

# Exploring The Experiences And Attitudes Of Mothers Raising Children With Congenital Abnormalities In Ghana

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## Abstract

**Introduction:** Congenital abnormalities in children pose unique challenges for mothers, impacting their perception and attitude towards their children. Understanding the experiences of mothers in caring for children with congenital abnormalities is crucial for providing effective support for these children.

**Aim:** This study aims to explore the experiences and attitudes of mothers raising children with congenital abnormalities at the Child Health unit of Korle Bu Teaching Hospital, Accra.

**Methods:** A qualitative study design using in-depth interview was used to collect data from women whose children have been admitted at the Child Health Unit. A sample of 12 was obtained upon saturation through the use of purposive convenient sampling technique. An interview guide including specific questions was used to collect the data. Thematic analysis was done manually to classify data into main themes and sub-themes.

**Results:** After analyzing the data, four main themes emerged: Emotional Impact, Coping Mechanisms, Parent-Child Relationship, and Future Expectations. The Emotional Impact theme revealed sentiments of hurt, guilt, and sadness experienced by mothers. Coping Mechanisms highlighted strategies such as positive reframing, response to stigma, and reliance on social support networks. The Parent-Child Relationship theme focused on bonding, impact on parenting roles, and associated challenges. Lastly, Future Expectations revealed concerns about the future, including developmental milestones, cosmetic challenges, and overall well-being of the children. These findings demonstrate the multifaceted experiences and concerns of mothers with congenitally ill children.

**Conclusion:** The findings of this study highlight the emotional toll experienced by mothers of children with congenital abnormalities. We recommend educational support, counselling and family support to mothers with congenitally ill children.

**Keywords:** Congenital anomaly, coping mechanism, mothers, parent-child relationship.

## Introduction

The expectation of every parent is to hold in their arms their 'bundle of joy' in the form of a healthy newborn after the period of pregnancy. This moment of joy may be shattered when the child is born with a

Congenital Abnormality. Thus, receiving such news of an anomalous may be distressing to the parents especially the mother as caring for this child may put a lot of economic and social constraints on the family. The word Congenital means present at birth;

whether it is inherited or not. Abnormalities refer to something deviating from the normal. World Health Organization (WHO) defines Congenital Abnormalities (CAs) as structural or functional anomalies that occur during intrauterine life. Also called birth defect, or congenital malformations.<sup>1</sup>

CAs occur when developmental disruption results in deviation from the normal that is present or apparent at birth. Prior to pregnancy, a series of events results in embryonic and fetal development. Errors in sequential steps of development may be followed by fetal death, abortions, stillbirth, and birth of offspring with abnormalities.<sup>2</sup> CAs may be microscopic or macroscopic, some may not be expressed at birth and it can be months to several years before the abnormality is discovered. Certain CAs are compatible with life with few or no problems such as polydactyly, talipes and club foot, while others are not compatible with life such as trisomy 18, agenesis of corpus callosum and acardiac twin.<sup>3</sup>

The perinatal period is regarded as a treasurable and exciting period for women. However, Honikman et al stated that during this time, women are vulnerable to psychological breakdown from a social, economic and gender-based perspective.<sup>4</sup> Therefore, the birth of a child with a malformation or prenatal diagnosis of such is often devastating. The wide range of emotions experienced is often similar to that experienced following the loss of a child. Studies have shown that when a mother gives birth with complications or defect, it generates feeling of pain, despair, grief and anxiety.<sup>5</sup> This is often complicated by existing negative societal and cultural attitudes towards infants with these malformations as well as unavailability of support systems. These parents thus experience several psychological, emotional, social and economic challenges while caring for the child.

Erick Erickson's theory of psychological development (1959) shows children as God's gift and a blessing to partners, families, societies, countries and the nation at large. Therefore, good quality care and knowledge in the nurturing of children despite child's limitation is essential to the growth and development of the child.<sup>6</sup> Erickson proposed a lifetime model of development, taking up five stages up to age 18

years and three further stages beyond, well into adulthood. Lack of measure on parents to help in the development of a child at each stage of life leads to relapse in the development. Every child whether normal or challenged or with an abnormality must go through all stages of development. Awareness and knowledge of parents or guardians on child's development are very important and will facilitate good results.<sup>7</sup>

Childhood experiences affect child's development which in turn affect the child in their intellectual abilities and perception of the world. Childhood experiences such as touching, carrying of baby, singing lullabies, comfort, interaction, playful activities, responding to need, gives security to the child and every individual child must not be denied of it.<sup>8</sup> Children with or without any abnormalities must not be deprived of this affection from caregivers to enhance their psychological development.

The aim of the study is to explore the experiences and attitude of mothers raising children with congenital anomalies at the Child Health Department of the Korle Bu Teaching Hospital

## Methods

The study was conducted using a descriptive exploratory study design; a form of Qualitative Research design which explored the experiences and attitudes of mothers raising children born with an anomaly. The study was conducted at the Korle Bu Teaching Hospital which served as a study site for research focusing on children with congenital abnormalities at the Child Health Department. The Korle Bu Teaching Hospital, located in Accra, Ghana, is the largest tertiary hospital in the country and serves as a major referral center for specialized medical care. This study aimed to investigate maternal and perinatal factors contributing to congenital abnormalities in children under five years old. The target population consisted of mothers whose children have CAs on admission and those attending the out-patient department clinic.

The purposive convenient sampling technique used was adopted due to the sensitivity of the topic because some mothers were reluctant to talk or participate

in the study. Recruitment of 12 eligible mothers was done from 20th February to 31st March, 2023. Participants were included after the ward nurse identified them, the researcher explained the purpose of the study and mothers willingly volunteered to participate. The exclusion criteria were mothers with confirmed psychosis and those who expressed they were uncomfortable to participate in the study. The volunteers were given the informed consent form to read and sign. Both close and open ended questions that explored their ages at conception, type of anomaly, their knowledge about CA before birth of their child, what they thought went wrong and if there was anything they thought could have been done.

An in-depth interview explored their experiences and probed questions related to their beliefs, attitude and feelings on first seeing their ward, the attitude of family members and the community as well as the challenges they face in living with their child. Interview lasted 25-30 minutes. An audio recorder was used to get their response. Transcripts from the in-depth interviews were analyzed using thematic analysis; a qualitative data analysis technique that involved identifying themes and patterns in the data. The data was first coded into meaningful segments, and then these segments were grouped into broader themes that emerges from the data. The research protocol was approved by the ethical and protocol review committee of the Department of Community Health, Family Health Medical School (FHUC-EPRC-008/2023) before commencing with the data collection. An introductory letter was also taken from Family Health Medical School to the Director of the KBTH and the Head of Department of the Child Health Unit (FHUC/REG/ST/10696300/22). In this study, anonymity was ensured by not using participant's name; instead, pseudonyms were used. Participants were also assured of confidentiality and freedom to withdraw from the study at any point in time were discussed with participants.

## Results

After thematic analysis, four main themes emerged from the study, namely, Emotional Impact, Coping Mechanisms, Parent-Child Relationship and

Future Expectations. These themes encapsulate the experiences of the participants, revealing their mutual but individualized perceptions and attitudes towards the conditions of their children. All the participants expressed some level of sentiment related to the experience of mothering a child with a congenital anomaly. Some of these sentiments were fueled by self-blame, a sense of helplessness, uncertainty on what to do and/or a feeling that someone else had caused it.

Most mothers had the wrong or poor level of knowledge/perception about CAs making them exhibit negative attitude towards the children. The mothers who had knowledge and awareness about CAs exhibited a more positive attitude.

**Table 1 Themes and subthemes**

Theme	Subthemes
Emotional Impact	Emotional Hurt Sense of Guilt Sadness and Disappointment
Coping Mechanisms	Positive Reframing Response to Stigma Social Support Networks
Parent-Child Relationship	Bonding and Attachment Impact on Parental Roles Parenting Challenges
Future Expectations	Hopes and Dreams Anticipated Challenges

## 1. Emotional Impact

The theme of emotional impact explores the profound emotional effects experienced by mothers in relation to their children's anomalies. Mothers in the study reported a variety of emotions, which were often intertwined. One major emotion that was factored out as a subtheme was emotional hurt.

### Emotional Hurt

This was identified by deep pain and distress arising from helplessness and frustration. Such pain and frustration stemmed from a sense of helplessness, and a perception that their children are facing obstacles that other children do not encounter, a situation they find unfair and unjust.

One of the mothers, highlighting the issue of comparison with other children, expressed her emotions as follows:

*“I was hurt, disappointed and sad. I never imagined having such a child. These things are not in my family nor my husband’s family. The other twin is fine and has started school but look at this one. He can’t even stand at one and half years old. Each time I look at him, I tear up. It hasn’t been easy.”* (YB, Entrepreneur).

Another mother said:

*“The news got me hurt. I don’t know what to do. I can’t help but cry each time. I’m praying for a miracle...”* (EA, Trader).

This response pointed out a state of helplessness and frustration, as identified to be a cause of emotional hurt. The perception of unfairness in a situation is further portrayed by this mother’s narrative:

*“I was hurt and sad when my child was diagnosed. I still don’t know what went wrong because I was present for all antenatal appointments. I took all my medications...”* (AAV, Banker).

Another narrative that agrees with this perception was as follows:

*“I was sad and emotionally hurt. I ate very well and took all my ANC drugs so I don’t know where this is coming from...”* (PG, Businesswoman). Furthermore, a mother said *“I was just sad for a while. Some children in my family were born like that. Because I didn’t want my son to have that, I took all my ANC drugs. I was told not to eat snails, which I didn’t, but still my son came with extra finger...”* (EM, Trader).

These responses suggest an association of the congenital anomaly with defaulting antenatal visits, diet advice and the medication routine, and an acceptance that this anomaly could have only occurred if something went wrong during the pregnancy. Generally, the participants expressed that they were emotionally hurt, and there were both mutual and unique reasons associated with such hurt.

## Sense of Guilt

Another way in which the mothers were noted to have been emotionally impacted was in feeling guilty, as captured in the subtheme sense of guilt. Mothers blamed themselves and often questioned if they could have done something differently during pregnancy to prevent their children’s anomalies. They carried a sense of responsibility for the conditions their children had, and this weighed down on them heavily, as seen in the narrative below:

*“Oh what could have happened? What did I do during pregnancy? Is it my fault? I asked myself all these questions.”* (ME, Makeup Artist).

Another narrative was as captured below:

*“I have never seen something like this before...I blame myself for it because I think I did something bad during my pregnancy moment”.* (FK, Unemployed).

Although some mothers seemed unsure exactly what they did wrong to cause the anomaly in their children, SS, Trader, had a different perspective. She stated:

*“Hmm Doc, when I was told about my child’s condition, I was emotionally hurt and with a sense of guilt. I blame myself a lot because I had this child with somebody’s boyfriend. She warned me to stay away from the boy but I didn’t so I believe she cursed me...”* SS, Trader).

This narrative reflects a perspective of being punished for a moral error. Generally, mothers with a sense of guilt indicated that they had a role to play in the conditions of their children, even when they could not indicate particularly what role it was.

## Sadness and Disappointment

After the analysis, sadness and disappointment were observed as a set of prominent, intertwined emotions within the emotional impact theme. Mothers in the study experienced profound sadness and disappointment upon receiving the diagnosis of their children. The sadness appeared to stem from a sense of loss, mourning the imagined “normal” life they had envisioned for their child. Mothers were

also disappointed because they had no history of congenital abnormalities in their families, and had never seen such a condition. Below are some of the narratives of the participants:

*“I was hurt, disappointed and sad. I never imagined having such a child. These things are not in my family or my husband’s family.”* (YB, Entrepreneur).

*“I was very sad and emotionally hurt upon seeing my child’s condition...I cried a lot because I had bought nice dresses for my child and my family and friends were happy I was expecting a child.”* (JY, Trader).

*“I was disappointed because I have never seen something like this before. I prayed for a miracle but none.”* (FK, Unemployed).

Sadness also emanated from witnessing their children’s struggles and recognizing the challenges they will face in their unique journey, as captured in the following responses:

*“I’m so hurt because the poor child is suffering. I can’t even eat. I’m always crying...”* (ME, Makeup Artist).

*“I can tell my child is suffering. I wish this never happened.”* (FK, Unemployed).

*“He can’t even stand at one and half years old. Each time I look at him, I tear up. It hasn’t been easy.”* (YB, Entrepreneur).

The sadness and disappointment experienced by mothers is evidently consistent and highlights the need for support and coping mechanisms to navigate the journey of motherhood effectively.

## 2. Coping Mechanisms

The second main theme that emerged from the study was coping mechanisms. With three subthemes: positive reframing, response to stigma, and social support networks. This theme identifies the strategies, behaviors and thoughts the participants employ to manage and adapt to their situations. The various ways in which these mothers deal with the emotional, practical and psychological

demands associated with their children’s conditions is embedded in the derived subthemes.

### Positive Reframing

Some mothers were noted to have identified positive aspects of their situation. They either counted on God to perform a miracle, maintained hope that their children’s conditions would be medically resolved, or simply accepted the situation.

One participant, for example, stated about her child’s condition:

*“I know it can be corrected through surgery and physiotherapy. I’m hopeful and praying for the best.”* (VA, Entrepreneur).

Furthermore, one participant stated:

*“I’m praying the doctors will be able to solve it so everything will be normal.”*

These responses signify a belief the affected children’s conditions were not beyond medical intervention. Another mother stated:

*“I take solace in God. He will see me through.”* (ME, Makeup Artist).

Another narrative indicating hope was as follows:

*“I am praying for a miracle.”* (EA, Trader).

Indicative of a mental posture of acceptance mother stated:

*“I have accepted the condition. I am seeking medical or surgical treatment.”* (PG, Businesswoman).

The mental disposition demonstrated by the aforementioned mothers in the study revealed a sense of optimism, the influence of religious belief, and a level of confidence in the healthcare system to provide solutions.

### Response to Stigma

The existence of stigmatization against children with congenital abnormalities and the reactions of their mothers, warrant the subtheme of response to stigma. Stigmatization was identified in forms

of name calling, neglect and rejection. Mothers either responded to such stigma with expressions of sadness, or avoid it completely by hiding their children from the public.

One narrative that indicated stigma was as follows:

*“Nobody wants to come near my child. They have rejected us.”* (AE, Trader).

Another narrative that denoted rejection was:

*“Total neglect from my family...they call him ‘asuoba- water child’.”* (YB, Entrepreneur). *Attesting to the experience of rejection, another mother stated:*

*“They don’t even care about me or the child.”* (SS, Trader).

One also said:

**“They are not happy and some even say the child will die soon.”** (JY, Trader).

In anticipation of stigma, one participant resorted to hiding her child. She narrated:

*“They haven’t seen my child yet. I’m keeping him away from people.”* (AV, Banker).

Another mother hiding her child stated:

*“Most of my family members don’t know...”*

In tandem with this strategy, yet another mother confessed:

*“I can’t go out or attend functions because my child will be called ‘asuoba’ - water child.”* (YB, Entrepreneur).

Overall, the responses to stigma highlight the unique challenges that mothers with ill children face as a result of negative attitudes and beliefs about the conditions their children have.

### **Social Support Systems**

Supportive relationships play a crucial role in effectively caring for children with congenital abnormalities. Mothers reported getting support from family, friends and the community. The

importance and effect of having support was significantly prevalent in the mothers’ narrations. In instances where support was lacking or not forthcoming, mothers expressed discontent.

One participant, for example, stated about her family:

*“They are more worried than I am but I have assured them that nothing will happen.”* (VA, Entrepreneur).

This mother recognizes and attests that her family empathizes with her situation, and are even more concerned. This typifies emotional support.

Another mother testified:

*“My mother and partner are very supportive.”* (FK, Unemployed).

Another narrative concerning support was as follows:

*“They have been supportive so far.”* (ME, Makeup Artist).

Furthermore, one participant stated.

*“My family act normal towards us. It is not something strange.”*

The issue of support wasn’t the same for all participants. While some acknowledged receipt of support, others reported a rather negative experience.

In one case, the support was first available but had ceased. This mother reported:

*“They used to visit us at the hospital but now they have stopped.”* (JY, Trader).

Another mother felt that the support she received was not up to the mark. She narrated:

*“They support as they can, but not very much.”*

According to the narratives, support mattered and was appreciated, and where it was absent, the gap was identified by mothers.

### 3. Parent-Child Relationship

The Theme of Patient-Child relationship focuses on the emotional, social and practical interactions between the others in the study and their children. The three subthemes: Bonding and Attachment, Impact on Parental Roles and Parenting Challenges, explore how the mothers establish, nurture and adapt to the unique dynamics and challenges that arise due to the children's conditions. The attitudes related to these techniques were discovered in the study to be either positive or negative.

#### Bonding and Attachment

The analysis revealed that some mothers have formed a strong emotional bond with their children. This underscores the subtheme of bonding and attachment. This bond was majorly demonstrated in allocation of plentiful time to the affected child, sometimes at the expense of other siblings.

In one of the participants' responses for example, the following words were used:

"It has made me more attached to him than the other children. I know it is not good but I feel he needs my attention more" (YB, Entrepreneur).

Another narrative was as follows:

*"I spend more time with her than my other children."* (EA, Trader).

Similarly, EM, Trader, reported:

*"Yes, I feel more attached to him..."*

The aforementioned narratives indicate a perceived need by the mothers to demonstrate more care, love and security to their affected children, who they consider to be more dependent on them.

Although a significant number of the participants had developed a closer bond with their ill children, others expressed a desire to be relieved of the circumstance of having to take care of the affected children. They seemed to perceive that as the more desirable situation or solution. Their narratives are captured below:

*"I really want the child to die so that I can move on with my life. I am very tired of staying here. I don't want the child anymore..."* (SS, Trader).

*"I honestly don't want the child anymore.... I wish he dies peacefully...There are days I feel like running away from the hospital and leaving him here but I get scared too..."* (JY, Trader).

Generally, the Mothers' relationship with their children had been affected in one way or the other, depending on the mothers' response to their children's conditions. Whether the children would receive more attention or not was strongly hinged on their mothers' notions of how best to adapt to the situation.

#### Impact on Parental Roles

Another subtheme under the theme of parent-child relationship was impact on parental roles. This subtheme focuses on understanding how the presence of a child with congenital anomalies influences the roles of mothers. Important decisions on caregiving, changes in daily routines and adjustments required to cater for the child are all brought to light in this area of the study. Mothers reported how they have had to take such decisions to ensure that their children receive the care they need.

This is what ME, Makeup Artist, had to say concerning this:

*"I had to leave my job to be here..."*

In agreement with this narrative, AAV, Banker, reported:

*"I had to leave home to stay here"*

In some cases, other key family members had to also make adjustments to help care for the child. This was clearly indicated in one narrative:

*"I spend my entire day at the hospital. My mother has left her job to stay with me..."*

It was evident from the analysis that having a child with congenital abnormalities significantly affected the roles of parents, especially mothers.

## Parenting Challenges

In the course of mothering a child born ill, some challenges were noted to be experienced by the participants. Most common among these challenges was the issue of financial sustenance. Moreover, mothers reported that they were stressed. Some of their narratives on financial constraint were as follows:

*“I don't have money to cater for us. My husband isn't bringing any money too...”*

(JY, Trader).

*“All my money is finished”* (PG, Businesswoman).

*“I am all alone here, no money, no family to take care of me”* (SS, Trader).

The participants seemed to be the sole financiers of their children's bills, and this had taken a toll on them. The Mothers also expressed how stressed and tired they were. YB, Entrepreneur, for instance, reported:

*“No help from other family members, except my husband. I'm drained.”*

AAV, Banker, also reported:

*“Having to leave home and stay here for long is stressful.”*

FK, Unemployed, associated her tiredness with the outcome of treatment so far, saying,

*“I am tired because I have not seen any improvement.”*

From the narratives, mothers were physically tired had difficulty paying bills and seeing to other needs, a situation which was aggravated by the fact that most of them had to stop working to be present with their children.

## 4. Future Expectations

The fourth and final theme that emerged from the study was future expectations. It carried two subthemes; hopes and dreams, and anticipated challenges. This theme explores the mothers'

hopes, fears and perceived challenges awaiting their children with time. With confidence in medical interventions and the power of miracles, some of them kept hope that their children would recover. Others had genuine concerns for the future in areas like cosmetic outcomes, growth, mental health and even the possibility of survival.

### Hopes and Dreams

The subtheme of hopes and dreams highlights the positive expectations that some mothers expressed concerning their children. These expectations were noticed to be a true reflection of the coping method of positive reframing. Mothers who believed there was a way to resolve their children's conditions held on to hope. This was clear in the narrative of VA, Entrepreneur, who said:

*“I know it can be corrected through surgery and physiotherapy...”*

*“We are only waiting for correction.”*

Another narrative was:

*“I'm praying the doctors will be able to solve it so everything will be normal.”*

(DN, Unemployed).

Furthermore, one participant stated:

*“I have accepted the condition and am seeking medical or surgical intervention.”*

(PG, Businesswoman).

Some of the mothers also placed hope in God to perform a miracle. Their narratives were as follows:

*“I take solace in God. He will see me through.”*  
(ME, Makeup Artist).

*“I am praying for a miracle.”* (EA, Trader).

*“My God will come through for me.”* (AE, Trader).

The narratives of these mothers indicate determination to support their children in finding a solution and reaching their full potential.

## Anticipated Challenges

The second subtheme derive from the Future Expectations theme was Anticipated Challenges. It was obvious that mothers in the study had concerns about their children's future. They anticipated challenges associated with development milestones, cosmetic outcomes and even chances of survival. Below are some of their narratives:

*"After the surgery, a scar will be left on her face."* (PG, Businesswoman).

*"He won't grow nicely and well."* (SS, Trader).

*"My child may not be able to eat properly and grow well."* (ME, Makeup Artist).

*"Her vagina will smell."* (FK, Unemployed).

*"I don't know (what will happen). (I think) he will die."* (JY, Trader).

The Anxieties, Concerns, and Worries that mothers harbor regarding their children's future were highlighted in their responses on what challenges they thought their children would face. Their narratives ascertain the need for reassurance and education on the outcomes and indications of such conditions as are being experienced by their children.

## Discussion

The study identified four main themes: Emotional Impact, Coping Mechanisms, Parent-Child Relationship, and Future Expectations through a thorough thematic analysis of participant responses. Each of these themes, as well as their underlying sub-themes, offered in-depth perceptions into the participants' experiences, viewpoints, and expectations with regard to the conditions of their children. This chapter will explore these ideas in depth, interpret them in the context of prior literature, and draw conclusions about connections and gaps.

Consistent with previous literature by Griffin (2019), whose study revealed that mothers of children with congenital abnormalities experience a range of emotional impacts.<sup>9</sup> The subthemes identified in this study, including emotional hurt,

sense of guilt, sadness, and disappointment, align with the emotional responses reported in previous research.<sup>10</sup> These emotions are a natural response to the challenges faced by mothers in raising children with congenital abnormalities, reflecting their deep emotional investment in their child's well-being. By exploring the emotional impact in detail, this study contributes to the existing literature by providing a comprehensive understanding of the complex emotional experiences of these mothers.<sup>11</sup>

The coping strategies identified in this study include positive reframing, response to stigma, and social support networks. Positive reframing, where mothers actively seek positive aspects in their child's condition, has been identified as an effective coping strategy in a study by Higgins et al.<sup>12</sup> Similarly, the findings align with research highlighting the importance of social support networks in helping mothers cope with the challenges they face.<sup>13</sup> Furthermore, Demianczyk et al, found that self-education, trust in the medical team, and connecting with other parents were effective coping strategies used by parents with ill children.<sup>14</sup> By validating and expanding upon these coping strategies, this study reinforces the importance of providing mothers with appropriate support and resources. The subthemes related to the parent-child relationship, including bonding and attachment, impact on parental roles, and parenting challenges, resonate with findings by Ali et al.<sup>15</sup> Some mothers in this study demonstrated a strong and resilient bond with their children, which aligns with previous findings by Sanayeh et al., who discovered different levels of resilience demonstrated by mothers whose children were ill.<sup>16</sup> In contrast, other mothers showed an attitude of detachment and indifference. This accentuates the findings of Im et al., who noted that mothers whose children were ill had a lower sense of competence, and more rejecting attitudes.<sup>17</sup> The impact on parental roles reported in this study has highlighted the unique challenges faced by mothers in fulfilling their caregiving responsibilities while addressing the needs of their children. These findings contribute to the existing literature by providing additional insights into the nuances of the parent-child relationship in the context of congenital abnormalities.<sup>18</sup>

The subthemes of hopes and dreams, as well as anticipated challenges, align with previous research on the future expectations of mothers raising children with congenital abnormalities.<sup>19</sup> Mothers in this study expressed resilient optimism and nurtured high aspirations for their child's future, reflecting the positive outlook observed in previous studies.<sup>20</sup> Additionally, the anticipated challenges reported by mothers, such as access to healthcare, social acceptance, and long-term support, resonate with the existing literature on the concerns and obstacles faced by families in similar circumstances.<sup>21</sup> By reaffirming these expectations and challenges, this study reinforces the need for comprehensive support systems that address the specific needs of children with congenital abnormalities and their families and recommends that pregnant women are carefully screened and counselled on condition of their unborn

babies to make informed decisions to avoid future preventable dilemmas. Further research is needed to know what kinds of screening and counselling are available during pregnancy to mitigate adverse effects of children born with congenital anomalies in Ghana.

### Acknowledgement

The authors wish to thank Professor Timothy Johnson and the team from Michigan University, for comments and suggestions to improve the manuscript. They also wish to thank Mr. Mensah and Mr. Afful for technical assistance.

### Conflict of Interest

Authors declare that they have no conflicting interest.

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