



Self-esteem and Resilience of Mothers of Children with Cerebral Palsy Followed at the Psychomotor Rehabilitation Department of the Don Orione Center in Bonoua.

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Abstract

Caring for a child with cerebral palsy (CP) is a real challenge for parents, especially mothers in our socio-cultural context. We set out to assess self-esteem and resilience in mothers of children with cerebral palsy in Côte d'Ivoire. This cross-sectional, prospective, descriptive and analytical study involved 17 mothers of children cared for in the psychomotor rehabilitation department of the Centre Don Orione in Bonoua-Cote d'Ivoire. They were recruited by an exhaustive non-probabilistic method from September 23, 2024, to February 22, 2025. The average age of the respondents was 37.5 years. Of the 76.3% of mothers who said they were in a relationship, 47% claimed to have been neglected by their partner. Only two mothers had only one child, while the sick male child ranked 3rd among siblings in 58.8% and 35.3% respectively. In 53% of cases, the mothers had low self-esteem. The extent to which this self-esteem was affected varied according to the degree of the child's disability, the number of healthy children, and the social support and economic resources available to the family; their resilience being partly dependent on these factors. This research has highlighted the profound impact of caring for a child with cerebral palsy on mothers' well-being. It argues in favor of holistic care that includes strengthening the psychological and socioeconomic component for mothers and families of children living with a disability.

Keywords: Self-esteem; Resilience; Mothers of children; Cerebral palsy; Ivory coast.

Introduction

Cerebral palsy (CP) is the motor and functional consequence of an irreversible disorder, lesion or abnormality in a developing brain. Apart from disorders of movement and/or posture and motor function, this damage is often accompanied by cognitive and/or sensory difficulties whose clinical expression changes over time [1, 2]. Its prevalence in Western countries is estimated at two cases per 1000 live births, and its interdisciplinary management is fairly well codified, with psychosocial, educational and financial support for children and their families [3]. The extent of this pathology in sub-Saharan Africa, particularly in Côte d'Ivoire, remains underestimated due to the lack of scientific data on the subject, but also to various factors, notably social and cultural representations of disability. Long perceived through the prism of religious and spiritual beliefs as curses, divine punishments or the

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result of forbidden practices, mothers of disabled children were stigmatized and rejected [4]. As a result, it was not uncommon for parents to develop terrible feelings of shame, discouragement and self-deprecation, impacting on their sense of competence. While the medical care of children has evolved, obeying the need for interdisciplinarity with objectives aimed at the child's quality of life, it is crucial to pay specific attention to families and more particularly to the mothers of disabled children, who in our cultural context play a notable and decisive role in day-to-day support and care. The aim of this study was to assess the self-esteem and resilience of mothers of children with cerebral palsy in Côte d'Ivoire.

Methodology

We carried out a quantitative, descriptive, cross-sectional study over a five-month period from September 23, 2024, to February 22, 2025, among mothers of children with cerebral palsy followed up in the psychomotor rehabilitation department of the Centre Don Orione in Bonoua (Côte d'Ivoire). These were biological mothers whose follow-up at the center had been initiated at least one year earlier. On the basis of exhaustive sampling, we recruited all mothers during the period of our survey. Once consent had been obtained, we administered a semi-directive interview form containing questions relating to socio-demographic characteristics, and two scales (ROSENBERG and ANN MASTEN) assessing self-esteem and resilience respectively [5-6]. Quantitative data was entered and processed using Word, Excel and EPI INFO. Quantitative variables were expressed as mean and standard deviation, while qualitative variables were described in terms of frequency and percentage.

Results

During our study period, a total of 26 women accompanying children were interviewed. Of these, 17 were the biological mothers of disabled children. Of these, 70.6% were young women aged between 25 and 35. They were all staying at the shelter from time to time as part of their child's medical care. The average age of disabled children was 7.3 years, with extremes of 20 months and 17 years. We have summarized the main socio-demographic characteristics of the mothers and clinics of the disabled children in Tables 1 and 2.

For 58.8% of mothers, their child's state of health was the consequence of a pathology, while 41.2% attributed it primarily to a metaphysical cause. In terms of self-worth, 53% of mothers had low self-esteem, which was correlated with level of education, severity of injury and financial resources (Tables 3 and 4). Resilience averaged 40.5/90, with a standard deviation of 24.95. It depended on several factors (Table 4). A correlation was also found between self-esteem and resilience.

Table 1: Socio-demographic characteristics of mothers

		N	%
Marital status	Couple	13	76,5
	Single	4	23,5
Level of education	Not enrolled	3	17,6
	Primary	5	29,4
	Secondary	4	23,5
	Higher	5	29,4
Profession	No profession	6	35,3
	Self-employed	5	29,4
	Government official	4	23,5
	Private sector employee	2	11,7
Monthly income	< 100.000fcfa	11	64,7
	[100.000-500.000fcfa]	1	5,8
	>500.000fcfa	5	29,4
Number of children	<2	2	11,7
	[2-5]	10	58,8
	>6	5	29,4

Table 2: Clinical characteristics of children

		N	%
Orthopedic disorders	Stiffness and deformity	13	76,5
	No orthopedic disorders	4	23,5
Severity of motor impairment	Walking	4	23,5
	No walking	13	76,5
Psychiatric impairment	Yes	4	23,5
	No	13	76,5
Duration of disability	< 5 ans	7	41,2
	> 5 ans	10	58,5

Table 3: Self-esteem assessment

Self-esteem	N	%
Very low	5	29,4
Low	7	41,2
Medium	3	17,6
High	2	11,7
Very high	0	0
Total	17	100

Table 4: Assessment of resilience and associated factors

Domain	Mean	Standard deviation
Social support	8	4,7
Family cohesion	6	7,2
Adaptability	5,5	5
Economic and material resources	3	4,7
Emotional coping strategies	7,5	5,3
Parenting skills	9,5	3,5

Discussion

The first result of this study confirms that the self-esteem of mothers of children with cerebral palsy is undermined. Indeed, socio-cultural representations of illness and disability in our tropics continue to influence the way some people interpret children with disabilities. In our interviews, it was not uncommon for mothers to hint at the nature and origin of disability and “accompaniment”, which in this case is a euphemism for the ritual infanticide of severely disabled children [7-8]. These beliefs were shared by some of the women, who also expressed feelings of self-depreciation insofar as they were assimilated, or assimilated themselves, to their offspring, their self-acceptance being undermined. In fact, they became the victims of scorn and devaluation from those around them following their child's relentless diagnosis, seeing their maternity as a source of identity and pride undermined. By the way, some mothers, initially in a relationship, found themselves abandoned by their partner. These facts show that beyond the intimate value placed on oneself, self-esteem is built on social interactions, opinions and the judgment of others. This is the social construction of self-esteem referred to by certain authors. According to these authors, it determines functional self-esteem, which fluctuates according to the individual's willingness to accept or reject comments or opinions about him or herself or a given fact [9-10]. Associations and public authorities must therefore act to change representations and behaviors, primarily targeting religious and customary leaders through education and awareness-raising on the real causes of disability in children. As for mothers, they need to be encouraged to attend health center's early, for prenatal care, childbirth and childcare. In addition to this direct finding, the impairment of self-esteem was secondarily confirmed by the results of the Rosenberg scale. In our study, apart from socio-cultural factors, the low level of education limiting access to a profession with substantial remuneration deteriorated the mothers' self-esteem. They were destitute and therefore financially powerless to meet the needs inherent in caring for a disabled child, in a context where no socio-economic assistance was available to them for the care and education of the child. In addition, even working mothers have had to readjust their working hours due to the commitment required to care for the child, resulting in financial losses, even resignation or dismissal. Yet, as Martinot and Braden have pointed out, self-esteem also relates to our ability to cope with life's demands and personal success, and therefore to our skills [11-12]. In addition, the severity of the disability, the number of disabled children in the siblings and the number of children in general were identified as factors negatively influencing mothers' self-esteem. Indeed, in our study, both mothers with fewer than three children, and those whose child had a severe disability, had a disturbed self-esteem in

the dimension of attitude towards oneself. One mother said that having three out of four disabled children was proof that she was inferior to other women. This was difficult for her, and she and her husband had been forced to leave their home region, from which they had been practically expelled, to face ridicule. Mothers with only one disabled child also tended to underestimate themselves. From all the above, we can affirm that the presence of a child with cerebral palsy affected the self-esteem of mothers in our cultural context. As for resilience, it was generally achieved by all mothers. The areas most affected were family cohesion, adaptability and economic and material resources. Mothers whose severely handicapped children were teenagers also highlighted the specific nature of their care. In fact, at this stage of life, when their needs are distinct from those of their children, mothers were faced with new demands for which they did not necessarily have solutions. Over time, resilience was seen to diminish in mothers of children with severe cerebral palsy. Since resilience is seen as a consequence of self-esteem, it was not surprising to find that in our study, mothers with low self-esteem showed limited resilience [13].

Conclusion

Self-esteem is a person's appreciation of themselves. It predisposes to self-acceptance and self-respect and depends on a number of socio-economic and cultural factors. In fact, low self-esteem is a factor of psychological vulnerability, which can have lasting effects on mental and physical health. It is therefore essential to provide psychological and socio-economic support to families, and in particular to the mothers of children with cerebral palsy, in order to promote resilience and optimal care.

Roles and agreements of the authors

AKA Rita Ahou, IPOU Yves stéphane and AKA Eba Felicite designed the protocol, collected the data and drafted the manuscript.

AHOUNOU Etobo Innocent, SON Gbolérou Jocelyne Prisca, and TRAORE Brahim Samuel and YEO-TENENA Jean Marie made essential contributions to the protocol and manuscript. All authors have read and approved the final document.

Declaration of conflicts of interest

The authors declare that they have no interest in this article. This study was not funded.

Ethical principles

The medical management of the Centre Don Orione de Bonoua, which is responsible for ethical issues, agreed to our study.

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