

Postnatal quality of life: A neglected research area in India

World Health Organization defines Quality of Life (QOL) as “individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. It is a complex, multidimensional concept affected by many factors like the person's physical, mental and social state.¹ The recent era has witnessed the emergence of QOL concepts as an essential health component which looks beyond the morbidity and mere survival of the patients. It leads to the accelerated research on measurement of QOL and its applicability in the health care arena. Several researchers utilized QOL concept to assess the impact of the disease on the individual, efficacy of interventions and as a mean of evaluating quality of health care services.^{2,3}

Postnatal period is a most decisive period of woman's life characterized by the heavy brunt of physical and psychosocial morbidity. Several factors contribute to the poor quality of life during this period. The need of rearing newborn, responsibility towards the family members, physical problems, insufficient sleep and negligence towards self care may lead to emotional letdown and poor QOL.^{4,5}

In India, several sociocultural factors like male dominance, preference for male child and the widespread domestic violence along with poor socioeconomic status, increased medical expenditure and younger age of mother append additional burden contributing to the poor quality of life. Psychological state is an important dimension of health-related QOL and studies conducted in several parts of India revealed a high incidence of postpartum depression (16% Tamil Nadu and Goa 23%).^{6,7}

Health related QOL studies are crucial in evaluating the health and well being of the postpartum women as a whole. However, cautious efforts should be made while evaluation, considering the individual

perceptions in the context of the various socio-cultural factors. In India, utilization of postnatal care services is unacceptably low with widespread socioeconomic inequalities.⁸ Similarly, impact and evaluation of postnatal care services have remained an unexplored area. Most of the research has focused on evaluation of patterns of morbidity, especially physical morbidity and depressive symptoms demonstrating its high incidence and necessity of appropriate interventions.^{8,9,10} A few studies have measured the relation of maternal morbidity to psychological and socioeconomic aspects of women's life.¹¹ However, studies evaluating overall QOL during the postnatal period have been very limited. Several reasons can be attributed to the poor research in this area, the most important being the unavailability of a validated instrument. There are numerous generic tools available which measure the broad dimensions of QOL, its utility among postnatal mother is questionable. Analysis of quality of life instruments used among postpartum population shows lack of validity and reliability.² A study conducted by Nagpal et al, revealed that the use of Mother-Generated-Index (MGI) is useful in evaluating the QOL among postnatal mothers in India taking into account the wider sociocultural and educational diversity present in the country. The authors argued that MGI reflects the mother's own perspective and allows her to decide the content of the form and the overall QOL scores do not require linguistic validation.^{12,13}

QOL is largely a subjective perception of the individual and is of utmost importance to explore and attend the specific concerns of mothers during the postpartum period. In this regard, MGI can be a promising tool in evaluating the postnatal QOL, however, further research is warranted to generalize the instrument across a wider geographical area. In view of the long term impact of poor postnatal QOL its evaluation and proper interventions are required. Vigorous efforts to accelerate the research for

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developing reliable and valid instrument measuring QOL in postnatal mother are required.

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REFERENCES

1. World Health Organization Quality of Life Group. Measuring quality of life. 1997. <http://www.who.int/mentalhealth/media/68.pdf>.
2. Mogos MF, August EM, Salinas-Miranda AA, Sultan DH, Salihu HM. A Systematic Review of Quality of Life Measures in Pregnant and Postpartum Mothers. *Appl Res Qual Life*. 2013 Jun 1;8(2):219-250.
3. Zubaran C, Foresti K, Schumacher MV, Muller LC, Amoretti AL. An assessment of maternal quality of life in the postpartum period in southern Brazil: a comparison of two questionnaires. *Clinics (Sao Paulo)* 2009;64:751-6.
4. MacArthur C, Winter HR, Bick DE, Knowles H, Lilford R, Henderson C, et al. Effects of redesigned community postnatal care on womens' health 4 months after birth: a cluster randomised controlled trial. *Lancet* 2002; 359:378-85.
5. Zhou SZ, Wang XL, Wang Y. Design of a questionnaire for evaluating the quality of life of postpartum women (PQOL) in China. *Qual Life Res* 2009;18:497-508.
6. Chandran M, Tharyan P, Muliyl J, Abraham S.. Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. Incidence and risk factors. *Br J Psychiatry* 2002;181:499-504.
7. Patel V, Rodrigues M, DeSouza N. Gender, poverty, and postnatal depression: a study of mothers in Goa, India. *Am J Psychiatry* 2002;159:43-7.
8. Singh A, Padmadas SS, Mishra US, Pallikadavath S, Johnson FA, Matthews Z.. Socio-economic inequalities in the use of postnatal care in India. *PLoS One* 2012;7(5):e37037.
9. Bang RA, Bang AT, Reddy MH, Deshmukh MD, Baitule SB, Filippi V. Maternal morbidity during labour and the puerperium in rural homes and the need for medical attention: A prospective observational study in Gadchiroli, India. *BJOG* 2004;111:231-8.
10. Iyengar, K. Early postpartum maternal morbidity among rural women of Rajasthan, India: a community-based study. *J Health Popul Nutr* 2012;30:213-25.
11. Iyengar K, Yadav R, Sen S. Consequences of maternal complications in women's lives in the first postpartum year: a prospective cohort study. *J Health Popul Nutr* 2012;30:226-40.
12. Nagpal J, Dhar RS, Sinha S, Bhargava V, Sachdeva A, Bhartia A. An exploratory study to evaluate the utility of an adapted Mother Generated Index (MGI) in assessment of postpartum quality of life in India. *Health Qual Life Outcomes* 2008; 6:107.
13. Symon A, McGreavey J, Picken C. Postnatal quality of life assessment: validation of the Mother-Generated Index. *BJOG* 2003;110:865-8.

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