Challenges of Married Parents with Congenital Club Foot Children and their Coping Mechanism: The Case of Parents Receiving Service at Abet Hospital

By: Yordanos Eshetu

A Thesis Submitted to School of Social Work, Addis Ababa University Presented in Partial Fulfillment of the Requirements for the Degree of Master of Social Work

Addis Ababa University
September, 2021

Addis Ababa, Ethiopia

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Advisor: Emebet Mulugeta (PHD)

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ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared by Yordanos Eshetu, entitled: Challenges of Married Parents with Congenital Club Foot Children and their Coping Mechanism and submitted in partial fulfillment of the requirements for the degree of Degree of Master of Social Work complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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DECLARATION

I declare that Challenges of Married Parents with Congenital Club Foot Children and their Coping Mechanism*"* my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of reference and that the work has not been submitted before any other degree at any other institution.

Yordanos Eshetu

Signature: _____

Date: _____

Place: Addis Ababa University, Ethiopia

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Acronyms

CAs	Congenital Anomalies
CF	Clubfoot
CPM	Continuous Passive Motion
CTEV	Congenital Talipes Equino Varus
IC	Idiopathic Clubfoot
LMIC	Low and Middle Income Countries
SNPs	Single Nucleotide Polymorphisms
WHO	World Health Organization

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Abstract

Clubfoot is a congenital birth defect of children and it is not uncommon to see parents with a child who has the birth defect of congenital clubfoot in Addis Ababa, Abet Hospital. Research emphasizing on the area of congenital clubfoot malformation in Ethiopia has focused on medical treatment, magnitude of incidence and management of medical treatment of congenital clubfoot. However, these areas of research do not address the challenges of parents with congenital clubfoot child in Ethiopia. It would have been inaccurate generalization of the challenges faced by parents with congenital clubfoot children in the absence of in-depth research and description of the issues faced by these parents. The objective of this cross-sectional research is describing the challenges of married parents with congenital clubfoot child and their coping mechanism. Specifically, it aims to answer the research questions: what are the social, economic, and marital challenges of married parents with congenital clubfoot child? and how do married parents cope with the challenges. This research was carried out in Abet Hospital. The research employed a qualitative research method with case study design. Data was gathered through in depth interview, focus group discussion, and non-participant observation. The study participants in this research were *seven married parents who participated in an in-depth interview. Three FGDs were also carried out with mothers only group, father's only group and mixed group. And, four key informants were also interviewed to get their expert opinion. The findings of this study, shows that married parents of children with congenital clubfoot had numerous challenges related to their social, economic, and marital life. However, all of the participants have used different coping mechanisms, including formal support, informal support, and spiritual support. These have all proven to be valuable resources for the participant in coping with their situation. Furthermore, this research has indicated two major recommendations: (1) health social workers should give attention to holistic support of parents, and (2) health social workers should upgrade their education, practice, and counseling skills to bring about effective results.*

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Children may experience different significant health conditions before and after birth, that let them to be more vulnerable. According to World Health Organization (WHO) report, more than 3 million fetuses and infants are born each year with congenital abnormalities. Congenital heart defect, neural tube defect, down syndrome, and congenital taplies equino varus are some of the most common serious congenital defects, with a higher prevalence level than other congenital abnormalities. Most congenital defects can cause infant death, while others can cause long-term disabilities if left untreated (WHO, 2011).

This study is concentrated on congenital anomalies; which occurred during the prenatal period. Congenital talipes varus is a congenital anomaly that happens during prenatal period of fetal developmental and defect caused by defective embryogenesis or an inherent abnormality inside the development process. Congenital Talipes Equino Varus (CTEV) is considered as common congenital malformation present at birth that can be a cause for livelong disability if it left untreated. Congenital taplies equnio varus called as Club foot, a common foot abnormality, in which the foot points downward, and inward and malformation of feet and ankle. It can be containing one or both feet and an obvious deformity easily recognized, and this deformity has a treatment and children can be cured form long last physical disability (Penny, 2005).

On the study congenital clubfoot (Diepstraten, 2021), describe that more than 80% children who are born with congenital club foot have normal physical and mental health throughout their lifetime and, but they might have a high tendency to be infected by neuromuscular disease.

The association between disease like spinal bifida, arthrogryposis multiplex and skeletal dysplasia has extraordinary problem for child with congenital club foot. Even though, there is no clear illustration why club foot malformation is associated with neuromuscular disease and the case has unclear pathogeneses and etiology. However, the families who have been a history of clubfoot child may have high proportion to have another child with clubfoot. Heredity and genetics are the main feature and assumption for the existence of deformity, despite of this the exact etiology and pathogenesis of clubfoot is not well defined yet. (Diepstraten, 2021, p. 305)

In every year around the world 150,000-200,000 babies with clubfoot are born. Low- and middle-income countries has high incidence of club foot cases and also the global prevalence of club foot is estimated to be between 0.6 and 1.5 per 1000 live births with around 80% of all club foot case being born in LMIC (Cook, 2014).

Recent studies stated that, in Ethiopia every year has a rate of incidence of clubfoot to be 3,000-5,000 born, over 80% children with idiopathic clubfoot live with inadequate income and making treatment is impossible for them (Mengesha, 2020). Almost all of the clinical data in Ethiopia on congenital abnormalities have been performed in the country's few specialist hospitals. Other population-based trials have not been correlated specifically with congenital abnormalities, the rates reported from few health facilities might thus underestimate the burden of congenital diseases/disorders and only those birth defects that can be easily identified, such as cleft lip and palate rates, could be provided. In case of clubfoot there is lack of enough clinical data that shows the exact prevalence of the cases in overall country (Luche Taddesse, 2014).

Parents of children without any malformation have the potential relief of sharing household responsibilities with their children. Unlikely, parents with clubfoot children may have

experienced different challenges with their children health condition. The financial burden of family, cost of treatment, cost of travelling especially parents from the rural area, inadequate social support, stigma as well as every challenge occurred because of having children with clubfoot has left the parents to be vulnerable (Naomi Wanjiru, 2018).

Researcher revealed that having child with congenital clubfoot has an impact on parents living condition. Therefore, this study focuses on describing the challenges of married parents who have child with congenital clubfoot. Hence, in this research, I have attempted to answer: what are the challenges of married parents towards having a child with congenital clubfoot and their coping mechanism? The challenge behind having a child with clubfoot is also discussed in detail. Understanding the challenges of married parents may help us to know where intervention needs to be employed. Generally, in order to better understanding the existing challenges of parents with clubfoot children in Ethiopia, it is important to have investigation on the area.

1.2. Statement of the Problem

Congenital clubfoot is a common birth defect in all over the world. The deformity has significant disabling implications on mobility and quality of life if left untreated. Numerous researches on different aspects of congenital club foot have been conducted all around the world. In Ethiopia, however, the majority of study has focused on the clinical aspects of clubfoot, such as medical treatment, management and prevalence of congenital clubfoot (Rayan, 2016).

A study conducted in Nepal on the problem faced by parents in care of children with congenital clubfoot by (Dachhepati, 2020). Using a cross sectional study among 52 parents of congenital clubfoot who were received hospital based treatment, they had explored that parents in a care of children with congenital clubfoot faced physical, psychological, social and financial problem. In addition, the study shows that parents with congenital club foot had experience a problem with cutting down work time, worries about their child future, decrease source of income and problem with interaction with other people are the major personal barriers revealed by the study. Free health service provision for child with congenital club foot and parental engagement in counseling program for awareness creating has contribute to reduce problem faced by parents with congenital club foot child. Furthermore, a study conducted by Ramahenina (2016), was to determine the causes of defaulting in order to facilitate subsequent improvements nationwide treatment program and to identify a problem encountered by parents of children with congenital clubfoot. They had discovered that parents with congenital clubfoot had face a financial and social burden while they are undertaking ponseti treatment to improve their child social participation and to minimize childhood developmental disabilities. Improvement of parent support will decrease other problems associated with having children with congenital clubfoot.

A study conducted on exploring the experience of parents or caregivers of children with congenital talipes equino varus by Naomi Wanjiru (2018) in Kenya had discussed the challenges of parents with clubfoot children and disclosed their experiences in case of club foot child. Long distance traveling for medication service, cost of treatment, poverty, stigmatization and lack of family support are crisis for parents/caregivers. Hence, the challenges faced by parents are immense; taking action to minimize the challenges was mentioned as first step. Financial support and provision of treatment nearby parents' local resident is the first action take apart in order to reduce the leading factor of childhood disabilities.

Emotional distress and parenting stress among parent of children with congenital clubfoot in south western Nigeria was also studied (Esan, 2017). The aim of study was to assess level of emotional distress among parents with clubfoot children. The found out that among 58 parents of children with club foot have high prevalence of emotional distress of 15.5% and 12.0% respectively. To give a priority for emotional well-being of parents with correspondence to physical treatment reach effective result in both medical treatment as well as the psychosocial well-being. Health care professionals should pay attention for emotional well-being too.

In Ethiopia several researchers have been studied the case of congenital clubfoot towards medical aspects. Biruk (2007) studied the management of clubfoot at Tikur Anabessa Hospital, Ethiopia, from December 2003- December 2005. The major objective was to determine the pattern and short term outcome of management of congenital talipes equino varus in Ethiopia a hospital based quantitative study were studied. Patient in different age categories was randomly selected from 258 patient presented in clinics. Male patients were around 75.2% and the mean age initially presentation was 8 months a half of children were first born and 77% of patient came from urban area. 12% case was positive family history and 15% of children had other associated congenital anomalies. They had described that congenital talipes equino varus can be

potentially treated using ponseti technique which is appropriate conservative method in order to decreasing the chance of mistreated through per natal screening. Post-natal neonatal examination and public education about club foot has better outcome.

Taye, et al. (2019) conducted a study on the prevalence of congenital anomalies in Addis Ababa and Amhara region in Ethiopia. The aim of the study was to determine the prevalence of congenital anomalies. The study was covered various congenital anomalies those neural tube defects, or facial clefts, masculo-skeletal system anomalies, syndrome disorders, and cardiovascular system problems as congenital anomalies. Cross sectional and descriptive method of study was taken as baseline and the study was in ten (4 private & 6 public) hospital in Addis Ababa and Amhara region. They were bound to consider the prevalence of 1.9% Congenital anomalies on the 0–17 years of age group reported in Ethiopia. The result of the study was a total of 76,201 children visited the study hospitals for various medical care and treatment between January 1 and July 5, 2015. Out of these, 1518 were diagnosed with Congenital anomalies.

In Ethiopia, existing researches have focused on methods of medical, management, prevalence detection and treatment on Congenital talipes equino varus (CTEV) or clubfoot. However, throughout my literature review, I found that there are numerous studies on the social aspects of parents who have children with congenital clubfoot in various African countries, but there is no research that specifically focused on the social impact of having a child with congenital clubfoot on parents in the Ethiopia context. As a result, there is a knowledge gap in the area of challenges faced by parents with congenital clubfoot child and how they try to cope with the existing challenges in the Ethiopian context.

1.3. Research Questions

General Question

- What are the major challenges of married parents with congenital club foot child faced, and what are their coping mechanisms?

Specific Question

- What are the economic challenges of married parents with congenital club foot child?
- What are the social relationship challenges of married parents with congenital club foot child?
- What are the marital relationships challenges of married parents with congenital club foot child?
- How do married parents of club foot child cope with economic, social and marital challenges?

1.4. Objective of the Research

1.4.1. General Objective

The general objective of the study was to describe the challenge of married parents with congenital club foot child and their coping mechanism.

1.4.2. Specific Objective

- To describe the economic challenges of married parents with a child diagnosed with congenital club foot.
- To understand the social challenges of married parents with a child diagnosed congenital club foot.

- To identify marital relationship challenges of married parents with a child diagnosed with congenital club foot.
- To explore how married parents cope with economic, social and marital challenges.

1.5. Significance of the Study

Children with congenital clubfoot require much parental attention; which can increase parental stressors. Parents are may experience emotional disturbance because of multiple level of factor towards having child with club foot. Internalized parent stress, socioeconomic status, family rules, lack of adequate medical service and inaccessible community resource can lead to poor quality parenting style and make the parents vulnerable. However, social workers have value to maintain parents and to link them with available resource to eliminate the disaster on parent ‘s life.

According to Bronfenbrenner, (1977) stated that: Micro systems as pattern of activities, social role and interpersonal relation experienced by individual or families in a direct setting it can directly affect parents for care giving practice and parent-child. Parents with congenital club foot child might have different negative care giving experience than other parents. Hence, social worker could have advantage contribution to reduce negative life experience of parents. This study may help to understand different dimension of challenges and coping mechanism towards married parents with congenital clubfoot child. Furthermore, this study will provide social workers with better understanding about the parents’ situation even more to work with other multi-disciplinary professionals to bring solution by working collaboratively.

Generally, this study will be one source to further study on the area for other researcher. Moreover, the study will inform stakeholders both governmental and nongovernmental organization to be alert and take appropriate action.

1.6. Scope of the Study

The main purpose of this research was, to describe the challenges of married parents with congenital club foot child. Parents who have a child with congenital clubfoot and receiving a treatment from Abet Hospital Physiotherapy Outpatient Unit is the target of this study. According to numerous researches, child characteristics associated with the type of disability can have an effect on parents' lifestyles and responsiveness (Algood, 2013). In order to triangulate the data, I interviewed parents who had their first child with congenital clubfoot and get treatment at Abet hospital. A physiotherapy specialist, a social worker from Abet hospital, and a staff member from Hope Walks, a non-governmental organization that provides support to parents, participated and provided essential information on the challenges experienced by parents with congenital clubfoot.

1.7. Limitation of the Study

This study was limited by the participation of married parents of only those children who had their first child with congenital clubfoot and are receiving treatment at Abet Hospital Physiotherapy Outpatient Unit. This means that the researcher only selected parents whose children were being treated at Abet Hospital Physiotherapy Unit and who were undergoing follow-up treatment. On the other hand, the research was purely a qualitative research and its qualitative nature limits the study generalization capacity as qualitative research is concerned with understanding behavior from the subjects own reference (Abdinasir, 2015).

There were also different problems on the research during the data collection time, because as it is clear that many researches are struggle while to collect information because of a global pandemic. Covid-19 was a challenge to conduct the study than other problem. It is because the study interview area is a hospital setting and it is not allowed to gather people for discussion, in

addition non-availability of key informants at the required time and place were also the main constraints during study period.

1.8. Working definition terms

Challenge: In this study, the term "challenge" will be used to describe a stimulation problem faced by married parents with a diagnosed child with clubfoot.

Coping Mechanism: It is a method or a process to deal with the existing problems or difficulties. It can be intentional choice of the person to take action or it might be out of the person awareness using mechanism.

Married Parents: Spouses, who are living together and biological guardians of the child with congenital clubfoot.

Social Impact: Lack of support from family, being inactive in a social issue, marital problem, change of family role and stigma

Economic Impact: Lack of income, financial crisis, inadequate lifestyle, in-affordability.

Marital Relationship: The relationship between wife and husband, family relationship, kinship, relationship.

Opportunities: A chance or set of circumstances that makes it possible to do something.

Congenital Clubfoot: A congenital deformity of feet that change the shape or position of feet.

CHAPTER TWO

RELATED LITERATURE REVIEW

2.1. Congenital Talipes Equino Varus/ Clubfoot

Congenital talipes equino varus or club foot was introduced by hippocrates during 300 BC. It is originated from Latin word: talus (ankle) and pes (foot); equinus:-horse like‖ (the heel in plantar flexion) and varus: inverted and adducted. Hippocrates describes club foot in two forms, as congenital and acquired infancy (Kumari, 2017).

A part of congenital deformity which is complicated but easily recognized case is club foot and it can be associated with myelodysphasia, arthrogryposis, central nervous system, spinal anomalies and other many congenital anomalies. Club foot is an isolated idiopathic birth defect, several assumptions have been given by orthopedists about club foot causality but the true etiology and prognosis remain unknown. Club foot accompanied both psychical appearance and functional related with muscles, tendons bones, ligaments and neurovascular bundle on the middle. Usually the affected foot is smaller than ordinary foot. Congenital talipesequinovarus is characterized by cavus of midfoot with forefoot adductus and hindfoot equinovarous.

> Clubfoot is sometimes taken to mean various congenital foot defects, the most common of while are talipes equinovarus, taplies calcancovalgus and metatarusu varsu. The latter two are mild, usually self-correcting deformities and in any population survey ascertainment is likely to be very incomplete because many cases will pass unnoticed (Ruth Wynne-Davies, 1964, p. 445(9).

50% of cases of idiopathic clubfoot are bilateral and male highly affect than females, there has no consensus on whether the severity of disease depend on gender or not? But as many reports chronicle and accept that males are affected more than female (Sanjay Meena, 2014)

Clubfoot may be a combined foot deformation in which the foot is tuck interior, is within the position of plantar flexion, the forefoot is in noteworthy decrease. Skin of the foot surface is significantly thickened; the internal surface is more delicate and delicate. Among innate orthopedic deformations the clubfoot at the side hip dysplasia takes the pioneer put n 10% clubfoot is combined with other incapacities (webbing, amniotic narrowing, torticollis, etc.). There are numerous components that can be the cause of such cases: hereditary, endogenous and exogenous (Natalia, Igor, 2013). It is by and large accepted that the condition incorporates a multifactorial etiology that incorporates hereditary and natural components. As of late, affiliations between clubfoot and four single nucleotide polymorphisms (SNPs) have been distinguished. Varieties within the promoter regions of HOXA9, TPM1, and TPM2 modify muscle advancement and work within the fetus and have been embroiled as a hereditary hazard calculates for clubfoot. Environmental components are moreover thought to contribute to the etiology of clubfoot. A consider through the Norwegian national cohort investigation illustrated that smoking amid pregnancy expanded the chance of a child having clubfoot (Rayan, 2016).

2.2. Cause of Congenital Clubfoot

There is no clear evidence about the cause of congenital clubfoot, several medical researchers ((Rayan, 2016, Ruth Wynne-Davies, 1964, M.Wallander, 2010, Alberman., 1965)), stated that as no single etiology has been identified to explain for the existence of congenital clubfoot and they remain it as idiopathic clubfoot. However, researchers believed that clubfoot is congenital abnormalities that intertwine between individual gene, heredity and other factors in the environment (Alberman, 1965). Several of hypotheses to understand origin of Congenital

Clubfoot were suggested, taking into account intrinsic or extrinsic causes including: fetus intrauterine locations, mechanical or hydraulic strain breakdown of the intrauterine fetal development, virus infections, Muscular alteration, bone structure development, neurological alteration and genetic dysfunction (Ruth Wynne-Davies, 1964)

The discovery of the presence of fibrotic tissue in the posteromedial area of the ankle and hindfoot in the muscles, fasciae, ligaments and tendon sheaths corroborates the theory of the main defect of soft parts and neuromuscular units that lead to shift the bone. The myofibroblasts and cytocontractile proteins identified in comparison to non-contractual tissues, posteromedial contracting hindfoot tissues are structurally similar to those present in fibromatoses of the palm and express high levels of type III collagen and some growth factors. Muscle and ligament shortening, fibrosis and retraction genetically caused, it is said, in congenital clubfoot that an irregular retraction capability could occur even after appropriate treatment that could be linked to primary congenital deformities and also to relapse (Ruth Wynne-Davies, 1964)

As proposed, genetic factors involved in the sources of congenital clubfoot. Recently studies have been shows an increase in family occurrence in identical twins. Different experiments have identified genes with proof of interaction with CC. On the other hand, environmental causes related to growth were also considered and, according to a fetal ultrasound report, the deformity does not tend to develop until the 12th week of gestation. A consensus on the true pattern of genetic inheritance has not yet been formed, although incomplete dominance and variable reentrance are proposed for a multifactor polygenic inheritance pattern that can be affected by external influences (Maranho, 2011).

Twin child studies are useful for determining whether the cause of a disorder is genetic or not. As monozygotic twins have identical genes, dizygotic twins share 50% of the genes, and all

twins share the antenatal environment, it is possible to assess the effect of genetic factors on congenital disorders. Increased rates of doubly affected monozygotic twins, compared with dizygotic twins (concordance), would indicate a genetic etiology for a disorder (Engell, V. et al. 2006), It indicated the possibility of the second to become a diseased one in three, suggesting strongly a genetic etiology, if a monozygous twin is born with a clubfoot. There is a greater chance of first-grade clubfoot than in the general population compared to an individual with idiopathic foot. A child's sibling with idiopathic clubfoot has 2 to 4% chance of a developing clubfoot.

2.3. People Beliefs towards Cause of Congenital Clubfoot

Childhood congenital disorder continues to be a global serious problem. The incidence in children born with congenital clubfoot is associated with this condition. It also has a detrimental effect on congenital clubfoot parents. Many households had a lack of understanding of almost all of society, which contributed to detrimental social and personal relations. Since the baby's deformed limb is first noticed, parents are shocked and mentally disturbed by anxiety, sadness, rage and fearfulness. In comparison, clubfoot illusions lead the child's foot to worry more of their parents because children with disabilities are need more commitment from parents (Esan, 2017).

The study on the experience of parents of children with congenital talipes equino varus in Kenya found that, social and attitudinal experiences many parents/caregivers have described a number of situations in which shame and discrimination have existed. Many parents/caregivers explained that many people thought that mothers who gave birth to clubfoot children were cursed or punished by witchcraft. The fallacy that has perceived: if a mother gives birth to a kid with a clubfoot, it is assumed that all of her children would be disabled. Many of these mothers were averse to their children using medicine because they believed it would expose them to their bad genes. Furthermore, children with clubfoot have been reported to have had "labelling" done to

them. Any participant stated that youngsters were frequently referred to as "kiwete" in Swahili, a pejorative term that means autistic. When the clubfoot kid was delivered, stigmatization was found to cause family breakup and reduced care for the mother and newborn. As a result, this had a significant influence on commitment to the care appointment (Naomi Wanjiru, 2018). Because of their families' shame and fear of refusal, mothers covered their children's feet. When their mothers are accused of maltreatment during infancy, such as attempted abortion, unwillingness to obey local taboos, or witchcraft, the infant deformities make sense. In comparison, the mother was subjected to verbal abuse by her husband's relatives (Ramahenina, 2016).

Children those with ignored deformity of clubfoot is a problem for poorer developing countries. It is the most common congenital problem leading to a locomotive disability. About 80 per cent of infants born with clubfoot deformity are born in the developing world, where the overwhelming majority of them do not have access to proper medical treatment and are vulnerable to physical disability. Children with neglected clubfoot deformity learn to walk without using crutches or walking aids. They will also run over short distances because the locomotive has pain and trouble over longer distances this adds to mobility disability (Penny, 2005).

If children with congenital clubfoot malformation were not treated, it resulted in disability:

> a problem with body function or limitation of activities represents a difficulty an individual encounter in carrying out a task or action; whereas restrictions of participation are a problem for parents with clubfoot child. For many years, the treatment of club foot in Ethiopia has been non operative, followed by a post-medical discharge, with significant surgical complications and poor results. Barriers to poverty, a lack of knowledge, and a lack of proper care services in accessible areas mean that care is either not provided or is provided insufficiently, causing children to be neglected with clubfoot or leaving them with disabilities for the rest of their

lives; fortunately, these causes have resulted in a disability problem in Ethiopia (Fisseha, 2015).

2.4. Conceptualization of Disability

The World Health Organization (WHO) notes that, "Disabilities can be intellectual, developmental, physical, sensory or mental in nature. The term "disability" is an overarching term that describes activity limitations, impairments and participation restrictions: impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives." (World Health Organization, disabilities, 2011).

Federal Democratic Republic of Ethiopia define disability on proclamation may be cited as "The Rights of Disabled Persons to Employment Proclamation number 101/1994. "Disability" is defined as follows:

> "A disabled person" means a person who is unable to see hear or speak or suffering from injuries to his limbs or from mental retardation, due to natural or man-made causes; provided, however, that the term does not include persons who are alcoholics, drug addicts and those with psychological problems due to socially deviant behaviors.

Different cultures describe disability regarding their norms differently because disability is comparative expression this means the circumstance that forms disable and subjective meaning (Ingstad, & Whyte, 1995). Congenital clubfoot also one of birth defect that caused long life disability if it left untreated however also it may

affect morbidity and locomotor of the children that made restriction on physical activities of the children with congenital clubfoot malformation.

2.5. Role of the Social Worker

Congenital clubfoot is one of chronic condition and can serve as a porotype of childhood disability. Clubfoot present at prenatal stage as a set of function limitation that stem from disorder of malformation. Clubfoot can be effectively managed but the way of management has brought various challenges to parents those have child with congenital clubfoot (Naomi Wanjiru, 2018).

The relationship between parents and their children's health is often described in terms of stress. Stressors in the context of having a child with a congenital deformity and caring for the child as a challenging condition and challenging situation encountered by the caregiver Stress can be caused by the collision of one external environment and one's internal state: it occurs when the demands imposed by the patient's condition collide with the subjective ability of caregivers to respond or when these demands block the pursuit of other objectives.

Social workers are able to help address barriers through providing support for parents those have child with disabilities. Social workers are uniquely trained to use a strengths-based, person in-environment lens to discuss evaluation, psycho-social assessment, treatment issues, and concerns. Furthermore, social workers are equipped with the skill set to fill diverse roles to help empower families; they may serve as consultant to other early interventionists, enabler, mobilizer for agencies in the community, mediator between disagreeing family members (Canary, 2008).

2.6. Theories and Models

In social work practice, there are different theories and models that help practitioners for basic assessment skill, intervention plan, to come up with solution. Whenever social workers

practice their professional skill with families to address barriers, they may use multiple theories in order to get solution based on theoretical guidance and to being the task of understanding the complex of the situation. Among different theories and model, this study considers family stress theory in trying to understand the social, economic, marital impact of child with congenital clubfoot on married parents and their coping mechanism.

2.7. Family Stress Theory

Family stress theory has declared stress events those occurred in life and to show the magnitude to bring about change in the family system. According to Hill (1949), stress is not seen as intrinsic that constitute with natural event itself, but rather is constructed as a function of the response of distressed family to the stressors and refers to the residue of tensions generated by the stressors which remain not managed. Then again, Hill‘s stated that crisis (family crisis) as an amount of incapacitates or disorganization in the family where resource and insufficient. Having child with congenital clubfoot malformation have a negative impact on parent and those effects can be described through the family stress theory. Family stress theory is delineated by ABCX model and coping, developed by Reuben Hill (1949). The model concept of family resilience which implies life after different social, economic and hardship event faced by families and overcome the existing situation by using different coping mechanism (Hill, 1949, as cited in Mc cubbin etl, 1980).

According to Burr‘s study (as cited as cited in Mc cubbin etl, 1980), the family system contains inputs and outputs that are represented by the specific variables in the ABC-X model. This model is to explain the result of stress on the family.

The variable “A” of ABC-X model represents the stressors or stressful situation exist in a family. This study could be the birth of child with congenital clubfoot malfunction, that cause of

stress for family in ABC-X model stressors are seen as change that may precipitate a crisis and it can be cause for both internal and external factors form family unity.

The variable "B" of ABC-X model represents coping method of available resources to a family towards to control the crisis, when they are facing a stressor. The coping resource can be either internal or material based resources that are evades the stressors. Internal resources are like values of families, family integration and mutual adaptability comes first as internal coping resources. However, material based resources are those have potential capacity to alleviate or minimize the stressors: wealth of family and assets could be a solution for financial strain. Community and society, specific relative family members of family as a whole are mentioned as external resources.

The variable "C" of ABC-X model stands to describe family perception of stressful situation. Hill (1958), defines this variable as perception of stressors held by a family can create a self-fulfilling prophecy, which is the family define stressors as crisis are more likely to experience a crisis than those who do not define stressors as a crisis. Families that negatively define a stressor may become overwhelmed by stress and negative psychological sates such as depression and anxiety, which decrease individual and family well-being and resilient.

The application of the ABCX model of the family stress theory to this study is shown in the diagram below:

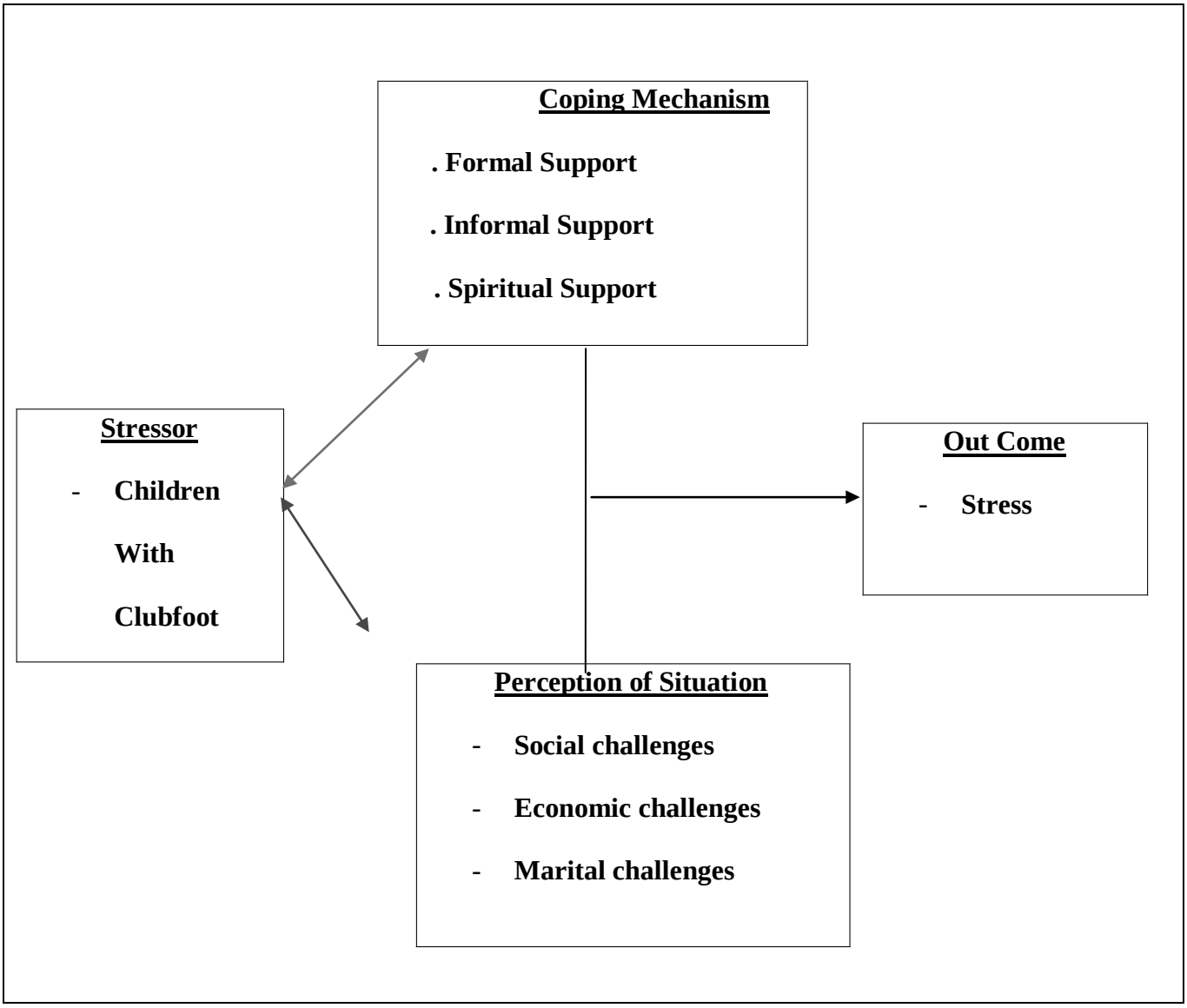

Figure 1: ABCX Model of family stress theory

The above figure shows the co-relation between A, B, C and X factors in the study of challenges of married couple parents with congenital clubfoot and their coping mechanism.

2.8. Impacts on Married Couple Parents with Congenital Clubfoot

Clubfoot is a known chronic health condition, just like any other disease, but parents with clubfoot children must learn to accept the deformity in the infant period, as well as attend weekly hospital visits for more than 5-8 weeks for casting and further medication years. However,

parents with clubfoot children experience physical and health challenges, as well as social, psychological, and economic challenges as a result of their child's birth defects (Malagelada, 2016).

2.8.1 Physical and Health Impact of Children with Clubfoot on Married Couple Parents

Clubfoot that is neglected or improperly corrected can have a negative impact on children quality of life. Clubfoot causes physical limitations that make it difficult to walk and do routine tasks **(**Kazembe. H, 2009).

According to L. Gyrus (2013), stated that on his study preschool is one of the most essential phases of a person's life in terms of physical health and the development of physical ability to improve, strengthen, and safeguard the future. Given the peculiarities of the child's physical development, the overall performance of the youngsters must be improved. The tasks are concrete: to stimulate proper and suitable ossification, the construction of spine curvature, the development of regularization, an increase in central nervous system activity: boosting balance and excitement, mobility, and the enhancement of motor analyzer senses. However, one of the most critical deformities that cause poor physical development in children life is clubfoot defect: Clubfoot is a combined foot defect that tucks the foot inside it. Congenital foot of the club has defects in foot bones, mainly the astragals. Due to foot deformation, the bone alterations developed much later due to the changing of soft tissue, tendons or ligaments after birth. As a result, the feet decrease flexion and supination breaks the growth of the talus - the collar is stretched and rotates inside, the skull bone pulls up and the inner surface closer to the medial malleolus. The deformity is a severe barrier to thickened deltoid ligament and seedling flexion.

The neglected foot impacts children physically and potentially lead to life-long impacts on children's mobility if untreated, and their families' social, psychological and economic wellbeing. (L.Grygus, 2013).

The recent study focused on clubfoot treatment revealed that it had an influence on families who were previously diagnosed with a bad birth event. Initially, parents are shocks, and are evidenced by mood disorders including worry, sadness, sleeplessness, anger, and anxiety when they first observe their malformed feet (Esan, 2017). The noticeable deformity of the foot of the child makes most parents worried about the foot. Parents tend to worry about diagnoses, children long-term functioning, and availability of therapy, treatment choices, and conflicting information sources before beginning treatment. Then the trend to increased impact during the early casting process began to be treated with the clubfoot compared to bracing. The influence of the diagnosis on the effect of the casting therapy may probably be seen during the first three months after the delivery. This is why families need medical and psychological assistance the most during this initial month of therapy (Esan, 2017).

Since the worldwide acceptance of the Ponseti treatment technique, it is currently regarded the gold standard therapy. A high initial correction rate, as well as better foot morphology, gait, and patient-reported results as compared to surgical treatment, are examples of effective characteristics. Nonetheless, relapses of the malformation are common. As a result, several measures have been undertaken to reduce relapses and enhance brace compliance. Educational approaches, various brace designs, and protocols have all been tried. Nonetheless, adhering to the brace routine may be difficult for families (Lööf. E, 2019).

Furthermore, children with idiopathic clubfoot who are undergoing ponseti therapy may have additional problems that go beyond the anatomical musculoskeletal deformity, which may impair gross motor abilities, clubfoot treatment outcome, and health-related quality of life (HRQoL). As

a result, physicians dealing with this patient population should be aware of these issues and should consider conducting extensive motor evaluations and screening for neurodevelopmental difficulties (NDDs). Furthermore because of these challenges a multidisciplinary approach might potentially enhance the care of children with idiopathic clubfoot (IC) and their families (Lööf. E, 2019, p: 245-251).

2.8.2 Economic Impact of Children with Clubfoot on Married Couple Parents

Clubfoot is a complicated foot deformity that requires careful and devoted efforts on the part of the treating physician and parents for correct (Alam et al, 2004). According to a study conducted on hospitals and rehabilitation centers for disabled children, a higher proportion of parents with clubfoot children have had financial problems such as less accomplished work or activities and a reduction in the amount of time spent on their work because of their clubfoot child. In terms of financial issues, the majority of parents had somewhat increasing indebtedness and a greater proportion had a declining source of income as a result of their clubfoot child. The study was assessing the participant's average response and in relation with financial issues of parents of clubfoot children, the greatest proportion (48.1%) of the respondents "did not" encounter family disagreements owing to clubfoot child associated financial restrictions. The majority (61.5%) of respondents reported a little additional debt. In terms of the problem of not having enough time to work for a living, because it takes a more time for caring child with clubfoot while compare with child without any deformity difficulties, a minority (1.9%) of respondents believed it was "very serious." The greatest number of respondents (48.1%) reported a quite a bit issue with a declining source of income. Parents who have a clubfoot child are more likely to face financial damage as a result of medical treatment, child care, transportation, and other fundamental requirements (Ramahenina et al.,2016).

The clubfoot child's health-care demands, such as frequent visits to physiotherapy or occupational therapy, as well as arranging for the acquisition of aids or appliances, took a toll on normal activities, and the financial load left the parents poorer and indebted. Conflicts among family members emerge as result of the difficulty of having a clubfoot child. These conflicts usually occur in marital problems (Ananya Ray Laskar et al., 2010).

2.8.3. Social Interaction Impact of Children with Clubfoot on Married Parents

Families' social interactions are limited since children's care responsibilities are numerous throughout early life (Naomi Wanjiru, 2018).

As a result of having child with clubfoot, it is expected that mothers of clubfoot children aged one to five would face a significant societal impact. However, other studies indicate that the social burden of mothers begins on the first day of learning her child has a deformity, and that the burden becomes more severe when the child begins ponseti therapy since social engagement is more active than sitting at home all the time. As the chronological age gap increases, inadequacies become more noticeable, increasing the feeling of stigmatization. As a result, families become more socially sensitive. The fact that mothers of severely handicapped children and children with another chronic disease bear a disproportionate societal cost is analogous to the situation of the clubfoot kid. Parents must dedicate more time to their children as a result of the child mobility impairment, and their social life is disturbed. When another chronic illness emerges, the prognosis becomes even bleaker. The degree of care provided to children rises, but the family's resources dwindle. As a result, they minimize their social connections in try to protect themselves from the feelings, and they have less of a problem ignoring these attitudes and behaviors (Alam et al, 2004).

2.8.4. The Impact of Children with Clubfoot on the Marital Relationship

The majority of those women are housewives depend on their husband support, since they have spent time with their children, they are clubfoot-infants who are looking for more care and assistance than others, medical treatment and household medicines. For the serial ponseti cast treatment, further protection is needed: cast feet should not be allowed to move or the child should not be allowed to move away from its parents to provide good protection for mothers. (Malagelada et al, 2016).

According to (Kingau et al. 2015), their study reveals that stigma and discrimination are the greatest worry for parents with clubfoot. Many people in rural areas believed that mothers who gave birth to children with clubfoot were cursed or punished by God, according to most parents and caregivers. As a result, most of these mothers kept their infants hidden and were unable to openly take them for treatment for fear of scorn. Such stigmatization has also been shown to contribute to marital separation and, therefore, inadequate parental support. Many mothers with clubfoot children were seen as having hereditary problems and were thus criticized or even abandoned as a result. The issue for clubfoot administration has also been the stigma both within and outside of the family. Mothers face divorce, are repressed and stigmatized (Sharma et al, 2019).

2.8.5. Common Reactions among Married Parents to Child with Clubfoot

The child's birth is an exciting event in the lives of parents, and after first seeing a deformed baby's foot, they are surprised at first and then emotionally disturbed by a disturbing mood. There's a common emotional reaction and social challenges among married parents with a clubfoot child (Esan et al, 2016).

Fear

A mother with a child with a clubfoot deformity is more likely to be separated from other social mutual activities: social segregation in relation to child foot deformity and fear of rejection from their extended relatives and the community in order to prevent shame. According to (Bosco,2021) revealed on his study, there were common challenges observed among parents with clubfoot child: Social gatherings have been curtailed, such as weddings and other rituals. They chose not to leave in the summer, since they felt it difficult to leave the station. Interactions with family members were confined to their own residences, because they were unable to attend family homes. When friends came home, their attention was limited since children's routines such as eating and going to sleep should be given precedence. Many families have been affected by the social and family connections that have not been understood by society as a whole (Bosco,2021).

Grief

Parental distress caused by their child's chronic health condition. When a child is diagnosed with different health problem, it may be the hardest time to grieve, according to several researches. According to Godress, J. (2005), Parents reported their chronic grief in response to their child's illness, which frequently recurred at various phases of the child's illness. The child's first diagnosis was discovered to be the most difficult aspect of the mourning process, with most parents believing that their views were not being heard or respected by health professionals at this time. This harmed parents' trust in the health-care system and precipitated the re-emergence of sorrow, exacerbating an already difficult situation.

Stigmatization

Stigmas are described as a process in which the stereotype, discrimination, social exclusion and negative emotional reactions of the great majority of people are identified and lost their dignity and prestige (Duran, 2018). Stigmatization, a serious public health concern, can be considered exclusion or discrimination against a group of individuals who, because of their characteristics such as mental illness or intellectual disability or deformation, are different from the majority. A large majority of people often have a negative view about children with disabilities and their families, and often a hostile and stigmatic attitude. According to a recent study conducted by Angela Margaret Evans (2020), parents with clubfoot children face various challenges and may even discontinue their child's medical treatment for a variety of reasons, including a lack of program resources, distance to treatment, poverty, poor paternal support, caregiver's other responsibilities, travel distances and costs, time away from home and work, sadness, and social stigma about their child's condition. As the study shows, the proportion of social stigma is significant.

Acceptance

Some parents found their family members to be "positive," whereas other parents suffered a "negative attitude" from family members towards a diagnosis by their children. Parents who had good attitudes showed they were confronted by attitudes like mercy, compassion, financial and spiritual assistance, while parents who had negative attitudes demonstrated they had attitudes like disagreement, grief, mistreatment and abuse. Parents with clubfoot children face their family union refusal and social interaction because mothers have a feeling of being unacceptable or unwanted (Duran, 2018).

Emotional Distress

Having a child with clubfoot is a serious struggle for some parents, and parents of children with clubfoot endure high levels of emotional distress and parental stress. However, there is a need for psychological support for parents of clubfoot children. It is critical that health practitioners who work with children who have clubfoot pay attention to the emotional needs of the parents in order to decrease related emotional distress and parental stress (Duran, 2018).

2.9. Coping Mechanism

According to Hill (1949), the response to stress, families utilize a range of coping techniques. To accept and reduce stressful experiences, parents employ coping methods. The management of stressors' demands is important since the result might increase to unmanageable levels or crises. The sense of family stress impacts familial strategies as well. Re-farming has been highlighted as a viable method to manage and deal successfully the re-framing was able to redefine personal goals and family objectives and priorities.

Lee, (2013), discussed on their study by using theory of family stress to show that social support can mitigate negative impacts of the stress on the relationship between relatives. Researchers were interested in the impacts of marital stress on the relationship between children. Access to social support is a coping strategy that addresses issues and serves as an effective buffer, whether it formal or informal. Under situations of high marital stress, greater quality of family functioning, for example overall satisfaction with their relative, were shown by families that actively used informal social support such as relatives, friends and relatives.

Parents that are in a stressful situation demand more assistance from relevant source in order to find a way to overcome the problem. Parents with idiopathic clubfoot children are more likely to require basic methods for coping (Evans, 2019). Having a child with clubfoot is one method to

assist parents, is information provides a foundation for family professionals and early interveners to make advantage of informal and formal social support systems. Supporting emotionally by joining support groups or having professionals helping each family to produce a personal support directory including names of individuals who can support their emotions and their knowledge may also be obtained from other parents of children with disabilities (Naomi Wanjiru, 2018). Furthermore, experts may help families locate current sources of informal and formal support and untapped but potentially helpful sources that meet familial requirements (Dergisi, 2017).

2.9.1. Conceptualization of Social Support

Numerous perspectives on actual significance of support and support components were examined by many researchers. Social support was described as the presence or resources of others before, during, and after a stressful situation. Although the common definition is not common, the diversity has produced a number of other typologies that try to arrange the literature (Cutrona, 1987). Most of these types initially differentiate between social support functional and structural operationalization, both formal and informal supports have an important in order to mitigate the problem raised (Ganster, 1988).

2.9.1.1 Formal Support

Each type of support function in certain areas is most efficiently interconnected between formal and informal support. For example, formal support functions within the institutional framework, reflecting the strengths and limits of the organization. Formal organizations are mostly task focused characteristics that emphasize the technical abilities obtained by the specialist division of work and the application of has to. Usually, the impartial merit principle is appreciated by people who work in such organizations. The bureaucratic consistent solution of the problems makes the formal organizations work well suited for many persons of diverse backgrounds. It is highly suited for the management of routine or recurrent occurrences. In all

these cases, the interactions between the formal agency's representative and their service receiver tend to be quite special, with a bureaucratic emphasis on the attainment of their own objectives, as defined by their overall role. Formal support hence tends to be narrowly defined, somewhat flexible and primarily concerned with its own goal. The formal organization is effective since it bases itself on unbiased, impersonal standards and strives to be arranged in a rational, objective that justifies (Lipman, 1982). A parent with a clubfoot child has access to ponseti medical treatment from government and nongovernmental organizations that provide clubfoot services. As a result, parents who have a child with congenital clubfoot receive formal support from a variety of sources, all of which are directly related to increasing the capacity of parents by supporting their child with clubfoot. On the other hand, having formal support, such as from health centers, has the advantage of reducing the possibility of childhood disability.

2.9.1.2 Informal Support

The concept informal support denotes to an extent of supporting activities that a number of actors can conduct. The common feature underlying and informal nature of this situation is that the assistance originates not from formal legal terms of reference or publicly mediated financial systems, but through norms or voluntary interpersonal organizations. This is an example of the so called informal care or informal support offered by the family to a relative and emotional assistance of a trustee during times of stress. Social support assessed informal help emerging from social relations between careers and extended families, friends and neighbors. Although the informal nature of the assistance may be demonstrated very simply, it is more difficult to clarify the support variable. Support is first and primarily a multidimensional process. It might be a matter of emotional and affective care on the one hand, or of instrumental help to satisfy specific requirements on the other. In addition, information support and referral, advocacy, and representation were noticed (House & Kahn, 1985). Parents who receive social support primarily

from relatives, friends, and social mutual support systems have a greater chance of being resilient than other parents with clubfoot children.

2.9.1.3 Spiritual Support

Some authors use the phrases spirituality and religiousness interchangeably and inconsistently. For example, even when they explicitly state that spirituality "may or may not include involvement in organized religion," they frequently interchange the terms. Religiousness, on the other hand, is increasingly characterized as "a narrow and institutional," whereas spirituality is increasingly characterized as "personal and subjective" (Miller and Martin 1988 as cited in: Zinnbauer, 1997).

Researchers regard resilience as an interaction with a particular result between risk and protecting factors. Protecting factors and providing good results using strategies used to manage or minimize risk. Understanding the protection factors and processes that control the connection between the exposure of a family to significant risks and their ability to exhibit skill in carrying out family activities is crucial to understanding family resiliency. Through spiritual assistance, an effective approach to control needless stress and danger may be managed. The pursuit for an insight in life, meaning and the bond with the Holy is termed spirituality (Wallander, 1998).

Although Speraw (2006), study showed as the availability of social support is a crucial factor for the efficient handling of the problem, the quality of spiritual networks that are of importance to families with childhood abnormalities has not been systematically assessed. There is very little knowledge of how the experience of faith in the people who care for the children impacts the spirituality.

Most of parents those have child with malformation define spirituality as feelings of hope, peace, and optimism in their lives in relation to child condition, if parents with congenital clubfoot malformation children have good tendency to be engaged in spiritual support they

would not be give up on their child future because of current circumstance. Several studies have found that religion is a protective factor against divorce. Individuals who support religious membership run less chance of divorce than those who do not show membership in order to address children with special needs; many parents utilize religion in a positive manner. The child with a disability was a gift from God that found it worthy of parenting such a child or that it desired to grow out of the experience. Another good way to cope with religious practices is through religious rituals such as prayer, religious service or pilgrimages to holy places for one's own child or for one's self interest. (Patterson M, 2006).

In general, this chapter has dealt with meaning, causes and impacts of congenital clubfoot, conceptualization of disability, as well as support systems. It is believed that the literature review has contributed for the entire research while trying to describe the challenges of married parents with congenital clubfoot child and their coping mechanisms. Following this, the next chapter discussed the research methodology used to investigate the social, economic and martial challenges of married parents with congenital clubfoot including their coping mechanism.

CHAPTER THREE

METHODOLOGY

3.1 Research Methodology

This section provides an overview of how the study was done to accomplish its objectives. The major components of the research methodology for the study are discussed. The chapter encompasses the philosophical paradigm, design of the study, the setting of the research, participant of the study and inclusion criteria, limitation of the study, sampling, and method of data collection, the process of data analysis, ethical considerations and quality assurance of the study.

3.2. Research design

Research design is a blueprint or master plan that essentially maps out the research objectives, types, questions, hypotheses, methods, and tools as well as techniques for collecting and analyzing data in a concise and clear manner. The purpose of a research design is to obtain evidence which addresses the research objective and questions (Abdinasir B. 2015).

The social constructivist paradigm serves as a guiding framework for this research. It may be stated as the researcher's assumptions and worldview while performing this qualitative investigation. I went on to describe why I chose a social constructivist method for this study.

"Qualitative research begins with assumptions, a worldview, and the possible use of theoretical lens" (Creswell 2007, p.37).

According to Kreuger and Neuman (2006), there are different approaches to describing the aim of science and the nature of social reality in social work research. Among the four extant paradigms, I found social constructivist world view to be the strongest at describing my

viewpoint in undertaking this study. It supports me in determining my stance in this study and how I intend to interpret the data gathered from the study participants.

The social constructivist world view has been used in social work research and is defined in several works as the foundation of social work research approaches that are context sensitive. This paradigm recognizes that people have diverse perspectives on reality and subjective expressions of the situations they find themselves in, and it places a strong focus on this subjective explanation of difficulties. According to social constructivists, fact is relative and depends on one's point of view (Creswell, 2007). Using a social constructivist philosophical world view, the researcher seeks to comprehend the significance of several dimensions of challenges and coping mechanisms presented by parents of children with congenital clubfoot.

In line of this the researcher used qualitative research design to addresses the research objectives and questions satisfactorily. Qualitative research is a research that examines the type and characteristics features of an issue or behavior using non-numerical instruments they can be visual or verbal (Abdinasir B. 2015).

This research pursues qualitative method with the belief that it provides the most appropriate way of investigating the research questions in depth. Qualitative research is also all about describing issues, understanding phenomena and getting insight into people ‘s attitude, behavior, value system, concern and culture. Hence qualitative research investigates how and how often time situation, not only the answers. The paper has aimed to describe the challenge of married parents with congenital clubfoot child by using qualitative method to dig in detail the challenges by conducting in-depth interviews and focus group discussion parents. The method is also very relevant in depth information on the challenges of married parents in line of the holistic assessment. Holism is pursued through inquiry into the particular. It also helps to collect data

from the viewpoint of the participants through a process of deep attentiveness of emphatic understanding (Creswell, 2007).

According to (Kreuger, 2006), social research purposes are structured in this study the researcher seeks to understand challenges of the married parents with congenital clubfoot child and their coping mechanisms. Therefore, a descriptive research study was presented as picture of specific detail of situation, social setting and relationship. Based on time dimension, the study was conducted once a time, researchers observe at one point in time and it is usually the simplest and least costly alternative, although it cannot investigate social processes or changes. a cross- sectional research looking to challenges on married parents with congenital clubfoot child and their coping mechanism at single point of time.

According to Yin, (2003), there are different research designs states and case study was used because the method allows investigators to retain the holistic and meaningful characteristics of real life events (p.2). Case study used for this research because case study provides researcher for holistic understanding of the problem that affects the married parents with congenital clubfoot children. Case studies are a strategy of inquiry in which the researcher describe in depth a program, event, activity, process, or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a period of time (Stake., 1995). In case-study research, the researcher can describe the cases in depth, the many features of a few cases over duration of time and it is also suitable for holistic investigation as well as contextual analysis. The case that I want to study is challenges of married parents those have child with congenital clubfoot. To study the challenge and the coping mechanism of the parents towards the challenges they have been faced because of having child with malformation, case study is the relevant way to describe parents' stressful situation and their response for the situation.

3.3. Unit of Analysis

According to Baxter and Jack (2008), when doing a case study, the case of the research should be clearly expressed, and any difficulties that are not related to the case of the study should be addressed first. As a result, the unit of analysis in this study is "married parents with clubfoot children" who have actually started medical treatment at Abet hospital physiotherapy unit. In accordance with this, Creswell (2007), discusses three major types of case studies based on the purpose of the research: 1) intrinsic case study, 2) collective or multiple case study and, 3) single instrumental case. Among the aforementioned types, this study comes under the first (intrinsic case study) because it aims to gain a better knowledge of the intrinsic understanding of the issues faced by married parents with congenital clubfoot children.

3.4. Study setting

This study was conduct at the Physiotherapy Outpatient Unit at Abet Hospital, Addis Ababa, Ethiopia. Abet Hospital was established with the purpose of providing patient-centered quality care running innovative training programs. The place where the hospital established was on the road from Yohannes Church to Gojam Berenda. It is an affiliate of St. Paul Hospital Millennium Medical College which is located in Arada sub city Wereda 05. There are four inclusive departments: - emergency medicine and critical care, plastic reconstructive and hand surgery, Orthopedics, Traumatology and Physiotherapy.

Abet Hospital have been working in partnership with Hope Walk non-governmental Organization for last two years to address medical treatment for children with congenital clubfoot. Since the cost for medical treatment is not affordable for low income countries, the treatment is provided without any payment for the treatment. However, recently there are around 40 Hospitals that are giving free service for parents with congenital clubfoot child in the country in with the support of Hope Walks non-governmental organization.

3.5. Sampling Technique

Since this study is qualitative, non-probability sampling was employed to choose participants. Non-probability sampling has several types among them, purposive sampling was employed to select participants and collect data since the characteristics of participants were mentioned first. The goal of qualitative research is to purposefully select individuals or places that will best assist the researcher in understanding the problem and the study question (Creswell, 2014,). The participants are the parents who have child with clubfoot and has been receiving therapy at Abet Hospital in Addis Ababa,Ethiopia. Since, this is a case study qualitative research, generalization is difficult; thus, the objective of this work is to have a detailed understanding of the challenge and coping strategy among parents with congenital club foot child, relying on the participant's responses.

The researcher employed purposive sampling to recruit eleven participants, including seven parents of children with clubfoot who receiving ponseti treatment at the Physiotherapy Unit throughout the study period, as well as four key informants. The participants were chosen for their potential to offer information needed to address the study's aims. For this study, participants were identified on the basis of a parent counselor. Hope Walk, a non-profit organization, has partnered with Abet Hospital to assist parents of children with clubfoot. These services include not only medical equipment but also the engagement of social workers as counselors to manage the cases of parents of children. Based on information given above, the research participants were chosen by social worker personnel to guarantee maximum variety; the parents sampled reflected the whole spectrum of parents whose children were seen at the physiotherapy Unit. Parents of children with congenital clubfoot have been included in the study, as were parents from various socioeconomic backgrounds, age groups, education levels, sources of income, and religions.

3.6. Participant of the Study Inclusion Criteria

The term "parents" in this study would only refer to specific married parents who have a child with a congenital club foot. Those married parents with children who have been diagnosed with congenital clubfoot between the ages of birth and two years and who underwent Ponseti treatment at the Abet Hospital Physiotherapy Unit. This study included both female and male children who are diagnosed with congenital clubfoot. Only married parents who had been married and living together for more than 5 years, as well as parents whose first child had congenital clubfoot, were eligible to participate in the study.

3.7. Exclusion Criteria

Parents who are not married partners were not eligible to participate in this study including widowed, single mothers/fathers, divorced, and legal guardians. Parents of children with an unconfirmed diagnosis of congenital clubfoot, as well as children with confirmed clubfoot who have not begun treatment in the Abet Hospital Physiotherapy Unit, were not eligible to participate in the study.

3.8. Data Collection Methods

The researcher used primary data for this particular study. The major data sources are the participant parents and key informants, as well as direct observation. The important key informants are physiotherapists who provide medical therapy for clubfoot case and social workers. Both of these key informants were potential information sources in order to have a comprehensive understanding about the issue from expert's points of view. In addition to in-depth interviews, I employed direct observation to gather contextual information for the interviews. According to (Creswell, 2007), contexts are critical for understanding what participants are saying. Focus group discussions were also employed as a key source of data. The researcher was interpreting the data based on the context of the key informants and the context of

the individual participants. In-depth semi-structured interviews were conducted with the parents. It is critical to obtain extensive information about a specific subject from the participants' point of view.

3.8.1. In-depth Interview

The semi-structured interview guided the study to complete an in-depth interview in order to acquire rich information about the topic. Furthermore, the questions were open-ended, which allowed the researcher to effectively explore and obtain in-depth understanding from the parent's experience. Seven parents who had a child with congenital club foot participated in the in-depth interview. The interviews were chosen from among parents who had a child with club foot who is receiving medical treatment at the Physiotherapy Unit throughout the research period. The researcher interviewed the parent's in the social workers' office while the parents came to the hospital for medical follow-up. This was done to safeguard the safety of the parents and to avoid disruptions during the interview sessions.

3.8.2. Focus Group Discussion

The second method of data collection was group focus discussion that prompted in qualitative interviews, the researcher was conducted face-to-face interviews with participants and it allows researchers to gain further insight into the study topic when different people who are knowledgeable in the topic are involved (Alston, 2003, p.119). Seven mothers and seven fathers were involved on the discussion period but focus group discussion only included parents those are still together (married parents) in order to have homogenous group of participants. Exchanging knowledge in particular study among the participant who has a lived experience or people who have been specialized their knowledge in the given study were taken apart in the discussion. The interview questions were prepared in Amharic because it is a language that is

understandable and relevant to the participants and the interviewer. During the FGDs, the interviewer took all the precautions and measures with regard to COVID 19.

3.8.3 Key Informant Interview

Key informant interviews were one of data gathering method; key informants were interviewed based on their relationship with the case of married parents with congenital clubfoot, in order to gain ethic knowledge perspective from experts in the study area. Four experts participated in key informant in-depth interviews, and two of them were physiotherapists who are responsible for the medical treatment of children with congenital clubfoot, and they have direct relationships with parents who have children with congenital clubfoot. The other key informants were social workers. They are giving a professional service for parents with congenital clubfoot child, that includes case management, counseling, and linkage and referral for additional support.

3.8.4. Observation

Aside from in-depth interviews, the researcher employed direct observation approach to gather contextual information for the interviews. It was vital to comprehend the backdrop in addition to what the parents of a kid with congenital clubfoot said. Contexts, as (Creswell, 2007), stated in his book, are essential for understanding what the participants are saying. As a result, the observation provides as a supplementary to the information collected during the interview. I've used it to triangulate information gathered from other sources. I was able to comprehend the research participants' daily activities. In this regard, I created an observation checklist to document the real environment and living conditions of each home. The checklist is primarily concerned with three issues: 1) According to interview participants, the physical aspects of parents of children with congenital clubfoot had various implications: body language, dress style,

and parents' relationship with their kid were the primary observation focused 2) Economic characteristics 3) Social characteristics.

3.9. Method of Data Analysis

The process of analyzing the organized material in order to discover the inherent meaning is called as data analysis (Abdinasir B. 2015). The analysis of qualitative data is a continual and ongoing process. As is standard in qualitative research, data analysis was conducted simultaneously with data collection (Kreuger, 2006). The data collected from primary sources using various mechanisms or techniques were analyzed qualitatively in accordance with the study objectives and questions. The researcher recorded all the interviews with the participants and key informants, and each recorded interview was then transcribed into Amharic, and the Amharic version was then translated into English. Following this coding, the data might be categorized by patterns and themes in the context of the study objective Coding is critical in interpreting the received data, and structuring the data is key to data analysis, and data obtained from many sources (observation, in-depth interview, and FGD) are thematically converged in the analysis process rather being treated independently. This convergence strengthened the conclusions as several strands of data were braided together to provide a better understanding of the case‖ (Baxter & Jack pp.554). The data was then ready to be presented in the findings section.

3.10. Ethical Consideration

In fact, in social work research, the well-being of the research participants was the study's first priority. Informed consent was one of the most crucial instruments for ensuring our respect for the people who are taking part in the study. As a result, the interviews were conducted after I had cleared informed the research participants and obtained their agreement. The research's goal was explicitly conveyed to the research participants. Participants in the study were also notified

in advance that their participation was entirely optional and that they may dropout at any moment.

Furthermore, the problem of confidentiality was conveyed properly to the research participants. The participants were told that their name will not be associated with the information they provided, that the information gathered from them were kept secret, and after the data is transcribed and translated, participants has a right to ask to the researcher to erase the raw information from the audio recorder. Another aspect of ethical evaluation is the benefit issue. The participant was told that there were no further rewards other than the researchers' warm thanks. However, the researcher had just informed the participants about the significance of the study and how to provide additional information and expertise for future research. The rules of confidentiality and anonymity are carefully enforced.

The researcher's ethical responsibilities had kept the study participants protected from the present pandemic unnecessary vulnerability, when data collection began. At the time of data collection, the COVID-19 pandemic was spreading rapidly, and the researcher was obligated to follow the COVID-19 preventative strategy. The researcher and study participant used the necessary COVID-19 preventive techniques such as wearing a face mask, using hand sanitizer, and social distancing during the interview process.

3.11. Trustworthiness of the Study

Triangulation is one strategy for strengthening the validity of conclusions by purposefully gathering information from a wide variety of sources and comparing findings from those varied sources (Abdinasir B. 2015). In this study, the researcher employed in-depth interviews, focus group discussions, and key informant compared the findings from each to increase the validity of the findings.

CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter contains the findings and analysis of the data gathered through in-depth interview (seven parents with congenital clubfoot child), key informant interviews (two physiotherapists and two social worker), focus group discussion (both father and mother (married parents) who have a child with clubfoot and non-participant observation in line with observation checklist of the researcher.

The findings are presented in the context of married parents with congenital clubfoot children; hence, case study is chosen since it could not be considered without the context (Baxter, 2008). In a case study, however, I used the suggested methods to create a sequential report and assign meanings depending on the participants' contexts. The data is organized into categories based on emerging themes from semi-structured interviews. The themes were created based on the study participants' challenges and coping mechanisms as described throughout the study, and the developing themes focus on the study objectives. To ensure study participants' confidentiality, the names of all study participants are fictions.

4.1. Description of the Participants

The participants in the in-depth interview were seven married parents. Among the seven married parents 5 mothers and 2 fathers were interviewed from Abet Hospital. All of them have a child with clubfoot who is diagnosed and is being treated at the physiotherapy unit. The demographic data includes the parents' marital status, level of education, religion, source of income, and place of residence. The parents' ages ranged from their mid-twenties to their mid-forties. The parents' educational levels ranged from people who have never been to formal

school, with two of the participants having a diploma and two being who have never been to formal school, while the other three are in grades 4, 6, and 12. In terms of income, two participants were self-employed, three were farmers, one was on a monthly salary, and one was unemployed. Four of the individuals were orthodox Christians, one was a Protestant, and the other two were Muslims.

The key informants were four in number, two of them are physiotherapy professionals who provide ponseti treatment for children with clubfoot and both having more than 10 years of experience in the physiotherapy profession. Other significant informants include Abet Hospital's social workers, both of whom have more than three years of experience in hospital social work. The FGD is composed of several parents from various backgrounds: their residence, cultural, and educational backgrounds are different.

4.2. Socio-Demographic Information of Married Parents, and Key Informants

Table.1. Socio-Demographic Data of Participant in In-depth Interview Married Parents

No	Participants	Age	Sex	Marital Status	Education Level	Religion	Source of Income	Region of Residence
1	Anewar	35	M	Married	Diploma	Muslim	Self employed	S/N/N/P
2	Abebech	28	F	Married	Have not attended formal school	Orthodox	Farmer	Oromia
3	Semira	24	F	Married	Have not attended formal school	Muslim	Farmer	Oromia
4	Asekalech	29	F	Married	Grade 4	Orthodox	Farmer	Oromia
5	Abebe	32	M	Married	Degree	Protestant	Salary	Addis Ababa
6	Berihane	26	F	Married	Grade 6	Orthodox	Unemployed	Oromia
7	Zenebech	25	F	Married	Grade 12	Protestant	Self employed	Addis Ababa

Married parents with congenital clubfoot children aged from birth till two years old were included in the study and their medical status has two different cases: unilateral means only one foot of the child affected by clubfoot malformation and, bilateral is both feet are affected. The children are currently under medical treatment from Abet Hospital, physiotherapy unit.

Table.2. Socio-Demographic Data of Participant in Focus Group Discussion Mothers and Fathers Participants

No	Participants	Age	Sex	Education	Religion	Income	Marital Status	Region of Residence
1	Anwar	35	M	Diploma	Muslim	Employed	Married	S/N/N/P
2	Abebe	32	M	Degree	Protestant	Salary	Married	Addis Ababa
3	Kebede	29	M	Grade 8	Orthodox	Farmer	Married	Oromia
4	Usman	34	M	Have not attended formal school	Muslim	Farmer	Married	Oromia
5	Challa	32	M	Grade 8	Orthodox	Farmer	Married	Oromia
6	Dereje	40	M	Have not attended formal school	Orthodox	Farmer	Married	Oromia
7	Dejene	39	M	Grade 12	Orthodox	Self employed	Married	Addis Ababa
8	Abebech	28	F	Have not attended formal school	Orthodox	Self employed	Married	Oromia
9	Semira	24	F	Have not attended formal school	Muslim	Unemployed	Married	S/N/N/P

10	Asekalech	29	F	Grade 4	Orthodox	Farmer	Married	Oromia
11	Bontu	23	F	Grade 6	Orthodox	Unemployed	Married	Oromia
12	Birhane	26	F	Grade 6	Orthodox	Self employed	Married	Addis Ababa
13	Jemila	27	F	Diploma	Muslim	Farmer	Married	Oromia
14	Zenbech	25	F	Grade 12	Protestant	Self employed	Married	Addis Ababa

Table.2. Show that participants of married parents in focus group discussion and both mothers and fathers were participated in the discussion.

Table.3. Socio-Demographic Profile of Key Informants

No	Key Informants	Age	Sex	Marital Status	Education level	Profession	Work Experience
1	Bereket	35	M	Single	Master	Social Worker	4
2	Feven	30	F	Married	Degree	Social Worker	3
3	Samuel	42	M	Married	Degree	Physiotherapist	11
4	Dawit	45	M	Married	Degree	Physiotherapist	12

4.3. Themes Identified from the In-depth Interview and Group Discussion

Themes are identified through in-depth interviews and focus group discussions based on the challenges and coping methods described in the study by participants (married parents). Themes were divided into several categories. The themes identified are related with economic, social relationship, and marital relationship challenges because they had a child with clubfoot deformity, as well as coping mechanisms that they have.

4.3.1. Married Parents Life with Congenital Clubfoot Child

A child with clubfoot deformity has a direct or indirect impact on their parents' lives, and it is an additional child nurturing burden while the child has clubfoot deformity. The following main points were identified and categorized as themes based on in-depth interviews and focus group discussions.

4.3.2. Parents Common Reaction

Seven in depth interviewees and fourteen in focused group discussion, married parents in the study experienced different emotional challenges because of having a child with clubfoot malformation. Shock, grief, and acceptance were the major emotional challenges described by married parents.

Shock

Seven participants of married parents in depth interview were shocked when they looked their first child with clubfoot malformation. Parents of Kidus, Betslot, Belay and Kedeja had experienced the emotion greater than others, it is because of feet status, parents of Mikiyas, Fraol and Genet have a child with unilateral (one) leg deformity of clubfoot. However, parents of Kidus, Betslot, Belay,Kedeja have a child with bilateral (both) feet deformity. This indicated that the condition of the child's feet may have played a role in varying the experience and the emotional problems that the parents have.

All participants mentioned that their emotion were disturbed and they feel shocked at the moment they recognized their child has clubfoot malformation. Lack of information about clubfoot deformity get the issue more serious and complicated among parents until they came to the hospital and informed by professionals' that clubfoot can be cured.

Abebe in depth interviewee expressed his situation:

> *"Even if I live here in the biggest city of the country, Addis Ababa, I had no choice to look child with clubfoot and I had never heard about congenital clubfoot deformity too. My son was diagnosed with clubfoot but I had never thought about my child to be cured and get the chance to play with others (cry) I was scared about It."*

Jemila one of participant who came from country side of Oromia region, express her challenges as following:

> *"When I gave birth I was alone till people heard my shout and helped me, there was traditionally experienced midwife and she told me that my baby's feet are curved because of your long hours of labor pains and she said it can be easily fixed through massage with Vaseline in the sun and I accepted her advice and did that several times until my child is one-year-old, then I went to small health center for checking what was the reason but unfortunately things were not the same. With my thought and after health workers told me that I decided to go to Addis Ababa for medical treatment. Me and my husband were shocked and feel hopeless because of our child health condition."*

Another interviewee Zenebech also stated that;

> *"Everything during the pregnancy was fine because I had a follow up at health center and took ultrasound examination two times but I had never expected that our first child will be like this, it was really shocked and also I became stressful the moment I saw my child foot was downward and could not be able to function as normal feet".*

Most of participants express their feeling through crying and even they were not looking the person in-front of them. They just looked down. This indicated that the parents are not only emotionally disturbed but also feel that it is their fault.

Grief

Five participants Abebech, Semira, Askalech, Abebe and Berihane describe grief about their child with clubfoot malformation through body language: cry, looking down, and deep breathing. Askalech in depth interviewee mentioned that there is nothing that breaks her heart than to see her child with birth defect. Abebe also mentioned that

> *I was so curious to see my child because she is our first baby. But it was great sorrow to me (cry) to look my child with congenital clubfoot.*

Five participants in depth interview expressed their deep sorrow through crying and with their body language as they felt the worst sad in their life.

Fear

Expect Berihane, all FGD participants stated that having a child with birth difficulties has a great capacity to keep parents' minds with stress and fear, they said that: When a families' fear grows and develop from the first day they learn about their child's health issue, it becomes a restriction and it could be a source of fear for that family. In an in-depth interview, Askalech describe that my marriage was filled with fear, fear of losing my marriage since women's were likely blamed by their partners' families for having a child with congenital clubfoot and this created a tremendous level of anxiety to mothers like me.

Acceptance

During focus group discussion, all (fourteen) participants, seven fathers and seven mothers shared their experience about acceptance among themselves and their families, social engagement related with having child with congenital clubfoot deformity. One of respondent Semira has stated that;

> *How could I deny and hate my own blood, and he is my child, I am responsible to take every challenge not because he is my child, but because he is my hope.*

Abebe also indicate his grief as follows;

> *It was hard to explain about my child and convinced others, my child health condition is not because of curse or evil work, but most of our families would not accept as easy thing.*

Anewar said that;

> *I never give up on him, I accept my child and Allah will change all things to good, and my hope is that.*

Abebech an in depth interviewee stated that;

> *Having child with such kind of limitation is a gift of God and he shall never be accused, God is a good father in our circumstances.*

Parents with congenital clubfoot child have been facing several challenges and all of seven married parents experience challenges related with child. Shock, fear, grief and acceptance problem are mentioned as common problem of married parents with congenital clubfoot child.

4.3.3. Economic Challenges of Married Parents with Congenital Club foot

Participants of the in-depth interview and focus group discussion were asked to share their experience with regards to the economic situation since having a child with congenital club foot requires medical treatment and other related expensive costs.

Economic challenges that the parents face and struggle with differs based on their income as well as their place of residence and transportation cost. Participants of the study indicated that having low income and unemployment is a very challenge of parents with congenital clubfoot. Abebe in depth interviewee stated that,

> *"Even if I am not able to take all responsibility for transportation therefore, imagine if the medical treatments were not free, the only option will be begging or left any baby lifelong disable because I am not kind of that person who can afford any payment for medical related bills. My monthly salary is 4,765 ETB so, how could I give all the income of my family for only one child, how, it means allowing hunger to the rest of my family members."*

Three of the respondents have a small business and therefore they are self-employed but they have child with congenital clubfoot and because of this they have faced a financial crisis even though they are working hard, but they have to pay different bills related to medical treatment for the child and it exceeds the monthly expected income they are struggling with economic disaster. Abebech in in-depth interview stated that, having child with clubfoot is real disaster for financial development of parents.

> *"I am a farmer and my husband also a farmer as it is well known farmers who came from countryside should have to travel a long distance to come here for medical treatment. There is a health center around our woreda but they are not trained to give such kind of treatment for child with congenital clubfoot,*

even if most health professionals have no idea about the deformity. Therefore, I am here consequently, it is too far and I spend a lot of money for transportation to get to and from hospital. In addition, I spend a long time with my child for giving care however, this is also burden for farmer families because I have to support my husband during farm session but currently I can not to do that and this goes to reason for our economy declination".

On the other hand, Abebe and Dejene who live in Addis Ababa did not experienced challenge of residential place since they live near to the hospital. But eventhough they are near to the hospital they said that, they gave much more time for medical treatment and child care giving, thus it puts a lots burden on our job and this made financial crisis in our family.

Parent who come from outside of Addis Ababa have additional problems of paying for transportation as well as accommodation. Berihane in depth interviewee said that;

"I have no any job and my family is dependent on my husband income however, till became I gave birth child with congenital clubfoot we were living good life, and my husband cover all things for our house. But currently, we could not live our life the same what we had before, because my husband is the take all responsibilities for our family. As I told you, I came from oromia region and I have to pay weekly for transportation, bedroom, food and other due this reason we are not surviving form financial crisis as family and how?"

Twelve participants from the FGDs have been experienced cost of bedroom and transportation difficulties because they are expected to come every week to Abet Hospital for follow up appointment. One of respondent Anware mentioned that;

"Our appointment dates are turned weekly and it is our responsibility to come early in the morning because the appointment time is usually common, it is 3:00 local time (9:00PM), we went to the hospital as much as possible to be there before the appointment time but most of the time we will wait about one and half hours because those medical professionals did not come earlier, this exposed us to be there and stay for long hour including waiting cast until dry."

This belongs that lack of commitment among physiotherapy caused for waste of time among parents while they came to hospital and this also associated with parents' social interaction barriers and job responsibility.

Nine Participants declared that unavailability's of cast weekly for ponseti treatment was a Problem. Semira in depth interviewee annoyingly complained that:

"I came from oromia region, countryside and come here for cast follow weekly but occasionally, things may not go as we have planned because there might be lack of cast or medical doctors (surgeons) may not come on the appointment day. This is really devoid our money, time and lead us to feel frustrated."

A parent with congenital clubfoot child has interrelated challenges each and every challenge have subset that directly intertwine with parents. Income, time and costs that relate with child made high financial crisis among parents.

Although Kebede and Usman participants said that if physiotherapists were not doing their work actively it had extra bankrupt for families who came from far from Addis Ababa because they had no chance to leave from the hospital early and they are not able to go to home because of unavailability of transportation or late to went, this lead us to pay for bedroom, and other

unwanted food costs due to unorganized time management. Berhane also stated that I am usually exposed for this kind of mess over and ought to pay unnecessary bills.

Every family wishes to have children that are healthy across all levels. Most parents pay close attention to their children's physical health because it is simpler to detect: if a child seems to have physical defects, parents are more likely to be vulnerable to expensive medical treatment. Having a child with clubfoot can lead to the financial disaster mentioned above.

4.3.4. Challenges of Married Parents on Social Relationships

Five participants married mothers expressed lack of social support from family and friends, this social exclusion led them to develop feeling of worries and shame. Those mothers will not accept their children and blame themselves for having a child with birth deformity.

One of participant Abebech said,

> *"Even I hate my life because of having child with clubfoot in our society having child with some difficulties or physical disability is accepted as cursed parents. And friends and relatives who come from my husband side gossips about my child health condition. Moreover, most of time they advise my husband to separate with me, not only because of having child with clubfoot but because they thought it is my personal fault."*

Another participant of the study was Samira she stated that,

> *"Allah gave this baby to see my strength and faithfulness upon him (to see my "ኢማና") but there have been struggles for the last one year, it is more painful being rejected by close family members, friends and my husband."*

Another participant, five mothers of FGD describes as having a child with such kind, it is very hard to be persistent when everything seems dark and I do not have social activities as

ordinary mother does also it is hard to go to work and support my husband because child with clubfoot need more time and care.

Abebe in depth interviewee declared that;

> *"I live in Addis Ababa but I found that majority of the society have less understanding about clubfoot and even before my child started treatment most of my friends told me that clubfoot is kind of polio so that there is no solution, for that your child might become disable. I was frustrated until I get medical treatment for my child."*

Usman, Abebe, Anware, Brihane, Abebech, Askalach, Zenebech and Semira participants define their social relation with their friends, families, and social groups as broken away from usual social engagement.

Another participant Zenebech stated that;

> *"I am protestant, usually I go to church for different religious programs. However, most of the time people suggest me to pray to the lord because they thought that it is work of evil and I feel the same until I understand it properly. I went to difference places of church because I want a deliverance of the evil work."*

Based on the responses of participants to their experiences with social relationship challenges, they emphasized that having congenital clubfoot affects their social participation, which leads to a weak relationship between parents and other social members. There are some supporting mechanisms in social engagement for married parents with congenital clubfoot, however owing to restricted social connection and self-isolation, parents have lost their coping mechanism.

4.3.5. Challenges on Marital Relationship

Parents those have children with idiopathic clubfoot deformity put worries on parent‘s marital relationship. All of seven participants have worries about their marital relationship.

Berihane in depth interviewee indicated that her child put biggest fear and worries with her husband relationship because of financial crisis, challenges of caring child with clubfoot. It is really hard to balance child care and to run on a house responsibility as well as not spending much time with husband, makes him irritate because she always focused on her child and ponseti medical treatment of clubfoot needs more protection for the child she stated that,

> *“My husband is not patient to spend time with our child he does not want to stay long time with the child, every day and night I am the only one who is taking care of my child without break and this situation make me to feel guilt and sometimes I feel life as I am bad luck to my husband.”*

Another participant Askalech in depth interviewee she stated that

> *My husband is supportive through different aspects there is no such work division between us while we stayed at home for taking care to our child with clubfoot.*

Another participant Usman, he is a father of kedeja and he stated that they were so peaceful and have love for one another, while his wife lives together but, after the birth of the child with congenital clubfoot always there is miscommunication and his wife is annoyed in every single issue and she develop behavior of refusal she does not want to talk on problems and their child health issues.

During in depth interview Semira said that;

> *“My husband was good and supportive in all aspect of my child health condition but when things become more serious he lost his dedication towards*

giving support. And the more I scared about is currently my husband is loss his tolerance and getting very sensitive person because the social labeling."

All seven mother participants on FGD demonstrate that having child with clubfoot significantly has impact on their marriage because of several challenges happened in the relationship between husband and wife. However, most participants indicate that it is sensitive for mothers being rejected and unwanted because of having child with clubfoot, it is not mothers fault for having such kind of child but husbands are more likely denial about their child health condition.

4.3.6. Challenges on Parents Physical and Health

As a result of care for their children, parents suffered health issues. It was because their children were taken care of, raised and carried. All the members express in their own words that weariness, fatigue, sleep, back pain, headache and stress are the physical and health issues caused by the care-giving burden of their children.

Fourteen participants FGD Parents noted sleep shortage, sleep disruption and difficulty in their everyday tasks. In a profound interview, participant Dejene said that

"My child cannot walk and does not want the only me to hold him without break day and night."

Participants in the FGD stated that having a child with clubfoot is a burden, especially when they begin cast treatment. It is not allowed for the child to play or stand for long periods of time because the cast may break, and if the child is under two years old, it may be much more difficult to provide care for them: they will not listen to you if they are under two years old. The involvement of parents in ponseti therapy is ranked first in terms of treatment effectiveness.

Aside from that, it may have an impact on the health of parents due to sleep disruption, emotional distress, and grief.

In addition, Abebe declared in-depth interview:

> *"I couldn't do my job effectively at work because I wasn't getting enough sleep, he explained. I stayed up all night attending to a baby's condition, making it impossible to perform my duties the next day."*

4.3.7. Parents Coping Mechanisms

Throughout in depth interview, with seven participants of married parents, all of them have their several ways and different methods to try to cope with the challenges of children with clubfoot deformity. This section describes how parents cope with the situation as well as different psychological and social supports that assist them in coping.

4.3.7.1. Formal Support

All respondents declared different supportive system and among that one of participant Abebech stated about formal support as follows;

> *"There is noting that I could give for medication purpose because of HOPE walks, organization. I have been registered for my baby to follow how to get medical treatment at abet hospital, then they linked me to staff member of hope walks organization and they gave each medical equipment for my baby started from casting, till to brace treatment."*

Among key informant of physiotherapy professionals Alemaz has described about support institutional based. HOPE Walks Inc (HWI) has been the one and only source of ponsite treatment for the last two years by supporting different medical supplies, monthly payment for physiotherapist, and training, psycho-social support for parents. Every Wednesday there is

ponsite treatment for child with clubfoot and by hope walk supportive there is always constant one social worker who assists parents with clubfoot child and gives them advice how to they try to overcome all challenges associated with having child with clubfoot. According to key informants, government supports parents and children with clubfoot by providing medical services area and like free shower for child after removing a cast (POP) and providing different free equipment. Eleven participants were thankful about medical coverage for their children. But almost all of parents had to go to home because they could not afford cost of treatment. The treatment is too cost and increase financial crisis.

Ten participant parents describe that professional support was helpful to cope with the challenges faced. Semira stated in depth interviewee that: *"A social worker assisted me to get transport and pocket money support from hope walks Inc. and they supported me through counseling services".*

Another participant Berihane in depth interview stated that:

> I was scared and lose hope about my child before I came here to the hospital because of several reasons: lack of information, lack of social support and being treated as vulnerable family among others.

Fourteen parents participating on focus group discussion discussed that there are social workers in the hospital and they helped us to have discussion as group of mothers who have child with clubfoot. Therefore, every two weeks, a parent with clubfoot child has discussion about our children health condition, social life, financial barriers and such things.

In addition, parents who have child with congenital clubfoot have shared common experience and helped one another to cope with challenges of parents with clubfoot child.

Askalech clarify in depth interview, she said that *"I have got relief when I saw the same children as my child look like and I am not the only mother who is facing this challenge."*

One of the key informant Bekele he is a social worker and described about available service that social workers' department serve parents who have children with clubfoot and this health social worker stated that,

> *"Currently those health social workers are assigned by government for Abet Hospital and are not actively engaged and give support to parents with clubfoot child. However, as partnership Abet Hospital was working with HOPE walks nongovernmental organization to support parents with clubfoot child through medical services, counseling and financial support but all this activity was done by Hope Walks Inc. social workers staff and those staff members of hope walks are more likely concerned to work with the parents."*

Alemaz is a social worker and as key informant she stated;

> *"I am a social worker here in Abet Hospital, but honestly speaking none of our staff was not checking parents with clubfoot child but this was because of we had no information about the parents case and we have thought that they are under hope walks nongovernmental organization so they do not want more attention similar with the cases we have been managing but it is more effective if the hospital health social workers get involved to, and to work collaborate with hope walks social workers (parent counselors) staff".*

Another key informant respondent Abenezer explained that:

> *"I am psychotherapist who works with other medical professionals in order to give best service for children with clubfoot deformity and parents. As a team of psychotherapist we were working only physical body (feet) of the children but I think healing visible wounds are easier than invisible psychological and social crisis. As medical professional as much as the ethics allowed as to go for, we also give advice for parents related to their child health condition, but it is more about how they protect the cast and giving more attention and time for their child and we also push them not to let the child to be alone and play freely because inherently ponseti treatment is worked by using cast so, the cast should be kept as it is, when they come back weekly and if the cast is broken and not still have changed on and fulfill the progress stage we give the same cast treatment again and again until we start recognizing real change then after we shall proceed our treatment".*

In addition, from key informant Ferezer stated that

> *"Anyone can easily understand their situation by looking parents with congenital clubfoot child, because they bring their child with cast (POP) and parents feel like their child is unique from other child. However, mothers express their feeling more by crying and also by kissing our hands when we tell them their child's deformity can be cured and he can play like other ordinary child. They feel very happy and their face starts to shine."*

Those parents who came to Abet Hospital were from different background, culture, lifestyle along this parents' approach to ask and get information vary from person to person. Ferezer one of physiotherapist demonstrated that,

> *"Parents who comes here (Abet Hospital), majority of them are from country side and financially poor and most of them are who do not attend formal education in this case they have different assumption about why their child born with birth defects however, because they do not get full and real information from other sources as professional person I am responsible to tell them the child born with birth defect. Currently, there is no single etiology for congenital clubfoot why it may happen frequently but their studies that gives as insight clubfoot is because of gene, and parents those who have child with congenital clubfoot has high probability to give birth with congenital clubfoot for second time, this shows as heredity has also some contribution but there is no conclusion on the cause of congenital clubfoot. on the other hand, most of parents had assumption about congenital clubfoot as it because of cures but the fact that science is not support this kind of hypothesis and it is very hard to give insight for parents unless they could get a depth knowledge about the issue from related professionals'. Beside of this, it is very challenging to give explanation for those who do not attend formal education and not easier as educated one".*

4.3.7.2. Informal Support

A support that comes from friends, relatives, family member were mentioned and discussed by most of participant parents as core coping mechanism for challenges faced by parents. Having social support from governmental, non-governmental, families and friends had great part on capacity building of parents with clubfoot in different aspect.

Most of respondent describe about their social support, Abebech, Abebe and Zenebech have been received support from their family members and friends. They have got support both emotional and spiritual (pray). Berihane in depth interviewee stated that;

> *"I have both kinds of families and friends: there were families and friends who do not want to help my child and refused to give support, on the other hand, humble and passionate peoples were engaged to give support me through financial, emotional, and different valuable things. They pay for transportation to go to hospital and back to home".*

Participants on focus group discussion, five mothers explained about their support from relatives as follows;

Abebe one of participant stated that;

> *"Even if it is too hard and shame to see my relatives hand but there is no option unless asking them to help my child until he finished his medical treatment. I have got support for transportation from social workers, but it is not enough to cover all the costs."*

Abebech has indicated that;

> *"As I told you I live here in Addis Ababa, so that I have to work something to support my husband because he was only work for our family but it is hard to afford all those expensive things by one side income. Therefore, I was trying to look different small business and during that time my sister supported me through managing home and child care. She was supportive person until she goes to outside of the county for job reason."*

4.3.7.3. Spiritual Support

Anewar and Semira respondent of in depth interviewee are follower of Muslim religion and they described about spiritual support, because they have got support from their religion leader and members of religion as social support team. Semira said that;

> *There were different kinds of support in Muslim religion community, when somebody has faced challenges. The main support is praying for those parents who live with different challenge we called it this 'ዱዓ' it matters in Muslim religion than other support.*

Among Muslim religion followers pray has high level of influence as one of coping mechanism. Because they believe that every religious person should have to rely on pray in order have faith for all things.

Berihane has stated that in depth interviewee,

> *"It is really hard to get support from people surround us because they believed that my child health condition as cures and they would not give good face for my family however, since I gave birth and became known by child case, I went to church and religious leader those who knows about my family situation gave me money for transportation purpose. The other thing is that I could never forget those people who gave me money while I usually come to Hospital, even if they do not know me but they just gave me because of sympathetic feeling."*

Five in depth interviewees expect Challa and Bontu believe in super natural power and it was emotion oriented strategy coping mechanism which gave to parents' relief, strength and

hope for the future. Accepting the situation of having child with clubfoot has been change because of the support. A married couple, Abebe and Zenebech has said that,

> When things getting serious and tough the only option for Christian is to be close to God and have faith up on him to come up with the situation.

Another respondent in FGD, Kebede has child with clubfoot his child name is Mikiyas, and Kebede said that;

> *"I am orthodox Tewahedo Christian and I believe that the current situation is for time being because the son of St. Marry Jesus Christ will change everything to the good. I put my hope up on him and my intuition telling me that, this is for reason so I was trying to be thankful and to stay with faith than complain about the situation."*

Generally, the finding section of this study had embraced all the data that have been conducted from multiple sources and the findings indicate about married parents with congenital clubfoot child related with social, economic and marital relationship challenges also both married participants and key informants had declared several formal, informal and spiritual coping mechanism as sort of coping strategies of married parents with congenital clubfoot child. The next section will discuss about the findings in line with other supportive literature and also how family stress theory describes the challenges and coping mechanism of married parents with congenital clubfoot child.

CHAPTER FIVE

DISSCUSION

In this section, the study's major findings are viewed in terms of relevant theoretical interpretation and research question mentioned in previous chapter. Along the discussion, the study analyzed the major challenges faced by parents with a child who has congenital clubfoot deformity and the relationship with previous findings documented in challenges of parents towards having child with clubfoot deformity. And, I have discussed the challenges of parents with a child who has congenital clubfoot malformation. Therefore, the major challenges discussed are: economic, social and marital relationship challenges as well as coping mechanisms.

5.1. Parents Reaction

The finding of this study indicated that, among married parents with clubfoot child, majority of parents' response was the same with regards to their emotional reaction and accepting the child with birth deformity difficulties. Shock, fear, grief and acceptance were mentioned as major experience of parents with congenital clubfoot child.

On the first day of knowing that their child had birth difficulties, parents were shocked, and this sensation was shared by all parents due to their child's foot malformation. Parents' expectations for having a child with holistic health may cause them to suffer feelings of shock; as a result, parents who had their first child with congenital clubfoot were more likely to experience feelings of shock than other parents. Esan et al, (2016), also, discussed how parents with congenital clubfoot experienced emotional reactions after meeting a child with malformed feet. Often, when this type of surprising issue occurs in parents, it exposes them to feelings of shock. Furthermore, the findings of this study reveal that the majority of the parents showed

sadness as a result of their child's birth deformity defect. This grief is not only associated with the child's physical health, but also with the parent's loss of hope for their child's future life. This causes parents to be sorrowful, and it leads them to believe that their child is not as normal as they would like, because a child with congenital clubfoot is unable to accomplish what they or another child of the same age can. However, for parents of children born with congenital clubfoot, seeing their child far outside normal circumstances causes them the most grief. Grief can be communicated, usually via crying, and when parents' dreams contradict reality; parents with congenital clubfoot are more likely to experience this. As per Alam et al, (2004), the argument is supported by literature because parents with chronically ill children can be disturbed in a variety of ways, causing them to express deep sorrow over their stressful situation. This has the potential to render parents vulnerable.

5.2. Economic Challenges of Married Parents

Findings of this study highlight that most of the married parents experience economic challenges. They have faced financial burden related to medical cost; child care, transportation and accommodation cost.

The study's findings indicated that parents who came from the countryside and Addis Ababa were treated separately; as a consequence, parents who came from outside Addis Ababa were more likely to face transportation costs than those who resided in Addis Ababa. Parents who have traveled a long distance from Addis Ababa are more concerned about the expense of food, accommodation, and other basic necessities. Most parents indicated that it is impossible to quantify how much it costs to have a child with congenital clubfoot, because all of the expenditures can be the cause of a financial crisis, and parents may spend their money as a result of having a child with congenital clubfoot. However, this does not mean that parents who are

living in Addis Ababa are immune to economic distress. In fact, it is more probable that parents who had a child with congenital club foot will be disadvantaged along financial issues. Ramahenina et al, (2016), had also describe that *"a higher proportion of parents with clubfoot children have had financial problems and in terms of financial issue majority of parents had somewhat increasing indebtedness and a great proportion had a declining source of income as a result of their clubfoot child".* Consequently, the findings of this study revealed that waste of time as an indicator of financial crisis because most mothers are staying at home all the time because they took on every child care responsibility. Mothers stopped working for reasons related to the child's medical treatment and weekly follow-up for child came from countryside parents who spend long hours on travel would not get the chance to involve different income generate activities as a result, mothers had no means of supporting their husbands by sharing economic burdens thus, in particular in the Ethiopian countryside, the cultural assumption is harder about income access because husbands are expected to generate income and take all financial responsibility for the family.

Unfortunately, husbands who give more time to their children's medical follow up cannot fulfill the household responsibility expected of them as it is the norm. And, this makes parents have fewer income sources. Anaya RayLaskar et al, (2010) indicated that parents with financial extra load and those of who have only one way of income generation for their families are more vulnerable to economic challenge. In addition, long distance travel is also a reason for parent with clubfoot child to accomplish less than what is expected of them at given time and to live their job, This is mainly because they find it hard to balance between medical appointment and the time that their job requires.

Finally, the study findings highlight that unemployment and low income were the reasons for the economic challenges of parents with congenital clubfoot child. Parents who are unemployed and have low income can experience the financial stress compared to others. Children's care, transportation, and accommodation are the biggest burdens for unemployed and low income parents. This leads them to beg or other unnecessary stressful situations. These parents also have less chance to recover from a financial crisis.

Generally, financial damage, along with the problem of not having enough time to work, child care burden, medical treatment, and transportation, have significantly made a crisis in parents' living conditions.

5.3. Social Relationship Challenges of Parents

The findings of this study revealed that the majority of mothers were present and expressed that having a child with clubfoot deformity seems to be a personal fault of mothers. In addition, family members, friends, and relatives would not accept the child with congenital clubfoot as natural born or as it is. Because of this lack of support from family and friends, most mothers have reduced their social interaction in the community. Alam et al, (2004), had also indicated mothers of congenital clubfoot child aged one to five would face significant societal impact and the social burden of mothers begin on the first day of learning her child with clubfoot deformity.

The findings of the study showed that among different societal cultural beliefs, children with some difficulties or physical disability were accepted as heredity cases. A child with clubfoot deformity was also treated as unwanted, bad and cursed because it comes from evil work. After parents of children with congenital clubfoot hear about their child's case, not because of curse and unsupported in scientific way, they try to understand and start to wash their brain of false interpretation. In addition, the husband fought with his wife because of the feeling of shame

associated with social labeling. In line to this, Alam et al (2004), having child with clubfoot deformity needs mind readiness for parents protect themselves from emotional distress comes from societal labeling, cultural beliefs and attitudes towards child with club foot deformity.

In addition, the findings of this study showed that the role of parents for frequently ill children as main caregivers who can take all responsibility for child care is very serious and needs more attention and preparation in all aspects. Medical appointments, health care, home management, and financial insecurity affect parents with emotional distress and career problems. Those parents who take responsibility for every single issue related to their children's health are socially sensitive because of their debilitated relationship with social activities. In support of this, Naomi Wanjiru, (2018), describe that mothers of seriously ill child and child with different physical disability condition have to greater social burden is similar to the case of clubfoot child.

In general, parents with congenital clubfoot children have challenges directly or indirectly with the given society. Lack of social support, cultural and social beliefs, social labeling were the major findings regarding the social challenges of parents with congenital clubfoot.

5.3. Marital Relationship Challenges of Parents

The finding of the study indicated as per the study participants were only married couple parents, all of participant mothers describe that unstable life and misunderstanding between their husbands was common issue after child born with clubfoot deformity.

As a result, the study concentrated on married parents. Most moms perceive their husbands as being less tolerant of life and more sensitive to their marriage connection. This is because they are unable to function as a responsible family, resulting in an economic burden and social stigma that causes them to be dissatisfied with their marriage. Similarly, a lack of time between husband

and wife, miscommunication, interference from other family members, economic disaster, day to day life struggles, loss of hope in child medication, and burdens of care are the starting points for various marital conflicts among married couple parents with clubfoot children. This finding related with the study undertaken by Malagelada et al, (2016), and Kingau et al, (2015), they had described on their studies: women‘s those have child with clubfoot are housewives and they spent their time more with child than with their husbands and they would give a lot of attention for medical treatment of child due to the fact that, good care, love, attention and all best protections are limited to their child and this has a message for husbands not to tolerate on their marital relationship.

Furthermore, hereditary issues are suggested as a reason for the breakdown of a peaceful marriage between a husband and wife. Parents who believed that congenital clubfoot was caused by inheritance lost hope for medical therapy until they discovered that genetics is not the main causal factor for congenital clubfoot. Hereditary issues were not shown to be a source of marital conflict in this study; however, two individuals addressed it before going to the hospital and received useful information regarding the origin of clubfoot deformity. They assumed that hereditary issues had led to producing a child with clubfoot until they found the truth.

Finally, the study's findings indicated that insufficient assistance, social labeling, and social exclusion were cited by parents, and it has a large contribution to weak marital connections among parents. When comparing the extent of being rejected to positive support, the majority of participants agreed that the propensity to get social support is smaller than the tendency to receive social exclusion. Kingaw et al, (2015), study showed that stigma and lack of family support had greatest part to contribute to marital challenges because, unexpected response from

friend and family consequently has negative impact on married couple parents those who have child with clubfoot birth defect.

5.4. Coping Mechanism of Parents

According to Conary, (2008), stated that social workers are equipped with the skill set to fill diverse role to help and address barriers through providing support for parents those have child with disabilities. In line to this, the finding of this study showed that social works those are engaged on serving parents with clubfoot child were highly involved on both formal and informal support to manage the cases of parents.

Therefore, social workers were helped parents through different capacity building strategies, counseling, linking with non-governmental organization, mutual support system plan among mothers with clubfoot child and other effective social work assistance were done by Abet hospital and hope walk organization social workers. However, as per the key informant participants revile that, it is not satisfactory actions were taken by social workers because the main social workers of Abet hospital were not actively engaged and utilized all resource that helps parents rather social workers those who attentively participated were staff of hope walk non- governmental organization. This showed that social workers support lacks coordination between other multidisciplinary team and this present that there was service gap among parent who need professional support and the social workers.

Four participants of this study explained education and counseling support and social workers that: every two-week social work until prepared discussion time for mothers those have in similar situation and this trend were good way for mothers to vent challenging issues in front of others, common shared problems among mother where the place they can get a solution.

Social workers‘ education and counseling session are invigorating to parent in order to manage the challenges of married couple parents with clubfoot. This finding supported with Naomi Wanjiru, (2018), idea stated that, effective management system can be based on social work collaborative working with parents and it can alleviate stressors.

According to family stress theory gives emphasis any event either positive or negative will have an impact on families (Burr s cited in Mc cubbin et al, 1980). The finding on this study demonstrates that a child with deformed clubfoot might generate parental concerns. The stress of child afflicted from clubfoot deformity is associated to economic, psychological, marital and social difficulties affecting the functional load in parents. In order to identify their social resources, parents have access to social help through families, informal support, formal support, spiritual supports.

Concerning coping mechanism of parents with clubfoot child, the finding of the study demonstrate that spirituality take higher place as a coping mechanism, even all participants had strong belief and religious attachment with their own spirituality. This was parent ‘s strength and lifted up their hope towards child with clubfoot. Majority of parents described that having spiritual unity with religious peoples helped to change life view point and it would help to gain strength and have faith to pass through hardship life path. In line to this (Speraw,2006), indicate that among the availability of social support, the quality of spiritual support networks has importance to families with birth defect child and it helps the mass protective factor from challenging situation to get out from stress event.

Generally, the study finding indicated that most participant parents used informal and formal support coping strategies. Informal support coping strategies were family, friends and neighborhood closer relationship had taken as strong coping mechanism. Most of participants

used informal coping mechanism such as friendship discussion, sharing culture between extended families and social relation were used as coping strategies. On the other hand, formal support system was great effort to minimize parents challenge. Different organization of formal support system was through medical aid financial support and transport insurance for parents with clubfoot child. All of participants had describe that formal support helped them to improve their life state and to bring back them to the normal condition for the existing challenge full situation. In line with Aaron Lipman and Charles F. Longino, (1982), they found that formal organization is effective since it bases itself on unbiased, impersonal standard and it would base for parents to receive a variety of resources and it has possibility to eliminate challenge of parents with clubfoot child. In addition, parents who receive social support have a great chance of being resilient than other parents with clubfoot children.

CHAPTER SIX

CONCLUSION AND SOCIAL WORK IMPLICATION

6.1. Conclusion

This research was carried out to study the challenges of married parents with congenital clubfoot child and their coping mechanisms; the case of parents receiving service at Abet Hospital. The research was conducted in line of the general objective as well as specific objectives. The general objective is to describe the challenges of married couple with congenital clubfoot child and the specific objectives are (1) to describe the economic challenges of married couple with a child diagnosed with congenital clubfoot; (2) to understand the social challenges of married couple parents with a child diagnosed congenital clubfoot; (3) to identify marital relationship challenges of married parents with a child diagnosed congenital clubfoot; and (4) to explore how married parents cope with the challenges. The study population included married parents of children with diagnosed congenital clubfoot aged from birth up to 2 years who are being treated at Physiotherapy Outpatient Unit at Abet Hospital, Addis Ababa.

The study findings indicate that married parents, commonly experience social relationship problems because of having a child with congenital clubfoot. Lack of social support from families, friends and other community members are among the major challenges for parents. Children with congenital clubfoot have to attend regular treatment over a long period of time, which takes a lot of their time. Self-isolation was stated as a way of retreat from social discrimination. Parents with congenital clubfoot child loss their social support connection because of their child health condition. Finding showed that married parents with congenital clubfoot child have also challenges related with physical health on parents. Most of the parents are suffering from lack of sleep, sleep disturbance and emotional distress. Regarding emotional

distress, parents expressed grief, shock and acceptance. Moreover, all participants believed that giving care for child with clubfoot has its own negative consequences on parents.

Economic challenges were stated by participants as major burden for married parent with clubfoot children. Even though the medical treatment is given freely, it is still a burden and causes financial disaster among parents. Parents who come from outside of Addis Ababa have many complaints related to their economic situation such as: cost of transportation, cost of food and bed rooms when they came to Addis Ababa for follow up appointment. They were spending a lot of money. In addition, it is expected that giving more attention and best care for child with clubfoot is a must. However, especially for farmer and parents with low income, it costs them a lot. Furthermore, parents who came from rural area and when their income is depend on only on farming for both (mother and father) the financial crisis is more serious because they could leave their farming season for child medical treatment reason. On the other hand, they would not quit medical treatment because of their job and all these challenges makes life hard on the family and they have to struggle to fulfill the economic needs of their family.

Among married parents with congenital clubfoot child, marital problem was stated as common challenge. Most of the participants experienced marital challenge because of having a child with clubfoot. Specifically misunderstanding, parent interference, lack of time, financial problem and burden of care with were indicated for poor marital relationship between husband and wife.

The participants in this study used different coping mechanism in order to reduce their challenges while caring for their congenital clubfoot child. They have been using different strategies. Parents were involved in different support systems. They used formal supports,

informal and spiritual supports. These were mentioned as ways of receiving courage, strength and problem handling mechanism from different aspects.

6.2. Social Work Implication

Based on the findings of the study the following implications for education, practice, policy and research are indicated as a way forward.

6.2.1. Implication for Education

When social workers, identify an issue among community members, they are more focused on finding a solution. Furthermore, they must have an inquisitive and inquiring mind that pours forth their thinking abilities, either directly or indirectly. They must relate the real world to the ideas and paradigms they acquired in class, since social workers must be concerned with society as social scientists. In line with this, the first educational implication relates to training; in particular health social work training. Health social workers require more practical training to assist patients and to acquire fundamental skills and create good relationships with patients. Furthermore, it is compulsory for social workers to participate in short-term training to update their knowledge and skills on areas relevant to their specific duty. Secondly, social work education curriculum should give due attention on case management in the field practice course. Even though field education is part of the curriculum, it is advisable to have more intensive field practice that will enable students to go through the whole process of case management from engagement, to assessment, planning, intervention, termination, referral and follow up. This will help social workers to gain practical experience from the field on how to manage a case and address the holistic needs of clients.

6.2.2. Implication for Research

In Ethiopia, the previous research concerning about parents with congenital clubfoot emphasizes only on medical treatment and magnitude of clubfoot. Therefore, the first recommendation is to do more research on the issue from the social perspective to understand the challenges of parents with children who have congenital clubfoot malformation. Furthermore, the sample size of this study is small but I would like to suggest in the future social work studies could have a larger sample size used for researches. This research focused only the challenges of parents and focused on social, economic, marital including their coping mechanisms. But during the process of the research, it was visible that there is a need to research on psychological and physical challenges of parents with congenital clubfoot children in order to indicate the challenges of parents and provide appropriate support.

6.2.3. Implication for Practice

Based on the study findings, health social workers are helping parents with congenital clubfoot child in several ways including counseling, linking governmental organizations with nongovernmental, guiding parents who could uses resources to address the challenges. However, all of the above services are not properly delivered to parents. This was partly due to the fact that the "social workers" working in the hospital do not have the required educational background. They are from different disciplines and are not trained in social work. This makes the services which are given by the "social workers" unsatisfactory and miss the main social work role. Therefore, as a suggestion, the association of social workers should have to regulate or over watch every social worker practicing in a hospital setting and have to build good opportunities for social workers in order to get more knowledge while they are working in different hospital settings.

Moreover, social work education should have to give more for students practicing cases before joining the real world and helping social worker to manage cases, counseling, advocacy for patient needs, broker between patients and available resources, bridge between governmental nongovernmental organizations are recommended as a main area of practice for social work education.

6.2.4. Implication for Policy

In Ethiopia, it is well known that medical services are free if people cannot afford them. However, policymakers should be actively engaged in making sure whether free medical services are available in all hospitals especially for children with major health issues such as congenital clubfoot in order to minimize childhood disability. According to the findings of this study, each and every expense associated with clubfoot medical treatment services is quite high and yet every child needs a good medical service because it is their right. Therefore, policy makers must pay greater attention to eligibility qualifications for financial assistance, free medical treatment services, and increasing the number of hospital services for children with clubfoot to decrease the causes of childhood disability. Congenital clubfoot malformation can be a financial disaster for parents who have a child with congenital clubfoot. Thus, paying attention to this issue can lessen and mitigate the possibility of vulnerability.

Reference

A Akinsulore, OO Adegbehingbe, O Esan,MB yusuf,(2017). Assessment of emotional distress and parenting stress among parents of children with clubfoot in south-western Nigeria, SA Orthopedics Journal. Vol 16.

Ad F M Diepstraten (1996) Congenital clubfoot, Acta Orthopaedica Scandinavica, 67:3, 305312, DOI: 10.3109/17453679608994698, accessed 2 February 2021) retrieved https://doi.org/10.3109/17453679608994698

A.J. Harrold, C.J.Walker.(1983). Treatment and prognosis in Congenital Clubfoot, The journal of bone and joint surgery.

Alberman, E. D. (1965). The causes of congenital club foot. *Archives of disease in childhood*, *40*(213), 548.

Alston, Margaert and Bowles. (2003**).** Research for Social Workers: An Introduction to Methods. Psychology Press, 119, 334.

Algood, C. L., Harris, C., & Hong, J. S. (2013). Parenting success and challenges for families of children with disabilities: An ecological systems analysis. *J*ournal: Human Behavior in the social environment.

Andrew M. Wainwright, Tanya Auld, Michael K. Benson. (2002). The classification of congenital talipes equinovarus, Journal: bone and joint surgery.

Ananya Ray, Laskar, Vimal K. Gupta, Dharmendra Kumar, Nandini Sharma, and Megha M. Singh. "Psychosocial effect and economic burden on parents of children with locomotor disability." The Indian Journal of Pediatrics 77, no. 5 (2010): 529-533.

Baxter, P. and Jack, S. (2008). Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. The Qualitative Report, 13, 544-559.

Belay & Abdinasir.(2015). Research methods. Mega printing press. Addis Ababa, Ethiopia.

Biruk, W. L. (2007). Management of Club-Foot at Tikur Anbessa Hospital; Addis Ababa,

Ethiopia. East and Central African Journal of Surgery, *12*(1), 24-29.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Bosco, A. N., Rees, C. A., Wheeler, A. D., Britto, C. D., & PN, S. R. (2021). Reducing rates of discharge against medical advice in the neonatal intensive care unit in a tertiary care hospital in South India: a mixed- methods study. Tropical Medicine & International Health.

Canary, H. E. (2008). Creating supportive connections: A decade of research on support for families of children with disabilities. *Health Communication*, *23*(5), 413-426.

Cosma, D., & Vasilescu, D. E. (2015). A clinical evaluation of the Pirani and Dimeglio idiopathic clubfoot classifications. *The Journal of Foot and Ankle Surgery*, *54*(4), 582-585.

Creswell, W. John. (2003). Research Design: qualitative, quantitative and mixed methods approach, 4th ed., University of Nebraska Sage Publication.

Creswell, W. John. (2007). Qualitative inquiry & research design, choosing among five approaches (3rd ed.). California: Thousand Oaks, Sage Publication.

Creswell, W. John. (2009). Research design qualitative, quantitative, and mixed methods approaches (3rd ed.). California: Thousand Oaks, Sage Publication.

Creswell, W. John. (2014). Research design qualitative, quantitative and mixed methods. Approaches (4th ed.). London: Thousand Oaks, Sage Publication.

Cutrona, Carolyn E., and Daniel W. Russell. "The provisions of social relationships and adaptation to stress." *Advances in personal relationships* 1, no. 1 (1987): 37-67.

Daniel Agusto, Carvalho Maranhon, Jose Batista. (2019). Congenital Clubfoot, Acta Ortopaedica, 19(3).

Duran, S., & Ergün, S. (2018). The stigma perceived by parents of intellectual disability children: an interpretative phenomenological analysis study.

Esan, O., Akinsulore, A., Yusuf, M. B., & Adegbehingbe, O. O. (2017). Assessment of

emotional distress and parenting stress among parents of children with clubfoot in south-western Nigeria. SA Orthopaedic Journal, 16(2), 26-31.

Eugster, E. A., DiMeglio, L. A., Wright, J. C., Freidenberg, G. R., Seshadri, R., & Pescovitz, O. H. (2001). Height outcome in congenital adrenal hyperplasia caused by 21-hydroxylase deficiency: a meta-analysis. *The Journal of pediatrics*, *138*(1), 26-32.

Evans, Angela Margaret. "Paediatric Podiatry." *Neale's Disorders of the Foot and Ankle E-Book* (2020): 298.

Eva D. Alberman. (1965). The Cause of Congenital Club Foot, Arch Disability Child Journal.

Engell, V., Nielsen, J., Damborg, F., Kyvik, K. O., Thomsen, K., Pedersen, N. W., ... & Overgaard, S. (2014). Heritability of clubfoot: a twin study. *Journal of children's orthopaedics*, *8*(1), 37-41.

Foster, A., & Davis, N. (2007). Congenital talipes equinovarus (clubfoot). *Surgery (Oxford)*, *25*(4), 171-175.

Ganster, D. C., & Victor, B. (1988). The impact of social support on mental and physical health. British Journal of Medical Psychology, *61*(1), 17-36.

Godress, J., Ozgul, S., Owen, C., & Foley-Evans, L. (2005). Grief experiences of parents whose children suffer from mental illness. *Australian & New Zealand Journal of Psychiatry*, *39*(1-2), 88-94.

Henrik M.Wallander. (2010). Congenital clubfoot, Acta Orthopaedica. 81(3).:sup339, 1-25, DOI: 10.3109/17453671003619045

House, J. S. (1987, December). Social support and social structure. In Sociological forum (Vol. 2, No. 1, pp. 135-146). Kluwer Academic Publishers.

Ingacio, Miroslav, Naomi, Marc, Matthew and Jose. (2006). Treatment of Complex idiopathic clubfoot. Clinical Orthopaedics and related Research.

Ingstad, B., & Whyte, S. R. (Eds.). (1995). *Disability and culture* (p. 3). Berkeley: University of California Press.

Kazembe, N.,Namasaba, M., Seera, G., & Baguwemu, A. A. (2021). Coping and Resilience: Two Peas in a Pod? A Mixed-methods Study on the Association Between Coping and Resilience among Caretakers of School-going Children with Disabilities in Uganda.

Kingau, N. W., Rhoda, A., & Mlenzana, N. (2015). Barriers experienced by service providers

and caregivers in clubfoot management in Kenya. *Tropical doctor*, *45*(2), 84-90.

Kothari C. R. (2004). *Research methodology, methods and techniques*, *2nd Edition*. New Delhi: New Age International Publishers.

Kreuger, L. W. & Neuman, W. L. (2006). Social work research methods: qualitative and quantitative applications. New York: Pearson Education, Inc.

Kumari M., &Rani, P. (2017). Congenital Clubfoot: A Comprehensive Review. *Orthopedics and Rheumatology Open Access Journals*, *8*(1), 7-11

Lee, J. (2013). Maternal stress, well-being, and impaired sleep in mothers of children with developmental disabilities: A literature review. *Research in developmental disabilities*, *34*(11), 4255-4273

Liudmyla, Petruk, and Igor Grygus. "The influence of physical exercises on physical development and physical preparedness of the first year female students." Sport i Turystyka. Środkowoeuropejskie Czasopismo Naukowe 2, no. 3 (2019).

Lior Shabtai, Stacy C Specht, John E Herzenberg.(2014). Worldwide spread of the Ponseti method for clubfoot. Journal: World Orthopaedic.

Lipman, A., & Longino Jr, C. F. (1982). Formal and informal support: A conceptual clarification. Journal: Applied Gerontology, *1*(1), 141-146.

Lipman, M. (1982). Philosophy for children. Thinking: The Journal of Philosophy for Children, 3(3/4), 35-44.

Lööf E. Additional challenges in children with idiopathic clubfoot: is it just the foot? J Child Orthop 2019;13:245-251. DOI: 10.1302/1863-2548.13.190076

Luche Taddesse, Fikru Tafesse, Hanna Hamamy. (2014). Communities and community genetics in Ethiopia. Journal: Pan African Medical.

Malagelada, F., Mayet, S., Firth, G., & Ramachandran, M. (2016). The impact of the Ponseti

treatment method on parents and caregivers of children with clubfoot: a comparison of two urban populations in Europe and Africa. *Journal of children's orthopaedics*, *10*(2),101-107.

Maranho, D. A. C., & Volpon, J. B. (2011). Congenital clubfoot. *Acta Ortopédica Brasileira*, *19*, 163-169. Review. Journal: Orthopaedics and Rheumatology.

Mengesha, M. G., Ayana, B., Belay, M. M., Zewde, W., & Peter, J. (2020). Management of idiopathic clubfoot by ponseti method: Tikur Anbessa Specialized Hospital Five Year Experience. Ethiopian Medical Journal, *58*(Supplement 03).

McCubbin, H.I., Joy, C.B., Cauble, A.E., Comeau, J.K., Patterson, J.M., & Needle, R.H. (1980). Family stress and coping: A decade review. Journal of Marriage and the Family.

Naomi Wanjiru (2018). Experiences of Parents/Caregivers of Children with Congenital Talipes Equinovarus: A Qualitative Study, Ann Physiotherapy Clinic. 2018; 1(2):1006.

Natalia, Igor Grygus,Nesterchuk, Krzysztof Prusik, and Walery Zukow. "The technique of physical rehabilitation in clubfoot." *Physiotherapy Quarterly* 27 (1) (2019): 25-34.

Nimbalkar, S., & Sadhwani, N. (2019). Implementation of Kangaroo Mother Care—challenges and solutions. *Indian pediatrics*, *56*(9), 725-729.

Nordin, S., Aidura, M., Razak, S., & Faisham, W. I. (2002). Controversies in congenital clubfoot: literature review. *The Malaysian journal of medical sciences: MJMS*, *9*(1), 34.

Penny, J. N. (2005). The neglected clubfoot. Journal: Techniques in orthopaedics, *20*(2), 153-166.

Rayan, M.Oshea, Coleen S. Sabatini. (2016). what is new in idiopatic clubfoot. Current Rev Musculoskeletal medical.

Ramahenina, H., O'connor, R. J., & Chamberlain, M. A. (2016). Problems encountered by Parents of infants with clubfoot treated by the Ponseti method in Madagascar: A study to inform better practice. Journal: rehabilitation medicine, 48(5), 481-483.

Robert E Stake. (1995). The Art of Case Study Research. SAGE Publication.

Ruth Wynne-Davies, Edindurgh.(1964). Family studies and the cause of congenital clubfoot.

Journal: Bone and joint surgery, (445).

Sharma, B. (2019). Problems Faced by Parents in Care of Children with Congenita Clubfoot. Journal: Disability Studies, *5*(2), 37-40.

Sanjay Meena, Pankaj Sharma, Shreesh Kumar Gangary, Lalit Kumar Lohia.(2017).Congenital Clubfoot. Journal: Orthopedics and Allied Sciences.

Sharma, B., & Dachhepati, D. (2019). Problems Faced by Parents in Care of Children with Congenital Clubfoot. Journal: Disability Studies, 37-40.

Speraw, S. (2006). Spiritual experiences of parents and caregivers who have children with disabilities or special needs. Journal: Issues in Mental Health Nursing, *27*(2), 213-230.

Taye, M., Afework, M., Fantaye, W., Diro, E., & Worku, A. (2019). Congenital anomalies prevalence in Addis Ababa and the Amhara region, Ethiopia: a descriptive cross-sectional study. BMC pediatrics, *19*(1), 1-11.

Thomas M. Cook (2014). Ponseti International Association: Global Ponseti Clubfoot Initiative.

Wallander, J. L., & Varni, J. W. (1998). Effects of pediatric chronic physical disorders on child and family adjustment. Journal: Child Psychology and Psychiatry and Allied Disciplines, 39(1), 29-46.

Wainwright, A. M., Auld, T., Benson, M. K., & Theologis, T. N. (2002). The classification of congenital talipes equinovarus. *The Journal of bone and joint surgery. British volume*, *84*(7), 1020-1024.

W.L.Biruk (2007). Management of clubfoot at Tikur Anebessa Hospital, Addis Ababa, Ethiopia. East and central Africa. Journal: Surgery medical.

Wang, M. & Brown, R. (2009). Family Quality of Life: A framework for Policy and Social Service Provisions to Support Families of Children with Disabilities. Journal: Family Social Work, 12(2)144-167.

Willig, C. (2008). Introducing qualitative research methods in psychology: Adventures in theory and method. 2nd. Maidenhead: McGrawHill/ Open University Press.

World Health Organization. (2011). World report on disability. Geneva, World Health Organization.

Yin, R.K. (2003). Case Study Research: Design and Methods. Applied Social Research Methods. SAGE Publication.

Yitayeh, A., & Fisseha, B. (2015). Health condition associated with physical disability among children in Ethiopia. *Int J Rehabil Sci*, *4*(02), 19-24.

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G.and Kadar, J. L. (1997). Religion and spirituality: Unfuzzying the fuzzy. Journal for the scientific study of religion, 549-564.

Appendix I

Informed Consent

My name is Yordanos Eshetu. I am MSW student at Addis Ababa University School of social work. Currently, I am doing research on the topic of, challenges of married parents with congenital club Foot children and their coping mechanism. The purpose of this study is to understand the social, economic and marital challenges experienced by married parents with congenital children and. In order to this you are selected as a possible participant in this research because of your experience of caring for child with congenital clubfoot. The researcher hopes that the information you give have benefit for parents who also have children with congenital clubfoot and you are not forced to participate in this study. If you have a willing to participate in this study, please pay attention for next information.

1. Understanding about voluntary participation
2. You will not be paid to take part in the study
3. There is no any special benefit for your participation in the study unless the deepest gratitude from researcher.
4. You have a right to withdraw yourself or your data without giving any justification.
5. The interview will be audio recorded with your permission.
6. The researcher will ensure confidentiality by not citing your name with in the study.

I sincerely appreciate your interest in my research study. Please sign after you have read and understand the above information.

Name of Participant_____

Signature_____

Date_____

Name of Researcher: Yordanos Eshetu

Contact +251 92 931 8102

Appendix II

Part I. In-depth interview guide for parents

Socio demographic data:

Age:_____

Sex:_____

Marital status:_____

Educational level:_____

Area of residence:_____

Part II, Information of child

Age:_____

Sex:_____

Diagnosed: _____

In-depth Interview Guide

1. Could you please tell me what you know about congenital clubfoot?
2. Could you please tell me your reaction when you first have seen your child?
3. How has your life changed after having a child with disability as compared to before?
4. What are the kinds of worries you face for the future of your child and for yourself?
5. How does your child with congenital clubfoot affect your social relationship?

6. How does your child with congenital clubfoot affect your marital relationship?

7. How does your child with congenital clubfoot affect your economy?

8. How have you been able to resist with all the challenges, could you please tell me about it?

9. Do you get support opportunities for you and your child?

10. If your answer is "Yes" for question number 9, what kind of support?

11. What do you think about governmental and non-governmental organizations about their understanding of your child and child's situation?

Focus Group Discussion Guideline

1. How does your child with congenital clubfoot affect your social relationship?

2. How does your child with congenital clubfoot affect your marital relationship?

3. How does your child with congenital clubfoot affect your economy?

4. How have you been able to resist with all the challenges, could you please tell me about it? And do you get support opportunities for you and your child?

Appendix III

ክፍል አንድ

የተሳታፊ ወላጅ መረጃ

ስም_____

ጾታ_____

የጋብቻ ሁኔታ_____

የትዳር ቆይታ_____

ሀይማኖት_____

የመኖሪያ አድራሻ_____

የት/ት

ደረጃ_____

ክፍል ሁለት

የልጅ መረጃ

እድሜ_____

ጾታ_____

ህክምና የጀመረ_____

ህክምና ያልጀመረ_____

ክፍል ሶስት

የቃለ መጠይቅ መምሪያ

1. እባክህ/ሽ ስሞ የዞረእግር የ አፈጣጠር ችግር ያሞህ/ሽን ግንዛቤ አስረዳኝ/ጂኝ
2. ሞመጀመሪያ ጊዜ ልጅሽን/ህን የአፈጣጠር ችግር የዞረ እግር እንደሆነ ባየሽበት/ባየህበት ጊዜ ምን ተሰማህ/ሽ?
3. በህይወት ሽ/ህ ላይ ምን አይነት ሞውጦች ተመልክተሻል/ሃል ማሞትም የዞረ እግር የአፈጣጠር ችግር ያሞበት ልጅ ስላሞሽ/ ህ?

4. ወደፊት ሆአንቺ/አንተ ከልጇ የአፈጣጠር ችግር ተያይዞ የሚደርስብኝ ችግር ይኖራል ብሆሽ/ ህ ታስቢያሆሽ/ ሆህ?
5. ከዞረ እግር ጋር ስሆተወሆደው ልጅሽ/ህ የወደፊት ህይወት ምን ታስቢያሆሽ/ሆህ?
6. ከዞረ እግር ጋር የተወሆደ ልጅ ስላሆኝ ከማህበረሰቡ ጋር ያሆኝ ግንኙነት እና ህብረት ተጽዕኖ ስር ነው ብሆሽ/ህ ታስቢያሆሽ/ሆህ? ከሆነ እንዴት?
7. ከዞረ እግር ጋር የተወሆደ ልጅ ስላሆኝ በትዳሬ ላይ ችግር ፈጥሯል ብሆሽ/ህ ታስቢያሆሽ/ሆህ? ከሆነ እንዴት?
8. የዞረ እግር ችግር ያሆበት ልጅ ስላሆሽ/ሆህ በኢኮኖሚሽ/ህ ላይ ተጽዕኖ ደርሷል ብሆሽ/ህ ታስቢያሆሽ/ሆህ? ከሆነ እንዴት?
9. ከዞረ እግር ጋር የተወሆደ ልጅ ጋር ተያይዞ የሚመጣውን ችግር እንዴት ማሆፍ ቻልሽ/ክ?
10. ሆልጅሽ/ህ ወይም ሆቤተሰቡ፤ ከልጆች የአፈጣጠር ችግር ምክንያት የተሆየ ድጋፍ አግኝተው ያውቃለ? ከሆነ ምን አይነት ድጋፍ?
11. መንግስታዊ እና የግል ግብረ ሰናይ ድርቶች ስሆ ዞረ እግር የአፈጣጠር ችግርብ ያላቸው ግንዛቤ ምን ይመስልሻል/ሃል?

Appendix IV

Observation Checklist

This observation checklist is prepared with the idea to support the data collected through indepth interview. It will further help the researcher to understand potential stressful factors which influence married couple parents with congenital clubfoot child to get involved in different challenges. This checklist was done with those parents who came to Abet Hospital for diagnosis purpose.

1) Kinds of supports are given for parents with congenital clubfoot child in the Abet hospital.
2) The nature of relationship between husband and wife while they are in the hospital for ponsite treatment. The term nature could be defining in different ways such us: way of showing respect for each-other, talking style and, other related issue.
3) Health social worker‘s role concerning parents with congenital clubfoot child.
4) The way Health social workers spend their time during at work
5) Physical appearance observation towards parents with congenital clubfoot child. For instance: dressing style of both parents and child and personal hygiene.