



Life Must Go On: A Phenomenology Study on Mother with Cerebral Palsy Child

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ABSTRACT

Parents play a crucial role as primary educators in the growth and development of their children with cerebral palsy. However, it is not uncommon for parents to feel overwhelmed and hopeless when treating their children with cerebral palsy. This study explores how parents, particularly mothers, care for children with cerebral palsy. Methods: The study utilized a phenomenological research method within a qualitative research approach and employed a semi-structured interview technique. This research uses thematic analysis. The participants (n = 6) were mothers of children diagnosed with cerebral palsy. Results: The research identified seven main themes from the conducted interviews, which described various aspects of caring for children with cerebral palsy: 1) negative responses in children, 2) positive responses in children, 3) understanding in children, 4) acceptance phase in children, 5) ability to care for children, 6) social support received, and 7) expectations for children. Conclusion: The themes can help understand mothers' experiences caring for children with cerebral palsy, as revealed by the study. These experiences involve understanding the child's condition, eliciting positive and negative responses while accepting a child with special needs, and ultimately embracing the condition through caregiving and seeking social support. Furthermore, these experiences foster hope for the well-being of their children.

Keywords: **mother, parenting, parents, children, cerebral palsy**

Introduction

Cerebral Palsy (CP) is a persistent, non-progressive motor disorder resulting from brain damage caused by birth trauma or intra-uterine pathology (Soetomenggolo & Ismael, 1999). CP presents with clinical features that evolve throughout life and manifest early in age. According to Dorland (2005), CP signs include motor development delays such as spastic paraplegia, hemiplegia, or tetraplegia, often accompanied by mental retardation, seizures, or ataxia. These signs indicate that CP is a motor neuron disorder in the brain. Not all children are classified as CP, although various motor neuron disorders can occur in the brain. CP occurs during the child's developmental stages, namely prenatal, natal, and perinatal periods. Vargus & Adams (2005) describe CP as a non-progressive movement disorder caused by brain injuries during the developmental process. CP significantly contributes to physical disabilities in children, affecting approximately one in 500 children in Australia (Report of the Australian Cerebral Palsy Register, 2013). In severe cases of CP, it often impacts the child's communication, body, and head posture, mobility, eating activities, and self-care. Associated health issues include seizures, chronic pain, visual and hearing impairments, breathing problems, salivary control problems, and respiratory dysfunction (Brehaut et al., 2004; Ward et al., 2014).

Parents of children with CP generally experience a lower quality of life and physical and psychological health than parents of typically developing children (Basaran et al., 2013; Brehaut et al., 2004). Parents of a child with CP may encounter psychological symptoms related to the challenges and uncertainties of caring for a disabled child and the ability to meet their child's physical, emotional, social, and financial needs. There is a need for evidence-based and practical support to enhance parents' mental health and well-being (Tomasello et al., 2010) and, most importantly, to promote the functioning and well-being of children (Majnemer et al., 2007). Parents bear significant responsibility as primary educators in managing the development of children with cerebral palsy (CP) within the family environment. Parents sometimes face challenges in providing appropriate care for their children with CP, even though parents do not anticipate this situation. Some parents may feel shocked and find it difficult to accept their child has a disability. Therefore, it is crucial to analyze the needs of parents with children with CP to understand their role and the support required to face this challenge. When looking at the data and characteristics associated with children with cerebral palsy (CP), concerns arise for parents, especially mothers. This data can observe through assessments conducted on parents of children with CP, who raise questions about their child's chances of recovery. The concerns and feelings of mothers towards children with CP are evident in questions such as "Does my child have the potential to walk?", "Is there a possibility of a cure for my child?", "How should a mother navigate adolescence with her child?", "How can my child make friends?" and other related inquiries.

Mothers play a significant role in the development of children, particularly those with cerebral palsy (CP). Children with CP rely on the assistance of others to meet their needs, with the mother being the primary figure in their eyes. Therefore, mothers must thoroughly prepare before accompanying their children, including understanding their psychological well-being. Research conducted by Manuel et al. (2013) revealed that mothers of children with CP

are more susceptible to depression. The study highlighted the various adjustments mothers make in their lives, including adapting to their child's characteristics and dealing with emotional reactions such as shame, surprise, and stress, as well as adjustments in parenting and caregiving patterns. Whittingham et al. (2011) researched the challenges parents face in raising children with CP, engaging groups consisting of parents and healthcare professionals with expertise in CP interventions. The findings of the study indicate a range of challenges for parents in raising children with CP, including coping with grief (i.e., coming to terms with the diagnosis and adjusting expectations for the child), additional parenting tasks (e.g., assisting with mobility), and parenting amidst social stigma. Another study by Alaei et al. (2015), which involved interviews with 17 parents of children with CP, revealed that parents face two types of challenges: social challenges (e.g., inadequate facilities and services) and psycho-emotional challenges (e.g., worries). Finally, a review by Elangkovan and Shorey (2020) analyzed the experiences and needs of parents raising children with CP. The findings emphasized the physical burden of parental caregiving tasks, such as bathing and toileting.

Overall, the findings suggest that parental challenges and needs are multi-level, manifesting in different systems such as parental mental health, family routines, lack of information, competence in caregiving, and access to necessary services. For instance, Majnemer et al. (2012) emphasized that the challenges faced by children with CP and their families vary at each stage of child development. Another study by Hummelinck & Pollock (2006) examined the evolving needs of parents of chronically ill children and concluded that their requirement for information changes over time. Previous research has extensively explored the challenges and needs of parents of children with CP. However, there needs to be more research simultaneously analyzing the challenges and needs of these families regarding child development.

Parenting a child with CP is a lifelong journey (Rosenbaum et al., 2007). This journey presents numerous challenges and needs that differ significantly from those experienced by parents of typically developing children. Parents of children with CP often exhibit comparable or poorer psychological well-being than children without disabilities. Moreover, parents of children with CP generally report lower quality of life than the general population (Barreto et al., 2022; Guillamon et al., 2013). This finding is significant because, as Rosenbaum (2011) pointed out, the well-being of parents and families greatly influences the well-being of children. However, parenting a child with CP demands a continuous adaptation process, and families strive to strike a balance and respond to their child's needs (Elangkovan & Shorey, 2020). Hence, it is imperative to attain a profound comprehension of the challenges and requirements encountered by these parents. Based on the circumstances mentioned earlier, this study aims to: a) describe the challenges and needs experienced by mothers of children with CP and b) further comprehend the relationship between the identified challenges and needs. The second objective emerged during the data collection and analysis process. The information gathered in this study will enrich knowledge in this field and help tailor the support better suited to the challenges and needs of parents, ultimately aiming to improve the quality of life for families.

Method

This study utilizes the phenomenological research method, which is a qualitative research approach derived from the fields of philosophy and psychology. The phenomenological method aims to comprehend and describe individual life experiences within the context of the phenomenon under investigation (Creswell, 2018). This method enables researchers to explore and describe the subjective experiences of mothers who have children with cerebral palsy (CP) and understand the psychological aspects involved in raising and caring for children with CP. Therefore, this study aims to: a) describe the challenges and needs perceived by mothers of children with cerebral palsy and b) further comprehend the relationship between the identified challenges and needs. The second objective will emerge during the data collection and analysis process. The information collected in this study will enrich the knowledge in this field and contribute to drawing conclusions that provide more practical support to address the challenges and needs of parents, with the expected impact of improving the quality of family life.

Participants

The sampling technique employed is criterion sampling (Creswell, 2018), wherein the researchers determined the sample characteristics that could represent individuals who have experienced this phenomenon. This study involved six mothers as participants from a community of parents who have children with cerebral palsy (CP). The participants have children within the age range of 3 to 17 years old. These mothers reside with their children and act as primary caregivers, possessing adequate knowledge of their child's condition and being able to provide accurate information regarding their child's development. Additionally, they willingly participated in this research and provided written consent. Exclusion criteria for participants included children who had conditions that hindered the involvement of the participants in interviews, participants facing physical and mental health issues that could affect research outcomes, and participants who had to regularly care for their children at clinics or hospitals, thereby having a limited time or significant transportation challenges that could affect their participation in the research.

Data Collection

This study employed a semi-structured interview method conducted on an individual basis. The interviews were conducted both online through an online communication platform and offline in face-to-face settings. The semi-structured approach allows for a flexible framework and a deeper exploration of the participants' experiences and perspectives. The individual interviews provide a more personal space for participants to share their experiences regarding their roles and experiences as mothers of children with cerebral palsy. Furthermore, the choice between online and offline interviews was adjusted based on the participant's preferences and availability, ensuring inclusivity and ease of participation.

The researcher utilized an interview guide compiled based on The Interview Protocol Refinement Framework (Castillo-Montoya, 2016), which consists of four stages: 1) ensuring alignment between the interview questions and the research questions, 2) constructing a question-based conversation, 3) receiving feedback on the interview protocol, and 4) implementing the interview protocol. The researcher developed a list of questions and possible probes based on relevant theory and field situations.

Research Procedure

The research procedure commenced with the first participant and progressed to the sixth participant. Before collecting data, the researchers prepared all the necessary methods and documents, including interview guides and informed consent forms. The researcher secured informed consent from each participant, who willingly agreed to uphold the confidentiality of their identity. The researcher also scheduled appointments with the participants before obtaining informed consent. We conducted semi-structured interviews subsequently, utilizing a flexible list of questions in our research report. The interviewer conducted in-depth interviews to obtain comprehensive answers. We collected data online for participants residing outside the city, while we conducted offline interviews for participants residing within accessible areas in our research report.

Data Analysis

The data analysis technique used in this study is thematic analysis (Braun & Clarke, 2008). Thematic analysis is conducted through six systematic phases: 1) familiarizing yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. In the initial phase, the interview transcripts are meticulously transcribed, preserving the exact wording, and subsequently, the verbatim responses of each participant are thoroughly examined. In the subsequent phase, specific codes are systematically assigned to categorize and classify the participants' responses. In the third phase, a table is used to facilitate the identification of codes that can be grouped under specific themes, and names are given to those themes. In the fourth phase, each piece of data contributing to a theme is reviewed to determine if the theme presents a coherent pattern. In the fifth phase, the "stories" conveyed by each theme are revisited and considered into the broader "story" they contribute to. In the sixth phase, the findings are documented, including supporting quotations as evidence, and conclusions are drawn regarding the research objectives. In this study, the trustworthiness or validity of the data is ensured through criteria such as credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018).

Findings and Discussion

Based on the thematic analysis of the collected data, seven main themes emerged from the interviews, describing how to care for children with special needs, specifically those with cerebral palsy.

Negative Response to Children

Negative responses to children with special needs, such as Cerebral Palsy (CP), are evident during the early phases when mothers encounter the challenges and dynamics associated with having a child with special needs. These challenges include difficulties in fundamental aspects of care, such as managing urination and defecation, which can be unpredictable and uncontrolled. This condition leads to significant fatigue among mothers who serve as caregivers and often triggers feelings of inferiority and contemplation of their situation. Mrs. T expressed her struggles in the following statement:

"Sometimes, after I finish work, when I come home, I find my child defecating in bed; what is it called? It is an ongoing problem. I am sorry, sir, but due to my limitations, sometimes I get angry and hit him because I am tired; why does it suddenly smell bad, huh? 'You are already grown up.' So, in moments like that, it is difficult, sir, there are already three beds, but whether we like it or not, we have to take care of him, sir."

Mothers often feel frustrated and disappointed due to the lack of significant progress in their child's development with Cerebral Palsy (CP). Despite undergoing various treatments and therapies, they do not observe substantial changes in their child's condition. This situation evokes sadness and hopelessness in the mother, who yearns to witness progress and improvement in her child's life. Ms. E shared her sentiments:

"At times in life, we may feel as if we are in a sluggish situation (in terms of therapy outcomes), with an internal voice suggesting, 'Oh, let it be, the results will remain the same, why bother going to the hospital.' These internal voices fluctuate our emotions. 'Occasionally, we may also turn into lions, expressing anger and saying, 'What are you doing? Why can't you do it?' Thus, we need to act like lions."

Some mothers exhibit negative emotional responses, such as anger and frustration towards their child's condition with Cerebral Palsy (CP). However, they realize that reacting with anger would only adversely affect the child and the surrounding situation. Therefore, these mothers know the need for self-improvement and emotional control. They remain determined to stay focused on personal growth, providing better support, and fostering a positive environment for their child. Mother, I emphasized:

"There still exists angry responses that I mentioned, and the child must feel them first until I witness a change in the child after I respond with those words; it becomes specific feedback for me."

When caring for children with special needs like Cerebral Palsy (CP), mothers encounter various challenges and dynamics, including fundamental problems like controlling bowel movements. This challenge leads to fatigue, feelings of inferiority, and concern. Some mothers feel frustrated due to the lack of significant progress in children with CP, despite their efforts in treatment and therapy. However, they realize that responding to negative emotions does not benefit the child or the situation. As a result, mothers of children with CP constantly strive to improve themselves, control their emotions, and provide better support.

Positive Response to Children

Mothers of children with Cerebral Palsy (CP) exhibit a positive response by actively seeking various treatment options and educational methods for their children. They actively pursue suitable therapies, including both conventional and traditional approaches. Furthermore, these mothers try to find schools that offer inclusive or special education programs for their children with CP. The parents have developed an understanding that Cerebral Palsy (CP) is not a curable disease but rather a lifelong condition that their child will endure. For instance, Mother R describes her endeavors to find solutions, such as identifying an appropriate school and exploring traditional medicine:

"Initially, I was taken aback and wondered about their educational future. It could have been clearer to us. Eventually, we came to terms with the situation and sought a school that accommodated a child with special needs, right? So, we accepted it and embarked on finding appropriate education and exploring traditional medicine and massage. We even incorporated massage therapy."

They acknowledge that their child's condition is not a disease but rather a delay in development that requires consistent motor training. They recognize that while they cannot alter their child's condition, they remain committed to providing the necessary training and care to enhance their child's motor skills. Mother R expresses this sentiment:

"Now, we have accepted that it is not a disease but a delay that necessitates regular practice. Without consistent training, there will not be any significant changes."

Mothers with a background in health education perceive the positive aspects of their children's condition, despite having Cerebral Palsy. They draw upon scientific health knowledge to recognize their children's potential and unique abilities. Mother I articulates this viewpoint:

"On the positive side, being knowledgeable about health, I would not have known how to handle a child with Cerebral Palsy if I did not have a child with CP myself."

Mothers of children with Cerebral Palsy (CP) exhibit a positive response by actively seeking appropriate treatments and education. They proactively explore both conventional and traditional therapies and inclusive educational options. They embrace the understanding that CP is not a disease but a developmental delay that necessitates motor training. While they cannot change their child's condition, they remain dedicated to providing necessary care and training.

Understanding About Their Child

The depth of the acceptance process has become more intense. When a mother acquires a comprehensive understanding of her child's condition, encompassing knowledge about Cerebral Palsy (CP), appropriate treatments, and societal attitudes towards children with CP, this understanding significantly influences how a mother positively nurtures and raises her child with CP. Mrs. R shared her experience upon discovering that her child had CP:

"...You see, she has mild CP. Since she was eight months old, she has experienced frequent seizures. Eventually, there was a motor skill impairment in her legs, rendering her unable to walk without assistance like other children. To this day, she still relies on a wheelchair. Since she cannot walk anymore, this becomes her means of mobility..."

Mrs. E demonstrated a profound understanding of her child's condition, particularly regarding communication between herself and her child with Cerebral Palsy (CP). She possesses in-depth knowledge of the challenges a child with CP may face in verbal and physical communication. She has successfully discovered alternative methods to communicate effectively with her child:

"...For two-way communication, he (F) is responsive, although he experiences a speech delay. However, his comprehension is intact. He understands and follows instructions and struggles to articulate his responses..."

A mother's understanding of her child is significant in fortifying the acceptance process. Mrs. R profoundly understands Cerebral Palsy (CP), the necessary treatments, and society's perceptions of children with CP. This understanding positively influences how mothers raise their children with CP. Similarly, Mrs. E possesses a deep comprehension of her child's condition, particularly in terms of communication challenges. She actively seeks alternative means of communication for her children who face verbal or physical expression difficulties.

Ability in Parenting

Meeting children's physical, emotional, and developmental needs with Cerebral Palsy (CP) is closely linked to their caregivers' ability to provide care. Daily caregiving tasks such as bathing, feeding, and physical therapy play a vital role in the exercise regimen for children with CP. Furthermore, the

mother's provision of adequate emotional support holds significant importance. Offering children love, warmth, and understanding helps foster a positive and robust mother-child relationship. Mrs. I exemplifies this support by actively facilitating her child's development:

"...Thus far, I have taken the responsibility myself. The reason I resigned from my job was primarily for my first child. I handle all aspects of meeting the children's needs. I have adjusted the house environment to enable them to engage in independent activities. I adopt a firm approach when teaching the children, particularly in providing the necessary therapeutic exercises. As an older sibling, I do not continuously pamper them because children with special needs require practice to develop their independent skills. I encourage them to practice independently, learn to dress themselves, and even put on their socks."

Mrs. I places significant emphasis on childcare and demonstrates a determined attitude toward her children. She assumes full responsibility for meeting their needs and organizes the household to allow the children to engage in independent activities. Additionally, Mrs. I adopts a firm approach to providing educational and therapeutic exercises, recognizing the importance of practice for children with special needs to foster independence.

Obtained Social Support

Social support from family, friends, or the community plays a crucial role in helping mothers cope with the various pressures and emotions they experience and fostering self-acceptance of their child's condition. This support encompasses emotional assistance and practical aid in daily caregiving, which is particularly significant for mothers who serve as primary caregivers. As one mother stated:

"...maybe it is because of the convenience, you know...maybe because I have many friends who have the same condition as my son...so when you are alone, you feel more empowered, bro. You may feel less confident when surrounded by people, but when you go solo, you have high enthusiasm for learning and therapy because you may have more friends than me. So social support is important, sir."

Access to responsive and well-equipped healthcare facilities can positively impact the social support received by mothers. These facilities provide access to trained and experienced medical professionals who can address the specific needs of children with Cerebral Palsy (CP) and offer accurate information about the condition. Moreover, good healthcare facilities can provide support and counseling programs for mothers and families, assisting them in managing the challenges and emotions associated with raising a child with CP. This healthcare facility strengthens social networks and helps mothers better comprehend and cope with their child's condition. As described by Mrs. E:

"...the doctors slowly inform and educate me, they are like my support system...this Rehabilitation Service Office (RSO) is like a home for me and some people. It is on the 4th floor where the children are. We support each other, sharing experiences until the other moms call us conjoined twins, twins in that condition..."

Assistance from family members, such as grandparents or parents, can provide significant support in navigating the challenges and demands of caring for a child with Cerebral Palsy. Involving extended family members in caring for children with CP can help alleviate the physical and emotional burdens mothers face. With the help and support of their wider family, mothers can feel more supported, have personal time, and effectively meet the needs of their children with CP. The accounts of Mrs. I and Mrs. SI exemplify the help and family support:

"...the compassion between grandparents and grandchildren clashes with my firmness as a mother. According to my parents, I can be strict or stern when teaching my children the necessary independence points. Especially when I was living with my parents, the grandmother sometimes became emotional and said, 'Oh God, it's too bad, ma'am. They have already practiced enough.' So, sometimes, I also lose control when I may no longer have a problem and become cold. I have stopped, but I will continue the practice later. However, when I have a lot on my mind, my voice may unintentionally become louder when my parents respond differently to me..."

"...my support comes from my husband, sir. Because he also heard the doctor's diagnosis from the beginning. So, we usually take turns. Even though I usually handle therapy, except when I am sick, he takes over..."

It is essential to acknowledge that each family has unique dynamics and circumstances. Not all extended family members may provide adequate support in dealing with the challenges of a child with Cerebral Palsy (CP). Some family members may hold unsupportive attitudes or do not understand the child's condition. Recognizing that social support goes beyond practical assistance, emotional support plays a vital role. With sufficient social support, mothers feel empowered and motivated to provide the best possible care for their children while striving to unlock their full potential. As Mrs. SI expressed:

"...if you come from a large family, it needs to be improved, sir. It's even nonexistent. Well, it's not that they reject it, but ummm, it is like. Yes, we rarely communicate, you know. Yes, social support is essential, isn't it, sir? So people know who we are. Besides just parents and siblings. However, what can I do, sir? It depends. When I am alone, I am used to being alone, so other people rarely get involved in caring for my child..."

Acceptance Phase

The process of adapting to the condition of a child with Cerebral Palsy (CP) can differ among mothers. Shock, confusion, and sadness often characterize the early stages following the diagnosis. However, with time, many mothers enter the acceptance phase and learn to approach challenges with a more positive mindset. For instance, Mrs. R has reached a stage of acceptance where she has established a foundation as a gathering place for children with CP in her local area. She has found a sense of fulfillment and joy in raising children with Cerebral Palsy (CP). After overcoming the initial phase filled with challenges, Mrs. R has achieved balance and happiness as a mother caring for children with special needs. She states:

"...We had time in the early days at home because of my husband, right? We also established a foundation. Others have informed me about another foundation that fights for equality for children like ours, ensuring they are not treated differently. Based on Law Number 8, fathers are also striving for this cause. We aim to provide education in Banjarmasin for children with special needs, particularly those with moderate to severe CP. Homeschooling should not confine moderate and severe cases. If we can now enjoy it more, we will find more enjoyment. However, now that our child is growing older, at 18 years old, psychological aspects are becoming more prominent. Our home serves as a source of entertainment."

Mrs. E and her husband genuinely committed to facing their child's condition. They support their child with full awareness and determination, ensuring that their potential and abilities can flourish. Mrs. E takes on the role of the primary educator for her child, encouraging her to reach her fullest potential and become more independent, preparing her for a successful future. Mrs. E explains:

"...I have made a personal commitment and shared it with my husband. I want F to attend elementary or junior high school. I have gradually suggested to F that I am willing to attend regular school if she becomes strong enough. However, before that, she will receive education at the Rehabilitation Center (RC) to learn essential life skills."

After progressing through the acceptance phase, mothers of children with CP exhibit a resilient attitude, refusing to give up or succumb to despair. Even while caring for their child's younger siblings with CP, they remain active, forward-looking, and optimistic about the future. They continue to actively care for their child with CP while tending to the needs of their other children. Despite the weighty responsibilities, they refuse to dwell in sorrow. Mrs. I expresses:

"...I am not someone who isolates herself, brooding for days, fixated on thoughts like 'Oh God, why is my child like this, why am I in this situation,' and constantly crying. Due to my child's condition, I must keep moving, remain active, and care for my younger children. There is a positive side to this, as it prevents me from falling into constant contemplation..."

Adjusting to the condition of a child with Cerebral Palsy (CP) is unique for each mother. After overcoming the initial challenges, many mothers reach a stage of acceptance where they face the condition with unwavering determination and a positive mindset. Whether through personal achievements or sincere commitment and teaching efforts, these mothers inspire in parenting children with Cerebral Palsy (CP) and confronting challenges with resilience.

Hope for Children

The general expectation in child development is for them to attain independence that enables them to stand and walk unassisted. Moreover, this objective encompasses the children's capacity to develop self-sufficiency, enabling them to overcome life's challenges and live autonomously without relying on assistance from others. Mrs. T expresses her perspective:

"...I have just one hope lingering: for my son to become an independent child. His siblings grow weary of constantly assisting him if we do not have anyone else. Despite Habib's condition, I yearn for him to engage in independent activities. That is why I will choose self-employment even if I have to work. So, my primary aspiration revolves around Habib's independence without requiring aid from others. For instance, being able to bathe, attend to personal needs, or perform other tasks independently is my only and most significant hope."

Another expectation that frequently arises is for children to attend school and pursue education through the tertiary level. This expectation signifies parents' desire to provide their children equal opportunities, notwithstanding mobility and physical abilities challenges. Mrs. E articulates her thoughts:

Conclusion

The experience of mothers caring for children with Cerebral Palsy can be described by the themes mentioned above, highlighting the variation in mothers' responses while revealing specific patterns. Some mothers initially face challenges and negative emotions but seek appropriate treatment, education, and social support. They develop a deep understanding of their child's condition and firmly commit to providing necessary care and training. Mothers demonstrate their ability to nurture their children and create an environment that fosters independence. They harbor firm hopes that their children can lead independent lives, including pursuing education up to the university level.

In conclusion, each mother with a child diagnosed with Cerebral Palsy undergoes a unique adjustment process. Shock, confusion, and sadness often characterize the early stages following the diagnosis. However, with time, many mothers reach a stage of acceptance and adopt a more positive attitude when facing challenges. Some mothers successfully achieve a profound acceptance stage and actively support their children. They dedicate themselves to enabling their children with Cerebral Palsy to realize their full potential and abilities, thus facilitating independent living. Despite encountering significant challenges, these mothers exhibit resilience and persist in their parental roles, continuously moving forward.

Equations and formulae should be typed in Mathtype, and numbered consecutively with Arabic numerals in parentheses on the right hand side of the page (if referred to explicitly in the text). They should also be separated from the surrounding text by one space.

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