

ABSTRACT

Having children with deformities like cleft lip and or palate can be affects parent's psychological equilibrium and as a whole it can be affect their family as well and it can lead to change the social role of the parent. This study was carried out to describe and quantify the prevalence of psychological distress among parents who were having children with cleft lip and palate and anticipated factors which were associated with developing psychological distress.

This study was a hospital based cross sectional study and this was carried out among 384 parents who were having children with cleft lip and palate deformity and attended to cleft lip and palate clinics. Dental hospital, Peradeniya, during the period of August to December 2016. Interviews were carried out by using questionnaire consisted of three parts. Part 1 consisted of social, economic and some general questions to assess socio demographic profile of the parents and psychological distress was assessed by using GHQ 30 questionnaire. Part 3 was used to gather clinical details of the affected children with Cleft lip and palate by using their clinical records.

Out of 384 parents who were accompanying their child to the clinic, 62.5% were mothers, and fathers participation was 37.5%. Majority of parents were Buddhists. (n=303, 78.9%) and belong to the ethnic category of Sinhalese (n=300, 78.1%). Most of the parents have educated up G.C.E O/L (n=159, 41.4%). One third of parents were employed (n=114, 29.7%). Most parent (n=340, 88.5%) were legally married. Almost fifty percent of them were having monthly family income more than 25000LKR. Parents of (n=102, 26.6%) were having only the affected child. Out of all (n=301, 78.4%) were not personally suffering from any diseases. Majority of (n=233, 60.7%) parents have seen babies with cleft lip and palate before having their own baby. Males were the majority among children (n=198, 51.6%) and commonest cleft type was Complete unilateral cleft involving lip and palate (n=124, 32.3%) and least common type was Cleft in the soft palate (n=32, 8.3%). commonest disability reported was feeding problems.

Prevalence of psychological distress was (n=132, 34%). Parental psychological distress was significantly associated with the family structure ($p=0.001$), family income ($p=0.011$). Marital status ($p=0.001$) having seen children with cleft lip and palate before ($p=0.045$), Children's age less than 2 years ($p=0.001$) Three types of clefts were also significantly associated with the parental psychological distress namely isolated Cleft in the soft palate ($p=0.006$), bilateral complete cleft involving both lip and palate ($p=0.023$) and Cleft lip only ($p=0.001$). Disabilities associated with particular cleft like Feeding problem, dental problems of and speech problems were also significantly associated ($p=0.0001$) with parental psychological distress.

Key words: Cleft lip and or palate, Psychological distress, associated disabilities of clefts, GHQ 30 questionnaire.