

**Ministry of Higher Education  
And Scientific Research  
University of Babylon  
College of Nursing**



# **Parents' Attitudes in Relation to the Quality of Life for Children with Visual Impairment**

A Thesis Submitted

By

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To the Council of the College of Nursing, University of  
Babylon in Partial Fulfillment of the Requirements for the  
Degree of Master in Nursing Sciences

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَاللَّهُ أَخْرَجَكُمْ مِنْ بُطُونِ أُمَّهَاتِكُمْ لَا تَعْلَمُونَ  
شَيْئًا وَجَعَلَ لَكُمْ السَّمْعَ وَالْأَبْصَارَ وَالْأَفْئِدَةَ  
لَعَلَّكُمْ تَشْكُرُونَ

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سورة النحل : الآية 78

## ***Supervisor Certification***

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## Dedication

*I dedicate this achievement to the soul of my father, (Mercy and forgiveness for his soul), who is eternally present in my heart and to my mother, the first supporter in my life, and to my sisters, whose love and effort accompanied me in this process, without hesitating at any moment to see my dreams come true, which are also their dreams.*

*To my husband, who supported me in my difficulties, and to my happiness in life, my children, **Abu al-Fadl and Ahmed,**) my God protect you.*

*To my friends who supported me in my difficulties.*

*Noura Kazem 2023.....*

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## Abstract

**Background:** Children with visual impairment perform worse psychological, academics, social, and sometimes permanently problem. This study aims to assess the parents' attitude and its relationship to quality of life for children with visual impairment.

**Objectives :** To assess parents' attitude regarding visual impairment in children, to assess quality of life for children with visual impairment and to determine the relationship between parent's attitude and quality of life for children with visual impairment.

**Methodology :** A cross-sectional descriptive study design was used during the period from 19<sup>th</sup> October 2022 to 8<sup>th</sup> June 2023. This study was conducted in Babylon Province on (105) the parents of children with a visual impairment. The sample selected purposefully. The data collected from the sample using modified questionnaire and using SPSS 26 for electronic analyzed data.

**Results:** The results showed the majority of the parents demonstrate a neutral attitude towards children with visual impairment and there was significant relationship between parents' attitudes towards child with visual impairment and their age ( $p = .001$ ), residents ( $p = .005$ ) and economic ( $p = .038$ ). The results showed that (76.2%) of the children with visual impairment were gain a moderate quality of life ( $M = 50.1$ ;  $SD = 7.18$ ). Also showed the results between parental attitudes and the QOL for children with visual impairment ( $r = .288$ ;  $p = .000$ )

**Conclusions :** a strong positive relationship between parental attitudes and the QOL for children with visual impairment.

**Recommendation :** Parent encouragement regular eye examination in the early childhood early detection of the visual problem Pediatric nurses and other health

care professionals should pay attention to the need for a comprehensive assessment of the physical and psychosocial well-being of visually impaired children in order to be considered in the treatment plan.

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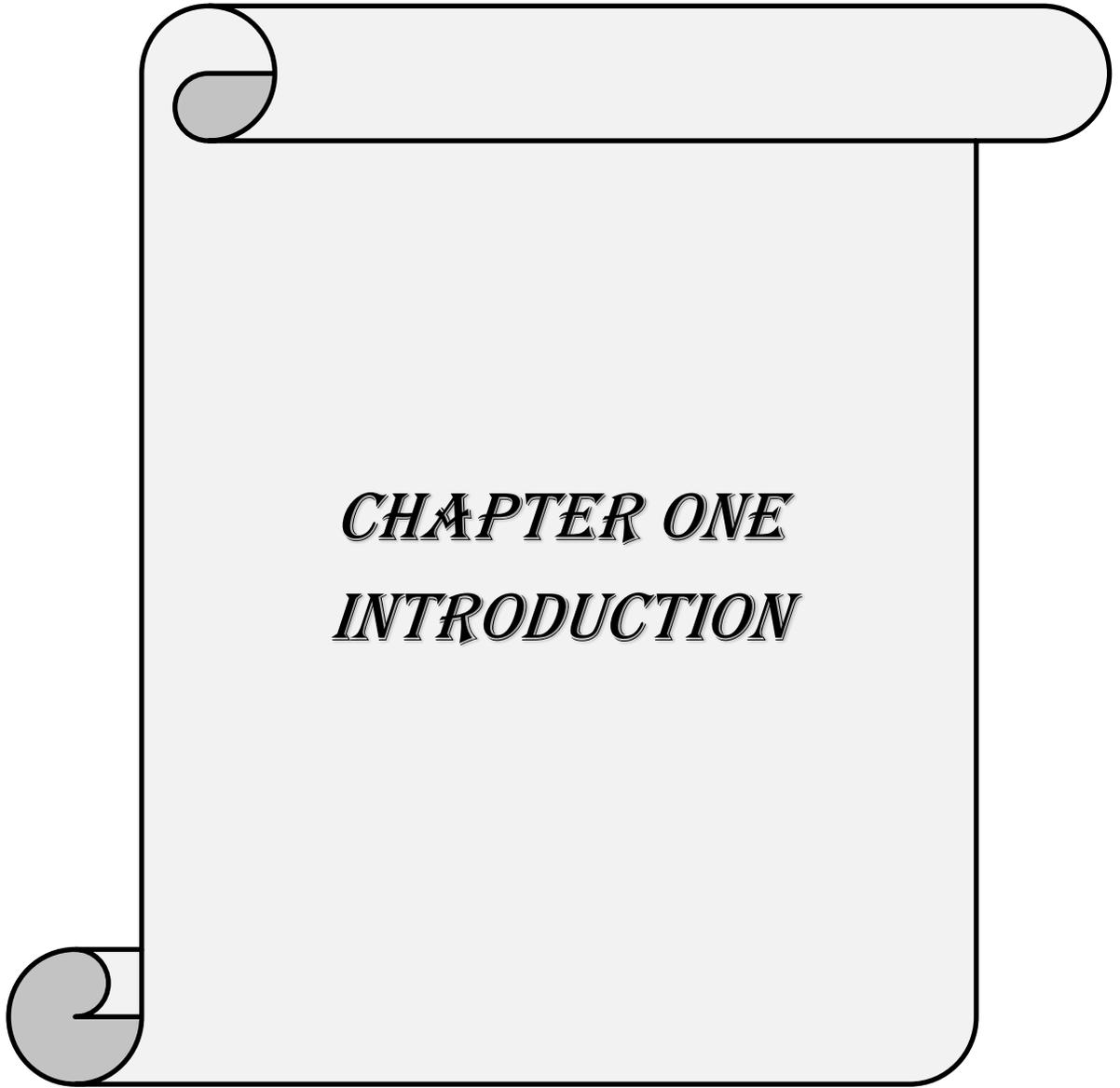
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**LIST OF ABBREVIATIONS**

<b>Item</b>	<b>Meaning</b>
<b>AAP</b>	American Academy of Pediatrics
<b>AAO</b>	American Academy of Ophthalmology
<b>AP</b>	Assistive product
<b>BCUA</b>	Best corrected visual acuity
<b>CI</b>	Confidence interval
<b>CF</b>	Count finger
<b>CHIP</b>	Child Health and Illness questionnaire
<b>CHQ</b>	Child Health questionnaire
<b>DF</b>	Degrees of freedom
<b>DAISY</b>	Digital Accessible Information System
<b>DR</b>	Diabetic Retinopathy
<i>Et al.,</i>	And others
<b>F</b>	Frequency
<b>H<sub>0</sub></b>	Null Hypothesis
<b>H<sub>1</sub></b>	Alternative Hypothesis
<b>HRQoL</b>	Health related quality of life
<b>IAPB</b>	International Agency for the prevention blindness
<b>ICF</b>	International classification of functioning, Disability and health
<b>IQ</b>	Intelligence quotient
<b>JIA</b>	Juvenile Idiopathic Arthritis
<b>KINDL-R</b>	Revised Children's Quality of Life
<b>K</b>	Constant
<b>LASIK</b>	Laser assisted in situ keratomileusis
<b>Max .</b>	Maximum
<b>Min.</b>	Minimum
<b>M</b>	Mean
<b>No.</b>	Number
<b>N6</b>	Normal near vision( N referring to near and 6 referring to size of letter )
<b>PVA</b>	Presenting visual acuity

<b>PRK</b>	Photorefractive keratectomy
<b>PSR</b>	posterior scleral reinforcement
<b>PedsQL</b>	Pediatric Quality of life
<b>QOL</b>	Quality of life
<b>ROP</b>	Retinopathy of prematurity
<b>R</b>	Person correlations
<b>SD</b>	Standard deviation
<b>Sig</b>	Significant
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>UCVA</b>	Uncorrected visual acuity
<b>USD</b>	American dollar
<b>VI</b>	Visual impairment
<b>VA</b>	Visual acuity
<b>WHO</b>	World Health Organization
<b><math>\chi^2</math></b>	Chi-square
<b>&lt;</b>	Less than
<b>&gt;</b>	More than
<b><math>\leq</math></b>	Equal or less than
<b>\$</b>	Dollar
<b>%</b>	Percentage
<b><math>\Sigma</math></b>	Sum



***CHAPTER ONE***  
***INTRODUCTION***

## Chapter One

### Introduction

#### 1.1. Overview

Visual impairment is known as any abnormal vision that develops when any component of the optical system is damaged, diseased, or malfunctions. Children's visual impairment has been described and categorized in various research studies in a variety of ways that vary by nation. The World Health Organization (WHO) has divided it into four categories to make it easier to understand (mild, moderate, severe, and blindness). based on visual acuity (**Hussein *et al.*,2021**)

Visual impairment (VI) in children is a significant public health concern because it negatively affects the children, their family, and the society. Visually impaired children are more susceptible to chronic physical and mental health conditions, social problems, accidents, and mortality. (**Buño *et al.*, 2019**)

Children frequently experience visual impairment, which can have serious health repercussions if undiagnosed and untreated. It's critical to detect any visual impairment as soon as feasible and to put in place a screening program at the preschool level in order to reduce and avoid the harmful effects of a visual handicap. To identify children with ocular defects and visual impairments, the program must be simple, non-invasive, affordable, and sensitive ( **Hussein *et al.*,2021**)

Vision 2020, a global initiative of the International Agency for the Prevention of Blindness (IAPB), was unveiled by the World Health Organization. The project aimed to abolish the main causes of avoidable blindness in order to guarantee everyone in the world the right to sight by the

year 2020, especially the millions of needlessly blind people. The Vision 2020 initiatives make it simpler to develop and manage plans for long-term national eye care programs. Giving technical support and fighting against avoidable blindness are included in this. Vision 2020 has considerably improved global eye health by drawing attention to the areas and countries where urgent action is required (**American Academy of Ophthalmology ,2022**).

Priorities for action of the World Health Organization's program for the Prevention of Blindness and Deafness and the Global Initiative for the Elimination of Avoidable Blindness They include services for low vision and refractive problems, cataract, trachoma, onchocerciasis, childhood blindness, It is acknowledged that in addition to this disease-focused approach, the following are also necessary for the development of human resources (particularly in Africa) and infrastructure construction (emphasizing appropriate technology) (**Foster &Gibert,2000**)

The first barrier in Iraq to fulfilling the objectives of the Vision 2020 project The lack of trustworthy information about blindness in Iraq also hinders the creation of national eye health programs (**AL.Shkarchi,2011**)

Many studies found a lack of knowledge about eye care among uneducated Iraqi people, and the common cases were sunlight sensitivity, eye strain, and sight loss. To increase awareness and enhance eye health, appropriate health education initiatives are required (**Ibrahim et al.,2020**)

Beginning with their earliest years, the parents provide opportunities for their children to grow in their ability to manage their emotions and cope with stress. Additionally, they assist them in developing reliable expectations for the social, emotional, and physical situations they interact in. Parents' capacity to

accurately identify (i.e., responsiveness) and contingently respond (i.e., sensitivity) to their children's communication cues support the development of socio-cognitive skills like conceptualization and problem-solving (**Grumi et al.,2021**)

The children's self-concept suffered as a result of their visual impairment .in all facets of a child's growth, self-esteem may be quite significant. The phrase self-esteem may refer to an individual's total emotional assessment of his or her value and sense of pride. It is also directly related to an individual's self-consciousness and psychological health.(**Augestad, 2017**)

In the study conducted in the south Australia on student above 15 years and the results showed that the majority of the visually impaired children had low overall self-concepts. Although the majority of students scored poorly on all self-concept dimensions—physical, moral, personal, family, social, and academic—interventions involving parents and teachers can be particularly helpful.(**Datta&Talukdar.,2016**)

Also, in the South Australia Students with visual impairment have a friendly and harmonious relationship with their family, but are obstructed by demanding work schedules, inconsiderate attitudes, and discriminatory attitudes. Teachers in regular classrooms, special educators, parents, and support staff may be impacted by this (**Datta &Sabir.,2021**)

Another study has shown that children with a visual impairment experience depression and anxiety at higher rates than their counterparts. Children with myopia in particular score higher on sadness and anxiety, while those with other types of vision impairment score higher on anxiety. It has also

been demonstrated that children who get corrective strabismus surgery have less depression and anxiety. **(Lie et al.,2022)**

Children's quality of life, particularly in terms of physical wellbeing, social support, and peer relationships, is impacted by visual impairment in children aged 3 to 7. This impact is greater for children with more severe impairments. **(Elsman et al.,2021)**

Children with multiple disabilities, including vision impairment, may experience learning challenges at all levels and in all domains of perception, cognition, and functioning, as well as developmental delays. It follows that it is logical to assume that all of these delays will negatively affect the children's cognitive, visual, communication, and language skills, gross and fine motor skills, daily living skills, and social-emotional skills. Because it serves as a vital link between children and their instructors or caretakers, the problem of effective communication appears to be one of the major ones. **(Argyropoules et al.,2020)**

The acquisition of gait and postural issues, changes in spatial orientation and temporal structure, difficulty coordinating perceptual information and its adjustment to external reality, issues with perception of the environment, a delay in the development of the corporal scheme, and difficulties acquiring functional habits, such as dressing and eating, are some motor skill challenges seen in children with visual impairment. **(Bakke et al.,2019)**

Children who are visually challenged may be less receptive and make less explicit verbal requests while interacting with their parents. Their parents could find it difficult to communicate with them, and they might become more controlling and invasive as a result. The efficiency of parental caregiving practices, even when there is visual impairment, appears to have a possible

preventative impact in terms of the socioemotional and cognitive outcomes of children (**Grumi *et al.*,2021**)

The leading causes of blindness, according to this hospital-based study, are cataract, diabetic retinopathy, and glaucoma. Iraq's plans to prevent blindness place a high priority on reducing waiting lists for cataract treatments at government facilities and beginning health promotion initiatives for early identification and treatment of diabetic retinopathy and glaucoma (**AL-shakarchi,2011**)

The main cause of visual impairment in Iraq was genetic, congenital, micronutrient deficiency (vitamin A), infectious diseases (measles, ophthalmia neonatorum, rubella), and conditions requiring specialized surgical treatment, such as childhood cataract, glaucoma, and retinopathy of prematurity, are just a few of the causes of childhood blindness. Due to the greater survival of newborns with low birth weight and short gestational periods, retinopathy of prematurity is a growing issue in both developed and rapidly developing economic nations. (**Quah,2017**).

## **1.2. Importance of Study**

Pediatric ocular conditions are significant because they affect a child's quality of life, possibilities, future employment, and growth (**Agha *et al.*,2018**)

Approximately 17.5 million children suffer from vision impairment and 1.4 million are blind globally, with most of them living in low- and middle-income countries. (**Lohfeld *et al.*, 2021**)

Depending on socioeconomic development and mortality rates for children under the age of five. The prevalence can reach 1.5 per 1000 children in low-income nations with high under-5 mortality rates, whereas it hovers around

0.3 per 1000 children in high-income nations with low under-5 mortality rates. Using this association to calculate the prevalence of childhood blindness, it is estimated that there are roughly 1.4 million blind children worldwide. Most of the world's blind youngsters reside in the most underdeveloped parts of Africa and Asia. **(Bastawroues *et al.*, 2016)**

According to World Health Organization (WHO), the estimated global financial cost of VI in terms of loss of earning capacity is between USD 6 trillion and USD 27 trillion. **(Buño *et al.*, 2019)**

In Iraq, 94.7% of the 592 chosen children had taken part in the study, and 553 of them qualified (their ages ranged from 6 to 12 years). Refractive errors were common (34.5%), and 32.2% of them went untreated. Astigmatism, hyperopia, and myopia had prevalence rates of 3.8%, 13.9%, and 14.9%, respectively. **(Allawi,2020)**

In Baghdad, the prevalence of visual impairment (VI) was 5.4%, and the VI incidence was 50% for both boys and girls. The results of the pinhole test suggest that refractive error may be the predominant cause of vision impairment (83.3%). The age group (10–12) and students in grades 4 and 5 had the highest rates of VI (62.4 % and 23.7 %, respectively). 56.1% of visually impaired children reported a history of eyeglass use in their families. Students with visual impairments were more likely to spend over two hours studying and reading. 71.1%. while only 28.1% who watched TV for more than 3 hours had VI **(Atta,2017)**

In Erbil the 1608 children who participated in the study. Using the Snellen chart, all of the children were checked for vision problems. 60.1% (N = 483) of the study's participants were women, compared to 39.9% (N = 321) of

the men in Erbil City. From all instances (1608), 402 had refractive defects, 25 (1.5%) had traumatic eyes, 4.96% had amblyopia, 105 (6.52%) had anisometric eyes, 36 (8.58) had blue eyes, 8 (0.49%) had no eyes, and 12 (074%) had no eyes. Children in 6-12 years old . Refractive errors were 25% common in Bastora. It revealed that children's refractive errors are a prevalent issue while they are of school age and should be examined at least once during their time in elementary school (**Agha et al.,2018**)

The prevalence of visual impairment in children is higher in the 10-year age group and female gender in Kufa, Iraq (**Abdulameer et al.,2018**)

Kingdom of Saudi Arabia the prevalence of blindness is 1.5% and visual impairment 7.8% in the children, blindness is very common and considered a main disability and the causes of childhood blindness are mostly from ocular or systemic diseases that differ between countries. (**AL-zamil et al.,2019**)

In Iran, the prevalence of visual impairment based on presenting vision and best-corrected vision increased from 1.59% in children under 5 years of age to 43.59% in people older than 65 years of age. (**Hashemi et al.,2018**)

In Egypt in the study was conduct on the children the total number was were 2603 child. About 40% of them were diagnosed with different eye problems. About 7.4% of the examined children were diagnosed with different genetic problems. (**Abuelea,2018**)

In India, the prevalence of childhood blindness varied from 0.6 per thousand to 1.06 per thousand, and the prevalence of visual impairment varied from 2.05 per thousand to 13.6 per thousand. (**Wadhwani et al.,2020**)

In the United States, there were more than 174 000 children with visual impairments between the ages of 3 and 5 in 2015. 43 000 (25%) of these cases involved bilateral amblyopia, while nearly 121 000 (69%) were caused by simple, uncorrected refractive error. (Varma et al.,2017)

A study about children's play revealed that 56% of the time played by blind children was spent alone, compared to 33% for low-vision children and 14% for children without any visual impairment. The same author also discovered that although visually impaired children spent a third of their playtime interacting with adults, sighted children spent the majority of their time playing with their peers. **(Tzvetkova-arsova &Zappaterra .,2022)**

parents have a significant impact on their children's life which essential to the development of a civil society. The emotional ties that a youngster forms with his or her parents during the preschool years will have a big impact on the personality traits the child will have in his coming years. The overprotective attitude of parents is another unfavorable attitude. With this mentality, parents take care of everything without putting any demands on their kids. As a result, the children become unable to make their own decisions, lacked their skills needed to take initiative, cry to express their needs, and become obstinate **(Khandekar,2019)**

Parents offer parental care for their children, and it has been highlighted that parenting attitudes play a significant role in affecting children social and emotional development. Its refers to a general attitude that parents adopt when rearing their kids. It has a direct bearing on the development of their child. As a result, the kind of relationship a child develops with his or her parents and how those parents raise their child may have a big impact on how school-age children behave in certain areas, like relationships**(Lee&Han,2021).**

### **1.3. Statement of study**

Parent's attitudes and its relation to the quality of life for children with visual impairment.

Children from 6 years to puberty develop social skills, values, and relationships with peers and adults outside of the family . (Cherry, 2016) parental attitude is the emotional bonding between the parent and the child, which determines the direction and character of parents' thinking (Gužíková & Mendelová, 2022) children's QOL important to examine to determine whether it is improving or deteriorating in response to changes that can affect them, (Wallander & Koot, 2016)

### **1.4. Objectives of the Study**

1. To assess parents' attitude regarding visual impairment in children.
2. To assess quality of life for children with visual impairment.
3. To determine the relationship between parent's attitude and quality of life for children with visual impairment.
4. To find out a relationship between a parent's attitude and their socio-demographic characteristics.
5. To find out a relationship between quality of life among children and their demographic characteristics.

### **1.5. Definitions of the Terms**

#### **1.5.1. Visual impairment**

##### **a-Theoretical Definition**

A person with low vision is one who uses or may be able to use vision for planning and/or carrying out a task but has impaired vision even after

treatment and/or standard refractive correction, has visual acuity of less than 6/18 to light perception, or a visual field of less than 10 degrees from the point of fixation (Naipal & Rampersed, 2018).

**b-Operation Definition**

It is a decrease in the ability of the eye to see shapes and the details of objects at a given distance and has different categories based on severity.

**1.5.2. Parent attitude****a-Theoretical Definition**

It is the consequence of parents' knowledge, convictions, moral standards, and aspirations for their children, which are influenced by representations in culture and society in addition to the parents' own experiences and ideals (Camilo *et al.*, 2020).

**b-Operation Definition**

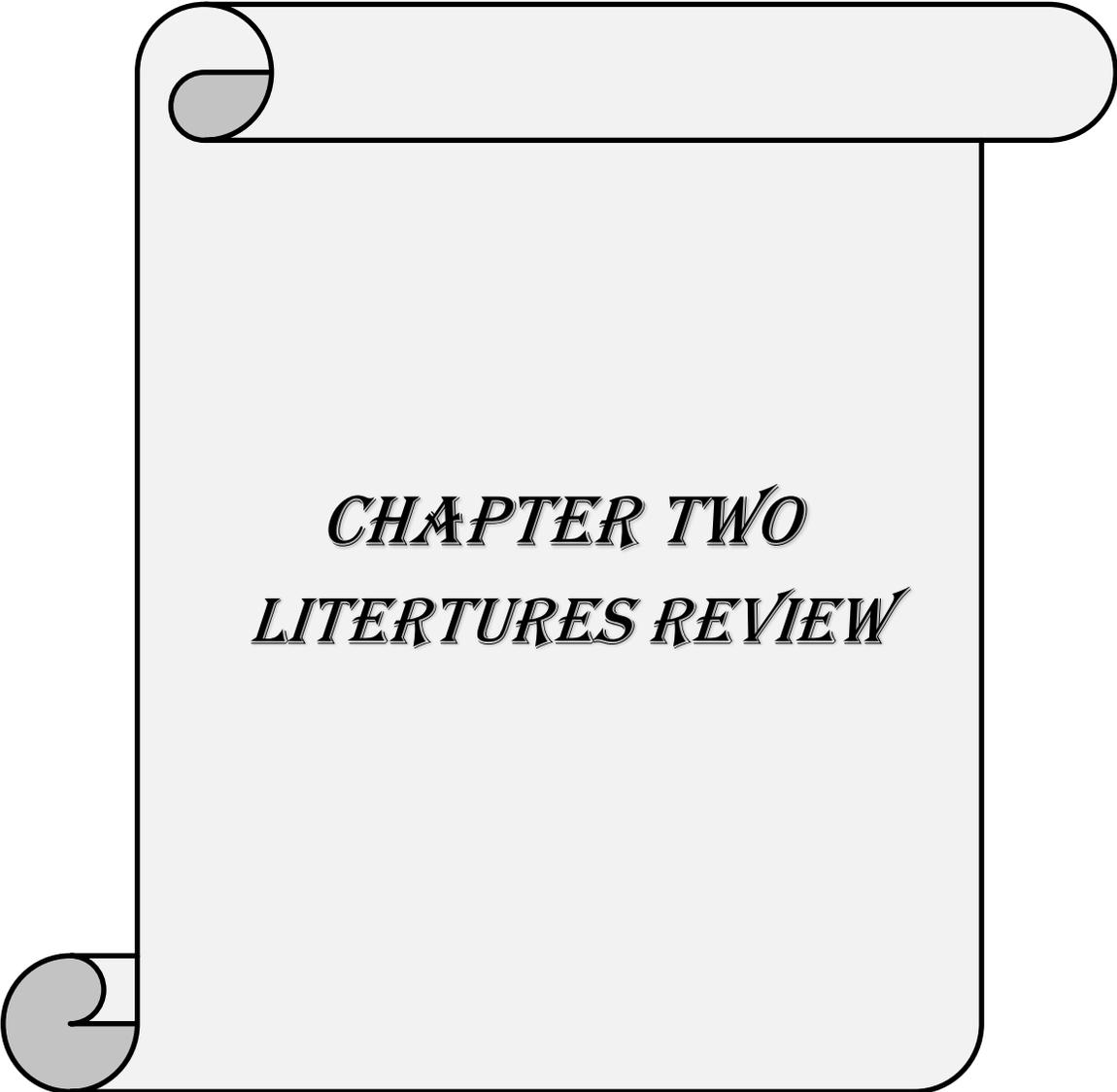
It is a predisposition or a method of parenting that encourages children's growth and development.

**1.5.3. Quality of life****a-Theoretical Definition**

A multidimensional construct covering physical, emotional, mental, social and behavioral components of well-being and function as perceived by patients and/or other observers. (Wattander & Koot, 2016).

**b-Operation Definition**

A measure of an individual's ability to function, physically, emotionally and socially within his/her environment at a level consistent with his/her own expectations.



*CHAPTER TWO*  
*LITERTURES REVIEW*

## Chapter Two

### Review of Literature

This chapter presents a logically and systematically organized summary of literature and studies relevant to the phenomenon investigated which are systematized in the following manner.

#### 2. 1. Theoretical Concepts of visual impairment

The World Health Organization (WHO) expanded the visual impairment in 1992 by adding a practical component. A person with low vision is having impaired visual functioning even with treatment and/or well-known refractive correction, and having visual acuity of less than 6/18 to light perception or a sight view of less than 10 levels from the point of fixation, but who uses, or is undoubtedly capable of using, but who uses, or is potentially able to use, vision for the planning and/or execution of a task. The best possible refractive correction for the better eye's visual acuity (VA) is referred to in this term **(Napail & Ramersad ,2018)**

Pediatric low vision: the American Academy of Ophthalmology's Preferred Practice Patterns for Vision Rehabilitation: is irreversible loss or impairment of vision in a person under 21 years old, that cannot be corrected by refractive correction, medical treatment, or surgery **(American Acadmey of Ophathmalic ,2023)**

Children poor vision A child with low vision is one who has impaired vision even after treatment and/or standard refractive correction, has a visual acuity of less than 6/18 to light perception, or a visual field of less than 10 degrees from the point of fixation, but uses or may be able to use their vision for the preparation and/or performance of a task that requires vision **(Gopalakrishnan &Agarkar,2015)**

In order to identify vision impairment and blindness, WHO adopted the International Classification of Diseases eleven version (ICD -11) in 2018. A person is considered to have low vision if their better eye's VA value is worse than 3/60, as per the definition. Inclusion of near vision impairment in the updated definition; As defined by current correction, near VA width is anything worse than N6 (normal size, normal near vision, N for close, and 6 for letter size) (Kv & Vijayalakshmi.,2020).

## 2.2. Classification of visual impairment:

The most recent iteration of the ICD-11 Classification of Visual Impairment, which classifies visual impairment as a diagnosis and lists all degrees of vision loss for each eye. Multiple factors, such as visual acuity, visual field, and contrast sensitivity, may contribute to visual impairment. Therefore, the most clinically applicable quantifier of visual impairment is found in the eleventh version of the International Classification of Diseases (Kaiti, 2020).

**Table (1) Classification of vision impairment (ICD version 11,2018)**

Category	Presenting distance visual acuity	
	Worse than:	Equal to or better than:
0 - No vision impairment		<ul style="list-style-type: none"> <li>• 6/12</li> <li>• 5/10 (0.5)</li> <li>• 20/40</li> <li>• 0.3</li> </ul>

	Worse than:	Equal to or better than:
--	-------------	--------------------------

<b>1</b> Mild vision impairment	<ul style="list-style-type: none"> <li>• 6/12</li> <li>• 5/10 (0.5)</li> <li>• 20/40</li> <li>• 0.3</li> </ul>	<ul style="list-style-type: none"> <li>• 6/18</li> <li>• 3/10 (0.3)</li> <li>• 20/70</li> <li>• 0.5</li> </ul>
<b>2</b> Moderate vision impairment	<ul style="list-style-type: none"> <li>• 6/18</li> <li>• 3/10 (0.3)</li> <li>• 20/70</li> <li>• 0.5</li> </ul>	<ul style="list-style-type: none"> <li>• 6/60</li> <li>• 1/10 (0.1)</li> <li>• 20/200</li> <li>• 1.0</li> </ul>
<b>3</b> Severe vision impairment	<ul style="list-style-type: none"> <li>• 6/60</li> <li>• 1/10 (0.1)</li> <li>• 20/200</li> <li>• 1.0</li> </ul>	<ul style="list-style-type: none"> <li>• 3/60</li> <li>• 1/20 (0.05)</li> <li>• 20/400</li> <li>• 1.3</li> </ul>
<b>4</b> Blindness	<ul style="list-style-type: none"> <li>• 3/60</li> <li>• 1/20 (0.05)</li> <li>• 20/400</li> <li>• 1.3</li> </ul>	<ul style="list-style-type: none"> <li>• 1/60 or counts fingers (CF) at 1 metre</li> <li>• 1/50 (0.02)</li> <li>• 20/1200 or counts fingers (CF) at 1 metre</li> <li>• 1.8</li> </ul>

5 Blindness	<ul style="list-style-type: none"> <li>• 1/60</li> <li>• 1/50 (0.02)</li> <li>• 5/300 (20/1200)</li> <li>• 1.8</li> </ul>	Light perception
6 Blindness	No light perception	
9 Undetermined or unspecified		
<b>Presenting near visual acuity</b>	N6 or 0.8 at 40cms	

\*1 Presented in metres, decimals, feet and logMar

### 2.3. Assessment of visual impairment

There are several methods for assessment of visual impairment depended on child age. There are many method specific to each age group for infant, toddler, preschool age, school age children. In this part we will explore method assessment for two age group: preschool age and school age. Conventional vision screening requires a vocal cooperative child and cannot be successfully completed until the child is between the ages of 3 and 4. The American Academy of Pediatrics (AAP) advises performing a post vision examination at each visit to a child care facility for children between the ages of newborn and three. This examination should include checking the child's vision, eye history, external examination of the eyes and eyelids, ocular motility, pupil size, and red reflex. The AAP suggests the aforementioned screening for children aged 3 to 5 along with age-appropriate evaluation of visual acuity (using HOTV

or graded E tests) and ophthalmoscopy (**American Academy of Pediatrics, (2016)**).

The most typical tests for children in this age range (between 3 and 5 years) Allen's picture exam consists of seven monochrome line drawings, including a deliveryday cake, a horseman, a teddy bear, a car, a house, and a tree. These line drawings were created on white, 10-by-10-inch plastic cards. The little patient will be shown up close so he can identify and recognize them. The most popular technique for determining vision impairment in children between the ages of two and three is described below: Six playing cards, Miniature toy testing and The Lea symbol (**American Acadmey of Ophathmalic ,2022**)

The Sheridan letter test, which employs the letters V T O H X A U and proves them to the child one at a time on a turn card, is thought to be the most accurate illiteracy vision exam for children. The youngster is given a key card that lists all the letters, and he is instructed to factor each letter he sees on the key card using a chart (like Snellen's). Test of Sjogren's hands: This test includes images of hands with fingers pointing in a variety of directions. Test for Landolt fractured rings:The damaged ring is highlighted throughout this check in different directions (American Acadmey of Ophathmalic ,2022). Test of HOTV letters: letters get smaller over time The Snellen Letter test involves gradually shrinking letters. Test of the tumbling E: Determine the direction of the letter E's arms; letters gradually get smaller (**Feltener,2017**).

## **2.4. Types of visual impairment:**

### **2.4.1. Hyperopia:**

It exists when, with three adaptation of eye relaxed, parallel rays from an item fail to focus on the retina of the eye. It from failure of correlation among

the axial length and the refractive components (cornea and lens) of the eye, and maximum instances of hyperopia are attributable to reduced axial length of the eye, hypermetropic eye is shorter and the image is focused behind the retina (Napial & Rampersed, 2018).

#### **2.4.2. myopia:**

The image is focused in front of the retina, and the myopic eye is stretched. Refractive surgery, contact lenses, or eyeglasses can all be used to treat myopia. But considering its rising incidence and potential eye-threatening side effects, myopia has turned into a concerning phenomenon. (Papadogianni, 2021).

#### **2.4.3. Astigmatism:**

According to the American Academy of Ophthalmology (AAO), astigmatism is a refractive mistake (ametropic) that develops when parallel light rays entering the accommodating eye are not focused on the retina. The word astigmatism comes from the Greek letters a for absence and stigma meaning point. When incident light rays do not converge at a single focal point, astigmatism develops (Wajuihain, 2017).

#### **2.4.4. Color blindness**

It means those with color vision deficiencies perceive a smaller range of colors than people with normal color vision. Three separate cone types in the human eye work together to create color perception. Every color that is perceived is a combination of inputs from each of the three cone types, since each is sensitive to a certain wavelength of light (red, green, and blue). Now, if one of those peaks of sensitivity is moved in the direction of another peak or if one is completely absent, you sense a more limited range of colors. Any degree of

severity is possible because a peak can be altered anywhere from little to completely. the level of color vision impairment—lightly, moderately, severely, or completely colorblind—is determined by how closely the peaks are spaced. (Elshrif *et al.*,2021).

#### **2.4.5. Retinopathy of prematurity (ROP):**

Originally known as retrolental fibroplasia, is a mysterious condition that affects a baby's developing retinal vasculature. It is a condition known as vasoproliferative retinopathy. Terry who originally identified in a preterm child with grayish-white vascular membranes behind the lenses of both eyes in 1942. This ailment had not been around for decades or centuries, like the great majority of illnesses, and was just waiting to be identified. Before the 1930s, this illness did not exist. As we now know, it started when baby incubators were used, and it was discovered that more oxygen helped prematurely born babies survive (Shah *etal .*, 2016).

#### **2. 4.6. Macular degeneration**

It is characterized by the loss of central vision. Even though absolute blindness is uncommon, without treatment, visual loss can advance to a level of legal blindness, making close work tasks like reading more and more challenging. The condition first manifests as a minor blurring of one eye's vision, which is frequently followed by a hole or blind spot in the region of maximum visual acuity. The risk of contracting the condition rises with age; it is 2% between the ages of 52 and 64 and 28% between the ages of 75 and older (Hadziahmetovic & malek, 2021).

#### **2.4.7. Glaucoma:**

Glaucoma is name given to a set of eye conditions that share the risk of having raised eye pressure, harm to the optic nerve, and potential vision loss.

Glaucoma can take many different forms. The term childhood glaucoma describes glaucoma in a child. A type of childhood glaucoma that is identified in infancy or early childhood is sometimes referred to as congenital glaucoma. When newborns are affected, it is also known as infantile glaucoma and always involves high IOP. Congenital and juvenile glaucoma are the two main kinds of glaucoma in children. There are also secondary forms in addition to these two major types, which can be brought on by trauma or by other illnesses such as juvenile idiopathic arthritis (JIA). All types of pediatric glaucoma are characterized by elevated intraocular pressure. The eye or the optic nerve may be harmed if the pressure stays too high for too long. Depending on the child's age, the type of injury will vary. The eye may extend out and grow until the age of two or three. Only the optic nerve is impacted in older children, and the increased eye pressure manifests as cupping (an expansion of the optic nerve area that appears). (Pioneering, 2022).

#### **2.4.8. Diabetic Retinopathy:**

Hyperglycemia, the length of diabetes, childhood and adolescent obesity, puberty, arterial hypertension, hyperlipidemia, and genetic predisposition are the most important risk factors for DR in the juvenile population. The most severe clinical entity that carries the risk of blindness, diabetic retinopathy (DR), is the third most prevalent clinical entity after cataract and secondary glaucoma. The Trial for the Control of Diabetes Complications, the most significant risk factors for DR in children include hyperglycemia, diabetes duration, childhood and adolescent obesity, puberty, arterial hypertension, hyperlipidemia, and genetic susceptibility. In addition to cataract and secondary glaucoma, which are the two most significant clinical entities, diabetic retinopathy (DR) is the one that is most severe and bears the risk of blindness (Wysocka-Mincewicz *et al*, 2021).

#### **2.4.9. Pediatric cataract:**

It is among the most significant causes of childhood blindness that can be surgically treated. Society as a whole benefit greatly from treating pediatric cataracts since lost blind years can be avoided. There are many known morphological types, but zonular has the best visual prognosis. The most frequent preventative factor for pediatric cataract is rubella (**Gupta & Patel, 2021**).

#### **2.4.10. Amblyopia:**

It is a condition where the brain receives incorrect retinal stimulations. The crucial period and plasticity period are when amblyopia is most prevalent in the eye. The period from birth to three months of age is referred to as the critical phase. The plasticity period lasts from 3 months to 7 years. The eye may develop independently at a critical phase, which is more frequently experienced. One of the main causes of amblyopia is a blurry retinal image. (**Chowdhury & Shah, 2018**).

#### **2.4.11. Strabismus**

Squinting, or strabismus, is a condition where the eyes are not aligned properly. Pseudostrabismus, also known as pseudo squint, can also exist but does not necessarily indicate the presence of actual strabismus. Children who have a wide nasal bridge, prominent nasal epicanthic folds, close-set eyes, and asymmetric eyelids are more likely to experience pseudostrabismus (**Bommireddy *et al.*, 2020**).

#### **2.4.12. Coloboma**

The word coloboma is a Greek word that means curtailed. When normal tissue in or around the eye is lacking from birth, it is used to characterize the disorder. Depending on whether a portion of the eye is missing, there are various

types of colobomas. Coloboma may affect the following: the macula, lens, and eyelid. A gene that wasn't functioning correctly during the development of the eye led to optic nerve and uveal abnormalities. Coloboma can occasionally be seen as a component of a known hereditary condition (**Lingam et al .,2021**).

**2.1.5. Global prevalence of visual impairment**

**Table (2)** Prevalence of vision loss and blindness in the six World Health Organization regions

UCVA % (95%CI)		PVA % (95% CI)		BCVA % (95%CI)			
WHO region	In	In	In	In	In	In	In
	Better	Better	Better	Better	Better	Better	Better
	Eye	Eye	Eye	Eye	Eye	Eye	Eye
Eastern Mediterranean	4.24 (1.00-8.55)	7.47 (1.00-15.43)	3.62 (1.81-5.44)	1.54 (1.04-2.04)	11.59 (10.65-12.53)	0.41 (0.12-0.71)	3.36 (1.00-9.14)

	≤20/40 in better eye	≤20/60 in better eye	≤20/40 in better eye	≤20/60 in better eye	<20/60 in better eye	≤20/40 in better eye	≤20/60 in better eye	<20/20 in better eye	<20/40 in Better eye
	5.19	15.72	2.75	8.03		0.57	7.29	0.07	

<b>America</b>	(4.34-6.04)	(14.74-16.70)	(2.25-3.25)	(1.00-20.84)	-	(0.18-0.96)	(6.59-7.99)	(0.05-0.08)	-
<b>Africa</b>	3.76 (1.09-6.44)	-	3.57 (1.58-5.56)	-	3.48 (1.96-5.01)	0.55 (0.19-0.91)	0.78 (0.36-1.21)	1.91 (1.78-5.58)	0.11 (0.04-0.16)
<b>Western Pacific</b>	20.10 (13.75-26.45)	6.10 (3.95-8.25)	10.87 (7.26-14.48)	2.90 (1.42-4.37)	2.11 (0.97-3.23)	0.91 (0.54-1.27)	-	0.17 (0.01-0.37)	0.05 (0.02-0.08)
<b>South-east Asia</b>	7.77 (1.15-14.39)	4.07 (2.23-5.93)	6.85 (2.29-11.42)	4.85 (4.33-5.38)	0.44 (0.01-0.99)	1.11 (0.63-1.58)	0.49 (0.1-1.096)	0.21 (0.01-0.43)	0.08 (0.06-0.09)
<b>European</b>	-	12.85 (10.31-15.41)	-	2.69 (2.18-3.21)	-	-	0.35 (0.28-0.98)	-	-

Uncorrected visual acuity (UCVA), best corrected visual acuity (BCVA), presenting visual acuity (PVA), confidence interval (CI), and World Health Organization (WHO) (Yeka *et al.*.,2022).

### 2.1.6. Causes of Visual Impairment

The hereditary / congenital ocular anomalies (mainly Stargardt's disease and oculocutaneous albinism) were more common causes in th children (AL-rasheed,2021).

The main site of blindness found in others Brazilian studies was the retina being the main cause toxoplasmosis which contributed to 40% of cases, optic cataract, glaucoma, inherited retinal disease (Verzoni *et al.*.,2017)

Also, albinism, retinopathy of prematurity (ROP) and optic nerve diseases such as atrophy these eye conditions that can result in low vision in the pediatric population (**Garzon-Rodriguze *et al.*,2023**).

## 2.7 Signs and Symptoms of Visual Impairment

- The following are typical indications that a youngster may have a vision impairment:
- Eyes that follow an item or a face without moving in unison Crossed eyes, eyes that turn in or out,
- Eyes that flutter up and down or side to side, eyes that don't seem to focus,
- Eyes that bulge, dance, or bounce in quick rhythmic movements, disproportionately large or white-appearing pupils, persistently shutting one eye or covering one eye (as noticed with Julian), unusual amount of clumsiness, such as repeatedly bumping into objects or knocking them over, or repeatedly blinking, rubbing their eyes, or crunching their faces, especially when there is no bright light present. (**Nastasi ,2012**).

Complaints of pain and exhaustion are indicators that a youngster may have a vision problem. These signs can arise in children between the ages of 5 and 18. frequent blinking or rubbing of the eyes, a lack of attention span, Keeping away from reading and other nearby hobbies, chronic headaches, with one eye closed, Head cocked to one side, Reading items in close proximity to the face, a turning inward or outward eye The double problem is reading comprehension problems and trouble recalling what was read (**American optometric association, 2023**).

## 2.8. Treatment of visual Impairment:

Mother who educate the children their first impressions, including placing their hands on her face or in her hands, as well as in numerous familiar objects like bed linens and toys. Training, education, and their occupational rehabilitation are all factors in vision impairment and even blindness. Training a child with a vision impairment begins at a young age, as soon as the mother realizes that the child is unable to watch or see. The age at which blindness develops has a significant impact on a person's spiritual and mental growth (Koukouta,2017).

Additionally, with low-vision aids like magnifiers, many children with severe visual impairment or blindness can be assisted in reading standard print. In order to fully integrate into educational and occupational training programs, as well as to increase the independence and quality of life of the childwith a visual impairment, it is vital to be able to read print rather than Braille. (Hussein *et al.*, 2021)

The implementation of refractive correction comes initially and is followed by amblyopia therapy. Conventional approaches to managing amblyopia include occlusion, penalization, and, more recently, dichoptic treatment. Children with limited vision have several alternatives, including optica. Few authors advocate using the Peek school eye health system to refer children with visual impairments to hospitals in places with limited resources) (Gopalakrishnan & Agarkar, 2015)

The most popular surgical procedures for treating hypermetropia are photorefractive keratectomy (PRK) and, more recently, laser-assisted in situ keratomileusis (LASIK). Alternative surgical alternatives exist, including as removing the clear lens and implanting an intraocular lens; however, an

ophthalmologist debate that was published advocated this surgery only in older persons with presbyopia (**Ferreira *et al.*, 2022**).

Depending on how severely visual function is compromised, cataract surgery may be indicated. A lenticular opacity need not be surgically removed just because it exists. When the accompanying amblyopia is treated with a patch and glasses, peripheral lens opacities, punctate opacities with intervening clear zones, and opacities smaller than 3 mm in diameter can be closely monitored and successfully managed. Good visual acuity with fusion and stereopsis can be achieved with prompt optical rehabilitation and occlusion therapy. (**Medsing & Nischal, 2015**)

myopia control methods Based on the particular traits of the child and the effects of the parents, it should be possible to develop a strategy for stopping the progression of myopia. Using spectacle lenses to address refractive issues optically is a non-invasive, simple, and affordable option. Contact lenses considerably help with myopia control. According to a meta-analysis, orthokeratology and soft lenses for myopia treatment provide equivalent levels of axial length control. surgical techniques posterior scleral reinforcement (PSR), or contraction. In order to slow the progression of myopia and prevent the growth of a staphyloma, PSR is a surgical treatment that changes the remodeling of the sclera and induces direct mechanical reinforcement of the ocular wall.) surgical techniques posterior scleral reinforcement (PSR), or contraction. PSR is a surgical method that changes the sclera's remodeling and results in direct mechanical reinforcement of the ocular wall to prevent the growth of a staphyloma and slow down the progression of myopia (**Nemeth *et al.*, 2021**)

Amblyopia from sensory deprivation and irreversible neurophysiological alterations are the results of an untreated thick cataract. Negative side effects

include nystagmus and strabismus. Therefore, quick referral of affected newborns to facilities capable of handling their care is essential. Thorough preoperative management is also essential. In the industrialized world, autosomal dominant inheritance is the most common genetic basis for pediatric cataracts, which account for the majority of cases. As a result, ophthalmic examination of parents and other family members can offer helpful proof of phenotypic diversity. Bilateral cataract is present in a modest but considerable percentage of newborns and young children (35%) (**Zhao,2021**).

### **2.9. Visual Impairment Aids**

According to the International Standard Organization, assistive technology is defined by the World Health Organization as any piece of equipment, product, or tool, whether it is acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. Later, the international Classification of Functioning, Disability and Health (ICF) coined the term health technology and redefined it to include both assistive items and technology. Assistive product (AP)it is any type of external product, such as computer software, large print books, liquid level sensors, and low vision aides, is referred to as an AP. The visually impaired child requires extra time to learn new things or to carry out daily tasks. (**Senjan,2019**)

Children with print difficulties, such as CHB, low vision, and visual processing disabilities like cerebral visual impairment and dyslexia, can use audiobooks with digitized text thanks to the Digital Accessible Information System (DAISY), which is a technical standard around the world (**Rattanaphinyowanich & Nunta, 2021**)

Education and learning, visually impaired children and students may require assistive technology, which could enhance academic performance and learning ability. According to studies, using assistive technology improves learning and performance in areas like handwriting, motor skills, reading, visual attention and perception, and math abilities. Students who are blind or visually impaired can attend a wide range of indoor and outdoor activities that are not academic in nature thanks to assistive technology. Assistive technology was found to encourage independence, including the development of autonomy, self-determination, enhanced social interaction, higher motivation, and improved self-esteem, according to two thorough investigations of its implementations in schools (**Senjam *et al.*, 2020**).

The assistive technology such as slanted desks for closer working distance, tablets with the best lighting, and adaptable technology can all improve a child's educational experience (**Dhillon *et al.*, 2022**). The phone application has various smartphone applications: the visually impaired person and some children who are challenged from birth developed an Android mobile application to help blind people, which has many useful features like light detection, color detection, object detection, and banknote recognition. It also converts text-to-speech apps, which may provide academic help to school-going children, but uses a different platform (**warnars *et al.*, 2021**).

## **2.2. Over Review of Parent Attitudes**

### **2.2.1 Attitude:**

The word attitude is a French phrase that derives from the Italian *attitudine* and the Late Latin *aptitūd* and *aptitūdin*, which both mean attitudes as a conscious or unconscious mental state (value, belief, or feeling; and a predisposition to behavior or action). Three domains correspond to these

qualities. There are cognitive, affective, and behavioral components to attitudes. **(Altmann,2008)**

According to **(Bruvold ,1980)**, a definite abstract or concrete thing or speech may provoke a favorable or unfavorable emotive response. According to Zinbardo (1998), attitudes are a result of learned opinions regarding the proper responses to particular groups of people or issues. Although generally consistent, views can be altered.

People become older, they form strong attitudes and beliefs on a variety of topics, including people from different racial or ethnic backgrounds, foreigners, the rich and the poor, men and women, social issues, and political policies. Regarding political parties, national security, and all other social concerns and institutions, people have strong opinions. Our attitudes typically follow us throughout life. People passionately support things that we feel positively about and strongly oppose things that we feel negatively about **(Albarracín *etal.*,2014)**.

### **2.2.2. parental attitudes:**

Parental attitudes: are a product of parents' knowledge, values, beliefs, and expectations toward their children, which are informed by cultural and social representations, as well as by parents' own experiences and values. Research has shown that high-risk and maltreating parents are more likely to have erroneous and prejudiced previous cognitive schemata about child development and education, lending empirical evidence to this relationship between parental views and maltreatment **(Camilo *et al.*, 2022)**.

### **2.2.3. Types of Attitude**

The attitude and actions of parents influence their parenting style. A psychological concept called parenting style represents the typical methods that parents employ to raise their kids. The phrase refers to a complicated activity that entails a variety of distinct actions that act both singly and in concert to influence the child. (**Zahed Zahedani *etal* .,2016**)

Children who are raised in a permissive parenting style, which is defined by high levels of warmth and nurturing, moderate levels of communication styles, low levels of disciplinary tactics, and low levels of expectations of maturity and control, tend to perform worse academically. Permissive parenting is connected with worse academic achievement, which is most likely due to the parents' lack of parental authority and discipline. Neglectful parenting is characterized by few demands, poor attentiveness, and minimal communication. The child's fundamental requirements are met, but these parents are typically not involved in their child's life. The needs of their children may even be rejected or neglected in severe circumstances by these parents (**Ceka&Murati ,2016**).

Parents who reject their children and are non-directive are examples of neglectful parents. Contrarily, nondirective parents are a little more receptive and low- maintenance). The characteristics of a negligent parenting style include few demands, poor attentiveness, and minimal communication. These parents provide for the child's basic requirements, but they are typically not involved in their child's day-to-day activities. In extreme situations, these parents might even disregard or reject their children's needs, Rejecting-negligent and non-directive parents are two examples of parents who use neglectful parenting techniques. As opposed to rejecting-neglecting parents, who are low in relation to both demandingness and responsiveness and are unlikely to participate in their

children's lives, nondirective parents are low-demanding and medium (**Odame-mensah,2018**).

An authoritarian parenting style is created by a combination of high control and low responsiveness, whereas an authoritative parenting style is produced by a mix of strong control and high responsiveness. The two most popular parenting philosophies are authoritative and authoritarian and low responsiveness, whereas an authoritative parenting style is produced by a mix of strong control and high responsiveness. The two most popular parenting philosophies are authoritative and authoritarian. Authoritarian and authoritative parenting styles only differ in the degree of support since those two styles exhibit a high level of control (**Febiyanti & Rachmawait,2021**).

#### **2.2.4. Importance of parent attitude**

A complex interplay between the child, the parent, and the wider social environment is taking the place of a parent's single-directional influence over a child's development. There are several aspects that could have an impact on the children's development and education, both positively and negatively, as a result of this contact being constantly seen as a mutual effect and process flowing from the parent to the child and the other way around. Parents play a crucial role in their children's overall growth and education because they are responsible for monitoring their children's overall physical and intellectual development until they are independent and ready to take on the challenges of their society. Parents need educational information regarding their children's right to an education even though they are aware of the work that goes into their children's development (**Ceka & Murati ,2016**).

Parenting practices have an impact on a child's life in general. While coercive, punishment-focused discipline and a detached attitude diminish the

emotional well-being of the kid, a loving attitude and parental guidance support the development of empathy and prosocial conduct in children. As a result, the child starts acting aggressively. These attitudes also hinder a child's ability to develop social skills, which leads to rebellious and troublesome behaviors (Lee et al., 2021).

## **2.3. Over Review of Quality of Life of Children**

### **2.3.1. Background**

Using quality of life (QOL) after World War II, the term QOL was first used in sociology in the 1960s. In 1964, Lyndon Johnson was the first to use the term QOL. In 1957, the first study on quality of life looked at a sample of American people's mental health. Prior to health care professionals beginning to evaluate patients with chronic diseases, QOL research was originally conducted in the fields of sociology and psychology as biomedical technologies and therapeutic techniques advanced, the use of QOL metrics in healthcare began to increase. The idea of QOL has been applied to health care to assess services, patient satisfaction, resource reallocation, and policy-making (Al-hamed, 2021).

A common definition of QOL from the World Health Organization (WHO) is as follows: an individual's view of their place in life in relation to their objectives, expectations, standards, and worries, as well as the culture and value systems in which they live. This definition emphasizes three main characteristics:

- (1) QOL is subjective.
- (2) QOL is multi-dimensional.
- (3) QOL has both positive and negative values (Vente, 2021).

The term quality of life, or QOL, is used to refer to the level of emotional, intellectual, or cultural satisfaction in a person's daily existence. 1992's *The American Heritage Dictionary*. The Latin term *qualitas*, which means of what type, is the source of the word. Additionally, QOL has been described as a level of quality and a character. (AL-hamed ,2021)

Every academic subject, as well as people and groups, can define quality of life in different ways. It has meaning for almost everyone. Philosophers have thought about the nature of life and what constitutes the good life, while ethicists have talked about how the sanctity of life has given way to quality of life and social utility in health care decisions, and environmentalists have concentrated on the traits and conditions of society. Ecologists were interested in the physical and biological environment, economics were worried about distributing resources to meet various objectives, and psychologists thought about human needs and how to satisfy them. While clinicians focused on factors related to health and disease and nurses, in keeping with a holistic approach to the specialty, embraced the broader view of defining quality of life, these tended to contaminate their activation of the concept with disease-specific elements due to their frequent preoccupation with the physiological state (Mollaoglu, 2013)

The term quality of life (QOL) is used to refer to an all-encompassing concept. Normal life is described as a way of life that satisfies one's basic requirements to the fullest extent possible. Social utility is another aspect of quality of life that is taken into consideration, which refers to how much a person may benefit society by continuing their profession and playing a part in their family (Al-hamed, 2021).

### **2.3.2. quality of life for children**

Children who suffer from chronic illnesses might experience a variety of negative outcomes, such as treatment-related difficulties in social or familial relationships, poor academic performance, trouble finding jobs, and issues with life insurance. It's crucial to have a measurement that takes these experiences into account. There is persistent evidence that certain children suffer. because chronic illnesses can significantly affect many elements of life, including as social and family relationships, academic performance, job, and life insurance. Much effort has been put into developing a measure that can encompass these various experiences since such a measure is needed. **(Ceka &Murati .2016)**

As the role of the patient has evolved over the past decades, so has that of the child as a patient. Children's perception of their disease and their opinions about their treatment have increasingly been solicited and given consideration in clinical practice **(Germain et al., 2019)**.

### **2.3.3 Importance of measure quality of life**

Measurements of health-related quality of life (HRQOL) were initially developed for a number of purposes, including:

1-determining a person's status at a given moment in time.

2- comparing dimensions that are particular to a given condition and not always sensitive to the effects of changes in clinical conditions or treatment on HRQOL.**(Haverman et al .,2017)**

The impact of an illness on functioning, involvement, and quality of life has been better understood through patient-based assessments in recent years. A complex concept, quality of life encompasses mental, emotional, and social health. **(Elsman et al., 2021)**.

HRQOL is, by definition, subjective because an individual's perception of it will influence how it affects their life. So, different people with the same health condition may rate their HRQOL significantly differently. As a result, it is generally agreed that the patient's account is the best source of information when measuring HRQOL endpoints. (Haverman et al .,2017).

#### **2.3.4. Domains of the quality of life**

1. The domains of quality of life are:
2. Physical condition (well-being, workload, endurance, and nutrition)
3. Material state (welfare, living conditions, economic well-being; median income, purchasing power, conditions at work and at leisure, etc.).
4. Psychological condition (including feelings, attitudes, values, self-worth, work satisfaction, and stress) as well as the moral environment in a family, organization, community, or country
5. Education and personal growth (learning, education quality, skills, and knowledge application)
6. Social relationship (connection to others, family, society, and support)
7. Possibilities for leisure and self-expression (recreation, a hobby, making things, and entertainment)
8. A secure environment (including bodily, legal, and social security); a work environment; and an economic, political, and juridical environment) (Ruževičius, 2014)

#### **2.3.5. Methods of assessment quality of life**

Validated and trustworthy measures are needed to measure HRQoL in the general population of children and adolescents. According to the World Health Organization (WHO), instruments should focus on children, be age-appropriate, and rely on subjective self-report or proxy-reported measures. One valid and widely used generic HRQoL instrument is the KIDSCREEN questionnaire (**Befus et al., 2023**).

DISAB Kid's Quality of Life Childscreen Quality of Life Questionnaire this tool used in this research project a standardized format developed within the project Screening and Promotion for Health-related Quality of Life in Children and Adolescents - A European Public Health Perspective. The project was funded by the European Commission and took place over three years (2001-2004).

There are available three versions from KIDSCREEN versions (KIDSCREEN-52, KIDSCREEN-27, KIDSCREEN-10 index). each version can report by children/adolescents or proxy such parent or any caregivers. The KIDSCREEN measures are applicable to healthy and chronically ill children and adolescents from 8 to 18 years. (**Ravens-Sieberer,2014**).

Also there are many another tools like Child Health and Illness (CHIP), Child Health(CHQ), Revised Children's Quality of Life (KINDL-R) Pediatric Quality of life (PedsQL), DISAB Kid's Quality of Life Childscreen Quality of Life Questionnaire;Inventory for Measuring Quality of Life in Children (ILK) (**Ruževičius, 2014**).

### **2.3.6. Studies related**

#### **First study:**

This study looked into the home life of South Australian students who have visual impairments and are enrolled in academic and vocational programs. Interviews were done with 5 parents, 4 teachers, and 14 visually impaired children. The results Parents expressed that they tried to have a good relationship with their visually impaired children but that they frequently struggled to do so because of limitations (**Datta & Shbier, 2021**)

**Second study:**

It is a descriptive and qualitative study. Ten parents—one from each participating family—of the ten participating families—11 children—gave their assent and took part in the semi-structured individual interviews that served as the basis for the evaluation. From 15 households, a sample of the parents' intentions to involve their visually impaired children in physical activities was taken. According to the study's findings, physical activity gives parents a chance to engage their children in physical activities and have a better understanding of their vulnerabilities. The intervention raised parents' opinions of their competence in guiding their children toward physical activity (**Columna et al., 2020**).

**Third study :**

Descriptive quantitative study to assess the Relationship between Parents' Attitude and Self- Esteem of Children with Visual Impairment. sample was 101 children with visual impairment and their parents. The study a found that children with visual impairment had low self-esteem and parents had negative attitude towards their children as a result of their impairment. (**Daniel,2019**)

**Forth study:**

Cross-sectional observational survey in southern Nigeria To find out parents knowledge and attitude towards eye examination and treatment for their children total sample was 468 parents including fathers and mothers (not necessarily couples) in Benin City, the study showed that only gender affected parents' attitude towards eye examination for their children. There were no significant associations between parents' attitude to eye care and age, educational status and number of children for both fathers and mothers. children only when the child has an eye complain or eye problem. (Amiebenomo *et al.*, 2016)

**Fifth study :**

This cross-sectional study, titled "The Impact of Visual Impairment on Quality of Life," was carried out in Iran in 2015. It evaluated people who had vision impairments who had been randomly selected for the study. The study involved anyone 7 years of age or older without any other disabilities. The study demonstrated that different communities may experience varied effects of various factors on QOL. Compared to adults, children's QOL in the social and recreational areas was lower. Girls' QOL scores were substantially lower than boys' QOL scores (Khorrami-Negad ,2016).

**Sixth study :**

The study was intended to understand parents' attitude towards the special and inclusive education and other perspectives of their visually impaired children attending special and inclusive schools.. The study was conducted on parents of 20 visually impaired children aged 11-18 years, attending special and inclusive schools in Ludhiana .The survey method was used . The study revealed a significant difference in the attitude of the parents of children with visual impairment towards the concept of inclusive education, learning daily life skills and in the area of social and emotional behavior. (Sharma,2015)

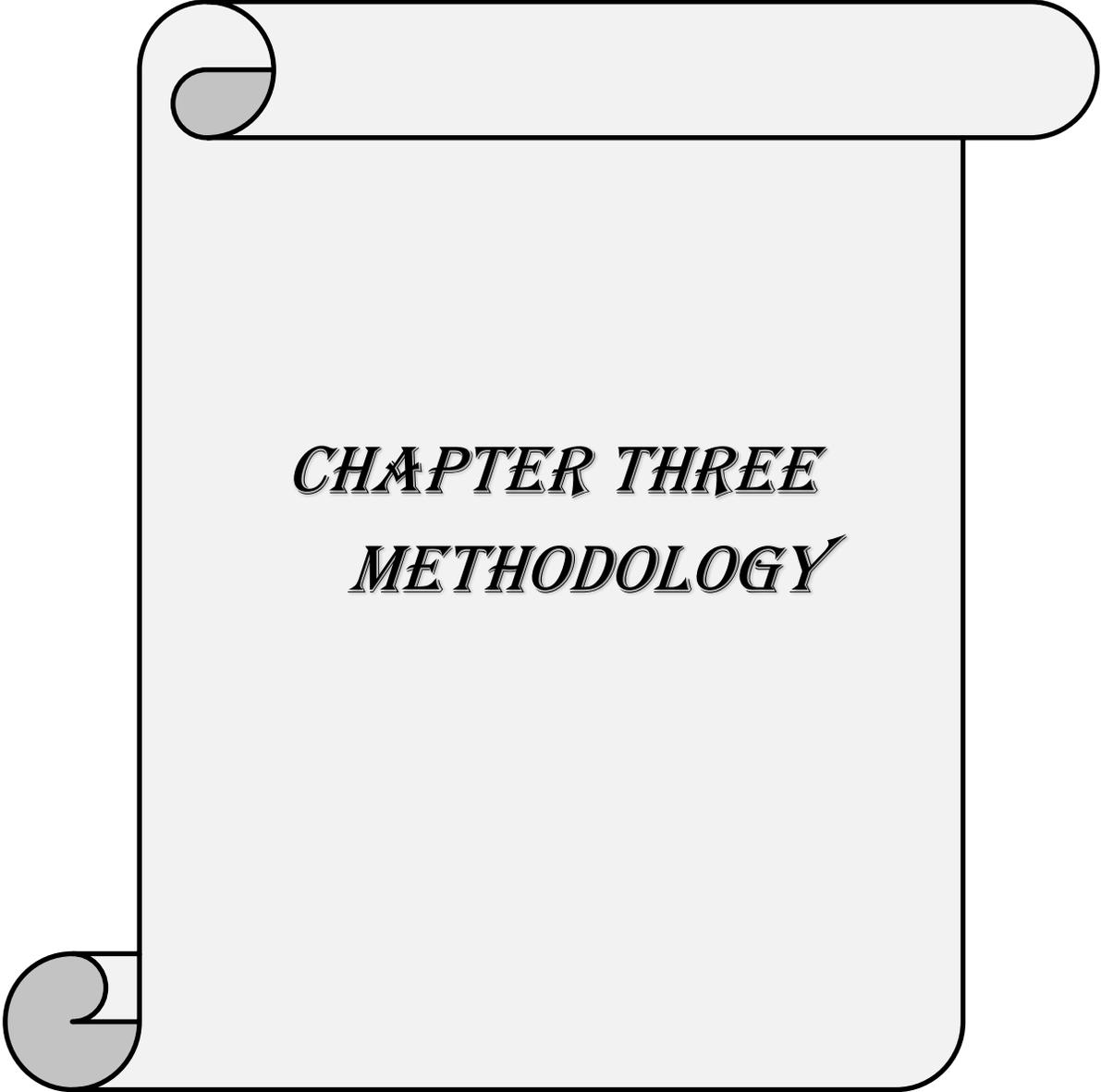
**Seventh study:**

A comparison arm study for children with visual impairment doing to evaluate the effects of visual impairment on quality of life of children. Results Children with visual impairment had significantly lower quality of life scores

than the comparison group (**Chadha & Subramain, 2011**).

**2.4.summary :**

In this summary review of seventh studies, six of them reported that children had low quality of life score especially female and parents had good relationship with visually impaired children. one of them reported that children with visual impairment had low self-esteem and parents had negative attitude towards their children .



***CHAPTER THREE***  
***METHODOLOGY***

## Chapter Three

### Methodology

This chapter designates the methods which considered a means to fulfill the objectives established for the study's aim .

#### 3.1. Study Design

A quantitative, “cross-sectional” descriptive design is used for assessment of Parent's attitudes and its relation to the quality of life for children with visual impairment in the Babylon province from October 19<sup>th</sup> 2022 to June 8<sup>th</sup> 2023.

#### 3.2. Arrangements for Administration

The following formal clearances were requested from the proper authorities before gathering study data, and they were gotten for the study as indicated. It's found in **appendix (A)**

1. The first permission was obtained from the University of Babylon College of Nursing to the Higher Studies Committee as a proposal presented which consist of the major statement and its objectives. .
2. The research approval was established from ethical committee / college of nursing that involve five advanced scientific titles in the college, it sent to the settings of sample collection which specified in the study plan
3. An official permission, approval has been received from,Imam Al-Sadiq Hospital (peace be upon him)\ Ophthalmic Consultation Department and Hilla General Teaching Hospital\ Ophthalmic Consultation Department.

4. An informed consent taken from the parents (mother or father)  
Participants were asked for verbal and written informed consent.

### **3.3. Setting of the Study**

The study was carried out in AL-Hilla City/Babylon Province, at three hospitals. These hospitals are : Imam Al-Sadiq Hospital (peace be upon him) \ Ophthalmic Consultation Department, Hilla General Teaching Hospital\ Ophthalmic Consultation Department) .These hospitals are selected for the purpose of the study

### **3.4. Sample of the Study**

The study's sample was selected non-probability purposefully, and it included 105 mothers and fathers of children who had received a formal medical diagnosis of a visual impairment. The number of children that are visiting the ophthalmology department during one month was 45 in Hilla Teaching Hospital and 60 in Imam al-Sadiq Hospital.

#### **3.5.1. Sample's Inclusion Criteria**

1. The participants in the current study were required to meet certain requirements, include the following:
2. A mother or father has a child who previously diagnosed with a visual impairment for more than 6months.
3. A child with age between 6-12 years.

#### **3.5.2. Exclusion Criteria**

1. Parents have child with visual impairment under 6 years and over 12 years old.
2. Parents who refuse to take part in the research.

3. Parents have child diagnosed with total visual impairment (blindness).
4. Parents have child medically diagnosed with a visual impairment and the child has a visual impairment for less than 6 months.

### **3.6. The Instrument of the Study**

A questionnaire is an instrument that used to accomplish the goals of the current study. It consists of three sections and was designed to cover all aspects of the study. The first- and second-part constructed by the researcher after review relevant literature. It is introduced after a comprehensive review of the relevant literature for collection data form target sample and the third part standard tool the KIDSCREEN-27) Questionnaires parent version and translate to Arabic .It's found in (**appendix B**)

#### **Part I: Socio-Demographic Characteristics**

This section is shown on a socio-demographic data sheet and consists of numerous items classified as children and one of their parents (either the father or the mother) information. It is divided into three parts. the first part of socio-demographic data includes one of their parents: parent's age; level of education (categorized into 4 levels: literate, educated, elementary school, intermitted school, institute, college, and master's or Ph.D.), type of family (categorized into 2 types: nuclear family and extended family); occupation (categorized into 2 types: employed and unemployed); economic status of family; and residency. The second part of the socio-demographic data includes child information (age and gender), and the third part contains general information, including the order of children with visual impairment among siblings. If there are problems and complications during pregnancy and childbirth for children with visual impairment and visual acuity with correction that obtain from medical staff after child emanation and classified onto mild moderate and sever.

**Part II: Attitude**

This part contains ten questions about parent attitude's toward visual impairment.

**Part III: Quality life scale instruments :**

The KIDSCREEN-27 test measures five aspects of HRQoL: physical well-being (5 items), psychological well-being (7 items), autonomy and parent-child connections (7 items), social support and peer relationships (4 items), and school environment (4 items).

**3.7. Validity of the Questionnaire**

Experts from diverse scientific domains, each of whom had more than 10 years of experience in their specialized fields, revised and changed the study protocol and the study instrument over time. According to the researcher's recommendation, each expert member was to review the study instrument for substance, simplicity, relevance, style, and applicability. Based on the instrument's scientific merit, informational flow, and suitability for the task of sample collection, each expert made changes to it. As a result, the instrument was modified in accordance with professionals' recommendations.

A 13 experts review the questionnaire's appropriateness, relevance, and clarity to ensure that the study's objectives are met. Thirteen experts with at least ten years of experience each receive a draft of the questionnaire. They are (1) a nursing faculty member at the university of Thi-Qar, (1) a nursing faculty member at the university of Baghdad, (5) a nursing faculty member at the university of Kufa, (1) a nursing faculty member at the university of Karbala, and (5) a nursing faculty member at the university of Babylon. There found in **(appendix C)**

When the experts provided feedback, minor changes were made in accordance with their suggestions, and the final paper was generated in advance of the study.

### **3.8. Pilot Study**

This pilot study's goals were to evaluate the research tool's validity and reliability, effectiveness, and clarity, as well as the typical time needed to collect data from each subject, which could be approximated throughout the interview processes, and to spot any potential problems.

The following goals were set for the pilot study:

1. Testing and creation of research tools that are enough
2. A viability assessment of the tool.
3. Spotting any potential logistical problems brought on by the suggested techniques.
4. Evaluation of suggested methods for data analysis in search of probable problems.
5. The researcher estimated time spent gathering data.

#### **3.8.1. Pilot Study Results**

1. The survey is trustworthy.
2. It took between 15 and 20 minutes to complete the questionnaire.
3. The instrument items were understandable and the underlying phenomena of the investigation were understood (Table 3-1).

According to calculations based on results showing that the instrument was useful, significant, and appropriate for the study's topic, the internal consistency (Alpha Cronbach) coefficient for the study questionnaire utilized is 0.70 (as shown in Table 3-1).

### 3.8.3. Questionnaire Reliability:

Twenty people were used for the study samples. The researcher introduces herself to the participants and asks them to take part in the study by giving their thoughts on their treatment commitment and quality of life. The interviews were conducted one-on-one. The researcher then gave them an overview of the study's objectives and title, and during the interview, requested their responses to a questionnaire in order to assess the tool's ease of use, comprehension, and time requirements.

Until the interview is over, the researcher stays with the participants. Each form's completion was anticipated to take 20 to 25 minutes. The experimental study was left out of the initial sample after the results from the pilot study were analyzed and no adjustments were made. The Cronbach's alpha value was in the range of 0.70 and above, indicating great dependability.

**Table 3-1: Reliability of the Examined Survey ( $n=12$ )**

<i>Statistics of Reliability</i>			
<b>Variables</b>	<b>N of Items</b>	<b>Cronbach's Alpha</b>	<b>Ass.</b>
<b>Attitudes</b>	<b>10</b>	<b>.82</b>	<b>Acceptable</b>
<b>QOL</b>	<b>27</b>	<b>.87</b>	<b>Acceptable</b>

This table was statistically created to display the study instrument's reliability coefficient. According to the calculated results, the questionnaire is a valid tool for examining the phenomenon underlying of the study in the same group at any point in the future.

### **3.9. Ethical Considerations**

A researcher's ethical obligations are among the most important things to uphold and observe when performing a study. Before starting to gather data from the community that has been chosen for the inquiry, the researcher must make the primary objective and desired outcomes of the study known to the sample that will be involved in the study. The researcher must also affirm that they will keep the data they gather from the study sample private and only use it to further their specified, scientific objectives.

Before commencing to collect information from the study's sample of participants, the researcher gave a brief explanation of the scientific context for the research and its objectives. The participants were verbally informed of the objectives of the study before being requested to freely participate. After consenting to participate in the study, study participants received an anonymous questionnaire to complete.

### **3.10. Methods of Data Collection**

Between February 15 and April 1, 2023, data were gathered. In order to collect the data, interviewing methods were used. following permission from the Babylon Health Directorate and verification of the questionnaire's accuracy and dependability. The researcher met with the study participant's parent (mother or father), provided instructions, answered any questions they had about the form, urged them to participate, and expressed gratitude for their help. The interview

techniques were used on an individual basis after completing the necessary study design processes, and each interview lasted fifteen to twenty minutes.

### **3.11.rating and scoring :**

For Attitudes Outcomes

*[Negative=10-16.66; Neutral= 16.67-23.33; Positive=23.34-30]*

For QOL Outcomes

*[Poor =27-45; Moderate = 45.1-63; Good =63.1-81]*

The following are shortcuts for measuring important in comparison to the level:

$\leq 0.05 = \textit{Acceptance of the researcher's hypothesis}$

$> 0.05 = \textit{Rejecting the researcher's hypothesis and accepting the null hypothesis}$

### **3.12. Approach of Statistics**

The researcher conducted a statistical analysis of the study sample's data using the SPSS-20 programs in order to generate the research's concluding conclusions based on a number of statistical tests, establish the outcomes, and determine the links between the variables.

#### **3.12.1. Descriptive approach**

In order to statistically explain a dataset using tables and charts, descriptive statistics employs a variety of mathematical and statistical techniques. When data needs to be organized, summarized, or classified, descriptive statistics are used to display and describe the data while also making

it easier for the recipient to recognize and comprehend the information's main ideas. the investigation made using:

A-Statistics charts Averages of the M.s. scores and the overall average score are given in terms of number (No.) and percentage (%).

$$\% = \frac{\text{Frequency}}{\text{Sample Size}} \times 100$$

*total mean of scores*

$$= \frac{\text{Maximum total sores} - \text{Munimum total sores}}{\text{Levels}}$$

$$SD = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (Xi - \tilde{\chi})^2}$$

C-It uses the Cronbach alpha correlational coefficient to determine the research tool's internal consistency.

$$\alpha = \frac{K}{K-1} \left[ 1 - \frac{\sum_{i=1}^K \sigma_{ii}}{\sum_{i=1}^K \sum_{j=1}^K \sigma_{ij}} \right]$$

### 3.12.2. Inferential approach

#### 1. Chi-Squared Test

To compare the number of nominal standards of dichotomous random variables. It is used to measure the relationship between demographic variables and parents' attitudes about visual impairment.

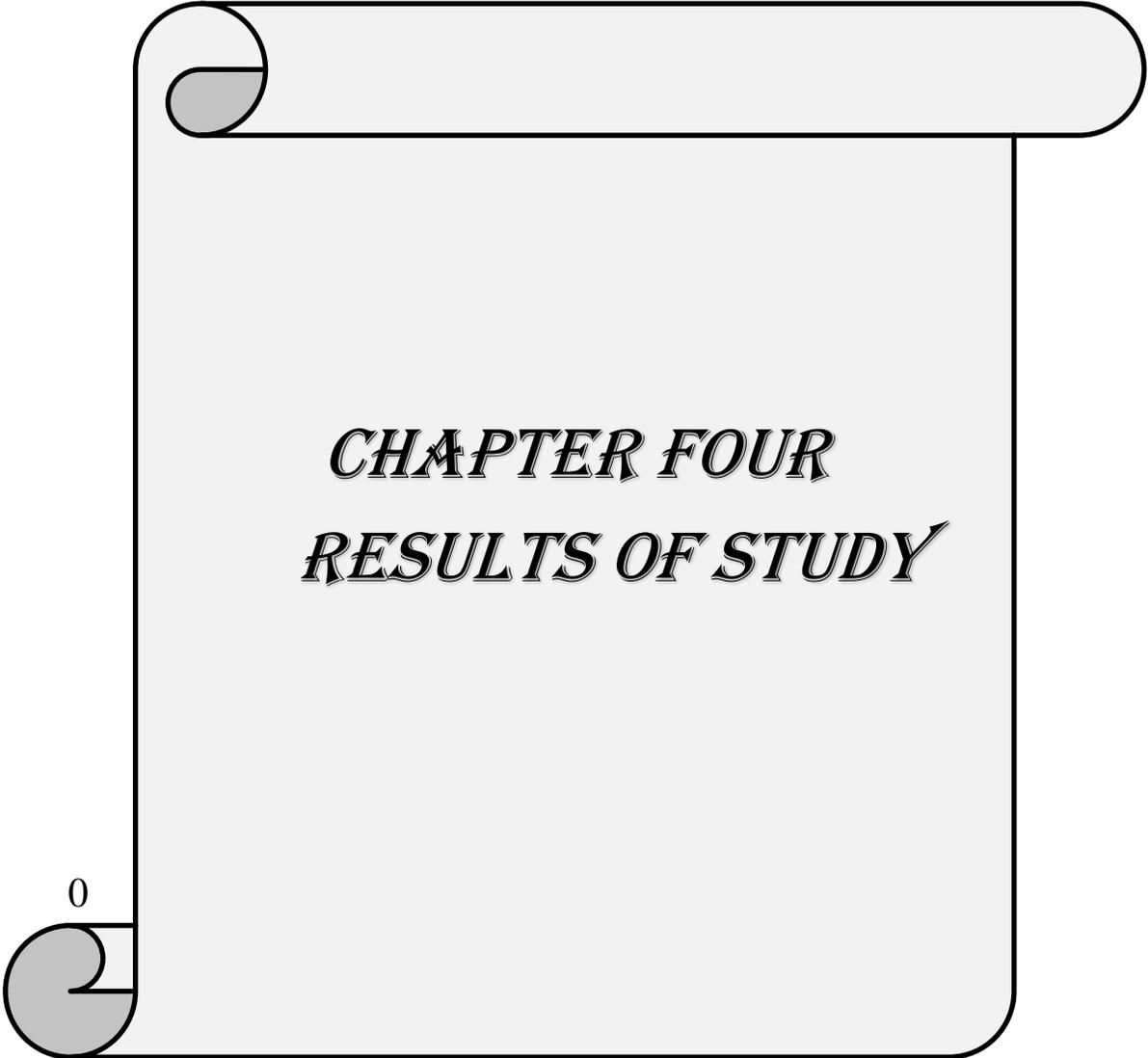
$$\chi^2 = \frac{\sum_{all i} (O_i - E_i)^2}{E_i}$$

## 2. Pearson's Correlation Coefficient ( $r$ )

This test used to correlate between study variables such as in Parents Attitudes and quality of life. In which ( $-r$ ) means negative correlation and ( $+r$ ) means positive correlation at significant level 0.01\*\* and 0.05\*.

$$r = \frac{n\sum XY - (\sum X)(\sum Y)}{\sqrt{[n\sum X^2 - (\sum X)^2][n\sum Y^2 - (\sum Y)^2]}}$$

The following are shortcuts for measuring important in comparison to the level:



*CHAPTER FOUR*  
*RESULTS OF STUDY*

## Chapter Four

### Results of the Study

Based on stated objectives the following tables and figures:

#### 4.1. Characteristics of Study Sample

**Table 4.1.1. Distribution of Socio-Demographic Characteristics of the Parents**

Socio-demographic data	Classification	No.	%
Parents	Father	45	42.9
	Mothers	60	57.1
	Total	150	100.00
Age	20-29 years	34	32.4
	30-39 years	43	41.0
	40-49 years	17	16.2
	50-59 years	9	8.6
	60 and older	2	1.9
	Total	105	100.00
		<b>35.25 ± 9.66</b>	
Education level	Illiterate	4	3.8
	Read & write	9	8.6
	Elementary school	8	7.6
	Intermediate school	16	15.2
	Secondary school	16	15.2
	College	52	49.5
	Total	105	100.00
Residents	Urban	69	65.7
	Rural	36	34.3
	Total	105	100.00
Occupation	Employed	61	58.1
	Unemployed	44	41.9
	Total	150	100.00
Type of Family	Nuclear	65	61.9
	Extended	40	38.1
	Total	105	100.00
Economic status	Enough	11	10.5
	Enough to extent limit	57	54.3

	Not enough	37	35.2
	Total	105	100.00

*No.= Number; %= Percentage*

This table show the characteristics of the participants, the average age was 35.25 (SD=9.66) years among the age group 30-39 years were mostly mothers (57.1%). In regards with education, most of participants were college graduated (49.5%). In terms of residents, more than half were urban residents (65.6%). Concerning occupation, participants expressed employed (58.1%). Family type related findings, one-third were nuclear families (61.9%). Ultimately, the enough to extent limit were predominated economic (54.3%). As shown in table (4.1.1)

**Table 4.1.2. Distribution of Study Sample by their Children Characteristics**

Variable	Classification	No.	%
Child Age	6-7 years	53	50.5
	8-9 years	28	26.7
	10-11 years	18	17.1
	>11 years	6	5.7
	Total	105	100.00
	<b>7.88 ± 1.88</b>		
Gender	Male	49	46.7
	Female	56	53.3
	Total	105	100.00

The results show the characteristics of children, the average age was 7.88 (SD=1.88) years among the age group 6-7 years were records (50.5%). In regards with gender, more than half of children were female (53.3%) .as shown in table (4.1.2)

**Table 4.1.3..** Distribution of the study sample by children general information.

General information items	Classification	No.	%
arrangement among his brothers	First	6	5.7
	Second	72	68.6
	Third	19	18.1
	More than third	8	7.6
	Total	105	100.00
Complication during pregnancy and delivery	Yes	13	12.4
	No	92	87.6
	Total	150	100.00
Visual acuity with correction	Mild	32	30.5
	Moderate	43	41.0
	Sever	30	28.6
	Total	105	100.00

In terms of, the arrangement among his brother's majority of children were second arranged (68.6%). The majority of participants expressed a no complications during pregnancy (87.6%). Finally, most of participants were moderate visual acuity (41%).as shown in table (4.1.3)

**Table 4.2. Distribution of Parent Attitude about Child with Visual Impairment**

List	Parent Attitudes Items	Responses	No.	%	M.s	Ass.
1	Do you believe that it is the will of God and that nothing can be done except to accept the problem and take care of my child as a religious duty only	Disagree	49	46.7	1.91	Neutral
		Neutral	16	15.2		
		Agree	40	38.1		
2	Do you believe that the high cost of some medical tools and treatment can make you disinterested towards a child who suffers from visual impairment	Disagree	28	26.7	2.21	Neutral
		Neutral	27	25.7		
		Agree	50	47.6		
3	Do you believe it is better and more beneficial to provide more attentive care to healthy children in the family than to a child with visual impairment	Disagree	70	66.7	1.48	Positive
		Neutral	20	19.0		
		Agree	15	14.3		
4	Do you believe that it is difficult for a child with visual impairment to enroll in schools at a certain age, and the possibility of	Disagree	43	41.0	1.90	Neutral
		Neutral	30	28.6		
		Agree	32	30.5		

	leaving him without education increases?					
5	Do you believe that a child with visual impairment needs to be trained in some skills for the purpose of continuing life?	Disagree	19	18.1	2.55	Positive
		Neutral	9	8.6		
		Agree	77	73.3		
6	Do you believe that children with visual impairment are more vulnerable to physical and sexual abuse	Disagree	57	54.3	1.74	Neutral
		Neutral	18	17.1		
		Agree	30	28.6		
7	Do you believe that a child with visual impairment is more likely to be a victim of bullying and ridicule	Disagree	24	22.9	2.22	Positive
		Neutral	34	32.4		
		Agree	47	44.8		
8	Do you believe that a child who has visual impairment is a disgrace to the family	Disagree	91	86.7	1.19	Negative
		Neutral	8	7.6		
		Agree	6	5.7		
9	In the future, I will be happy for my child to marry someone who has visual impairment	Disagree	50	47.6	1.66	Negative
		Neutral	41	39.0		
		Agree	14	13.3		
10	Do you believe that life is better for children with visual impairment and their families than it was ten years ago	Disagree	46	43.8	1.87	Neutral
		Neutral	27	25.7		
		Agree	32	30.5		

*Level of Assessment [Negative= 1-1.66; Neutral= 1.67-2.33; Positive=2.34-3]*

In terms of statistical mean, table (4.2) demonstrated that the parents expressed a neutral responses to child with visual impairment at all studied items of the scale except, the items number (8 and 9) the responses were negative and items number (3,5 and 7) the responses were positive.

**Table (4.3). Overall assessment of Parents Attitude about Child with Visual Impairment**

	Min.	Max.	M	SD	Score	No.	%
Parents Attitudes(10 Q)	13	29	18.73	4.05	Negative	23	21.9
					Neutral	73	69.5
					Positive	9	8.6
					Total	105	100.0

*Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score*

*[Negative=10-16.66; Neutral= 16.67-23.33; Positive=23.34-30]*

The results showed that (69.5%) of the parents of exhibited a neutral attitude regarding children with visual impairment ( $M=18.73$ ;  $SD=4.05$ ).as shown in table (4.3). **(Figure .1.in appendix (E)).**

#### 4.4.QOL among Children with Visual Impairment

**Table 4.4.1: Quality of Life related to Physical Well-being**

List	Physical Well-being Items	Responses	No.	%	M.s	Ass.
1	How would your child describe their overall health?	Poor	28	26.7	1.95	Moderate
		Moderate	54	51.4		
		Excellent	23	21.9		
2	Has your child felt healthy and fit?	Not at all	23	21.9	2.09	Moderate
		Moderate	50	47.6		
		Excellently	32	30.5		
3	Has your youngster engaged in physical activity, such as riding, climbing, or running?	Not at all	24	22.9	2.13	Moderate
		Moderate	43	41.0		
		Excellently	38	36.2		
4	Has your child shown good running ability?	Not at all	31	29.5	2.04	Moderate
		Moderate	39	37.1		
		Excellently	35	33.3		
5	Has your child felt especially energized?	Never	20	19.0	2.16	Moderate
		Sometime	48	45.7		
		Always	37	35.2		

*Level of Assessment [Poor= 1-1.66; Moderate= 1.67-2.33; Good=2.34-3*

In terms of statistical mean, table (4.4.1) demonstrated that the QOL related to physical well-being among child with visual impairment were moderate responses at all studied items. **(Figure .2.in appendix (E))**

**Table 4.4.2: Quality of Life related to Psychological Well-being**

List	Psychological Well-being Items	Responses	No.	%	M.s	Ass.
1	Has your youngster expressed a desire to enjoy life?	Not at all	50	47.6	1.75	Moderate
		Moderate	31	29.5		
		Excellently	24	22.9		
2	Has your child been jovial lately?	Never	53	50.5	1.60	Poor
		Sometime	41	39.0		
		Always	11	10.5		
3	Has your child enjoyed himself?	Never	40	38.1	1.85	Moderate

		Sometime	41	39.0		
		Always	24	22.9		
4	Has your child ever experienced sadness?	Never	57	54.3	1.60	Poor
		Sometime	33	31.4		
		Always	15	14.3		
5	Has your child ever felt so horrible that they were unwilling to take any action?	Never	62	59.0	1.50	Poor
		Sometime	33	31.4		
		Always	10	9.5		
6	Has your child ever felt alone?	Never	66	62.9	1.48	Poor
		Sometime	28	26.7		
		Always	11	10.5		
7	Has your youngster expressed satisfaction with the way they are?	Never	57	54.3	1.51	Poor
		Sometime	42	40.0		
		Always	6	5.7		

*Level of Assessment [Poor= 1-1.66; Moderate= 1.67-2.33; Good=2.34-3]*

In terms of statistical mean, table (4.4.2) demonstrated that the QOL related to psychological well-being among child with visual impairment were poor responses at all studied items except, the items number (1 and 3) the responses were moderate. (figure .3.appendix (E))

**Table 4.4.3: Quality of Life related to Autonomy & Parent Relations**

List	Autonomy & Parent Relations Items	Responses	No.	%	M.s	Ass.
1	Has your child had adequate alone time?	Not at all	53	50.5	1.70	Moderate
		Moderate	31	29.5		
		Excellently	21	20.0		
2	Has your child been able to engage in the leisure activities they desire?	Never	44	41.9	1.69	Moderate
		Sometime	50	47.6		
		Always	11	10.5		
3	Has your youngster thought that his or her parents gave them enough time to spend with them?	Never	34	32.4	1.90	Moderate
		Sometime	48	45.7		
		Always	23	21.9		
4	Has your child thought that he or she was treated fairly by his or her parent(s)?	Never	48	45.7	1.69	Moderate
		Sometime	42	40.0		
		Always	15	14.3		
5	Has your youngster had the opportunity to speak with you when the time was right?	Never	57	54.3	1.56	Poor
		Sometime	37	35.2		
		Always	11	10.5		
6	Has your youngster earned enough money to engage in activities that their friends do?	Never	62	59.0	1.51	Poor
		Sometime	32	30.5		
		Always	11	10.5		
7	Has your child thought he or she has enough money to cover their costs?	Never	61	58.1	1.47	Poor
		Sometime	39	37.1		

		Always	5	4.8		
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*Level of Assessment [Poor= 1-1.66; Moderate= 1.67-2.33; Good=2.34-3]*

In terms of statistical mean, table (4.4.3) demonstrated that the QOL related to autonomy and parent relations among child with visual impairment were moderate responses at all studied items except, the items number (5, 6 and 7) the responses were poor. (Figure .4.in appendix (E))

**Table 4.4.4: Quality of Life related to Social Support & Peers**

List	Social Support & Peers Items	Responses	No.	%	M.s	Ass.
1	Has your child expressed a preference for hanging out with friends?	Not at all	13	12.4	2.22	Moderate
		Moderate	56	53.3		
		Excellently	36	34.3		
2	Has your child enjoyed himself/herself with friends?	Never	11	10.5	2.35	Good
		Sometime	46	43.8		
		Always	48	45.7		
3	Have your child's pals shown one another support?	Never	13	12.4	2.30	Moderate
		Sometime	48	45.7		
		Always	44	41.9		
4	Can your youngster rely on his or her friends?	Never	30	28.6	1.87	Moderate
		Sometime	59	56.2		
		Always	16	15.2		

*Level of Assessment [Poor= 1-1.66; Moderate= 1.67-2.33; Good=2.34-3]*

In terms of statistical mean, table (4.4.4) demonstrated that the QOL related to social support and peers among child with visual impairment were moderate responses at all studied items except, the items number (2) the responses were good.(Figure .5.in appendix (E))

**Table 4.4.5: Quality of Life related to School Environment.**

List	School Environment Items	Responses	No.	%	M.s	Ass.
1	Has your youngster enjoyed school thus far?	Not at all	39	37.1	1.90	Moderate
		Moderate	38	36.2		
		Excellently	28	26.7		
2	How is your child doing in school?	Never	35	33.3	2.06	Moderate
		Sometime	29	27.6		
		Always	41	39.0		

3	Has your child shown the ability to focus?	Never	37	35.2	2.01	Moderate
		Sometime	30	28.6		
		Always	38	36.2		
4	Have your child and their teachers gotten along well?	Never	29	27.6	2.21	Moderate
		Sometime	25	23.8		
		Always	51	48.6		

*Level of Assessment [Poor= 1-1.66; Moderate= 1.67-2.33; Good=2.34-3]*

In terms of statistical mean, table (4.4.5) demonstrated that the QOL related to social environment among child with visual impairment were moderate responses at all studied items. (Figure .6.in appendix (E)).

**Table 4.5. The overall domains of QOL in children with visual impairment**

QOL Domains	Min.	Max.	M	SD	Score	No.	%
Physical well-being (5 Q)	5	15	10.37	2.41	Poor (5-8.33)	18	17.1
					Moderate (8.34-11.66)	53	50.5
					Good (11.67-15)	34	32.4
					Total	105	100.0
Psychological well-being (7 Q)	7	17	11.29	2.35	Poor (7-11.66)	58	55.2
					Moderate (11.67-16.33)	46	43.8
					Good (16.34-21)	1	1.0
					Total	105	100.0
Autonomy & Parent Relations (7 Q)	7	20	11.52	2.47	Poor (7-11.66)	55	52.4
					Moderate (11.67-16.33)	47	44.8
					Good (16.34-21)	3	2.9
					Total	105	100.0
Social Support & Peers (4 Q)	4	12	8.42	2.05	Poor (4-6.66)	13	12.4
					Moderate (6.67-9.33)	55	52.4
					Good (9.34-12)	37	35.2
					Total	105	100.0
School Environment (4 Q)	4	12	8.18	2.17	Poor (4-6.66)	23	21.9
					Moderate (6.67-9.33)	50	47.6
					Good (9.34-12)	32	30.5
					Total	105	100.0

*Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score*

Results indicate that the (50.5%) were moderate quality of life in terms of physical well-being (Mean=10.37; SD=2.41). Results indicate that the (55.2%) were poor quality of life in terms of psychological well-being (Mean=11.29; SD=2.35). Results indicate that the (52.4%) were poor quality of

life in terms of autonomy and parent relations (Mean=11.52; SD=2.47). Results indicate that the (47.6%) were moderate quality of life in terms of social support and peers (Mean=8.42; SD=2.05). Results indicate that the (52.4%) were moderate quality of life in terms of school environment (Mean=8.81; SD=2.17).

**Table 4.6. Distribution of the study sample by their overall response to the quality of life domain for visually impaired children**

QOL (27 Q)	Min.	Max.	M	SD	Score	No.	%
	27	67	50.1	7.18	Poor	23	21.9
					Moderate	80	76.2
					Good	2	1.9
					Total	105	100.0

*Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score*

*[Poor =27-45; Moderate = 45.1-63; Good =63.1-81]*

Table (4.6) showed that (76.2%) of the children with visual impairment were moderate quality of life (M=50.1; SD=7.18).(Figure .7.in appendix (E)

**Table 4.7. Statistical Relationship between Parents Attitudes and their Socio-Demographic Characteristics**

Variables	Rating	Attitudes			Total	d.f	Sig.	
		Negative	Neutral	Positive				
Parents	Father	9	29	7	45	2	$\chi^2 = 4.904$ p=.086	NS
	Mothers	14	44	2	60			
	Total	23	73	9	105			
Age	20-29 years	1	33	0	34	8	$\chi^2 = 26.169$ p=.001	S
	30-39 years	13	24	6	43			
	40-49 years	5	11	1	17			
	50-59 years	2	5	2	9			
	60 and older	2	0	0	2			
	Total	23	73	9	105			
Education level	Illiterate	1	3	0	4	10	$\chi^2 = 14.794$	NS
	Read & write	1	6	2	9			

	Elementary	4	4	0	8		p=.140	
	Intermediate	7	9	0	16			
	Secondary	2	13	1	16			
	College	8	38	6	52			
	Total	23	73	9	105			
Residents	Rural	9	55	5	69	2	$\chi^2 = 10.530$ p=.005	S
	Urban	14	18	4	36			
	Total	23	73	9	105			
Occupation	Employed	11	45	5	61	2	$\chi^2 = 1.398$ p=.497	NS
	Unemployed	12	28	4	44			
	Total	23	73	9	105			
Family type	Nuclear	11	48	6	65	2	$\chi^2 = 2.478$ p=.290	NS
	Extended	12	25	3	40			
	Total	23	73	9	105			
Economic	Enough	4	7	0	11	4	$\chi^2 = 10.120$ p=.038	S
	Somehow	17	35	5	57			
	Not enough	2	31	4	37			
	Total	23	73	9	105			

" $\chi^2$  = Chi-square; Df= Degree of freedom; P-value= Probability value, Sig.= significant level"

Findings depicts there were significant relationship between parents attitudes towards child with visual impairment and their age ( $p = .001$ ), residents ( $p = .005$ ) and economic ( $p = .038$ ).as shown in table (4.7)

**Table 4.8.: Relationship between QOL among Children and their Demographic Characteristics**

Variables	Rating	QOL			Total	d.f	Sig.	
		Poor	Moderate	Good				
Child age	6-7 years	11	41	1	53	6	$\chi^2 = 5.536$ p=.447	NS
	8-9 years	9	19	0	28			
	10-11 years	3	14	1	18			
	>11 years	0	6	0	6			
	Total	23	80	2	105			
Gender	Male	12	36	1	49	2	$\chi^2 = .378$ p=.828	NS
	Female	11	44	1	56			

	Total	23	80	2	105			
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As can be seen in table (4.8), results demonstrate that there is no relationship between children with visual impairments' quality of life and either their age or gender.

**Table 4.9. Relationship between QOL among Children and their general information**

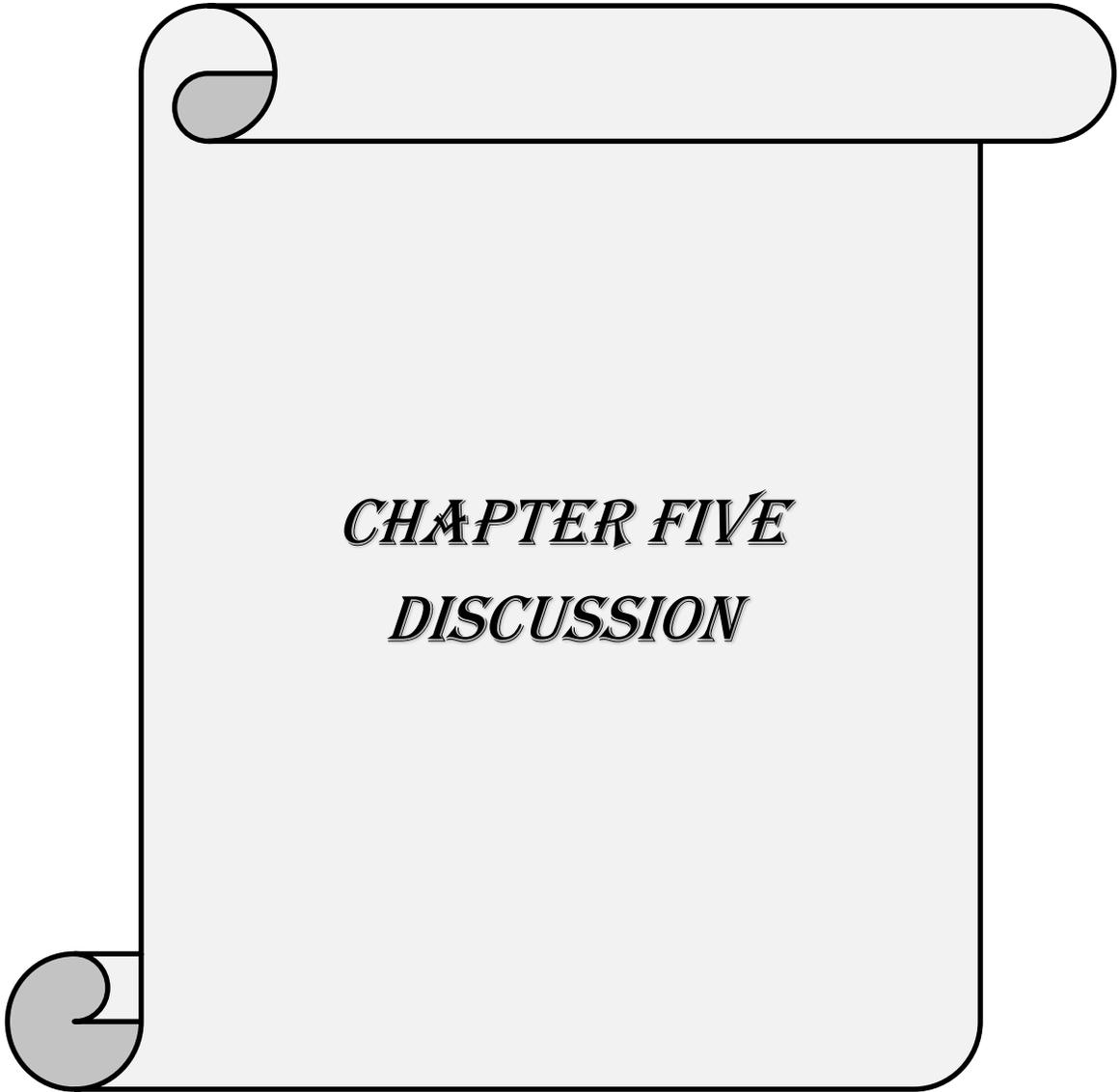
Living arrangement	First	0	6	0	6	6	$\chi^2 = 7.419$ $p = .284$	NS
	Second	17	54	1	72			
	Third	4	15	0	19			
	>third	2	5	1	8			
	Total	23	80	2	105			
Complication in Pregnancy	Yes	6	7	0	13	2	$\chi^2 = 5.238$ $p = .073$	NS
	No	17	73	2	92			
	Total	23	80	2	105			
Visual acuity	Mild	4	26	2	32	4	$\chi^2 = 7.048$ $p = .133$	NS
	Moderate	10	33	0	43			
	Sever	9	21	0	30			
	Total	23	80	2	105			

Table 4-9 shows that there is no relationship between characteristics related to visual impairment among children and their quality of life at a value of ( $P > 0.05$ ).

**Table 4.10. The association between the quality of life of visually impaired children and their parents' attitudes**

Correlation Statistics	Parents Attitudes
Quality of Life	.288**

The results demonstrate a strong positive relationship between parental attitudes and the QOL for children with visual impairment ( $r=.288$ ;  $p=.000$ ). as depicted in (figure .8.appendix (E))



***CHAPTER FIVE***  
***DISCUSSION***

## Chapter Five

### Discussion of the Study Results

This chapter presents the discussion and interpretation of the study results, which targeted in a systematic way toward the study's objectives and supported by certain articles

#### 5.1. Socio-demographic Characteristics of Parents

The results of the study indicate several characteristics of the participants. The average age of the participants was 35.25 years, with a standard deviation of 9.66 years. This suggests that the participants were generally in their thirties, but there was some variability in age among them.

The findings of (Alobaisi *et al.*, 2022) that were based on research with 424 parents are supported by these findings. There were 244 moms and 180 fathers. The parents that were enrolled were 36 years old on average.

Among the participants in current study the age group of 30-39 years p , a significant majority from parents 57.1%, were mothers. This finding suggests that the study may have focused on a specific group of women who are mothers within this age range. It could be inferred that the study might have been investigating topics related to parenting or family dynamics.

In terms of education, the majority of participants, 49.5%, were college graduates. This suggests that the sample consisted of individuals with a relatively high level of education.

Regarding the participants' residency, more than half, were urban residents. This indicates that the study might have been conducted in an urban setting.

When examining the participants' occupations, the majority, 58.1%,

expressed being employed. This suggests that the study involved a mix of participants who were actively engaged in the workforce..

Regarding family types, one-third of the participants, 61.9%, belonged to nuclear families. This finding suggests that the study included a substantial proportion of participants who were living in nuclear family arrangements, which typically consist of parents and their children. The family type variable may have influenced the study's outcomes or discussions related to family dynamics, support systems, or other related factors.

Lastly, the results indicate that a significant proportion of participants, 54.3%, reported economic limitations. This suggests that the majority of the participants faced economic challenges or perceived their economic status as limited. Economic limitations could have implications for various aspects of the study, such as access to resources, financial stressors, or decision-making processes.

From view point of researcher The inclusion of college graduates in the study may have provided a diverse perspective and potentially influenced the outcomes or discussions related to the research objectives. The urban residency status could potentially influence various aspects of the study, such as lifestyle, access to resources, or exposure to certain factors. The occupation status of the participants could have implications for the study's findings

## **5.2. Characteristics of Visually Impaired Children**

The results of the study on visually impaired children revealed certain characteristics that can provide valuable insights into their demographic profile. Here are the key findings:

**Age Distribution:** The average age of the visually impaired children in the study was 7.88 years, with a standard deviation of 1.88. This indicates that

the majority of the children fell within the age range of 6 to 9 years. Additionally, it is worth noting that the highest percentage of participants (50.5%) belonged to the specific age group of 6 to 7 years.

Also this agree with cohort study design done by (**Tideman *et al.*, 2018**) to assess differences in myopia prevalence in socioeconomic risk groups could be explained by differences in lifestyle factor on of 5711 six years old children 137 of sample was myopia ,5574no myopia the study show the mean of the age in children with myopia 6.37( SD=0.7) were female 46.7

In another study conducted in Medina, Saudi Arabia was retrospective cross-sectional study was total sample 2121 of children from 3 to 10 years of age. The pure sample was 1893 were examined ,228 (10.7%) were excluded because their parents did not consent the mean age of the studied children was  $6.2 \pm 1.9$  years, The sample included 947 boys (50.3%) and 946 girls (49.7%) .(**Alrahili *et al.*, 2017**)

Gender Distribution: The study observed that more than half of the visually impaired children were female, accounting for 53.3% of the total sample. This indicates a slight predominance of females in the visually impaired population examined.

These findings highlight important demographic aspects of visually impaired children, providing a foundation for understanding the characteristics and potential challenges they may face.

This agree with following study done by(**Mahayana *etal.*2017** ) . the results showed the mean more than 7.88 (SD=1.88) due to large sample size . the cross- sectional study to determine the frequency and patterns of Uncorrected refractive error in Indonesia. The total sample 410 school children the results show mean  $\pm$ SD of age (10.01 $\pm$ 1.84).the percentage and frequency of sex was female 213 (51.83%) and male 197 (48.16%).

### **5.3. Characteristic of children by general information :**

The characteristics of visually impaired children can vary significantly based on various factors. However, based on the provided data, we can discuss three specific characteristics: birth order, complications during pregnancy, and visual acuity.

#### **Birth Order:**

According to the data, the majority of visually impaired children in the study sample were second-born (68.6%). Birth order refers to the position of a child in relation to their siblings. It is worth noting that birth order alone does not directly cause visual impairment. Instead, this finding suggests that there may be a correlation between birth order and visual impairment in this particular study sample. However, it is important to consider that this data might not be representative of the general population, as it pertains to a specific sample.

#### **Complications during Pregnancy:**

The data indicates that a significant majority of participants (87.6%) reported no complications during pregnancy. This finding suggests that the absence of complications during pregnancy does not necessarily prevent visual impairment in children. While it is generally desirable to have a complication-free pregnancy for the overall well-being of the child, this data shows that visual impairment can still occur despite the absence of complications during pregnancy. It is important to note that this finding is specific to the sample population and might not reflect the broader population.

The current study disagree with (**Khazaeni, 2017**) the study showed the Congenitally acquired infections as well as cause significant visual impairment and blindness in children worldwide that acquired in utero or during delivery and the infections typically represented by the acronym torches (toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and syphilis).the

current study disagree may be due to not specify what the complication of pregnancy and delivery and make the question as general.

The current study disagree with (**Blencowe et al., 2013**) in Systematic reviews and meta-analyses study design on 184,700 preterm babies(preterm delivery consider on the complication of pregnancy and delivery) and about (12,300) babies developed mild/moderate visual impairment. 6.2% (4.3–8.9%) of all retinopathy of prematurity visually impaired infants were born at >32-wk gestation.

### **Visual Acuity:**

Visual acuity refers to the sharpness and clarity of vision. The majority of participants (41%) were classified as having moderate visual acuity. Visual impairment can range from mild to severe, and visual acuity measurements provide insights into the severity of the impairment. A moderate level of visual acuity suggests that the participants had a discernible level of visual function, but it may still impact their daily activities and require support or assistive devices.

This results agree with descriptive cross- sectional in Northwest Ethiopia on primary school children, total sample was 1289 (55.2% are females) and visual acuity was measured at 6m using Snellen's chart .Majority (87%) of the school children with moderate visual impairment (**Ferede et al., 2020**)

In study done in Al-Diwaniya Province, Iraq agree with the current study . cross section study the total sample was 6,742 school-age children the study find the Amblyopia is classified as moderate vision impairment major health problem in school-age children. (**Layikh et al . 2019**).

In conclusion, the characteristics of visually impaired children can vary significantly, and the data provided highlights specific aspects related to birth order, complications during pregnancy, and visual acuity.

### **5.4. Parents Attitude about Child with Visual Impairment**

The research findings indicate that a significant proportion of parents, specifically 69.5%, demonstrated neutral attitudes towards children with visual impairment. This result suggests that these parents neither held strongly positive nor strongly negative attitudes regarding children with visual impairment. The mean score for parental attitudes was calculated to be 18.73 with a standard deviation of 4.05, providing further insights into the distribution of attitudes among the participants.

From view point of researcher a neutral attitude, as demonstrated by the majority of parents, could imply that they may not have had significant prior exposure to some situation that can demonstrate their attitude toward visually impaired children such physical and sexual abuses or direct personal experiences with children who have visual impairments. Consequently, their attitudes might be influenced by limited knowledge, misconceptions, and culture or even uncertainty about how to approach and interact with such children.

Previous studies have reported varied attitudes among parents towards children with disabilities, including visual impairment. Some studies have shown predominantly positive attitudes, indicating parental acceptance and supportive behavior towards their visually impaired children (**Brydges & Mkandawire, 2020; Ede et al., 2022**). These positive attitudes are often associated with factors such as parental education, knowledge about visual impairment, social support, and personal experiences with individuals who are visually impaired.

Conversely, negative attitudes towards children with visual impairment have also been observed in certain studies. These negative attitudes might stem from societal stigmas, lack of awareness, and misconceptions about the capabilities and potential of visually impaired children (**Wilson & Scior, 2014; Wang et al., 2021**).

It is worth noting that the generalizability of these findings may be

limited due to several factors. Firstly, the sample size and demographic characteristics of the parents were not specified, which could affect the representativeness of the results. Secondly, cultural and contextual factors may influence parental attitudes towards visual impairment, and these aspects were not explicitly addressed in the study.

Note that there is no difference between the mother's and father's attitudes towards visual impairment, according to a study conducted in Kolkata done by **(Chakraborty and Dhar, 2020)** to find out the attitude of parents (father & mother) to visually impaired students. Total sample was 20 visually impaired students, Survey method. The results showed that both fathers & mothers of two school have the same attitude towards their visually impaired children.

### **5.5. Quality of life for children with Visual Impairment**

A study conducted on children with visual impairment revealed interesting results regarding their quality of life. The study found that approximately 76.2% of the children assessed were found to have a moderate quality of life. This indicates that a significant majority of the children experienced a level of well-being that can be considered moderate.

The study utilized specific measures to assess the quality of life in these children. The mean score for the overall quality of life was found to be 50.1, with a standard deviation of 7.18. These statistics provide a quantitative representation of the average quality of life and the degree of variation among the children surveyed.

The findings suggest that although visual impairment poses challenges to the well-being of children, a substantial proportion of them still manage to maintain a moderate level of quality of life. It highlights the resilience and adaptability demonstrated by these children in coping with their visual

impairments.

Conversely, poor quality of life for children with visual impairment have also been observed in certain studies. such the findings in a cross-sectional study that included 138 parents or caregivers of children who were 3 to 7 years old and had visual impairments. Children with visual impairments had considerably worse overall index quality of life scores, according to the study's findings (**Buño *et al.*, 2019**).

In another study conducted by (**El-latif, 2020**) descriptive study design to assess quality of life for visually impairment student .the sample was included 300 students 128 male and 172 female the results showed the quality of life for students with visual impairment nearly half of them had low quality of life.

Moreover, children with visual impairments (n = 24, mean age 10.13, 18 boys, 6 girls) and children without impairments (n = 24, mean age 9.83, 18 males, 6 girls) were compared in a comparative study to assess the effects of visual impairment on children's quality of life. The findings showed that compared to the comparison group, the quality of life for visually impaired children was much poorer (**Chadha & Subramanian, 2011**).

In a descriptive study by (**Taddy *et al.* (2017)**) utilizing two different self-reported patient groups, researchers looked at the degree of agreement between parents and children with a visual impairment on their ratings of a child's functional vision and quality of life. The findings revealed that, on average, parents' evaluations of their kids' quality of life and it's were much lower than the ratings provided by the same kids

It is important to note that these results are specific to the sample of children included in the study and may not be generalizable to the entire population of visually impaired children. However, they provide valuable insights into the overall quality of life experienced by a significant portion of this

population.

### **1. Physical QOL**

The results of the study indicate that 50.5% of children with visual impairment reported a moderate quality of life in terms of physical well-being. The mean score obtained was 10.37, with a standard deviation of 2.41. These findings suggest that a significant proportion of children with visual impairment face challenges related to their physical well-being.

It is important to note that the study's findings are in line with previous research highlighting the impact of visual impairment on the physical well-being of children. Several studies have shown that children with visual impairment often have lower levels of physical activity, increased sedentary behavior, and higher rates of obesity compared to their sighted peers (**Tao *et al.*, 2022; Liu *et al.*, 2023**).

Also the degree of visual impairment have impact on physical activity of children according to the study done by (**Harrington *et al.* .2022**) in survey research on 1,626 students in randomly chosen Irish schools (728 aged 6-7 years, 898 aged 12 to 13 years). To investigation looked at the relationship between kids' visual abilities and their participation in extracurricular physical activity. The study find children who have better visual acuity (VA) and not need spectacles more likely to regularly engage in physical activity than children who have reduced VA in need of spectacles.

From the researcher's point of view the physical activity appeared to be average due to the restriction of the visually impaired child by the family in practicing physical activities early in the child's life, which leads to a lack of opportunities and experiences in playing, sports, swimming and jogging, and thus leads to a lack of physical movement of the child when he grows up in the age stages.

## **2. Psychological QOL**

The study conducted on children with visual impairment revealed some concerning findings regarding their quality of life, particularly in relation to their psychological well-being. The results indicated that a significant proportion, specifically 55.2%, of these children experienced a poor quality of life in terms of their psychological well-being.

The mean score on this scale was reported as 11.29, with a standard deviation of 2.35. This suggests that, on average, the children in the study had relatively low levels of psychological well-being.

These findings highlight the importance of addressing the psychological well-being of children with visual impairment. Visual impairment can present numerous challenges and impact various aspects of a child's life, including their emotional and psychological state. It is crucial for healthcare professionals, educators, and caregivers to be aware of these challenges and provide appropriate support and interventions to enhance the psychological well-being of these children.

A systematic analysis of publications published between January 1998 and July 2016 was carried out, and the results of this study revealed that, according to a significant amount of research, young individuals with visual impairments experience more emotional difficulties than their sighted peers. Furthermore, compared to boys with visual impairments, girls with these conditions more frequently displayed severe symptoms of depression and anxiety. (Augestad, 2017).

## **3. Autonomy and parent relations**

The study findings reveal that a significant percentage of children with visual impairment, approximately 52.4%, experience a poor quality of life in

terms of autonomy and parent relations. This conclusion is based on the analysis of data collected, where the mean score for these aspects was found to be 11.52, with a standard deviation of 2.47.

The term "autonomy" refers to the ability of individuals to make decisions and act independently in their daily lives. In the context of children with visual impairment, it suggests that they may face challenges in performing tasks and activities without constant assistance or supervision.

Furthermore, "parent relations" refers to the quality of the relationship between the child with visual impairment and their parents or caregivers. This aspect encompasses factors such as communication, emotional support, and the level of involvement in the child's life.

this results agree with descriptive study design aimed to evaluate quality of life of children aged 3 to 17 years by used the KIDSCREEN-27 questionnaire .Total sample was 500 children the study showed significantly worse autonomy and Parent Relation.(**Elsman *et al.*, 2021**)

#### **4. Social support and peers**

Recent research findings suggest that a significant proportion of children with visual impairment face challenges in terms of their quality of life, particularly in the areas of social support and interaction the results indicate that moderate quality of life According to the study conducted by (**Caron *et al.* 2023**), it was found that approximately 47.6% of children with visual impairment exhibited a moderate quality of life in these specific domains.

In another study disagree with recent study a systematic review design after review relevant researches that published between 2000 and 2019 ,the final results showed children with visual impairment had smaller social networks and less friends than sighted adolescents. (**Beteinaki *et al.*, 2019**).

#### **5. School environment**

Recent research conducted on children with visual impairment has yielded interesting findings regarding their quality of life in the context of the school environment. The results indicate that a significant proportion, specifically 52.4% of the children surveyed, exhibited a moderate quality of life in this regard. This conclusion was derived from the statistical analysis of the collected data, where the mean score for school environment quality of life was determined to be 8.18, with a standard deviation of 2.17.

Finally the last domain of school environment the results indicate that the were moderate quality of life .this go in line with study done by (**Elsman *et al.*, 2021**) on 500 child ages 3-17 years the results showed the sample response was better on school environment questions in questionnaire that used to assess quality of life .

In another study showed many of difficulties Facing visually impaired children in education in schools such as "Exclusion context" and "impaired school performance" There is isolation, trouble adjusting to the available resources for help, and deficiencies in academic achievement.(**Barbieri *et al.*, 2019**).

It is worth noting that the specific factors contributing to this moderate quality of life were not elaborated upon in the provided information. Factors such as accessibility, inclusive education practices, support services, and social integration could potentially play a significant role in shaping the school environment experiences of children with visual impairment.

### **5.6. Statistical Relationship between Parents Attitudes and their Socio-Demographic Characteristics**

The study investigated the relationship between parents' attitudes towards children with visual impairment and several demographic factors, including age, residency, and economic status. The results revealed statistically significant

relationships between these variables and parents' attitudes.

Firstly, the findings indicated a significant relationship between parents' age and their attitudes towards children with visual impairment ( $p = .001$ ). This suggests that parents' attitudes may vary depending on their age, with older parents potentially exhibiting different attitudes compared to younger parents. It is important to consider that generational differences, life experiences, and cultural factors associated with age might influence these attitudes.

Secondly, the study identified a significant relationship between residency and parents' attitudes ( $p = .005$ ). This implies that parents living in different types of communities or areas may hold distinct attitudes towards children with visual impairment. Factors such as exposure to diverse perspectives, availability of resources, and support networks within specific communities could contribute to this relationship.

Lastly, the findings revealed a significant relationship between parents' economic status and their attitudes towards children with visual impairment ( $p = .038$ ). This suggests that financial considerations and socioeconomic factors may influence parents' attitudes. Economic resources, access to healthcare and educational opportunities, and the overall financial stability of families could potentially shape parental attitudes towards children with visual impairment.

Findings depicts there were significant relationship between parents attitudes towards child with visual impairment and their age residents and economic . This results disagree with cross-sectional observational survey in Benin city, total sample 600 parents of visually impaired children ,the results were no significant associations between parents' attitude and age and educational status and number of children .(Amiebenomo, *etal* .,2016).

### **5.7. Statistical Relationship between QOL among Children and their Demographic Characteristics**

Several studies have explored the relationship between the quality of life (QoL) of children with visual impairment and factors such as age and gender. However, recent findings suggest that there are no significant associations between QoL and these demographic variables. These studies have contributed to our understanding of how visual impairment impacts the lives of children, emphasizing that age and gender may not be decisive factors in determining their overall well-being.

One study conducted by ( **Haegele & Zhu 2022**) examined the QoL of children with visual impairment and assessed the influence of age and gender. The researchers used standardized measures to evaluate various domains of QoL, including physical health, emotional well-being, social interactions, and school functioning. Surprisingly, the results indicated that age and gender did not have a statistically significant impact on any of these aspects of QoL. The study sample consisted of children from diverse backgrounds and different age groups, reinforcing the generalizability of the findings.

Similarly, another investigation by ( **Haegele et al., 2017**) aimed to determine the relationship between age, gender, and QoL among children with visual impairment. The study utilized both self-report and caregiver-report measures to assess the QoL domains, suggesting that age and gender were not significant predictors of QoL in this population. This research provided additional support for the notion that other factors, such as the severity of visual impairment or psychosocial variables, may have a more substantial influence on QoL.

### **5.8. Statistical Relationship between QOL among Children and their general in formation**

The study examined the potential relationship between the quality of life of children with visual impairment and various factors including living

arrangement, complications during pregnancy, and visual acuity. After analyzing the data, the findings revealed that there were no significant associations between these factors and the quality of life of the children.

The p-value, which measures the statistical significance of the relationship between variables, was found to be greater than 0.05. This indicates that the observed lack of association between the quality of life and the mentioned factors could be due to chance or random variation in the data. In other words, the study did not find any substantial evidence to suggest that living arrangement, complications during pregnancy, or visual acuity have a significant impact on the quality of life of children with visual impairment.

These findings are noteworthy as they challenge previous assumptions or beliefs about the potential influence of these factors on the quality of life of children with visual impairment. However, it's important to acknowledge that this study alone does not provide a definitive conclusion. Further research, involving larger sample sizes and considering additional variables, may be necessary to gain a more comprehensive understanding of the relationship between the quality of life of children with visual impairment and various factors affecting them.

in the cross-sectional, analytical, observational study demonstrate influence of visual acuity on Qof . sample was students aged 8 to 18 in the visually impaired group with the best corrected visual acuity of 20/40 were enrolled .The age range of the children in the control group was 8 to 18 years, and their best-corrected vision ranged from 20/20 to 20/30 in both eyes. aged 8 to 18 participants The findings revealed that visual acuity is crucial to quality of life and that the visually impaired had considerably worse overall quality of life assessments and subscale scores across domains than the control group (Valconcha, *et al* . 2022).

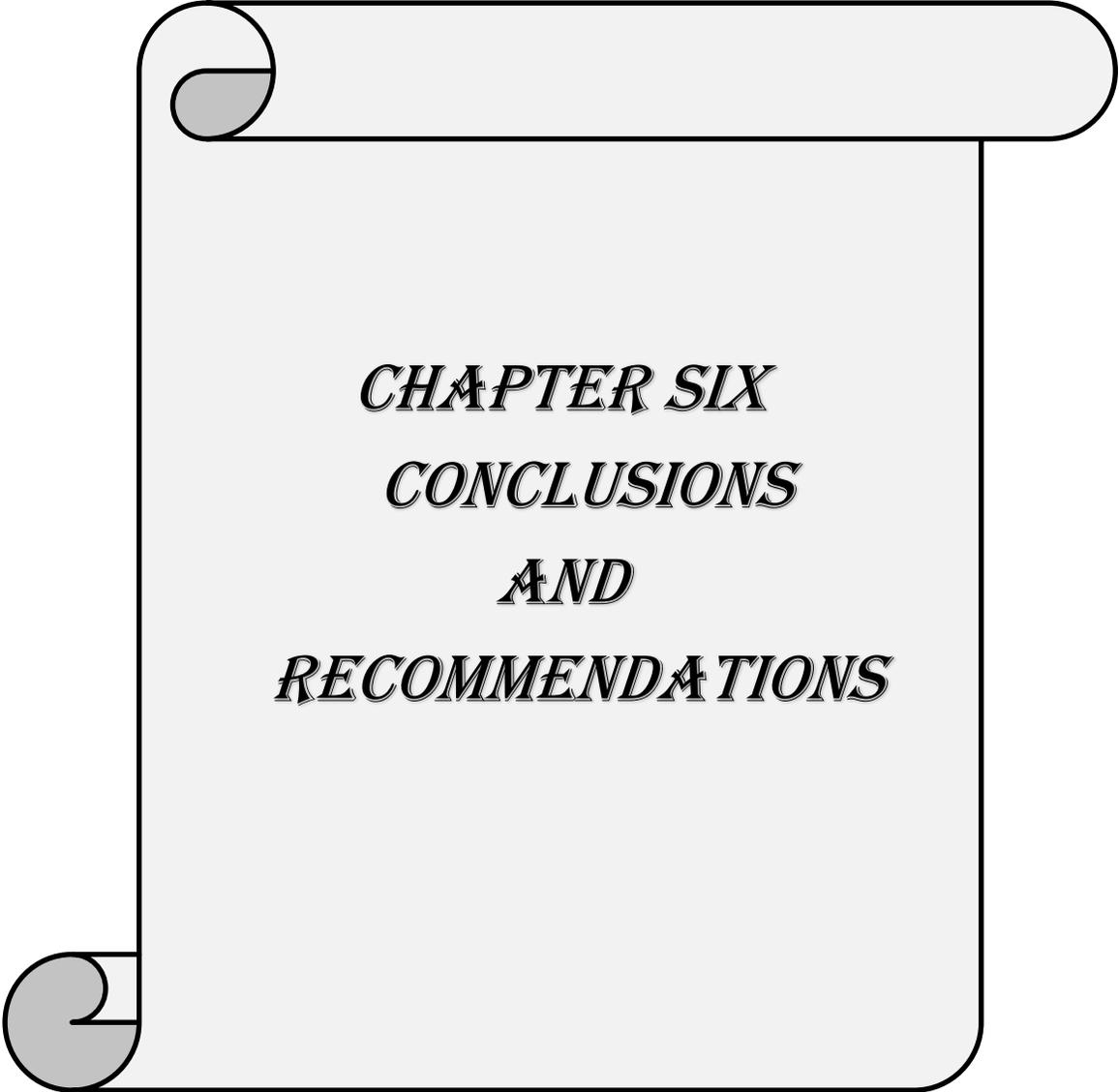
### **5.9. Correlation between Quality of Life among Children with Visual Impairment and Parents Attitudes**

The statistical analysis of the data indicated a correlation coefficient ( $r$ ) of 0.288, which suggests a moderate positive correlation between the quality of life of children with visual impairment and their parents' attitudes. The  $p$ -value was found to be 0.000, indicating that this correlation was statistically significant.

These findings suggest that the attitudes of parents play a crucial role in influencing the quality of life experienced by their visually impaired children. Positive attitudes, characterized by acceptance, support, and proactive involvement, seem to have a favorable impact on various aspects of the child's well-being.

Research has revealed an interesting correlation between the quality of life among children with visual impairment and the attitudes of their parents. A study conducted by (Lupón *et al.* 2018) investigated this relationship and found a positive and significant correlation between these two variables.

In conclusion, the study findings demonstrate a significant and positive correlation between the quality of life of children with visual impairment and the attitudes of their parents.



*CHAPTER SIX*  
*CONCLUSIONS*  
*AND*  
*RECOMMENDATIONS*

## Chapter Six

### Conclusions and Recommendations

This chapter contains the conclusions drawn from the analysis and discussion of the research's findings. The recommendations are based on the findings of the study.

#### **6.1. Conclusions:**

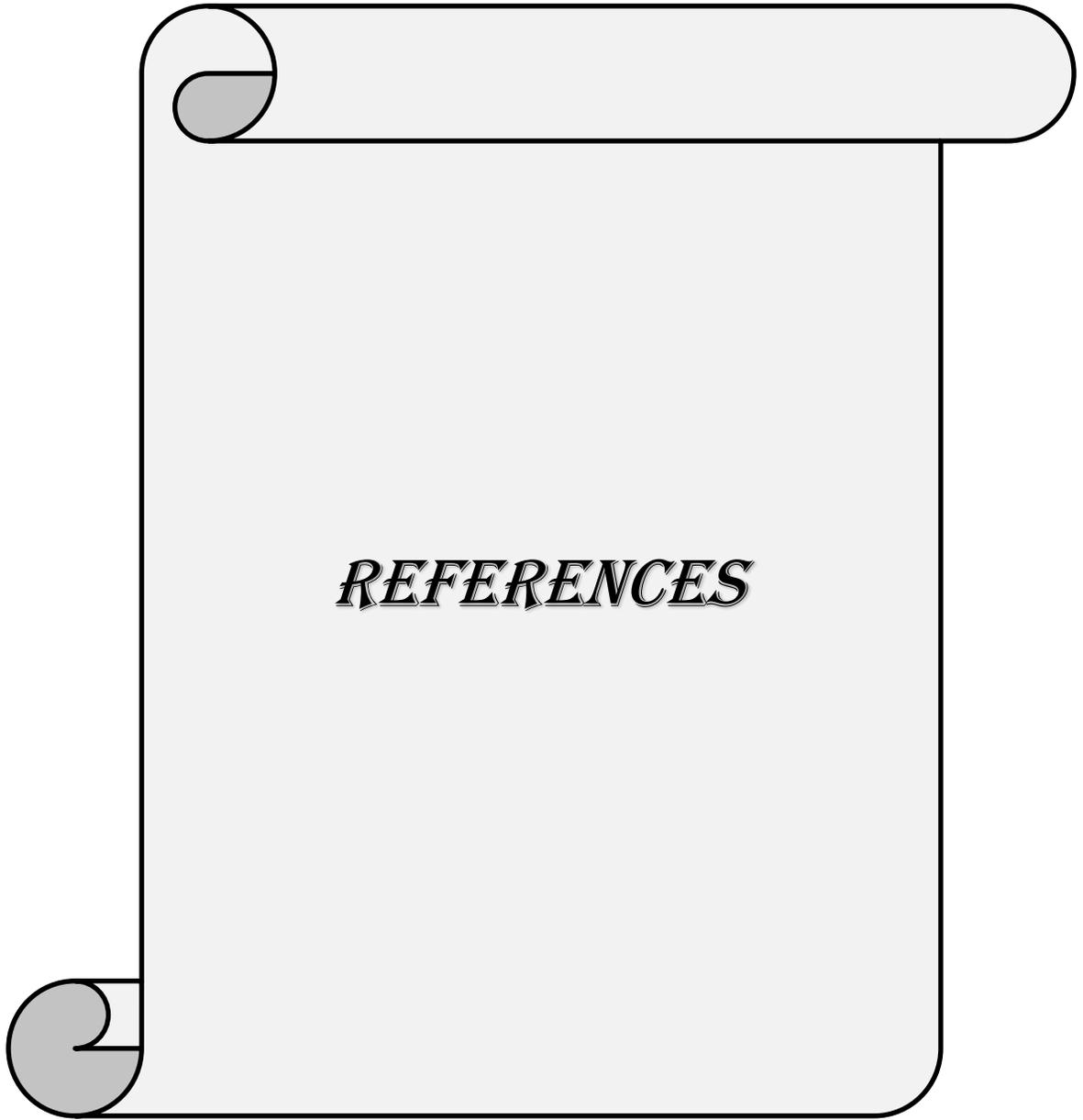
In the light of the results interpretations and its discussion, the current study concludes that:

- 6.1.1.** Parents have neutral attitudes towards visually impaired children.
- 6.1.2.** Children with visual impairment get moderate scores in the quality of life questionnaire.
- 6.1.3.** The parents' attitudes have a positive correlation with the quality of life for visually impaired children.
- 6.1.4.** There is no correlation between a child's quality of life and demographic factors like age and gender, as well as general data like visual acuity, problems during pregnancy and delivery, and how their brothers are arranged.
- 6.1.5.** The quality of life related to physical well-being for children with visual impairment was moderate.
- 6.1.6.** Children with visual impairment had poor psychological well-being quality of life.
- 6.1.7.** The quality of life related to autonomy and parent relations for children with visual impairment was poor
- 6.1.8.** The quality of life related to social support and peers for children with moderate quality of life was moderate.

**6.2. Recommendations:**

In the light of the results of this study, some recommendations and proposals were made in the following:

- 6.2.1.** Parent encouragement regular eye examination in the early childhood stage Because early detection of the visual problem leads to a reduction in its complications as well as the possibility of its treatment.
- 6.2.2.** Pediatric nurses and other health care professionals should pay attention to the need for a comprehensive assessment of the physical and psychosocial well-being of visually impaired children in order to be considered in the treatment plan
- 6.2.3.** Primary health care providers should provide awareness sessions in schools for teachers about visual impairment and how to deal with it to support them in communicating with their peers and also encourage their peers to aid them
- 6.2.4.** The specialized authorities in the Iraqi Ministry of Health should provide centers and departments for treatment and diagnosis of visual impairment, especially for children and adolescents, as they constitute a large percentage in addition to their increasing numbers
- 6.2.5.** promote awareness, understanding, and positive attitudes towards children with visual impairments and Improving the physical well-being of children with visual impairment. improve the social well-being and relationship with peers and family .
- 6.2.6.** Further research and intervention efforts should focus on exploring the underlying mechanisms of this relationship and developing strategies to promote positive parental attitudes for the betterment of children with visual impairment.



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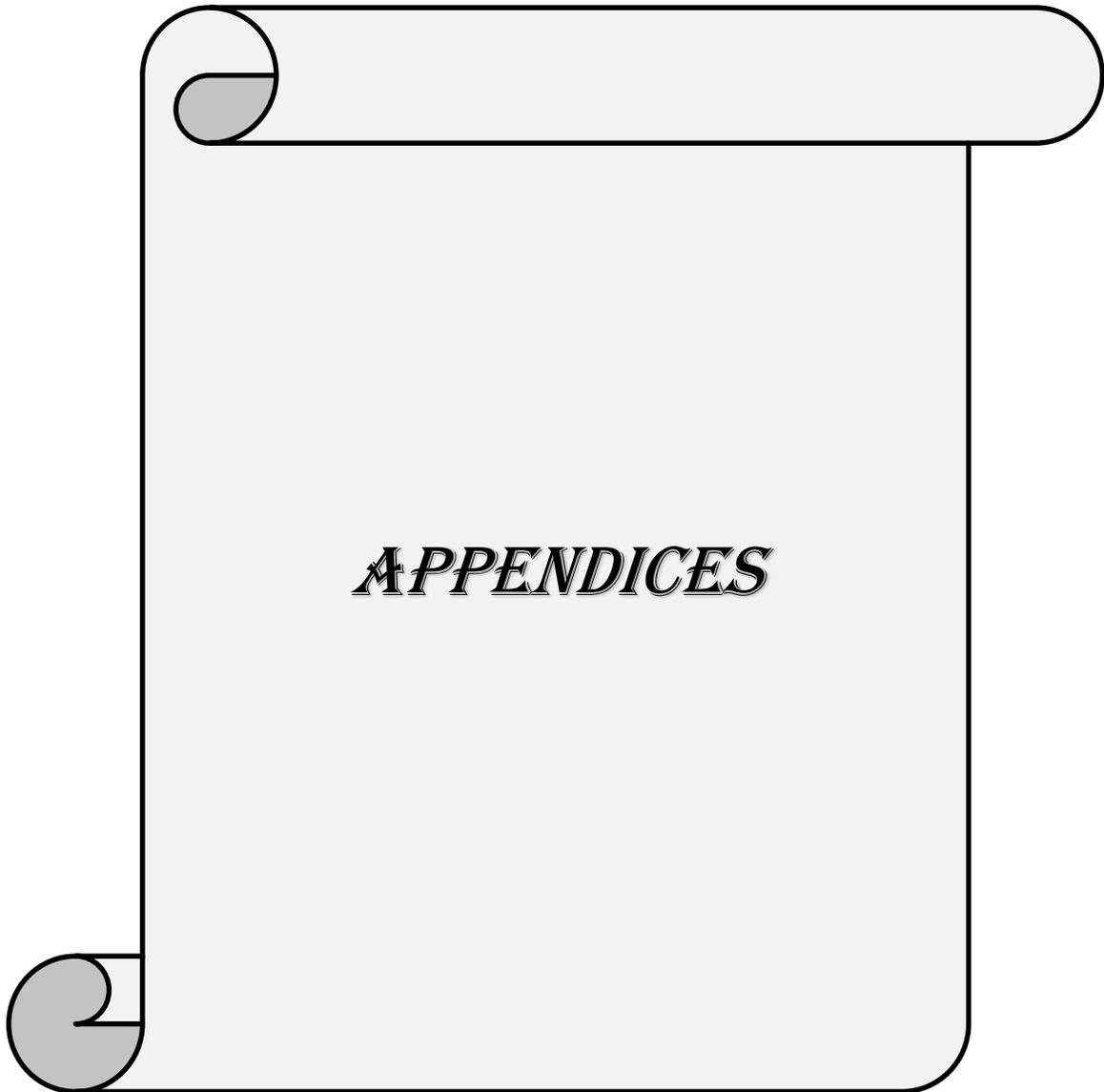
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***APPENDICES***

# Appendices

## APPENDIX (A)

### ADDEMINSTRIVE ARRANGEMENTS

University of Babylon  
College of Nursing  
Research Ethics Committee

جامعة بابل  
كلية التمريض  
لجنة اخلاقيات البحث العلمي



Issue No:  
Date: / 1 /2023

Approval Letter

---

To, نوره كاظم ابو دعيلة

The Research Ethics committee at the University of Babylon, College of Nursing has reviewed and discussed your application to conduct the research study entitled " Parent attitudes and its relation to the Quality of life for children with visual impairment".

The Following documents have been reviewed and approved:

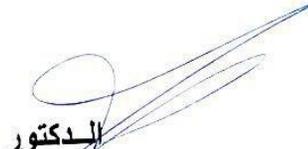
1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision.  
The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

  
Prof. Dr. Shatha Saadi Mohammed  
Chair Committee  
College of Nursing  
Research Ethical Committee  
2 / 1 /2023

## Appendices

### ADDEMINSTRIVE ARRANGEMENTS

جمهورية العراق		
Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية لجنة البحوث
استمارة رقم :- ٢٠٢٢/٠٣		
رقم القرار :- ٢٦		
تاريخ القرار :- ٢٠٢٣/٢ /١٥		
<b>قرار لجنة البحوث</b>		
تحية طيبة ...		
درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الرقم (٢٠٢٣/٠١٩ / بابل) المعنون (اتجاهات الأبوين وعلاقتهم بجوده حياة الأطفال ذوي المشاكل البصرية ) والمقدم من الباحثة (توره كاظم ابو دعيله ) الى وحدة ادارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٣/٢/٨ وقررت : قبول مشروع البحث اعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .		
مع الاحترام		
 الدكتور محمد عبد الله عجرش رئيس لجنة البحوث ٢٠٢٣ / /		
نسخة منه الى :		
• مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.		
دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز <a href="mailto:babiltraining@gmail.com">babiltraining@gmail.com</a>		

ADDEMINSTRIVE  
ARRANGEMENTS

جمهورية العراق		
 <p>Ministry Of Health Babylon Health Directorate Email: babel_healthmoh@yahoo.com</p> <p>لأجل عراق اخضر مستدام .. نعمل معا لترشيد استهلاك الطاقة الكهربائية والحفاظ على البيئة من التلوث</p>		<p>وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة ادارة البحوث</p> <p>العدد : ٢٧٢</p> <p>التاريخ: ٢٠٢٣/٢/٦</p>
<p>إلى / مستشفى الامام الصادق (ع) مستشفى الحلة التطبيقي مستشفى بابل التطبيقي للنسائية والاطفال</p> <p>م // تسهيل مهمة</p> <p>تحية طيبة ... أشيرة إلى كتاب جامعة بابل / كلية التمريض / الدراسات العليا ذي العدد ٤٩٨ في ٢٠٢٣/٢/٦ ترفق لكم ربطا استمارات الموافقة المبذنية لمشروع البحث العائد للباحثة طالبة الدراسات العليا / ماجستير ( نورة كاظم ابو دعيلة محمد ) .</p> <p>للتفضل بالاطلاع وتسهيل مهمة الموما إليه من خلال توقيع وختم استمارات اجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبذنية ليتسنى لنا اجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام</p> <p>المرفقات : استمارة عدد ٢/</p> <p>السيد / فانين / الاستاذ / الاستاذ / الاستاذ /</p> <p>الدكتور ٦ / محمد عبد الله عجرش مدير مركز التدريب والتنمية البشرية ٢٠٢٣ / ١</p> <p>نسخة منه الى: • مركز التدريب والتنمية البشرية / وحدة ادارة البحوث مع الاوليات ... دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // اميل training@gmail.com</p>		

Appendix (B)

Questionnaire

عزيزي المشارك /

هل توافق ع اجراء مقابلة الغرض املاء استمارة استبيان بحث بعنوان (اتجاهات الاباء وعلاقته بجودة حياة الاطفال ذوي المشاكل البصرية ) خاصة بالبحث العلمي ، علما ان المعلومات التي تصدر عنك ستكون في غاية السرية ولن تستخدم إلا لغرض البحث العلمي فقط.. لذا يمكنك الإدلاء برأيك بكل جدية ومصداقية.

موافق  غير موافق

الجزء الاول :المعلومات الديمغرافية

اولا: المعلومات الشخصية الخاصة بأحد الابوين

1. الاب  الام

2. العمر  سنه

3. المستوى التعليمي

لا يقر ولا يكتب

يقرأ و يكتب

خريج الابتدائية

خريج ثانويه

خريج معهد

خريج كلية

4. السكن

مدينه

ريف

## Appendices

5. المهنة

موظف

غير موظف

6. نوع العائلة

عائله النواة

عائله ممتدة

7. الحالة الاقتصادية

لا تكفي

تكفي الى حد ما

تكفي

ثانيا: المعلومات الشخصية الخاصة بالطفل

1. العمر  سنه

2. الجنس  ذكر  انثى

ثالثا معلومات عامه خاصه بالطفل :

1. تسلسل الطفل بين إخوته:

الاول  الثاني  ثالث  أكثر من الثالث

2. هل توجد مشاكل ومضاعفات اثناء حمل ولادة الطفل .

نعم  لا

3. حدة البصر مع التصحيح :

1. ضعيفة

2. متوسطة الضعف

3. شديدة الضعف

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### الجزء الثاني: اتجاهات الابوين نحو المشكلة البصرية

الجملة	لا اتفق	محايد	اتفق
هل تعتقد انها ارادة الله ولا يمكن فعل اي شيء سوى تقبل المشكلة والاهتمام بالاطفي كواجب ديني فقط .			
هل تعتقد ان الكلفة العالية لبعض الادوات الطبية والعلاج ممكن ان تجعلك غير مهتم تجاه الطفل الذي يعاني مشاكل بصرية .			
هل تعتقد انه من الافضل وأكثر فائدة تقديم رعاية واهتمام أكبر للأطفال لأصحاء في العائلة من الطفل ذوي المشاكل البصرية			
- هل تعتقد انه من الصعوبة التحاق الطفل ذوي المشاكل البصرية بالمدارس في سن معينة ، وتزداد احتمالية تركه دون تعليم			
-هل تعتقد بأن الطفل ذوي المشاكل البصرية يحتاج الى التدريب ع بعض المهارات لغرض مواصلة الحياة			
-هل تعتقد بأن الطفل الذي يعاني من مشاكل بصرية أكثر عرضة للاعتداء الجسدي والجنسي			
هل تعتقد بأن الطفل ذوي المشاكل البصرية يكون أكثر عرضة لأن يكون ضحية التنمر والسخرية			
-هل تعتقد انه الطفل الذي لديه مشاكل بصرية وصمة عار للأسرة.			
- في المستقبل سأكون سعيدا أن يتزوج طفلي من شخص يعاني من مشاكل بصرية			
- هل تعتقد ان الحياة أفضل للأطفال ذوي المشاكل البصرية وأسرهم مما كانت عليه قبل عشر سنوات.			

## Appendices

### الجزء الثالث: جودة حياة الاطفال الذين لديهم مشاكل بصرية

#### أولاً: الحالة الجسدية

الاسبوع الماضي			
الدرجة	كيف	تأز	
			بشكل عام ، كيف تقيم صحة طفلك ؟

الاسبوع الماضي			
الدرجة	كلا	الى حد ما	نعم بصورة كبيرة
			هل يشعر طفلك بلياقة بدنية وبصحة جيدة؟
			هل كان طفلك نشيطاً بدنياً
			هل كان طفلك قادراً على الركض بشكل جيد؟

الاسبوع الماضي			
الدرجة	ابدا	بعض الاحيان	دائما
			هل يشعر طفلك بالقوة و الطاقة؟

#### ثانياً: الحالة النفسية

الاسبوع الماضي			
الدرجة	كلا	الى حد ما	نعم بصورة كبيره
			هل يشعر طفلك أن الحياة ممتعة؟

الاسبوع الماضي			
الدرجة	ابد	بعض الاحيان	دائما
			هل كان طفلك في مزاج جيد؟
			هل استمتع طفلك؟

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			هل شعر طفلك بالحزن؟
			هل شعر طفلك بالسوء لدرجة أنه لا يريد فعل أي شيء؟
			هل شعر طفلك بالوحدة؟
			هل كان طفلك سعيدًا بضعه الصحي؟

### ثالثًا: مجال الاستقلالية وعلاقات الوالدين

الاسبوع الماضي			
دائمًا	بعض الاحيان	ابدا	الفقرة
			هل كان لطفلك ما يكفي من الوقت لنفسه؟
			كان طفلك قادرًا على القيام بالأشياء التي يريد القيام بها في أوقات فراغه؟
			يشعر طفلك أن والديه / والديها لديهم الوقت الكافي له؟
			شعر طفلك أن والديه / والديها يعاملونه / تعاملها بإنصاف؟
			يمكن طفلك من التحدث إلى والديه (والديه) عندما أراد ذلك؟
			كان لدى طفلك ما يكفي من المال للقيام بنفس الأشياء مثل أصدقائه؟
			شعر طفلك أن لديه ما يكفي من المال لتغطية نفقاته؟

### رابعًا: مجال الدعم الاجتماعي والأصدقاء

الدرجة			
دائمًا	بعض الاحيان	ابدا	الدرجة
			هل يقضى طفلك وقتًا مع أصدقائه / أصدقائه؟
			هي يستمتع طفلك مع أصدقائه؟
			هل يساعد طفلك وأصداؤه بعضهم البعض؟
			هل أصبح طفلك قادراً على الاعتماد على أصدقائه؟

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### خامساً: مجال البيئة المدرسية والتعلم

الاسبوع الماضي			
الدرجة	كلا	الى حدما	نعم بصورة كبيرة
هل طفلك سعيدا في المدرسة؟			
هل حصل طفلك على تحسن في المدرسة؟			

الاسبوع الماضي			
الدرجة	ابدا	بعض الاحيان	دائما
استطاع طفلك الانتباه؟			
هل طفلك يتعامل بشكل جيد مع معلميه / معلميه؟			

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### Part one :Demographic characteristic

#### **Frist: for parent**

**Mother**  **father**

1- Age  years

2- Level of education

literate

educated

elementary school

intermitted school

institute

college

4-residence

rural

urban

5-occupation

employee

not employee

6- type of family

nuclear family

extended family

7- economic state

not enough

enough to some extent

enough

#### **Second : demographic data for child with visual problem**

1-Age  years

2-Gender  male  female

#### **Third: general information**

1-arrangement among his brothers

first

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- second
- third
- more than third

2- Are there problems and complications during pregnancy and childbirth?

Yes

No

3- Visual acuity with correction

1. Mild
2. Moderate
3. Severe

### **Part two :parent attitude about child with visual impairment**

<b>Statement</b>	<b><u>Disagree</u></b>	<b><u>Neutral</u></b>	<b><u>Agree</u></b>
1- Do you believe that it is the will of God and that nothing can be done except to accept the problem and take care of my child as a religious duty only?			
2- Do you believe that the high cost of some medical tools and treatment can make you disinterested towards a child who suffers from visual impairment?			
3- Do you believe it is better and more beneficial to provide more attentive care to healthy children in the family than to a child with visual impairment?			
4 - Do you believe that it is difficult for a child with visual impairment to enroll in schools at a certain age, and the possibility of leaving him without education increases?			

## Appendices

5-Do you believe that a child with visual impairment needs to be trained in some skills for the purpose of continuing life?			
6 -Do you believe that children with visual impairment are more vulnerable to physical and sexual abuse?			
7- Do you believe that a child with visual impairment is more likely to be a victim of bullying and ridicule?			
8-Do you believe that a child who has visual impairment is a disgrace to the family?			
9- In the future, I will be happy for my child to marry someone who has visual impairment			
10-Do you believe that life is better for children with visual impairment and their families than it was ten years ago?			

### **Part three: Quality of Life for Children with Visual problems**

#### **1<sup>st</sup>: Physical well-being domain**

List	Items	Score		
1	In general, how would your child rate her/his health?	Poor	Good	Excellent

In the last week				
Score		Not at all	Moderately	Extremely
2	Has your child felt fit and well?			
3	Has your child been physically active (e.g. running, climbing, biking)			

## Appendices

4	Has your child been able to run well?			
---	---------------------------------------	--	--	--

Score		Never	Sometimes	Always
5	Has your child felt full of energy?			

### 2<sup>nd</sup>: Psychological Well-being domain

In the last week				
Score		Not at all	Moderately	Extremely
1	Has your child felt that life was enjoyable?			

In the last week				
Score		Never	Sometimes	Always
2	Has your child been in a good mood?			
3	Has your child had fun?			
4	Has your child felt sad?			
5	Has your child felt so bad that he/she didn't want to do anything?			
6	Has your child felt lonely?			
7	Has your child been happy with the way he/she is?			

## Appendices

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### 3<sup>rd</sup>: Autonomy & Parent Relations domain

In the last week				
List	Items	Never	Sometimes	Always
1	Has your child had enough time for him/herself?			
2	Has your child been able to do the things that he/she wants to do in his/her free time?			
3	Has your child felt that his/her parent(s) had enough time for him/her?			
4	Has your child felt that his/her parent(s) treated him/her fairly?			
5	Has your child been able to talk to his/her parent(s) when he/she wanted to?			
6	Has your child had enough money to do the same things as his/her friends?			
7	Has your child felt that he/she had enough money for his/her expenses?			

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### 4<sup>th</sup> : Social Support & Peers domain

### 5<sup>th</sup> : School Environment domain

In the last week				
List	Items	Never	Sometimes	Always
8	Has your child like to spent time with his/her friends?			
9	Has your child had fun with his/her friends?			
10	Have your child and his/her friends helped each other?			
11	Has your child been able to rely on his/her friends?			

In the last week				
Score		Not at all	Moderately	Extremely
1	Has your child been happy at school?			
2	Has your child got on well at school?			

In the last week				
Score		Never	Sometime	Alway
3	Has your child been able to pay attention?			
4	Has your child got along well with his/her teachers?			

APPENDIX (C)

PANEL OF EXPERTS

قائمة بأسماء الخبراء

ت	اسم الخبير	اللقب العلمي	الاختصاص الدقيق	مكان العمل	سنوات الخبرة
1	د. أمين عجيل الياسري	استاذ	تمريض صحة مجتمع	جامعة بابل / كلية التمريض	38
2	د. سلمى كاظم جهاد	استاذ	تمريض صحة مجتمع	جامعة بابل / كلية التمريض	38
3	د. نهاد محمد قاسم	استاذ	تمريض الاطفال	جامعة بابل / كلية التمريض	35
4	د. سحر أدهم علي	استاذ	تمريض بالغين	جامعة بابل / كلية التمريض	34
5	د. فاطمة وناس خضير	استاذ	تمريض بالغين	جامعة الكوفة / كلية التمريض	30
6	وسام جبار قاسم	استاذ	تمريض اطفال	جامعة بغداد / كلية التمريض	26
7	د. خميس بندر عبيد	استاذ	تمريض اطفال	جامعة كربلاء / كلية التمريض	24
8	د. شذى سعدي محمد	استاذ	تمريض بالغين	جامعة بابل / كلية التمريض	24
9	د. منصور عبد الله فلاح	استاذ مساعد	تمريض صحة مجتمع	جامعة الكوفة / كلية التمريض	19
10	د. محمد باقر حسن آل دخيل	استاذ مساعد	تمريض اطفال	جامعة الكوفة / كلية التمريض	18

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15	جامعة الكوفة / كلية التمريض	تمريض صحة نفسية	استاذ مساعد	د. حيدر حمزة علي	11
15	جامعة الكوفة / كلية التمريض	تمريض بالغين	استاذ مساعد	د. محمد عبد الكريم مصطفى	12
13	جامعة ذي قار / كلية التمريض	تمريض اطفال	استاذ مساعد	د. أحمد عبد الله عبد الحسيناوي	13

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### APPENDIX (D)

#### Linguistic Approval

Ministry of Higher Education and Scientific Research  
University of Babylon  
College of Basic Education

وزارة التعليم العالي والبحث العلمي  
جامعة بابل  
كلية التربية الاساسية

العدد: ١٠٥٧  
التاريخ: ٢٠٢٣/٧/١٤

No.:  
e: / /

الواردة  
العدد /  
التاريخ: ٢٠٢٣/٧/١٤

المعلمي التربوي  
الاساسية  
Amman  
٧١٦

كلية التربية الاساسية  
شعبة الموارد البشرية  
الصادرة

الى/جامعة بابل/كلية التمريض  
م/ تقويم لغوي

تهديكم اطيب التحيات ...  
كتابكم ذو العدد ٢٣٧٠٤ في ٢٠٢٣ / ٦ / ١٩ نعيد اليكم رسالة الماجستير للطالبة ( نوره كاظم ابو دعيلا) الموسومة بـ ( اتجاهات الابوين وعلاقته بجودة حياة الاطفال ذوي المشاكل البصرية)) بعد تقويمها لغوياً واسلوبياً من قبل (م.م. نعيمة جاسم عباس) وهي صالحه للمناقشة بعد الاخذ بالملاحظات المثبتة على متنها .  
... مع الاحترام...

المرفقات //

- رسالة ماجستير  
- اقرار المقوم اللغوي

الد.م.م. نعيمة جاسم عباس  
معاون العميد للشؤون العلمية  
٢٠٢٣/٧/١٤

نسخة منه الى //

- مكتب السيد العميد المحترم ... للتفضل بالاطلاع مع الاحترام.  
- م.م. نعيمة جاسم عباس المحترمة . . للعلم لطفاً.  
- الشؤون العلمية  
- الصادرة

نادية

STARS  
FOR EXCELLENCE

العراق - بابل - جامعة بابل  
الجامعة ٠٠٩٦٤٧٢٣٠٠٣٥٧٤٤

مكتب العميد ١١٨٤  
المعاون العلمي ١١٨٨  
المعاون الإداري ١١٨٩

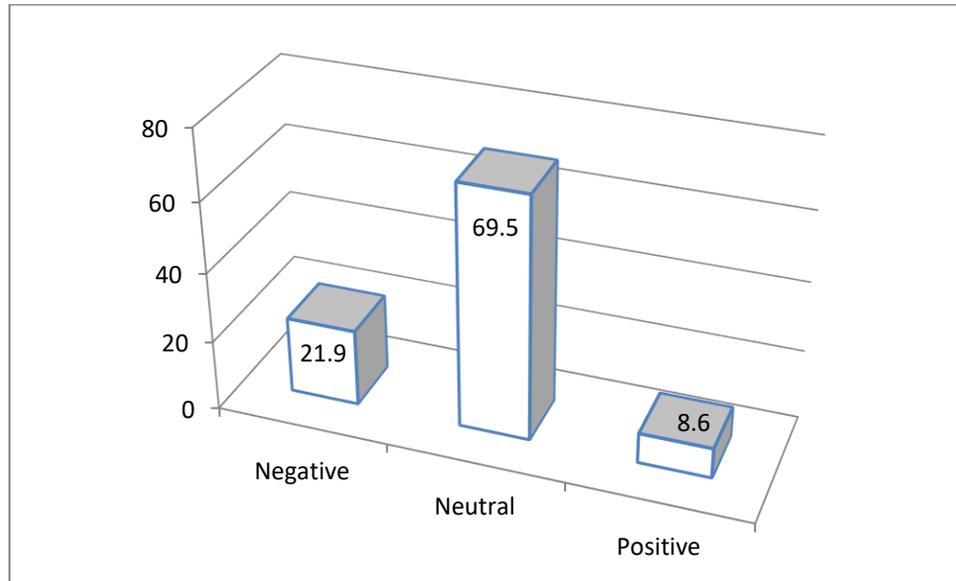
وطني ٠٧٢٣٠٠٣٥٧٤٤  
امنية ٠٧٦٠١٢٨٨٥٦٦

HONOR 9X  
TRIPLE CAMERA

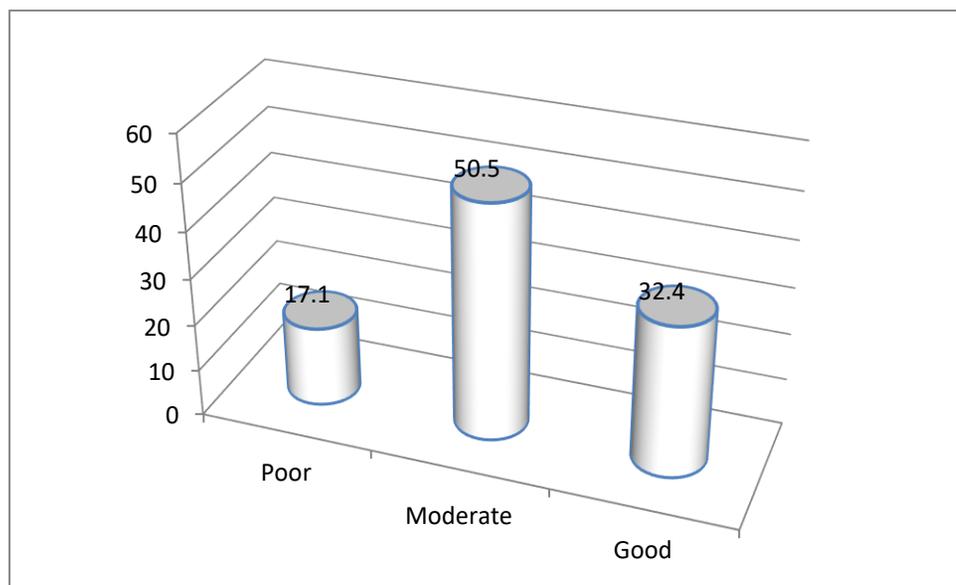
# Appendices

## APPENDIX (E)

### FIGURS



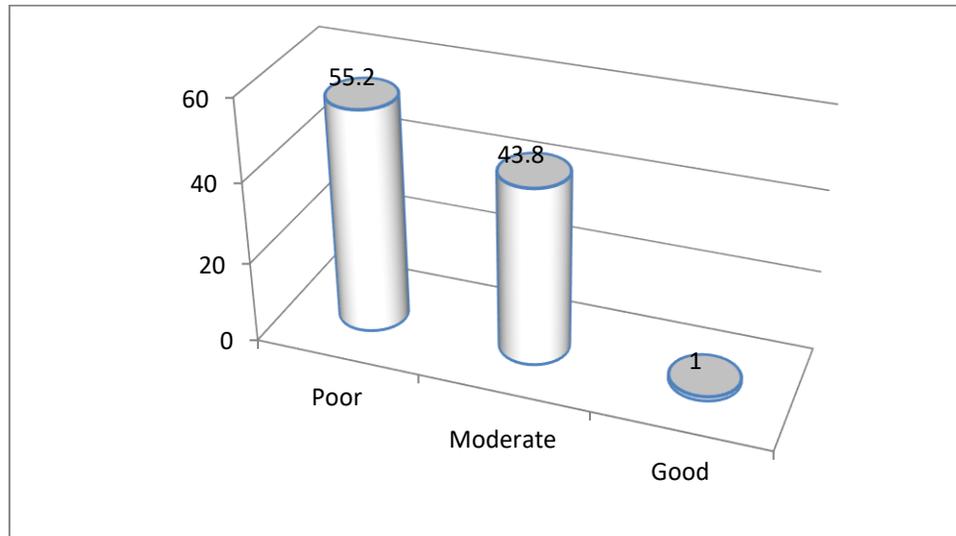
**Fig .1.Parents Attitude about Child with Visual Impairment**



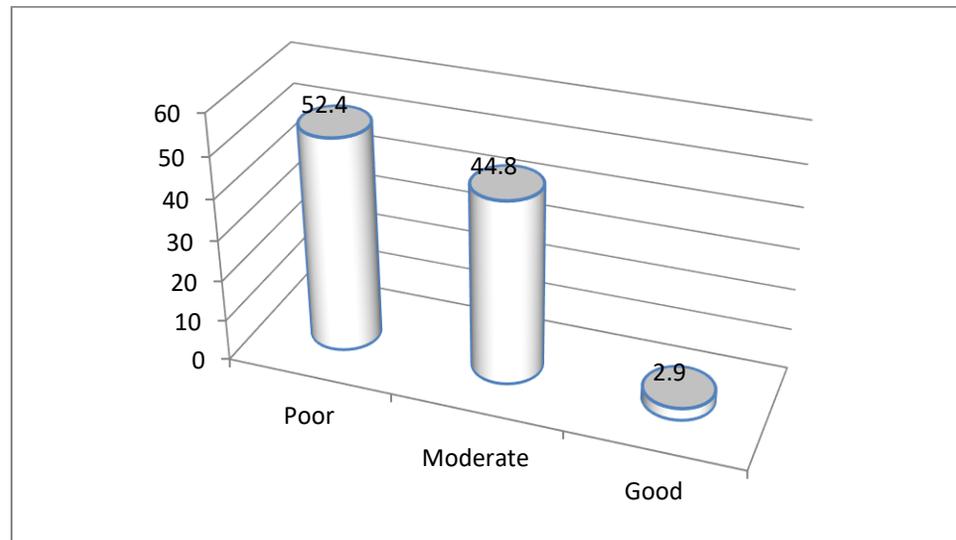
**Fig.2. Quality of Life in terms of Physical Well-being.**

## Appendices

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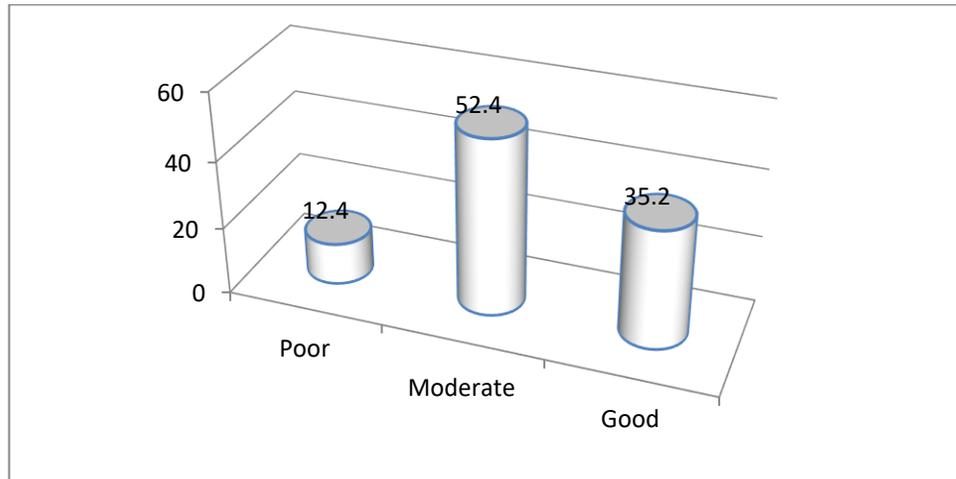
**Fig. 3. Quality of Life in terms of Psychological Well-being**



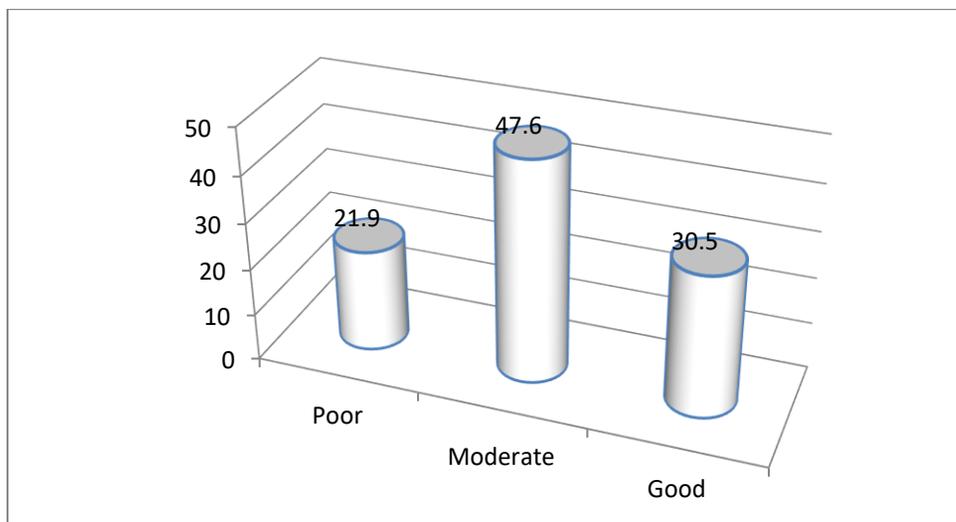
**Fig.4. Quality of Life in terms of Autonomy & Parent Relations**

## Appendices

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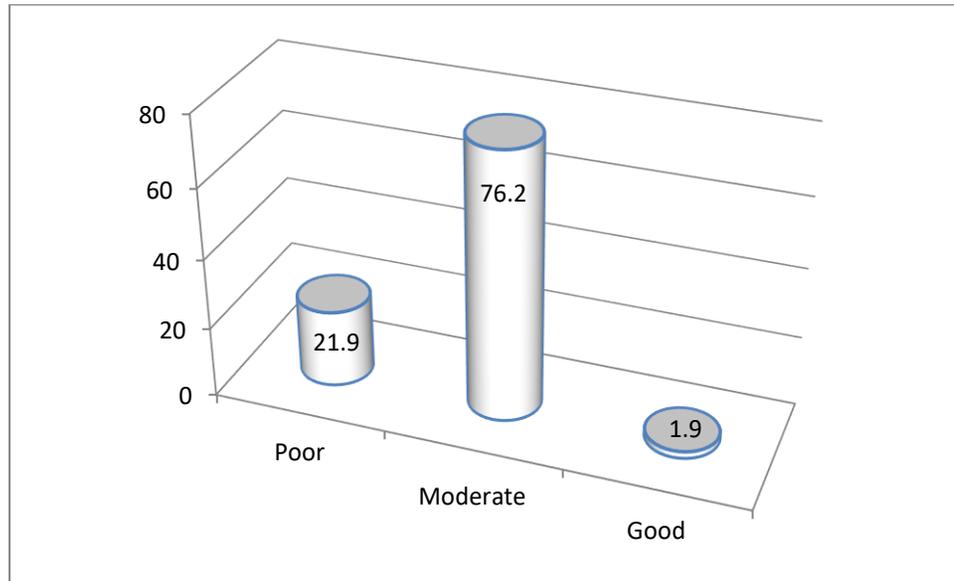


**Fig. 5. Quality of Life in terms of Social Support & Peers**

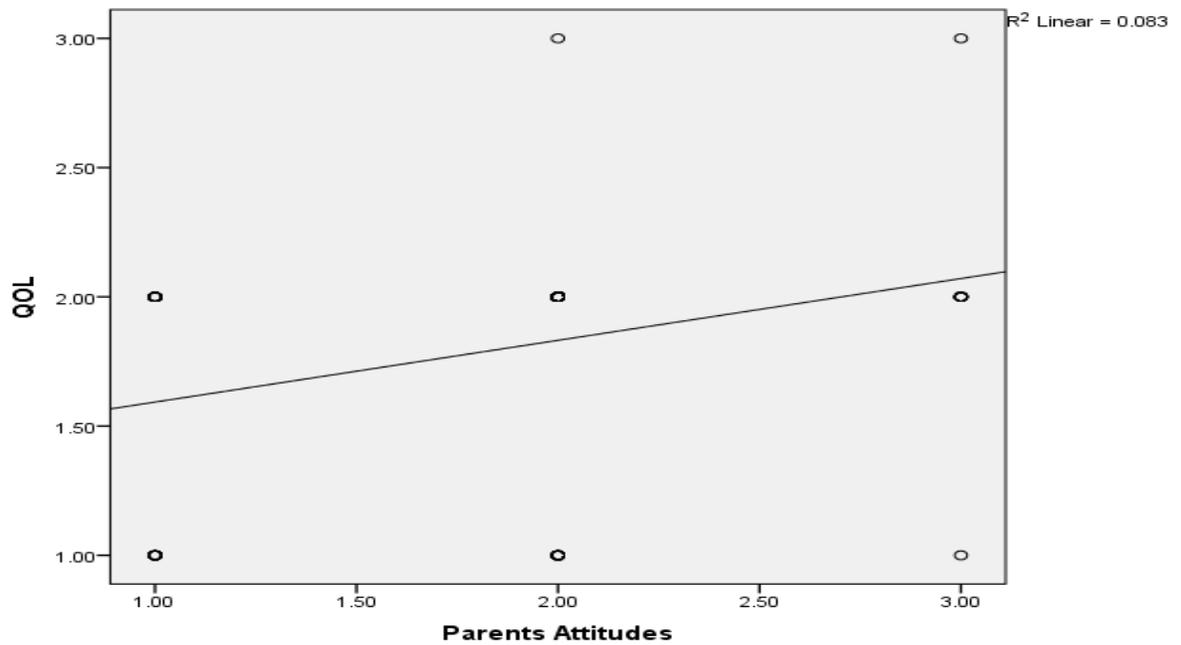


**Fig .6. Quality of Life in terms of Social Environment.**

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**Fig. 7. Quality of Life among Children with Visual Impairment**



**Fig. 8 .parents attitude and QOL for children with visual impairment**

## الخلاصة

**الخلفية العلمية :** يعاني الأطفال ذوو الإعاقة البصرية من مشاكل نفسية وأكاديمية واجتماعية أسوأ وأحياناً دائمة. تهدف هذه الدراسة إلى تقييم موقف الوالدين وعلاقته بنوعية الحياة للأطفال ذوي الإعاقة البصرية.

**الأهداف:** تقييم اتجاهات الوالدين تجاه ضعف البصر لدى الأطفال، وتقييم نوعية الحياة للأطفال ذوي الإعاقة البصرية، وتحديد العلاقة بين اتجاهات الوالدين ونوعية الحياة للأطفال ذوي الإعاقة البصرية.

**المنهجية:** تم استخدام تصميم الدراسة الوصفية المقطعية خلال الفترة من 19 تشرين الأول 2022 إلى 8 حزيران 2023. أجريت هذه الدراسة في محافظة بابل على (105) من آباء الأطفال ذوي الإعاقة البصرية. تم اختيار العينة بطريقة غرضيا. تم جمع العينة باستخدام الاستبيان المعدل. وتحليل البيانات احصائيا بطريقة الكترونية باستخدام برنامج SPSS 26 لتحليل البيانات .

**النتائج:** أظهرت النتائج أن غالبية أولياء الأمور يظهرون اتجاهات محايدة تجاه الأطفال ذوي الإعاقة البصرية، وكانت هناك فروقات معنوية بين اتجاهات الوالدين تجاه الطفل ذوي الإعاقة البصرية وأعمارهم، ومحل السكن والحالة الاقتصادية . أظهرت النتائج أن (76.2%) من الأطفال ذوي الإعاقة البصرية حصلوا على نوعية حياة متوسطة. كما أظهرت النتائج وجود ارتباط بين اتجاهات الوالدين ومستوى جودة الحياة للأطفال ذوي الإعاقة البصرية

**الاستنتاج :** وجود علاقة إيجابية طرديا قوية بين مواقف الوالدين وجودة الحياة للأطفال ذوي الإعاقة البصرية.

**التوصيات :** تشجيع الوالدين إجراء فحص منتظم للعين في مرحلة الطفولة المبكرة الكشف المبكر عن المشكلة البصرية وتشجيع ممرضات الأطفال وغيرهم من المتخصصين في الرعاية الصحية الانتباه إلى إجراء تقييم شامل للصحة الجسدية والنفسية والاجتماعية للأطفال ضعاف البصر من أجل أن تؤخذ في الاعتبار في خطة العلاج.



وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

## اتجاهات الاءاء وعلاقته بجودة حياة الاطفال ذوي الاعاقة البصرية

رسالة تقدمت بها الطالبة

نورة كاظم ابو دعيلة محمد

جامعة بابل/ كلية التمريض/ تمريض صحة الطفل

وهي جزء من متطلبات نيل درجة الماجستير علوم في التمريض

إشراف

أ. د. ناجي ياسر سعدون

أ.م.د. اسراء حرجان محسن

تشرين الاول / 2023 ميلادية

ربيع الاول / 1445 هجرية