



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**

**DEPARTMENT OF SPECIAL NEEDS AND INCLUSIVE EDUCATION**

**The Lived Experience of Mother of Children with Cerebral Palsy towards  
Communication Disorder in St. Paul's Hospital Millennium Medical College  
in Addis Ababa**

**By: Lidiya Terzu**

**June, 2024**

**Addis Ababa, Ethiopia**

**The Lived Experience of Mother of Children with Cerebral Palsy  
towards Communication Disorder in St. Paul's Hospital Millennium  
Medical College in Addis Ababa**

**By: Lidiya Terzu**

**A thesis submitted to Addis Ababa University's College of Education and  
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Speech and Language Therapy**

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**By: Lidya Terzu**

**Board of Examiners for Approval**

**Adviser**

**ABdurhaman Seid (PhD)**

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\_\_\_\_\_

**Signature**

**Date**

**Dr. Dereje Tilahun**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

**Hanna Abebe**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

**External examiner**

**Dr. Hanna Demissie**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

**Internal examiner**

**Tilahun Achaw (PhD)**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

## DECLARATION

I, the undersigned, affirm that the thesis titled "*The Lived Experience of Mother of Children with Cerebral Palsy towards Communication Disorder in St. Paul's Hospital Millennium Medical College in Addis Ababa*" is my original work. All the sources of information used in its preparation have been duly acknowledged.

**Name: Lidya Terzu**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I, Lidya Terzu, affirm that the thesis titled "The Lived Experience of Mother of Children with Cerebral Palsy towards Communication Disorder in St. Paul's Hospital Millennium Medical College in Addis Ababa" is my original work, completed under the personal supervision of my supervisor.

**Name: Abdurhaman Seid (PhD)**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name: Dr. Dereje**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name: Hanna Abebe**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## **ABBREVIATIONS AND ACRONYMS**

<b>CDC</b>	Centres for Disease Control and Prevention
<b>CP</b>	Cerebral Palsy
<b>DD</b>	Developmental Disability
<b>St.</b>	Saint
<b>SLT</b>	Speech and Language Therapy
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WHO</b>	World Health Organization

## ABSTRACT

**Background:** Cerebral Palsy is a neurological disorder caused by damage to the developing brain. Cerebral palsy can lead to a range of communication disorders, such as speech and (receptive and expressive language disorders).

**Objective:** The overall purpose of this study aimed to explore and understand the experiences of mothers of children with cerebral palsy towards communication disorder St. Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia

**Methods:** Qualitative research approach with phenomenology research design was used. Data was collected from purposively selected 8 participants through semi-structured interviews. The researchers utilized heterogeneous purposeful sampling techniques. Qualitative data analysis was utilized.

**Results:** The research explored the lived experiences of mothers with children facing communication challenges as a result of cerebral palsy. In the recognition of communication disorders, there was a wide range of ages (Two mothers recognized communication disorder at nine months and the rest where at (two -four years) .In the statement of their children's speech and language by describe what your child is able or unable to do during communication, six participants mothers expressed that their children don't talk and it's hard to communicate with them because they can only help them and do things for them when they cry. All mothers noticed their children struggling to communicate effectively and difficulties in expressing their needs. About communication challenges with their children, seven participants shared that their kids don't directly ask for what they want. As a result, these parents feel like they've exhausted. All mothers expressed their aspirations for their children to communicate effectively & to express their need.

**Conclusions;** The study findings identified that the challenges mothers face in communicating with their children with cerebral palsy has profound emotional and practical hurdles experienced by mother. The aspirations of the mothers reflect for their children to communicate effectively, expressing their need and for access to comprehensive support services.

**Recommendations;** Governments and healthcare systems should prioritize making speech therapy services, early intervention programs, and Offering psychological support, counselling services for parent.

Public awareness campaigns should aim to reduce stigma and misconceptions surrounding communication disorders.

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the Study

Cerebral Palsy is a neurological disorder caused by damage to the developing brain, often occurring before or during birth. It affects motor muscle control, coordination, posture, and balance (Upadhyay et al., 2020). This is due to the damage to the developing brain that happened during pregnancy or at a time near birth (Zeng et al., 2017). While symptoms are generally non-progressive, early diagnosis and appropriate treatments are crucial to prevent complications such as osteoarthritis and respiratory conditions. Although there is no cure for CP, treatment can significantly improve the lives of those affected. It's important to recognize that the impact of cerebral palsy extends beyond the physical aspects, affecting emotional, social, and financial aspects for both children and their families (Metz et al., 2022).

The study by Centers for Disease Control and Prevention (CDC, 2020a) has shown that the prevalence of Cerebral palsy (CP) varies from 1 to nearly 4 per 1,000 live births worldwide. According to the Centers for Disease Control and Prevention, more than 10,000 babies are diagnosed with cerebral palsy in the United States each year, with a childhood cerebral palsy rate of nearly three per 1,000 births (Jahan et al., 2021); (Kim et al., 2023). In Europe, the prevalence of CP is estimated to be 2-2.5 per 1,000 (Al-Gamal & Long, 2013:624). A systematic review was later conducted to gather data on the prevalence, causes, associated conditions, outcomes, screening methods, and treatment of CP in Africa (Hirtz et al., 2015). The incidence of CP varies from country to country, with a global average of approximately 2-10 per 1,000 live births (El Tallawy et al., 2010:185). The contributing factors to CP differ between developed and developing countries (Cooper, 2015:107).

The topic of Cerebral Palsy is of significant interest in Ethiopia's health field due to its multifaceted impact. It not only affects those diagnosed but also their families and caregivers, making it a priority for the Ethiopian medical community. Addressing the physical and cognitive impairments is crucial, as is the low incidence of early CP diagnosis in Ethiopia (Ekanem et al., 2021). Additionally, the social stigmas and challenges faced by families, along with the children

living with CP, must be considered. In 2016, a comprehensive review of CP prevalence in Ethiopia was conducted, analysing 10 studies to uncover demographic and clinical characteristics, as well as prevalence rates (Ekanem et al., 2021). Another study in 2007 focused on CP in children aged 8-14 years, revealing important insights into the risks and co-morbidities of CP in Ethiopian children (Ekanem et al., 2021). Even, there is scarcity of information on CP prevalence in Ethiopia, particularly in local literature; it affects hundreds of thousands of Ethiopians annually, spanning urban and rural areas (Abdel et al., 2020).

Cerebral palsy can lead to a range of communication disorders, such as speech and language issues, articulation difficulties, fluency problems, cognitive-communication disorders, and receptive and expressive language disorders. Children with cerebral palsy may struggle to control the muscles in their face, throat, neck, and head, which can affect their speech, chewing, and swallowing abilities (Pennington, 2012). Additionally, children with CP may experience cognitive impairments that can impact their language development, making it challenging to understand or process spoken or written language (Hustad et al., 2014).

Many children with CP, face extreme poverty, exclusion, discrimination, and lack access to basic services that other children enjoy (WHO, 2011), with around 80% of them residing in developing countries. Surprisingly, UNICEF (2014a) reports that 90% of children with disabilities in low-income countries have never had the opportunity to receive any form of education. Caring for a child with CP is challenging and demands significant effort, dedication, time, and resources. Mothers of children with CP encounter various situations that can negatively impact their social well-being. The demanding caregiving responsibilities may lead to an imbalance in their daily activities compared to mothers of healthy children; potentially resulting in physical and emotional distress that affects their social functioning (Huang et al., 2010).

The experiences of the mothers in caring for children with cerebral palsy are impacted negatively in relation to physical health, freedom and independence, social relationships, family well-being, and financial state (Dambi et al., 2015). However, evidence shows that caregivers who care for children with cerebral palsy experience high levels of strain, but their essential needs may be rendered unrecognized and hence unmet (Dambi et al., 2015). Besides, additional duties and responsibilities that are attached to being a mother of children with cerebral palsy as developmental interventionists in addition to acting as intermediaries between healthcare

providers and other family members might stress the mothers and later this might impact on their mental statuses (Dambi et al., 2015).

Mothers of children with CP may feel guilt, frustration, hopeless, and isolated and impotence since their everyday lives because there is often a transfer of the daily needs of the child and the management of very complex medical and therapeutic interventions on to the mother (Iversen et al., 2009). The length of stay in a hospital is a primary concern both to the child and parent under most surgical operations. During the first years of life, most children with CP spend a big amount of time in hospital and have broad contact with the health system. This experience might be very disturbing to the parents, evoking strong feelings because they are aware of the child's health condition and hospitalization (Iversen et al., 2009). Children develop a sense of anger and fear due to hospitalization which affects their total health and group behaviour thereby also affecting the emotional well-being of the parents. Studies that have captured the experiences of parents to critically ill babies or young children equate the role of the parents to an alien land (Hall, 2005).

The life of a parent caring for a child with severe disabilities is very demanding and laborious (Støre Brinchmann et al., 2002). In fact, children with CP are quite dependent on their parents, who are continuously tied by their duty and hardly get any free time. In addition, CP often leads to problems in communication, which can close the possibility for a child with disturbed or no speech to fully co-function with others, including parents, in the process of absolute understanding and communication (Kerr et al., 2011). Because of being so much dependant over their parents and in need for the continuous care, children make the parents feel exposed (Iversen et al., 2009). Moreover, such mothers can be more cut off from their own personal social networks if they redefine themselves around the arduous tasks of caregiving. Compounding this is cultural prescription with regard to disability places all the more obstacles in front of mothers raised children with CP (Iversen et al., 2009).

CP is a very crippling disease that affects patients and their families as well. Parents are pivotal in the care of and support for children with cerebral palsy, especially the mothers. However, the problems faced by them, and their needs, remain largely unseen and unattended. The challenges faced by mothers of children with CP are often overlooked by researchers and professionals in Ethiopia. There is a lack of long-term relationships between researchers and these families, hindering a deep understanding of their experiences (Singogo et al., 2015). Mothers often

struggle with emotional well-being and face difficulties in maintaining a social life due to the demands of caring for their children (Seroke & Mkhize, 2023). Additionally, there is a lack of research addressing the challenges and other burdens on these mothers (Dalvand et al., 2015). Hence, this study will aim to explore the experiences of mothers of children with CP toward communication disorder.

## **1.2. Statement of the Problem**

Parenting begins when a strategy is in place because it may fundamentally alter how individuals identify themselves and change their priorities. Thus, many parents prepare themselves for a lifetime commitment before their child was born by having high expectations for the child they are expecting. This expectation involves having a child that is fully free of disabilities. Prior studies on families caring for children with CP tended to emphasize the effect parents had on the child's experience (Mokhtari & Abootorabi, 2019). Previous studies on families raising children with CP have emphasized the influence parents have on their children rather than the impact children have on their parents (Pousada et al., 2013).

More recently, studies by Pousada et al. (2013); Davis et al. (2010) and Ketelaar et al. (2008) have concentrated on the difficulties like stress, financial constraints and impacts on the life of other children parents have when parenting a child with CP and changes they must make to their family lives to suit these children's particular requirements. Mothers adjust to a child's developmental disability most strongly, more likely than dads to experience long-term stress. Because mothers typically take the lead in caring for children with CP than other family members to balance the needs of the child with their own needs, they seem to be the most affected and experience psychological distress (Dambi et al., 2016).

Mothers of children with CP face numerous challenges including inadequate support systems, limited access to resources and information, financial strain, feelings of isolation, stigma, the constant need for caregiving, and on-going emotional stress of witnessing their child's struggles and limitations (Nurhastuti et al., 2019; Davis et al., 2010). Due to the lack of resources for children with impairments in general (Mills-Koonce et al., 2016) and caring for a child with CP specifically can be challenging and burdensome for mothers. The provision of care for a child

with cerebral palsy has been associated with poor health outcomes in caregivers, highlighting the need for interventions to improve their wellbeing (Dambi et al., 2016).

Caring for a child with cerebral palsy has a significant impact on the mental health and wellbeing of mothers (Dambi et al., 2015). Mothers of children with cerebral palsy may experience higher levels of stress, anxiety, and depression compared to mothers of non-disabled children (Chiluba & Moyo, 2017). Additionally, mothers of children with cerebral palsy may have to take on multiple roles, such as developmental interventionists and liaisons between healthcare workers and family members (Chiluba & Moyo, 2017). The general lack of understanding of CP in society made them feel criticized for how they handled their child's condition. Furthermore, most people did not comprehend the behavioural symptoms of CP and communication disorder. Although there have been a few well-documented studies like studies by Mbatha & Mokwena (2023) and Madzhie et al. (2022), examining the link between maternal stress and CP, sub-Saharan Africa has very little information on this topic. The experience of parenting a child with cerebral palsy toward communication disorder is unique, presenting both challenges and a range of emotions during hospital visits. While studies have explored parental perspectives on children with serious illnesses, there is a lack of research on hospitalization experiences. To effectively support pediatric care, healthcare providers must comprehend the needs, expectations, and experiences of both the parents and the children (Huang et al., 2010).

Limited access to essential services such as healthcare, social care, and mental health support in Ethiopia creates challenges for children with cerebral palsy (CP) and their families. Research on the lived experiences of Ethiopian mothers raising children with cerebral palsy toward communication disorder is lacking, including the unique challenges they face within their cultural context. Despite global recognition of the impact of caring for a child with CP on mothers, there is a lack of comprehensive understanding of their lived experiences and needs in Addis Ababa. Family-centred care, which prioritizes supporting caregivers alongside meeting the needs of children with CP, has been identified as a preferred healthcare model. However, the lack of understanding about CP in Ethiopia exacerbates the difficulties for these mothers, and there is a scarcity of research specifically focusing on their experiences and needs. Therefore, this qualitative study aims to explore and understand the experiences of these mothers in

communication, including the challenges they encounter, their coping strategies, the support they require, and their expectations.

### **1.3. Research Questions**

The basic research questions for this study include:

1. How do mothers of children with cerebral palsy perceive and understand communication disorders in their children?
2. What challenges do mothers face in communicating with their children with CP?
3. What strategies do mothers employ to facilitate communication with their children with cerebral palsy?
4. What are the aspirations and dreams of mothers of children with cerebral palsy to address their children's communication challenges?

### **1.4. Objective of the Study**

The overall purpose of this study aimed to explore and understand the experiences of mothers of children with cerebral palsy towards communication disorder in St. Paul's Hospital Millennium Medical College.

### **1.5. The Significance of the Study**

To inform policy and legislative processes, researching the experiences of mothers with children who have cerebral palsy is crucial, both at a national and global level. This research has the potential to lead to the development of support services for these mothers. By gaining a deeper understanding of what it means to have a child with cerebral palsy, the findings of this study can provide valuable insights to mothers who have recently received a diagnosis for their child. Furthermore, it can also help special needs educators and other professionals in understanding the unique experiences, challenges, and needs of these mothers.

The study can also benefit professionals working with mothers of children with cerebral palsy, as it offers different perspectives and experience of parents. This study provides additional

knowledge that schools and centers can utilize to encourage collaboration between parents and professionals, thereby addressing any gaps or shortcomings. Moreover, it serves as a resource for international organizations, government agencies, non-governmental organizations, program developers, policymakers, centers, and schools to support parents in accessing opportunities for raising awareness, counseling, and income-generating activities. Additionally, other academics and practitioners interested in researching the same field can use this study as a starting point.

## **1.6. The Scope of the Study**

The purpose of this study is to delve into the experiences of mothers with children who have cerebral palsy and communication disorders St. Paul's Hospital Millennium Medical College. The focus was specifically on mothers understanding and perceptions about communication disorders in their children, challenges they face, coping strategies, and aspirations and dreams of these mothers regarding their children's future life. The study selected a sample from St. Paul's Hospital Millennium Medical College, excluding mothers whose children receive speech-language therapy from other centers and hospitals, as well as those who are not enrolled in St. Paul's Hospital Millennium Medical College.

## **1.7. Conceptual Definition of Operational Terminology**

**Cerebral Palsy:** is a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child's brain is under development. Cerebral Palsy primarily affects body movement, muscle coordination and communication (Upadhyay et al., 2020).

**Lived experience:** refers to specific, personal insights and knowledge that an individual gains when directly and first-hand involved in any specific situation or phenomenon. This term quite often pertains to the different qualitative and subjective angles that one gets from his or her encounter with different features of life, for example, health problems, social conditions, and cultural influences (Mokhtari & Abootorabi, 2019).

**Developmental Disability:** a wide range of chronic illnesses that influence many aspects of a child's life and development, including language, mobility, learning, self-help, and independent living. These conditions can be physical or mental impairments that are present at an early age

and last throughout a person's lifetime. When a kid does not go through the usual developmental phases, it might be first assumed (Kapoor, 2002; Solarsh & Hofman, 2011).

**Speech Language Therapy:** A program designed for preventing, screening, identifying, assessing, diagnosing, referring, offering assistance, and counselling those who have or are at risk of speech and language difficulties (Loncke, 2017).

**Disorder:** A syndrome that shows up as a psychological, biological, or developmental mechanism supporting mental functioning that has broken down and is the source of a clinically significant disruption in a person's thinking, emotion control, or behaviour (World Health Organization, 2016).

**Disability:** a connection between persons with disabilities and the environmental, social, and psychological constraints that keep them from participating fully and equally in society (Vehmas & Mäkelä, 2009).

**Children with Cerebral palsy:** infants or children who are affected by group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination affecting a person's ability to move or maintain posture and communication (Zeng et al., 2017).

**Speech Language Therapist:** A speech and language therapist, also known as a speech and language pathologist, is a competent medical caregiver with the knowledge of assessment, diagnosis, and treatment realm related to different disorders of speech and language that spans across developmental domains such as speech, language, play, social communication, feeding, voice/fluency, reading, writing to academics (Loncke, 2017).

**Language Disorder:** It involves impairment in the ability to acquire and use language across modalities due to deficits in language production and/or comprehension. It may present itself as difficulties in understanding spoken words and sentences, putting words together in a sensible manner, and communicating effectively (Nicolosi et al., 2004).

**Speech Disorder:** Speech disorder refers to the problems in making the speech sounds which include articulation disorders (difficulty in producing sound of syllables or saying words wrong)

and fluency disorders (stuttering, impaired flow, rhythm, and speed of speaking) (Nicolosi et al., 2004).

**Typical Development:** Typically developing is the usual as well as expected sequence of speech, language, and communication gains that occur within people without impairments or diseases which entails age-appropriate learning of spoken sounds, intellect understanding of the language, producing the language, as well as attainment of skills need for effective communication (Glennen & Masters, 2002).

**Perception:** encompasses a person's feelings, thoughts, and beliefs about a particular issue. It is a crucial aspect of human cognition, playing a pivotal role in shaping how individuals interact with their environment and form their understanding of the world (Runge, 2013).

**Understanding:** is the capacity to comprehend, grasp, or make sense of something that involves gaining insight into a subject, concept, or situation, and being able to interpret and navigate it with a deeper awareness or comprehension. It encompasses a combination of knowledge, perception, empathy, and critical thinking, allowing individuals to engage with and relate to the world in a meaningful and informed manner (Kuhn, & Crowell, 2011).

**Aspiration:** refers a strong desire or ambition to achieve something great or meaningful that serves as a driving force that motivates individuals to work towards their goals and dreams, whether they are personal, professional, or academic in nature. It often mirrors an individual's values, passions, and long-term vision for their life which guide individuals to make choices and take actions that align with their ultimate objectives (Dweck, 2006).

**Dream:** is more than just a fleeting thought; it's an aspiration for the future, a goal, ambition, or vision of what we hope to achieve or experience. The term can also be used metaphorically to describe an idealized or hoped-for future outcome (Dweck, 2006).

**Communication disorders:** refer to a group of conditions that affect a person's ability to receive process, comprehend, and send information necessary for communication. These disorders can affect hearing, language, and speech, and can range from mild to profound in severity (Cummings, 2023).

## **CHAPTER TWO**

### **2. REVIEW OF LITERATURE**

#### **2.1. Cerebral Palsy**

Cerebral palsy (CP) is a neurological condition that affects children, causing a range of challenges for both the child and their caregivers, especially mothers, who often take on the primary caregiving role. It is the most common cause of neurological impairment in children and can result in lifelong disabilities (Pakula, Van Naarden Braun, & Yeargin-Allsopp, 2009). CP is characterized by a group of non-progressive motor disorders that affect movement and posture, often impacting a child's ability to communicate effectively. Children with CP frequently experience sensory, motor, speech, and cognitive difficulties (Pakula et al. 2009).

The condition can lead to functional limitations in the individual, resulting in dependence on others for daily activities and requiring long-term care that exceeds typical demands (Resch et al. 2010). Overall, CP not only affects the individual child but also has wide-ranging implications for their caregivers, particularly mothers who play a central role in providing care and support. Understanding the multifaceted nature of the challenges associated with CP is crucial in providing comprehensive support for both the affected children and their caregivers (Singogo, Mweshi, & Rhoda, 2015).

#### **2.2. Communication Disorder**

A communication disorder is defined as impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. It encompasses difficulties in hearing, language, and/or speech, ranging from mild to profound severity and can be either developmental or acquired (Kent, 2015). Communication disorders may manifest as primary disabilities or secondary to other conditions, affecting various aspects of language and speech such as articulation, fluency, voice, and language comprehension and use (Reed, 2005). Communication disorder is a prevalent issue among children with cerebral palsy (CP). This can be attributed to the muscle problems that affect their ability to articulate speech, as well as the presence of speech or language difficulties. The challenges faced by parents and

caregivers in raising children with special needs, such as CP, are substantial and require significant support and resources (Pennington et al., 2020).

A communication disorder is a broad term encompassing any condition that hinders an individual's ability to effectively communicate. This can manifest in difficulties with sending, receiving, processing, and comprehending information through various communication methods (ASHA, 2023). It includes: Speech Disorders which include stuttering, articulation difficulties (problems forming specific sounds), or fluency issues (challenges with the flow and rhythm of speech) (National Institute on Deafness and Other Communication Disorders (NIDCD, 2023); nonverbal communication challenges that include struggle with interpreting or using facial expressions, gestures, body language, or eye contact (Vahia, 2013); and language processing difficulties which encompass both receptive and expressive language. Receptive language is the ability to understand spoken or written language, while expressive language is conveying thoughts and ideas effectively (Bishop, 2014).

### **2.3. Maternal Perception and Understanding of Communication Disorders**

Studies suggest that mothers of children with cerebral palsy (CP) often develop a nuanced understanding of their child's communication cues, even in cases where speech is limited (Pennington & McConachie, 2001). This nuanced view involves recognizing communicative utterances in terms of frequency, duration, idiosyncrasy, and context relatedness, highlighting the depth of interaction between children with CP and their mothers (Pennington, Goldbart, & Marshall, 2004). The relationship between motor ability and social function in children with CP is mediated by early communication, emphasizing the importance of effective communication strategies for these children. However, the lack of verbal intelligibility can lead to frustration and a perception of their child as a passive communicator (Pennington et al., 2004). This underscores the importance of providing support to mothers in deciphering non-verbal cues and fostering alternative communication methods for children with CP.

Mothers of children with cerebral palsy (CP) often face challenges in interpreting non-verbal cues and fostering alternative communication methods for their children. Colver et al. (2013) suggest that mothers may find it difficult to understand their children's non-verbal cues and facial expressions, which can hinder their ability to grasp their communication abilities effectively.

This highlights the complexity of communication disorders in children with CP and the unique challenges faced by their mothers (Pennington, 2020). Furthermore, Mckean et al. (2019) emphasize that maternal perceptions of communication disorders play a crucial role in shaping the support and interventions provided to children with CP. Understanding the perspectives of mothers regarding their children's communication difficulties is essential for tailoring effective strategies and interventions to enhance communication skills in children with CP (Pennington, 2020).

Mothers of children with cerebral palsy perceive communication disorders as a significant aspect of their child's condition. Research indicates that these mothers recognize the unique challenges their children face in expressing themselves verbally and non-verbally (Smith & Blamires, 2022). The literature highlights that mothers understand the importance of effective communication for their child's overall development and quality of life (Smith & Blamires, 2022).

Mothers of children with CP develop a nuanced understanding of their child's communication cues, even if speech is limited. Studies by Damico et al. (2010) demonstrate how mothers learn to interpret non-verbal behaviors like facial expressions and gestures. However, the lack of verbal intelligibility can lead to frustration and a perception of their child as a passive communicator, as highlighted by Nye et al. (2006). This emphasizes the need for support in deciphering non-verbal cues and fostering alternative communication methods.

### **2.3.1. Mothers' Awareness of Communication Disorders in their Children**

Mothers play a crucial role in the awareness and early diagnosis of communication disorders in children. Studies have shown that mothers engage in strategies to facilitate the social inclusion of children with communication disorders (Wickremesooriya, 2022). However, research indicates that parents, including mothers, often lack awareness of the early warning signs of speech and language disorders in children (Moh & Magiati, 2012). This lack of awareness can lead to delays in seeking intervention, potentially impacting a child's development and educational progress (Moh & Magiati, 2012).

Furthermore, a grounded theory study highlighted that mothers may receive confusing or irrelevant diagnostic terms for language disorders, leading to distress about their children's

language issues and sometimes a lack of trust or understanding of speech-language pathologists (Ash, Christopoulos, & Redmond, 2020). This emphasizes the importance of providing clear information to mothers about their child's language disorder to prevent psychological harm and ensure effective interventions (Ash et al., 2020). In summary, mothers' awareness of communication disorders in children is vital for early detection and intervention, highlighting the need for improved education and support for parents to recognize the signs and seek timely help for their children (Ash et al., 2020).

The positive influence that mothers have on their children's communication is immeasurable. Many studies have shown that children who have strong attachments to their mothers show more advanced and secure communication skills. Therefore, the significance of mothers' awareness of communication disorders cannot be overstated. They play a crucial role in detecting and addressing their child's communication needs at an early stage (Appleton, 2022). It is important to note two key facts when attempting to comprehend the profound significance of maternal awareness of interactional and linguistic deficits: firstly, mothers often spend the most time with their children, particularly in the early years of life, and secondly, there is a narrow time frame in which early intervention can be most successful in tackling and mediating communication disorders (Moh & Magiati, 2012).

The delay in recognizing support needs and the actual diagnosis of a child can be huge in the context of the child's short lifetime. Children who are unable to commence intervention strategies in good time may, struggle to assimilate primary school learning or fall outside of the educational system at an early stage (Appleton, 2022). Such difficulties are no doubt compounded by the realizable lack of awareness on the part of the child's parents.

Public awareness of communication disorders in early childhood is often limited (Ahmed, 2022), which can lead to a decreased sense of urgency among family members and nursery staff. However, early intervention for communication disorders can significantly improve a child's long-term outcomes (Ahmed, 2022). It's important to challenge the assumption that mothers and caregivers inherently understand nuanced communication and behavior in social contexts (Gaudette, 2022). This study supports the need for specialized guidance on communication development and awareness for caregivers. Research suggests that consistent interaction with

mothers, particularly during infancy and the preschool years, can foster an "interpretive understanding" of their caregiver's behavior in babies and young children (MacWhinney, 2011).

## **2.4. Experience of Mothers of Children with Cerebral Palsy**

Research conducted by Mawn et al. (2016) indicates that a mother's strong sense of coherence when dealing with the challenges of raising a child with disabilities can have a positive impact on the child's adherence to intervention protocols. Conversely, if a mother is struggling to accept her child's condition emotionally, it not only puts her own mental well-being at risk but also compromises the child's adherence to interventions. Additionally, mothers often serve as the primary communicators with healthcare professionals (e.g. speech pathologists and occupational therapists) and teachers involved in their child's care and education. Scholars in the field of family-centered care, such as King et al. (2009), have long emphasized the importance of fostering strong partnerships and information exchange between families and professionals. The mothers' experiences were examined within the context of their environment, including access to support systems and societal attitudes (Environmental Factors) (World Health Organization, 2007), and their own personal beliefs, coping mechanisms, and experiences related to their child's communication challenges (Personal Factors) (Mohamed Madi, Mandy, & Aranda, 2019).

The interaction between the above ICF components shapes the lived experience of mothers in raising a child with CP and communication difficulties. Mothers' perceptions and meaning-making of their child's communication disorder are influenced by cultural, religious, and social factors (Mohamed Madi et al., 2019). Understanding the mothers' lived experiences through the lens of the ICF model can provide insights into the complex interplay of factors that impact family adaptation and resilience. This knowledge can inform family-centered, culturally-sensitive interventions to support mothers and optimize communication outcomes for children with CP (Mineo, 2020; McConachie & Lindsay, 2001).

Generally, the ICF provides a useful conceptual framework for exploring the lived experiences of mothers of children with CP and communication disorders, taking into account the dynamic interaction between the child's health condition, personal factors, and environmental influences. This holistic perspective is essential for developing comprehensive support strategies for these families.

When healthcare professionals understand the emotional and psychological challenges that mothers face in dealing with their child's communication disorders, they can tailor support and interventions to address both the child's and the mother's needs, potentially leading to more effective and targeted interventions for the child. The impact on a mother's mental well-being due to maladaptive behaviour in her child is evident in the study by Hayes et al. (2011). Mothers play a critical role in facilitating their children's language and speech development (MacWhinney, 2011). Research on language development in children with Cerebral Palsy (CP) has primarily focused on intervention and treatment strategies, medical aspects, and caregiving techniques (Elwagei, 2022).

Smith & Blamires (2022)) identified that mothers of children with CP often experience feelings of distress and burden due to their children's communication difficulties. These communication challenges can make it difficult for mothers to interpret their child's needs and emotions, leading to frustration and challenges in daily interactions. This highlights the importance of further research that explores how mothers perceive and understand the communication disorders present in their children with CP. By gaining deeper insight into these experiences, we can develop improved support systems that empower mothers and enhance communication development for children with CP (Damiano & DeJong, 2009).

## **2.5. Challenges Faced By Mothers of Children with Cerebral Palsy**

The challenges faced by mothers of children with cerebral palsy (CP) are profound and encompass various aspects including psychological, social, and economic burdens that impact the well-being of mothers caring for children with CP (Madzhie et al., 2022). Mothers often experience isolation, stress, guilt, and blame, which can strain marital relationships and family dynamics. Additionally, inadequate support from family, friends, and society, coupled with financial constraints due to the specialized care required for children with CP, further exacerbate the challenges faced by these mothers (Dalvand et al., 2015).

Mothers caring for children with CP encounter social isolation, negative attitudes from various sources, and access challenges in the physical environment, all of which contribute to their struggles (Dalvand et al., 2015). These challenges affect the mothers' physical and emotional well-being and impact their social support systems and marital relationships, underscoring the

need for comprehensive support mechanisms and societal awareness to alleviate the burdens faced by mothers of children with CP (Madzhe et al., 2022).

### **2.5.1. Challenges in Communication**

Mothers of children with cerebral palsy (CP) face a range of communication challenges. Research shows that communicating with children with CP can be slow and require a significant time and effort investment from parents (Pennington, 2020). Additionally, the physical limitations of these children in expressing themselves clearly create further obstacles in effective communication with their mothers. Lack of awareness or support from healthcare professionals regarding the communication needs of children with CP can also act as a barrier to effective interaction (Pennington, 2008). These challenges are complex and can impact various aspects of mothers' daily interactions. According to Davis et al. (2017), mothers often encounter difficulties in establishing effective communication channels with their children due to limited verbal expression and speech impairments. Furthermore, Danermark et al. (2016) suggest that environmental barriers, such as lack of resources and societal stigmas, can exacerbate communication challenges for these mothers.

The communication challenges faced by mothers of children with cerebral palsy are complex and impactful. Research has shown that these mothers encounter obstacles such as limited verbal communication skills in their children, which can lead to frustration and misunderstandings of their needs (Tervo et al., 2011). Furthermore, the physical limitations associated with cerebral palsy can make non-verbal communication cues difficult to interpret, adding another layer of complexity to communication (Damico et al., 2010). Understanding their child's needs and emotions, limitations in verbal communication and frustrations due to the inability to establish effective two-way communication are all part of the challenges these mothers face (Smith & Blamires, 2022). Environmental factors, such as a lack of appropriate resources and support, also contribute to these communication challenges (Singogo, Mweshi, & Rhoda, 2015). Additionally, research by McCormack et al. (2018) has highlighted a lack of awareness or support from healthcare professionals regarding communication needs, leaving mothers feeling ill-prepared.

## **2.5.2. Social Challenges**

### **2.5.2.1. Lack of Facilities and Services**

Children with cerebral palsy require medication during their developmental stages. One of the difficulties is the insufficient availability of facilities and services. Alaei et al. (2015) conducted a study and found that there is a lack of social and therapeutic services to support children with cerebral palsy. These inadequacies encompass social services like daycare, accessibility of wheelchairs in public areas, and a shortage of public restrooms suitable for children with cerebral palsy.

### **2.5.2.2. Financial Problem**

Parents raising children with cerebral palsy often face financial challenges. According to Alaei et al. (2015), mothers encounter difficulties due to lack of financial support and limited access to medical services. Additionally, Ambikile and Outwater (2012) highlight the struggle of affording expensive treatments and necessary equipment, such as sanitary facilities. Sen and Yurtsever (2007) further emphasize the financial burden of treatment and care for children with cerebral palsy. McNally and Mannan (2013) also stress the major challenge of lack of money for healthcare among families dealing with this condition.

### **2.5.2.3. Inability of Parents to Have a Social Life**

The latest research indicates that parents raising children with cerebral palsy have limited opportunities for social activities. This limitation is a result of the child's physical limitations and the parents' struggle to accept their children's condition. The lack of acceptance prevents parents from participating in social events as they feel the need to closely monitor their children (Madzhe et al., 2022). According to Yantzi et al. (2007), the absence of trained caregivers to care for the children forces mothers to rely on friends and family when they need to leave the house. Additionally, Alaei et al. (2015) found that the lack of formal temporary day-care facilities for children with cerebral palsy makes it challenging for mothers to carry out their daily activities.

#### **2.5.2.4. Environmental Challenges**

The studies have revealed that mothers raising children with cerebral palsy often lack the necessary support from their families and friends, leading to feelings of stigma and a lack of assistance. Research by Alaei et al. (2015) highlights the challenges faced by these mothers that there is a lack of assistance from friends, relatives, and in-laws, while Park et al. (2009) found that Korean families with children who have chronic illnesses, like cerebral palsy, experience more negative reactions from their social circle compared to families in Western countries. Furthermore, McNally and Mannan (2013) discovered a lack of spousal and immediate family support, with the family often blaming the mother.

#### **2.5.2.5. Social Conflicts**

The mothers of children with CP encounter interpersonal disagreements with their friends and family members. These conflicts arise when their social circles begin to speak negatively about the child with cerebral palsy (Madzhie et al., 2022). Research indicates that parents often face a lack of understanding from society, which impacts their relationships with friends and family (Nimbalkar et al., 2014). Additionally, marital disputes can result in separation, as fathers may struggle to accept children with cerebral palsy, leading to potential separation from the mothers (Madzhie et al., 2022).

### **2.5.3. Psychological Challenges**

The lived experience of mothers can be emotionally complex. Mothers often report feelings of frustration, isolation, and a desire for their child to be understood (Blais et al., 2019). Understanding these emotions is crucial for providing adequate support and building resilience in mothers (Wade & Sacker, 2017). In addition to the physical and cognitive impacts of CP, the condition also presents emotional and social challenges for both the affected child and their caregivers (Merritt, 2020).

#### **2.5.3.1. Being Worried**

The research findings indicate that mothers of children with cerebral palsy experience significant worry and struggle to accept their children's condition. Ambikile and Outwater (2012) suggest that these mothers undergo inner pain and concern about their children's future. Additionally,

Alaee et al. (2015) found that mothers are heavily concerned about their children's well-being, but their worries lessen as their children show signs of improvement. Nimbalkar et al. (2014) also support this by stating that parents often worry about their child's future and who will care for them in the absence of the mother.

Furthermore, the research reveals that mothers sometimes feel guilty and believe that their child's condition is a punishment for their own sins and disobedience to their ancestors. Alaee et al. (2015) explain that ancestors are viewed as protective spirits who uphold the traditions of a community, but they can also inflict illnesses and misfortunes on those who do not heed their guidance. Additionally, Alaee et al. (2015) note that parents of children with cerebral palsy may blame themselves for their child's condition.

#### **2.5.3.2. Stress**

The research indicates that mothers raising children with cerebral palsy experience stress due to various factors including the child's condition, limited social support, financial difficulties, and negative treatment from others (Nimbalkar et al., 2014). Furthermore, Nimbalkar et al.'s (2014) study found that parents of children with cerebral palsy also encounter psychological challenges such as stress, anger, fatigue, and frustration.

#### **2.5.3.3. Loneliness and Isolation**

Mothers experience feelings of loneliness and tend to distance themselves from others due to their children's conditions. Mothers who are raising children with cerebral palsy often isolate themselves from friends and family members due to a lack of support (Madzhie et al., 2022). According to the research conducted by Nelson (2002), mothers isolate themselves from their social circle because others may not fully understand or accept their children's condition. Additionally, Nimbalkar et al.'s study in 2014 suggests that affected mothers tend to attend fewer family gatherings and ceremonies.

### **2.6. Strategies for Effective Communication Of children with Cerebral Palsy**

Despite the obstacles faced by mothers of children with cerebral palsy (CP), they use various methods to help their children communicate. These methods include using Augmentative and Alternative Communication (AAC) techniques, incorporating visual cues and gestures, and

establishing predictable routines to create a shared understanding with their children. Participating in speech therapy sessions also plays a crucial role in improving communication skills (Pennington, McConachie, & Vennam, 2018). Additionally, mothers often advocate for their children's communication needs, ensuring they receive the necessary therapy and support. Their involvement can provide insight into effective ways to support communication in children with CP (McFadd & Hustad, 2020).

Mothers show their unwavering dedication to helping their children with cerebral palsy overcome communication barriers and develop effective communication skills. They use a variety of personalized strategies to facilitate communication, such as sign language and picture communication boards, based on their child's individual needs. Research by Bhakta et al. (2016) highlights the important role of parental involvement in using augmentative and alternative communication methods. Additionally, Lederberg et al. (2014) emphasize the significance of creating a supportive communication environment at home through consistent routines and interactive activities.

To overcome the communication barriers associated with cerebral palsy, mothers use a range of strategies aimed at promoting effective interaction with their children. These strategies involve both verbal and non-verbal communication techniques tailored to meet each child's specific needs (Smith & Blamires, 2022). Mothers often make extensive efforts to improve their child's communication skills through consistent practice, patience, and creativity (Singogo, Mweshi, & Rhoda, 2015).

### **2.6.1. Augmentative and Alternative Communication**

Augmentative and Alternative Communication (AAC) is a valuable tool for empowering children with Cerebral Palsy (CP) who may have difficulty speaking. There are various methods of AAC that can be used, including the use of pictures, gestures, or technology such as tablets and speech devices to aid in communication (Pennington et al., 2020).

Some of the specific tools that are utilized in AAC include boards with pictures or symbols that the child can point to or use to construct sentences. Additionally, there are devices available that can convert text or button selections into speech. More advanced AAC devices allow for a greater vocabulary and customization options (Marshall & Goldbart, 2008).

It is important for speech therapists and parents to work together to identify the most suitable AAC system for a child. This may involve considering the child's individual needs and abilities, as well as their preferences for communication methods. The goal is to find an AAC system that effectively incorporates pictures, gestures, or technology such as tablets and speech devices to aid in communication (Frick, Bean, & Sonntag, 2023). Surrounding children with CP with various visual and textual materials like posters, labels, and storybooks can enhance their communication and learning experiences benefit the child more (Pennington et al., 2020).

### **2.6.2. Supporting Speech Development**

Speech therapy plays a crucial role in enhancing a child's ability to speak clearly by addressing various aspects of speech production. Therapists employ a range of techniques to improve speech clarity, including oral motor exercises aimed at strengthening the muscles involved in speaking (ASHA, 2023). These exercises help children develop better control over their articulators, such as the lips, tongue, and jaw, leading to improved speech production (NIDCD, 2021). Additionally, therapists focus on techniques to enhance breath control, which is essential for sustaining speech and producing clear sounds. By working on breathing patterns and coordination, children can improve their overall speech intelligibility. Moreover, speech therapists may introduce alternative ways of forming sounds for children struggling with specific pronunciations, offering strategies to overcome speech difficulties and promote clearer communication (ASHA, 2023). Through targeted interventions and personalized therapy plans, speech therapy plays a vital role in supporting children with speech challenges and enhancing their communication skills (Campbell, Dollaghan, & Ballard, 2010).

### **2.6.3. Environmental Considerations**

Children with Cerebral Palsy (CP) often face communication challenges due to motor difficulties or language processing issues. However, by creating a supportive environment, we can greatly enhance their ability to interact and express themselves. Encouraging interaction and play is crucial, as it provides ample opportunities for children to engage with peers and caregivers. This can involve participating in group activities, playing games, or simply having conversations. Social interaction not only motivates children to communicate, but also provides a natural

context for practicing their skills. It is also good to make communication fun and engaging (Kriger, 2006).

Additionally, integrating communication practice into playtime is essential. This includes using toys and activities that encourage interaction, conversation, and turn-taking. Play allows children to explore their interests in a fun and engaging way, thereby fostering communication development (The Hanen Centre, 2023).

To further support communication, it's important to reduce noise levels in the environment as much as possible. A calmer environment allows children to focus better on communication cues (National Institute on Deafness and Other Communication Disorders, 2020). Minimizing visual clutter in the communication space is also beneficial, involving the removal of unnecessary objects from the child's field of vision or keeping play areas organized. A less cluttered environment can help children concentrate on the person they're communicating with (Center for Development and Learning, 2023).

Parents and speech and language pathologists should work to enhance communication clarity by physically positioning themselves at eye level with the child whenever possible. This makes it easier for the child to see facial expressions and lip movements, which are crucial for understanding speech (Center for Development and Learning, 2023). Providing ample time for the child to process information and formulate a response is important, as rushing conversations can be overwhelming and hinder their ability to communicate effectively (National Institute on Deafness and Other Communication Disorders, 2020).

Strategies for effective communication of children with cerebral palsy (CP) involve encouraging independence. Adults are encouraged to move away from the child when not needed, promoting independence and a sense of belonging within a group, which can enhance social interactions (The Center for Development and Learning, 2023). Moreover, advocating for children's communication needs (The Hanen Centre, 2023), ensuring access to appropriate therapy (ASHA, 2023), and involving caregivers and support teams in determining the best communication methods for each child are crucial aspects of effective communication strategies.

In general, therapy approaches for children with cerebral palsy (CP) that are effective include a variety of traditional and alternative therapies that are customized to meet the individual needs of

each child. Doctors and specialists commonly recommend traditional therapies such as physical and speech therapy to improve mobility, speech, and overall independence in children with CP (Koithan, 2009). However, due to the diverse nature of CP, some individuals, especially those with severe CP or other conditions, may benefit more from complementary or alternative therapies (Koithan, 2009). Alternative therapies like hippotherapy, music therapy, aquatic therapy, and acupuncture provide additional benefits for children with CP. Hippotherapy, which involves horseback riding to enhance muscle tone and mobility, can improve movement, posture, and overall mobility in children with CP (Koithan, 2009). Aquatic therapy, known for its physical and cognitive benefits, can enhance flexibility, muscle strength, coordination, and respiratory function, as demonstrated by research showing its positive impact on mobility in children with CP (Koithan, 2009). Acupuncture, as a complementary therapy, has shown potential in reducing pain, improving neurological functioning, and addressing muscle stiffness in children with CP (Koithan, 2009). Additionally, multimodal communication approaches such as the Hanen training program "It Takes Two to Talk" have been successful in improving communication skills in preschool-age children with CP by increasing maternal responses to child requests and providing information (McFadd & Hustad, 2020). These interventions focus on specific communication functions and modes, recognizing the importance of personalized therapy plans for children with CP to enhance their communication abilities and overall quality of life (McFadd & Hustad, 2020). By combining traditional and alternative therapies that tailored to each child's unique needs, caregivers and healthcare professionals can optimize therapeutic outcomes.

## **2.7. Aspirations and Dreams for Addressing Communication Challenges**

Mothers of children with Cerebral Palsy (CP) hold strong aspirations for their children's communication abilities. They envision a future where their children can express themselves freely, engage confidently in social interactions, and achieve independence (Blais et al., 2019; Woolfson, 2005). This desire for improved quality of life and social inclusion fuels their advocacy (Thistle et al., 2018). Research underscores the importance of mothers' dreams becoming a reality (McFadd & Hustad, 2020; McFarlin & Barclay, 2019).

### **2.7.1. Tailored Therapies**

The concept of tailored therapies involves creating individualized treatment plans that specifically target each child's unique communication needs. This approach aims to unlock the full potential of each child by addressing their specific challenges and strengths. Tailored therapies may involve a combination of speech-language therapy, assistive communication devices, behavioural interventions, and other personalized strategies to support the development of effective communication skills in children (Pennington, Akor, Laws, & Goldbart, 2018). The goal is to provide interventions that are customized to the specific requirements of the child, ultimately leading to improved communication outcomes (McFadd & Hustad, 2020). It emphasizes the importance of recognizing and addressing the diverse needs of each child to optimize their communication abilities and foster independence. Therapists, educators, and caregivers collaborate to develop these plans; ensuring interventions are customized to the specific requirements of the child. This can lead to improved communication outcomes, increased participation in social activities, and a greater sense of self-esteem for the child (McFadd & Hustad, 2020).

### **2.7.2. Supportive Healthcare Environments**

Improved communication between healthcare professionals and caregivers regarding communication needs is essential for providing and enhancing the overall quality of optimal care for patients. This can involve clear and open dialogue about the patient's condition, treatment plan, and any specific communication requirements they may have (Kiguli et al., 2011). Effective communication can help caregivers better understand the patient's needs and provide appropriate support, leading to improved overall outcomes. (Hemsley, Lee, Munro, Seedat, Bastock, & Davidson (2014) emphasized the importance of healthcare professionals recognizing and addressing the communication needs of caregivers. This can include providing education and resources to help caregivers effectively communicate with the patient and offering support and guidance on how to navigate any challenges that may arise.

Furthermore, clear communication between healthcare professionals and caregivers can also help in coordinating care, ensuring that all involved parties are aligned in their understanding of the patient's needs and goals. This can lead to a more cohesive and comprehensive approach to care,

ultimately benefiting the patient's well-being (Balandin et al., 2007). Improved communication between healthcare professionals and caregivers regarding communication needs requires a collaborative effort to ensure that caregivers are equipped with the necessary tools and information to effectively communicate with the patient and healthcare team (Hemsley et al., 2014).

### **2.7.3. Increased Societal Awareness**

The challenges experienced by mothers caring for children with CP shed light on the social isolation, negative attitudes, and marital problems they encounter, emphasizing the need for support systems and societal understanding to alleviate these burdens (Pennington et al., 2018). The study underscores the necessity of implementing programs and policies to support mothers of children with CP and promote a family-centered approach to managing CP, which can help reduce the challenges faced by caregivers and enhance the overall well-being of both children and families (Singogo, et al., 2015). Public awareness and support for addressing the communication needs of children with CP are essential for creating a more inclusive environment that enables these children to thrive and reach their full potential. By recognizing and addressing these challenges, society can contribute to breaking down communication barriers and fostering a more supportive and empowering environment for children with CP (McFadd & Hustad, 2020).

# **CHAPTER THREE**

## **RESEARCH METHODS**

### **3.1. Research Design**

This research will utilize a phenomenological design, which is a qualitative research approach. A qualitative research design allows for in-depth exploration of perspectives, lived experiences, and feelings of mothers and the phenomenological design allows for the study of situations as they naturally occur, providing a more comprehensive understanding of the context and participants involved through detailed descriptions (Maxwell, 2012). By delving into the essential dimensions of the lived experience of parents caring for their child with cerebral palsy at the hospital, we can go beyond simply structuring what is said and gain a deeper level of interpretation (Jones & Borbasi, 2003).

This study aimed to emphasize the daily life of the participants and provide an explanation about their condition from their own perspective (Draper, 2004). Therefore, a qualitative research approach, specifically phenomenology design, was ideal for studying the lived experiences of mothers of children with cerebral palsy. The phenomenological approach was utilized as it is the best suited for studying the lived experiences of mothers of children with cerebral palsy. The participants' lived experiences were explained by themselves, making phenomenology a relevant design for understanding the roles of parents of children with developmental disabilities (Ramsook, 2018). By employing a phenomenological research design, the researcher deeply studied the experiences of mothers of children with communication disorder and make meaning of these experiences.

### **3.2. Description of Research Site**

The study was conducted at St. Paul's Hospital Millennium Medical College, which is located in Addis Ababa City Administration, Gullele sub-city woreda 09. The Hospital has specialization in providing care and support services for children with different health problems including those with cerebral palsy (CP). The hospital's long-standing history and strong community connections make it an ideal setting for the research, as it has successfully enrolled a significant number of

children with CP. Despite not having speech and language therapists and had no practice for speech and language therapy field, the hospital is well-integrated into the local network of support for these children and their families. The hospital provides treatment for about 200 children with CP seen per year. This unique position as a dedicated care provider makes it a highly suitable and advantageous setting for conducting the study on the experiences of mothers of children with CP.

### **3.3. The Study Participant**

Qualified informants in phenomenological research are individuals who have first-hand experience or relevant experiences related to the study's theme or topic. Therefore, phenomenological research requires participants who have first-hand knowledge of the problem and have personally experienced it (Delve & Limpaecher, 2022c). Consequently, the recruitment process involved selecting individuals who possess this experiential knowledge, specifically mothers of children living with CP.

#### **3.3.1. Sampling Techniques**

The researchers utilized heterogeneous purposeful sampling techniques to identify respondents with expertise in caring for children with cerebral palsy (CP) in this study. Purposeful sampling is an important technique in research as it allows for in-depth investigation and a deeper understanding of individual cases, rather than generalizing to the larger population (Kreuger and Neuman, 2006). It is a non-probability sampling method where units are selected for inclusion in the sample based on their specific attributes. Purposeful sampling is also referred to as judgmental sampling or selective sampling because it relies on the researcher's judgment when identifying and selecting cases or events that can provide the most relevant information to achieve the study's objectives (Yoseph et al., 2023).

It was believed that this sampling technique is the easiest and most effective method of finding mothers who have children with CP. Purposive sampling involves intentionally selecting participants based on specific characteristics or attributes that are relevant to the research study, and it is particularly valuable in qualitative research for identifying and selecting information-

rich cases for in-depth analysis and understanding. The researcher utilized this technique to select participants who have experience in caring for children with CP.

The criteria for selecting participants include: biological and guardian mothers of children with CP; mothers or guardians of "preschool age" and older children with CP; mothers or guardians willing to participate in the study and share their experiences; and mothers or guardians of diagnosed children with relevant professional experience in CP.

All participant mothers were those who stay with and spend a lot of time with their children. The children with CP included in the study was range in age from 3 to 13 and had a mix of genders and different types of CP, as well as child with communication disorder.

### **3.3.2. Sample Size**

The concept of theoretical saturation is commonly used to determine sample sizes in qualitative research. When examining large data sets, there is a risk of losing subtle nuances of meaning, which is why small sample sizes are typical in phenomenological study designs (Guest et al., 2020). In phenomenological investigations, the emphasis is on the frequency of occurrence in the description rather than the number of individuals who have experienced a particular phenomenon (Giorgi, 2009). The use of theoretical saturation as a basis for determining sample size is a crucial aspect of ensuring rigor in qualitative research. This principle is particularly relevant in phenomenological studies, where the focus is on capturing the depth and richness of experiences rather than the quantity of data (Guest et al., 2020). As a result, data saturation determined the sample size selecting eight participants to participate in this study as key informants.

### **3.4. Data Collection Instruments**

The main goal of the data collection process was to gather reliable and relevant information for analysis and to provide well-founded and credible responses to the study questions (Canals, 2017). To investigate the phenomenon in depth and understand specific cases, the researcher employed interviews as data collection tools. This approach was chosen to ensure that the data obtained is both relevant and persuasive. As a result, this technique was used during the data collection process. Therefore, the selection of this technique was a deliberate choice to ensure that the data obtained was comprehensive and aligned with the study's objectives. To collect

relevant and original data, the researcher will prepare data collection tools in English and then translate into Amharic. The researcher conducted peer and colleague review of the data collection instruments to make the language translation reliable and valid.

### **3.4.1. Interview**

To ensure accurate identification of the issue being studied, the researcher created an interview guide that includes relevant questions and sent to experts and advisors to be commented on. This helped maintain consistency and clarity of the questions during the interview process. The primary goal of the interview was to describe the meanings of events, which requires a significant amount of time to explore the phenomenon being studied. The researcher must have exceptional interviewing skills (Turner, 2010). To gather comprehensive and accurate data, the researcher conducted semi-structured interviews with parents. This provided a better understanding of parental involvement. The interview guide was designed to ensure that the questions are relevant and consistent.

Based on the research questions, the interview questions were established prior to data gathering, with revisions made based on the respondents' situations. The researcher prepared interview questions in English and then translated into Amharic. Therefore, to gather comprehensive and accurate data, the researcher prepared 20 items semi-structured questions related to perception and understanding of mothers of children with communication disorders, challenges they face, coping strategies they use and their aspiration, dream. On average, individual interview sessions lasted approximately an hour and there was a break for about 15 minutes for participants based on the participants' situations, with all interview sessions recorded on a digital recorder.

### **3.5. Procedure of data collection**

The researcher collected data in the natural environment of the participants and then performed an inductive analysis. Prior to data collection, the researcher seek approval for the research. The qualitative study employs various philosophical assumptions, strategies, data collection methods, analyses, and interpretations. These processes include emerging questions and procedures (Creswell, 2007). Therefore, once approval was obtained, the researcher engaged in a discussion with stakeholders and participants to inform them about the research and its purpose. This

discussion facilitated their involvement and the gathering of relevant and accurate data. At the conclusion of the discussion, consent forms were provided to participants for their signature if they agree to participate.

Subsequently, logistical issues such as finalizing data collection instruments, providing orientation for respondents, and determining specific schedules, dates, times, and venues for meeting with respondents were addressed. The researcher collected data after asking other experts and professional colleagues to review and assess the accuracy of the content in the data collection tools. The interview process was carefully managed and conducted by scheduling in advance and considering ethical issues. The researcher aimed to obtain valuable data that contributed to the study's objectives. Based on the participants consent, all interview sessions were recorded on a digital recorder.

### **3.6. Method of Data Analysis**

The data collected from interviews were transcribed and thoroughly described. It was then be qualitatively analysed and interpreted. The researcher focused on explaining the perspectives of the study participants. The analysis process involved categorizing the gathered data into different themes, providing equal value to the participants' quotes, and determining the key components of the phenomenon (Creswell, 2013). The qualitative data analysis for this study included coding or categorizing the data into themes, deriving meaning from the data, and creating a logical chain of evidence. The results were presented using direct quotes from the participants .

The researcher planned to analyse the data manually using open codes. The main points were organized into units and summarized into smaller categories into four themes, using descriptive and narrative text. The discussion integrated the results with the review of relevant literature and the researcher's knowledge. The data interpretation was guided by induction and inference. Finally, the conclusion and recommendations were provided separately, based on the interpretation of the results and professional judgment.

### **3.7. Ethical Considerations**

The research process strictly adhered to ethical standards, prioritizing aspects such as consent, confidentiality, anonymity, potential vulnerability, and sensitivity. According to Rubin (2005,

p.78), researchers should familiarize themselves with ethical codes and unethical behaviour to fully comprehend the significance of ethical commitments in specific situations. Draper (2004) emphasizes the need for open and honest communication between the researcher and the participant when obtaining informed consent. In this study, participants will be informed of their right to freely decide whether to participate and their right to withdraw if they feel uncomfortable.

To ensure ethical standards are upheld, various measures were implemented throughout the study. As previously mentioned, participants were informed about the study's purpose, assured of the confidentiality of their information, and given the option to withdraw if they feel uncomfortable. To maintain participant confidentiality, names were not requested during interviews and analysis. The interview protocol was thoroughly discussed, covering all sections from the introduction to the questions. The importance of participant selection and the role of interviewers were emphasized. Interview sessions were carefully managed and conducted, with prior scheduling and consideration of ethical issues. Sutton & Austin (2015) highlight that in qualitative research; the researcher's role is to access the thoughts and feelings of participants. Regardless of the data collection method, the researcher had a primary responsibility to protect the participants and their data. Mechanisms for safeguarding participants and their data were clearly explained and approved by the researcher. Throughout the study, the researcher ensured the confidentiality of all information and respected the rights of all participants.

## **CHAPTER FOUR**

### **THE STUDY FINDINGS**

The research explored the real-life experiences of mothers with children facing communication challenges as a result of cerebral palsy. The main aim was to gather personal insights through semi-structured interviews. By interviewing eight mothers, the study revealed the unique experiences they had while raising children with communication difficulties. The findings were then analysed and grouped into four thematic areas, each focusing on different aspects of the mothers' experiences with their children who have communication problems.

#### **4.1. The Study Participants Demographic Characteristics**

The researcher actively interacted with these participants by utilizing interview sessions to identify their lived experiences. This approach led to the accumulation of a substantial and comprehensive dataset, providing valuable insights into the research subject.

No	Parents Code		R1	R2	R3	R4	R5	R6	R7	R8	
1	Parental Status	Biological Mother	✓	✓	✓	✓	✓	✓	✓	✓	
		Guardian									
2	Marital Status	Married	✓	✓	✓	✓	✓	✓	✓	✓	
		Divorced									
3	Mother Age		37	37	38	28	36	27	39	35	
4	Educational Background		Grade 12	Grade 12	Degree	Grade 12	Grade 11	Degree	Grade 10	Grade 10	
5	Occupation		House wife	House wife	House wife	Hand craft	Cleaner	House wife	House wife	House wife	
6	Child Sex		M	M	F	M	M	F	M	F	
7	Child age		10 Years	8 Years	6 Years	7 Years	8 Years	7 Years	5 Years	4 Years	
8	Number of siblings	M		1	-	1	1	1	1	1	
		F	2		-	2	2	2	1	-	
		Total	2	1	-	3	3	3	2	1	

**Table 1 Profile of the Study Participant Parents**

## **The Study Participants Demographic Characteristics**

The data presented highlights various parental characteristics and demographics across eight respondents. All respondents are biological mothers, predominantly married, with ages ranging from 27 to 39. Their educational backgrounds vary, with most having completed Grade 12, while two hold degrees. Occupations are primarily homemaking, with some involved in handcraft or cleaning. The children's genders show a mix of males and females, with ages between 4 and 10 years, and a consistent presence of siblings among the families, indicating shared parenting dynamics and potential influences on child development.

### **4.2. The Perception and Understanding of Mothers Towards Cerebral Palsy and Communication Disorders in Their Children**

The study involved interviewing mothers to gain insight into their perception and understanding of cerebral palsy and communication disorders in their children. Out of the participating mothers, Two mother (R2, R5) reported that they first noticed their children's communication disorder at the age of 9 months, with their children's doctors confirming the possibility. On the other hand, Three mothers (R1, R6 and R3) identified their sons' communication problems and developmental delays at the age of 2 year. Two mother (R4, R7) recognized her daughter's communication problem when she turned three years old, as she had not started talking at all. One participant mother, R8, stated her regarding the issues as follow:

“I noticed a communication problem in my daughter when she was 4 year old because she wouldn't say "mama" or "baba." This observation raised my concerns about her communication development at that age.”

In their responses, all mothers experienced a mix of emotions such as worry, frustration, and sadness. They were very sad, scared, and worried about how they could communicate with their child's needs. All mothers did not expose their children's problems to others before they came to the hospital. Regarding this issue one mother, R4, stated that:

“I initially perceived my child's challenges as a normal part of development, but as my child grew older, I realized that the difficulties persisted, causing concerns about my child's ability to communicate effectively. I didn't tell anyone about my child's communication problem; I took care of it myself.”

Concerning the advice or suggestions received regarding their children's communication issues six participants' mothers (R1, R3, R4, R6, R7, and R8) stated that until now, no one has given them advice on their children's communication problem while one participant, R5, explained a doctor told her to make different noises to her son, make him pay attention all the time and take him to speech therapy. One of the study participant mothers, R2, stated the advice she received as follow:

“ Doctors provided me with valuable advice regarding my child's development. One doctor gave me a helpful resource to teach my son the alphabet, and shared pictures of different fruits also recommended that I take my child to speech therapy.”

In the statement of their children's speech and language by describing what your child is able or unable to do during communication, six participants mothers (R2, R3, R4, R5, R7, and R8) expressed that their children don't talk and it's hard to communicate with them because they can only help them and do things for them when they cry. One of the mothers, R1, “stated that her son can't talk but he makes out words like mama, baba, and points to things he wants”. In her statement about this concern R6, said that:

“I observed that my child is facing communication challenges, even though I have limited knowledge about the specific speech issues affecting their ability to effectively communicate with others. Despite not being able to speak, my daughter still manages to convey her needs and desires through her expressions and gestures, which brings us joy. However, I am eager to witness faster progress in her communication skills and have been actively searching for speech therapy services to support her development. I am determined to persist in my search until I find the right services for my child.”

### **4.3. Challenges Mothers Face in Communicating with Their Children With CP**

All participants' parents were asked questions about the challenges do mothers face in communicating with their children with CP. All of the mothers stated that they confront significant impacts on their children's daily lives. They clarified that they face challenges such as missed learning opportunities or activities, limited social interactions, and decreased self-esteem. Six of the mothers (R2, R3, R4, R5, R7, and R8) noticed their children struggling to communicate , leading to frustration, difficulties in expressing their needs and thoughts, isolated

in social settings. One mother, R1, reported that her child struggled to participate in classroom discussions, follow instructions, and engage in learning activities due to communication difficulties. One of the mothers, R6 shared her journey about the challenges that impact her child's daily life as follows:

As a mother of a child with CP who faces communication difficulties, I have witnessed first-hand the numerous personal obstacles my child encounters on a daily basis. These challenges have had a significant impact on my child's life, resulting in missed learning opportunities and limited social interactions. The struggle to effectively communicate has caused frustration in expressing needs and thoughts, making it difficult for my child to form meaningful connections. Additionally, my child tends to withdraw or avoid situations that require communication, further highlighting the hurdles they face. These communication difficulties not only profoundly affect my child's life but also indirectly impact my own. Disagreements with my child are particularly challenging for me as a mother, as they often evoke strong emotions and have a significant impact on my well-being.

Furthermore, during our interviews about communication challenges with their children, seven participants (R1-R7) shared that their kids don't directly ask for what they want. As a result, these parents feel like they've exhausted all possible approaches. In contrast, one participant (R8) mentioned that her daughter can point to desired items, but it becomes difficult when those items are not within reach.

All mothers noticed their children struggling to communicate effectively, leading them to frustration and difficulties in expressing their needs and thoughts. When they know that they don't understand their children, they feel bad and sad. One mother, R3, reported that when her child struggled to participate in communication, follow instructions, due to communication difficulties, I feel frustrated and feel having low self-esteem. R7 explained her idea on the above issue as follow:

Navigating the balance of work, household responsibilities, and effective communication with our child has been a significant challenge for my husband and me. We recognize the importance of consistency in our interactions with our child, and we worry that our current struggles may be impacting his emotional well-being and behavior.

Communication difficulties on our child lead him to anxiety, frustration, and weighs heavily on us and disrupts the overall harmony within our family. Despite these challenges, we are committed to supporting our child through these difficulties and are actively seeking ways to improve our communication strategies.

All study participant mothers noticed emotional and behavioural changes in their children related to communication difficulties, such as anxiety, frustration, and decreased self-esteem. They mentioned that these changes impacted their own well-being and the overall quality of family life, leading to worries about their child's emotional and social development. One of the study participant mothers, R7, explained her child's behavioural and emotional changes as a result of difficulty communicating as follow:

“ When my daughter faces situations where she doesn't understand or can't accomplish what she desires, she becomes extremely upset and uncontrollably cries for an extended period of time. Her emotional reactions are intense and can be overwhelming for her and for us as her parents. This pattern of response adds an additional layer of complexity to our efforts to support her emotional well-being and navigate challenging moments together.”

Six respondents (R1, R2, R4, R6, R7, and R8) explained negative reactions and social stigma as common experiences related to their child's communication difficulties, leading to feelings of judgment, criticism, and exclusion. This harsh social environment resulted in feelings of isolation, guilt, and decreased self-esteem among the respondents. Among the six participant mothers, three (R1, R7, and R8), shared their struggles in navigating these social challenges and feeling overwhelmed by the constant need to advocate for their child's needs and rights. Conversely, two participant mothers (R3 and R5) did not encounter social stigma and found their community to be supportive, providing a positive contrast to the experiences shared by others in the study.

The common challenge reported by all participants was the lack of understanding and patience when interacting with their children. One of the parents, R4, mentioned that a lack of communication led to inefficiencies and confusion, resulting in misunderstandings, decreased confidence in the child care. In addition, R6 said that:

“It is very difficult to go out with my child because the community comments a lot, they ask, why don't you take places where children are treated and cure. However, it is very difficult to explain to everyone, they voice sympathy. Their well-meaning sympathy can sometimes add to the difficulty of these interactions. Transportation poses another hurdle, making it arduous for us to move around with ease. The necessity to navigate these social and logistical challenges ensuring the well-being of my child adds an extra layer of complexity and stress to my daily routines. “

One of the participant mothers, R7 shared a particularly heartbreaking experience where “she expressed deep sadness over overhearing neighbors referring to her child as "sick" while their children were playing together at her house. The stigma attached to her child's condition, as expressed through the insensitive remarks of others, not only hurt her personally but also emphasized the challenges of dealing with misconceptions and judgment from the community.” This narrative underscores the emotional toll that such encounters can have on parents who are already navigating the complexities of raising a child with communication difficulties.

#### **4.4. Strategies Mothers Employ to Facilitate Communication for Their Children with Cerebral Palsy**

The other prepared interview question for the mothers aimed to explore their strategies and approach to facilitate communication for their children with CP. In response to questions about strategies across different settings and situations, all the participants' mothers described they have no technical facilitate their children's communication development. Six participants' mothers stated that they only help or do what their children want when they cry.

One of the study participants' mothers, R8, shared strategies “she employs to facilitate communication with her child with cerebral palsy that she communicates with her daughter when she is looking for something she wants. She uses words and points to objects, but if the item is not near her, it is difficult for me to communicate.” The study participant mother, R3 explained her idea as follows:

“It seems like my daughter has developed a way to communicate her preferences to me through her reactions. When she laughs in response to something I do, it likely indicates that she is pleased or enjoys the interaction. Conversely, when I notice a change in her facial expression that suggests she is not interested or does not want something, it serves

as a cue for you to understand her feelings and adjust your actions accordingly. Reading her expressions and responses can help me better interpret her needs and preferences, fostering a deeper understanding and connection between me and my daughter.”

In their statement to methods they employ and modify in various settings to enhance their children's communication development five participants' mothers (R3, R4, R5, R7, and R8) explained that they don't think they know or help because there is no method they have tried.

On the other hand one participant mother, R2, expressed that “she didn't try too hard, but she sings nursery rhymes to her and her sisters sing to her”. The following is one participant mother strategies she uses to communicate with her child.

“Along with following my child's doctor's advice to turn off lights and play music to capture his attention, I can also incorporate visual aids like colorful flashcards or posters displaying letters and fruits. Interactive activities such as matching games or sorting exercises can make learning fun and engaging for my son. Additionally, I praise and positive reinforcement can help motivate him to pay attention and participate in the learning process. I stay patient, consistent, and creative in my approach to encourage my son's interest and retention of new information. But the improvement I observed does not make me happy.”

All participants' mothers emphasized their commitment to integrating play and everyday activities tailored to their child's individual needs, mood, strengths, and interests. Three mothers (R3, R6, and R8) highlighted the use of play as a natural and enjoyable method

R2, shared how she supports her child to communicate as follows:

“Understanding and meeting my son's needs is essential for fostering his happiness and well-being. It's common for me to face challenges in deciphering my child's preferences and interests, but making an effort to observe his reactions and responses can provide valuable insight. Instead of feeling discouraged, I try experimenting with different activities and environments to discover what truly brings him joy. I take him to places where kids are playing which is a great way to engage him in social interactions and allow him to develop important social skills. I think this exposure can have a positive impact on his emotional growth and behavior. Additionally, I create a nurturing and supportive home environment to make him feels comfortable and secure by furnishing different playing materials.”

On the other hand, participant mother, R3 explained that” her daughter loves it when she model playing a song for her. She added that she doesn't know if it's her interest but she and her sisters try to play.” Furthermore, four participant mothers (R1,R2, R3, R7, ) underscored the importance of involving other family members. They expressed that it is difficult for them support their children if their family members don't support. However, four mothers (R4,R5, and R6) not able to involve other family members due to living alone and lacking support. In explaining involving other family members to communicate with her child, R8 disclosed that:

“My husband and his sisters are there and they try to help me a little. Even though it is difficult for them to understand daughter, there is no good relationship among them. There are no static and beneficial method, so no one communicates with her. My husband often blames me saying that he doesn't care about my child. He blames me that he believes the child problem is because of me.”

The study participant parents unanimously expressed that their children have never received speech therapy. Six mothers (R1, R3, R4, R6, R7, and R8) have never taken their children anywhere. They have never met a family with the same problems. Two (R2 and R5) mothers expressed that they didn't get speech therapy, but they are on the waiting list at the hospital providing speech therapy, did not find valuable support and resources, and have never met a family with the same problem.

#### **4.5. Aspirations and Dreams of Mothers of Children with Cerebral Palsy to Address Their Children's Communication Challenges**

The researcher presented final guiding question for all participants about aspirations and dreams of mothers of children with cerebral palsy to address their children's communication challenges. In their response all participants' mothers have ambition to get materials or tools supporting their children's communication. They all explained that they have no awareness about these materials rather wheelchair. But if there are materials that improve their children's communication problems, they would love to hear from professionals.

Concerning how they manage supporting their children's communication needs alongside other aspects of their growth, six participants' mothers (R1, R3, R4, R6, R7, and R8) stated that along with other developments, they don't think they have helped much with communication. They expressed they have no awareness, knowledge, and skills to so. But they love to help their

children total development. In her explanation about the above participant mother, R1 disclosed her idea as follow:

I have put significant effort into building a strong connection with my son, which is commendable. Although I have been actively trying to engage and bond with him, it seems that he may not be displaying the level of interest or responsiveness that I had hoped for. I think that my son's lack of interest may stem from his individual temperament, current mood, or personal interests. I continue to show love, support, and understanding, even when he may not actively engage with me. I also keep trying to connect with him in different ways and create interactions that align with his interests and needs.

Concerning professional help six participants' mothers explained that they didn't seek speech therapy by professional speech therapists to provide targeted interventions and equip their children with the tools and strategies to improve communication. They have not found any institution that may help their children. However, they also mentioned that they had no connections with other parents facing similar challenges, even though this can provide valuable guidance and emotional support. Two (R2 and R5) of the study participants looked for speech therapy as per the doctors' advice to find speech therapy. R8 participant envisioned educators and speech therapists to address the speech and language difficulties of their children to ensure consistent support across environments.

In their responses, six mothers (R1, R3, R4, R5, R7, and R8) expressed their aspirations for their children to communicate effectively, express their thoughts, ask their need and understand others. Two of the mothers (R2 and R6) dreamed of their children for speaking, whether in social situations or daily life, including everyday conversations, asking questions, and sharing their ideas. One of the study participants' mothers, R7, explained her aspirations for her child's improvement in speech and language difficulties as presented below:

My biggest hopes and dreams for my child's communication development are for him to be able to communicate his wants, needs, and thoughts effectively with those around him. I want him to be able to express himself clearly, both verbally and non-verbally, and to be understood by family, friends, and teachers. I hope my child will achieve being able to produce speech sounds correctly, developing vocabulary, and using language to engage

in back-and-forth conversations. I also hope he will be able to use language to build meaningful social relationships and participate fully in school and other activities.

The study participants' mothers unanimously reported that there should be professionals to better support parents of children with CP to improve their communication. Four of the participants' mothers (R3, R4, R5, and R8) wish to get full treatment and speech therapy services. They explained that it will be difficult to facilitate interventions for their children on their own and they would be happy if there will be another place for their children. They said that they do not send their children to school because they are in diapers.

Four mothers expressed that interdisciplinary collaboration between healthcare providers, therapists, educators, and other professionals involved in the care of children with CP to offer holistic and comprehensive support to us. They hope that this team-based approach can help address communication challenges from multiple angles and provide a more personalized and effective communication plan for their children.

## **CHAPTER FIVE**

### **DISCUSSION**

The study's findings were carefully organized into four key thematic areas, providing insights into the experiences of mothers raising children with cerebral palsy who face communication challenges. These themes include mothers' perceptions and understanding of their children's communication difficulties, the challenges they face in communicating with their children, the strategies they use to communicate effectively, and their aspirations and dreams for addressing their children's communication challenges.

#### **5.1. The Perception and Understanding of Mothers towards Cerebral Palsy and Communication Disorders in Their Children**

The study delved into the perception and understanding of mothers towards cerebral palsy and communication disorders in their children. A significant discovery in the study was the wide range of ages at which mothers first recognized their children's communication disorders, with some identifying issues as early as nine months and others not until two or four years of age. This disparity in awareness underscores the importance of enhanced education and awareness among parents to facilitate timely intervention and support for children with communication disorders. Research by Moh & Magiati (2012) corroborates this finding, indicating that mothers often lack knowledge of the early warning signs of speech and language disorders in children, which can result in delays in seeking intervention and potentially hinder a child's development and educational progress. The grounded theory study by Ash, Christopoulos, & Redmond (2020) further highlights the challenges faced by mothers, as they may receive unclear or irrelevant diagnostic terms for language disorders, leading to distress and uncertainty about their children's language issues. Additionally, Ahmed's study (2022) supports the notion that public awareness of communication disorders in early childhood is often limited, which can lead to a decreased sense of urgency among family members and potentially delay necessary interventions.

The study findings depicted that the emotional responses of mothers, characterized by worry, frustration, and sadness, underscore the significant impact that communication disorders have on both the children and their families. The reluctance of mothers to disclose their children's

problems to others before seeking professional help indicates the stigma and challenges associated with such conditions, emphasizing the importance of fostering a supportive and understanding environment for families facing these issues. The studies by Nye et al. (2006) and Damico et al. (2010) confirmed this by underscoring that mothers of children with CP develop a nuanced understanding of their child's communication cues, even if speech is limited. Both studies demonstrate how mothers learn to interpret non-verbal behaviours like facial expressions and gestures. However, the lack of verbal intelligibility can lead to frustration and a perception of their child as a passive communicator. The study by Ash et al. (2020) also emphasizes the importance of providing clear information to mothers about their child's language disorder to prevent psychological harm and ensure effective interventions.

Furthermore, the lack of advice or suggestions received by most mothers regarding their children's communication problems highlights a potential gap in the provision of information and support in this regard. The varying experiences of mothers in seeking advice, from being provided with resources for teaching alphabet to recommendations for speech therapy, emphasize the diverse needs and preferences of families in managing communication disorders. Supporting these findings, the study by Pennington et al. (2004) underscores the importance of providing support to mothers in understanding communication methods for children with CP. Furthermore, Mckean et al. (2019) and Pennington (2020) emphasize that maternal perceptions of communication disorders and understanding the perspectives of mothers play a crucial role in shaping the support and interventions provided to children with CP.

The study's findings provide a nuanced understanding of the daily struggles faced by children with speech and language challenges and their mothers. Mothers described their children's difficulties in communicating effectively, including the inability to talk, which highlights the emotional toll of these challenges on both children and parents. However, the determination exhibited by some mothers in seeking speech therapy services for their children demonstrates a positive attitude towards overcoming these challenges and supporting their children's communication development. Consistently, research by Mawn et al. (2016) underscores the significance of a mother's emotional resilience and ability to cope with the challenges of raising a child with disabilities in influencing the child's compliance with treatment protocols. This emphasizes the importance of providing emotional support to mothers and fostering a strong

partnership between families and professionals. Scholars in the field of family-centered care, such as King et al. (2009), emphasize the importance of building strong partnerships and fostering open communication between families and professionals to ensure effective care and support for children with disabilities. Additionally, MacWhinney (2011) highlights the critical role mothers play in facilitating their children's language and speech development, underscoring the need for mothers to be actively involved in their children's communication therapy and development.

## **5.2.Challenges Mothers Face in Communicating with Their Children with CP**

The study's findings shed light on the significant challenges faced by mothers in communicating with their children with cerebral palsy (CP). The mothers reported encountering difficulties in facilitating effective communication, which led to missed social interactions, decreased self-esteem, and struggles in expressing needs and thoughts. The emotional toll of witnessing their children's communication difficulties, as expressed by the mothers, underscores the profound impact these challenges have on both the children and their families. Consistently, researches by Yantzi et al. (2007), Madzhi et al. (2022), and Alae et al. (2015) corroborates the study's findings, indicating that parents raising children with CP have limited opportunities for social activities due to the child's physical limitations and the parents' struggle to accept their children's condition. This lack of acceptance often prevents parents from participating in social events, as they feel the need to closely monitor their children. Furthermore, the absence of formal temporary day-care facilities for children with CP makes it challenging for mothers to carry out their daily activities, exacerbating the emotional and social isolation they experience. These findings emphasize the importance of providing support and resources to mothers of children with CP, enabling them to better manage the challenges they face and improve their overall well-being. This includes providing access to communication therapy, social support networks, and respite care services to help alleviate the emotional and social burden of caring for a child with CP.

The study's findings revealed a common struggle among participants in communicating with their children who have cerebral palsy (CP), leading to frustration and difficulties in understanding their needs and thoughts. This communication barrier not only affects the children's daily interactions and learning experiences but also places emotional and psychological strain on the mothers. The reported feelings of sadness, frustration, guilt, and isolation highlight the deep emotional impact of these challenges on maternal well-being and family dynamics. The studies by Davis et al. (2017), Blais et al. (2019), Wade & Sacker (2017), Nimbalkar et al. (2014), and Alaei et al. (2015) supports the study's findings. According to Davis et al. (2017), mothers often encounter difficulties in establishing effective communication channels with their children due to limited verbal expression and speech impairments. This can lead to feelings of frustration, isolation, and a desire for their child to be understood, as reported by Blais et al. (2019). Understanding emotions is crucial for providing adequate support and building resilience in mothers, as emphasized by Wade & Sacker (2017). Furthermore, Alaei et al. (2015) and Nimbalkar et al. (2014) also support this by stating that parents often worry about their child's future and reveal that mothers sometimes feel guilty and believe that their child's condition is a punishment for their own sins and disobedience to their ancestors.

The study highlighted the significant emotional and behavioural challenges faced by children with cerebral palsy (CP) due to communication difficulties. These challenges can manifest as anxiety, frustration, and decreased self-esteem, further complicating the caregiving responsibilities of mothers. The social stigma and negative reactions encountered by some mothers underscore the additional burden imposed by societal misunderstandings and judgments. Various studies have reported similar findings. For instance, Nimbalkar et al.'s (2014) study found that parents of children with CP encounter psychological challenges such as stress, anger, fatigue, and frustration. Nelson (2002) noted that mothers often isolate themselves from their social circle due to the lack of understanding and acceptance from others. Similarly, Nimbalkar et al. (2014) and Alaei et al. (2015) found that mothers raising children with CP often lack the necessary support from their families and friends, leading to feelings of stigma and a lack of assistance.

Additionally, the findings underscored, logistical challenges, such as transportation issues and community misconceptions, further contribute to the burden faced by mothers in advocating for their children's needs and rights. The narratives shared by the mothers reflect the resilience and determination required navigating these multifaceted challenges, emphasizing the importance of tailored support services and comprehensive strategies to address the unique needs of children with CP. Parents raising children with cerebral palsy often face financial challenges. The studies by Ambikile and Outwater (2012), Alaei et al. (2015), Sen and Yurtsever (2007), and McNally and Mannan (2013) align with the findings stating that mothers encounter difficulties due to lack of financial support and limited access to medical services, affording expensive treatments and necessary equipment, such as sanitary facilities.

### **5.3.Strategies Mothers Employ to Facilitate Communication for Their Children with Cerebral Palsy**

The study delved into the strategies employed by mothers to facilitate communication for their children with cerebral palsy (CP), shedding light on the diverse approaches and tailored interventions to support children with CP in their communication development. The findings revealed that mothers utilize a variety of strategies to enhance communication with their children with CP. While some mothers reported relying on non-verbal cues, such as facial expressions and reactions, to understand their children's preferences and needs, others emphasized the importance of incorporating play, visual aids, and interactive activities to foster communication skills in a supportive and engaging manner. The above findings are consistent with study result by Bhakta et al. (2016) that revealed mothers use a variety of personalized strategies to facilitate communication, such as sign language and picture communication boards, based on their child's individual needs. Furthermore, system that effectively incorporates pictures, gestures, or technology such as tablets and speech devices help to aid in communication (Frick, Bean, & Sonntag, 2023).

Participants highlighted the significance of observing and interpreting their children's responses to tailor communication strategies to their individual interests and strengths. The use of play as a natural and enjoyable method for enhancing communication skills was a common theme among mothers, reflecting a child-centered approach that prioritizes the child's happiness, well-being,

and development of social skills. Supporting the findings, Kriger (2006) stated that encouraging interaction and play is crucial, involve in group activities, playing games, or simply having conversations benefit Social interaction and motivate children to communicate, but also provides a natural context for practicing their skills. The study by The Hanen Centre (2023) also aligns with the findings narrating that using toys and activities that encourage interaction, conversation, and turn-taking and Play allows children to explore their interests in a fun and engaging way, thereby fostering communication development.

The study findings revealed that despite the commitment and creativity demonstrated by mothers in implementing strategies to support their children's communication development, challenges such as lack of access to speech therapy, limited resources, and insufficient support from family members were prevalent. The narratives shared by mothers underscored the complexity of managing communication difficulties in children with CP, especially in the absence of professional guidance and external support systems. Opposite to the findings Hemsley et al. (2014) emphasized the importance of healthcare professionals recognizing and addressing the communication needs of caregivers and children. The study by Hemsley et al. (2014) is contrasting the finding stating that improved communication between healthcare professionals and caregivers regarding communication needs requires a collaborative effort to ensure that caregivers are equipped with the necessary tools and information to effectively communicate with the children.

Furthermore, the study depicted that there are absence of speech therapy for the children and the lack of connection with other families facing similar challenges, but mothers struggle in involving other family members in the therapy process highlight the need for increased awareness, understanding, and collaboration within the family to create a supportive environment to the child's communication development. The study by Singogo, et al. (2015) and McFadd & Hustad (2020) are in support explaining family-centered approach helps to enhance the overall well-being of both children and families and create a more inclusive environment that enables these children to thrive and reach their full potential.

The study findings also revealed Mothers' efforts to engage family members in supporting their children's communication needs face resistance or lack of understanding and impact the need for holistic support systems that address both the practical and emotional aspects of caring for a

child with CP. The study by Singogo, Mweshi, & Rhoda (2015) supports the finding by elaborating that mothers often make extensive efforts to improve their child's communication skills through consistent practice, patience, and creativity. Smith & Blamires (2022)) adds to the above identifying that mothers of children with CP often experience feelings of distress and burden due to their children's communication difficulties and lack of supports from family members and others.

#### **5.4. Aspirations and dreams of mothers of children with cerebral palsy to address their children's communication challenges**

The study explored the aspirations and dreams of mothers of children with cerebral palsy (CP) regarding addressing their children's communication challenges. The findings revealed a common aspiration among mothers to obtain materials or tools that can support their children's communication needs. Despite limited awareness about such resources beyond wheelchairs, the mothers expressed the willingness to explore and implement interventions that could improve their children's communication abilities, underscoring their commitment to enhancing their children's quality of life. The research by Balandin et al. (2007) aligns with the findings by providing education and resources to help caregivers effectively communicate with the child and offering support and guidance on how to navigate any challenges that may arise. McFadd & Hustad (2020) also supports the findings by recognizing and addressing challenges, society can contribute to breaking down communication barriers and fostering a more supportive and empowering environment for children with CP.

The study further revealed that while some mothers expressed uncertainty about their ability to effectively support their children's communication needs amidst other aspects of their growth and development, they demonstrated a strong desire to foster a strong emotional connection, understanding, and engagement with their children. This finding aligns with the studies by Blais et al. (2019) and Woolfson (2005), which also highlighted mothers' visions for their children to express themselves freely, engage confidently in social interactions, and achieve independence.

The study also identified challenges related to lack of awareness, knowledge, and skills in addressing communication difficulties, emphasizing the need for professional guidance. Limited access to speech therapy services and the challenges in finding institutions that can provide

targeted interventions for children with cerebral palsy were also noted. The mothers emphasized the importance of connecting with professionals such as speech therapists and educators to equip their children with the necessary tools and strategies for effective communication across various environments. The study by Pennington et al. (2018) depicted that tailored therapies involve a combination of speech-language therapy, assistive communication devices, behavioural interventions, and other personalized strategies to support the development of effective communication skills in children. McFadd & Hustad (2020) also adds that the goal of providing interventions is customized to the specific requirements of the child, ultimately leading to improved communication outcomes.

The study depicted mothers aspirations for their children with cerebral palsy (CP) to feel confident and engage in everyday conversations, asking questions, and sharing their ideas with clarity and ease. These dreams reflected a deep-rooted desire for their children to achieve meaningful social relationships, participate fully in activities, and navigate school environments with confidence and proficiency in communication. The study by McFadd & Hustad (2020) aligns with the findings emphasizing the importance of recognizing and addressing the diverse needs of each child to optimize their communication abilities and foster independence. The American Speech-Language-Hearing Association (ASHA) (2023) and Campbell, Dollaghan, & Ballard (2010) also support the findings, underscoring the crucial role of speech therapy in addressing the communication needs of children with CP. The study by Lederberg et al. (2014) further reinforces the importance of creating a supportive communication environment at home through consistent routines and interactive activities, which mothers can play a vital role in fostering.

The study findings highlighted the significance of interdisciplinary collaboration among healthcare providers, therapists, educators, and other professionals in addressing communication challenges in children with cerebral palsy. Mothers emphasized that collaborative efforts can lead to personalized and effective communication plans tailored to the individual needs of their children. The study by McFadd & Hustad (2020) supports this finding, explaining that therapists, educators, and caregivers collaborate to develop these plans; ensuring interventions are customized to the specific requirements of the child. This collaborative approach can lead to

improved communication outcomes, increased participation in social activities, and a greater sense of self-esteem for the child.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.1. Conclusion

The study findings on the perception and understanding of mothers towards cerebral palsy and communication disorders in their children has provided valuable insights into the challenges faced by families in managing these conditions. Mothers reported recognizing communication issues at different ages and The majority described their children as having limited or no speech, which led to reliance on crying for communication. The diverse experiences, emotional responses, and support-seeking behaviors highlighted in the interviews with participant mothers underscore the complex nature of communication disorders and the need for comprehensive support services for affected families.

The study findings identified that the challenges mothers face in communicating with their children with cerebral palsy (CP) has illuminated the profound emotional, social, and practical hurdles experienced by families in navigating communication barriers. The findings also underscored the complex interplay of missed learning opportunities, limited social interactions, emotional distress, and societal stigma that impact both the children with CP and their mothers. These challenges not only affect the daily lives of the children but also have wider implications on maternal well-being and family dynamics.

By understanding and addressing the diverse challenges faced by mothers in supporting their children's communication development, it can be easy to enhance access to essential services, promote family-centered interventions, and foster a more inclusive and supportive environment for children with CP. The findings underscored the importance of tailored strategies, collaborative efforts, and holistic support systems in empowering mothers and families to navigate the complexities of communication difficulties in children with CP.

The study highlighted strategies employed by mothers to facilitate communication for their children with cerebral palsy highlights the resilience, creativity, and dedication of mothers in supporting their children's communication development. Despite facing challenges such as

limited access to speech therapy, lack of familial support, and emotional strains, mothers demonstrate a child-centered approach, utilizing diverse methods to enhance communication skills and promote the well-being of their children with CP.

The study findings on the aspirations and dreams of mothers of children with cerebral palsy to address communication challenges underscore the significance of professional support, and interdisciplinary collaboration in promoting effective communication development in children with CP. The aspirations of the mothers reflect a deep-seated desire for their children to communicate effectively, engage socially, and navigate daily interactions with confidence and clarity. Furthermore, they expressed needs for access to comprehensive support services, ongoing therapy, and collaborative approaches highlight the importance of addressing communication challenges in inclusive manner.

## **6.2. Recommendations**

Based on the study findings, the following recommendations are suggested as valuable insights for stakeholders concerned with addressing the challenges faced by mothers and improving communication for children experiencing communication difficulties in the study setting. These recommendations aim to create supportive mechanisms for children with speech and language difficulties and their families:

- ❖ Healthcare providers should stress the importance of timely identification of communication challenges for effective intervention. They should encourage mothers to promptly recognize signs of communication disorders and advocating for regular developmental screenings can aid in early intervention and support for children.
- ❖ Healthcare professionals, educators, and support organizations should collaborate to provide comprehensive information and resources on communication disorders, interventions, and support services to empower mothers in making well-informed decisions for their children. Public awareness campaigns should aim to reduce stigma and misconceptions surrounding communication disorders.
- ❖ Efforts should be made to strengthen collaboration among healthcare providers, educators, therapists, and social workers to ensure a holistic approach to addressing the needs of children with communication disorders. Coordinated care plans and consistent communication can optimize outcomes for affected children and their families.

- ❖ Offering psychological support, counseling services, and peer support groups for parents can help alleviate stress, anxiety, and feelings of isolation associated with managing communication disorders in children. Focusing on the emotional well-being of mothers is essential for effective support of children's development.
- ❖ Governments and healthcare systems should prioritize making speech therapy services, early intervention programs, Ensuring the availability of these essential services can facilitate seamless support for children with communication disorders.
- ❖ Empowering mothers through advocacy, education, and emotional support programs to enhance their ability to navigate challenges and advocate for their children with cerebral palsy through communication disorder.

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**APPENDIX I**  
**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**  
**DEPARTMENT OF SPECIAL NEEDS EDUCATION AND**  
**COLLEGE OF HEALTH SCIENCE**  
**DEPARTMENT OF SURGERY AND DEPARTMENT OF NEUROLOGY**

**Date** \_\_\_\_\_

**Consent Letter**

Hello, my name is Lidiya Terzu and I am currently a graduate student at Addis Ababa University, studying speech and language therapy. This research is being conducted as part of the requirements for my master's degree in speech and language therapy. The aim of this interview guide is to gather insights from mothers of children with CP regarding their experiences with their children's speech and language difficulties. Your participation in this interview is crucial to the overall theme of the study. I want to assure you that any information shared during the interview will be kept confidential and used solely for the purpose of this study. Therefore, I kindly ask for your honest and open responses to the questions provided below, and I truly appreciate your cooperation.

Please know that you are not obligated to continue sharing any information and can withdraw from the interview at any point. The interview may take up to an hour, and I will only record it with your consent. Any recorded information will be deleted once the final document of the study is completed.

I want to sincerely thank you for agreeing to participate in this interview. Your willingness to contribute is greatly appreciated. Thank you for considering this request.

## **Interview Guide for Mothers**

### **Background Profile of the Interviewee**

1. Parental Status
  - Biological mother
  - Guardian
2. Marital Status
  - Single
  - Married
  - Divorcee
3. Age \_\_\_\_\_
4. Educational Background \_\_\_\_\_
5. Occupation \_\_\_\_\_
6. Child sex: \_\_\_\_\_
7. Child age: \_\_\_\_\_
8. Number of siblings: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### **I. Interview guiding questions on the perception and understanding of mothers towards cerebral palsy and communication disorders in their children.**

1. When and how did you find out /recognize that your child has communication problem?
2. How did you feel initially when you found out about your child' communication problem?
3. Whom did you confide in when you discovered your child communication problem? Or did you keep it to yourself?
4. What advice or suggestions have you received regarding your child's  
Communication iissues?
5. Can you describe your child's speech and language challenges? If so, please explain what your child is able or unable to do during communication?

### **II. Interview guiding questions on challenges do mothers face in communicating with their children with CP**

1. How does your child's speech and language challenges impact their daily life?
2. Can you discuss any difficulties you have experienced when communicating with your child?

3. Do you encounter any obstacles and frustrations when you feel you don't understand your child? If so, please provide details.
4. Have you noticed any emotional or behavioral changes in your child related to their communication challenges? If yes, list them
5. Have you experienced any negative reactions or social stigma from others due to your child's difficulties? If so, please describe them.

### **III. Interview guiding questions on strategies mothers employ to facilitate communication with their children with cerebral palsy**

1. How did you communicate with your child? How do you help him/her when she or he feels hungry/thirsty/sick-upset?
2. What methods do you employ and modify in various settings to enhance your child's speech and language development?
3. Do you integrate play and daily activities into communicating based on your child's needs, mood, motivation, or communication strengths? If yes, how?
4. Do you involve other family members to communicate with your child? If so, how?
5. Have you sought Speech therapy or support groups or resources from other parents or organisation's? If yes, please share!

### **IV. Interview guiding questions on aspirations and dreams of mothers of children with cerebral palsy to address their children's communication challenges**

1. Are there particular tools / method you are looking for to enhance your child's communication? If yes, please provide more details.
2. How do you manage supporting your child's communication needs alongside other aspects of their growth?
3. How do you see professionals and institutions aiding in your goals for your child's speech and language challenges?
4. What are your greatest aspirations for your child's speech and language development and their ability to communicate effectively?
5. What recommendations/reflection can you offer to professionals, government to better support parents of children with CP to improve their communication?

## APPENDIX II

### Interview Agreement

I am **Mrs Lidiya Terzu**, a graduate student at the Special Needs and Inclusive Education Department of Addis Ababa University, and I am currently working on my thesis at St paul's Hospital. Therefore, in order to collect important information for the thesis, I have chosen to interview Mrs.\_\_\_\_\_. I agree to keep the information collected during the interview confidential and use it only for the intended purpose. I confirm my agreement with my signature.

I, Ms/Mrs. \_\_\_\_\_, participate in the services given to my child at St paul's Hospital. Having the above stated points in mind I also agree to participate in the interview with my consent. I also confirm my agreement with my signature.

#### Agreement Giver

Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

#### Agreement Acceptor

Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

አዲስ አበባ ዩኒቨርሲቲ

የትምህርት እና የባህሪ ጥናቶች ኮሌጅ

የልዩ ፍላጎት ትምህርት ክፍል

እና

የጤና ሳይንስ ኮሌጅ

የቀዶ ጥገና እና የነርቭ ሕክምና ክፍል

ቀን: \_\_\_\_\_

የስምምነት ደብዳቤ

ሰላም ለሁላችሁ

ስሜ ሊዲያ ተርዙ እባላለሁ አሁን በአዲስ አበባ ዩኒቨርሲቲ የንግግር እና የቋንቋ ህክምና እየተማርኩ ነኝ። ይህ ጥናት በንግግር እና በቋንቋ ህክምና የማስተርስ ዲግሪዬ ከሚያስፈልጉት መስፈርቶች አካል ነው። የዚህ ቃለ መጠይቅ መመሪያ አላማ ከልጆች እናቶች ስለልጆቻቸው የንግግር እና የቋንቋ ችግር ልምዳቸው ግንዛቤዎችን መሰብሰብ ነው። በዚህ ቃለ መጠይቅ ውስጥ ያለዎት ተሳትፎ ለጥናቱ አጠቃላይ ጭብጥ ወሳኝ ይሆናል። በቃለ መጠይቁ ወቅት የሚጋሩት ማንኛውም መረጃ በሚስጥር እንደሚጠበቅ እና ለዚህ ጥናት ዓላማዎች ብቻ እንደሚውል ላረጋግጥላችሁ እወዳለሁ። ስለዚህ ለሚከተሉት ጥያቄዎች ትክክለኛ እና ግልጽ መልሶችዎን አደንቃለሁ። እባክዎን ምንም ተጨማሪ መረጃ የመስጠት ግዴታ እንደሌለብዎት እና በማንኛውም ጊዜ ከቃለ መጠይቁ መውጣት እንደሚችሉ ይወቁ። ቃለ መጠይቁ እስከ አንድ ሰዓት ሊወስድ ይችላል እና እኔ የምቀዳው በእርስዎ ፍቃድ ብቻ ነው። የጥናቱ የመጨረሻ ሰነድ እንደተጠናቀቀ ማንኛውም የተቀዳ መረጃ ይሰረዛል። በዚህ ቃለ መጠይቅ ላይ ለመሳተፍ ስለተስማማችሁ እናመሰግናለን። ለመሳተፍ ፈቃደኛ መሆንዎ በጣም የተመሰገን ነው። ይህን ጥያቄ ስላስተዋሉ እናመሰግናለን።

**ለእናቶች የቃለ መጠይቅ መመሪያ**

የጠያቂው ዳራ መገለጫ

1. የወላጅ ሁኔታ:

- ባዮሎጂካል እናት:

- ጠባቂ

2. የጋብቻ ሁኔታ

- ያላጋባ

- ያገባ

- ፍቺ

3. ዕድሜ \_\_\_\_\_

4. የትምህርት ደረጃ \_\_\_\_\_

5. ሥራ \_\_\_\_\_

6. የወንድሞች እና እህቶች ብዛት \_\_\_\_\_

ወንድ \_\_\_\_\_ ሴት \_\_\_\_\_

7, የልጅ ታ: \_\_\_\_\_

8, የልጅነት ዕድሜ: \_\_\_\_\_

1. እናቶች ስለ ሴራብራል ፓልሲ እና በልጆቻቸው ላይ የመግባቢያ መታወክ ላይ ያላቸውን ግንዛቤ እና ግንዛቤ ላይ የሚመሩ ጥያቄዎችን ቃለ መጠይቅ

1, ልጅዎ የተግባባት ችግር እንዳለበት መቼ እና እንዴት አወቁ

2, የልጅዎ የተግባባት ችግር ሲያውቁ መጀመሪያ ላይ ምን ተሰማዎት?

3, የልጅዎን የተግባባት እክል እንዳለው ሲያውቁ ችግሩን ለማን አሳወቁ /ነገሩ ወይስ በራሶት ያዙት?

4 , ስለ ልጅዎ የተግባቦት እክል ምን ምን ምክር ወይም አስተያየት ሰጡት?

5, የልጅዎን የንግግር እና የተግባቦት ተግዳሮቶች መግለጽ ይችላሉ? ከሆነ፣ እባክዎን ልጅዎ በተግባቦት ጊዜ ምን ማድረግ እንደሚችል ወይም እንደማይችል ያብራሩ?

II. እናቶች ከሲ.ፒ ጋር ከልጆቻቸው ጋር ሲገናኙ የሚያጋጥሟቸው ፈተናዎች ላይ የቃለ መጠይቅ መመሪያ ጥያቄዎች.

1, የልጅዎ የንግግር እና የተግባቦት እክል በዕለት ተዕለት ሕይወት ላይ ያለው ተጽዕኖ እንዴት ነው?

2, ከልጅዎ ጋር ባሎት ተግባቦት ያጋጠሙዎትን ማንኛውንም ችግሮች/አስቸጋሪ ሁኔታዎች ካሉ ቢገልጹልን?

3, ልጆትን እንዳልተረዱት ሲሰማዎት ፍርሃት እና ጭንቀት ገጥሞት ያውቃል?

4, ልጆት ከተግባቦት መቸገር /እክል ጋር በተያያዘ የገጠመው የስሜት ወይም የባህሪ ለውጥ አይተዋል?

5, ልጆት ባለው የተግባቦት እክል ያጋጠሞት መጥፎ የሆነ ሁኔታ ወይም ከማህበራዊ ጉዳይ ተገልለው ከሆነ ቢገልጹልን?

III. እናቶች ሴራብራል ፓልሲ ካለባቸው ከልጆቻቸው ጋር መግባባትን ለማመቻቸት በሚቀጥሯቸው ስልቶች ላይ የቃለ መጠይቅ መመሪያ ጥያቄዎች

1, ከልጅዎ ጋር እንዴት ነው የሚግባቡት ?

2, የልጆትን የተግባቦትና ንግግር ለመጨመር ምን ኤይነት ዘዴዎችን እና ማሻሻያ ሁኔታዎችን ይጠቀማሉ ?

3, ጨዋታን እና የእለት ተእለት እንቅስቃሴዎችን በልጅዎ ፍላጎት እና የስሜት ተነሳሽነት ወይም ጥንካሬዎቹ ላይ በመመስረት ወደ ተግባቦት ጋር ያቀናጃሉ ? አዎ ከሆነ እንዴት?

4, ሌሎች የቤተሰብ አባላት ከልጅዎ ጋር ተግባቦት አላቸው ?ካላቸው እንዴት ?

5, ከሌሎች ቤተሰብ/ግለሰቦች ወይም ድርጅት ድጋፍ አግኝተው ያውቃሉ ?አግኝተው የሚያውቁ ከሆነ እባክ ያካፍሉን ?

IV. የልጆቻቸውን የግንኙነት ተግዳሮቶች ለመፍታት ሴሬብራል ፓልሲ ያለባቸው ህጻናት እናቶች ምኞቶች እና ህልሞች ላይ ቃለ መጠይቅ መመሪያ

1 ,የልጅዎን ተግባራት ለማሻሻል የሚፈልጉት ልዩ መጠቀሚያዎች /ዘዴ አሉ? አዎ ከሆነ፣ እባክዎን ተጨማሪ ዝርዝሮችን ይስጡ.

2 ,ከሌሎች የእድገት ገጽታዎች ጎን ለጎን የልጅዎን የተግባራት ፍላጎት ለመደገፍ እንዴት ያያደርጋሉ?

3 , ለልጅዎ የንግግር እና የቋንቋ ተግዳሮቶች ግቦ እንዲሳካ የባለሙያዎች እና ተቋማት ድጋፍ እንዴት ያዩታሉ?

4 ,ለልጅዎ ንግግር እና ቋንቋ እድገት እና ውጤታማ በሆነ መንገድ የመግባባት ችሎታቸው ትልቁ ምኞትዎ ምንድን ናቸው?

5 ,ምን ምክረ ሃሳብ ሊሰጡ ይችላሉ ለፕሮፌሽናልስ ጥሩ ድጋፍ ለ ሲ.ፒ ያላቸው ልጆች ላላቸው ወላጆች ተግባራታቸውን እንዲሻሻል የሚያደርግ ?