

From the results of our study, it is shown that there is a statistically significant difference in satisfaction of esteem support fathers and mothers ($p = 0.001$), in satisfaction material support ($p = 0.010$), in informational support satisfaction ($p < 0.001$) and also in emotional support satisfaction ($p = 0.002$). In fact all these forms of satisfaction were higher in mothers than in fathers.

Table 4: Characteristics on the satisfactions of support for parents of children and teenagers with CP

	PSS score	Score of satisfaction
Mothers (child)		
PSS score	1,00	-0,18 ($p=0,4$)
Score satisfaction	-0,18 ($p=0,4$)	1,00
Mothers (teenager)		
PSS score	1,00	-0,06 ($p=0,8$)
Score satisfaction	-0,06 ($p=0,8$)	1,00
Fathers (child)		
PSS score	1,00	-0,28 ($p=0,2$)
Score satisfaction	-0,28 ($p=0,2$)	1,00
Fathers (teenager)		
PSS score	1,00	-0,28 ($p=0,4$)
Score satisfaction	-0,28 ($p=0,4$)	1,00

* Significant at 0.05; ** Significant 0.01; *** Significant at 0.001.

According to the results presented in Table 4, it is shown that social satisfaction is associated with a decrease parental stress, the relationships between satisfaction and perceived stress were not significant in children of mothers ($r = -0.18$; $p = 0.4$), and in mothers of adolescents see even in children of fathers ($r = -0.28$; $p = 0.2$) and fathers of adolescents, ie, when parents perceive that their social network responds

support, they do not report lower levels of stress in their relationship with their children.

The multivariate analyzes are intended to check the following exploratory question: the different forms of social support are they associated with a decrease in perceived stress.

Table 5: associated factors to social support with multivariate analysis in mothers

Associated factors	Analyze univarié			Multivariate analysis		
	B	IC 95 %	p	B	IC 95 %	p
Age	0,19	[0,03; 0,35]	0,02	0,14	[-0,01; 0,28]	0,06
Support of esteem	0,6	[-1,17; -0,28]	0,04	-1,41	[-2,25; -0,58]	0,002
Material support	-0,6	[-1,81; 1,25]	0,6	1,05	[-1,04; 3,15]	0,31
Informative support	0,11	[-0,81; 1,03]	0,81	0,97	[-0,14; 2,10]	0,08
Emotional support	0,05	[-0,64; 0,74]	0,88	0,63	[-0,13; -0,25]	0,15

Table 6: Associated factors to social support with multivariate analysis in fathers

Associated factors	Univariate Analysis			Multivariate analysis		
	B	IC 95 %	p	B	IC 95 %	p
Age	0,06	[-0,11; 0,23]	0,49	0,13	[-0,07; 0,34]	0,19
Sup. esteem	0,26	[-0,42; 0,94]	0,44	-0,23	[-1,57; 1,46]	0,94
Mat. Sup.	-0,29	[-1,81; 1,25]	0,71	-0,17	[-2,81; 1,34]	0,86
Info Sup.	0,62	[-0,55; 2,15]	0,24	0,60	[-0,77; 3,17]	0,50
Emo Sup.	0,48	[0,49; 0,78]	< 0,001	0,51	[-1,84; 2,12]	0,6

In multivariate analysis after adjustment for age, support of esteem, material support, informative support and emotional support, only the support of esteem is associated with perceived stress as a protective factor in the mothers. However, no factor is associated with perceived stress among fathers in our study population. (Table 5) and (Table 6).

4. Discussion

Some epidemiological studies on the health of young adults with disabilities show that a well exists on mortality and morbidity in this population [8], [9], [10], [11], [12], [13], loss of mobility capabilities and autonomous power supply being predictive of mortality. [8], Life expectancy of patients is related to the severity of the deficiencies [12], [13], [14] The CP children growing up are of particular clinical picture sometimes with scoliosis (complication in 25-65% of patients CP living in institutions) [15]. The risk of progression is even more important that scoliosis is severe [8] Schwartz et al. [16] estimated that 67% of adults with cerebral palsy suffer from chronic pain in the lower limbs [16]. The orthopedic deformities generate pain and contribute to functional alterations [17], [9]. In addition to the sphincter disorders, the CP children suffer from nutritional and digestive disorders [18], the risk of aspiration persists and remains an important factor of respiratory superinfection, sometimes warranting special rehabilitation and education of the patient and his entourage for this reason and for other people in our study composed of 67 parents of children and teenagers CP have a high stress level which corroborates the literature [19], [20], [21] and particularly the mother who takes child care and that primary responsibility for his medical care [22], in this context recall that in our sample almost all the children are dependent on adults for most activities of daily life and they all have several associated disorders and that fathers were much less available, covering among other things occupation, the mother is in a situation where it assumes the heavy charge that will multiply at the age of adolescence. Increase the risk of difficulties must request a special surveillance with his entourage. How can one imagine the quality of life of parents living before this array of complications and sometimes with a major problem of communication that can provide behavioral problems, a lack of understanding can generate cries of even crying attacks, some these disorders are more or less controllable by parents at the age of childhood but become unbearable and disturbs quality of life in adolescence age when the child grows and develops physical strength.

The requirements associated with CP are numerous and expensive and requires a considerable investment of time and energy on the part of parents, they limit the opportunity to enroll simultaneously in secondary activities of distraction or professional occupations in mothers without representing 67.6% of mothers. They also limit the opportunities to maintain social relationship and sometimes create some isolation [23]. The frequency of links with the various forms of support can really decreased the stress level and especially if it is a support of esteem as demonstrated in our study.

However, contrary to what was envisaged, the different forms of social support did not show significant relationship with

perceived stress in parents of children and adolescents suffering from CP. The only established relationship only applies to mothers who have a much better satisfaction than fathers.

Furthermore, various studies have shown that psychological distress scores in subjects with high social support are not influenced by the perceived stress scores [24, 25]. In other words, we may well have a high perceived stress score and a low distress score if one enjoys high social support.

In fact, according to Cohen et al. [24, 26], it is appropriate to distinguish conceptually perceived stress of psychological distress. Indeed, the P.S.S. does not assess psychological distress but rather how the subject perceives and interprets external events. So we may well perceive events as painful and stressful without manifest different symptoms of psychological distress (anxiety, depressive affect, somatic complaints, hostility, etc ...). [4]

Finally, the results of this research raise that fathers also report a high level of stress about their situation in the presence of a child with CP, but do not mention social support helping to reduce the stress related to stains they assume.

Given these results, it is appropriate to establish a support system conjugal and to involve as many mothers as fathers, to strengthen their self-esteem, and implement adaptation process related to the presence of a child with CP.

Finally this research has some limitations. If our data have clarified in part the reality of parents, they do not allow us to have a perfect knowledge of the various factors associated with perceived stress. To the extent that the sample size is small and the comparison group is absent statistical possibilities do not allow us to extrapolate and to have the ability to generalize the results.

5. Conclusion

This research demonstrates the existence of a high level of perceived stress among parents of child with CP, however, this suffering is more pronounced in the mother who has the primary responsibility, that among fathers. It was also noted that there is a statistically significant difference in satisfaction scores of various forms of support between the fathers and mothers of adolescents, more pronounced in mothers. In correlational point of view, there is no relationship between the different forms of support and perceived stress among our population; it is a child or adolescent father or mother of child or adolescent with cerebral palsy.

Our study also showed that the support of esteem is the main source of reduction of perceived stress and a determining factor in the adaptation of the mother cope with the disease.

Finally, a similar research is needed on a larger sample and other variables that can be classified as critical in adapting the family including the father to face the disease. The transition in the current Moroccan context demographic, economic and policy should under no circumstances neglect

this population whose needs are precarious and increasingly diversified.

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