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RESEARCH ARTICLE

REACTIONS AND SOCIAL RELATIONSHIPS OF MOTHERS OF CLEFT LIP AND PALATE CHILDREN IN SENEGAL

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ABSTRACT

With the objective of analysing the social reactions and relationships of mothers of cleft lip and palate children, this article highlights the impact of this deformity on the quality of life of these mothers in Senegal. A descriptive design with a qualitative approach was used to achieve this objective. The analysis of the results revealed that the majority of the mothers had positive reactions to their husbands and in-laws. However, there were more negative reactions to those around them, which affected some mothers' relationships and therefore their quality of life. Many mothers were stigmatised and shamed, leading to self-isolation and social restriction. It should be noted that the most common view was that cleft lip and palate was due to divine will, although mothers also attributed the cause to other factors such as evil spirits, genital infections and/or cultural beliefs. On the other hand, the majority of mothers had good relationships with their husbands, in-laws and relatives. However, there is a need to find strategies to combat the stigmatisation and social isolation of mothers and to raise awareness in order to improve the quality of life of these mothers of cleft lip and palate children.

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INTRODUCTION

Cleft lip and palate are the most common congenital malformations. It is a fact that there has been a great deal of progress in the management of these defects. This dominant medical approach needs to be complemented with a more social approach that takes into account the mother's reactions and relationships in her social environment in order to improve her quality of life through better management of the occurrence of cleft lip and palate. In this respect, the literature reports numerous discoveries, some of which are presented here in the following lines. Indeed, worldwide, cleft lip and palate affects 1 per 700 births, but this prevalence varies according to race and ethnicity, geographical region and socio-economic status.

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In Europe, it is 1 per 700 births. The Asian population has the highest prevalence of 1 per 500 births (Nguyen and Jagomägi, 2018) while in African populations it is 1 per 1500 births. Although the rate is low in Africa, cleft lip and palate cause some social reactions in both affected children and their parents. Mothers often hide children living with a disability in the home, in bedrooms or in backyards because they represent shame and dishonour to themselves and the family. The same is true for other parents who are overcome by anxiety about exposing their child to public view and are tempted to conceal their child's disability (Ezembe (2003) cited by Menick (2015); Bradbury and Hewison (1994) cited by Speltz *et al*. (1997)). For some parents, the birth of a different child is unacceptable. The guilt felt is exaggerated by the family and the neighbourhood who attribute any responsibility and any defect to the consequence of a parental fault (incest, consanguinity, violation of a prohibition...) to a non-respect of the rituals that accompany the pregnant woman's condition (Menick, 2015; Diop, 2012). In other words, in each culture, we will find proposed explanations of malformation that allow that culture to adopt a particular view that is unique to it (Chabbey & Charpy, 2018).

For Antwi-Kusi *et al*. (2015); Diop (2012) some mothers still believe that clefts are caused by an evil spirit, by bad luck. The Senegalese family often blames the curse on the woman. Some mothers, especially those living in certain rural areas, resign themselves to fatality because of the social weight. They do not know that the malformation can be cured. In a study by Mercer (1974) cited by Diane (2009) on mothers with a child with a disability, social reactions were the most common. This means that mothers are more concerned about the behaviour of others where many stigmas can be noted. In addition to this, some authors such as Bolomey *et al*. (2013) cited by Habersaat *et al*. (2013); Korff (1996), mention the impact of the gaze that they describe as shunning or too much of which is a victim of any person living with a disability that weakens and weakens the personality. This gaze of others, which is so traumatic, stigmatising, stressful and sometimes shameful at the time of the meeting with the family, leads the mother to shut herself away in the house or to seek subterfuges to hide her child. But it also pushes her to try to understand the causes of the occurrence of this anomaly and the care to be given to the child.

As described, the announcement of a cleft, regardless of the time of diagnosis, always leads to a real psychological trauma. Social relationships are the multiple interactions that occur between two or more individuals in society. Through them, the individual establishes bonds with family, friends, etc., centred on the cultural norms and values of a given community. Therefore, the improvement of the quality of the relationships and reactions of the mother with a cleft lip and palate child is dependent on the behaviour, the attitude of the family, the husband and/or the entourage towards her. Speltz *et al.* (1990), in a comparative study, stated that mothers with cleft lip and palate children are less satisfied with their marriages than those with children without cleft. In the same vein, they showed that the families in which these children live report less social support. Through these different writings, we note that the morphological and functional consequences of cleft lip and palate can affect the emotional state of mothers and in turn influence their reactions and the quality of their social relationships which are the subject of this work.

STUDY METHODS

This qualitative study was conducted at Barthimée Hospital, which organises free medical cleft repair campaigns. The sample was taken from parents who accompany their child to the cleft medical care. This was a purposive sampling to meet the individuals in the study population and to seek their approval for the study to be conducted. The selection criteria were that these mothers had to attend the facility and be the mother of the child they were accompanying. The semi-structured interview was used as a data collection technique. The interview guide that was developed for this purpose addressed two themes: the reactions and social relationships that result from giving birth to a child with a cleft lip and palate. The participants' responses were transcribed verbatim, typed and saved as Microsoft Word documents.

RESULTS

Socio-demographic dimensions : Our study population was composed of 14 mothers aged between 25 and 45 years, of whom 13 were married and one was a widow. Most of them had no schooling, i.e. 64% of the sample. A small proportion had received an education.

Table 1. Demographics and profile of respondents

Variables	Numbre of respondents	Percentage (%)
Age (in years)		
[25-30[	1	7.14
[30-35[	6	42.86
[35-40[	6	42.86
[40-45[	0	0
45 and over	1	7.14
Total observed	14	100
Marital status		
Married	13	92.86
Widowed	1	7.14
Total	14	100
Level of education		
Not educated	10	71.43
Elementary	2	14.29
Intermediate	1	7.14
University	1	7.14
Total	14	100
Profession		
Housewife	8	57.14
Tradeswomen	4	28.58
Student midwife	1	7.14
Caterer	1	7.14
Total	14	100
Ethnic groups		
Peulh	4	28.57
Serer	3	21.43
Toucouleur	3	21.43
Wolof	4	28.57
Total	14	100

Most of them come from Podor and the rest from Diourbel, Gandiaye, Kébémer, Thiès, Tivaoune and Dalaba in Guinea Conakry.The majority of the mothers interviewed were housewives; there were eight (8) of them, i.e. 57.14% of the sample, followed by four (4), i.e. 28.58%, who were involved in petty trade. As for the two (2) others who remain, one is a student midwife and the other is active in catering, representing 7.14% of the sample.The Fulani and Wolof ethnic groups are the most represented with 28.58% each, followed by the Serer and Toucouleur ethnic groups, each representing 21.43% of the study population.

Mothers' feelings about their community

The mothers interviewed shared various feelings with us, as shown in the graph below.

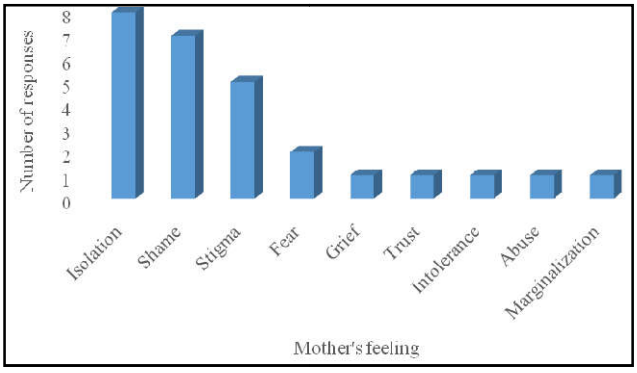

Figure 1. Distribution of mothers of cleft lip and palate children according to the feelings experienced by the mother in her community

The analysis of this graph allowed us to discover the usual feelings that mothers experience within their community. Thus, it emerges that the major problem that depresses the majority of mothers is isolation, which concerns eight (8) mothers. Among the respondents, seven (7) mothers felt ashamed, five (5) others felt stigmatised and two (2) others felt afraid. And among the following feelings, one mother experienced at least one: grief, trust, intolerance, abuse, marginalisation. "I feel shame in myself. That is why I hide the child; because of the gaze of others. I was afraid of others and I isolated myself.... If I continue to give birth to disabled children, I risk being the laughing stock of the village. Some people are already starting to distance themselves from me". P1

"I isolated myself because I was so ashamed that I hid the child. My neighbours didn't even see him! When I hear someone greeting or see someone coming, if I am sitting on the veranda, I take the child to my room. I do this because there are people who come just out of curiosity to see the child and go and gossip and you know a child is tied to his mum". P3

"I didn't want the child to leave my house because of people. Some people say that if a pregnant woman sees a child like that, she will give birth to a child with the same deformity. So some people started to run away from me. So as not to harm them, I stayed at home". P9

Others have simply made a social restriction by refusing to go to family ceremonies and prefer to stay with their child in the house.

"Since I gave birth, I have stayed at home. I don't want to go out. I only want to take care of my child. I don't go to family ceremonies (weddings, christenings, funerals). Apart from taking the child to the hospital, the rest of the time I am at home". P3

"I always found excuses not to go to family ceremonies in the village". P10

Stigma was also reported by some mothers. Stigma that would arise from the embarrassing presence of the malformed child. One mother anticipated this stigma by making it clear to anyone who would listen that her child was not "human". This allowed her to curb the reaction of others. "I would tell my relatives who wanted to take the child that the child was not a good child. He was not 'human'. I was so suspicious of people that if someone came into the house and before they asked me for the child I would repeat this phrase to them". P2 Others told us that they really experienced stigmatisation through the behaviour of some people in relation to the child. They refused to take the child because they found it repulsive. The child then became an object of curiosity or mockery. "When I had the child there were people who shunned me and said that they are afraid of the child and could not take him. They found him repulsive because he was weird". P10 This inability to accept the child's deformity led to the intolerance that we have highlighted in our graph. Intolerance that also led to the mistreatment of the child, as one mother P12 told us: "I had a neighbour who really mistreated us, who really hated the child to the point of hitting him. She called us names for a yes or a no; she told me that I had given birth to a djinn, a crazy person. This made me feel very bad and uncomfortable. She rejected my child and me outright".

Mother's reactions to the attitude of the husband, family and environment

Mother's reactions to the husband's attitude : Mothers were asked about their reactions to their husbands' attitude towards the birth of a child with a cleft lip and palate. The graph below shows the different answers given by them.

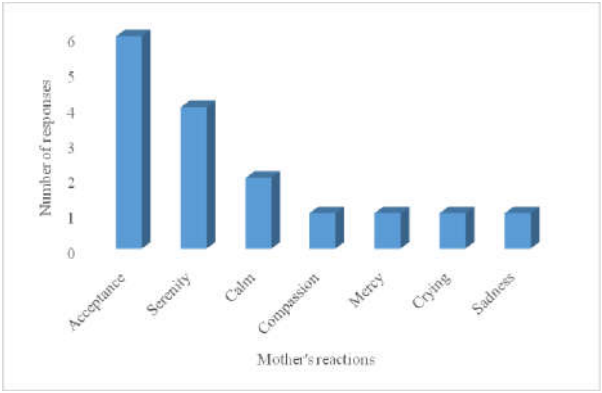

Figure 2. Mothers' reactions according to the husband's attitude

We noted that the majority of the reactions that animated the mothers interviewed were acceptance, i.e. (6) of them. Four (4) others said they had serenity, two (2) reacted calmly. Compassion, pity, crying and sadness are reactions for which we obtained one (1) response of each. The interpretation of this graph shows us that the majority of mothers accepted their child's situation. This is reflected in the calm, serenity observed in some. Compassion and pity were also reactions that the mothers expressed towards their husbands because of the emotions that the husbands shared with them. "I reacted calmly with him because he needed to be calmed down. I felt sorry for my husband because he was as confused as I was about the child's situation. He was very agitated and was desperate to find a solution". P8

On the other hand, other mothers said they had cried and felt sad in front of their husbands because of the shame, disappointment and guilt they felt. "When I saw my husband in the room, I was sad and did not want to look at him. But he reassured me to give thanks to God and accept his will. I recognise that he had mercy on me and shared his compassion with me". P10

"When I saw my husband, I was already sobbing and he really spoke to calm me down by telling me to trust God". P3 The large number of mothers who said they had accepted their child's deformity is explained by the fact that they felt powerless to change the child's deformity. The only alternative in which they find comfort and confidence is their faith. It has also forged their character to the point where they can have self-control and remain calm in any situation."I have only accepted the divine will. I only accepted God's will. I respect my husband and I am submissive to him. And of course he gives it back to me, he is very religious". P14 "It was my husband himself who told me about the situation. I was rather serene as I told you I already knew about the malformation". P5 This midwifery student relies on having had previous information about clefts as a future health worker. This leads

us to suggest that early possession of information could be seen as a psychological preparation that could lessen the effect of shock or reaction.

Mother's reactions to the family's attitude

Table 2. Mother's reactions

Mother's reactions	Number of responses	Frequency
Acceptance	9	56.3%
Resignation	3	18.80%
Endurance	1	6.30%
Isolation	1	6.30%
Serenity	1	6.30%
Tolerance	1	6.30%
TOTAL	16	100%

Analysis of the table reveals that the majority of responses given by the mothers is acceptance (9 responses), for resignation we obtained three (3) responses and for the other reactions (endurance, isolation, serenity, tolerance) we have one (1) response for each reaction. Mothers tend, for the most part, to accept and resign themselves to their fate and that of their child so as not to suffer too much. "I handle the situation ... with serenity and endurance. There is no inappropriate language here. The problem concerns us all". P14 As far as my in-laws are concerned, I can tell you that everyone is advising me and doing their best to get me out of the stress I'm under. So there is nothing I can do wrong. I can only react positively". P3

"I just keep quiet and accept my fate so I don't get tired. You know you can't respond to everything people do". P7

Mother's reactions to the attitude of the entourage : The most observed reaction in this table corresponds to isolation, which was cited five (5) times. This is followed by acceptance and resignation three (3) times each and finally anger, avoidance, distrust and crying, each of which was cited one (1) time. Isolation is characterised by an action that consists of putting oneself aside and isolating oneself. As a result, most of the mothers said that they had opted for this attitude of isolation to which they added the reactions of acceptance and resignation to avoid responding to gossip and comments made about their child.

Table 3. Mother's reactions to the entourage

Réactions de la mère	Nombre de réponses	Fréquence
Isolation	5	33.30%
Acceptance	3	20.00%
Resignation	3	20.00%
Anger	1	6.70%
Avoidance	1	6.70%
Distrust	1	6.70%
Crying	1	6.70%
TOTAL	15	100%

Some mothers perceived the stigma and anticipated it. "I didn't say anything, I locked myself in my room and cried. But I thanked God because there are some who are in a more difficult situation, I cried because of the anger". P12 "Whether it's with my in-laws or with people around me, I haven't done anything that would hurt them. I know that gossip is bound to happen, but it doesn't bother me as long as I haven't heard anything. And besides, there is nothing I can do about it except to give myself to God". P6 Other mothers told us that they ran away from or avoided the company of people. This can be explained by the fact that they cannot tell the difference between good and bad people. But also this avoidance may seem to carry traces of shame that stem from the mother's guilt. "When the child was born, I was running away from the company of people in the village who came to console me and most of them told me that it could be cured". P10 As for the anger mentioned in this analysis, it emerges from a strong feeling that follows a stigma felt by the mother who considers her child as a part of herself. Sometimes I feel anger especially for those who make fun of my son or make comments about his situation". P2

In this section, we note that the mothers had positive reactions in accordance with the condition set out in our indicators. Several of them stated that they only reacted positively to those around them. However, we found that there were more negative reactions from the mothers (isolation, avoidance, distrust, crying) in relation to their environment.

Mothers' opinions of the presence of the cleft on their child : When we asked our respondents what they thought about the cleft, the majority said they did not know the cause and did not know what to think. However, on pursuing their ideas, all the mothers' responses (12) showed that they thought it was "divine will". Other reasons given were consanguinity of marriage, cultural beliefs, disease in the womb, genital infection, fate. This is illustrated by the following statements:
Divine will

Table 4. Mothers' opinions

Opinions	Number of responses	Frequency
Divine will	12	57.10%
Cultural belief	3	14.30%
Inbreeding	2	9.50%
Disease	2	9.50%
Genital infection	1	4.80%
Insubordination	1	4.80%
TOTAL	21	100%

"Ah, I don't know the deformity and I don't even know what causes it. Perhaps it is the divine will. Whatever is to happen, will happen. It is God who creates and he creates as he wants..." explains P2."... I think it is God who tests us. I am a Muslim and as a believer we can only accept his will...". P14
"I have no idea about the deformity. It is something that was meant to happen to me". P5

Inbreeding

"I don't know, I have no idea. All I know is that I got it from my Google search to see what the cause is because I really wanted to understand. I found out from there that it could be due to inbreeding". P4" .... maybe it's family ties (I married my direct cousin). You know we Fulani marry each other. So I say to myself that they are right because I am living this situation". P2

Cultural beliefs

"... some people say that if you are pregnant and you see a person who has a deformity and you were afraid of them it can affect your baby". P3" Sometimes people ask me if I saw

something during the pregnancy that I shouldn't have seen or if I saw someone who had a deformity and I hated them. But I don't take that into account even though I share their opinion because it's not my case". P7

"... Nevertheless in our society it is said that if you walk in the bush at certain times "njoolor" the spirits can scare you and thus affect your child. It is the same when you see certain scary images or if you behave badly with your husband". P14

Infections

"I went to another midwife who confirmed the pregnancy this time. But she told me that I had a genital infection and this made the pregnancy difficult. So when the child was born I thought that the infection was the cause of the malformation". P10

Disease

"I thought the disease was in my womb". P1 "I often have back pain and stomach ache. I don't know if this is what is causing the illness". P7

No one made any accusations or mentioned any punishment. So these results do not support our original hypothesis which was: Mothers of cleft children have negative views about their child's malformation.

Mother's social relationships

Mother's relationship with her husband : The mothers with whom we spoke about their relationship with their husbands gave us the information shown in Figure 3 below.

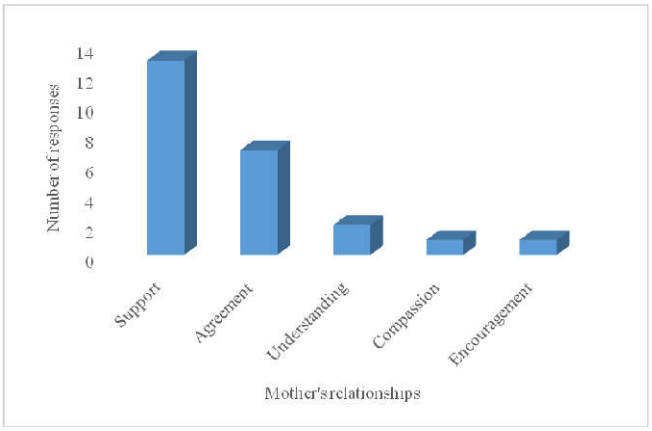

Figure 3. Mother's relationship with her husband

Among the answers given by the mothers, we found that all were positive responses: support, understanding, compassion, encouragement. This is expressed through the following statements:

"Our relationship is great, he is my strength. If I can hold on it is because of him". P7

"We are on good terms because he understands the situation. He has compassion for me". P9

"We get on well, the deformity has not changed our love. I have more affection for him because of the support he keeps giving me. I am very happy with him and I thank God for giving me such a husband". P10

"We are on good terms. Every time we have an appointment, he gives me the money to take care of the child if he does not come with us. We live in perfect harmony. He has also given me a lot of moral support". P13

Mother's relationship with her in-laws : Of the fourteen (14) mothers interviewed, nine (9) said they had received support from their in-laws, six (6) said they were in perfect harmony with their in-laws, three (3) said there was understanding from their in-laws, two (2) mothers say they received compassion, one (1) says she received encouragement, one (1) confides that she felt respect, one (1) admits to having experienced quarrels and one (1) says that some members of the in-laws made fun of her.

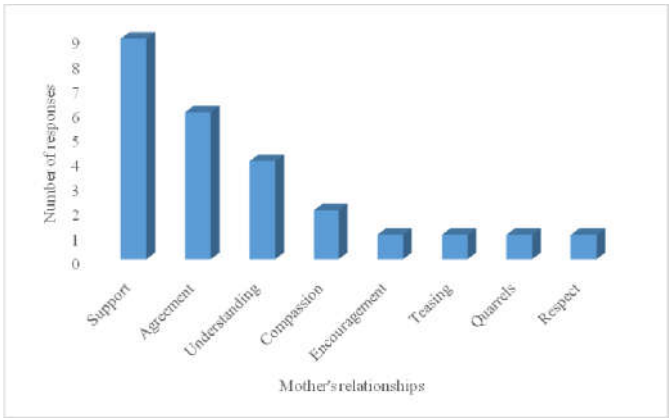

Figure 4. Mother's relationship with her in-laws

The analysis of this graph shows that support and understanding are the elements most noted among the in-laws. To these elements we would also add understanding, compassion, encouragement and respect. These positive relationships reflect the need for help that each individual is expected to receive in such situations. These positive responses of support, understanding and many others can enhance the mother's well-being and quality of life during this difficult time. Understanding should therefore be seen as the ability to live in the world of the other without making value judgements and thus having a benevolent view of the person being helped. This is what makes these mothers say that their in-laws have had understanding for them. "I have a good relationship with my in-laws ... They haven't done me any harm or said any hurtful words because of the child. What I can tell you is that no one has behaved in a way that would cause me to have any differences with them. We live in peace only". P8

"It is the same with my in-laws. I was brought up by my mother-in-law and she gave me in marriage to her son who is my cousin. So she knows me well. My mother-in-law is very attached to the child". P14 Others feel respect due to the social rank they occupy in their household and the esteem they give to other family members and state that "I don't have any problem with my in-laws or my friends. I live in a polygamous family and I tell you that I get on well with my co-wives. They have not shown me anything that would tarnish our relationship. I am the first wife and all the others respect me and share this difficulty with me". P6

However, there were two responses that demonstrate that relationships can also be negative where there is mockery and quarrelling. The explanation we can give is that certain cultural barriers and negative resentments can lead to intolerance of the occurrence of a disability and unacceptance of the child as it presents itself. Behavioural abuses by some in-laws towards their sister-in-law further highlight the ongoing debate about the status of the married woman and her relationship with her in-laws.

"Our relationship is often strained despite the fact that I try to get closer to them. They let me know outright that I deserved to give birth to such a child. Sometimes some of them throw insults at me and to avoid this, I am forced to stay in my room to keep the peace. As for the story, the cleft lip and palatehas only accentuated our differences. It is as if my family-in-law is gloating over my situation". P7

Mother's relationship with her entourage

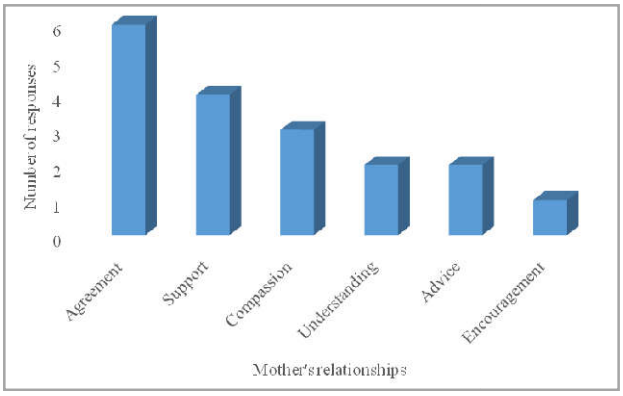

Figure 5. Mother's relationships with her entourage

The mothers informed us that they get on well with their entourage and have received its support and compassion. They say that the neighbours have understood their child's situation. They said that the neighbours understood their child's situation and gave them advice and encouragement to help them overcome the difficulties they were facing. And the help provided has created good relationships.

"As far as my family is concerned, I also deal with the situation. I try to be on good terms with them as much as possible and not to show them that the situation is beyond me". P2

"As far as the people around me are concerned, we live in peace because so far no one has taken it out on me because of the presence of the cleft on my child. In any case, we hardly see it". P11

"The neighbours also sympathise and support me and ask me to rely on God. We live in peace". P14

"My neighbours with whom I share the flat understand the situation because they once saw the deformity and they are educated people. We have good relations, we only share peaceful relations. They are women and they know that what happens to me can happen to them. No one can escape their fate". P4

DISCUSSION

The presence of a cleft lip and palate is accompanied by many reactions observed in mothers. These will have a strong influence on the successful integration of this event in the mother's life, but also on her social relationships. Through this work, we have tried to identify the different relationships that exist between attitudes (reactions, relationships) and the impact of the trauma caused by the malformation. Indeed, through our interviews, we have been able to highlight a set of positive reactions such as acceptance, calm and resignation and negative reactions such as crying and sadness. It is true that cleft lip and palate is currently being treated medically in Senegal through the intervention of certain NGOs. However, it would be important to introduce psychological care, which would require knowledge of the mother's reactions to her child's malformation. In the reality of our study, the acceptance of the child's deformity by the mothers is de facto and is explained by a feeling of powerlessness. They thus find comfort in faith as the only alternative to bear this trauma. Through these remarks, it is interesting to highlight the adaptive mechanisms put in place by mothers when their child is born with a malformation, such as a cleft lip and palate. Indeed, some mothers tend most of the time to accept and resign themselves to their fate and that of their child in order not to suffer too much. This process of accepting the malformation requires a period of adaptation during which mothers adopt defensive tactics to protect themselves from the gaze of others but also to anticipate the reaction of others. Bradbury and Hewison (1994) cited by Diane (2009) and Skrivan and Habersaat (2009) show that parents whose child is born with a cleft take several weeks or even months to adjust their expectations to reality. This time is also an essential factor in the confrontation with the outside world.

On the other hand, others, as we have observed, will opt in this adaptation process to flee or avoid the company of people because of fear and guilt. This guilt, as Bolomey *et al*. (2013) show, can lead to a feeling of over-investment in the child by the mother through over-protection of the child. For the mothers in our study, isolation is a withdrawal strategy to avoid the gaze of others and the fear of being stigmatised. This is why the mothers kept their children inside the houses to avoid gossip, the questions they are often asked and the transmission of the malformation to other women who are pregnant according to their belief. This study is in line with those of Oshodi and Adeyemo, 2015; Antwi-Kusi *et al*., 2015 who reveal that mothers expressed their discomfort with their child's deformity and reluctantly isolated themselves socially to avoid gossip and keep their child indoors. Similarly, Awoyale *et al*. (2016) explain that this isolation of mothers can be seen as a form of coping strategy in the face of a stressful situation. They add that mothers are forced to stay with their children at home and do not necessarily dare to go out in public settings. For Diane (2009), parents tend to withdraw from the environment because they are very sensitive to any reaction from the environment and try to detect the slightest sign of rejection from the child. The author adds that parents also tend to attribute their own perceptions and feelings about the child's problem to the environment, which complicates the relationship with the child.

The shame experienced in this study is explained by the community's interpretation of the presence of the cleft on their child. This shame always derives from the guilt of having been the first or only one in the family, in the community to have given birth to a child with a malformation. Tétreault and Blanchette (1991) explain that the mother will feel inferior for having produced such a child and she may feel a fear of being rejected by others. Stigmatisation was also reported by some mothers. Stigmatisation is said to arise from the embarrassing presence of the malformed child and is manifested through the behaviour of some people in relation to the child, such as refusing to take the child, whom they find repulsive. When asked about the mothers' opinions, all of the mothers' responses showed that they thought it was "God's will". The study by Weatherley-White *et al*. (2005) had approximately the same results which stated that the vast majority (80%) of parents attributed the cleft to "divine will". In a study on cross-cultural attitudes and perceptions towards cleft lip and palate deformities by Loh and Ascoli (2011), the results showed that the deformities were associated with supernatural forces, punishment from ancestor spirits, an act of divine intervention etc. And this affected the mother considerably. And this affected the mother considerably. On the other hand, our study reveals that a significant number of responses attributed the presence of the cleft to divine will. On the other hand, none of the responses obtained showed that the mothers had negative opinions about the occurrence of the cleft. Rather, they were fatalistic in the sense that the entire sample is Muslim. This finding is similar to that of Loh and Ascoli (2011) who report that among the Haussa/Fulani of Nigeria, the cause of the deformity is attributed to 'the will of God'. This "diminishes any sense of shame about cleft lip and palate. They note that "the Hausa population is predominantly Muslim and Islamic beliefs tend to be more fatalistic and maintain a spiritual explanation.

Furthermore, the majority of the mothers interviewed said that they shared good relationships with people around them. They received support from their husbands, in-laws and relatives. It must be said that it is essential for them to be assisted psychologically and/or emotionally during the discovery of their child's malformation, as this is a time of great emotional pain. Thus, it is a question of sharing this support, which is a mark of solidarity, favouring the sharing of emotions and therefore the de-dramatisation of the situation. At the same time, it facilitates the integration of the cleft lip and palate, thus creating a good relationship between the mother and her social environment. The husband's support is a great help to the mother. The husband is the first person she should rely on. Moreover, he is equally concerned about the child's situation. This relational support helps to reduce the emotional shock and allows the mother to have self-esteem and self-confidence and to bear the difficulties. This result corroborates that of Johansson and Ringsberg (2004).

However, relationships can also be negative where there is teasing and quarrels. The explanation we can give is that certain cultural barriers and negative resentments can lead to intolerance of the occurrence of a disability and unacceptance of the child as it presents itself. Behavioural abuses by some in-laws towards their sister-in-law further highlight the ongoing debate about the status of married women and their relationship with their in-laws. The good relationship with their entourage that the mothers in this study claim to have experienced, finds its reason in the fact that the mothers do everything to avoid tarnishing their social image, they always want to show this spirit of surpassing, of good manners to keep the good good neighbourly relations. The other fact is that Senegalese society is a supportive society where communities support each other and share their feelings, especially in such situations where everyone wants to provide psychological help to comfort the person. This helping relationship is a stabilising factor that is of great support to the mother in difficulty. This is confirmed by Johansson and Ringsberg (2004) and Awoyale *et al*. (2016) in their studies of parents' experiences of community reactions by stating that the reactions of relatives and the community have a significant effect on the emotional state. In future studies, it would be interesting to further investigate the adaptability of the family in general to the child with cleft lip and palate.

CONCLUSION

The announcement of a cleft lip and palate is a particularly sensitive moment which, if not managed properly, can lead to trauma that can affect the mothers' reactions and social relationships. Thus, in our study, the mothers' positive reactions and good relationships with people around them had a positive impact on the mothers' lives because of the psychological support they received. But it is also worth noting that the attribution of cleft lip and palate to divine will contributed to a better acceptance of the malformation. Apart from this, cleft lip and palate can lead to negative reactions in the form of crying, sadness, distrust, stigmatisation, shame leading to self-isolation, avoidance or social withdrawal, which in turn disrupts the mother's relationships and therefore her quality of life. Hence the importance of finding strategies to combat stigmatisation, social isolation and to convey information about the presence of cleft lip and palate in order to guarantee the mother's mental health.

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