Original Research Article

Factors influencing social participation and self-esteem among children with cognitive disability within African families: The Case of Ilala District in Tanzania

Abstract

Social participation is one of the main strategies for teaching children and imparting to them problem solving skills, fostering self-confidence and making them feel valued in the family and community. This study aimed to examine the extent to which social impacts their self-esteem, with particular focus on children with cognitive disability among African families. The study was conducted in Dar es Salaam region, specifically in Ilala Municipality in Tanzania. The study adopted the qualitative approach. The target population was children with cognitive disability, their parents and included parents with no children with disabilities, neighborhood, community members and community leaders. The total number of respondents in the study was 66. The study was based on exploratory design which required the researcher to use different methods of data collection, including informal interviews, observations, and focus group discussions. Social participation was measured in terms of the frequency with which a child participated in family activities and how frequently the family members paid attention and listened to them. On the other hand, self-esteem was measured in terms of the observed level of confidence demonstrated by the children as they performed or participated in activities at family level. The main findings of the study were that there was minimal frequency at which children with cognitive disability participated and interacted in family chores. There was also minimal frequency at which children were listened to by the members of their families. The study noted that, the observations made were mainly due to the social environment in which the children lived. An unfriendly environment was one of the main causes of low self-confidence and low self-esteem among the children with cognitive disability. The study concludes that a child's self-esteem is a product of his/her social living environment. The study recommends that policy makers involved in children's social welfare do all they can to encourage parents and other family members to change their current mind sets and outlooks regarding children with cognitive and other mental disabilities as they while taking advantage of available social welfare support services, psychotherapy services and involving other stakeholders in children's welfare in the alleviation of socially unacceptable disregard, low treatment and general lack of concern for the proper upbringing, care and support of all children with particular focus on those with cognitive or mental disabilities.

Key words: social participation, self-esteem, children withcognitive disability, social environment

1.0 Introduction

The concept" cognitive" refers to the mental processes by which human beings access and gain new knowledge and comprehension (Rwegoshora, 2016). The processes involve how a person perceives, thinks and gains understanding of things and occurrences in their environment. Cognition also involves the mental retention and memory of information, the ability to assess and make judgment and to use such bases to solve a problem (Mwereke, 2015). The problem of cognitive disability becomes more complicated when it involves children, a situation in which children face intellectual and adaptive difficulties in their living environment.

Cognitive disability includes the inability of a child to communicate well with parents, relatives and other children and their low capacity to understand and sort out their problems. The adaptive behaviors involved include the application of everyday social skills, involvement in routine activities, and observance of the principles pertaining of hygiene. This is in comparison with children with no such disabilities. In community social work, it is believed that mental and other disabilities are not directly related to physical inability (Midgley, 2010)[1].

In this paper, an attempt was made to establish the factors which influence children's low or inability to integrate and participate in activities at family level which plays a critical role in enabling children with cognitive disability to realize, actualize and enhance their self-esteem. This paper consists of four main parts, namely, an overview of the state of children's participation and integration in social activities with family and peers as well as their ability to acquire needed living skills. The paper also provides the theoretical framework for the study, the methodology applied the findings and the concluding remarks and recommendations for all parents and all those others concerned with children's upbringing and welfare.

2.0 Theoretical Framework

The study was based on and guided by the empowerment theory. The theory was developed by Ledwith (2005) who attempted to argue for building human capacity not only to gain power but also to take control of their lives. The theory also aims at sensitizing and enabling individuals or groups to gain access and benefit from social resources and use them expeditiously to realize their full potentials. In other words, the theory is geared towards the promotion of human empowerment for whose final results are changes in behavior and enhanced power of deprived individuals, groups or communities.

To this effect the theory was applied in this study as a basis to find out and argue for the factors which do or are likely to influence or hinder the integrative social participation of children with cognitive disability in the affairs of a typical African family. The ultimate goal of the study was to have bases for recommending what should be done to change people's mindsets in enhancing

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[1] *Inability means you can't do something because you don't have the skills or knowledge to do something, "disability" means you are not able to do something because of a physical or mental problem. For example, I have an inability to speak English, because I never learned the language (but it's possible I could)*

the social participation and normal functioning of children with cognitive disabilities into their families and the neighborhood community as a whole.

The human empowerment theory was preferred for this study for it argues to enable people to overcome their unfavorable living and working conditions regardless of the abilities or disabilities of individuals which otherwise hinder them from developing and functioning optimally within their environment and community settings. According to Ledwith (2005), the theory assumes that, individuals have inborn capacities and potentials which need to be developed as one grows up. The theory also assumes that education and skills development are the engine of human empowerment, and that individuals have and should be enabled to enjoy the right to access to social and other services and resources.

It is further assumed that disadvantaged people need to be enabled and supported to overcome their social and physical disabilities such as to safeguard their rights. In so doing, disadvantaged people can be assisted to develop and enhance their social skills and so to regulate and control their lives. It is also asserted that increased social control of oneself helps needy people to achieve their goals and aspirations, to improve their social esteem, to build up their abilities to act on their own and hence to maximize the completeness and quality of their lives.

As already indicated above, the empowerment theory focuses mainly on the concerns of communities, groups and individuals with a view to developing their abilities to functioning as individuals and as members of communities. The case of children with cognitive disability is more of a concern because such children face the challenges associated with their thinking, abilities to know, to remember, to make judgment and solve problems. There are different levels of functioning of the brain including the use of language, imaginations, perceptions and planning (Rwegoshora, 2016).

These challenges have a significant impact on an individual's ability to learn in terms of experiencing, coming to terms with the difficulty of understanding new information, difficulty to communicate and to marshal social skills and slow cognition. Such children need special arrangements to empower them at different levels and so enable them to overcome the problems which are likely to affect their normal learning capacity such as difficulty in concentration, forget fullness, loss of memory and indecisiveness etc.

The strength of this theory lies on its potential for the recognition of the need to empower vulnerable groups in response to their identified knowledge and skills gaps. As a result, the theory emphasizes the importance of children's needs assessment and so to enable the filling of the existing competency gaps and in so doing enhancing social functioning of the targeted group. The other strength of the theory is that, it can serve as a key factor in building resilience, which enables children to acquire the basic knowledge and skills needed for comfortable and self gratifying living.

It is, therefore, believed that when children recognize that they are powerful creator in their own world, they develops a sense of self-respect. Last but not least, the theory aims at reducing the powerlessness of individuals, created by labeling the vulnerable and oppressed as such. The principle behind the empowerment theory is practically applied to social work practice as a critical means and process of social participation. The theory however does not address a specific population rather it provides a general basis for explanation of the importance of human empowerment.

Social participation in social and community affairs is a broad concept which entails both involvement of children in family chores and the family members listening to the concerns of the children. In underlining the scope of child social participation, Aileen (2011) argues as follows in quote that:

> *"Children's participation is more than just asking them for their ideas and views. It is about listening to them, taking them seriously and turning their ideas and suggestions into reality. It is also about providing them with the ability to influence some of the things that affect them and at the same time helping adults understand children's issues through the children's lens. It is well evidenced in the literature that the accounts and lived experiences of children and young people regarding their world and how they experience it can contribute significantly and meaningfully to new knowledge and in doing so can enhance the services that are provided to children".*

Child participation socialis one of the basic principles of the Convention on the Rights of the Child, which asserts that children have the right to freely express their views and that adults have the obligation to listen to children's views and to facilitate their participation in all matters affecting them (Unicef, 2019). African families do not only nuclear family (mother, father, children), but also other members of the extended family members *(such as grandparents, aunts, uncles, cousins and other relatives)* that form a wider family that functions as a unit. As a primary social unit, the family helps infacilitating children to learn new things and assist children to achieve their goals in life (Arvidsson *et al.*, 2013). What does this mean? This means praising and encouraging children when they are engaging in learning something new. The empowerment theory was relevant to this study because families in the African context play the critical role of empowering children to feel that they are part of the family and are entitled to participate in all the chores of the family.

When everyone and indeed every child in the family is enabled to contributes towards the smooth running of the household, the feeling of being valued as an important part of the family is enhanced (Ledwith, 2005). Within a family environment a child usually learns and acquires social, language, and mental and physical manipulative skills through different methods some of which include, observing the events of the day as performed by adults, beinginstructed and or told what to do and through automatic participation in various activities within the family. A child learns a wide range of social behaviors, skills and attitudes through social interactions with family members, peers and the neighboring community. It is through these methods, that a child develops physically, emotionally, socially and intellectually during his or her childhood. Their experiences gained within the family greatlyinfluence the child's socio-emotional development, self-esteem and adjustmentto the norms of life in adulthood (Carter,2011).

3.0 Research Methods and Procedures

The selected study area for this work was Dar es Salaam region and specifically the Municipality of Ilala. In Ilala the study focused on three administrative wards, namely, Gerezani, Kimanga and Kipawa. The target population comprised the parents with children with cognitive disabilities, children with disabilities, family members living with children with cognitive disability, neighborhood community members and community leaders. Purposeful sampling technique was used to select the parents and children with cognitive disability, and community leaders while convenient sampling technique was used to select the members of the neighboring community.

The age profile of the children with cognitive disability and involved in this study, ranged from 7 to 18 years. The study used desk reviews, informal interviews, observations and focus group discussions to gather the needed data. The informal interviews were conducted on16 children with cognitive disability, 16 parents with cognitive children affected by disability, 19 family members, 12 members in the neighboring environmentand three community leaders. The total sample size was 66.The data which was gathered from informal interviews, observations and focus group discussions was analyzed through a data set e.g. transcripts from in depth interviews, focus groups) and the patterns of meaning across the data were identified and the findings were put together systematically and discussed as to their meanings and implications in relations to the theme of the study.

4.0 Research Findings and Discussion

The involvement of children with cognitive disability in family and community matters was measured by assessing the participation of roles played by the children in various social activities within their families and the neighboring community. Children's involvement and participation was measured by examining the events and incidences in which the children took partin family activities. The frequency of a child's participation or response in cognitive engagement was recorded and where listening was involved, due recording of the frequency was determined. The study further identified and examined the factors which facilitated a child's involvement in a social activity and those which hindered or acted as a stumbling block in the expected participation of the child. The overall goal was to find out the influence of a child's participation in social activities on building his/her cognitive, social, emotional and psychomotor skills as well as self esteem.

4.1 Participation of children in family activities

The study identified and examined the types of activities in which children with cognitive disability are usually involved and participate most frequently at family and in their school environments. The focused family activities included routine daily roles of children, issues of personal hygiene, and preparation of family meals. The responses gathered through the unstructured interviews, indicate the existence of various levels of children's involvement in family activities. The table below indicates the details of the collected data.

Table1.1: The frequencies of children’s involvement and participation infamily activities (N = 16)

Type of activity	Rating			
	4	**3**	**2**	**1**
Daily Routines at a Household				
• Cleaning the home environment	55%	28%	13%	4%
• Washing utensils	43%	31%	26%	0%
• Cleaning the bedrooms	25%	39%	25%	11%
Average	**41%**	**33%**	**21%**	**5%**
Personal Hygiene				
• Bathing	69%	31%	0%	0%
• Washing personal clothes	2%	7%	76%	15%
• Brushing teeth	67%	23%	2%	7%
Average	**46%**	**25%**	**26%**	**7%**
• Breakfast/meal preparation	15%	25%	53%	7%
• Attending the meal with other members	6%	26%	59%	9%
Average	**11%**	**25%**	**56%**	**8%**

Source: Field data from three wards in Ilala municipality, 2020

KEY: **1** – No response; **2** – Did not participate; **3** – Participated occasionally; **4**- Participated frequently

Table 1.1 above indicates that on average, children with cognitive disability participated in managing their personal hygiene (i.e. 46%), specifically washing their faces, brushing their teeth and washing some of their clothes. The other remaining 54% of the respondents did not regularly participate in the management of their personal hygiene. Furthermore whereas 41% of the respondents indicated their participation in routine family activities, 59% of the respondent did not regularly participate in such activities. The activities in which children wereoften involved included general cleaning of the environment, washing utensils and cleaning the sitting room and bedrooms.

One of the areas where children often find that they have little or no involvement and participation in family chores is preparation of breakfast and food in general. Specifically, the study has shown that 56% of children did not participate on a regular basis, 25% did not participate and 8% did not respond to the item.The reason for this as provided by the parents of children with cognitive disability was that, the activity was a risky activity and needed extra attention and supervision from parents or adult for their children’s safety.What was more interesting was the fact that, despite the children’s disabilities there were families which struggled to create the necessary conditions or opportunities for the children to participate inall activities with other children or to encourage and help children to get involved in family activities or with friends.

Despite the low participation by children with cognitive disability the study noted that there was no deliberate initiative from the family members to encourage children with disability to participate in family chores. The lack of such proactive initiatives was alluded to by the nature of disability whichin most cases did not provide room for hope for the parents caring for thechildren to become independent in future. The parents who were asked about this non-involvement of children in family activities indicated that the venture itself was a liability which many parents were not ready to be responsible for.

4.1.1 Listening to children with cognitive disability

Apart from children involvement and participation in family chores, the sampled children were asked to indicate how frequently their parents and other family memberslistened to their concerns and requests. Table 1.2 below indicates that on average a relatively small percentage of children with disability had the ears of their parents and or family members (i.e. 11%). This implied that a big percentage of the children (i.e. 84%) did not get the opportunity to have their parents listen to their concerns or requests.

It was also noted that out of the sampled children, 5% of them indicated that they were not listened to at all. It was interesting to note that although listening or paying the attentive ear to a person provides an opportunity for the parents and family relatives to get information about the needs of a child and hence appropriate attention to enhance the life and living conditions of the concerned child(Mitchell, 2008). The findings in this study indicate that parents do not pay the expected attention by way of listening to the needs of children with cognitive disability.

Under normal circumstances, listening to a person involves paying attention to the ideas and issues expressed. A listening parent will in most cases understand better the concerns, problems, interests and changes in a child. In this way the parent can help, support and reward the child’s efforts to change his/her conditions. Such changes could be on the condition improvement scale and need enhancement by parents and other members of the family. What does this mean? It means caring for a child with a disability needs or calls for commitment, close attention, love and support from the parents and immediate members of the family. (i.e., parents, guardians).

Table 1.2: Frequency of Parental / Family Members’ listening to concerns of children with cognitive disability

Age intervals	Responses of the children		
	Regularly listened	Not regularly listened	Not listened at all
5 – 10 Years	11%	86%	3%
11 – 15 Years	9%	85%	6%
Above 15 years	13%	82%	5%
Average	11%	84%	5%

Source: Field data 2020

The question at stake in such situations is why don't many parents pay the needed level of attention in terms of listening to children's needs, likes and dislikes? One of the children, in responding to this issue of the studyhad this to say:

> *"my parents do not provide me with the necessary support when I make or indicate the need and request. Particularly, myfather maintains a distance from my welfare needs and expresses that he has no time to listen to me."* **(A boy child aged13 years)**

4.2 Factors influencing increased participation of children in family affairs

From the above findings, it was noted that parenting children with cognitive disability is relatively different from family to another. Whereas some of the families expressed negative attitude towards the concerned children, there were parents and family members who showed due passion and provided all the possible support needed by childrenwith cognitiveor other disability.To this effect, thisstudy endeavored to establish the reasons for some parents to indicate a positive attitude to such children. Out of 16 children with cognitive disability only (32%) of them as respondents to the research questionnaire revealed that, their parents supported them and always guided them on how to engage and take part in familyactivities. In expressing how she was treated by the family,one of the child respondents in the study, had the following to say:

> *"Whenever I experienced a problem in taking part in a family activity, my mother would take time teach and guide me slowly and provides me with the opportunity and time to think slowly and repeatedly until I understand and manage the activitywhich I am required or expected to do."* (**A child aged 7 years**)

Another child respondedshared the following:

> *"When my mother teaches me to do something,andI fail to do it properly, she keeps on encouraging me to repeatthe same activity several times until I manage to do it well. She has never discouraged me. On many occasions she praises and encourages me to do better even when I do it wrongly"* (**A boy child aged13 years)**

From the above quotations, the lesson learnt is that by making a child with cognitive disability a close friend and ally he/she puts effort in managing to do activities which are typical concerns of a family. It is through such close links that a parent can learn more about the feelings, ideasand wishes of a child and hence helps to pavethe way on how to assist better. In this context a parent of such a child is not only a parent but more so an encourager, a provider of guidance and a supporter of a child with cognitive disability.From the psychological point of view, praise nurtures a child and builds on his/her confidence and sense of self esteem. In fact, by using words of praise and complementation, the children develop the desires and zeal to think and talk about themselves. Praise and reward help a child to learn how to recognize and appreciate recognition for doing well and feel proud and valued.

On the contrary,limited opportunity by parents to listen to a child demoralizes children with difficulties and makes them lose confidence. In view of the above, it can be argued that by creating a supportive social environment for a child in difficulty, and understanding his/her needs enables and helps the children to appreciate their recognition and support by family members and will make effort to do the activities that are typical of children of his/her kind.

Such children will express the desire to get involved and to want to take part in the social and other activities of the family and the neighboring community all in the effort to prepare for future lives. Such all inclusive social environment as ensured by all the members of a family enables children of all backgrounds and endowments to develop socially, emotionally and psychologically and hence enhance theirself-esteemand feel as normal as the other children in the community.

4.3 Negative factors affecting participation of children in family activities

The study noted how the low level of children’s social participation in family activities can worsen the children’s conditions or transform children with cognitive difficulties as normal members of families able to contribute to family and community transformation and development. The data in the table below indicates that stigma, discrimination, distancingand low supportby the family were significantly influential in improving or worsening the conditions of children with cognitive disability.

Table 1.3: Factors leading to low Participation of Children with Cognitive Disability within their families by Percentage n = 28

Category of respondents	Factors	Percentage
Children with cognitive disability	Discrimination	33
	Stigma	21
	Lack of friendships	4
	Lack of emotional and psychological support	10
Family members	Lack of a friendly social environment	11
	Low level of acceptance	9
	Association of cognitive disability with	12

superstitions

100%

Source: Field data 2020/21

The findings indicate that of a total of 28 respondents, 33% indicated discriminationas a major factor which hindered children'sparticipation in family activities. Stigma wasranked second (i.e. 21%) and parental attention in the form oflistening tochildren was third in rank. The other factors included, linking cognitive disability with superstitious beliefs (i.e. 12%), the lack of friendly social environment (i.e. 11%), and the lack of emotional and psychological support (i.e. 11%). The message which cuts across these findings is the lack of a conducive social environment to accommodate and care for children with cognitive disability.

It is generally accepted among scholars such as Koster, et al (2009) and Freeman *et al.,* (2000) that living in organized and socially friendly environment increase the chances of a child to develop social relationships, social behavior and positive relations with others. Environmental factors make up the physical, social and attitudinal milieu in which people live and conduct their lives and influence the lives of others. In the view of the researchers in this study,a well-crafted social environment not only helps to foster positive peer relationships, create positive interactions between adults and children, butalso provides opportunities for adults to support children and help the disabled to achieve their social goals.

When the sampled children were asked to indicatewhy they were not adequately involved in normal family activities one of them asserted as follows:

> *"my parents do not trust my ability to perform anything as other children in the family……. Denial of an opportunity to do anything deprives me the chance to learn or to improve the little that I try to achieve."***(A child aged 9 years)**.

The other children who expressed theirviews indicated the following:

> *"Whatever I attempt to perform an activity at home, my relatives discourage me. Because of this I lose interest in what I try to do and so I fail to become part of the family and its activities. (***A child aged 7 years)**.

What do the above two quotations mean? In our view as researchers, the picture which emerges is that some parentsdo not support the efforts their children make to acquire and master skills which would help thechildren in their future lives. We believe that learning involves not only success in every attempt made but failures from which people learn to do better by not repeating previous mistakes.For childrenwith cognitive and other disabilities to dosomething betterthey need recognition of their efforts and encouragement to do better.Any prejudice, stigma or discriminationdemonstrated or implied by parents before their children discourages the latter to learn and to undertake efforts related to any activity.

Children who do not try to make efforts on things and events and situations that affect their lives are bound to become vulnerable to abuse and to becomea liability and dependent on other people for all their lives. This should not be acceptable because disability is not inability to do basic things. Whereas it is true to argue that, child participation in social affairs is positive for their development it increases self-esteem and self-confidence in doing all things whether for the family, relations or the surrounding community.

These findings are similar to findings of studies conductedby Paschal et al., (2014), on the levels of children's participation in adapted physical education in selected schools in Metropolitan Kampala, Uganda. Children with disability in Uganda were restricted from participating in in everyday life activities. For example the researcher noted that for activities which involved leisure and recreation and other related social engagements, there wasminimal participation of children with disabilities.

On the other hand, when parents were asked to indicatewhy children participated minimally in family activities, 63% asserted that involving a child in a family activity required more time to supervise and as a result other important family activities suffer in attention. One of the parents, participating in focus group discussions (FGD) shared the following:

> "*It takes a long time to train a child with cognitive disability to be able to accomplish a certain task in a family. Because of that I am obliged to engage other children who can easily assist infamily activities. One needs much more time to stay and train a child with cognitive disability" (***A mother aged 48 years).**

Other members of the FGD mentioned other factors which account for the low level of involvement and participation of children with cognitive disability in social family and community activities as a means to help them grow as independent citizens. Among the factors mentioned were family workload which limited the efforts to attend to the disabled children who need extra care including medical attention and different needs which some the parents could not afford. Thus, from the FGD there was the general agreement that caring for children with cognitive disability wasa challengingtask above the normal family chores and concerned parents do not have any support to assist them in bringing up their disabled children.

In view of the above findings, we the researchers are tempted to argue that caring for a child with cognitive disability requires parents who are patientenough to have enough time to stay closeto the concerned children and have basic skills in how best to helpthe childrento learn and participate in family and social and economic activities. Unfortunately, all the families with children with cognitive disability were never visited by a social worker to provide them with the advice, guidance and support they need in handling and bringing up children with disability.

What a social worker normally does in the home visit is to assess the needs of the child, the parents or the family in terms of the kind of support they would require and then he or she refers theparents to the competent social work office for the needed support. If this were to work as it soundsthe concerned families would get the kind of relief and support not only for the child but also the family members' empowerment skills on how best to care and socially integrate the children with cognitive and other disabilities.

The issue of social integration and children's involvement in social affairs of families isin tandem with the research findings in the Lloyd and Katrina report of 2017, which reveals that stigma, discrimination, and other related attitudinal sentiments against children with cognitive disability, is prevalent among children in African countries. The report argues that, despite its prevalence, this problem is often invisible. As a result, children with cognitive disabilities and their families continue to face social, and economic challenges and barriers which affect community development while preventing children from enjoying their basic human rights and realizing their full potential. The report in part asserts:

> *"…… the strengths and abilities of children with disabilities go unnoticed, their potential is underestimated, and their needs are given low priority in the allocation of resources. These children are invisible as far as national policy agendas are concerned. Unfortunately, the barriers faced by children with disabilities result more from factors within their environment than from their disability itself. Some are considered as curses to their families, and most are discriminated against and stigmatized at home, in schools, in institutions, and in the community"(Unicef 2007).*

As correctly argued by the social model of disability, the problem which faces people with disability is not only the disability itself but the social environment in which people with disability live (Stokes, 2013). The misconceptions among families with cognitively disabled or limited children are still held by local communities in Tanzania and African countries as a whole. These misconceptions continue to act as stumbling blocks to the realization of the efforts for social enhancement of the disabled people including children with cognitive disability. Incidentally, these beliefs are also held by decision makers who are also responsible for designing proactive intervention strategies for this problem. However, in our view, the most frustrating experience among the discriminated children is that their social in acceptability makes them prone to poor health, low esteem and limited interactions with others and this put them at the risk of falling victims to violence, abuse, neglect and exploitation.

5.0 Child participation and increased self esteem

The main thrust of this study was to find out if there is a positive relationship between the involvement and participation of children with cognitive disability and their increased self-esteem. Generally speaking, self-esteem is a state of one's overall subjective sense of personal worth (Augestad, 2017). This can be reflected by a feeling of security, sense of belonging, self-competency and identity (Harada, 2009). The state of child self-esteem depends on the parenting system within a family. For example, involving and listening to a child, praising and providing encouragement to children when they make good attempts altogether enhance the esteem of the children. Such gestures by the parents help to improve their children's confidence and self-belief (Odabasi, 2013).

There are key indicators which help to build the self-esteem of children with disabilities. Augestad (2017) is, in our view, right when he argues that, self-esteem largely requires psychological adjustments, involvement in social activities, adaptive behaviors, social support and motivation. In view of the aforesaid background, the study forged to establish whether social integration and participation of children with cognitive disability in family and community affairs helped to increase their levels of self-esteem. The findings which are indicated in Table 1.4 below indicate that, there was no significant relationship between the children's social participation in family matters and their level of self-esteem.

Table 1.4: The response of children on the impact of social participation on self-esteem (n=16)

SN	Indicators of self esteem	Response in Percentage	
		Yes	No
1	Increased competency in the how, what, when, and where of life	7%	93%
2	Increased social skills	15%	85%
3	Increased emotional support and affection and compassion	9%	91%
4	Increased intimacy and companionship	4%	96%
5	Increased feeling of trust	22%	78%
6	Increased feeling of a sense of personal value	16%	84%

Source: Field data 2021

The data in the table reveals that, there is a relatively low level of esteem among children with cognitive disability which was on average (88%) which is a result of low-level of children's participation when compared with an average result (i.e.12%) of child respondents who indicated a slight increase in their self-esteem levels. The general feature which emerges from the above findings is that children felt that they had little or no supportfor competencydevelopment, social skills, emotional support and intimacy. The study further revealeda relatively low level of trust and sense of personal value. One of the respondents from the neighboring community who participated in the interviews was asked to comment on the social unacceptability of these children. This was her response:

> *"Children who are not liked or accepted by peers often undergo years of social isolation and experience limited opportunities to develop appropriate social skills which in turn exacerbate their isolation"* (**A single woman parent aged 32 years)**

It was further noted from one of the parents with no children with cognitive disability in the focus discussion that:

> *"Some of the parents living with children with cognitive disability use negative messages in their families and in front of the children. Any message with negative implication about a child carries with it a negative consequence on the child's esteem. For example, statements like "you are too slow",or "you are naughty" do not send a positive and right message to a child"* (**A mother aged 52 years).**

> *"Some of the parents make comparisons between children with cognitive and those with no cognitive disability in the family, implying that the children with cognitive disability were not useful when compared with other children whowere quick to give a helping hand in family activities."* (**A single mother aged 46 years)**

> *"Some of the statements given by caregivers/ parents implied that life would be better without the children with disability. This was a psychological damage to a child's confidence and self-esteem."* (**A father aged 57 years).**

What do these quotations mean? They generally provide that there was lack of knowledge of appropriate parenting skills particularly for children with cognitive disability. No wonder the social environment surrounding these children were hostile instead of being friendly and inclusive.From a social work professional's point of view, social workers believe that everybody is an individual and that each individual and child should be treated with dignity regardless of his or her disability. These findings confirm previous study findings by Clarebout, (2010), Horz, (2010), Schnotz (2010)who established that individuals with intellectual disabilities reported lower self-esteem than the general population of normal children. The findings of these studies revealed that low self-esteem was facilitated by stigmatization which led to negative attitudes, discrimination and exclusion, and these shortfalls contributed to decreased self-worth of individuals.

Conclusion

This paper concludes that self-esteem is a product of the social environment offamilies,the neighboring communities and other social institutions which surround not only a child with cognitive disability but other children as well. Some of the social elements within the environment include, a child being valued, maintenance of one's worthiness and dignity, increased participation of a children in various activities, children's enjoyment of supportive caretakers,and **s**afe and secure surroundings. In other words, all children regardless of their abilities ordisabilities need and deserve appropriate care and involvement in family activities.

A child' involvement and participation in these activities promotes positive emotional health and well-being and supports their overall mental health, including a positive sense of self. Parents and other caregivers are key players for children in managing emotional arousal, coping, and managing behavior. They serve in this role by providing positive affirmations, conveying love and respect and engendering a sense of security. As correctly argued by Karan (2013), children's provision of support by parents helps to minimize the risk of internalizing bad behaviors, such as those associated with anxiety and depression, which can impair children's adjustment and abilities to function well at home and in the community.

On the contrary, the lack of care reduces the child's ability to cope with stressful situations, to manage temper emotional arousal, to overcome fears, and accept disappointments and frustrations. Such symptoms promote fear, helplessness, hopelessness, apathy, and depression, which are indicators of emotional difficulty observed among children who experience inadequate parental care.

The main lesson learnt from this study is that, at the family level a child knows the “how”, “what”, “when”, and “where” of life. Such innate competencies play significant roles in enabling these children to become stable, to improve their abilities, their self-esteem and to build their confidence in getting involved and participating in various social activities at family and community levels. The study recommends that parents and social workers should do all they can to encourage children with cognitive and other disabilities to actualize their persons and to build their self-esteem and confidence as they get socialized, involved in and participate in social activities at family and community levels. This can be better achieved if children are encouraged and enabled to participate in and guided to involve themselves in family activities and the things thathelp them to grow as normal children acquiring cognitive, social and physical skills at every stage of their development.

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