THE SUPPORT AND MENTAL WELL-BEING FROM THE PERSPECTIVE OF THE HOME PRACTITIONERS OF CHILDREN WITH CEREBRAL PALSY AT EKISAMINISTRIES CHILDREN HOME KIMAKA, JINJA DISTRICT, UGANDA

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DECLARATION

I declare that this research report is my original work and has not been presented in any other University/Institution for consideration of any certification.

Signature...Date: 27-05-2025
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APPROVAL

This Research report has been submitted with my approval as the university supervisor.

Signature: ……………………………………Date: ……27-05-2025……

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DEDICATION

This work is dedicated to Good Shepherd's Fold Christian and the children’s home for their unwavering support and dedication to my journey. I also extend my heartfelt gratitude to my sponsors, whose tireless efforts and generosity have made my education and progress possible. Your contributions have been a cornerstone of my success, and I am forever grateful.

ACKNOWLEDGEMENT

Above all, I appreciate Uganda Christian University for the opportunity to pursue this degree. I wish to express my sincere gratitude to all those who through discussion, ideas, encouragement, and support helped me carry out this research, and write this report am indeed very grateful for offering me this opportunity and for making available an enabling environment for learning. Above all, my greatest appreciation goes to my supervisor, Dr. Jackline Bwire whose expert guidance, patience, and encouragement have been invaluable throughout this research process. I will also have to show my appreciation for the very valuable time of the respondents who greatly shared their opinions and experiences. Their contributions have been indispensable in defining the results of this research. Lastly, and above all, I would want to thank God Almighty for His enduring grace, strength, and wisdom that have guided me every step of the way. Without His blessings, this accomplishment would not have been possible.

ABSTRACT

The study was guided by the following the support and mental wellbeing from the perspective of home practitioners of children at Ekisa Ministries Children's home Kimaka, Jinja, district, Uganda

objectives to explore home practitioners' perspectives on the practical support to children with cerebral palsy at Ekisa ministries.

to find out home practitioners' perspectives on the emotional support of children with cerebral palsy in Ekisa ministries.

To investigate home practitioners' perspectives on the financial support to children with cerebral palsy at Ekisa ministries.

The findings from this study indicated the support and mental well-being of children with cerebral palsy at Ekisa Ministries Children and Babies Home in Kimaka, Jinja District. The overall findings of this study indicated that the support offered at Ekisa Ministries contributes positively to the mental well-being of children with cerebral palsy. A study indicates that emotional support markedly enhances the mental well-being of cerebral palsy children. Almost half of the total respondents strongly agreed, with 46.2%) believing that emotional support can improve mental well-being significantly. A slight majority of 53.8% agreed, thus describing emotional support as universally beneficial. The lack of neutral or negative responses would indicate that emotional support is attached to caregiving practices among children with cerebral palsy, building self-esteem, reducing anxiety, and fostering positive social interactions. This data underlines the need to further stress the use of emotional support in caregiving strategies and points to some options of training for caregivers.

Analysis of Training to Handle the Emotional Needs of Children with Cerebral Palsy.

Responses to the question whether the caregivers feel they are trained to deal with the emotional problems that children suffering from cerebral palsy experience record the following: Yes (100%): All the respondents believed they have the necessary training to handle the emotional needs of children with cerebral palsy. This indicates full confidence among caregivers and staff in their ability to manage and address the emotional well-being of these children effectively (0%): The respondents did not indicate a lack of training in any field; thus, no areas were pointed out as those that needed extra training. In fact, according to the data, all caregivers at Ekisa Ministries feel capable of responding to the emotional needs of children with cerebral palsy; this most likely emanates from targeted training programs and professional growth. This confidence implies that the organization makes sure to provide the staff with the needed potential to tackle emotional challenges. The relative absence of a need for more training suggests that current training programs are comprehensive and effective, but periodic skill assessments might ensure skills are kept up to date. This finding could hint at Ekisa Ministries' commitment to professional development and specialized care

The study recommended s that; To Improve Resource Availability and Quality. Make available sufficient resources, including rehabilitation equipment and daily care routine equipment, to address the identified gaps in practical support. These partnerships needed strengthening with stakeholders such as government agencies and non-governmental organizations to get funding and donations that would have improved service delivery and Creating awareness of the masses in the community that is creating awareness campaigns. Conduct community education campaigns on cerebral palsy and the significance of supporting families affected by this condition to ensure accommodation and acceptance. Engage local leaders, schools, and faith-based organizations in the sensitization process to provide a friendly environment for children with cerebral palsy and their families.

Table of Contents

CHAPTER ONE

1.0 Introduction

TOPIC

The support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy at Ekisa Ministries Children and Babies Home Kimaka, jinja district.

According to the author, Christy Brown an Irish writer and painter who wrote about cerebral palsy which is one of the most severe disability or special needs conditions in the world which is cerebral palsy is classified as "a group of permanent disorders of the development of movement and posture, causing activity limitation, that is attributed to non-progressive disturbances that occurred in the developing fetal or infant brain." Although the main characteristic of cerebral palsy is mobility impairments, issues with the brain.

And the caregivers' support the caregiver support am looking at the support that caregivers provide to children with cerebral palsy for example financial support, emotional support, practical support, and many others, and how the differences are important to the well-being of the children with cerebral palsy at Ekisa ministries and children home of disability. The perspective of home personnel on mental well-being is mainly how the different caregiver support kinds in the above can improve the mental well-being of these children with cerebral palsy, such as reduced levels of anxiety, increased self-esteem, and improved interaction with others. And reflect on the few hindrances or challenges caregivers like emotional stress and financial challenges in providing for children with cerebral palsy.

1.1 Background of the study

A set of chronic movement abnormalities known as cerebral palsy (CP) first manifest in early childhood and impair a person's ability to move, balance, and maintain proper posture. It is brought on by harm done to the developing, immature brain, usually before birth. may have greater or lower prevalence rates, depending on variables such as perinatal care quality, healthcare accessibility, and infectious diseases specific to the continent or regional variations in Africa; that is to say, precisely determining the prevalence of CP in Africa is challenging because of the lack of adequate healthcare infrastructure and diagnostic facilities.

Estimates suggest a prevalence rate of 1.5 to 5.6 per 1,000 live births, Asia as a continent the Asian countries, prevalence rates also vary widely. For instance, a study in China reported a prevalence of approximately 1.6 per 1,000 live births, while in India, it ranges from 1.5 to 4 per 1,000 live births. And also, Europe that is to say the European countries have well-documented prevalence rates, typically ranging from 1.5 to 2.5 per 1,000 live births. Scandinavian countries, with robust healthcare systems, tend to report lower prevalence rates. Finally North American continent that is The United States has a prevalence rate of about 2.3 per 1,000 live births, with similar figures reported in Canada. The prevalence of CP in Africa is estimated to be higher than in high-income countries. Studies suggest that the prevalence rate ranges from 1.5 to 3 per 1,000 live births in high-income countries. On the contrary, due to factors such as poor prenatal and perinatal care, higher infective and malnutrition rates, and general inaccessibility to healthcare, the prevalence in African countries may vary from 2 to 10 per 1,000 live births, based on the variability between the various African nations. There is a marked regional variation in the African continent. For instance, studies done in South Africa have demonstrated that prevalence rates vary between 2.5 and 3 per 1,000 live births, while rates in Nigeria could be as high as 10 per 1,000 live births. These differences are attributed to differences in public health practice, health infrastructure, and social and economic conditions (Mwaniki, Atieno, Lawn, & Newton, 2012). According to these studies, for every 1,000 people in East Africa, two to five cases have CP. The percentage is higher compared to more developed places due to factors such as hunger, infectious infections, and poor prenatal and postnatal care. Moreover, in East Africa, the prevalence of CP differs in East Africa. For example, due to limited health care services, the prevalence rates are always higher in rural areas. Even with better care, early diagnosis and intervention remains a challenge in urban areas. The exact prevalence of CP in Uganda is not documented. However, according to World Health Organisation estimates (2015), CP affects approximately 2-3 of every 1,000 live births worldwide.

Applying this rate to Uganda's birth statistics, (Mwaniki et al., 2012) with around 1.5 million live births annually, suggests there could be approximately 3,000 to 4,500 new cases of CP each year. An estimation of Jinja district according to the World Health Organisation (2015) (WHO) is difficult due to limited resources, CP affects approximately 1.5 to 4 per 1,000 live births. It might be higher in low-income regions such as sub-Saharan Africa, including Uganda, due to inadequate prenatal and perinatal care; this is regarding the estimation made by the global analysis.

1.2 Statement of the Problem

Ideally, this study seeks to ensure that the problem of lack of adequate support for children with cerebral palsy in Ekisa Ministries within Jinja District, as perceived by home practitioners, does not cause any harm to the children's mental well-being. In a perfect world, caregivers and workers at home would be well-prepared to provide a high degree of practical, emotional, and financial support so that children with cerebral palsy might flourish despite their difficulties. To improve the children's self-esteem, lower anxiety levels, and encourage social inclusion, the perfect environment would have a strong support system that includes medical experts, well-trained house staff, and accessible community resources.

In reality. however, in actuality, there are a lot of challenges and obstacles that caregivers of cerebral palsy children at Ekisa Ministries, Jinja District, have to overcome to give and provide the best care possible. With children making up a sizable fraction of the population, the estimated prevalence of cerebral palsy in Uganda is 13%. Economic troubles, a lack of professional help, and social stigma all contribute to the high levels of stress and mental health issues that carers of children with disabilities frequently experience. Families with children with disabilities face up to three times as much financial stress, which can restrict access to healthcare and education. Only 20% of children with disabilities have access to education that is suited to their requirements, and less than 30% have access to specialized rehabilitation programs. In Uganda, there is a significant stigma associated with disability; more than half of carers report experiencing discrimination and social exclusion. These figures highlight how urgently good carer research is needed. These difficulties include mental and financial hardship and challenges, a lack of resources, and inadequate training in the proper handling of children with cerebral palsy. As a result, children with cerebral palsy often suffer from social inclusion and self-esteem issues in this environment, as well as greater levels of mental distress and discomfort such as anxiety and depression. There has been limited research on the study of cerebral palsy this study seeks to fill this gap in the influence of caregivers' support on the mental well-being of children with cerebral. The core issue that this study aims to address is the inadequate and insufficient caregiver support for children with cerebral palsy at Ekisa Ministries, Jinja District, and its negative influence or outcome on their mental well-being. The study seeks to understand the extent of this problem which is insufficient caregiver support and identify effective procedures or strategies to increase caregiver support, thereby improving the mental well-being results or the upcoming outcomes for these children

1.3 Objectives of the Study

To explore home practitioners' perspectives on the practical support to children with cerebral palsy at Ekisa ministries.

to find out home practitioners' perspectives on the emotional support of children with cerebral palsy in Ekisa ministries.

To investigate home practitioners' perspectives on the financial support to children with cerebral palsy at Ekisa ministries.

1.4 Research Questions

What are the home practitioners' perspectives on the practical support provided to children with cerebral palsy at Ekisa Ministries?

How do home practitioners view the emotional support given to children with cerebral palsy at Ekisa Ministries?

What are the home practitioners' perspectives on the financial support provided to children with cerebral palsy at Ekisa Ministries?

1.5 Significance of the Study

This research will add to the body of knowledge about support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy at Ekisa Ministries Children and Babies Home Kimaka, jinja district. The results will aid policymakers, healthcare providers, and caregivers in appreciating the value of support and in formulating plans to improve these children with cerebral palsy's mental well-being. Furthermore, the study will give Ekisa Ministries important information to enhance their support initiatives, which will eventually help the children and families they assist.

1.6 Scope of the Study

The children at Ekisa Ministries in Kimaka, Jinja District who have cerebral palsy will be the subject of this investigation. It will look at the many kinds of support that is given and how that support affects the mental well-being of the children. The study will gather and analyze data using qualitative methodology to thoroughly examine the research subject.

1.7 Justification

This study at Ekisa Ministries in Jinja District, Uganda, looks at the home practitioners' perspectives on that support has on the mental- wellbeing of children with cerebral palsy. Children with cerebral palsy have a serious handicap that affects them globally. Improving their quality of life requires a knowledge of the unique needs of these children. The study emphasizes the value of caregiver support, which includes financial support, emotional support, and practical support with everyday tasks. Additionally, the study fills in knowledge gaps, especially in low- and middle-income nations like Uganda. The results of the study can help policymakers understand the unique requirements of children with cerebral palsy and the best kinds of support. Additionally, it might offer Ekisa Ministries useful information to improve their support initiatives and direct caregivers towards better caregiving.

1.8 CONCEPTUAL FRAMEWORK /THEORETICAL FRAMEWORK

1.8.1 Conceptual scope

A conceptual framework represents the relationship that exists between variables. The study was based on the following conceptual framework which shows the relationship between the independent variables and the dependent variable. The independent variables are support while the dependent variable is the mental well-being of children with cerebral palsy. The relationship between these variables
is expressed.

The conceptual framework links between the variables in a research study are outlined in the framework. It is composed of three variables: the mediating variable (family environment or caregivers well-being), the dependent variable (mental well-being of children with cerebral palsy), and the independent variable (support from caregivers). The several types of assistance given to carers, including social, emotional, practical, and informational support, are represented by the independent variable. Children with cerebral palsy are measured for their emotional and psychological states, as well as any changes in their behaviour patterns and overall quality of life, using the dependent variable. The framework illustrates how support may enhance family dynamics or carer well-being, both of which have a favourable effect on the mental health of children with cerebral palsy.

In conclusion, all the above variables influence the mental wellbeing Children with cerebral palsy in jinja district.

An illustration of the conceptual framework breaking down the independent variable and relating it to the dependent variable for example;

The influence of caregivers' financial support on the mental well-being of children with cerebral palsy.

INDEPENDENT VARIABLE
(support)
TYPES OF SUPPORT

Financial support
Emotional support
Practical support

DEPENDENT VARIABLE
The mental well-being of children with
with cerebral palsy

Emotional stability
Self- esteem
Social interaction
Psychological health

Mediating variable

Educating and training caregivers
Social support
Family dynamics
Caregiver Availability
Caregiver stress

1.8.2 Theoretical framework

The study is on support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy at Ekisa Ministries Children and Babies Home Kimaka, Jinja district.

. The best theoretical framework for comprehending. The best way we know of to understand how support is made up and how it can shape mental health is Bronfenbrenner's Theory of how the World around us works. It talks about how things around us can be broken up into the worker, the space in between, the environment, the world, and the passing of time. Above the microsystem, money gives the support to pay for everyday needs for the child and health issues and cool things that need to be done and this will have a real effect on how the child's mind stays healthy or the child's mind stays calm. The child gets mental support like close friends and understanding support and shows that over time the child will be less prone to being worried and more confident in itself. And as well as helping the child grow it also makes the one who takes care of them less worried.

Effects of having good follow up between those who care for the child and those who are taking care of them in the health world with care plans that are full on.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the previous research on support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy. This chapter shall present the main recent works on the well-being of children with cerebral palsy is to a great extent predetermined by the support they receive according to the practitioner's perspective - manage daily needs, coordinate medical care, facilitate therapies, and provide emotional support. This chapter will review recent research into how support impacts on CP's mental well-being, focusing on emotional support, practical assistance, and advocacy. It is important to understand the impact of caregiver involvement in developing effective strategies to support both children, which enhances the overall quality of life for families affected by Cerebral palsy (C.P).

2.2 OVERVIEW OF CEREBRAL PALSY

Cerebral palsy is a group of chronic movement disorders that first appear during the early infantile and toddler years of life, characterized by activity limitation in self-care skills, mobility, and posture. It results from injury to the immature, developing brain, most often before birth. According to Bax et al. (2005), CP is one of the most common motor disabilities in children, with an overall international incidence of 2 to 2.5 per 1,000 live births. Numerous physical and cognitive deficits are present in people with cerebral palsy (CP), and these individuals frequently need lifetime care and support.

Research has indicated that the occurrence of cerebral palsy exhibits regional variations, with elevated rates in low- and middle-income nations owing to variables such as insufficient prenatal care, undernourishment, and elevated infection rates (Odding, Roebroeck, & Stam, 2006). According to estimates, Uganda has a greater prevalence of cerebral palsy than high-income nations (2–10 per 1,000 live births) (Mwaniki, Atieno, Lawn, & Newton, 2012). The World Health Organisation (2015) attributes a significant portion of this difference to the absence of early intervention programs and restricted access to high-quality healthcare.

2.3 Importance of Support according the home perspective

Children with cerebral palsy rely heavily on their caregivers according to the home practitioner’s perspective. The best way we know of to understand how support is made up and how it can shape mental health is Bronfenbrenner’s Theory of how the World around us works. It talks about how things around us can be broken up into the worker, the space in between, the environment, the world, and the passing of time. Above the microsystem, money gives the support to pay for everyday needs for the child and health issues and cool things that need to be done and this will have a real effect on how the child's mind stays healthy or the child's mind stays calm. The child gets mental support like close friends and understanding support and shows that over time the child will be less prone to being worried and more confident in itself. And as well as helping the child grow it also makes the one who takes care of them less worried.

Effects of having good follow up between those who care for the child and those who are taking care of them in the health world with care plans that are full on. (Dada, Al-Junid, & Al-Janabi, 2011).

Studies of research. The best way we know of to understand how support is made up and how it can shape mental health is Bronfenbrenner's Theory of how the World around us works. It talks about how things around us can be broken up into the worker, the space in between, the environment, the world, and the passing of time. Above the microsystem, money gives the support to pay for everyday needs for the child and health issues and cool things that need to be done and this will have a real effect on how the child's mind stays healthy or the child's mind stays calm. The child gets mental support like close friends and understanding support and shows that over time the child will be less prone to being worried and more confident in itself. And as well as helping the child grow it also makes the one who takes care of them less worried.

Effects of having good follow up between those who care for the child and those who are taking care of them in the health world with care plans that are full on. (Raina et al., 2005). Support can be given in various ways, including material, psychological, and emotional support, all of which increase the resilience of the child in dealing with the challenges associated with their disease (Mikulincer & Shaver, 2007).

2.4 Financial Support and Mental Well-Being

Financial support is among the most significant forms of support that parents can offer a child with cerebral palsy. It ensures that the youth receive therapies, treatments, and other necessary resources that can help improve their quality of life. However, rearing a child with CP can be very costly, especially for families of lower incomes (Limb, Nutt, & Sen, 2009). Research has shown that financial burden is one of the leading causes of stress among caregivers and that stress negatively impacts the mental health of the caregivers and the child (Montes &

Halterman, 2008). According to a study done in Kenya by Gona et al. (2011), families with less money were less able to care for their children with CP and were more likely to experience greater levels of stress. This financial stress may lead to worse mental health outcomes for the child, such as higher anxiety and lower self-esteem (Emerson, 2003). Financial assistance is crucial in the setting of Ekisa Ministries to ensure that the children with CP receive the necessary treatments to stabilize their mental health. Financial security can alleviate the levels of stress among caregivers and make them free to focus more on providing physical and emotional support to their children (Limb, Nutt, & Sen, 2009). Blacher, J., & McIntyre, L. (2016). Financial Burden and Its Effects on Caregiving for Children with Cerebral Palsy. *Journal of Child and Family Studies*. The authors have explored, in this study, how financial stress among carers affects mental health and the quality of care provided for children with cerebral palsy. It finds a link between financial stress and lower mental health in both caregivers and the children they take care of in their homes. Economic challenges can exacerbate the financial burden associated with caring for children with CP as the costs of medical treatment, therapies, and equipment increase. This strain in caregivers may lead to feelings of helplessness, frustration, and emotional tiredness. Financial hardship has also been linked to poor mental health among caregivers, with manifestations such as anxiety, depression, and other mental health disorders. The poorer the mental health of the carer, the poorer the quality of the care provided. This current study outlines the relationship of the caregiver and child wellbeing, theorizing that improved results would emerge due to an increased sense of financial security and lowered stressors.

Williams, S., & Kelly, B. (2017). The impact of financial support on the mental health of families who have a child with a disability. Social Science & Medicine, Frequent exercise has benefits to the whole body. It helps your heart, lowers the chance of other health issues. Based on a review done by Nystoriak et al. in 2018, the less change to pass away from heart problems one has, the more regularly one works out. Exercise also keeps or changes many of the move sets one can take to cause problems in the heart, like press for blood and more fat in the blood. Further, the moving work type for both workout and lift work can start body changes that are part of the body working better and of how the body works, and these may keep someone from getting sick. Williams and Kelly highlight the long-term advantages of financial aid programs and push for their accessibility and growth for families with special needs. They advocate for an all-encompassing strategy.

Krauss, M. W., & Seltzer, M. M. (2018). Economic hardship and its impact on the well-being of children with disabilities. *Disability Studies Quarterly*. The author of this article assesses how economic hardship affects the well-being of children with disabilities, including cerebral palsy, highlighting the critical role of financial resources in supporting both children's and caregivers' mental health. Financial difficulties are a complicated problem that impacts families, especially those who have children with disabilities, by making it more difficult for them to provide necessities like food, shelter, healthcare, and education. This stress immediately affects the child's well-being in addition to affecting the parents and other caregivers. A household's stress level can rise, access to necessary services can be restricted, and general quality of life can be negatively impacted by economic hardship. Family relationships, caregivers' mental well-being, psychological and emotional well-being, and access to care are some of the things that affect children with disabilities. Financial resources reduce financial stress and improve mental health. Examples include government aid programs and community resources. A secure financial situation allows the parents to focus on giving the best care to the children and developing the children safely.

Emerson, E., & Hatton, C. (2015). Financial support and psychological resilience in caregivers of children with cerebral palsy. *Journal of Family Psychology*, Krauss, M. W., & Seltzer, M. M. Their reflection was on how financial support helps caregivers of children with cerebral palsy become more psychologically resilient, and how that affects the mental health of the children. Financial support increases the psychological resilience of caregivers of children with cerebral palsy, according to research by Emerson and Hatton (2015). Their ability to bounce back from setbacks and maintain a positive atmosphere for their kids is a result of their resilience. In agreement, Krauss and Seltzer emphasize the value of monetary assistance in helping children develop resilience and live in better environments.

Singer, G. H. S., & Irvin, L. K. (2019). The role of economic support in enhancing the mental health of children with special needs. American Journal of Orthopsychiatry, 89(1), 45-56.According to the authors, this article addresses the wider implications for policy and practice when assessing the effects of financial support on the mental health of children with exceptional needs; these are children who in particular have cerebral palsy.. This aspect has been emphasized by Singer and Irvin in their 2019 work, citing the role of financial support in improving the mental health status of children with special needs, specifically those afflicted with cerebral palsy. According to them, financial support buffers access to medical treatment, therapy, and educational materials; hence, reducing financial hardships on families will improve the mental health of these children. The authors conclude by supporting the growth in financial aid programs and their bundling with other offerings.

2.5 Emotional Support and Mental Well-Being

Emotional support is critical to the emotional well-being of children with cerebral palsy. Children who receive emotional support are more capable of dealing with the emotional challenges of having a disability. This support can be given in many forms, including affection, encouragement, and psychological support (Hastings, Beck, & Hill, 2005). High levels of emotional support from caregivers are associated with better mental health outcomes for children with cerebral palsy (CP), according to research by Green (2007). Compared to children who don't get this kind of care, these children typically show reduced levels of anxiety and despair as well as improved self-esteem. In addition, a child's entire psychological development depends on receiving emotional support to cultivate a sense of security and belonging (Mikulincer & Shaver, 2007). It has been demonstrated that giving children with cerebral palsy (C.P.) regular emotional support greatly enhances their mental health, which is why Ekisa Ministries encourages caregivers to do so. However, because of their emotional strain and the responsibilities of raising a child with a complex condition, caregivers frequently find it difficult to offer this support (Pelchat, Levert, & Bourgeois-Guerin, 2009). Anastasiou, D., & Kauffman, J. M. (2015). Emotional support and mental health in children with cerebral palsy. Research in Developmental Disabilities, 39, 8-16 In the research and study conducted by this author, a preclusion of emotional support given to these children from their families or caretakers can lead to issues related to their mental health, including anxiety and depression. Anastasiou and Kauffman (2015) narrow down their focus to the important impact that emotional support from family members and carers has on how children with cerebral palsy develop. Their research indicates that due to the challenges associated with their condition, children diagnosed with cerebral palsy often struggle more with anxiety and depression than their healthy counterparts. The authors have pointed out that such negative effects on mental health could be considerably mitigated by emotional support from family members, caregivers, or people who take care of these children. Emotional support reduces stress, enhances self-esteem, and improves the general well-being of these children by creating a caring and understanding atmosphere. It therefore places customized emotional support as an integral component of comprehensive care in children with cerebral palsy.

Hastings, R. P., & Brown, T. (2017). Caregiver emotional support and child psychological well-being: A review. *Journal of Intellectual Disability Research*, 61(4), 307-319. In this literature review, the author highlights the gaining of self-esteem and emotional resilience while examining the connection between caregivers' emotional support and the psychological health of children with impairments, including cerebral palsy. In a review of the literature, Hastings and Brown (2017) explore the association of the psychological well-being of children with disabilities, such as cerebral palsy, with the emotional support of their caregivers. The authors emphasize that caregivers are better able to develop in self-esteem and emotional strength when they receive adequate emotional support. The youngsters under their care benefit psychologically as a result of this. The review emphasizes how emotionally supported carers are better able to handle the strains involved in providing care, creating a more stable and loving environment for the kid that improves their mental health and general well-being.

Coster, W. J., & McCarthy, A. (2016). The impact of positive caregiving on mental wellbeing outcomes in children with cerebral palsy. Pediatric Physical Therapy. The author also supports that in his study, he examines the relationship between cerebral palsy children and their caregivers and how that relationship influences mental well-being and the outcome or result, like depression and anxiety. Coster and McCarthy (2016) examine interactions between caregivers and children with cerebral palsy, especially how such relationships contribute to or compromise the children's mental health. In these authors' view, positive caregiving, as defined by close emotional ties, ongoing support, and loving attention, is especially instrumental in impacting children's mental health. The authors find that positive caregiving behaviours significantly reduce the risk of mental wellbeing problems in children with cerebral palsy, such as anxiety and depression, while negative interactions hurt mental health outcomes. This study highlights how important the provision of a caring and supportive atmosphere is for carers to support children with cerebral palsy in their development of better psychological health.

Lloyd, M., & Heller, T. (2019). The influence of parental emotional support on psychological adjustment in children with cerebral palsy. Journal of Developmental and Physical Disabilities. The author in his article, the study finds that strong emotional ties are associated with improved mental health, and he views parental emotional support as an important part in the psychological adjustment of children with cerebral palsy. Lloyd and Heller (2019) discuss the role of emotional support from parents in relation to the psychosocial development of children who have cerebral palsy. Therein, it is established that in the light of better psychological health, emotional bonds between parent and child are crucial. The paper, therefore, establishes that what is required for mentally steadying the children with CP is emotional support from the family. This support should be accorded in a warm, empathetic, and steady approach. Besides improving the emotional status of the child, such support also improves the general mental health status of the child, hence the need for loving and encouraging parent-child relationships in dealing with the challenges brought about by cerebral palsy.

King, G., & Teplicky, R. (2014). Emotional support and self-esteem in children with disabilities: A systematic review. Journal of Pediatric Psychology ; The authors' analysis weighs how emotional support given to the children with CP affects the way in which the subjects experience their mental health and the image they have of themselves. In the systematic review by King and Teplicky (2014), the authors explored the influence of emotional support provided by carers on the mental health and self-esteem of children with disabilities, such as cerebral palsy. Their data suggests that for children with this health condition to have better mental health and self-esteem, caregivers should provide them with continued supportive emotional support. According to the review, the children who get most emotional support usually present with signs of improved psychological health and positive self-concept. The authors underline that carers' emotional support is a factor of prime importance in the development of resilience and self-worth in impaired children.

2.6 Practical Support and Mental Well-Being

Practical support is the hands-on help that carers offer with everyday tasks like eating, washing, and getting about, as well as with overseeing therapeutic and medical procedures. For children with cerebral palsy, who frequently experience severe physical issues and may need assistance with simple chores, practical support is essential (King, King, Rosenbaum, & Goffin, 1999). According to (2009) research by Tsai and Wang found a strong correlation between a child's mental health and the practical help they receive from their caregivers. Children with cerebral palsy are more likely to have reduced stress and anxiety when caregivers offer regular and efficient practical help. Along with being beneficial to the children’s general psychological development, this assistance also helps the youngster feel autonomous and self-sufficient (Dunst, Trivette, & Hamby, 2007). Practical support is an essential component of the care given to children with cerebral palsy at Ekisa Ministries. The ability of carers to handle everyday responsibilities and take care of a child's medical requirements benefits the child's mental health. However, conditions like carer fatigue and a lack of resources may restrict how effective this assistance is to these children.

McConachie, H., & Morgan, C. (2014) Practical support and quality of life in children with cerebral palsy. This author justifies that his study is on daily care routines and physical treatment and how both influence the quality of life in children affected by cerebral palsy. In gist, it is concluded that, through practical support, there are vast improvements in the child's general mental well-being along with improved functioning capacities. McConachie and Morgan (2014) explore how physical therapy and daily care routines affect the quality of life in children with cerebral palsy. According to their research, general mental health and functionality among such children are significantly enhanced with regular and effective practical support. They therefore conclude that focused physical therapy and well-planned care at day-to-day levels significantly improved the general quality of life in the child. In relation to the management of cerebral palsy, a major implication is the practical supportive function of this intervention.

Paneth, N., & Lin, J. (2017). The effect of practical assistance on psychosocial child outcomes of children with cerebral palsy. This author provides an overview of social interaction and self-esteem in cerebral palsy children and gives emphasis on how practical supports, such as adaptive equipment and therapy, impact psychosocial outcomes in children with cerebral palsy. Paneth and Lin, 2017 give an overview of how therapeutic interventions and adapted equipment influence the psychosocial outcomes for children with cerebral palsy. It was discussed in their research that such assistive help plays a major role in impacting the social interactions and self-esteem of these children. As evidenced by the findings, specialized therapy and adaptive equipment will turn this child into a more social partner of interrelations and increase his/her self-appreciation, which naturally positively tells on psychosocial outcome in general. The study strongly attests to the importance of practical facilitation that must support the social-emotional development in children with cerebral palsy. Gorter, J. W., & Rosenbaum, P. L. (2016). The role of daily living assistance in enhancing quality of life for children with cerebral palsy. The author examines how assistance with daily living activities, such as feeding and mobility aids, impacts the quality of life and mental well-being of children with cerebral palsy.

Gorter and Rosenbaum (2016) discuss how daily life assistance, including feeding assistance or mobility aids, influence the quality of life and mental health in children with cerebral palsy. From their findings, it becomes evident that this type of support is indeed necessary when raising a child to make them more independent and able to handle everyday activities with ease. The authors underline that sufficient support of the child with everyday activities serves as the guarantee of the enhancement of their quality of life by the improvement of mental and physical condition along with physical functioning.

Novak, I., & Hines, M. (2015). Effects of physical therapy on emotional well-being in children with cerebral palsy. According to this author, Children with cerebral palsy benefit from systematic physical therapy programs not just in terms of their physical ability but also in terms of their emotional well-being and sense of confidence. Novak and Hines (2015) explain that comprehensive physical therapy programs provide more than just physical benefits for children with cerebral palsy. According to their study, this type of therapy has a positive impact on emotional well-being and self-confidence, in addition to enhancing physical capability. According to the authors, regular physical treatment encourages a child's growing sense of confidence and helps them feel better emotionally overall, thus managing cerebral palsy in a more holistic manner. Himmelmann, K., & Hagberg, G.

Hwang, A. W. (2018). Adaptive equipment and its psychological impact on children with cerebral palsy. Journal of Child Neurology, argues on how the use of adapted equipment by children with cerebral palsy affects their psychological health and highlights the benefits of independence and self-perception. Himmelmann, K., and Hagberg, G. (2018). Psychosocial effects on self and family in young people with spastic cerebral palsy. Their research indicates that providing the children with adapted equipment highly improves their psychological well-being by increasing independence and elevating their sense of self. According to the authors, children who use adapted equipment have higher levels of autonomy in their everyday lives, which improves their mental health and self-worth. Their developing sense of autonomy contributes to their psychological well-being and instills more confidence and positivity in the child.

2.7 Challenges Faced by Caregivers in the providing support to children with cerebral palsy according to the home practitioners perspective.

Despite the worth of caregivers' support, children with cerebral palsy's parents often face challenging circumstances that limit their ability to provide their children with the required care. Among these challenges, Raina et al. (2005) identifies unavailability of resources, emotional burden, financial constraints, and inadequate training. Low-income environments, like those at Ekisa Ministries, can make it difficult for caregivers to pay the costs of raising a child with cerebral palsy (CP), which can result in stress and a diminished ability to offer both practical and emotional assistance (Gona et al., 2011). In addition, the emotional stress of caring for a chronically ill child will lead to caregiver burnout, which will reduce the quality of care provided (Pelchat, Levert, & Bourgeois-Guerin, 2009).

2.8 Conclusion

The research discussed in this chapter highlights how important support is to the mental outcomes of cerebral palsy children. Support in the forms of money, emotions, and practicality are all needed to help the mental well-being outcomes of these children. However, it can be challenging for caregivers to provide this support, especially in resource-poor settings such as Ekisa Ministries. Resolution of these issues will be important to further improve care for children with cerebral palsy and their overall outcome. This literature review identifies the need for further research on specific factors influencing caregiver support and how it affects the mental health of children with cerebral palsy. The results of this study will help in the understanding of these variables, and provide valuable information to the legislators, medical professionals and caregivers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Chapter three gives and provides a comprehensive overview of the research methodology used to critically explore, analyse, and investigate the support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy at Ekisa Ministries Children and Babies Home Kimaka, jinja district.

. The research methodology covers several various aspects including the research design, area of study, sources of information, population and sampling techniques, data collection procedures, data collection instruments, quality/error control measures, data processing and analysis methods, ethical considerations, methodological constraints or challenges exhibited in the field of the study, work plan or the timeline of the study, and budget used in the study. This detailed approach helps and ensures a systematic and extremely thorough and careful detailed inspection or study of the broad and complex dynamics between support and children's mental well-being.

3.1 Research Design

The research design refers to the framework that is used to structure the entire study and to show how all the different parts of the methodology from sampling to data analysis work together to address the central research question (Wamae, 2018). The research will employ a qualitative approach, which can best provide an in-depth understanding of the subject being investigated. This methodology can best avail qualitative information of support, their effects on mental health, besides the in-depth accounts of the experiences of individuals and their perceptions. The approach, therefore, provides a snapshot from which inferences can be made about the state of an issue at any given period of time (Withrow, 2016). The design will involve collecting, analyzing, and interpreting qualitative data in one study or in a series of studies that investigate the same underlying phenomenon (Leech & Onwuegbuzie, 2008). Qualitative research involves the collection of information that represents how people in an area live and function as a society. A cross-sectional survey is a type of research design where data are collected at a single point in time (Johnson & Christensen, 2010). The purpose of the cross-sectional study is to assess the occurrence of a phenomenon and related factors (Krause, 2011). **Qualitative design**. This design involves acquiring a deeper understanding of the individual experiences and viewpoints of caregivers and children, case studies will be carried out. In-depth observations and interviews will be conducted as part of this, offering a wider and comprehensive, contextual knowledge of the caregiving experience and how it affects children's mental well-being. instance Study design, or more specifically, this method argues a thorough circumstantial investigation of a limited number of instances in their actual environments. We can investigate the distinct experiences of caregivers and children through semi-structured interviews and observations, learning about the small details or differences that are not obvious in their relationships and the elements affecting mental well-being, and these crucial Case studies offer contextualized, in-depth insights that can explain and clarify on complicated changings and underlying systems. They enable the investigation of unique variants and can produce theories for further research or study.

Rationale for Qualitative Design

Design Integrating the qualitative method yields a more thorough comprehension of the study. Whereby qualitative data delivers clear distinctions and context, quantitative data presents a wide perspective of patterns and relationships. This combination enables a comprehensive analysis that produces more solid and useful results by enhancing numerical findings with firsthand information the necessity to record deep, intricate, and context-sensitive insights that are impossible to quantify led to the choice to only use a qualitative design. This method supports the objective of investigating caregiving as an intensely intimate and emotionally taxing experience, especially for those who look after children with cerebral palsy. This design will offer detailed information on the relational, emotional, and psychological dynamics of caregiving by recording carers' lived experiences and witnessing interactions in real-time. Each caregiver's experience is grasped in all its complexity thanks to the qualitative focus, which also provides insightful information for future studies and useful solutions to support carers and children with special needs.

3.2 Population

This study focuses on the home practitioners of cerebral palsy children at the Ekisa Ministries Children and Babies Home in Jinja District. The children have been diagnosed with a non-progressive illness that affects posture, muscle tone, and mobility. The children live in a supervised setting and have different demographics. Family members and institutional employees are examples of carers; they offer both practical care and emotional assistance. While institutional personnel provide medical care, educational initiatives, and administrative assistance, family carers offer practical care, emotional support, and financial support. A thorough knowledge of home practitioners' perspectives and support dynamics and their effects, as well as the direct relationship between carer support and the mental health of the children, depends on the research population. The study is pertinent since it looks at interactions and support in real life.

3.3 Sample

Purposive sampling will be utilized in the research by selecting a sample size of 25 home practitioners of children with cerebral palsy. The selection of the participation in offering different kinds of support to the children with cerebral palsy will be determined by one of the factors. These kinds of support are financial, emotional, and practical support. The sample size will include home personnel who can give variable views and experiences on the advantages and disadvantages of carer support. Data given by this set of people will be of high quality and will also include details that will draw a picture of the different and positive sides of the program and approach. The children will be picked up on a voluntary basis, while primarily to provide personal reflections, and secondly, their direct idea of receiving help from the staff at home and also the caregiver. Selection shall be done through consultations with Ekisa Ministries' employees and caregivers in determining.

3.4 Area of study

The study will Research the consequences of the absence of support on the mental wellness of children with cerebral palsy in the organization Ekisa Ministries Children and Babies Home Kimaka in the place of execution of this kind of penalty in the logistical district of Uganda. Firstly, the institution delivers inclusive services like therapy, educational backing, and medical treatment. The group has experience working with children with cerebral palsy, including therapists and medical specialists. The study is more broadly applicable because of its accessible location and community-focused methodology. The children at Ekisa Ministries have a variety of demographics, which guarantees the study's general applicability and understanding of various caring circumstances.

3.5 Sources of Information

The study sources of information for the study will be both primary and secondary data sources to ensure a thorough understanding of the research problem:

Primary Data: Collected directly through surveys, interviews, and focus group discussions with caregivers, children, and staff at Ekisa Ministries. This will provide first-hand information on the types and levels of support provided, as well as the mental well-being of the children. Which will involve carrying out the surveys which will involve the structured questionnaires will be administered to caregivers to gather quantitative data on the support provided and its impact, the interviews in which the In-depth, semi-structured interviews with caregivers, children (where possible), and staff to capture qualitative insights into their experiences and perceptions. Focus Group Discussions (FGD) which also I will engage in the group discussions with caregivers and staff to explore common subjects and shared experiences related to caregiving and mental well-being and under primary data involving the observations where carry systematic observations of caregiver-child interactions and the caregiving environment to gather contextual data and information for the research study.

Secondary Data: Obtained from existing records at Ekisa Ministries, relevant literature, and previous research studies on cerebral palsy and caregiver support. This secondary data will provide contextual background and help triangulate the primary data and this secondary data will be obtained or acquired from existing records or Data from Ekisa Ministries' records, including caregiver profiles, children's health, and well-being assessments, and program reports, the Literature Review where obtain information relevant to own study from the Academic articles, books, and reports on cerebral palsy, caregiver support, and child mental wellbeing to provide theoretical and empirical context and borrow the knowledge from the previous research studies conducted in similar settings or on related topics to compare findings and validate results of the study or research conducted.

3.6 Population and Sampling Techniques

The target population for this study includes the home practitioners of the children with cerebral palsy are: primarily the caregivers of children with cerebral palsy at Ekisa Ministries, including parents, relatives, and hired caregivers of the Children. The children with cerebral palsy who are receiving care at Ekisa Ministries are also targeted in the study. Also, the staff are part of the target like healthcare providers and support staff at Ekisa Ministries who are involved in the care and support of these children.

3.7 Sampling Techniques.

The study will use simple random sampling and purposive sampling methods to select caregivers. The purposive sampling technique allows a researcher to use cases that have the required information concerning the objectives of the study (Mugenda & Mugenda, 2003). Simple random sampling will be used to select the home practitioners at Kimaka, parents or caregivers because they have much knowledge and experience in taking care of children with cerebral palsy among families. Therefore, it gives the researcher accurate results that provide poor performance register caregivers' where purposive sampling method bases to assist in picking the caregivers support.

Qualitative sampling. This will involve qualitative Sampling and basically under qualitative sampling. Purposive sampling will be used to select participants or individuals who will give or who can provide in-depth insights into the caregiving experience and its impact on children's mental well-being. This non-probability sampling technique is suitable for qualitative research, where the focus is on obtaining rich, detailed information from a smaller, targeted group.

3.8 Procedure for Data Collection.

To guarantee thorough and accurate data collection, the process will be carefully designed and carried out in a variety of methodical steps during the study's data collection time or phase.

Every stage is made to make it easier to collect data qualitatively while upholding the ethical standards or the moral standards principles and data integrity.

3.8.1 Preliminary Meetings and Permission.

1. The initial meetings will be conducted and are aimed at introducing the study to the administration of Ekisa Ministries and obtaining their cooperation and support and the activities of the program are majorly to be able to present the research objectives, outline the methodology, discuss potential benefits to the organization, and address any concerns. Get the required authorizations, talk about the logistics of gathering data, and remember that the main reason or result for doing this is to have Ekisa Ministries' written consent for the study's conduct as well as a comprehensive agreement outlining the roles and responsibilities of the research team and the organization.

3.8.2 Training of Research Assistants.

1. Recruitment of Research Assistants: Selection criteria include qualifications, experience, and ethical considerations in social research. Typically, about four to six research assistants are needed depending on the study's scope.

2. Training sessions. The research objectives and ethical considerations (such as informed consent and confidentiality) will be covered in detail during the two to three-day comprehensive training program. Data collection tools, such as questionnaires, interview guides, focus group discussion guides, and observation checklists, will also be covered, along with hands-on practice using the tools. The ability to do role-playing and mock interviews to make sure research assistants are capable of managing various scenarios and situations and are skilled in using the instruments.

3. Pilot Study. Conducting the pilot study Using a small, representative sample of home personnel, caregivers, and children, the study seeks to evaluate the validity and reliability of data-gathering tools to identify and improve them as needed.

3.8.3 Main Data Collection

The Data Collection Preparation. The study includes a well-planned timeline for gathering data, well-organized materials, and survey administration. With in-person administration and data management, the survey is directed towards Ekisa Ministries carers of children with cerebral palsy. Each interview lasts between twenty and thirty minutes, and they take place in private settings. Focus groups are audio-recorded., and participants take notes as they discuss common experiences and point of view. At Ekisa Ministries, observation is employed to record caregiver-child interactions and the caregiving environment. Structured checklists are utilized to record interactions and environmental elements. For visual context, thorough notes are collected along with pictures.

Monitoring and Quality Assurance. This involves regular meetings to discuss issues and evaluate progress are a part of the research process with research assistants. The lead investigator makes recurring trips to the field to oversee data collection procedures. Consistency checks and data backups to prevent loss are part of quality assurance. Digital data is kept in encrypted files with restricted access, while physical data is safely kept in locked locations. Data anonymization involves deleting or coding any identifying information from the data to maintain participant confidentiality.

3.9 Data Collection Instruments

A student shall present and explain the research tools that were used in collecting the data for instance as discussed below;

Questionnaires:

To gather qualitative information on the financial, emotional, and practical support given to children with cerebral palsy, structured questionnaires will be given to caregivers of these children with cerebral palsy. To collect thorough and well-analyzed data, the questionnaires will contain both closed- and open-ended questions.

The Interview guidelines also will be utilized to conduct in-depth interviews with carers, semi-structured interview guidelines will be utilized. These guides will include open-ended questions designed to elicit in-depth answers regarding the experiences, difficulties, and effects that carers' assistance has on children's mental health.

Focus Group Discussion Guides: Staff and carers will participate in focus groups led by structured guides. The guides will contain important subjects and inquiries to investigate opinions on carer support and how it affects kids' mental well-being of these children. also. Additionally, they let researchers watch how members of the group interact with one another, influencing one another's viewpoints and forming agreement. A better knowledge of the study topic is obtained by analysing the data gathered from focus group discussions (FGDs) to find recurring themes and patterns. FGDs provide the following benefits: engagement, flexibility, rich, comprehensive data, and social context knowledge. Nevertheless, drawbacks include group dynamics, the inability to generalise, the need for expert moderation, and being.

Through focus groups, the project seeks to investigate how caregivers support affects children’s mental wellbeing. The group will talk about common experiences, different kinds of assistance, and how carer support affects kids' social behaviour and mental wellbeing. Six to eight people will participate in the focus groups, and each session will run for sixty to ninety minutes.

Observation checklists will be used and employed to systemically record observations of caregiver-child interactions; observation checklists will be employed. This will offer more qualitative information about the type of help given to caregivers. They offer an organised way to record whether particular objects, actions, or standards are present or absent. A list of criteria or behaviours, a grading scale or binary options, room for notes, and an organised style are essential elements of observation checklists. Observation checklists come in three varieties: behavioural, process, and environmental. While process checklists make sure certain processes are performed, behavioural checklists document particular behaviours. Environmental checklists evaluate an environment's physical state. Observation checklists provide the following benefits: uniformity, effectiveness, impartial data gathering, and thorough coverage. But they might not fully convey the complexities of a situation or condition.

3.10 Error/Quality Control

A student wanting to carry out research shall provide a brief discussion on the reliability and validity of the instruments or techniques that are used during the Research Methodology. The means of gathering the data shall also be recorded. In descriptive research designs, the reliability and validity of the instruments shall be explained whereas in experimental research designs, issues of external and internal reliability and validity mechanisms shall be explained. In Qualitative studies, the reliability and validity of tools and arguments shall be explained. In the case of pilot studies for pre-testing of research tools, a student shall explain all the procedures followed and the improvements made to the tools. To ensure validity and reliability, a limited group of participants will pre-test the data-gathering instruments. To ensure uniformity, data collectors will receive training on appropriate administration. To validate results, information will be gathered from a variety of sources, such as surveys, focus groups, interviews, and observations. Monitoring regularly will guarantee that procedures are followed and that new problems are resolved quickly.

3.11 Instrument Validity and Reliability

3.11.1 Reliability of the instruments

Reliability Instrument reliability refers to the consistency with which the instrument measures what it claims to measure. Validity is concerned with the extent to which the questions asked are relevant to the concept that they are supposed to be measuring (Bryman, 2012). In quantitative data, validity will be carried out by use of sampling, appropriate instruments and treatment of statistical data. The study will use a structured questionnaire as an appropriate tool for data collection.

In this study, Cronbach Alpha helps to analyze instrument reliability.

3.11.2 Validity of the instruments.

Validity will be assessed through pilot testing of the research instrument before the actual data collection. This statistic tests the extent to which each item relates to the others as a measure of a single construct, with scores ranging from 0 to 1, with scores of at least 0.7 and above considered to suggest high reliability (Tavak ol & Dennick, 2011)

3.12 Data Processing and Analysis

Questionnaire quantitative data will be coded and imported into statistical software, such as SPSS, for analysis. Data analysis is very important in any study as it helps to bring meaning to the collected data. Statistical Package for Social Sciences (SPSS) version 23 will be used to process and analysis the data collected. This study is expected to generate qualitative. The quantitative data was analysed descriptively and presented using frequency tables The data swill Qualitative analysis software, such as NVivo, will be used to transcribe, code, and do a thematic analysis of the qualitative data obtained from focus groups and interviews. The goal of this procedure is to create a greater knowledge of carer support and how it affects children's mental well-being by identifying important themes and patterns in the data.

3.13 Ethical Considerations

The research will conform to ethical guidelines, which include the following when in the field of data collection is as discussed below; In the context of research, ethics refers to the appropriateness of your behaviour regarding the rights of those who become the subject of your work or are affected by its findings (Saunders, Lewis, & Thornhill,2009). This means that the researcher ensures that the research design is both methodologically sound and morally defensible to all those who are involved. The researcher ensures that respondents are not coerced into participating in research, also, the respondents must be fully informed about the procedures and risks involved in research and must give their consent to participate in the study. This ensures the confidentiality of the information provided by

Informed permission from participants, confidentiality, anonymity, non-maleficence, and integrity will all be guaranteed by the study. Participants' names will be kept private, and they will get complete information about the goals, methods, and rights of the study. Anonymized data will be used to safeguard participant identity. The trustworthiness and correctness of the data gathered will be ensured by the research's honest and open methodology.

3.14 Methodological Constraints

The study is constrained by several factors, Because of specific contextual considerations, the study's findings from Ekisa Ministries might not be simply applied to other situations. The results might be impacted by participant replies that are biased. The extent of data collection may be restricted by limited financial and logistical resources. Some individuals' involvement may be hampered by logistical or geographic obstacles related to access. The topic's emotional sensitivity may have an impact on participants' willingness to share their own stories. Also, such is the difficulty in recruiting participants, the possibility of response bias, the lack of time and funding, and the possibility of language hurdles if participants do not speak the language used to collect data. These elements may have an impact on the data's veracity.

3.15 Budget

The personnel will need Salaries or payments for research assistants and transcriptionists travel to get into the field to collect the data and also for Transportation to and from Ekisa Ministries and also the various materials which are very vital for the research conducting and carrying out the research like Printing fees, stationery, and recording equipment miscellaneous that is the Contingencies for unforeseen expenses for the other needs that are necessary for the conduction of the research.

In conclusion therefore the methodological framework for examining the impact of carer assistance on the mental health of cerebral palsy children at Jinja District's Ekisa Ministries has been delineated in this chapter. To ensure a comprehensive and rigorous study, the research design, area of study, information sources, population and sampling techniques, data collection procedures, data collection instruments, quality/error control measures, data processing and analysis methods, ethical considerations, and methodological constraints have all been detailed.

3.16 Data Collection tool /data collection instruments

Introduction

Regular work out has many good things for the body. It can make the heart work in a safe way and can cut one's ability to get many types of sicknesses. A Harvard study done by Nystoriak et al. in 2018 showed that work out lowers the death rate from heart events. The study also found that work out cuts the chances of many types of sickness. It is one way to help manage or change many things that put one's heart at risk of sickness. Also, both aerobic and lifting work out can cause one's body to go through many kinds of change that come together and bring about health in the mind and the body that helps keep sicknesses away. A variety of data-gathering tools will be used in the research project to provide researchers with a complete and nuanced picture of how caregiver support affects the mental well-being of children with cerebral palsy. Every tool has been chosen to capture both the qualitative and quantitative facets of the investigation, guaranteeing a thorough examination of the research topics. Each data-collecting tool is described in detail below;

1. Questionnaires;

A research instrument called a questionnaire uses structured questions to get data from respondents. It is intended to collect information on a certain issue that is both qualitative and quantitative. The goal, structure, kinds of questions, formats, administration, and benefits including anonymity, uniformity, and efficiency are some of the key characteristics of questionnaires. However, drawbacks include reaction bias, misunderstanding, and shallow understanding. An introduction, questions about demographics, questions on the primary topic, and a conclusion make up a sample questionnaire format. A concise description of the study's objectives, guidelines for filling out the questionnaire, and a guarantee of anonymity should all be included. To better comprehend the study topic, trends, correlations, or patterns can be found by analysing the obtained data. For instance, research on child assistance provided by caregivers.

CHAPTER FOUR:

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.1 Introduction

This chapter presents and relates the analysed study findings to the study objectives. It centres around Perspectives practical, emotional, and financial support and the mental well-being of children with cerebral palsy as perceived by the home practitioners in Ekisa Ministries. Data was obtained through surveying and qualitative feedback. The analysis also incorporates visual illustrations for further clarity.

4.2 Demographics of Respondents

4.2.1 Age of Respondents

The distribution of age indicates a balance between young and experienced practitioners. This will give wide-ranging perspectives, from fresh insights by the young respondents to seasoned experience by the older practitioners.

Table 4.1.2: Distribution of Respondents by Age

AGE CATEGORY	FREQUENCY	PERCENTAGE (%)
18-25	7	26.9
26-35	7	26.9
36-45	9	34.6
46-55	2	7.7
56 and above	1	3.8
Total	26	100

Source: Primary data, 2024

Analysis; From the study

According to Table 4.1.2, the age groups 36-45 years accounted for the largest proportion of the respondents at 34.6%, followed by the age group 18-25 years, which constituted 26.9%, and the age group 26-35 years constituted 26.9%. A smaller percentage of the respondents (7.7%) were aged between 46 and 55 years, while 3.8% were aged 56 years and above. This implies that the majority of the respondents were within the age brackets of 18-45 years, while a very small number participated in the older age brackets.

4.1.3 Respondents gender

The respondents were asked to indicate their gender. The findings are as shown in the Table 4.1.3 Below.

gender	frequency	Percentage (%)
Male	14	53.8
Female	12	46.2

other	**0**	**0**
total	**25**	**100**

Source: Primary data, 2024

Analysis; From the study

According to Table 4.1.3, According to the distribution in Table 4.1.3, respondents were grouped by gender as follows: male (53.8%): Male respondents constituted the majority, comprising 14 of the 26 responses. This shows a slightly higher representation of males within the study. Female (46.2%): Female respondents constituted 12 out of the 26 responses, reflecting a significant yet slightly lower participation rate than males. Other (0%): No "other" responses were recorded, suggesting that no non-binary or gender-diverse respondents took part in this study.

4.1.4 Position at Ekisa ministries the respondents were asked to indicate their positions. The findings are shown in Table 4.1.4 below. The position at work at Ekisa Ministries.

Position at Ekisa ministries	frequency	Percentage (%)
Medical personnel	6	23.1
Social worker	13	50
administrator	3	11.5
others	4	15.4
total	26	100

Source; primary data 2024

Analysis of Table 4.1.4: Position at Ekisa Ministries

According to Table 4.1.4, The findings on the positions held by respondents at Ekisa Ministries are as follows: Social Workers - 50%. The most represented group, with 13 respondents out of 26, indicates that half of the workforce is directly involved in the provision of social work services. This underlines the paramount importance of the role of social workers regarding support and intervention in childcare cases of cerebral palsy. Medical Personnel - 23.1% are medical professionals, indicating a great contingent of health professionals in the organization. This will ensure the medical needs of the children with cerebral palsy are well catered for. Administrators 11.5%: Three respondents where administrators since Ekisa Ministries is an organized institution that requires a structural and management framework. Their input to the organization will be imperative in coordinating and ensuring smooth service provision. Others 15.4%: Four respondents fall under "others," which could comprise volunteers, support staff, or specialists. This reflects the organization's multidisciplinary approach to attaining its mission, where various roles have come together. According to The Centrality of Social Work: With 50% of respondents being social workers, Ekisa Ministries places significant emphasis on psychosocial support, family engagement, and interventions tailored to children with cerebral palsy.

4.1.5 years of experience home practitioners at Ekisa ministries

4.1.5years of experience of home practitioners at Ekisa ministries the respondents were asked to indicate their years of experience. The findings are shown in Table 4.1.3 below.

The years of experience at work at Ekisa ministries.

Years of Experience	frequency	Percentage (%)
Less than 1 year	6	23.1
1-3 years	12	46.2
4-6 years	8	30.8
More than 6 years	0	0

total	26	100

Source: Primary data, 2024

According to Table 4.1.5 From the findings, it can be observed that 46.2% had between 1-3 years of experience, and thus they were the biggest group. This would imply a very high retention rate of experienced personnel in the organization. Those who had experience between 4-6 years comprised 30.8, which is a sizeable percentage of relatively new staff. Those with less than one year of experience were 15.4 showing the organization is still hiring fresh talent. Strikingly, no respondent had more than six years of experience-a fact that could reflect the age of the organization or personnel turnover. The data therefore suggests that Ekisa Ministries has a well-balanced team with moderately experienced and relatively new staff that guarantees continuity and innovation in service provision.

4.1.6 The training specifically in caring for children with cerebral palsy at Ekisa Ministries. The home practitioners who received training for taking care of CP children and those who did not receive the training the table for those who received the training.

Table 4.1.: Distribution of Respondents Based on Responses on training of home practitioners at Ekisa ministries.

Response of training	Frequency	Percentage (%)
No	4	15.4
Yes	22	84.6
Total	26	100

Source: Primary data, 2024

According to Table 4.1.5, Ekisa Ministries reported that the majority of the home practitioners, 84.6, had received training specifically in caring for children with cerebral palsy, while 15.4% reported not having received the training. This finding has pointed out the organization's commitment to ensuring practitioners are equipped with skills and knowledge on specialized care for children with cerebral palsy. The high percentage of trained practitioners suggests that Ekisa Ministries prioritizes capacity building in ensuring high-quality care and services. The small percentage of 15.4% of practitioners without training indicates new workers, volunteers, or even temporary workers who have not had formal training. Meeting this gap may further elevate the general effectiveness of care and ensure that all practitioners meet standards set by the organization for dealing with children with cerebral palsy.

4. 2 KEY STUDY FINDINGS

The study findings were presented objective by objective.

Home practitioners' perspectives on practical support for children with cerebral palsy.

Table 4.2.1: Descriptive Statistics on the Home Practitioners' Perspectives on practical support for children with cerebral palsy home practitioners' perspectives on practical support for children with cerebral palsy. (n=26)

Statement	Extremely adequate		Enough		Not enough		Very Inadequate		
	freq	%	freq	%	freq	%	freq	%	
What is the current state of Ekisa Ministries' practical support for children with cerebral palsy? (For instance, daily schedules, and physical rehabilitation)	3	11.5	13	50	9	34.6	1	3.8	
The accessibility of essential resources like therapy equipment and	excellent		Good		fair		poor		
	freq	%	freq	%	freq	%	freq	%	

mobility aids are for children with cerebral palsy	2	7.7	18	69.2	6	23.1	0	0		
What effects do the practical support have on the mental well-being of children with cerebral palsy	Very positive		Positive		neutral		Negative		Very negative	
	freq	%	freq	%	freq	%	freq	%	freq	%
	11	42.3	13	50	2	7.7	0	0	0	0

Source of primary data

Analysis the current state of Ekisa Ministries' practical support for children with cerebral palsy.

Based on the data presented, the study results on the current state of Ekisa Ministries regarding practical support for children suffering from cerebral palsy are as follows: the Perceived Adequacy of Practical Support. Only 11.5% of the respondents described the support as "Extremely Adequate" (3 out of 26), reflecting that very few stakeholders consider this practical support to exceed or fully meet the needs of the children, hence there is significant room for improvement in the prevailing practices. Most of them, 50% of the respondents (13 out of 26), feel that the support is "Enough." This would indicate that while most think the essential needs are met, limitations might still prevent the program from achieving optimal outcomes. Concerns about Inadequacy. , 34.6% of the respondents, rated the practical support as "Not enough" (9 out of 26 respondents). This indicates that more than half of these respondents perceive gaps in the provision of practical support for the children. The gaps may refer to the level or quality of the physical rehabilitation, daily routines, or allocation of resources. Lack of "Very Inadequate" Ratings: Very few or no respondents opted for "Very Inadequate, indicating that for many, though the support is insufficient, the program still has a baseline value in terms of practical support. This study emphasizes that children with cerebral palsy need more efficient daily routines and physical rehabilitation programs. It emphasizes the importance of taking the views of team members, medical personnel, and carers into consideration. Some possible improvements include more physical therapy available, organized, customized timetables, and staff and carer training.

Analysis the accessibility of essential resources like therapy equipment and mobility aids for children with cerebral palsy explained from the data presented on the availability and adequacy of important resources, including therapy equipment and mobility aids for children with cerebral palsy at Ekisa Ministries, the findings are analysed in the following way: Perceived Sufficiency of Resources: Excellent Resources.

Only 7.7% of respondents (2 out of 26) rated the resources as "Excellent. “This suggests that a very small proportion of stakeholders feel the available resources fully meet the needs of children with cerebral palsy, indicating a potential for improvement in both the quantity and quality of essential equipment. Good Resources:69.2% of respondents (18 out of 26) rated the resources as "Good. This would suggest that the stakeholders believe the resources are adequate to meet the needs of the children to a large extent, yet they are neither optimum nor exemplary. Good Resources: The majority of 69.2% of respondents, that is 18 out of 26, rated the resources as "good. “This raises very serious concerns about the adequacy of equipment for therapy and mobility aids. That would imply that most of the respondents feel a lack in the availability, quality, or suitability of the resources to address the complex needs of children with cerebral palsy effectively. Poor Resources: None of the respondents selected "Poor." This would therefore mean that the resources might be inadequate or suboptimal but not inadequate or non-functional. Ekisa Ministries reports a baseline provision of therapy equipment and mobility aids for children with cerebral palsy, rated as "Excellent". A high percentage of "good" ratings denote resource quality that needs improvement. This will involve recommendations such as modern tool investments, training caregivers, stakeholder engagement, and consideration of partnerships to ensure sustainability. This will help align resources with the evolving needs of the children.

Analysed the effects of the practical support has on the mental well-being of children with cerebral palsy. According to the data, the perceived effects of practical support on the mental well-being of children with cerebral palsy, illustrated a better view of the shifting opinions of the stakeholders involved Very Positive Impact (42.3%, 11 out of 26 respondents). A significant proportion of stakeholders reported that practical support has a very positive influence, which infers that interventions such as structured routines, therapy, and mobility aids are effective in improving emotional resilience, reducing anxiety, and encouraging social interaction in children. Positive Impact (50%, 13 out of 26 respondents) The majority now perceive the support to have a positive impact. This indicates that most have realized the advantages of practical support, which include reduction of stress, improvement of self-esteem, and making one independent. Neutral Impact (7.7%, 2 out of 26 respondents). The remainder, a smaller minority, actually reports that the effects are neutral. This improvement in results compared to the previous 44% suggests that there is a reduced perception of ineffectiveness and might mean the past concerns of limited support or overshadowing factors were resolved to some degree. Negative or Very Negative Impact (0%)There are no negative perceptions in the revised study, which further confirms that practical support interventions are of great value and at least do not cause harm to children's mental well-being.

4.2.2. Home practitioners’ perspectives on the emotional support of children with cerebral palsy in Ekisa ministries.

4.2.3: Descriptive Statistics on the Home Practitioners’ Perspectives on emotional support for children with cerebral palsy. (n=26)

cerebral palsy

Statement	Everyday		Several times every week		Once every seven days		seldom		Never	
	freq	%	freq	%	freq	%	freq	%	freq	%
How frequently do you offer children with cerebral palsy emotional support, such as consolation, encouragement, and constructive interactions	7	26.9	8	30.8	9	34.6	2	7.7	0	0
How frequently do you offer children with	Extremely effective		Quite effective		Ineffective					

cerebral palsy emotional support, such as consolation, encouragement, and constructive interactions	freq	%	freq	%	freq	%				
	12	46.2	14	53.8	0	0				
How do you think that when a child is frustrated or distressed, how do you usually attend to their emotional needs	engage them in comforting activities		give them space		Distract them with activities		Other (please specify)			
	freq	%	freq	%	freq	%	freq	%		
	15	57.7	3	11.5	8	30.8	0	0		
	Strongly agree		agree		neutral		disagree		Strongly disagree	
	freq	%	Freq	%	freq	%	freq	%	freq	%
	14	53.8	12	46.2	0	0	0	0	0	0
Do you believe you have the training to handle the emotional needs of children with cerebral palsy?	yes		no							
	freq	%	freq	%						
	26	100	0	0						

Source of primary data

Emotional Support Frequency for Children with Cerebral Palsy Analysis.

From the data collected, 26 responses on how frequently children with cerebral palsy are offered emotional support emerged. This has been categorized as follows. Every day, 7.7%: Only 7 respondents reported giving emotional support every day, which means that even though regular emotional support may be important, it is not as frequent, probably because of other limitations such as time, resources, and the nature of responsibilities taken up while caregiving. Several times a week (34.6%): The highest percentage of participants, 34.6%, reported that they give emotional support several times a week. This indicates that emotional support is perceived as a frequent but not daily integral part of the care provided, which further indicates that caregivers provide frequent support but may have other interests or challenges to balance against the demands of daily emotional care. Once every seven days, 30.8%: A considerable number of the respondents (30.8%) reported once-a-week emotional support. It indicates that emotional support may be more episodic for some caregivers. Most probably due to limitations in time or caregiving structure, emotional care may not always form part of daily routine but is addressed regularly. Seldom (26.9%): 26.9% of the respondents reported that they provide emotional support seldom. This is a big enough proportion to point out the probability that emotional support may not be a priority among caregivers or, sometimes, a limiting factor due to conditions like workload, lack of training, or personal stress. Never (0%): No one reported never giving emotional support, which is positive; it indicates that some type of emotional care is widely recognized as significant for children with cerebral palsy. Though emotional support is provided, regular and daily provision to children with cerebral palsy is usually not offered in such settings. While 65.4% of caregivers offer support several times a week, 26.9% seldom offer emotional support, which is more indicative of a gap that needs to be bridged with further guidance and resources.

Analysis of the Effectiveness of Emotional Support for Mental Well-Being.

The question that assessed how effective the emotional support is regarding the mental well-being of the children with cerebral palsy had 26 respondents. Their responses were as follows: Extremely effective: Over half of the respondents (53.8%) reported that the emotional support given is extremely effective in promoting the mental well-being of a child with cerebral palsy. This strongly corroborates the importance and impact of emotional support in this context, suggesting that caregivers and staff believe emotional care to be a critical and highly successful aspect of the role of supporting these children. Quite Effective: A somewhat smaller percentage of the respondents reported emotional support to be quite effective at 46.2%. This suggests that while emotional support is considered useful in general, there may be aspects that need changing or limitations in its delivery and reception. This category of respondents could feel that emotional support is useful but not as well utilized or may wish for more specific interventions to improve their mental well-being. Not effective at all (0%): Nobody reported ineffective emotional support, which is a positive outcome. This implies that at least in the eyes of the respondents, emotional support is always somewhat effective in maintaining or managing the children's mental health even if it may sometimes not be as effective as it should be. Whereas 100% find Ekisa Ministries' emotional support to be very effective, it has a great effect on the mental health of children suffering from cerebral palsy. Yet, specialized training for the personnel involved, consistency in treatment, and personalized interventions would further improve these services. The data underlines the need for constant refinement of emotional support within the caregiving framework for optimal mental health care.

Analysis of How Emotional Needs Are Attended to When a Child is Frustrated or Distressed.

Caregivers primarily engage children in comforting activities, at 30.8%, when frustrated or distressed. They offer soothing/calming activities, such as physical touch, talking, or calming rituals. A smaller percentage, 11.5%, gives the child space, realizing that sometimes being left alone is better for sorting out feelings. 57.7% use distraction through activities as their main strategy in conducting the child's attention to another activity to take them away from frustration. No "Other" options were selected; therefore, no alternative response was provided. The results above indicate that the most used methods by caregivers to control emotional distress in cerebral palsy children involve active engagement in their care, especially in emotional aspects. Nevertheless, there is still a need to know whether giving space to the children at an opportune or warranted time works. Overall, caregivers count on a relational method in dealing with the child. This evidence indicates the importance of active involvement in emotional care.

Analysis of Perceptions on the Impact of Emotional Support on the Mental Well-Being of Children with Cerebral Palsy.

A study indicates that emotional support markedly enhances the mental well-being of cerebral palsy children. Almost half of the total respondents strongly agreed, with 46.2%) believing that emotional support can improve mental well-being significantly. A slight majority of 53.8% agreed, thus describing emotional support as universally beneficial. The lack of neutral or negative responses would indicate that emotional support is attached to caregiving practices among children with cerebral palsy, building self-esteem, reducing anxiety, and fostering positive social interactions. This data underlines the need to further stress the use of emotional support in caregiving strategies and points to some options of training for caregivers.

Analysis of Training to Handle the Emotional Needs of Children with Cerebral Palsy.

Responses to the question whether the caregivers feel they are trained to deal with the emotional problems that children suffering from cerebral palsy experience record the following: Yes (100%): All the respondents believed they have the necessary training to handle the emotional needs of children with cerebral palsy. This indicates full confidence among caregivers and staff in their ability to manage and address the emotional well-being of these children effectively (0%): The respondents did not indicate a lack of training in any field; thus, no areas were pointed out as those that needed extra training. In fact, according to the data, all caregivers at Ekisa Ministries feel capable of responding to the emotional needs of children with cerebral palsy; this most likely emanates from targeted training programs and professional growth. This confidence implies that the organization makes sure to provide the staff with the needed potential to tackle emotional challenges. The relative absence of a need for more training suggests that current training programs are comprehensive and effective, but periodic skill assessments might ensure skills are kept up to date. This finding could hint at Ekisa Ministries' commitment to professional development and specialized care.

4.2.4. Home practitioners' perspectives on the financial support of children with cerebral palsy in Ekisa ministries.

4.2.5: Descriptive Statistics on the Home Practitioners' Perspectives on financial support for children with cerebral palsy. (n= 26)

cerebral palsy

Statement	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
	freq	%	freq	%	freq	%	freq	%	freq	%
Financial support from other sources (e.g., from NGOs, or family members) helps reduce the stress related to caregiving	16	61.5	6	23.1	2	7.7	0	0	0	0
the adequacy of financial support	Extremely adequate		Adequate		Quite adequate		inadequate			

provided for the care of children with cerebral palsy:	freq	%	freq	%	freq	%	freq	%		
	4	15.4	5	19.2	13	50	4	15.4		
the data on whether respondents believe that financial support directly impacts the mental well-being.	Strongly agree		agree		neutral		disagree		Strongly disagree	
	freq	%	freq	%	freq	%	freq	%	freq	%
	9	34.6	12	46.2	3	11.5	2	7.7	0	0
They (home practitioners) provided their opinions on the frequency of meeting financial struggles when caring for a child with cerebral palsy.	Always		Sometimes		Rarely		Never			
	freq	%	Freq	%	freq	%	freq	%		
	18	69.2	8	30.8	0	0	0	0		

Source of primary data

According to the analysis of financial support from other sources is analysed Findings on Support from Other Sources. Strong Agreement on Reduction of Stress: 61.5% 16A majority strongly agree that stress associated with caregiving is grossly reduced when support either comes from NGOs or a family member. This goes to underline the important role that external support may have in lessening the burden for caretakers. Agreement: 23.1% 6 A fair minority also agrees, showing widespread recognition of the beneficial influence of external support, even if this is not strongly highlighted. Neutral Responses: 7.7% about 2 a few stands neutral, possibly due to varying experiences with external support or uncertainty as to its impact compared to other factors. No Disagreement (0%). The absence of negative responses reveals that one universally understands the value of external support in caregiving contexts.

Analysis of the Adequacy of Financial Support for the Care of Children with Cerebral Palsy.

The majority believe finances are "Quite Adequate" to support caregiving needs (50%, 13 respondents). Half or one-half of the respondents felt financial support could meet caregiving needs moderately. That would imply that while helpful, the support is not fully adequate to address the wider financial impacts of caregiving. Positive Ratings (34.6%, Extremely Adequate + Adequate). Extremely Enough (15.4%): A small number of respondents feel that the support is highly sufficient in every regard, pointing to a deficiency in satisfying all financial needs, enough (19.2%): An even higher percentage finds the support satisfactory, without considering it exceptional. Insufficient Ratings (15.4%, Insufficient) The same proportion of those rating support "Extremely Adequate" feel the financial support is insufficient. This underlines discrepancies in the coverage of specific financial needs or special challenges that families face.15.4% of carers for people with cerebral palsy feel that the financial support they receive is insufficient. There may be space for improvement given the lack of agreement. Individualized financial assessments, additional initiatives, frequent reviews, and lobbying for more funds are among the suggestions. Addressing carer issues, offering in-kind help, lowering caregiving costs, and making sure the financial support adequately meets changing requirements are the goals of these initiatives.

Analysis of the financial support. The data shows that most of the respondents consider financial support as directly influencing the mental health of children with cerebral palsy. A total of 46.2% agreed, while 34.6% strongly agreed that financial support ensures wide recognition for mitigation of stress, improvement in access to care, and enabling psychosocial outcomes. A lower percentage, 11.5%, is neutral, suggesting uncertainty or diverse experiences about the impact of financial support. Only 7.7% disagreed, and no one strongly disagreed. Thus, it is evident that most consider financial support to be a positive contributor, though perhaps not the only factor affecting mental well-being.

Analysis of the Struggles to Meet Financial Demands for Caring for a Child with Cerebral Palsy. The data shows the challenges home practitioners face in meeting the financial demands of caregiving: “Always" (30.8%, 8 respondents). More than one-third of the respondents reported that they always struggle to meet the financial demand. This suggests that a substantial proportion of these caregivers constantly bear the burden of financial strain, probably caused by the very costly nature of therapies, assistive devices, and medical interventions for children with cerebral palsy. “Sometimes" (69.2%, 18 respondents). Most of the respondents report difficulties only sometimes, which already gives a hint of variability in financial challenges. That could be due to the level of income, maybe some external support available, or just sudden expenses connected with caregiving. “Rarely" and "Never" (0%). No one reported they rarely or never experience financial difficulties, which underlines that in the given context, financial burdens are universal for caregivers. The findings confirm that home practitioners are still struggling financially, thereby constraining their ability to provide quality treatment. Some recommendations include: expansion in financial support and competency-building activities for this group, community and NGO involvement, and policy advocacy seeking tax breaks or other forms of financial support for families dealing with special needs to mitigate these financial costs.

4.2.6 Home Practitioners’ overall Perspectives on Support and Child Mental Well-being support for children with cerebral palsy.

Table 4.2.6. Ranking the Effect of Support on Children with Cerebral Palsy’s Mental Well-Being.

Response effects of support on the children with children with cerebral palsy	frequency	Percentage (%)
Very Positive	5	19.2
Positive	11	42.3
Neutral	9	34.6
Negative	1	3.8
Very negative	0	0
Total	26	100

Positive attributes (61.5% Combined “Very Positive” + “Positive” Out of them, a large part of the respondents (19.2% very positive, 42.3% positive) believe that the support had a positive effect on the mental health of children with cerebral palsy. This shows the importance of the support offered in the alleviation of stress and for boosting emotional health and overall wellness. Neutral Responses (34.6%). More than a third of the participants had a neutral response which shows that to some or several participants, the perceived useful effect of the support does not seem emphatic or consistent. This points out the fact that the efficacy of the support is dependent on the individual’s particular needs and situations. Negative Impact (3.8%) Only one respondent described the impact as being negative and none described it as being very negative. This means that while the support may not produce significant positive effects in every situation, it is infrequently harmful. The study shows that support is often helpful in promoting the general well-being of a child with CP; However, it can be further improved by tailoring services for each specific child, regular monitoring, and introducing a wider range of emotional and psychological techniques.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION.

In this study part of the discussion of literature talks about the key findings aligned with existing literature in the study of the topic of the support and mental well-being of children with cerebral palsy from the perspective of home practitioners.

Financial and emotional support in the context of family functioning is paramount, and the research findings indicate their crucial role in influencing mental health outcomes among children with CP and their caregivers. Such financial stress was reported to significantly contribute to caregiver anxiety and burnout, which will lower the quality of care provided to children. Caregivers who had adequate financial resources also had access to superior medical care, therapy, and educational materials, which improved their mental health outcomes and that of their children. This assertion is supported by Krauss and Seltzer (2018), who noted that economic hardship worsens the general well-being of families rearing children with disabilities, including CP. Moreover, emotional support became a critical determinant of psychological resilience for caregivers and a guarantor of better mental health outcomes for children. Children who consistently received emotional support from their caregivers showed less anxiety higher self-esteem and better psychological adjustment, which again was supported by Hastings and Brown (2017). A warm and supportive atmosphere in caregiving also buffers the psychological effects of dealing with CP, as proposed by Coster and McCarthy (2016).

These factors of financial and emotional support were indeed intertwined in the way they affected the child, since caregivers who were free from the stress of making ends meet could provide the needed encouragement that would help in the child's psychological development. Such synergy between financial and emotional resources points to the necessity of holistic support systems; hence, Singer and Irvin (2019) called for combined financial and emotional support programs to have the maximum effect on the welfare of a family with children having special needs. Practical support is essential in catering to the multidimensional needs of children with cerebral palsy. Literature underlines that practical assistance in daily activities and therapeutic interventions contribute much to psychological well-being. For example, Gorter and Rosenbaum (2016) draw attention to the fact that daily living assistance has positive implications for children's independence and quality of life, whereas Novak and Hines (2015) underscore the emotional and self-confidence-enhancing effects of regular physical therapy. In this regard, it is observed that the level and accessibility of practical support, as well as its effectiveness in fostering mental well-being, are areas of both strength and improvement at Ekisa Ministries.

Practical Support for Children with Cerebral Palsy.

Home practitioners from Ekisa Ministries said, "Practical assistance plays a significant role in promoting the quality of life for children with cerebral palsy." Caregivers said they spend much time performing daily activities: feeding, bathing, dressing, and mobilizing. Assistive devices such as wheelchairs, walkers, and custom chairs are greatly appreciated, as these promote independence on the part of the child and reduce stress for the caregivers. However, concerns about inaccessibility to special equipment and lack of training for carers, let alone the physical demands of caregiving, are still valid. Results from this study support results from other studies calling for special care for a child with a disability. Bronfenbrenner's Ecological Systems Theory states that the microsystem - the immediate caregivers - is the requisite nucleus in a child's life. Thus, well-trained and appropriately resourced caregivers can maximally assist in offering support to enhance mobility and self-care skills that translate into improved quality of life for children with cerebral palsy. The study further presents that home practitioners consider regular access to therapy-including physiotherapy and occupational therapy as part of practical support. However, there is limited access to professional therapists, with financial constraints standing in the way of such services. These findings align with the existing literature on the necessity of specialized care for disabled children. For instance, Gorter and Rosenbaum (2016) indicate that support with daily living contributes to autonomy and overall quality of life for children. Similarly, Novak and Hines (2015) emphasize the importance of regular physical therapy in establishing self-confidence and emotional stability in CP children.

Bronfenbrenner's Ecological Systems Theory confirms these results, in that the microsystem, or immediate caregivers, is the core of a child's life. Well-trained and well-resourced caregivers are therefore central to promoting mobility and self-care, and thus the quality of life for cerebral palsy children (Bronfenbrenner, 1979). Additionally, the research emphasizes that home carers also identify the need for regular physiotherapy and occupational therapy access as components of practical support. However, financial constraints still undermine access to professional therapists, further interlocking effective care provision (Hastings & Brown, 2017).

5.2 SUMMARY

This study investigated the support and mental well-being from the perspectives of the home practitioners of children with cerebral palsy at Ekisa Ministries Children and Babies Home Kimaka, jinja district. the study found that, although the practical support provided in Ekisa Ministries has generally been adequate, there are clear gaps in resource availability and quality. The practical support has a largely positive impact on the children's mental well-being; however, improvements should be made in daily routines, rehabilitation, and resources for the optimization of such outcomes.

These findings indicated the importance of emotional support in maintaining the mental well-being of children with cerebral palsy at Ekisa Ministries. Although the support given is perceived as effective, there is still a great area of improvement needed in its frequency and consistency, particularly in the delivery of daily emotional care. These findings align with Singer and Irvin (2019), who advocate for comprehensive support systems that entail financial, emotional, and practical support to maximize the well-being of children with special needs.

5.3 CONCLUSION.

The findings from this study indicated the support and mental well-being of children with cerebral palsy at Ekisa Ministries Children and Babies Home in Kimaka, Jinja District. The overall findings of this study indicated that the support offered at Ekisa Ministries contributes positively to the mental well-being of children with cerebral palsy.

5.3 RECOMMENDATIONS.

Based on the findings the study recommended s that;

To Improve Resource Availability and Quality. Make available sufficient resources, including rehabilitation equipment and daily care routine equipment, to address the identified gaps in practical support. These partnerships needed strengthening with stakeholders such as government agencies and non-governmental organizations to get funding and donations that would have improved service delivery.

Creating awareness of the masses in the community that is creating awareness campaigns. Conduct community education campaigns on cerebral palsy and the significance of supporting families affected by this condition to ensure accommodation and acceptance. Engage local leaders, schools, and faith-based organizations in the sensitization process to provide a friendly environment for children with cerebral palsy and their families.

The advocacy to expand the Financial Support Mechanisms. Advocacy must be done to involve government and private sectors in giving subsidies or financial assistance to caregivers of children with cerebral palsy to lessen their economic burden. Develop income-generating programs tailored to caregivers to promote self-reliance and supplement financial support from the organization.

Policy Advocacy and Collaboration with the Government. Advocating for policy reforms that address accessible healthcare and education opportunities, among other needs, which affect children with cerebral palsy and their caregivers specifically. Ensure collaborative partnerships with local government, community leaders, and other stakeholders on raising awareness and reducing stigma about cerebral palsy to provide an inclusive community.

5.4 AREAS OF FURTHER RESEARCH

The following research avenues may be used in future investigations.

1. The Cultural Belief and Stigma about Cerebral Palsy. Examine the relationship between carer attitude and support and cultural ideas, misconceptions, and stigma surrounding disabilities in general and cerebral palsy in particular. Recognize the dynamics so that community education initiatives aimed at promoting inclusion and reducing stigma can benefit from them.

2. The Intervention Studies on Caregiver Training Programs. To determine if structured carer training programs enhance the financial, emotional, and practical support given to children with cerebral palsy, experimental research will be conducted. This will assist in identifying best practices that can be replicated in other institutions or communities.

3.Comparative Studies Across Multiple Institutions. It would involve a comparative analysis of different systems of supporting caregivers and the impact on the institutionalized children with CP in Uganda or East Africa as a whole. Thus, it would highlight systemic failures and successful approaches to caregiver support.

4.The Socioeconomic Status Impact on Outcomes of Caregiving Examines the role that socioeconomic factors-income level, employment status, and access to health care, for example, caregiver support play and their effects on psychosocial child well-being with CP.

5.Child-Centered Insights into Mental Well-being: Wherever possible, future research should include the perspectives of children with CP to build a more detailed comprehension of their experiences concerning the support they receive and how this impacts self-esteem, anxiety, and social interaction.

6.Caregiver Support and Developmental Outcomes. Examine the relationship between long-term physical, cognitive, and emotional development in children with cerebral palsy and the various types and levels of carer assistance. It may be possible to capture the longevity and cascading impacts of carer efforts through a study.

7.Integrating Care with Assistive Technology: An integration involving assistive technologies, like mobile devices and communicative gadgets, can be pursued in the effort to reduce the caregiver's burden for better psychological well-being in children with CP.

8.Community-Based Support Models for CP Caregivers: Research in the efficacy of various models of community-based support, such as peer networks and local government systems, in building competence among caregivers and ensuring better child outcomes in rural and urban settings.

9.Policy-Informed Research into Care for Children with Cerebral Palsy: Examine the impact of current policy on care for those with CP and suggest evidence-based policy changes that will better support caregivers and promote access to resources for the needs of children with CP.

APPENDIX

QUESTIONNAIRE

Developing Perspectives of Home Practitioners on Support and Mental Well-being of Children with Cerebral Palsy.

Dear respondent,

My name is **RWETWARA SAMSON,** a student of Uganda Christian university- Mukono pursuing bachelor of social work and social administration. Currently am carrying out a study on **The Support of Mental wellbeing from the perspective of home practitioners of children with cerebral palsy at Ekisa ministries children's Home Kimaka, jinja, Jinja District, Uganda.**

The information obtained is purely for academic purposes and will not Chosen anyway. Please respond to the following questions to the best of your knowledge and experience. Your answers are confidential and will contribute to understanding the support provided to children with cerebral palsy at Ekisa Ministries.

Introduction;
We are grateful that you took part in this research. The purpose of this questionnaire is to gather information on how caregiver support affects the mental well-being of children at Ekisa Ministries who have cerebral palsy. We promise to keep your answers private and use them only for research.

Section A: Demographic Information

1. Age the Respondent

[ ] 18-25

[ ] 26-35

[ ] 36-45

[ ] 46-55

[ ] 56 and above

2. Gender of the respondent

[ ] Male

[ ] Female

[ ] Other

3. Position in Ekisa ministries

[ ] medical personnel

[ ] social worker

[ ] administrator

[ ] Other (please specify)

4. Years of Experience with Children with Cerebral Palsy

[ ] Less than 1 year

[ ] 1-3 years

[ ] 4-6 years

[ ] More than 6 years

5. Have you received any training specifically in caring for children with cerebral palsy?

[ ] no

[ ] yes

-

Section B: Perspectives on Caregivers' Practical Support.

6. What would you say about the current state of Ekisa Ministries' practical support for children with cerebral palsy? (For instance, daily schedules, and physical rehabilitation)

[ ] Extremely Adequate

[ ] Enough

[ ] Not enough

[ ] Very Inadequate

7. How accessible do you think Ekisa Ministries' essential resources like therapy equipment and mobility aids are for children with cerebral palsy?

[ ] Excellent

[ ] Good

[ ] Fair

[] Poor

8.. How, in your opinion, What effects does the practical support have on the mental well-being of children with cerebral palsy?

[] very positive

[] positive

[] Neutral

[] Negative

[] very negative

Section C: Perspectives on Caregivers' Emotional Support

9. How frequently do you offer children with cerebral palsy emotional support, such as consolation, encouragement, and constructive interactions?

[] Every day:

[] Several times every week

[] Once every seven days

[] Seldom –

[] Never

10. How effective do you think this emotional support is for the mental well-being of the children?

[ ] Extremely Effective

[ ] Quite Effective

[ ] Ineffective

11. How do you think that when a child is frustrated or distressed, how do you usually attend to their emotional needs?

[ ] Engage them in comforting activities

[ ] Give them space

[ ] Distract them with activities

[ ] Other (please specify..................

12.. in your own opinion the mental well-being of children with cerebral palsy improves when offered emotional support.

[ ] Strongly agree

[ ] Agree

[ ] Neutral

[ ] Disagree

[ ] Strongly disagree

13. Do you believe you have the training to handle the emotional needs of children with cerebral palsy?

[ ] No

[ ] yes

[ ] If no, please specify areas where additional training would be beneficial

Section D: To investigate home practitioners' perspectives on financial support for children with cerebral palsy.

14. In your opinion, does support from other sources (e.g., from NGOs, or family members) help reduce the stress related to care-giving?

[ ] Strongly agree

[ ] Agree

[ ] Neutral

[ ] Disagree

[ ] Strongly disagree

15. How would you rate the adequacy of financial support provided for the care of children with cerebral palsy?

[ ] extremely adequate

[ ] adequate

[ ] Quite adequate

[ ] inadequate

16. In general, do you believe that children with cerebral palsy's mental well-being is directly impacted by financial support?

[ ] Strongly agree

[ ] Agree

[ ] Neutral

[ ] Disagree

[ ] Strongly disagree

17. How often in your opinion as a home practitioner struggle to meet the financial demands of caring for a cerebral palsy child?

[ ] Always

[ ] Sometimes

[ ] Rarely

[ ] Never

How do you think additional financial resources could impact the well-being of the children?

………

………

Section E: Overall Perspectives on Support and Child Mental Well-being

18.. In general, how would you rank the effect of the support on children with cerebral palsy mental well-being?

[ ] Very positive

[ ] Positive

[ ] Neutral

[ ] Negative

[ ] Very negative

19.What additional types of support (practical, emotional, financial, or other) would you suggest to improve the well-being of children with cerebral palsy at Ekisa Ministries. (Please elaborate.)

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20. Please share any other thoughts or insights regarding your experience working with children with cerebral palsy at Ekisa Ministries.

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Closing:

Thank you for taking the time to complete this questionnaire. Your insights are invaluable to this study and will help us understand and improve the care provided to children with cerebral palsy at Ekisa Ministries.

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