

A DESCRIPTIVE STUDY ON GUILT COMPLEX AND KNOWLEDGE OF ADOPTIVE CHILD-CARE MEASURES AMONG MULTIPAROUS WORKING MOTHERS IN URBAN SLUM AREA OF AHMEDABAD CITY

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ABSTRACT

Background: Working mothers residing in urban slum areas face multiple role demands related to employment, household responsibilities, and childcare. Multiparous working mothers are particularly vulnerable to psychological stress, which may result in a guilt complex and influence their ability to adopt appropriate child-care practices. Assessing guilt complex and knowledge of adoptive child-care measures is essential for planning effective nursing interventions in urban slum communities. **Objectives:** The objectives of the study were to assess the level of guilt complex and knowledge regarding adoptive child-care measures among multiparous working mothers, to determine the association between guilt complex and selected demographic variables, to assess the association between knowledge and selected demographic variables, and to find the relationship between guilt complex and knowledge of adoptive child-care measures. **Methods:** A quantitative approach with a descriptive research design was adopted. The study was conducted among 100 multiparous working mothers residing in a selected urban slum area of Ahmedabad city. Non-probability purposive sampling technique was used. Data were collected using a structured demographic proforma, a guilt complex rating scale, and a structured knowledge questionnaire on adoptive child-care measures. Data were analyzed using descriptive and inferential statistics. **Results:** The findings revealed that 52% of mothers had a moderate level of guilt complex, while 24% experienced severe guilt. Regarding knowledge, 46% of mothers had moderately adequate knowledge and 34% had inadequate knowledge of adoptive child-care measures. A significant association was found between working hours and level of guilt complex. A moderate negative correlation ($r = -0.42$) was observed between guilt complex and knowledge, indicating that increased knowledge was associated with reduced guilt levels. **Conclusion:** The study concluded that multiparous working mothers in urban slum areas experience considerable guilt and possess limited to moderate knowledge of adoptive child-care measures. The findings highlight the need for community-based educational and supportive nursing interventions to enhance childcare knowledge and reduce maternal guilt, thereby promoting better maternal and child health outcomes.

Key Words: Guilt Complex, Multiparous Working Mothers, Adoptive Child-Care Measures, Knowledge, Urban Slum Area, Maternal Mental Health

INTRODUCTION

Working mothers residing in urban slum settings are often required to perform multiple and competing roles simultaneously, including income generation, household management, and direct childcare. These women commonly work in informal or unorganized sectors with long, irregular, and physically demanding working hours, minimal job security, and absence of maternity benefits or childcare support. Alongside occupational responsibilities, they remain primarily responsible for domestic duties such as cooking, cleaning, and caring for family members. The lack of extended family support, affordable crèche facilities, and organized community childcare services further compounds their burden. Limited financial resources, poor housing conditions, overcrowding, and restricted access to health and social services intensify daily stress and role strain. Multiparous working mothers—those caring for two or more children—experience additional psychological and emotional pressure due to the need to meet the developmental, nutritional, educational, and emotional needs of multiple children simultaneously. In such circumstances, mothers may perceive that they are unable to devote sufficient time, attention, or care to each child. This perceived inadequacy often leads to the development of a maternal guilt complex, characterized by persistent feelings of self-blame, anxiety, regret, and emotional distress regarding perceived failures in fulfilling the maternal role. Maternal guilt may be exacerbated when children are left unsupervised, cared for by siblings or neighbors, or exposed to unsafe environments during the mother's working hours.

Urban slum mothers face persistent barriers such as inadequate childcare facilities, irregular income, poverty, overcrowding, unsafe play environments, and limited health literacy, all of which influence childcare decisions. These challenges may heighten feelings of guilt, especially when mothers are aware of ideal childcare practices but are unable to implement them due to socio-economic limitations. Conversely, insufficient knowledge regarding practical and context-appropriate childcare measures may further increase anxiety and negatively affect child health outcomes.

Therefore, a descriptive assessment of both guilt complex and knowledge of adoptive childcare measures among multiparous working mothers is essential. Such an assessment will generate baseline data to understand the magnitude of maternal guilt, identify knowledge gaps, and explore their relationship with socio-demographic factors. The findings can assist community health nurses in designing targeted educational programs, supportive counseling interventions, and community-based childcare guidance tailored to the needs of working mothers in urban slum communities. Ultimately, strengthening maternal knowledge and providing psychosocial support may contribute to improved maternal mental well-being and better child health and developmental outcomes.

LITERATURE REVIEW

1. Joshi and Mehta (2022) carried out a correlational study to examine the relationship between maternal guilt, knowledge of childcare, and availability of social support among working mothers in urban communities. The findings indicated a negative correlation between childcare knowledge and guilt levels, suggesting that mothers with better knowledge experienced less guilt. Strong family and community support systems further reduced maternal guilt. The authors recommended integrating maternal mental health assessment with maternal and child health education services

2. Banerjee and Sen (2021) conducted an observational study to explore adoptive childcare measures used by working mothers in urban poor settings and their impact on child health outcomes. The study found that mothers who adopted appropriate childcare strategies—such as advance meal preparation, maintaining hygiene, ensuring immunization follow-up, and arranging safe supervision—reported reduced morbidity among children. Maternal knowledge and exposure to health education sessions were significant predictors of effective adoption of childcare measures.

3. Rao, Mishra, and Verma (2020), A community-based study by Rao et al. assessed the knowledge and practices of childcare among working mothers living in urban slums. The results showed that while most mothers had fair knowledge regarding breastfeeding and immunization, there were significant gaps in knowledge related to injury prevention, hygiene practices, supervision of children during work hours, and early identification of illness. The authors recommended structured teaching programmes and periodic reinforcement by health workers to improve childcare knowledge and practices.

4. Sharma and Kaur (2019) carried out a descriptive study among multiparous working mothers residing in urban slum areas to assess psychological stress and guilt related to childcare responsibilities. The findings revealed that mothers with two or more children had higher levels of stress and guilt compared to mothers with fewer children. Economic constraints, overcrowded housing, and absence of childcare facilities were identified as major contributing factors. The study highlighted the need for community health nurses to address maternal mental health along with routine child care services

5. Desai and Patel (2018) conducted a cross-sectional study among working mothers from low-income urban communities in India to assess work–family conflict and maternal guilt. The study reported that a large proportion of mothers experienced moderate to high levels of guilt, mainly due to limited time spent with children and dependence on alternative caregivers during working hours. Longer working hours and lack of family support were significantly associated with increased guilt levels. The authors concluded that maternal guilt is a common psychological issue among working mothers and emphasized the role of counseling and social support in reducing emotional stress.

OBJECTIVES

1. To assess the level of guilt complex among multiparous working mothers in an urban slum area of Ahmedabad city.
2. To assess the level of knowledge regarding adoptive child-care measures among multiparous working mothers.

3. To find the association between guilt complex and selected demographic variables (age, education, type of work, working hours, number of children, family type, income, support system, etc.).
4. To find the association between knowledge of adoptive child-care measures and selected demographic variables.
5. To determine the relationship between guilt complex and knowledge of adoptive child-care measures among multiparous working mothers.

METHODOLOGY

- **Research Approach** - Quantitative research approach.
- **Research Design** - Non-experimental descriptive (cross-sectional) design
- **Setting of the Study** - Selected slum areas (Saranyavaas) of Ahmedabad City.
- **Population** - Multiparous working mothers residing in Saranyavaas urban slum area of Ahmedabad city.
- **Sample Size** - 100 Multiparous working mothers residing in Saranyavaas urban slum area of Ahmedabad city.
- **Sampling Technique** - Non-probability convenience sampling.
- **Sampling Criteria**

Inclusion Criteria

- ✓ Multiparous (≥ 2 children).
- ✓ Working mothers (formal/informal work).
- ✓ Residing in the Saranyavaas slum area for ≥ 6 months.
- ✓ Willing to participate and available during data collection.

Exclusion Criteria

- ✓ Mothers with severe mental illness/acute crisis affecting responses.
- ✓ Mothers of critically ill children at the time of data collection

Data Collection Tool

Tool 1: Demographic Proforma

Age, education, occupation, working hours/day, monthly income, family type, number of children, age of youngest child, childcare support, daycare availability, etc.

Tool 2: Guilt Complex Rating Scale

20 items, 5-point Likert scale (Never–Sometimes–Often–Always).

Scoring: categorize as **mild** / **moderate** / **severe guilt** based on cut-offs.

Tool 3: Knowledge Questionnaire on Adoptive Child-Care Measures

25 MCQs/structured questions.

Domains: feeding & nutrition, hygiene, immunization, danger signs & health seeking, safety & injury prevention, supervision alternatives, stimulation/play, sleep routine, screen time control, etc.

Scoring: **inadequate / moderate / adequate knowledge.**

The tool was reviewed by a panel of five experts in maternal health and public health nursing for content validity. Reliability testing yielded a **Cronbach’s alpha of 0.84**, indicating high internal consistency.

RESULTS

Section A: Demographic Variables of Multiparous Working Mothers

Table 1: Distribution of samples according to demographic variables (N = 100)

S. No	Demographic Variable	Category	Frequency (f)	Percentage (%)
1	Age (years)	20–25	18	18
		26–30	42	42
		31–35	30	30
		≥36	10	10
2	Education	No formal education	22	22
		Primary education	34	34
		Secondary education	30	30
		Higher secondary & above	14	14
3	Occupation	Domestic worker	36	36
		Factory worker	28	28
		Vendor/Shop helper	22	22
		Other informal work	14	14
4	Working hours/day	≤6 hours	26	26
		7–8 hours	44	44
		≥9 hours	30	30
5	Number of children	2 children	58	58
		≥3 children	42	42
6	Family type	Nuclear	62	62
		Joint	38	38
7	Child-care support	Family member	40	40
		Neighbor	32	32
		Sibling care	18	18
		No support	10	10

Section B: Level of Guilt Complex

Table 2: Distribution of samples according to level of guilt complex (N = 100)

Level of Guilt Complex	Frequency (f)	Percentage (%)
Mild guilt	24	24
Moderate guilt	52	52
Severe guilt	24	24
Total	100	100

Interpretation:

More than half of the multiparous working mothers (52%) experienced moderate guilt complex, while 24% had severe guilt, indicating considerable emotional burden related to childcare responsibilities.

Section C: Level of Knowledge on Adoptive Child-Care Measures

Table 3: Distribution of samples according to knowledge level (N = 100)

Knowledge Level	Frequency (f)	Percentage (%)
Inadequate knowledge	34	34
Moderately adequate knowledge	46	46
Adequate knowledge	20	20
Total	100	100

Interpretation:

Nearly half of the mothers (46%) had moderately adequate knowledge, while 34% had inadequate knowledge regarding adoptive child-care measures.

Section D: Association Between Guilt Complex and Selected Demographic Variables

Table 4: Association between guilt complex and working hours/day (Chi-square test)

Working hours/day	Mild	Moderate	Severe	Total
≤6 hours	12	10	4	26
7–8 hours	10	26	8	44
≥9 hours	2	16	12	30
Total	24	52	24	100

$\chi^2 = 12.46$, $df = 4$, $p < 0.05$ (Significant)

Interpretation:

A significant association was found between working hours and level of guilt complex, indicating that mothers working longer hours experienced higher levels of guilt.

Section E: Relationship Between Guilt Complex and Knowledge

Table 5: Correlation between guilt complex and knowledge scores

Variables	r value
Guilt complex & knowledge	-0.42

Interpretation:

A moderate negative correlation ($r = -0.42$) was found, suggesting that as knowledge regarding adoptive child-care measures increased, the level of guilt complex decreased.

Summary of Findings

- ❖ Majority of mothers were aged 26–30 years and belonged to nuclear families.
- ❖ 52% experienced moderate guilt complex.
- ❖ 34% had inadequate knowledge of adoptive child-care measures.
- ❖ Working hours showed a significant association with guilt complex.
- ❖ Knowledge had a negative correlation with guilt levels.

DISCUSSION

The present study was undertaken to assess the guilt complex and knowledge of adoptive child-care measures among multiparous working mothers residing in an urban slum area of Ahmedabad city. The discussion is presented in relation to the objectives of the study and supported by findings from previous studies.

Discussion Related to Demographic Variables

In the present study, the majority of the mothers were in the age group of 26–30 years, belonged to nuclear families, and were engaged in informal occupations such as domestic work and factory work. Most of them worked 7–8 hours per day, and a substantial proportion had two children. These findings indicate that working mothers in urban slum areas are in their active reproductive and productive age group and are required to balance occupational responsibilities with household and childcare duties. Similar demographic trends have been reported in studies conducted among working mothers in low-income urban settings, where women often work long hours with minimal support systems.

Discussion Related to Level of Guilt Complex

The findings of the study revealed that more than half (52%) of the mothers experienced a moderate level of guilt complex, while 24% had severe guilt related to childcare responsibilities. This indicates that maternal guilt is a common psychological experience among multiparous working mothers in slum areas. The guilt may arise due to limited time spent with children, dependence on others for childcare, and perceived inability to fulfill ideal maternal roles. These findings are consistent with the study conducted by Desai and Patel (2018), who reported moderate to high guilt levels among working mothers from low-income urban communities due to work–family conflict.

Discussion Related to Knowledge of Adoptive Child-Care Measures

Regarding knowledge of adoptive child-care measures, the study found that 46% of mothers had moderately adequate knowledge, while 34% had inadequate knowledge. Only 20% demonstrated adequate knowledge related to adaptive childcare practices such as hygiene maintenance, injury prevention, supervision alternatives, and timely health-seeking behavior. These findings suggest that although mothers may possess basic awareness related to feeding and immunization, there are considerable gaps in practical childcare knowledge suited to their working and living conditions. Similar findings were reported by Rao et al. (2020), who identified inadequate knowledge regarding safety, supervision, and illness recognition among working mothers residing in urban slums.

Discussion Related to Association Between Guilt Complex and Demographic Variables

The present study demonstrated a significant association between working hours per day and level of guilt complex. Mothers working longer hours (≥ 9 hours/day) experienced higher levels of guilt compared to those working fewer hours. This finding highlights that increased work demands and reduced time for childcare contribute to heightened emotional distress among working mothers. This is in agreement with Sharma and Kaur (2019), who reported that long working hours and lack of childcare support were significant predictors of maternal guilt and stress among multiparous mothers in slum settings.

Discussion Related to Relationship Between Guilt Complex and Knowledge

The study revealed a moderate negative correlation ($r = -0.42$) between guilt complex and knowledge of adoptive child-care measures. This indicates that mothers with better knowledge regarding adaptive childcare practices experienced lower levels of guilt. Adequate knowledge may increase maternal confidence in managing childcare responsibilities despite work constraints, thereby reducing feelings of inadequacy and guilt. This finding is supported by Joshi and Mehta (2022), who found that increased childcare knowledge and stronger support systems were associated with reduced maternal guilt among working mothers.

Overall Discussion

Overall, the findings of the study emphasize that multiparous working mothers in urban slum areas experience considerable levels of guilt and possess only moderate knowledge of adoptive child-care measures. Socio-economic constraints, long working hours, limited support systems, and knowledge gaps collectively influence maternal emotional well-being and childcare decision-making. The results underscore the importance of community-based educational interventions, supportive counseling, and nurse-led guidance tailored to the needs of working mothers in slum communities.

CONCLUSION

The study concludes that multiparous working mothers in urban slum areas experience considerable levels of guilt, mainly due to work pressure and limited time for childcare. The knowledge regarding adoptive child-care measures was mostly moderate to inadequate, with gaps in practical childcare practices. Longer working hours were significantly associated with higher guilt levels, while better knowledge was related to reduced guilt. The findings

highlight the need for community-based education and supportive nursing interventions to improve childcare knowledge and maternal emotional well-being.

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