

Awareness, Knowledge and Perception of Port Harcourt Women on Children Living with Cerebral Palsy

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Abstract

Neurological disorder called cerebral palsy, which results from a disruption in the development of the brain in the womb or shortly after birth leads to a life-long disability affecting the victim's ability to sustain balance. It has no cure and can only be managed; children with the condition often need lifelong care. This study is an examination of the awareness, knowledge and perception of Port Harcourt women on children living with cerebral palsy. The objectives were: to ascertain the level of awareness of Port Harcourt women on children living with cerebral palsy; examine the level of knowledge Port Harcourt women have on children living with cerebral palsy among others. The health belief, perception and cognitive balance theories underpinned this study. The study adopted descriptive survey design and the population of the study comprised women who reside in Port Harcourt and Obio/Akpor LGAs of Rivers State between the ages of 18 – 65. The population figure for the study was 698,000 while the sample size was 400 using Taro Yamane determinant formula. The study employed purposive and snowball sampling techniques. The questionnaire was used for data collection and contingency tables were used for data presentation. Findings from the study revealed that the level of awareness of children living with cerebral palsy was high, and the level of knowledge on children living with cerebral palsy among Port Harcourt women was low. The study concluded that the issue of children living with cerebral palsy, many women are informed but do not have adequate knowledge of its consequences and symptoms, thus, many children living with cerebral palsy suffer stigmatisation and rejection in public. Nevertheless, with viable guiding medical and public enlightenment, the issue can be managed. The study recommended that though, the level of awareness of children living with cerebral palsy is high; there should be massive awareness/enlightenment on salient issues of children living with cerebral palsy to capture more attention of the public in order to shape their opinions.

Keywords: Awareness, knowledge, perception, women, children, cerebral palsy

Introduction

Cerebral palsy (CP) is the most common disability of childhood that affects motor function as a result of injury to the developing brain (Vitvikas *et al.*, 2020). It is also known as Little's disease as the term was first described by William John Little in the year 1843 in which he mentioned spasticity occurs due to damage to the brain during infancy, preterm birth, or birth asphyxia. This was followed by extensive contributions of Osler, Sach, and Peterson, Sigmund Fried, Mac Keith

and Polani, and many others until 2006 when an expert executive panel defined CP as a group of permanent disorders of the development of movement and posture, causing activity limitation, which is attributed to non-progressive disturbances occurring in the developing foetal or infant brain (Stavsky *et al.*, 2017).

Cerebral palsy symptoms are heterogeneous, a child having limited brain injury may find difficulty in just one component of the musculoskeletal system, and another child with a broad range of symptoms may suffer from activities that hamper the activities of daily living of the child along with other lifethreatening comorbidities; however, its symptom may improve in due course of time owing to the maturity of the nervous system with age (Sadowska *et al.*, 2020). Damage to the developing brain before, during, or just after delivery affects both neurological and musculoskeletal systems of the body producing symptoms such as abnormal contraction of muscles, postural changes, and movement and activity limitation which are accompanied by sensory disturbances along with perceptual disorders, cognitive issues, inability to communicate, behavioural issues, epilepsy, and secondary musculoskeletal problems. Previously, it was thought that lack of oxygen at birth is responsible for cerebral palsy; however, with emergent research, it is evident that along with this, there are many other causes and risk factors responsible for the development of cerebral palsy. It is now believed that CP results from a series of events that combines to cause injury to the brain during the developmental period (Badawi *et al.*, 2021).

Children with cerebral palsy (CP) present with multifactorial and complex developmental problems. Impairments include deficiencies in balance control, muscle tone, gross and fine motor skills, and coordination. In addition to posture and movement difficulties, many other developmental disorders coexist with CP, including sensory and cognitive impairments, which cause delay in reaching developmental milestones, including limitations in the development of self-care skills. As the symptoms of CP are persistent, this population requires intensive and regular therapy over the course of their lifespan. In addition to the difficulties associated with common CP symptoms, affected children are also at risk for experiencing psychosocial problems, including feeling of helplessness, anxiety, and dependency (McDermott *et al.*, 1996). The growing body of research has indicated that developmental progress of children with CP is not solely determined by physical health issues, but also depends on children's psychosocial and family-related factors, including parenting strategies (Schuengel *et al.*, 2006). Therefore, the matter of awareness, knowledge, perception, attitudes, parenting styles, stress management, and coping skills among women caring for children with CP is of prime interest in the developmental outcomes of children with CP.

Child rearing strategies and parental attitudes are important predictors of child developmental outcomes and adaptation (Jankowska *et al.*, 2014). Children with disabilities, including CP, are especially sensitive to the quality of parental care. Adverse parenting practices are associated with mental health issues and other negative consequences for child psychological development. Increased risk for anxiety and depression is common among children raised by controlling, emotionally distant, and rejecting parents (McLeod *et al.*, 2007a). Among children with Tourette's syndrome, parental control and indifference are factors related to the children's mood disorders, neurotic disorders, and learned helplessness due to an external locus of control. According to Cohen *et al.*, (2008b) perceive parenting style is an essential predictor of locus of control among children with CP, but not among their healthy siblings; parental acceptance was associated with an internal locus of control, which is a crucial resilience factor for this child

population. Parental practices and attitudes are shaped by many different factors, including child characteristics, parents' psychological traits, parents' emotions, parental perceptions and interpretations, parents' childhood experiences, life event stress, and sources of support, among various other factors (Gavita *et al.*, 2011).

Caring for children with CP can be a demanding and life-long process that impacts parents' feelings and attitudes. The initial challenge occurs when parents first learn about the child's diagnosis (Huang *et al.*, 2010). How parents overcome intense and difficult emotions and adapt to the novel situation affects parenting practices, approaches towards the child, and parents' general well-being. Emotional, social and physical health problems are frequently reported among parents of children with CP, including difficulties in maintaining social relationships, marital conflicts, disadvantage in employment, and insufficient support from services, among others. Thus, parents of children with CP are at risk of experiencing serious distress (Martins-Ribeiro *et al.*, 2014). The level of parental stress has been found to have multiple determinants, including the severity of the child's health issues, parents' perception of the child's abilities, and circumstantial factors, such as poor socio-economic conditions or insufficient social support. Mothers of children with CP who exhibited the highest levels of stress were those who perceived their child as needy and unable to adapt; they also felt strong social isolation and received little support from a partner. These findings are in line with research results of Martins-Ribeiro *et al.* (2014), who also argue that the mothers of children with CP may identify them as very vulnerable, un-resourceful, and highly dependent on parental assistance.

The consequences of Cerebral Palsy include retardation of growth and development as well as social and financial squeals. The frequency of cerebral palsy has not declined, and there are relatively few specific, modifiable risk factors for cerebral palsy. Attention to factors that are associated with an increased risk of cerebral palsy might help to prevent its development. The focus of preventing cerebral palsy is in alleviating or minimising the risk. Expectant parents, medical practitioners, researchers and government policy makers play important roles in the quest to reduce the chances of a child developing cerebral palsy. However, greater attention needs to be given to women, considering their role as primary care givers in child care. This study was therefore set out to assess the awareness, knowledge and perception of Port Harcourt women on children living with cerebral palsy to provide evidence for appropriate interventions among this group.

Statement of the Problem

Cerebral palsy (CP) is a group of disorders that affect children's ability to move and maintain balance and posture. Cerebral palsy is the most common motor disability in childhood. Cerebral means having to do with brain. Palsy means weakness or problems with using the muscles. Cerebral palsy is caused by abnormal brain development or damage to the developing brain that affects a child's ability to control his or her muscles. The symptoms of CP vary from person to person. A person with severe CP might need to use special equipment to be able to walk or might not be able to walk at all and might need lifelong care. A person with mild CP, on the other hand might not need any special help. CP does not get worse over time, though the exact symptoms can change over a person's lifetime. All people with CP have problems with movement and posture. Many also have related conditions such as intellectual disability, seizures, problems with vision, hearing or speech, changes in the spine such as scoliosis or joint problems such as contractures.

The primary effect of cerebral palsy is impairment of muscles tone, gross and fine motor functions, balance control, coordination, reflexes and posture. Oral motor dysfunction, such as swallowing and feeding difficulties, speech impairment and poor facial muscle tone can also indicate cerebral palsy. Associative conditions such as sensory impairment, seizures and learning disabilities that are not a result of the same brain injury occur frequently in persons with cerebral palsy. When present, these associative conditions may contribute to a clinical diagnosis of cerebral palsy. Many signs and symptoms are not readily visible at birth, except in some severe cases and may appear and may appear within the first three to five years of life as the brain and child develop. Despite Nigerian medical practitioners' efforts to educate the public on the true causes and effects of cerebral palsy, many still believe that it is caused solely by rituals or spiritual related problems, causing discrimination against those with the condition. As a result, many of these infants receive no medical care and in other cases are sent to spiritual homes for prayers.

According to Business Day (2019), a study released by the Bill and Melinda Gates Foundation, developmental disability diagnoses in children have soared nearly 80 per cent since 1990 in Nigeria to 2.5 million. The Nigerian government, over the years has been striving to raise awareness level of disabilities in children, with the aim of sensitising the citizens on the causes and treatments. Also, Discrimination against Persons with Disabilities (Prohibition) Act was enacted, providing a legal framework to halt discrimination against people with disabilities. More or less the adult version of the Child Rights Act adopted in 2003. A Nigerian national cerebral palsy football team was put together in 2012 to represent the country in international competitions, but children with cerebral palsy suffer due to myth that many Nigerians hold on to that those suffering cerebral palsy are consequence of a crime or spiritual rituals committed by their parents.

Halting the discrimination against cerebral palsy is not only by law enactment but by moral suasion. Communication advocacy helps in moral suasion, acceptance and change of attitude including behaviour. For such to take place effectively, there will be a degree of awareness of the cerebral palsy and knowledge the implication in the society. Besides, efforts should be made to adopt an appropriate communication sources to effectively campaign against discrimination of cerebral palsy. However, it is essential to state that studies have been done on management of cerebral palsy, knowledge of women of childbearing age on cerebral palsy and its predisposing factors among children, parental attitude and self-efficacy, stress and coping strategies among mothers of children with cerebral palsy, but little or no studies have been done awareness, knowledge and perception of children living with cerebral palsy. It is therefore the thrust of this study to assess the awareness, knowledge and perception of Port Harcourt women on children living with cerebral palsy.

Objectives of the Study

The specific objectives of this study were to;

1. ascertain the level of awareness of Port Harcourt women on children living with cerebral palsy;
2. find out the sources of awareness of Port Harcourt women on children living with cerebral palsy;
3. examine the level of knowledge of Port Harcourt women on children living with cerebral palsy;
4. evaluate the perception of Port Harcourt women on children living with cerebral palsy; and

5. determine the extent of perception of acceptance of children living with cerebral palsy children by Port Harcourt women as a result of the public enlightenment.

Conceptual Review

Cerebral Palsy

Cerebral palsy (CP) is a complicated disease with varying causes and outcomes. It has created significant burden to both affected families and societies, not to mention the quality of life of the patients themselves (Hueng-Chuen *et al.*, 2015). It constitutes a major reason for paediatric specialist care in Ibadan, Nigeria. The aetiology of which is influenced by preventable causes especially among other neurological disorders seen in this part of the world (Lagunju & Okafor, 2009). Cerebral palsy is a life-long physical disability caused by damage of the developing brain and it occurs in about 2.1 per 1000 live births and this is usually permanent (Oskoui *et al.*, 2013). The consequences of Cerebral Palsy include retardation of growth and development as well as social and financial squeals. The most common cause of childhood disability is cerebral palsy, with a prevalence of 2 to 2.5 per thousand live births globally (Donald *et al.*, 2015). Cerebral palsy represents a range of heterogeneous conditions that have developmental, neurological as well as psychological and educational implications (Moster *et al.*, 2010). Cerebral palsy is described as an impairment of both movement and posture resulting from a non-progressive brain disorder due to events during pregnancy, delivery, early childhood, or hereditary factors (Aisen *et al.*, 2011). Most disabilities are attributable to preventable factors reflecting a lack of access to quality antenatal and post-natal care and general health services.

Effects of Cerebral Palsy on Caregivers

As cerebral palsy (CP) is a lifelong condition, it can pose a burden on parents or caregivers of children with disability, affecting their health and general well-being and quality of life (Hamzat & Mordi, 2007). This is supported by Dambi and Jelsma (2014), who noted that long term caregiving leads to strain, and thus there is a need to design activities and interventions to reduce the caregiver burden. In Nigeria, childhood disability has several social and economic consequences which impact the entire family. In a study by Dambi and Jelsma (2014), most caregivers (83%) indicated that the demands of caregiving overburdened them, and these increased with the chronicity of care. Moreover, the study identified common impacts on caregivers to include inconvenience, physical strain, confining, family adjustments, personal plans and work adjustments. The highest number of reported problems was financial strain (74%) and feeling overwhelmed (84%) (Dambi & Jelsma, 2014)

Theoretical Framework

Health Belief Model

Health Belief Model is an example of behaviour change theories. Health Belief Model can be applied to guide health promotion and drug prevention programme. It was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels to understand the failure of people to adopt diseases prevention protocols while working in the United States Public Health Services. The thrust of the HBM centres around four main construct: perceived seriousness, perceived susceptibility, perceived benefits and perceived barriers (Guvenc, *et al.*, 2011). The focus of Health Belief Model is to assess health behaviour of individuals through the examination of perceptions and perceptions someone may hold towards certain health practices and towards disease and negative outcomes of certain actions. The theory is useful in health promotion design, intervention and prevention programmes. The theory was propounded in reaction to a failed, free

tuberculosis screening programme in the USA. The Model assumes that behaviour change occurs with the existence of three ideas at the same time. An individual recognizes that there is enough reason to make a health concern relevant (perceived susceptibility and severity). That person understands that he or she may be vulnerable to a drug abuse or negative health outcome (Perceived threat). Lastly, the individual must realize that behaviour change can be beneficial and the benefits of that change will outweigh any costs of doing so even as related to health. Since its introduction, the health belief has continued to be one of the most popular and widely used theories in sanitation and disease prevention campaigns. Within the context of the Health Belief Model, perceived susceptibility determines people's opinions about how likely the behaviours they possess are going to lead to a negative health outcome. One of the Goals of Health Belief Model is to change perceptions of susceptibility in order to move towards behaviour change. The model seeks to increase awareness of how serious the outcomes of behaviours can be in order to increase the quality of one's life.

The relevance of the HBM to this investigation is borne out of the fact that an understanding of the study population that they are susceptible to these conditions which portends severe consequences, will likely make them conclude that the benefits outweighs the barriers associated with changing their behaviours to prevent discrimination of cerebral palsy children through awareness programme of prevention. It is also vital to this study because cerebral palsy focused information dissemination helps change personal beliefs or perceptions of disease and the solutions available to reduce its incidence and drive positive health behaviour. When the target population, women especially, know that children living with cerebral palsy are at risk of suffering if they are not properly taken care of, they will likely comply with the communicated message presented in any medium that appeals to them. This brings in the long-run, the desire to adopt the prescribed and recommended behaviour as advocated by the communication message.

Perception Theory

The proponents of this theory are Berelson and Steiner in 1964. It simply states that individuals have ways of shutting out information that is not in line with what they believe in. Weimann (2010) describes perception as the “complex process by which people select, organize, and interpret sensory stimulation into meaningful and coherent picture of the world” (p.21). It simply means that individuals most often process campaign message to suit the worldview they are conversant with. According to him, studies in human perception has shown that people's values, needs, beliefs and perceptions play important roles in determining how they select stimuli from the enormous campaign content in their environment and how they ascribe meaning to such stimuli from their existing frame of reference. Anaeto *et al.*, (2011) posit that “the theory tells us the process of interpreting message is complex and that these goals may be difficult to achieve” (p.66).

Perception as it were, is subjective, and therefore individualistic in nature. Whether implicitly or explicitly, the individual's ability to ‘choose’ which stimuli he will perceive has been portrayed as a filter through which all forms of communication must pass through (Baker, 2011). This means that people screen campaign contents in such a way that it makes it easy for them to take what they like and discard what they dislike. For him, an unconscious filtration process therefore comes into operation, when there is need for an individual to choose what to pay attention to out the various information he is exposed. This filtering process is also referred to as the ‘ways’ through which people ‘consume’ contents of the media they have an inkling for and avoid the ones that are contrary.

Baker (2011) opines that perception can be influenced by a myriad of psychological factors including the predispositions of individuals that are based on their past experience, cultural expectations, motivations, moods and perceptions. All these factors are responsible for why people watch or listen or read certain things and ignore others. He further states that the concepts of selective attention, selective exposure, selective perception, and selective retention were formulated to explain how individuals manage and manipulate campaign message available to them. Relating this theory to the study, it is in line with people's beliefs and perceptions, once a person has been exposed and given an attention to public enlightenment, the next stage has to do with analysing the message to make sure it is beneficial in the end. People will interpret the messages in a manner consistent with their pre-existing perceptions and beliefs. The perceptions and beliefs of people are what give them the basis for interpreting messages gotten from the enlightenments. Women will if possible, shape their interpretation of a public enlightenment to be congruent with his/her existing belief as a result of the following factors: interests, beliefs, knowledge, perceptions, needs, and values. They will perceive messages differently because of their innate compositions and abilities, before the women decide to ponder on a cerebral palsy message, they would have to screen it to make sure that it is cognisant with what they believe in or are comfortable with. They selectively perceive process and interpret public enlightenment or form the perception of the other party in the process, to misperceive and misinterpret messages, which has the capacity to reduce the potential for changing perceptions, values, opinions or images.

Cognitive Balance Theory

The theory was propounded in 1968 by Sandra Ball-Rokeach. The theory holds that people have the tendency of evaluating persuasive messages according to how such messages fit into their cognitive patterns. The audience often judge the messages they receive based on how they understand such messages. This implies that people accept messages that are in line with what they already know. This is because people easily accept messages that are in line with what they already know than those messages that are not in line with what they already know. This explains why Anaeto *et al.*, (2008) note that messages that blend into a receiver's level of understanding ensures a balance in his internal state while a message that does not blend causes internal inconsistency. The major assumptions of the theory according to Anaeto *et al.*, (2008) are:

- i. People tend to evaluate persuasive messages according to how these messages fit or fail to fit their own cognitive (meaning) pattern.
- ii. A message that fits into the receiver's cognitive pattern ensures a balance in his state of mind while the one that does not fit causes internal inconsistency; to restore internal balance, the receiver has to change his perceptions towards the subject matter or the source; and
- iii. A receiver who holds a mild opinion on a pertinent topic may change his perception towards the topic, whereas a receiver who holds a strong opinion on the topic is more likely to change his perceptions towards the source.

Relating this theory to the study, the theory is relevant to the campaigner especially, the development communicator. Whenever a programme is being carried out, the communicator ought to find out what the people have already known and build on that. When public enlightenment design programmes to bring about positive attitudinal change in the audience, they should endeavour to carry out a research so as to know what the people already know. This will make the programme to have positive effects on them.

Empirical Review

Jankowska *et al* (2015) did a study on “Parental attitudes and personality traits, self-efficacy, stress and coping strategies among mothers of children with cerebral palsy.” The aim of the research was to compare parenting attitudes in mothers of children with CP to mothers of typically developing children, and to study the relationship between parenting attitudes and personality traits, stress, coping strategies and self-efficacy in mothers of children with CP. participants and procedure Twenty-seven mothers of children with cerebral palsy (MCCP) (mean age 35.50 years, SD = 4.83) and twentyeight mothers (mean age 35.60 years, SD = 4.27) of typically developing children (MTDC) participated in this study. Each parent had a child between the ages of two and seven years. A battery of tests was administered to groups, which included the Parenting Attitudes Scale (SPR), the NEO Five-Factor Inventory (NEO-FFI), the Generalized Self-Efficacy Scale (GSES), and the COPE Inventory. Also, maternal stress and the amount of social support received were assessed. The results showed that acceptance was the most common parental attitude among all participants, mothers of children with CP presented with a stronger tendency towards overprotective and demanding attitudes. Also, Neuroticism was found to be the best predictor of overprotective and demanding parental attitudes. The reviewed study and the current study are related as they centre on parental attitude on children with cerebral palsy, but they differ on objectives, scope and methods.

Kohl *et al.*, (2022) conducted a study on “Assessment of perception about oral habits in children among health care professionals, a cross sectional study.” The objectives were to assess the perception about oral habits in children among healthcare professionals, other than the dentist, by evaluating their knowledge, attitudes and practices. A cross-sectional survey was conducted among healthcare professionals, excluding dentists, from Medical, Homeopathy, Nursing, Ayurveda and Physiotherapy specialities. A sample size of 400 was calculated using standard sample size formula by referring previously published articles. A 15-item validated questionnaire, containing four domains of professional demographic data, knowledge, attitude and practices were distributed among participants. The study showed that most of the respondents were unaware about the causes of deleterious oral habits and had unsatisfactory knowledge regarding their effects on children. A lack of awareness regarding the prevention and treatment of oral habits was also observed. The correlation between knowledge, attitude and practices was highly significant. The reviewed study and the present study are related as they focus on perception on children health. But both studies differ on the objectives, scope and methods.

Muhammad *et al* (2008) did a paper on “Parental perception of their children’s weight status and its association with their nutrition and obesity knowledge.” This study examined parental perception of their children’s weight status, and its association with their knowledge on nutrition and obesity. Materials and Methods: This was a cross sectional study of parents with children aged 9 to 12 years, in a primary school of Kuala Lumpur. Parents responded to a self-administered questionnaire which contains parental perception of their child weight status as well as knowledge on nutrition and obesity. The parents’ perception of the children’s weight status was then compared with the actual measured weight status. There were 204 parents who participated in the study. Parents were found to underestimate their child weight status and 38.2% were inaccurate in their perception. The mean score of knowledge on nutrition and obesity was high and this did not associate with the accuracy of their perception on the child weight status. Parents showed inadequate knowledge in food pyramid and preparation of low fat meals. The review study

and the pioneer study are related as both hinge on parental perception and children health status. The area of divergence is on the objectives, scope and methods.

Habib (2020) carried out a research work on “Perception of parents to childhood psychiatric disorders in Nigeria.” This study set out and identified perception of parents in a paediatric out-patient setting as to what they considered to be symptoms suggestive of psychiatric disorders in children and what they considered to be contributory factors to the causation of these disorders. A cross-sectional study was carried out where parents’ were interviewed and the socio-demographic features of the child, parents and family were elicited. The child was assessed for psychological disorder with the reporting questionnaire for children. The result revealed that majority (90%) of the parents had poor perception about childhood psychiatric disorders. Most of the symptoms parents identified as being suggestive of disorders were those of overt, externalising abnormal behaviours. Inheritance, head injury, epilepsy, and lack of consistent discipline were the factors identified by parents as being contributory to the development of psychiatric disorders in children. The reviewed work and the present study are related as both focus on perception of parents to childhood psychiatric disorder. The difference is on the objectives, scope and methods.

Methodology

The survey research design was adopted for this investigation. Women residing in Port Harcourt and Obio/Akpor Local Government Areas between the ages of 18 to 65 made up the research population. According to National Population Census 2006, there were 257,855 Port Harcourt lga women and 223,399 Obio/Akpor lga women, additionally, the total was 481,254. By 2023, with a 3% yearly growth rate, the research population was projected to 698,000. Therefore, the population for this study was 698,000. The sample size for the study was 400 using Taro Yamane mathematical formula. Purposive and snowball sampling techniques were employed to get to the respondents. Instrument for data collection was a validated questionnaire and the research questions were analysed using contingency tables. In scoring data from the four-point likert scale questions in the instrument, responses to the items were weighted which was equal to or more than 2.5 was seen to be positive while any mean response less than 2.5 was considered negative. To measure extent, a scale was constructed using weighted mean score where score of 0-2 was very low, 2.1 – 2.49 low, 2.5 -3 high and 3.1 – 4 was very high.

Data Presentation

Research Question 1: what is the level of awareness of Port Harcourt women on children living with cerebral palsy?

Table 1: Heard, Seen or Read of Children Living with Cerebral Palsy

Status	Frequency	Percentage (%)
Yes	385	100%
No	0	0%
Uncertain	0	0%
Total	385	100%

From the Table 1, all the respondents accepted to have heard, seen or read of children living with cerebral palsy.

Table 2: Level of Awareness of Children living with Cerebral Palsy

Options	Rating	No of Respondents	Percentage
Very High	100 – 80	25	6%
High	79 – 59	225	59%
Low	58 – 38	122	32%
Very Low	37 – 1	13	3%
Total		385	100%

From the above table, majority of the respondents had heard, watched or read of children living with cerebral palsy to a high intensity.

Research Question 2: what are the sources of awareness of Port Harcourt women on cerebral palsy?

Table 3: Sources of Awareness of Port Harcourt Women on Cerebral Palsy

S/N	Items	SA	A	D	SD	\bar{x}	StD	Remark
3.	I am aware of cerebral palsy through antenatal	122 (488)	184 (552)	72 (154)	7 (7)	3.04	0.84	Agreed
4.	I am aware of it through Doctor advice	88 (352)	134 (402)	128 (256)	35 (35)	2.65	0.96	Agreed
5.	I also got aware of it through grapevine, gossips and rumours	156 (624)	192 (576)	37 (74)	0 (0)	3.26	0.67	Agreed
6.	I got aware the information through public announcement, talk-shows in Churches, Mosques and associations/clubs	138 (552)	176 (528)	64 (128)	7 (7)	3.08	0.85	Agreed
7.	I was sensitised about it through road walks campaign, friends, relations acquaintances	148 (592)	165 (495)	72 (144)	0 (0)	3.15	0.75	Agreed
8.	I got aware of the cerebral palsy through social media: such as WhatsApp, Facebook, Instagram and Twitter	162 (648)	204 (612)	19 (38)	0 (0)	3.32	0.62	Agreed
9.	I got aware of the information through newspapers and magazines	164 (656)	188 (564)	33 (66)	0 (0)	3.29	0.67	Agreed

10.	I obtained the information on the cerebral palsy through radio, television and public films	149 (596)	176 (528)	60 (120)	0 (0)	3.19	0.73	Agreed
11.	I got aware through billboards, posters and handbills	9 (36)	71 (213)	130 (260)	175 (175)	1.82	0.74	Disagreed
Grand Mean						2.98		Accepted

From the analysis done, the result revealed that the sources of awareness of Port Harcourt women on cerebral palsy were through antenatal, Doctors' advice, public announcement, talk-shows in the churches, mosques and associations/clubs, road walks campaigns, friends, relations acquaintances, social media such as WhatsApp, Facebook, Instagram, and Twitter, newspapers and magazines, radio, television and public films.

Research Question 3: To what level of knowledge the Port Harcourt women acquired on children living with cerebral palsy?

In analysing this research question, the children living with cerebral palsy was address to test the respondents' knowledge and grade them into levels.

Table 4: Level of Knowledge Port Harcourt Women has on Children Living with Cerebral Palsy

Consequences and Symptoms of CP	No of Respondents	Percentage	Level of Knowledge
Very high adequate of the consequences and symptoms of CP	48	12%	Very high
High adequate of consequences and symptoms of CP	90	23%	High
Low adequate of consequences and symptoms of CP	105	27%	Low
Very low consequences and symptoms of CP	142	37%	Very low
Total	385	100%	

As indicated in the table above, the level of knowledge Port Harcourt women acquired on effects of children living with cerebral palsy was very low.

Research Question 4: what is the perception of Port Harcourt women on public enlightenment of children living with cerebral palsy?

Table 5: Perception of Port Harcourt Women on Public Enlightenment of Children Living with Cerebral Palsy

S/N	Items	SA	A	D	SD	\bar{x}	StD	Remark
17.	My perception of public enlightenment on children living with cerebral palsy is aggressive	0 (0)	0 (0)	137 (274)	248 (248)	1.38	0.21	Disagreed
18.	My perception of public enlightenment on children living with cerebral palsy is that it encourages public participation	156 (624)	190 (570)	39 (78)	0 (0)	3.26	0.68	Agreed
19.	My perception of public enlightenment on children living with cerebral palsy is that there is no supportive synergy among stakeholders.	148 (592)	192 (576)	37 (74)	8 (8)	3.20	0.73	Agreed
Grand Mean						3.28		Agreed

From the analysis done, the result showed that the Port Harcourt women perceived public enlightenment on children living with cerebral palsy as encouraging but there was no supportive synergy among stakeholders to make the enlightenment effective and the enlightenment was not aggressive.

Research Question 5: To what extent has there been perception of acceptance of children living with cerebral palsy by Port Harcourt women as a result of the public enlightenment?

Table 6: Extent of Perception of Acceptance of the Cerebral Palsy Children by Women in Port Harcourt City

S/N	Items	SA	A	D	SD	\bar{x}	StD	Extent
20.	I perceive the children living with cerebral palsy less prevalent as a result of public enlightenment	122 (488)	184 (552)	72 (154)	22 (22)	3.04	0.84	High
21.	I see children living with cerebral palsy less difficult to manage as a result of public enlightenment	88 (352)	134 (402)	128 (256)	50 (50)	2.65	0.96	High
22.	I perceive that public enlightenment provided a higher threshold venue for communication with acceptance of children living with cerebral palsy	156 (624)	192 (576)	52 (104)	0 (0)	3.26	0.67	Very High
Grand Mean						3.08		High

From the analysis done, the result indicated that the perception of acceptance of children living with cerebral palsy by Port Harcourt women as a result of public enlightenment was to a high extent.

Discussion of Findings

Research Question one: what is the level of awareness of Port Harcourt women on children living with cerebral palsy?

The result revealed that majority of the respondents have heard, seen and read about the children living with cerebral palsy and the level of awareness among Port Harcourt women was high. This upholds the perception theory upon which this study is anchored as stipulates that the people's values, needs, beliefs and perception play important roles in determining how they select stimuli from the enormous campaign content in their environment and how they ascribe meaning to such stimuli from existing frame of reference. This is why Baker (2011) opines that perception can be influenced by a myriad of psychological factors including the predispositions of individuals that are based on their past experience, cultural expectations, motivation, moods and perceptions. All these factors are responsible for why people watch or listen or read certain things and ignore others. The finding refuted the study of Habib (2020) when stated that majority of the parents had poor perception about childhood psychiatric disorders. Also, the study of Muhammad et al., (2008) is opposite to this finding as posited that parents were found to underestimate their child weight status and were inaccurate in their perception.

Research Question Two: what are the sources of awareness of Port Harcourt women on children living with cerebral palsy?

The finding revealed that the sources of awareness of Port Harcourt women on children living with cerebral palsy were through prenatal, perinatal, postnatal, Doctors' advice, friends, relations acquaintances, grapevine, gossips, rumours, public announcement, talk-shows in Churches, Mosques and associations/clubs, social media such as WhatsApp, Facebook, Instagram and Twitter, newspapers, magazines, radio, television, public films, town hall meetings, town criers, billboard, posters and handbills. The health belief model upon which this study is anchored gives backing to this findings. The model proposes that the principal behavioural effects come from interaction in or under the influence of those groups with whom one is associated in the community. These groups control the sources behavioural patterns, provide normative definitions and exposed one to behavioural models and cognition. Also, the model posits that under the construct of perceived susceptibility, for example, the public health sector should partner with the communication practitioners to use nationwide or regional multi-component campaigns that deliver messages by using various means and channels of communication to reach large and undifferentiated audience.

Research Question Three: To what level of knowledge the Port Harcourt women acquired on children living with cerebral palsy?

From the result of the study, it was revealed that the level of knowledge acquired on the problems of cerebral palsy was to a very low level. The cognitive balance theory that underpinned this study gives backing to this finding. The theory posits that that people have the tendency of evaluating persuasive messages according to how such messages fit into their cognitive patterns. The audience often judge the messages they receive based on how they understand such messages. This implies that people accept messages that are in line with what they already know. This is because people easily accept messages that are in line with what they already know than those

messages that are not in line with what they already know. Also the functionalist theory of perception supports the finding of this study as it proposes that perceptions are determined by the functions they serve for us. People hold given perceptions because these perceptions help them achieve their basic goals. This implies that people tend to develop favourable perceptions towards things that aid or reward them. This finding corroborates with the study of Kohl *et al.*, (2022) on assessment of perception about oral habits in children among health care professionals, as posited that most of the respondents were unaware about the causes of deleterious oral habits and had unsatisfactory knowledge regarding their effects on children. Also, the finding is in tandem with the study of Muhammad *et al.*, (2008) as they underscored the Parents showed inadequate knowledge in food pyramid and preparation of low fat meals. The finding lends credence to the study of Habib (2020) that parents had poor perception about childhood psychiatric disorders. Most of the symptoms parents identified as being suggestive of disorders were those of overt, externalising abnormal behaviours.

Research Question Four: what is the perception of Port Harcourt women on children living with cerebral palsy?

The result revealed that Port Harcourt women perceived public enlightenment on children living with cerebral palsy to be encouraging public participation but there is no supportive synergy among stakeholders to make the enlightenment effective and the enlightenment was not aggressive. This finding aligned with the health belief model that this study hinged on. The model posits that cues for action trigger private or public event such as physical signs of a health condition, a friend or acquaintance that has contracted the condition or publicity, media attention that motivate people to take action. This is why the perception theory stipulates that people seek some degree of order, clarity and stability in their personal frame of reference. Perception helps supply people with standards of evaluation. Expanding on the theory, Onukwufor (2012) stated that perception is people views to persons, things, objects, questions and ideas that may have positive or negative undertone. In the same vein, he elaborated that perception as a favourable or an unfavourable evaluative reaction towards something or someone exhibited in ones beliefs, feelings or intended behaviour. Also sees perception as favourable and unfavourable disposition or inclination towards something or someone.

Research Question Five: To what extent has there been perception of acceptance of the children living with cerebral palsy by Port Harcourt women as a result of the public enlightenment?

The result showed that the perception of acceptance of children living with cerebral palsy by Port Harcourt women as a result of public enlightenment was to a high extent. This finding is in tandem with the theory of cognitive balance which this study anchored. The theory proposes that people tend to evaluate persuasive messages according to how these messages fit or fail to fit their own cognitive (meaning) pattern. A receiver who holds a mild opinion on a pertinent topic may change his perception towards the topic, whereas a receiver who holds a strong opinion on the topic is more likely to change his perception towards the source. Also, the perception theory that underpinned this study gives support to this study by alluding that once a person has been exposed and given an attention to public enlightenment on children living with cerebral palsy, the next stage has to do with analysing the message to make sure it is beneficial in the end. This finding equally aligns with the study of Jankowska *et al.*, (2015) as stated that acceptance of mothers of children with cerebral palsy was the most parental attitude among all participants.

Conclusions

The study therefore concluded that public enlightenment on the cerebral palsy in children and problems, consequences and symptoms of the cerebral palsy in terms of awareness was high but knowledge was low and the perception of it by the women was not seen as doing much, however, the little done is been perceived by them as manage the incidents of the cerebral palsy. Public enlightenment is a tool for promoting public health and is being widely used to expose high proportions of large populations to message through routine uses of existing media and one medium cannot effectively carryout a public enlightenment. The issue of the cerebral palsy is predominant among children who most of the time is discriminated and tagged as evil children. A large number of children with cerebral palsy are out of destitute, absence of parental management, discriminated by peers and society. Nonetheless, with viable guiding system, the issues can be handled.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Though the level of awareness on children living with cerebral palsy is high, there should be massive awareness/enlightenment on salient issues of children living with cerebral palsy to capture more attention of the public in order to shape their opinion.
2. Billboards, posters and handbills as sources of awareness should be stepped in creating awareness of children living with cerebral palsy so as to cover all walks of life in less time.
3. Efforts should be made to educate the women properly on the problems, consequences and symptoms of cerebral palsy as the result showed that they had a very low knowledge of the issues, so they can in turn educate other women.
4. All the stakeholders in Port Harcourt City should ensure that all efforts are geared towards managing and avoiding discrimination of cerebral palsy by reorganising the public enlightenment over time.

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