



ISSUES AND CHALLENGES FACED BY PARENTS HAVING CHILDREN WITH FACIAL DISFIGUREMENT: A QUALITATIVE STUDY FROM PESHAWAR

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Abstract

Background: Facial disfigurement is one of the painful, excruciating and serious concerns that affect the quality of life of the individuals and put them for certain challenges at different levels of their lives. Anyone can get affect with the facial disfigurement however it is perceived more traumatic and distressing among the pediatric population.

Aim: the main purpose of the study was to explore the issues and challenges faced by parents having children with facial disfigurement.

Methodology: A phenomenological approach was followed to conduct the study. Total 10 of the interviews were carried out through purposive sampling technique. Face to face semi structured interview were conducted through a proper study guided questions. 30 to 60 minutes were given to each interview for taking in-depth information. All the interviews will be audiotaped and notes were taken during the interview. Data was collected after getting approval from the concerned departments and participants. Data was analyzed through thematic analysis for its description and presentation.

Results: After the data analysis five of the themes were emerged from the parents' narration and verbatim based on the retrieved codes and categories. Major themes extracted from the data were treatment related concerns, psychological issues, social challenges, financial constraints and stigmatization.

Conclusion: The study's findings conclude that parents of children with disfigurement have certain social, financial, treatment and care, psychological and social issues which put them in certain miseries to treat and care their children therefore healthcare professionals should be properly trained and pay close attention to the issues experienced by the parents. Addressing the parents' issues well in time would help them to cope up with their problems that in turn would bring positive outcome in their children lives

Keywords: Issues, Challenges, Facial Disfigurement, Parents, Experiences, Nursing Care

INTRODUCTION

Facial disfigurement is considered as one of the most challenging concerns among the people at any level of their lives however when the problem is with children it becomes more traumatic for the parents. Either gender's appearance may be deeply or persistently affected with the facial disfigurement that put them as well as their parents into certain psychological consequences and social stigmatization.¹ Facial disfigurement has certain causes that may result due to acquired circumstances including medical reasons, accidents to maxiofacial bones, paralysis, head and neck cancer and procedure or it may arise due to the congenital etiologies. Apert Syndrome, Craniosynostoses, Crouzon Syndrome, Treacher Collins Syndrome, Hemifacial Microsomia, Craniofacial Microsomia and Goldenhar, Vascular malformation, Hemangioma and Deformations (Positional Plagiocephaly) are some of the common reasons for congenital face disfigurement.²⁻⁴ Two in every 1,000 neonates have cleft lip and/or palate on average.⁵ Another study from the United Kingdom shows that around 1.3 million people including children, young as well as adults are having one or the other kind of significant disfigurements, including with 0.57 million with facial disfigurements.

All these disfigurements exposes individual to many of the consequences however parents the children with facial disfigurement have shown some negative and very unconstructive experiences in this regard.^{6,7} For parents of kids with disfiguring illnesses like craniofacial abnormalities (CFA) or obvious skin conditions like infantile haemangiomas, adaptation seems to be an even harder challenge.^{8,9} These parents must deal with unfavorable social commentary about the child's appearance in addition to hospital visits and medical care. This can put parents under more stress, which could lead to anxiety or depression.¹⁰ The psychological burden on parents' usually begins when their child is diagnosed with a facial disfigurement, either before or at birth. Parents may experience a variety of emotional responses, including confusion, distress, guilt, loss of control, helplessness, and even depression.¹¹

Children with facial disfigurement and facial hemangioma may experience emotional and behavioral issues that are caused by additional medical issues.¹⁰ During infancy, facial hemangioma may be a threat to life or function by obstructing vital organs and causing feeding difficulties. Infant feeding issues can affect parent-child interactions and consequently affect the mental health of the child. When a child with facial disfigurement is in a school, speech issues and academic issues like learning disabilities, low academic achievement, and grade retention are associated with emotional and behavioral issues.¹¹ Acquired Facial disfigurement like burn injury can have a significant negative impact on survivors' and their carers' lives.¹² When children at their initial years of their lives with such stated situations of disfigurements exposed it becomes very hurting for their parents to manage them effectively for their circumstances therefore they need proper assistance and counseling to address their issues and problems.¹³

Literature shows that parents of children with facial disfigurement come across many of the issues and challenges which are very broader in their scopes. . These challenges are not only limited to affect the physical parameters of the children but it also have a vast and negative impact on the psychological, financial and social aspect of the children and their parents as well.¹⁴

Further studies show that stigmatization and facing the people such children is also a matter of concern that develops sense of loneliness and isolation among the children with their age group population. Disfigurement related stigmatization put substantial challenges among children to maintain self-esteem, confidence, body image perception and self-concept. Therefore; a strapping mechanism is needed to address the problems of children with facial disfigurement to bring quality in their lives.¹⁵⁻¹⁷

Health care professional including nurses needs to have proper knowledge, awareness, competencies and training in their clinical practices. These awareness sessions and training in response would help nurses and other health care workers to plan care according to the needs of the children with facial disfigurements that would further help them to bring a positive change and outcome in patients and their parents' lives.¹⁸⁻²⁰

Facial disfigurement is a serious and thoughtful concern among children and has many of the distressing and upsetting issues and a challenge not only to affect the children but it has some unconstructive and negative impact on the overall lives of their parents and caregivers.²¹ Furthermore; Facial disfigurement is an evolving issue that needs to be addressed properly in a country like Pakistan where little has been focused about it. None of the published literature has been found regarding the challenges faced by the parents of facial disfigurement therefore work is needed to explore the stated issue among parents in Pakistani context where there is already shortage of resources in the health care system of Pakistan. Therefore the designed study would help to explore the actual and potential health problems, challenges and experiences of parents having children with facial disfigurement. Further recommendations and suggestions would be given at the end to address the issues of parents of such children and patients

METHODOLOGY

Study Design

The current stud design was a qualitative phenomenological framework framework was used an appropriate design for the current study which was completed in june 2023 to investigate the parents' challenges for their children with facial disfigurement as the best method for giving reflection to the participants' descriptions of their lived experiences.²²

Study Setting and population

The current study was carried out in Burn and Plastic Surgery Centre Peshawar, Hayatabad Medical Complex (HMC) Peshawar and Khyber Teaching Hospital (KTH), Peshawar. These public sector hospitals offer all types of healthcare services to the residents of Khyber Pakhtunkhwa, particularly those in Peshawar, Charsadda, Khyber Agency, and the Afghan refugees settled in the territory of Peshawar. These hospitals are well equipped and offer comprehensive medical services, including intensive and emergency care, surgery, medicine, and gynecology etc for 24 hours round the week. Study population was both the male and female parents of children with facial disfigurement were the population of this study. The reachable population was those parents whose facial disfigured children were admitted in KTH, HMC and Burn and Plastic Surgery Center Peshawar for the management of facial disfigurement or rehabilitation.

3.5 Sampling size and Technique

Ten (10) participants were interviewed for in-depth information. 10 was the sample size decided on the basis of data saturation. Participants were explored to describe the issues and challenges faced by the parents of children having facial disfigurement in public sector tertiary hospitals of Peshawar. The

sample size for qualitative research depends on the information supplied by the participants to suit the needs of the study's research objectives, which are mostly dependent on the data saturation effect.²³

The study population for the current study included all those parents whose children had facial disfigurement and visited the above-mentioned public sector tertiary care hospitals of Peshawar. The non-probability sampling technique was used for selecting the participants. Purposive sampling technique was taken as a technique to select the study participants. Purpose sampling is a technique in which study participants are selected with a specific purpose in mind or having some specific characteristics.²⁴

The inclusion and exclusion Criteria

The inclusion criteria for the study was:

- All parents of children (under the age of 18) with significant facial deformity who had it for at least a year, due to either a congenital condition or an acquired condition, met the inclusion criteria for the study were included in the study.
- Secondly, parents of those children who had suffered from serious face burns (from fire, hot water, radiation, acid, etc.), any accidental facial injuries, Crouzon Syndrome, Hemifacial Microsomia, and facial paralysis were included to be interviewed for collecting the information.

The exclusion criteria for the current study were all parents of children with minor facial disfigurement such as Cleft Lip/Palate.

- Further parents were excluded who were not willing to participate in the study.

Data Collection Procedure

Initially, each hospital's director/dean allowed for the data collection. After the approval, invitation letters (information sheets) for participation were given to the parents of those children who had disfigurements and visited public sector tertiary care hospitals of Peshawar. The study Purpose, scope, benefits of participation, and ethical considerations were then explained. Parents of the children with facial disfigurement signed a written informed consent form. The hospital management gave permission for the use of a quiet room for conducting interviews. A qualified assistant was accompanied by the primary author to conduct in-depth interviews with the participants. Before beginning the interviews, verbal consent was also taken during the interview period.

Before collecting the data, the participants were briefly explained the questions of topic guide. A 30-minutes long in-depth face-to-face interview with each participant was conducted. The topic guide questions were streamlined to address the detailed information regarding the issues and challenges experienced by parents of children with facial disfigurement. In order to help them to overcome the language barrier, the participants were given the option of speaking in Pashto, Urdu, or English. In order to prevent information loss, the interviews were audio recorded, and handwritten transcripts of the essential materials were also noted side by side. The participants' anonymity was maintained during audio recording of the interviews.

Data Analysis Procedure

Each interview was audio recorded and then transcribed into English. An English expert carefully reviewed the transcribed interviews for its accuracy and grammatical mistakes in it during description phase. As this was a qualitative study, so, thematic analysis was carried out. As previously mentioned, the thematic analysis of the phenomenological research provided the greatest description of the objectives. The six stages outlined by Braun and Clark were followed in order to extract meaningful conclusions from the data.²⁵

The transcribed data was initially read and reread in order to make sense of the data. The data was searched for code generation in the second stage, and relevant data was sorted according to each code. The third phase involved creating probable themes from the codes and comparing those themes to the coded data. The themes were examined in the fourth phase in order to generate definitions or

descriptions from the themes. The thematic map was created in the fifth stage using the sub-themes. Ultimately, an academic report was written, and it was thoroughly examined using subjective quotes.

Ethical Considerations

The approval of Khyber Medical University AS&RB and Ethical Review Board (ERB) was obtained for the current study. Furthermore, the approval was also obtained from the concerned public sector tertiary care hospitals of Peshawar. Before data collection, participants were administered informed consent in order to respect their confidentiality, autonomy, privacy, and anonymity. The data was maintained securely for a certain length of time to compile the original report, and it was verified that the study results would never break any ethical standards up to the publishing of the report.

3.12 Trustworthiness

Instead of using numbers and figures, qualitative research uses meaningful narratives based on subjective data. Additionally, there are four categories of trustworthiness: credibility, dependability, Transferability, and conformability.²⁶ These four categories were ensured while conducting this research.

Credibility

The primary author of the study, who was also a mother of children, has extensive experience of conducting interviews, therefore the study participants did not encounter any difficulty while sharing information with the researcher. Rapport was developed with the study participants to allow for open information exchange. For any missing information, both the handwritten transcripts and the audio recordings of the information were thoroughly reviewed. Additionally, the primary researchers received regular assistance from the supervisor and senior colleagues to confirm the accuracy of the findings.

Transferability

It involves applying study findings in other contexts under the same conditions. The major objective of this study was to explore the issues and challenges that parents of children with facial disfigurement encountered. The findings of the study were compared and validated with other literature and some of them were having the same nature of issues and challenges. Secondly extensive, relevant and in-depth information were collected to have comprehensive information for its generalizability.

Dependability

Regular input was obtained from the supervisor, nursing specialists, and research experts during the whole project. Additionally, a qualitative research analysis specialist regularly evaluated the study outcomes for corrections. To assure its dependability, every required measure was taken. According to the supervisor's and co-supervisor's instructions, the desired changes and corrections were made.

Conformability

Objectivity was maintained in the current research to ensure conformability. To ensure that the study results were consistent, the data were frequently double-checked with each participant in the study. It was done so as to retain the validity of the data, much as in quantitative research. The accuracy of the information provided by the study participants was checked against two data sets, verbal and written, to verify the study's findings. The supervisor also gave the primary researcher a lot of assistance in ensuring that the study results were consistent.

RESULTS

4.2 Demographic Characteristics

While analyzing and interpreting the demographic profile of the participants it was concluded that total ten (10) of the in-depth interviews were conducted based on the data saturation. Majority of the

participants (70%) were male while 30% of them were female. 40 % of the participants were found employed while 60% were not formal employees and had certain types of private occupations. Mean age of the participants were found with minimum 26 and maximum 59 years of ages. Almost half (50%) of the participants were from the low socioeconomic background, 30% were having average while only 20% were from found from a good and reasonable socioeconomic status.

Furthermore; 30% of participants were found illiterate, 20% were educated till matric, and 10% were intermediate while 40% of the participants had graduation and post-graduation qualification. All these demographic characteristics have been summarized in the form of frequencies and percentages and presented in *table-1* below.

Items	Frequency	Percentages	
Gender			
Male	7	70%	
Female	3	30%	
Educational Status			
Illiterate	3	30%	
Matric	2	20%	
Intermediate	1	10%	
Graduation/Post Graduation	4	40%	
Employment Status			
Employed	4	40%	
Unemployed	6	60%	
Income Level			
Low	(Rs.10000-30,000/-)	5	70%
Average	(Rs.30,000-50000/-)	3	30%
Good	(More than Rs. 70,000/-)	2	20%

Table 1: Demographic Variables (n=10)

Thematic Analysis

Thematic analysis was carried out to conclude and summarize the findings regarding the issues and challenges faced by the parents having children with facial disfigurement. Around 32 explicit codes were extracted from the data which were further categorized in 14 categories and finally they were summarized into 5 major themes. The themes generated from the analyzed codes and categories were treatment and care related challenges, psychological issues, social challenges, financial constraints and coping strategies as reflected in *figure-1*.

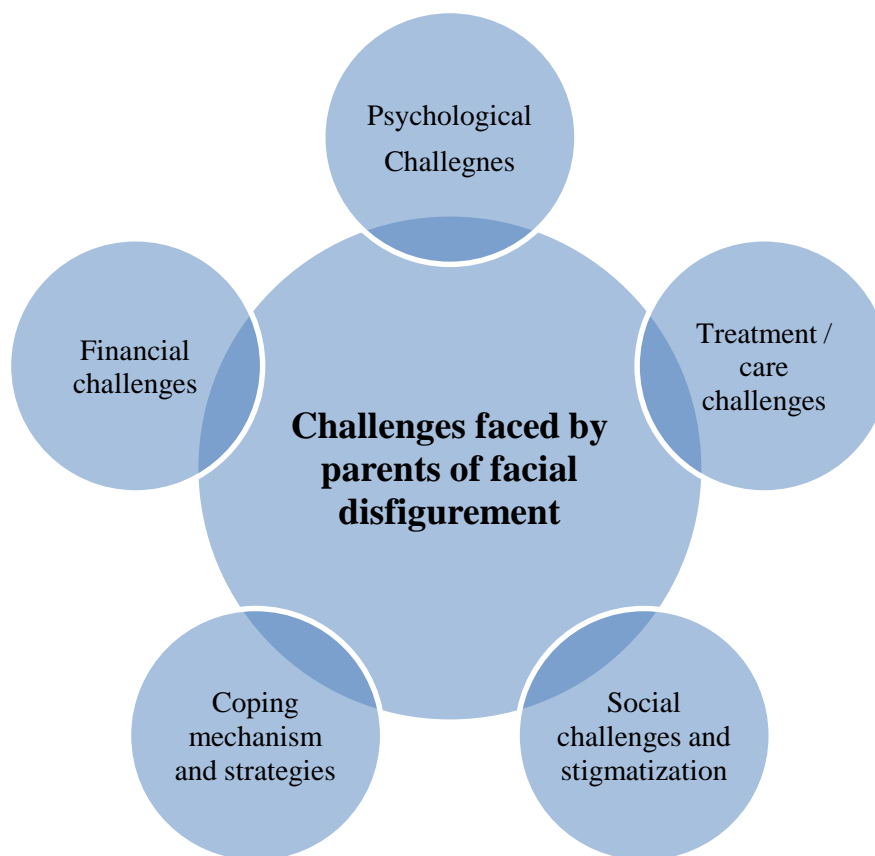


Figure-I: Thematic Analysis

Theme-I: Psychological Issues and Challenges

After the data analysis, codes and categorization the first theme generated was to conclude and reflect the psychological issues and challenges. The theme was extracted from the categories including stress, anxiety, sadness, psychological worries and fears, disfigurement, and treatment uncertainty. All these categories were generated from the extracted ten codes after having a comprehensive analysis of the transcribed data regarding the psychological challenges of parents which they faced during the care of their affected child with facial disfigurement.

Psychological Challenges were found as one of the most commonly experienced issues among the parents of pediatric children when their children were exposed to apparent injuries like birth malformations, accidental fractures and burns like conditions. The data analysis reflected that parents of children with facial disfigurement encountered problems of stress, anxiety, fears, worries, lack of concentration, sleep disturbance and agitation etc. Some of the other common observations were also noted during the interviews. As one of the participants verbalized that,

“Face is one of the precious parts of the body and is very exposed to the people when meet to each other. Due to the facial disfigurement I restrict my child to play with other children as they pass comments on my child that make him weeping which is not bearable for us as a parents” (P-8)

One of the other participants reported that,

“Because of my this child I am unable to give proper time to my other children and family members because of his hospitalization and they suffer as well which is again a distressing situation for me to ignore them at the moment” (P-4)

One of the parents expressed their views that,

“We have started with depression when look into the age of our child and his problems. Every parents wants her child healthy and with lovely faces but unluckily we feel anxious when look into the facial miseries of our child” ” (P-5)

4.5 Theme-II: Treatment/Care Related Challenges

Treatment related issues and challenges were concluded after having the meticulous analysis of the codes and categorization generated. The theme was created from the extracted categories including managing costs, lack of satisfaction, and treatment uncertainties. After a thorough analysis of the transcription; the theme was associated with the three main categories which were further plough from the six generated codes to summarize treatment and care related challenges.

Treatment related challenges are usually the prevalent problems and concerns that almost every patient and their attendant face during their stay in the hospitals.⁵⁴ Due to the overflow of patients and lack of sufficient resources in government hospitals the patients and their family members complains that they are not listened for their problems properly. Therefore one of the participants responded that, *“I am very anxious and not satisfied with availability of the resources because sometime I bring the things from outside drug shops .There should be everything available to take proper care of the patient. My son is in pain and need proper dressing of his face wound but it get late sometimes”* (P-6)

One of the participants reflected that there are options to deal my child with his problems instantly however my income level is not to support me. He verbalized further that, *“I heard from one of my relatives that you can operate your child in a private hospital however it is expensive but you may get good results. I thought about it to do anything for my child recovery but I don’t have resources to afford it in private setting”* ” (P-9)

Furthermore one of the parents expressed their feelings that, *We spent a week here in the hospital but still we are not clear and sure that how much time will it take to recover and get healthy with a fine look of our daughter facial appearance”* (P-7)

One of the other family reflected that, *Due the injury and procedure our child is looking weak and is not able to sleep and to take the food properly and crying to take me back to the home”* (P-4)

4.6: Theme-III: Financial Challenges

Financial issues and challenges were extracted as the third main set of challenges faced by the parents of children with facial disfigurement. The theme was analyzed in terms of five inclusive codes and two categories including the treatment expenditures and lack of financial support from close ones in family from the parents’ perspectives which they faced while caring their child with facial deformity and disfigurement.

Thematic analysis shows that financial constraints were also one of the major concerns of the parents to treat their affected children with facial disfigurement. Majority of the participants told that they are not well established financially to bear the treatment and hospital expenses.

One of the participant reflected that,

“I brought my daughter to a private clinic but when come to know that the expenses are very much exceeding of my approach I decided to treat my child in government hospital as I belong to a poor family and cannot afford expensive treatments” (P-3)

One of the parents discussed their concerns and stated that,

“We visited many of the doctors in different hospitals but looking into the expenses we were unable to get treatment from there” (P-1)

Further during data collection and analysis regarding the financial challenges a father described that,

“Surgeries and operations are very expensive and we have no support or help from anywhere therefore I took loan from one of my friend that I have return it back” (P-10)

Financial problems affect the care of the children massively in cases where expensive surgeries and procedure are required. One of the participants expresses that,

“I have no other option to admit my child in government hospital. They have accommodated us on Sehat Card for some of the treatment. Otherwise I would not be able to continue the treatment and care of my child” (P-5)

Theme-IV: Social Challenges and Stigmatization

Social challenges and stigmatization as the fourth theme which was extracted from the two explicitly derived categories and four codes based on the conclusion of multiple open codes as summarized description and reflection regarding social challenges have been supported with [patient verbatim and quotes.

Detailed analysis further have been reflected in the below given (*table-5*) that explains that how the codes and categories were emerged from the participants narrations and verbalization to extract the social challenges and stigmatization among the parents as one of the imperative themes from the collected data and information.

Analysis of the social challenges and stigmatization reflected that it was very hard for the parents to get moral, financial or any other kind of relevant support from their families, close relatives and friends in social circle. Some of the parents were satisfied that their family members support them morally however majority of the parents were of the opinions that they were helpless and could not get enough support from their close ones. One of the parents said that,

“We as parent have taken care of close ones however we did not get the same response during our hard time. Everyone is busy in their lives and work.” (P-7)

Further one of the participants verbalized that,

“I am very anxious that what will happen to my child after having so many visits and treatment of my child. Only one of my brother is with me and he is trying to help us however he has his own family and cannot bear expenses of us but still he helps us” (P-8)

As the element of stigmatization was also observed during getting the information during the in-depth interviews therefore the children with facial deformity and their parents experiences challenges related to it. One of the mother responded that,

“I have left to attend any ceremony or program in my relatives because everyone ask and stare at the face of my child therefore I feel embarrassed and ashamed to go somewhere” (P-10)

One of the respondents replied that,

“I was living with a reasonable life and had no stress to go anywhere in my family with my other children but I feel to avoid the social gatherings after happening this situation of facial disfigurement of my child” (P-3)

Theme-V: Coping Mechanism/ Strategies

Coping mechanism is one of the important aspects to deal with the stressors, problems and challenges in one's life.²⁷ As the participants of the study reflected many of the challenges and they were exposed certain of the issues and stressors in their life therefore it was reflected to know the strategies that how do they cope up with their problems. The last theme was extracted as the coping mechanism and strategies which was derived through open code and categories including the financial Support from friends, religious practices and own adjustment to their hurdles.

Data analysis further reflected that the participants were exploring the way to accommodate their expenses and manage their children with the available resources. One of the participants said that,

“Although I want to have better treatment of my child in a private and better health care facility however I am not in a position to do that. Therefore; I have accommodated ton carry out the treatment of my child in government hospital” (P-5)

One of the other parent expresses their concern that,
“It is difficult for us to bear the hospital as well as home expenses but still we are trying to take out money for our child. One of our brother helps us in this regard to facilitate us to some extent” (P-3)
Furthermore; one of the participants replied and showed that,
I always pray for the better life of my child and now he is improving with the surgery and treatment. Further; I believe that he will be fine in the upcoming time of his life. (P-7)

DISCUSSION

The thematic analysis showed that facial disfigurement and deformity is one of the excruciating and painful experience among children that does not only affect the children but it puts the parents for certain hard challenges in their lives. Results and findings of the study showed that parents have psychological, financial, social, stigmatization and treatment related challenges in their lives; when their children go through the treatment with facial disfigurement and deformities. Previous and parallel studies from different context shows the same kind of issues and challenges in their lives.

Face is the most apparent and prime source of human communication. Face plays a very vital reflection in getting attachment and closeness in early childhood. These bonds of children with parents get shattered when the problems of facial disfigurement and deformities affect the children at the beginning years of their lives. This problems if severe may put the parents for psychological, emotional, behavioral and social problems and challenges.²⁸

Studies further shows that facial deformity including cerebral palsy has wide range of effects on the overall mental and emotional health of the individual effect and their caregivers. These mental issues and challenges make them prone to certain physical as well as social consequence. In response it affects the overall quality of life of the affected individuals as well as their family caregivers.²⁹⁻³⁰

Studies from facial burns show that parents have certain kind of treatment and care related issues and challenges. These challenges could be financial, health care settings and satisfaction of patients and their parents from the services offered by the hospitals. Cosmetics and reconstructive surgeries put the families for financial burden. Another literature reflects that proper availability of health care settings for facial burns and injuries are not up to the mark to fulfill all the needs of the patients and their families. In a country like Pakistan where there is scarcity of resources; faces diverse issue and problems to address the proper management of patients with severe face burn injuries comprehensively.³¹⁻³⁴

Stigmatization is one of the crucial aspects in one life that has a great influence on one's self esteem, self-confidence and coping with the self-body image. It has been observed and reflected as one of the critical challenges in the literature that puts the children as well as their parents and caregivers for some uneasiness and psychological consequences that has nonconstructive and negative impact on their emotional well-being. Children with facial deformity and their parents poses and prone to stigmatization when exposes to the people and social gatherings.^{21, 35}

Corrections, procedures and treatment related to plastic surgeries related to facial deformity and disfigurement are very costly and expensive that keeps parents deprived for the treatment they required specifically in the low socioeconomic populations. Parents of children with facial disfigurement have financial limitations and they face these issues and challenges in their lives when having frequent hospitalizations for facial surgeries and procedures.³⁶⁻³⁷

Certain social problems and issues arise among the children with their facial disfigurement and they cannot bear it when to comment on them or to sit and play with them. Literature shows that parents of such children avoid allowing their children to be interspersed with other children as they may lead them to embarrassment and stigmatization. Parents also restrict their social gathering with a child having facial deformity. It becomes difficult for them to face and to answer the people.³⁸⁻⁴⁰

As face is the primary tool of communication and is a source of one identity that gives an essence to the human look and personality therefore injury or deformities related to face are very hurting for both the patients and their family members. To cop up with the facial disfigurement and its associated challenges are very difficult to manage. Although the children and their parents are not satisfied with

their existing life to live with facial deformities and disfigurements but still they try to compete with the adaptive approaches to reduce the severity of their issues and problems.⁴¹⁻⁴⁴

All the above studies and literature shows that patients and their family members face certain types of issues and challenges in their lives while treating and taking care of their patients with facial deformity and disfigurements. Parents of children specifically exposed to have psychological, socioeconomic, stigmatization and emotional issues and challenges while they are having children with facial injuries, deformities and disfigurements. Furthermore they have been noted with certain types of social support, religious practices and self adjustment strategies to cope up with their issues and problems during the rehabilitation process of their loved one.

There are certain limitation of the study:

- The study was conducted only in three of the health care settings of Peshawar due to the time constraints which may further be extended to multi center health care organization in future.
- A small sample size was included based on data saturation because of the qualitative nature of the study which further would provide baseline information for quantitative studies that may be conducted on larger sample sizes.
- Semi structured interviews were carried out with probing to collect the required information as per the understanding and nature of the study participants. In future the format of structured interviews may be followed to collect more defined areas of information.

CONCLUSION

Analysis of the findings reflected that facial disfigurement among children is a serious concern to be addressed properly in order to bring quality in the lives of the affected children and their parents. Facial disfigurement among children is considered more stressful, upsetting and hurtful experience for their parents. Parents are the primary source of their children to take decisions therefore they need to be properly prepared for the care and treatment of their love ones. While living with their children with facial disfigurement and during their care and treatment they are prone to certain issues, problems and tribulations. Parents experience with stern psychological and emotional concerns including stress, anxiety, depression and helplessness that affect them to take better decisions on behalf of their children. They also get expose to have treatment and care related issues and problems including their expenses, hospital stay, availability of resources, and satisfaction from services and access to health care services departments. Further financial challenges are also one of the imperative issues to plan the comprehensive treatment plan of their children. Social challenges including lack of family support, disturbed social gatherings, stigmatization, and lack of colleagues and friends presence are also the areas that have a great impact on the mental and emotional well-being of the parents while taking care of their children with facial disfigurement. While addressing these challenges there is a strong need to build a force of health care professionals specifically nurses to intervene, educate and counsel the parents of such children properly for having better impact and outcome in care.

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