overprotectiveness toward their children.

**Conclusion:** Children with seizure disorders experience moderate impairment in quality of life, and their mothers face significant emotional and caregiving challenges. Strengthening family-centered care, providing parental education, enhancing nursing support, and implementing school-based interventions can improve both child and caregiver well-being. Reducing societal stigma through awareness programs is essential for better long-term outcomes.

**Keywords:** Patient Reported Experience Measures (PREM), Quality of Life, Symptoms assessment, Mixed-methods study.

## 1. INTRODUCTION

Childhood seizure disorders are a chronic neurological condition that significantly affects not only the physical health of the child but also their psychological, social, and cognitive functioning. For mothers, who are often the primary caregivers, managing a child with seizures can be emotionally challenging, stressful, and overwhelming. They must constantly balance caregiving responsibilities with their own emotional well-being, while coping with uncertainty, fear of recurrent seizures, and concerns regarding their child's future development. Patient Reported Experience Measures (PREM) provide valuable insight into mothers' perceptions of healthcare services, caregiving challenges, and overall experiences in managing their child's condition. These experiences influence their satisfaction with care, trust in healthcare providers, and ability to effectively support their child. Understanding mothers' reported experiences is essential for improving family-centered paediatric care and developing supportive interventions that address both clinical and psychosocial needs.

## 2. BACKGROUND OF THE STUDY

Epilepsy is one of the most common chronic neurological disorders in children and contributes significantly to the global burden of disease. According to the Global Burden of Disease (GBD) study (1990–2021), approximately 1.23 million children aged 0–14 years had epilepsy worldwide in 2021, representing a 26.34% increase since 1990, although epilepsy-related deaths declined during the same period. Globally, around 50 million people live with epilepsy, with nearly 80% residing in low- and middle-income countries due to factors such as infections, birth injuries, and limited healthcare access. In India, the pooled prevalence of childhood epilepsy is estimated at 0.8%, with regional variations ranging from 0.32% to 2.3%. Approximately 5 million children are affected, with prevalence estimates between 5.4 and 22.2 per 1,000 populations. Studies in South India report an annual incidence of about 58 per 100,000 school-aged children, with higher prevalence in rural areas such as Uttara hand (7.5/1,000). In Tamil Nadu, surveys in Vellore indicate a prevalence of 3.83 per 1,000, with neurocysticercosis contributing to a significant proportion of cases. In Chennai, paediatric epilepsy prevalence is estimated between 0.5% and 1%, with nearly 34,000 children receiving treatment annually at the Institute of Child Health, highlighting the substantial clinical burden of the condition.

### 3. NEED FOR THE STUDY

Despite advancements in paediatric neurology and epilepsy management, the emotional and caregiving challenges faced by mothers of children with seizure disorders are often overlooked in routine clinical practice. Many mothers experience anxiety, fear of sudden seizures, social isolation, and concerns regarding their child's future education and independence. These difficulties may negatively impact their quality of life and caregiving effectiveness. Assessing Patient Reported Experience Measures (PREM) among mothers is essential for identifying gaps in healthcare services, communication, and psychosocial support. Mothers' perceptions of care influence their confidence in treatment, adherence to medical advice, and overall well-being. However, there is limited evidence that integrates both quantitative assessment of quality of life and qualitative exploration of mothers' lived experiences in managing childhood seizure disorders, particularly in tertiary care settings. Therefore, this study was undertaken to generate comprehensive evidence that can inform the development of family-centered, nurse-led supportive interventions aimed at improving both child and caregiver outcomes.

### 4. STATEMENT OF THE PROBLEM

“A study to assess the level of PREM (Patient Reported Experience Measures) among mothers of children with seizure disorders in a tertiary care hospital.”

### 5. OBJECTIVES

#### Primary Objectives

- ✓ To assess the level of PREM among mothers of children with seizure disorders.
- ✓ To explore the experiences of mothers in caring for children with seizure disorders.

#### Secondary Objectives

- ✓ To determine the association between PREM and selected demographic variables of mothers and children.
- ✓ To integrate quantitative and qualitative findings for comprehensive analysis.

### RESEARCH QUESTION

Do the challenges of caring for a child with seizure disorder influence the emotional response and coping of mothers?

### HYPOTHESIS

**H1:** There is a statistically significant association between the level of PREM and selected demographic variables among mothers of children with seizure disorders.

### DELIMITATION

- ❖ Conducted only among mothers of children diagnosed with seizure disorders.
- ❖ Single-centre study at the Institute of Child Health (ICH), Chennai only.
- ❖ Duration of 1-week data collection

### 6. METHODS & MATERIALS

The study used a mixed-methods approach to assess PREM among mothers of children with seizure disorders. An explanatory sequential design was adopted, with a quantitative descriptive phase followed by a qualitative phenomenological phase to explore lived experiences of mothers. The study was conducted in the Neurology Outpatient Department of the Institute of Child Health (ICH), Chennai, over a period of four weeks. The sample consisted of 60 mothers of children with seizure disorders for the

quantitative phase, selected using non-probability convenience sampling. For the qualitative phase, six mothers were selected using purposive sampling based on their willingness and experience in caregiving. Inclusion criteria included mothers of children diagnosed with seizure disorders who were willing to participate and able to communicate in Tamil or English. Mothers of critically ill children, those with cognitive impairment, or those already participating in another study were excluded. Data were collected using a structured socio-demographic proforma and the **PedsQL (Paediatric Quality of Life Inventory) / PREM-related tool** to assess parental emotional response and caregiving impact. In-depth unstructured interviews were conducted for qualitative insights. Content validity of the tool was established through expert review, and reliability was confirmed using Cronbach's alpha. Ethical principles including informed consent, confidentiality, and voluntary participation were strictly followed. Quantitative data were analyzed using descriptive and inferential statistics, and qualitative data were analysed through thematic analysis. Integration of findings was done at the interpretation stage.

## 7. ETHICAL CONSIDERATIONS

Approval for the study was obtained from the Institutional Ethics Committee. Prior permission was secured from the Director of ICH, Chennai. Ethical principles of beneficence, respect, confidentiality, and justice were maintained throughout the study. Written informed consent was obtained from all participants. Privacy and anonymity were ensured, and participants were informed of their right to withdraw from the study at any time without any consequences.

## 8. RESULTS

### Table 1: Demographic Characteristics of Mothers

In the present study, nearly half of the mothers (48.33%) belonged to the age group of 31–35 years. With regard to educational status, the majority of mothers (36.67%) had completed secondary education. Most of the participants (65%) were homemakers. A large proportion of families (75%) were nuclear families, and 75% of the mothers reported having two children. In terms of the child's characteristics, most of the children (78.33%) were between 4–7 years of age, and 61.67% were female. The majority of mothers (70%) resided in urban areas. With respect to religion, 71.67% of the participants were Hindu. Half of the mothers (50%) reported a monthly family income of ₹54,650. Overall, these findings indicate that most caregivers were middle-aged homemakers from nuclear families, predominantly living in urban areas and caring for young female children with seizure disorders.

### Table 2: Level of QOL of Children with Seizure Disorders

Assessment of quality of life revealed that:

- ✓ 35% of children had a **low level of QOL**,
- ✓ 58.33% had a **moderate level of QOL**, and
- ✓ 6.67% had a **high level of QOL**.

This indicates that the majority of children experienced moderate impairment in quality of life, suggesting that seizure disorders substantially affect their daily functioning and overall well-being.

### Table 3: Association with Demographic Variables

The present study examined the association between quality-of-life scores and selected demographic variables using the Chi-square test.

The findings showed that higher QOL scores were reported among children whose mothers were **above 25 years of age, more educated, and living in joint families**. This suggests that maternal maturity, educational level, and family structure may positively influence the child's quality of life.

### **Qualitative findings: Parental Reported Symptoms (PREM)**

The qualitative findings explored Patient Reported Experience Measures (PREM) from the perspective of mothers of children with seizure disorders through in-depth interviews. The thematic analysis revealed three major themes:

#### **1. Psychosocial Impact on the Child**

Mothers reported that their children experienced emotional distress, fear, social withdrawal, and stigma related to epilepsy.

#### **2. Cognitive and Academic Difficulties**

Many mothers described learning problems, poor concentration, and academic challenges in their children, affecting school performance.

#### **3. Physical Health and Lifestyle Changes**

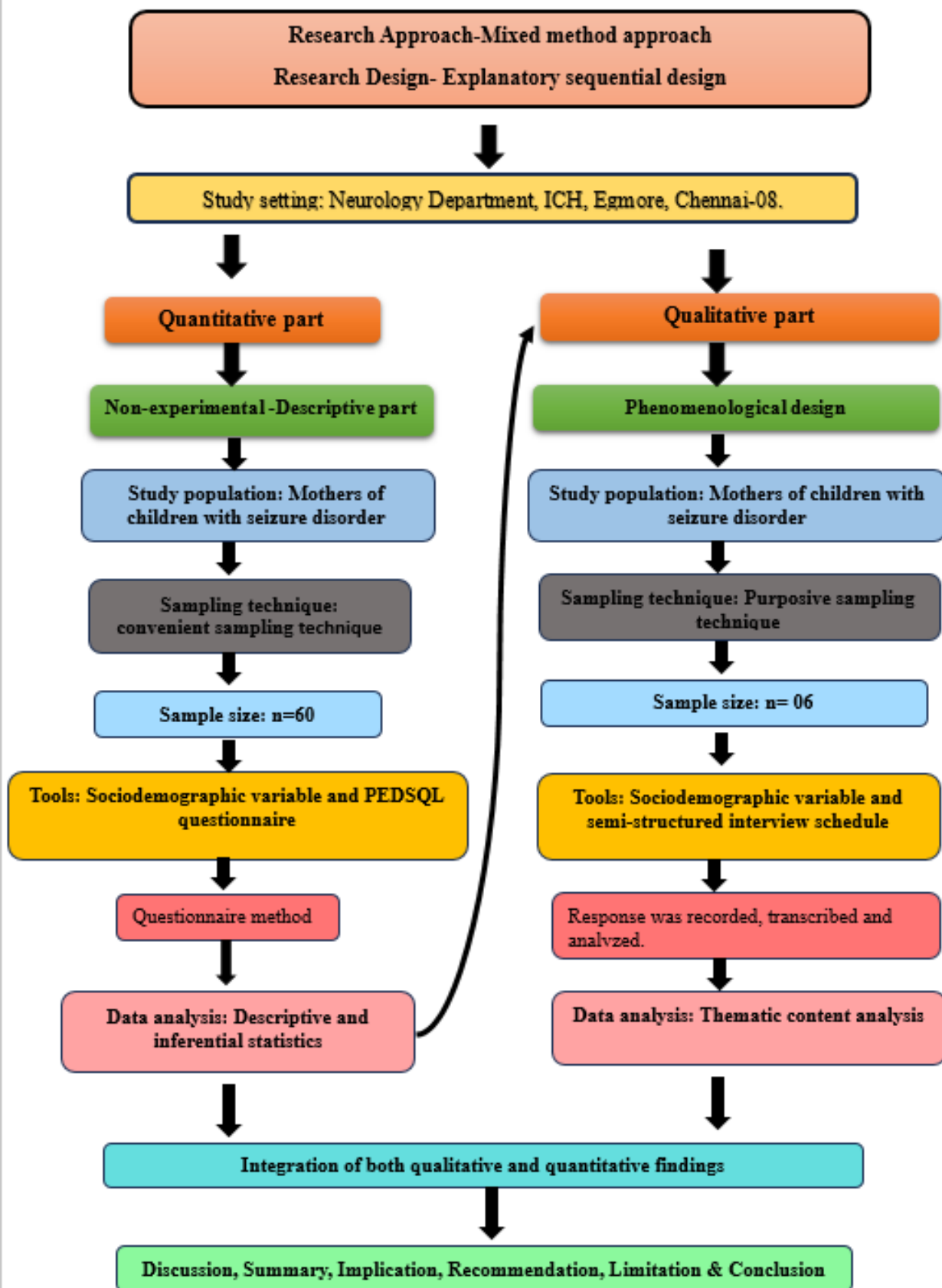
Mothers highlighted restrictions in physical activities, medication side effects, and lifestyle limitations due to the risk of seizures.

### **Integration of quantitative and qualitative findings**

The integration of quantitative and qualitative findings demonstrates that children with seizure disorders face **multifaceted challenges**—psychosocial, cognitive, physical, and lifestyle-related—that negatively affect their quality of life.

The quantitative QOL scores highlighted the extent of impairment, while the qualitative themes provided deeper insight into the lived experiences behind those scores. Together, the findings emphasize the need for: Holistic interventions that address not only medical but also emotional, academic, and social needs of children. Parental support and education to reduce overprotection and enhance coping strategies. School-based support systems tailored to the cognitive and behavioural needs of children with epilepsy.

FIG. 1. SCHEMATIC REPRESENTATION OF THE STUDY

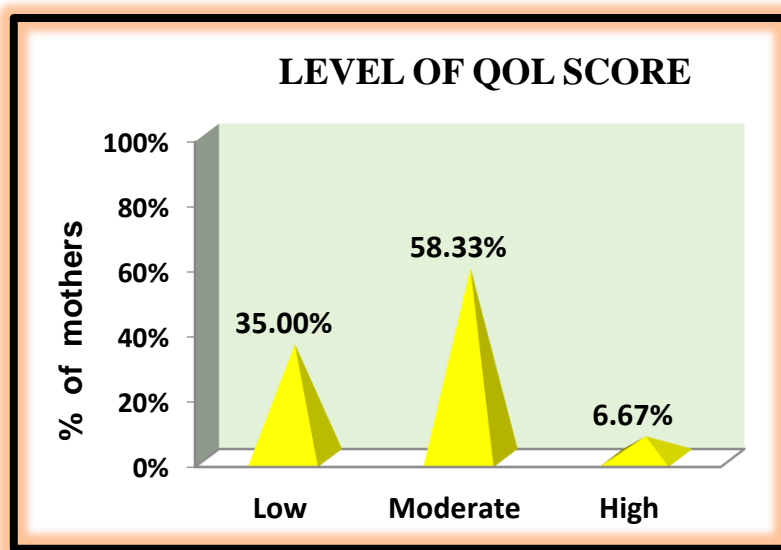


**TABLE 1: DEMOGRAPHIC VARIABLES OF THE MOTHERS**

DEMOGRAPHIC VARIABLES		NUMBER OF MOTHERS	%
Age of mother	21-25 years	3	5.00%
	26-30 years	26	43.34%
	31-35 years	29	48.33%
	36-40 years	2	3.33%
Educational Qualification	Non formal education	3	5.00%
	Primary education	14	23.33%
	Secondary education	22	36.67%
	Graduate and above	21	35.00%
Occupation of mother	Government employment	2	3.33%
	Private employment	12	20.00%
	Self-employed	7	11.67%
	Homemaker	39	65.00%
Family Type	Nuclear family	45	75.00%
	Joint family	15	25.00%
	Extended family	0	0.00%
	Blended family	0	0.00%
Number of Children	One child	9	15.00%
	Two children	45	75.00%
	Three children	6	10.00%
	Four or more children	0	0.00%
Age of Child	1-3 years	4	6.67%
	4-7 years	47	78.33%
	8-11 years	9	15.00%
	12-15 years	0	0.00%
Gender of Child	Male	23	38.33%
	Female	37	61.67%
Type of Residence	Urban	42	70.00%
	Rural	11	18.33%
	Semi urban	3	5.00%
	Remote area	4	6.67%
Religion	Hindu	43	71.67%
	Muslim	8	13.33%
	Christian	9	15.00%
Family income	Rs.54650	50	83.34%
	Rs. 54651-68,454	5	8.33%
	Rs. 68,455-146,103	5	8.33%
	Rs. 146, 104 above	0	0.00%

**TABLE 2: LEVEL OF QOL SCORE**

LEVEL OF SCORE	NO. OF MOTHERS	%
Low	21	35.00%
Moderate	35	58.33%
High	4	6.67%
Total	60	100.00%



**FIG.2.LEVEL OF QUALITY OF LIFE.**

**TABLE 3: ASSOCIATION BETWEEN LEVEL OF QUALITY-OF-LIFE SCORE AND DEMOGRAPHIC VARIABLES**

Demographic Variables		QOL Score				N	Chi-Square Test
		Low		Moderate/High			
		N	%	N	%		
Age of mother	21-25 years	2	66.67%	1	33.33%	3	$\chi^2=8.29$ p=0.05*(S)
	26-30 years	13	30.77%	13	69.23%	26	
	31-35 years	6	20.69%	23	79.33%	29	
	36-40 years	0	0.00%	2	100.00%	2	
	Non formal education	2	66.67%	1	33.33%	3	

Educational Qualification	Primary education	8	57.14%	6	42.86%	14	$\chi^2=8.31$ p=0.05*(S)
	Secondary education	8	36.36%	14	63.64%	22	
	Graduate and above	3	14.29%	18	85.71%	21	
Occupation of mother	Government employment	1	50.00%	1	50.00%	2	$\chi^2=4.76$ p=0.19(NS)
	Private employment	7	58.33%	5	41.67%	12	
	Self-employed	3	42.86%	4	57.14%	7	
	Homemaker	10	25.64%	29	74.36%	39	
Family Type	Nuclear family	19	42.22%	26	77.78%	45	$\chi^2=4.12$ p=0.05*(S)
	Joint family	2	13.33%	13	86.67%	15	
	Extended family	0	0.00%	0	0.00%	0	
	Blended family	0	0.00%	0	0.00%	0	
Number of Children	One child	6	66.67%	3	33.33%	9	$\chi^2=4.71$ p=0.10(NS)
	Two children	13	28.89%	32	71.11%	45	
	Three children	2	33.33%	4	66.67%	6	
	Four or more children	0	0.00%	0	0.00%	0	
Age of Child	1-3 years	3	75.00%	1	25.00%	4	$\chi^2=3.02$ p=0.22(NS)
	4-7 years	15	31.91%	32	68.09%	47	
	8-11 years	3	33.33%	6	66.67%	9	
	12-15 years	0	0.00%	0	0.00%	0	
Gender of Child	Male	8	34.78%	15	65.22%	23	$\chi^2=0.01$ p=0.97(NS)
	Female	13	35.14%	24	64.86%	37	
Caregiver's Relationship to Child	Mother	21	35.00%	39	65.00%	60	$\chi^2=0.00$ p=1.00(NS)
	Father	0	0.00%	0	0.00%	0	
	Grandparent	0	0.00%	0	0.00%	0	
	Other relative	0	0.00%	0	0.00%	0	
Type of Residence	Urban	12	28.57%	30	71.43%	42	$\chi^2=6.73$ p=0.08(NS)
	Rural	4	36.36%	7	63.64%	11	
	Semi urban	3	100.00%	0	0.00%	3	
	Remote area	2	50.00%	2	50.00%	4	
Religion	Hindu	15	34.88%	28	65.12%	43	$\chi^2=0.71$ p=0.70(NS)
	Muslim	2	25.00%	6	75.00%	8	
	Christian	4	44.44%	5	55.56%	9	
	Rs.54650	16	32.00%	34	68.00%	50	$\chi^2=1.62$ p=0.44(NS)
	Rs. 54651-68,454	2	40.00%	3	60.00%	5	

Family income	Rs. 68,455-146,103	3	60.00%	2	40.00%	5
	Rs. 146, 104 above	0	0.00%	0	0.00%	0

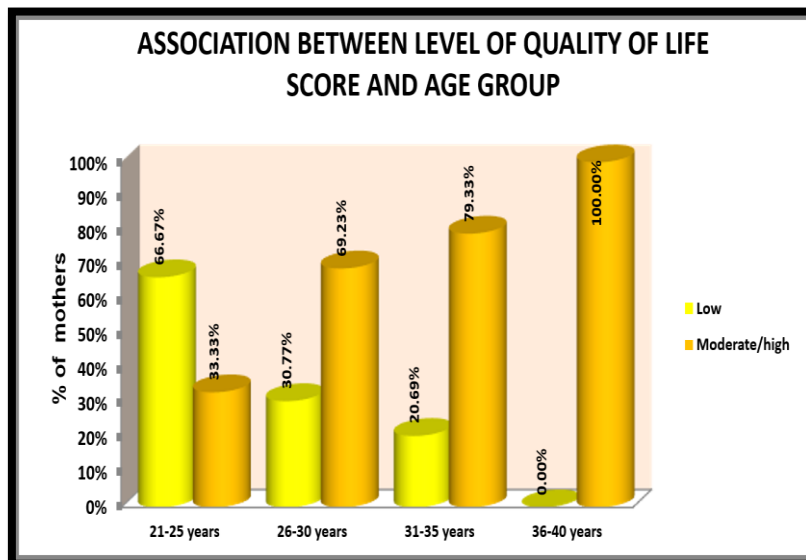
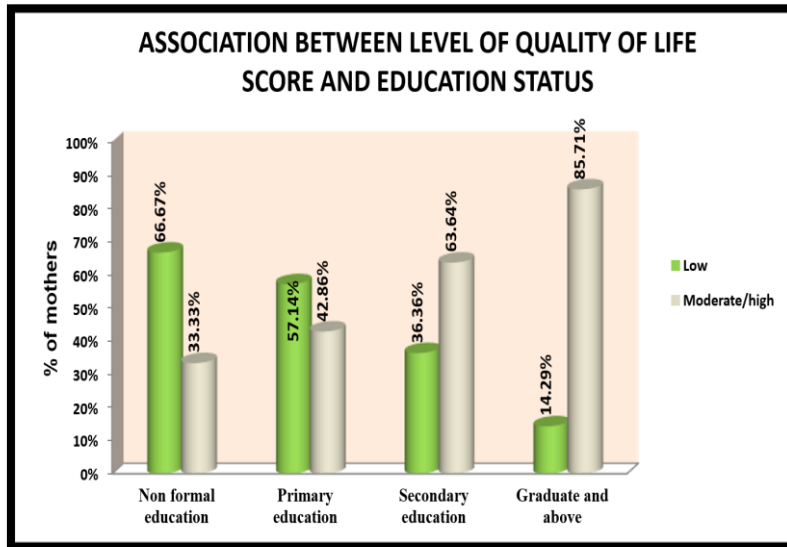


FIG. 3. ASSOCIATION BETWEEN THE LEVEL OF QUALITY OF LIFE AND AGE, EDUCATIONAL STATUS OF THE MOTHERS.

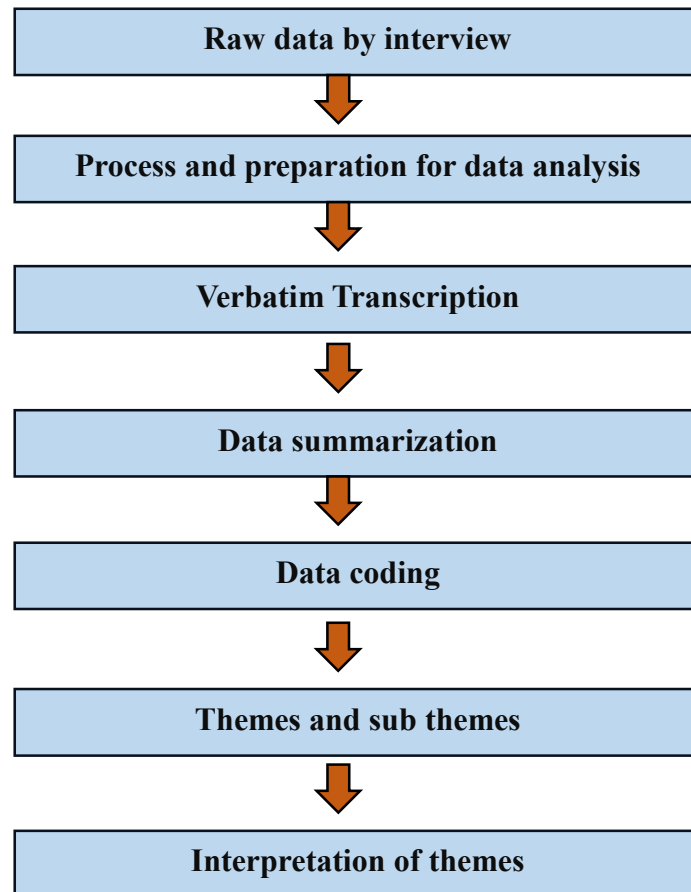


FIG.4. THEMES AND SUBTHEMES

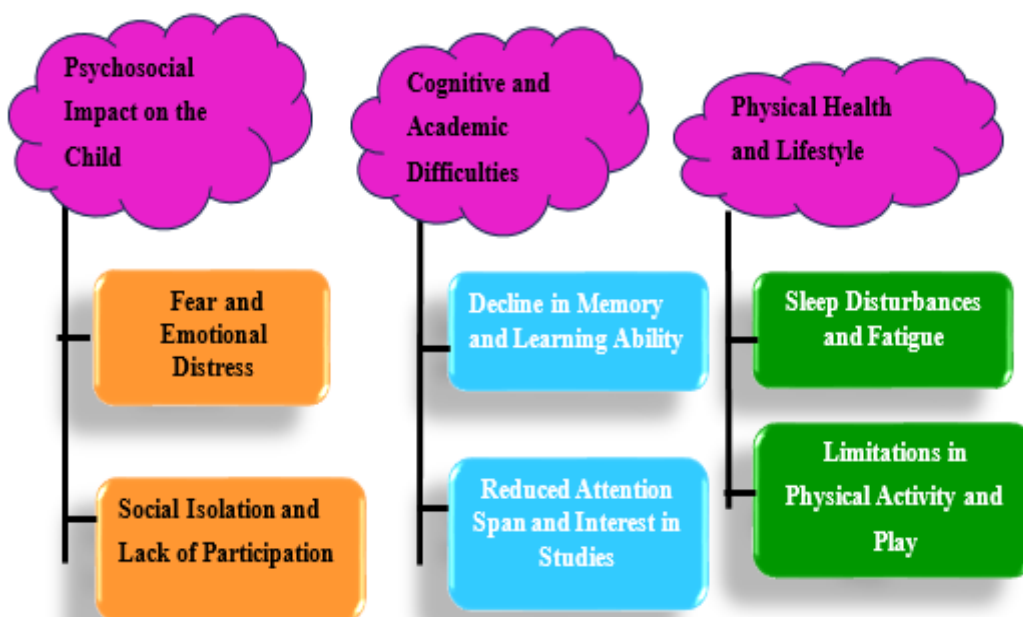


TABLE 4. THEMES, SUBTHEMES, NARRATIONS

NO.	THEME	SUBTHEME	NARRATIONS
	Psychosocial Impact on the Child	Fear and Emotional Distress	These narratives reveal how unpredictability of seizures fosters insecurity and dependence, significantly impairing confidence and social development.
		Social Isolation and Lack of Participation	In addition, social isolation and lack of participation were widely reported. Children often avoided peer interactions, withdrew from group activities, and were hesitant to express themselves in public. In some cases, this withdrawal was reinforced by parents who discouraged participation in school or social functions for fear of ridicule or seizure triggers.
	Cognitive and Academic Difficulties	Decline in Memory and Learning Ability	Mothers reported that their children often forgot lessons or daily tasks, attributing these lapses both to the seizures and side effects of antiepileptic medication. These accounts reflect how epilepsy interrupts not only health but also educational continuity.
		Reduced Attention Span and Interest in Studies	Alongside memory problems, a reduced attention span and loss of interest in studies were also observed. Mothers described their children as less motivated and less able to concentrate than before. These observations point to the combined effect of medical, psychological, and social challenges on academic performance.
	Physical Health and Lifestyle Changes	Sleep Disturbances and Fatigue	Sleep disturbances and fatigue were commonly mentioned. Some children slept excessively due to medication, while others experienced disrupted sleep patterns and nighttime fears. Such sleep-related challenges were linked to daytime drowsiness, poor alertness, and reduced capacity for learning or play.
			Many mothers shared that their children were unable—or were discouraged—to engage

		<b>Limitations in Physical Activity and Play</b>	in physical games due to fear of seizures, medication effects, or concerns about injury. These restrictions not only compromised physical development but also deprived children of essential opportunities for social bonding and resilience building.
--	--	--	---

## 9. DISCUSSION

The present mixed-methods study assessed the quality of life of children with seizure disorders and explored parental reported experiences of their mothers in a tertiary care setting. Quantitative findings revealed that 58.33% of children had a moderate level of quality of life, 35% had low QOL, and only 6.67% had high QOL. These findings are consistent with **Aishwarya Senapaty et al. (2025)**, who reported moderate impairment in cognitive, emotional, social, and physical domains of QOL among children with epilepsy, and **Anna Rozenstrauch and Aleksandra Koltunik (2022)**, who found that childhood epilepsy had a considerable negative impact on both child and family functioning. Qualitative findings identified three major themes: psychosocial impact on the child, cognitive and academic difficulties, and physical health and lifestyle changes. Mothers expressed concerns regarding emotional distress, stigma, learning problems, and activity restrictions in their children. These findings align with **Udaya Seneviratne et al. (2015)**, who highlighted the frequent presence of seizure-related symptoms affecting daily functioning, and **Ferro and Boyle (2014)**, who emphasized that chronic illness in children is associated with increased anxiety, maternal distress, and family dysfunction, supporting the need for family-centered care. Association analysis revealed that higher QOL scores were reported among children whose mothers were above 25 years, more educated, and living in joint families. These findings correspond with **Modi et al. (2009)**, who reported that even a single seizure negatively impacts paediatric HRQoL, and **Ferro (2014)**, who found that parental education and socioeconomic factors are consistent predictors of child QOL. Similarly, **Sabaz et al. (2003)** demonstrated that clinical and contextual factors strongly influence quality of life in childhood epilepsy. Overall, the study indicates that both clinical and demographic factors significantly influence child quality of life, while maternal support and family environment play a crucial role in improving outcomes.

## 10. RECOMMENDATIONS:

- ❖ Provide structured counselling programs for mothers of children with seizure disorders.
- ❖ Include stress management and coping strategies in caregiver education.
- ❖ Encourage family involvement and peer support groups.
- ❖ Conduct further research on PREM in different healthcare settings.
- ❖ Train nurses in empathetic communication and caregiver support.

## 11. LIMITATIONS

- ❖ Single-center study conducted at ICH, Chennai.
- ❖ Small sample size (60 mothers).
- ❖ Restricted to mothers of children with seizure disorders only (2–12 years).
- ❖ Self-reported data may have response bias.

## 12. CONCLUSION

Emotional support, caregiver education, and empathetic healthcare communication play a crucial role in reducing stress and improving coping. Sociodemographic factors such as age, education, and place of residence significantly influence maternal emotional burden. By strengthening psychological support, family involvement, and nurse-led interventions, maternal well-being and caregiving capacity can be significantly enhanced.

## References

1. Dvash-Kravi S, Hamama-Raz Y, Hamama L, Hamiel D, Hamama R. Correlates of quality of life in mothers of children with diagnosed epilepsy. *Epilepsy Behav.* 2019;93:80-86. doi:10.1016/j.yebeh.2019.01.039
2. Graves R, Puka K, Tavares TP, Anderson KK, Ferro MA, Speechley KN. A systematic review of quality of life in parents of children with childhood-onset epilepsy. *Epilepsy Behav Rev.* 2018;38:38-45.
3. Nguyen S, Pertini M, Kettler L. Parental cognitive appraisals and coping behaviours following a child's epilepsy diagnosis: a qualitative study. *Clin Child Psychol Psychiatry.* 2015;20(1):20-38. doi:10.1177/1359104514551778
4. Reilly C, Nellåker C, Malmgren K, Olsson I. Health-related quality of life and emotional well-being in parents of children with drug-resistant epilepsy: a Swedish cohort. *Qual Life Res.* 2015;24(5)
5. Li X, Zhang D, Tang X, et al. Caregivers' experiences in the management of children with epilepsy: a systematic synthesis of qualitative studies. *Seizure.* 2023; 109:10-20. doi: 10.1016/j.seizure.2023.01.003
6. Lv R, Wu L, Jin L, Lu Q, Wang M, Qu Y, Liu H. Depression, anxiety and quality of life in parents of children with epilepsy. *Acta Neurol Scand.* 2009;120(5):335-341. doi:10.1111/j.1600-0404.2009.01184.
7. Lv R, Wu L, Jin L. Quality of life in parents of children with epilepsy: a systematic review. *Epilepsy Behav.* 2019;95:128-136. doi: 10.1016/j.yebeh.2019.01.041
8. Jones C, Reilly C, Betts T. Parental anxiety in childhood epilepsy: a systematic review. *Epilepsy Behav.* 2010;19(3):331-338. doi:10.1016/j.yebeh.2010.09.014
9. Moghimbeigi A, Mohammadi M, Rezaeian S, Soltani F. Caregiver burden in mothers of children with epilepsy. *Epilepsy Behav.* 2011;22(4):706-710. doi:10.1016/j.yebeh.2011.08.008
10. Reilly C, Nellåker C, Malmgren K, et al. Maternal and paternal quality of life in children with epilepsy: who is affected more? *Epilepsy Behav.* 2019;92:184-190. doi: 10.1016/j.yebeh.2018.12.029
11. Rodenburg R, Meijer AM, Deković M, Aldenkamp AP. Parents of children with continuing epilepsy: concerns and needs. *Epilepsy Behav.* 2007;11(2):219-227. doi: 10.1016/j.yebeh.2007.05.004

## Acknowledgement

I offer my humble gratitude to the Almighty for blessing me with the wisdom, perseverance, and strength required to complete this study. I am deeply indebted to Prof. (Dr.) R. Shankar Shanmugam for his constant mentorship, constructive guidance, and unwavering support throughout my research journey. I sincerely acknowledge the faculty members for their valuable suggestions and continuous academic support. I extend my sincere appreciation to the hospital administration and staff for granting permission and providing the necessary cooperation for conducting this study. I am profoundly grateful to all the



mothers who willingly participated and openly shared their experiences, without whom this study would not have been possible. Lastly, I express my heartfelt thanks to My family, My Prince, Bf, and friends for their motivation, encouragement, and moral support at every stage of this work.