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Parents Needs of Children with Intellectual Disability

A Thesis Submitted

By

Aqeel Abdul Amir Noman

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Degree of Master in Nursing Sciences

Supervised by

Professor. Dr. Amean A. Yasir

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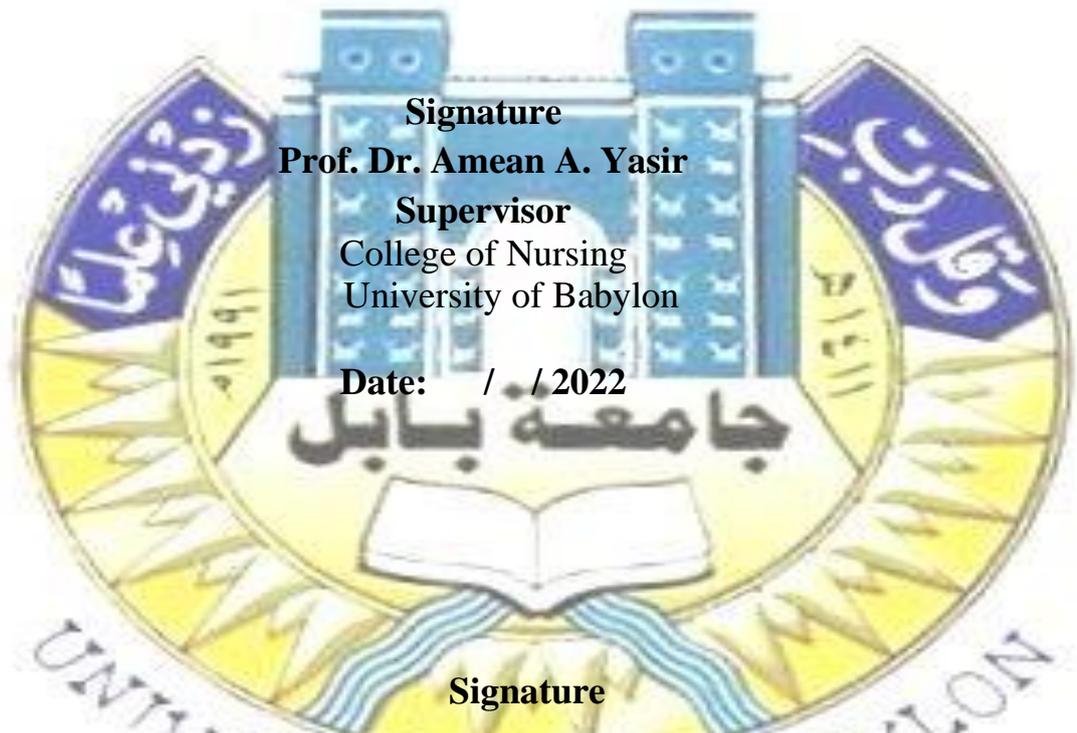
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Signature

Prof. Dr. Amean A. Yasir

Supervisor

College of Nursing
University of Babylon

Date: / / 2022

Signature

Prof .Dr. Salma K.J. Al-Ibrahimi

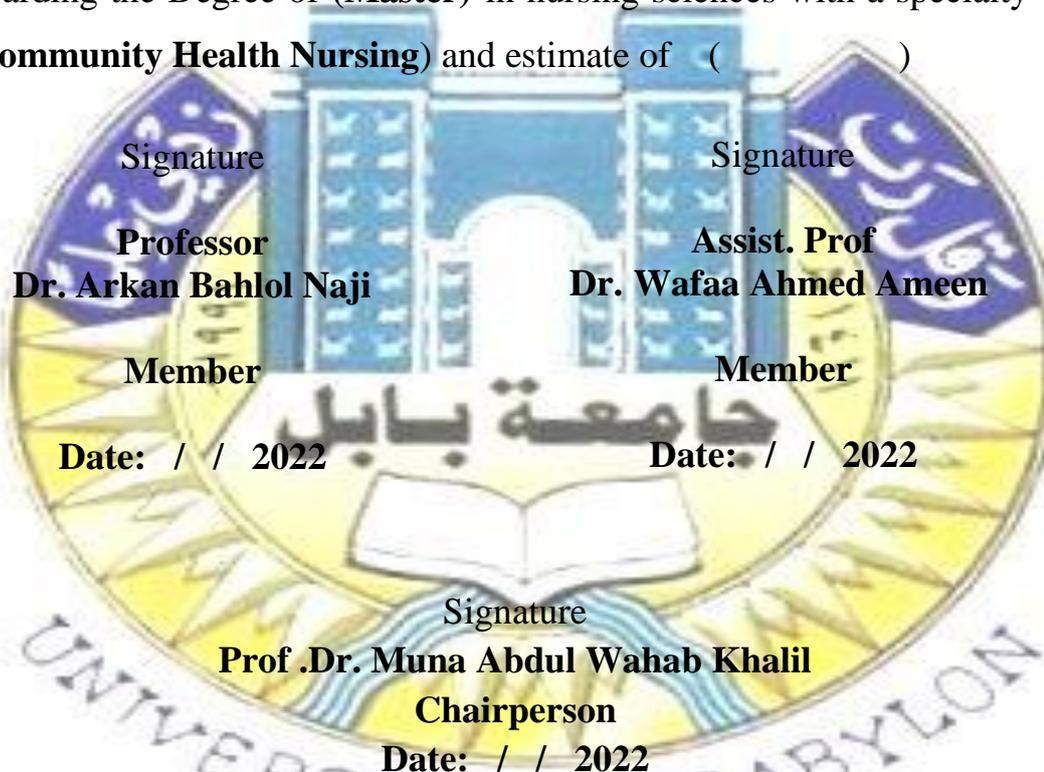
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College of Nursing / University of Babylon

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Chairperson	
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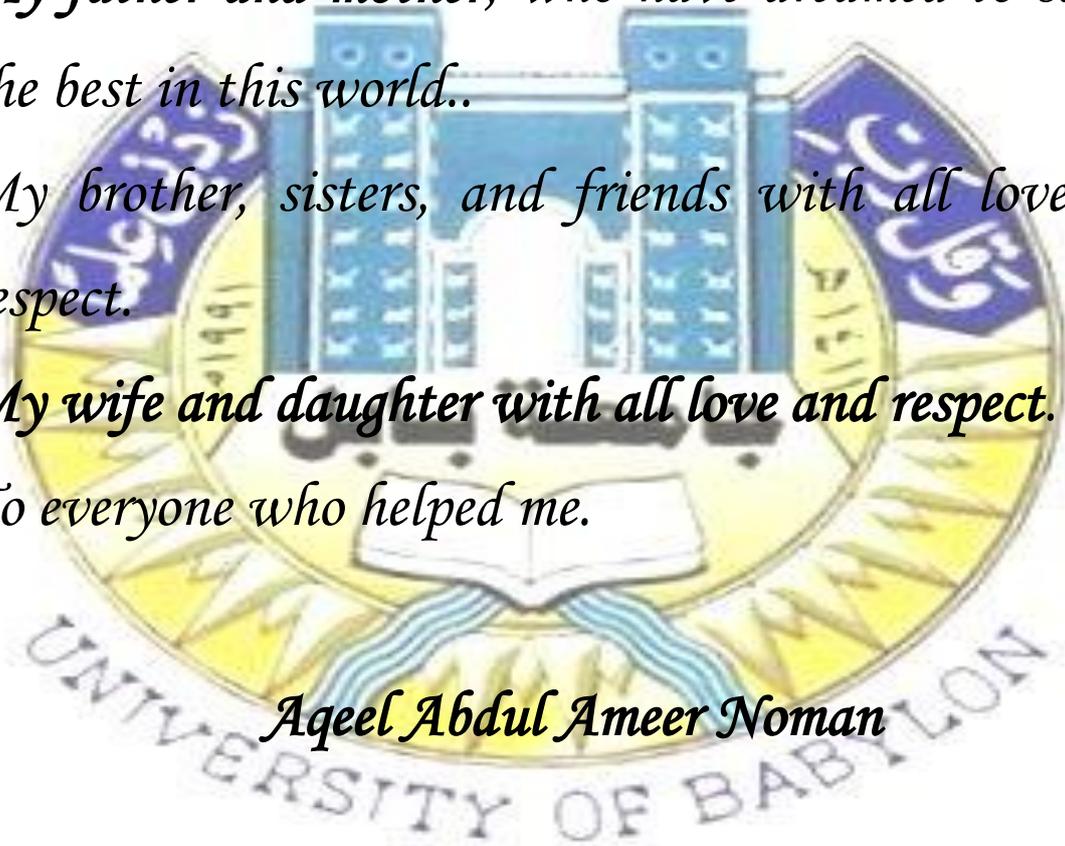
*My father and mother, who have dreamed to see me
the best in this world..*

*My brother, sisters, and friends with all love and
respect.*

My wife and daughter with all love and respect.

To everyone who helped me.

Aqeel Abdul Ameer Noman



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Abstract

Backgrounds: Parents have a fundamental and important impact on the child's growth and development in various developmental, emotional, and mental aspects, and this effect increases if the child has a disability, as the period of his dependence on his parents is prolonged, and thus problems arise that require special needs. The study aimed to assess the parents' needs of children with intellectual disability and to determine the associated socio-demographic variables.

Methods: A descriptive analytical cross-sectional study design was conducted from 18th of January 2022 to 15th of May 2022 through the use a non-probability (purposive sample) of 123 parents. The validity of the questionnaire was achieved through presented to (11) experts to prove its validity, and then a pilot study was conducted to evaluate the reliability. The total number of items included in the questionnaire was 15-items for cognitive needs, 12-items for material, and 13-items for social needs and 8-items for emotional needs. The data was collected by using the interview technique and analyzed by the application of descriptive and inferential statistical approach.

Results: The results of the study indicated that (82.9%) of the parents exhibited cognitive needs in a high degree, (65%) exhibited material needs in a high degree, (75.6%) exhibited social needs in a high degree and (52.8%) exhibited moderate emotional needs in a high degree. There were differences in parents emotional needs with regards children age, cognitive, material, social and emotional needs with regards degree of intellectual disability ($p < 0.05$).

Conclusions and Recommendations: As far as the most urgent needs of parents of children with intellectual disabilities, it is noted that the material needs are the most urgent needs, followed by the cognitive needs, then the social needs and the emotional needs. Educating parents of intellectually disabled children about the material rights of their children, which are provided by

government agencies is needful, and expanding the opening of charitable and productive projects of serving children with intellectual disabilities and their families.

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Tables of Abbreviations

ITEMS	FULL TERM
IQ	Intelligence Quotient.
ID	Intellectual Disability.
MN	Mental Retardation.
NIMH	National Institute of Mental Health.
NGOs	Non-governmental organizations.
et.al.	And others.
ADLs	Activities of daily living.
B.C.E	Before the Christian Era.
F.Q.O.L	Family quality of life.
P.R.I.S.	Preferred reporting items for systematic reviews and meta-analysis.
M.A	
MR	Mental retardation

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Chapter One

Introduction

Chapter One

Introduction

1.1. Background

Parents have a fundamental and important impact on the child's growth and development in various developmental aspects. Emotional and mental, and this effect increases if the child is student and has a disability, as the period of his dependence on his parents is prolonged, and therefore special needs arise from his disability (Wood et al., 2018).

Given the importance of the role that parents play in the success of raising and rehabilitating a child with a disability, it is found research that talks about the importance of activating that role, and the need to overcome obstacles that prevent parents from playing their important role with institutions specialized in building their children's personalities through partnership in their upbringing and education (Sandlund et al., 2012).

It is recognized that the exposure of the individual to the crisis leads to a sense of equilibrium, where it is difficult for him to cope with the requirements of this pressing crisis it, then the need arises that reflects the need for the availability of external forces which provide him including appointed to confront the crisis and to overcome them, the need vary in quality and quantity depending on the nature sources the severity of the crisis, and as a student with a disability is the source of the crisis. It is expected that the parents' need for foreign aid that will help them restore balance and try to adapt in his presence of intellectual disability (Naude and Bjorn, 2007).

Mental disability has received the attention of a large number of studies regarding the type of disability, its severity and size, and it was noted that there is a clear deficiency in studying the needs of families of disabled children in

general and the mentally disabled in particular, and recent trends have emerged focusing on the disabled family and the psychological effects that these families are exposed to social and material (Vereenooghe et al., 2018).

The presence of an intellectual disability child in the family affects family members and puts them in difficult situations, which may lead to tension in family relations. The families of mentally disabled children are in dire need of support and the need to provide counseling services for them and in order for these services to be effective and make a difference, the basic needs must be identified. Those in order to plan effectively for the services provided to them (Seligman & Darling, 2017).

Intellectual disability (ID) becomes apparent during childhood and involves deficits in mental abilities, social skills, and core activities of daily living (ADLs) when compared to same-aged peers (Kaneshiro, 2016). There often are no physical signs of mild forms of ID, although there may be characteristic physical traits when it is associated with a genetic disorder e.g., Down syndrome (APA, 2015).

Intellectual disability (ID), also known as general learning disability (Scior & Werner, 2015), and formerly mental retardation (MR) is a generalized neuro-developmental disorder characterized by significantly impaired intellectual and adaptive functioning (Ansberry, 2010). It is defined by an Intelligence Quotient (IQ) under (70%), in addition to deficits in every day, general living (Boat & Wu, 2015).

Intellectual disability (ID), is subdivided into syndromic intellectual disability, in which intellectual deficits associated with other medical and behavioral signs and symptoms are present, and non-syndromic intellectual disability, in which intellectual deficits appear without other abnormalities.

Down syndrome and fragile X syndrome are examples of syndromic intellectual disabilities (Barros et al., 2021).

Intellectual disability (ID) is one of the difficult problems and challenges faced by parents of children with intellectual disabilities, which result in the emergence of special needs for them, such as: cognitive needs, physical needs, and social needs (Gauthier-Boudreault et al., 2017).

The process of meeting the needs of parents of children with intellectual disabilities is an important matter that must be addressed; to identify those needs, because of the nature of the relationship between the success of special education programs that depend primarily on meeting the needs of parents and the extent of their participation in them (Cobb, 2015).

1.2. Importance of the Study

Intellectual disability (ID) affects about 2 to 3% of the general population. Seventy-five to ninety percent of the affected people have mild intellectual disability. Non-syndromic or idiopathic cases account for 30 to 50% of these cases. About a quarter of cases are caused by a genetic disorder (Daily et al., 2000), and about 5% of cases are inherited from a person's parents. Cases of unknown cause affect about 95 million people as of 2013 (Vos et al., 2015).

Family participation of mentally disabled children plays a major role in the success of educational services and programs provided to mentally disability children. Perhaps one of the most important criteria for judging the effectiveness of special education services is that related to working with families of children with special needs (Quader & Ali, 2017).

Working with families includes complex and varied procedures that include the assessment of family needs. Assists in the development of individual plans to serve families based on their specific needs (Dennison et al., 2019).

Resch et al. (2010), points out that the pressures and problems faced by a disabled family vary according to the child's age and degree of disability. This was confirmed by Stabile & Allin (2012), in that the intensity of pressure is also related to the gender of the disabled, and Dey et al. (2021), indicates that the families of disabled children linked their needs with the needs of their children, as providing for the needs of disabled children leads to the satisfaction of the needs of their families.

Likewise, identifying the needs of families of the mentally disabled plays an important role when designing training programs for families, as the services that will be directed to the families of the mentally disabled must be provided in an organized scientific manner, as they must be based on an evaluation system to ensure that the basic and actual needs of families of the mentally disabled that they desperately need are met (Beardslee et al., 2013).

As the perceptions of families of mentally disabled persons of the needs may differ from professionals working with their children with disabilities, and therefore the needs of families must be carefully identified, because this leads to their satisfaction and to improving the level of services provided to families of mentally disabled children and thus improving their adaptation to disability (Samuel et al., 2012).

It is clear that parents of children with intellectual disabilities; need to have sufficient information about their child's disability, how to deal with it within the family, and what to expect in the future, as well as the need to know what aids and services the community can provide (Ludlow et al., 2012).

In order for parents to play their role in caring for and educating their children, it is necessary to know the nature of those needs, and to identify the aspects of support and assistance that they are asking for, whether in terms of cognitive, material, emotional or social.

As for the impact of disability on a small family, it will negatively affect its life and will increase the burdens arising from it, especially on the parents, and the mother in particular, in addition to what the presence of this disabled child in the small family poses to the family's feeling of losing this child (Chengappa et al., 2017).

In the physical health domain, children with intellectual disability are up to 70% more likely to be obese (Emerson et al., 2016), which in turn increases the long-term risks of obesity-related health problems.

These inequalities are apparent early in the lives of children with intellectual disability; by age 5 years at the latest and likely even earlier. The early emergence of these inequalities in children's lives has given rise to entertaining the possibility that early intervention may have large and long-term impact (Totsika et al., 2011).

Addressing family needs at the outset will lead to knowing the needs of parents of children with intellectual disabilities, and thus improve the level of services provided to them and their children, and activate their participation in those services , Assisting agencies that provide services for children with intellectual disabilities to support parents to meet their needs, Determining the basic needs that parents of children with intellectual disabilities need according to their priority and importance and Preparing awareness programs on the importance of these needs and ways to provide them.

1.3. Objectives of the Study

The study aimed at:

1. To assessing the parents needs of children with intellectual disability.
2. To investigating the differences in parents needs with regards to intellectual disability (age, gender and degree of disability).
3. To find out the differences in parents needs with regards to their (education, occupation and monthly income).

1.4. Research Question

2. What is the degree of cognitive, physical, social and emotional needs of parents of intellectually disabled children?
3. Do the needs of parents of intellectually disabled students differ according to the age, gender and degree of the child's disability?
4. Do the needs of parents of intellectually disabled children differ according to the educational level of the parents?
5. Do the needs of parents of intellectually disabled children differ according to the parents' economic level?

1.5. Statement of the Study

Parents' Needs of Children with Intellectual Disability

Beyond dimensions that are a part of the definition of intellectual disability, this group of children face multiple other educational, social, and health inequalities. For example, children with intellectual disability are 4–5 times more likely to have psychosocial health problems compared to other children; Families of children with intellectual disability are at increased risk for multiple social/economic risks including poverty and exposure to negative life events (Emerson and Hatton., 2007).

1.6. Definition of terms

1.6.1. Parent

Theoretical

One who begets gives birth to, or nurtures and raises a child a father or mother (Ahmed. 2007).

Operation

Person who is attending rehabilitation centers with a child diagnosed with intellectual disability.

1.6.2. Needs

Theoretical

A state of inferiority, if it does not receive a certain degree of satisfaction from the individual, then it provokes him a kind of tension, distress or imbalance (Al Rubaee, 2019).

Operation

Those needs that were expressed through the study tool, which include cognitive, physical, social and emotional needs.

1.6.3. Intellectual Disability

Theoretical

Problems with general mental abilities that affect functioning in two areas: intellectual functioning (such as learning, problem solving, judgement) adaptive functioning (activities of daily life such as communication and independent living) (Schalock et al., 2010).

Operation

The intellectual and adaptive deficiency begin early in the developmental period.

Chapter Two

Review of Literature

Chapter Two

Review of Literature

This chapter aims to shed light on a number of main concepts of intellectual disability and its various concepts, in addition to identifying the characteristics of children with intellectual disabilities, educational, linguistic, physical/motor, social/emotional, in addition to the needs of parents of children with intellectual disabilities.

2.1. Intellectual Disability: An Overview

Intellectual disability has been documented under a variety of names throughout history. Throughout much of human history, society was unkind to those with any type of disability, and people with intellectual disability were commonly viewed as burdens on their families. Greek and Roman philosophers, who valued reasoning abilities, disparaged people with intellectual disability as barely human (Minister, 2010).

The oldest physiological view of intellectual disability is in the writings of Hippocrates in the late fifth century BCE, who believed that it was caused by an imbalance in the four humors in the brain. Caliph Al-Walid (705–715) built one of the first care homes for intellectually disabled individuals and built the first hospital which accommodated intellectually disabled individuals as part of its services. In addition, Al-Walid assigned each intellectually disabled individual a caregiver (Abedi et al., 2013).

Until the Enlightenment in Europe, care and asylum was provided by families and the church (in monasteries and other religious communities), focusing on the provision of basic physical needs such as food, shelter, and clothing. Negative stereotypes were prominent in social attitudes of the time. In the 13th century, England declared people with intellectual disabilities to be incapable of making decisions or managing their affairs. Guardianships were created to take over their financial affairs (Braddock & Parish, 2001).

2.2. Concepts Intellectual Disability

Many specialists and workers in the field of special education use many terms that express the concept of intellectual disability, including the term “mental retardation,” the term “deficiency mental, "Mental disability" to this category (Vereenoghe et al., 2016).

There are many different concepts of intellectual disability; This is because it brings together the interests of many in the fields of science and knowledge, such as psychology, education, medicine, sociology, and law, and the reason for this is due to the multiplicity of scientific bodies that contributed to its interpretation, and knowing its impact on society (Verdugo et al., 2012).

2.2.1. Medical Concepts

Medical concepts are among the oldest concepts of intellectual disability, which focused in essence on the importance of genetic factors, or infection with a disease, which leads to a defect in the nervous system, and then a disorder in the organic and motor functions of the body. Medical concepts aim to identify appropriate preventive and curative methods (Goodey, 2011).

From this point of view, the concept of Mevissen and De Jongh (2010), intellectual disability: a state of stunted or incomplete mental development, resulting from disease or injury before adolescence or arising from genetic causes.

As for Goodey (2004), defined intellectual disability as: a weakness in mental function resulting from external factors that lead to a decrease in the general ability for growth, as well as in cognitive integration and understanding, and thus adaptation to the environment in which the individual lives.

On the other hand, Harris (2006) believes that intellectual disability is: a state of weakness in mental function resulting from malnutrition, or disease resulting from injury in the centre of the nervous system.

Accordingly, the medical definitions of intellectual disability are to describe the condition, its symptoms, and its causes, without describing it in a

numerical way that expresses the individual's level of intelligence (Gates & Mafuba, 2016).

2.2.2. Psychometric Concepts

The psychometric concept depends on the degree of intelligence (IQ), as a basic test for defining intellectual disability, as a result of the development in psychometrics by "Binet", and the emergence of intelligence measures such as: the Stanford-Binet scale, and other measures of ability these definitions considered that individuals whose IQ score is less than (70%) on IQ tests are considered intellectually disabled (Mindham & Espie, 2003).

In this context, Santos et al. (2014), intellectual disability is defined as: a state of delayed mental development determined by an IQ score below 70 (on a standardized individual test of intelligence).

On the other hand, Syropoulou et al. (2021) pointed out that the main characteristic of intellectual disability is intelligence that is lower than that shown by the successive number of an appropriate reference group.

2.2.3. Social Concepts

Social definitions interested that intellectual disability is success or failure of an individual in response to social expected requirements compared with the age group and most of this definition that adopts this principle, definition of intellectual disability which has described the intellectual disability as: a case of social inadequacy, due to underdevelopment in mental development, this situation is curable. Also 'it is known as individual intellectually disabled person not capable of functioning at the level required for an acceptable balance within the cultural environment. On the other hand 'the social context of the individual determines whether he was intellectually disabled or not (Wehmeyer and Michael, 2008).

In general, the previous concepts reflect the theoretical backgrounds and the different scientific orientations of the scientific and professional fields of those interested in the field of intellectual disability. Undoubtedly, these and

other definitions have contributed in one way or another to enriching scientific research and increasing the possibility of defining the concept and nature of intellectual disability. The definitions are accepted and popular among scholars and workers in this field (Overmars-Marx et al., 2014).

2.2.4. American Association on Intellectual and Developmental Disabilities Concepts

The concepts of the American Association for Intellectual and Developmental Disabilities are considered among the most important and widely used concepts when identifying the intellectually disabled, and the most important of these concepts is Schalock et al. (2007), which states: that intellectual disability represents a level of mental functional performance that is lower than the average intelligence by one standard deviation. It is accompanied by a defect in adaptive behaviour, and it appears in the developmental age stages from birth to (16) years.

As a result of the criticism of this concept, the conclusion of which is that the degree that represents intelligence as a dividing line between ordinary individuals and individuals with intellectual disabilities is very high, which results in an increase in the proportion of individuals with intellectual disabilities in society, and accordingly the association redefined the intellectual disability in its guide issued in 1973, which states: that intellectual disability represents a level of mental functioning that is less than the average intelligence by two standard deviations, and this is accompanied by a clear defect in adaptive behaviour, and appears in the developmental stages of life from birth to (18) years (Shogren, 2013).

In 1992, another definition was issued by the American Association for Intellectual and Developmental Disabilities, which states: Intellectual disability is a condition that indicates a clear deficiency in the current mental performance that is below average, and appears in conjunction with a clear deficiency in two or more of the following adaptive skills: Communication Self-care, carrying out

the burdens of life at home, social skills, moving between institutions and service centres in the community and dealing with them, making decisions and self-direction, health and safety, recreation and self-entertainment (Jones, 2012).

In a recent definition set by the American Association on Intellectual and Developmental Disabilities in 2002, it states: “Intellectual disability is a deficit that is described as a clear deficiency in Intellectual Functioning and Behaviour Adaptive behaviour, which is evident in adaptive skills.” Conceptual, Social, and Practical. Also, this disability begins to appear before the age of (18) years. These concepts refer to the following assumptions:

1. The necessity of looking at the shortcomings in the current job performance within the context of the surrounding environment of the children as they are among their peers of the same age and culture.
2. The assessment should take into account cultural and linguistic diversity, as well as differences in communicative, sensory, kinaesthetic, and behavioural factors.
3. Within the domain of the individual, shortcomings often exist alongside manifestations of strength.
4. The goal of characterizing the shortcomings is to develop a graphic layout for the aspects of support and support that the individual needs.
5. With appropriate personal support and over an extended period of time, the functional and life functioning of the intellectually disabled person will generally improve (Tassé & Grover, 2013).

2.3. Classification of Intellectual Disabilities

Classification of the American Association for Mental Retardation: It is the classification that is taken in department interested in the education and rehabilitation of the mentally retarded and among researchers and practitioners in this field. This classification depends on several dimensions, the most important of which are: the degree of disability, the IQ ratio, and the level of

social maturity, and this is called mental functioning. The categories of mental disabilities are defined according to this classification as follows:

1. The category of simple mental disability: the IQ of its members ranges between (50 %-70 %) degrees.
2. The category of moderate mental disability: Its members have an IQ ranging between (25%-49%) degrees.
3. Severe mental disability category: Its IQ ranges between (20%-34%) degrees.
4. Severe (profound) mental disability category: Its members have an IQ of less than (20%) degrees (Gilderthorp et al., 2018).

2.4. Features of Intellectual Disabilities

The real causes of disability in its various forms are not clear in a large percentage of cases. It is true that some disabilities can identify specific organic factors as their causes, but other disabilities may not have a specific cause. (Soylu et al., 2013).

Disability, of any kind, that affects a person, may limit his ability to practice one or more of the functions of daily life in a normal manner, and among these functions that may limit disability to perform properly are education, work, sports, and other functions (Ivanova & Borodina, 2021).

The disabled individual has his own needs that arise from his disability and that necessitate their fulfilment of special procedures, which may differ from the procedures that are followed in meeting the needs of normal individuals, and these special needs differ from one disabled person to another, and therefore the procedures and methods of confronting these special procedures may differ from one disabled to another (Matsushima & Kato, 2015).

The disability that afflicts the individual is a relative matter, and not every person who suffers from a disability is a disabled person, because the affected individual may be disabled in relation to a business or a matter of things, and not like that in relation to another work. The reason is that there are

many devices Functional compensation on the one hand, and there is the possibility of removing environmental barriers on the other hand, thus helping the disabled to perform daily life functions (Ueda et al., 2018).

Also, the disabilities and impairments that individuals are exposed to differ in their nature and degree of severity, and in the consequences thereof, and in their impact on the development of the disabled and in his general education and education and in his ability to qualify and adapt, and this difference is clear that to be noticed by everyone who compares two differently disability persons, such as the blind and the deaf, whose handicap belongs to the handicap of the senses, which is the blindness and the deaf (Ohmori et al., 2018).

The disabled, no matter how different they are in the type and severity of the disability, have the ability and desire to work and exercise the appropriate job for them, but this requires society to work on integrating, helping and taking care of them (Tan et al., 2019).

2.5. Characteristics of Children with Intellectual Disabilities

Identifying the educational, linguistic, physical/motor, and social / emotional characteristics of children with intellectual disabilities; It works to provide parents with important information for all aspects of the child's development and personality development, which helps parents to play their role to the fullest and positively in raising these children according to their potential, readiness and mental abilities (Geshoski, 2015).

The characteristics of children with intellectual disabilities differ from one child to another depending on the degree of disability, the age stage, and the quality of care received, whether in the family or through early intervention programs; Because intellectual disability does not constitute a homogeneous category, neither in terms of causes, nor levels, nor educational-psychological implications, it is very difficult to reach an accurate generalization with regard to the characteristics of the intellectually disabled (NAS, 2015).

2.5.1. Intellectual Characteristics

1. Attention

Attention (the ability to focus on a specific stimulus) is one of the most intellectually clear educational characteristics of the disability, as the child suffers from poor ability to pay attention. The attention deficit of the intellectually disabled pupil includes: attention span and attention long time (David et al., 2014).

2. Transfer Learning

The transfer of the learning effect (the effect of previous learning on future performance) is one of the distinguishing characteristics of the behaviour of the intellectually disabled child, as the child suffers from the difficulty of transferring what he has learned from one situation to another, for example, addition and subtraction processes. It cannot apply what he learned when purchasing any purpose of any shop. He cannot generalize the information he has acquired in school in different situations than those in which he was previously trained (Hodap et al., 2019).

3. Memory

Children with intellectual disabilities face difficulties in remembering, which is one of the most severe educational problems for them, such as: remembering names, shapes, or events, especially remembering things that happen a short time ago, which is known as short-term memory, For example, if the teacher asks the child to repeat a group of words, pictures, or experiences that he learned a little while ago, he finds that he forgot most of them, and it seems as if he did not learn them (Cramm & Nieboer, 2011).

2.5.2. Language Characteristics

Language characteristics and associated problems are a hallmark of an intellectual disability. Because it negatively affects the communicative ability and leads to linguistic and verbal weakness or delay. The intellectually disabled child's language develops slowly and is characterized by immaturity, and his

speech is often disturbed in terms of: fluency, pronunciation, or voice (Kaiser & Roberts, 2013).

It is noted that the intellectually disabled child has difficulty acquiring advanced language skills, and suffers from various language problems, such as: delayed expressive language development and the use of linguistic rules in the wrong way, and he always uses simple vocabulary that does not fit the chronological age, and the prevalence and severity of verbal and linguistic problems are linked. In the intellectually disabled child with severe disability, the more severe the intellectual disability, the more severe the verbal and language problems and becoming more prevalent (Kim et al., 2018).

2.5.3. Motor and Physical Characteristics

The physical and motor characteristics of the intellectually disabled child are less adequate than the normal child, especially with regard to movements, fine reflexes, complex motor skills, and motor balance (Geshoski, 2015).

The degree of decline increases with the severity of the disability, especially in the moderately and severely disabled, as this is evident on their external appearance. It is found cases of moderate intellectual disability that are delayed in sitting, crawling, standing, walking, motor development, and muscle coordination, and congenital defects, and motor imbalance abound among them, and their steps are slow and irregular, and it is difficult for them to walk in a straight line, as their visual-motor coordination is weak (Top, 2015).

2.5.4. Emotional and Social Characteristics

Intellectual disability affects the child as a result of his low mental abilities and lack of adaptive behaviour, which makes him vulnerable to various social and emotional problems. Which leads to other children shunning him, and in general, it is found that intellectually disabled children are characterized by lack of tendencies and interests and lack of responsibility (Astramovich et al., 2015).

They are also characterized by withdrawal, hesitation, aggression sometimes and vulnerability, as well as they do not develop a sense of self-

confidence, as we find that the intellectually disabled often views himself as a failure or helpless, and that he is less than others, or that he is worthless, and of course this concept is negatively reflected on His social behaviour, it is find that he is not interested in forming effective social relationships with his peers (Whitney et al., 2019).

2.6. Psychosocial Characteristics of Children with Intellectual Disabilities

The issue of the lack of social skills for mentally disability children is at the forefront of many educational and social issues that should be researched and presented for study and treatment, in order to work on raising the level of social competence among members of this category according to their capabilities and abilities. Which means that there is another goal that is no less important than the educational goal of knowledge, which must be achieved, which is the search for the best educational methods to teach this group of children social adjustment (Kapsal et al., 2019)?

That is, they have the ability to adapt to different situations in an independent manner, devoid of supervision and direction, and rely on themselves. Hence, it is finding that the burden of managing a class for the weak-minded is in itself a difficult problem. This is the reason to say that the special education teacher, who puts more effort into managing his class than the teacher of ordinary children' classes; It needs to be prepared, and trained, through specialized programs to educate and educate this category of children (Choi & Cheung, 2016).

According to Sainero et al. (2013), stated in light of the psychological analysis of the personality of the intellectual disability child and in light of the factors that led to his psychological formation; the researchers reached the basic needs of this child, which can be summarized as following:

First: the need for security, and the need for social affiliation. The mentally disability child always feels disappointed when he is unable to do what is required of him in various social situations, just as the group, because of his shortcomings, inability and many failures; neglect him, you may make fun of him. All this does not make him feel that he is a useful member of the group in which he lives' and then he feels that he is a psychologically and socially threatened creature.

Second: the need for action and success. It is a need that is fulfilled when a person does something and accomplishes it, so he feels happy and satisfied with him. The logical consequence of not satisfying these basic needs is that the mentally disability child becomes unable to adapt.

Among the most important manifestations of this inability is his carrying out various types of aggressive behavior, such as the desire to fight, to insult, and to harass his colleagues by force, attraction or fight. And other patterns of behavioral deviations, such as cheating, and theft. In other cases, when he feels threatened and insecure; He withdraws from society, prefers isolation, and produces behaviors that indicate psychological and social immaturity. Hence the importance of educational programs and mental health programs; In the care, education, and education of this category of mentally disability children, which requires identifying the individual needs of these children, in the light of well-thought-out plans and various and varied measurement and evaluation procedures (Chiu et al., 2013).

2.7. Parents of children with Intellectual Disabilities

The family is the first unit of society, and it is the mediator or link between the individual and society, or the mediator between culture and personality. The family is the first human environment in which the child grows up, and within it acquires his first behavioral methods that enable him to satisfy his needs, achieve his capabilities, and be in harmony with society. The people

closest to him, and they are the ones who give him the love and tenderness that he does not find from another person (Emerson & Brigham, 2014).

And if the care of the ordinary child is difficult, it is more difficult and more difficult for the intellectually disabled child, because the child's family faces problems and deals with special challenges. Intellectual disability often involves psychological, physical, medical, social, and educational difficulties for parents of intellectually disabled children (Slayter & Jensen, 2019).

In order for parents of intellectually disabled children to play the role expected of them, they need a support system that helps them acquire the knowledge and skills necessary to raise and educate their children effectively. This support is represented in information, physical and social support; that makes them feel cared for and valued by others, by providing them with information about their child's condition, helping them to obtain appropriate services, as well as obtaining emotional support through informal friendships between other parents in similar circumstances (Meppelder et al., 2015).

Providing information in the local environment is at the forefront of the most important needs from the point of view of parents of disabled children, due to the Arab environment's lack of literature and guiding and guiding practices directed to the child with special needs and his family, and the limited services provided by institutions and centers related to providing parents with information, in addition. To the weak role of the family in carrying out its duties towards the disabled child (Tøssebro et al., 2017).

The literature of special education indicates that the difficult process that parents face in adapting and coexisting with their children's disabilities includes a number of specific and sequential stages (Ali et al., 2012). The reactions that appear on parents of children with intellectual disabilities can be summarized as follows:

1. Shock

Parents feel shocked as soon as the disabled child is born, or as soon as they learn that the child has a disability, especially in light of the development of methods and tools for follow-up and diagnosis of the mother in the stages of pregnancy. What causes shock is the sharp contrast between expectation and reality. Parents expect a beautiful child with full capabilities, who will be a source of joy and contentment for them, and adds to the family atmosphere. However, reality wakes them up from the beautiful dream of a child with an intellectual disability (Hodapp, 2021).

2. Denial

Denial is a defensive reaction that occurs automatically in parents of intellectually disabled children after trauma. They may not admit that their child is disabled, and then deny the existence of the problem and question the diagnosis, and mistakenly believe that the child is normal, so it find that the parents do not want to believe that (Rancaño et al., 2021).

3. Anger and Aggression

Parents of intellectually disabled children sometimes feel very angry and behave aggressively towards others. Parents may direct their anger and aggression toward doctors, nurses, teachers, or even each other. The intended anger here is anger that has no actual basis, and is not the anger that results from real causes such as the lack of effective programs, the actions of others, or their mistakes (Jacobs et al., 2019).

4. Feeling Guilty

Parents of an intellectually disabled child feeling guilt over the disability can be very burdensome. It is a very intense emotional reaction, which may be accompanied by a sense of responsibility for the occurrence of the child's disability, and the parents may feel that they did something, or that they did not do the necessary about their child either before or after his birth. In some cases, parents drop the causes of disability on other people, or one of them may drop

the reasons on the other, and this may lead to a real family crisis (Recio et al., 2020).

5. Mourning and Grief

Parents feel that the disability has changed the course of their lives, and that they are no longer able or entitled to smile, or to enjoy their lives, and this sense of unhappiness, sadness, and disappointment is accompanied by introversion and crying, and perhaps some physical symptoms such as: insomnia, loss of appetite, and so on (Allred, 2015).

6. Depression

Some parents respond to a child's disability by withdrawing, and that withdrawal can sometimes lead to depression. It is noticeable that some parents withdraw away from their friends, relatives, and professionals, or away from activities that may facilitate the process of venting. Withdrawals increase in some cases of severe intellectual disabilities that require parents special care, or that their son is a source of anxiety as a result of the common behavioral patterns of his condition and socially unacceptable, and therefore parents resort to withdrawing from social events and public places; to avoid other people's looks at the child (Wright, 2017).

7. Unrealistic Hope

Instead of succumbing to despair and depression, some parents tend to embrace unrealizable hopes and dreams, as if they are building a castle in the air. The hope is that the child will get rid of the disability in some way. So they try treatments that have no scientific basis. Although parents have the right to dream and have hope, the important issue is that the necessary services are provided to the intellectually disabled child, and he is not deprived of them based on unrealistic hopes and wishes (Chen et al., 2019).

8. Overprotection

Some parents tend to exaggerate the protection of their intellectually disabled son, as they believe that it is cruel to push the disabled child to achieve achievements that they imagine are greater than his abilities and capabilities (Callus et al., 2019).

9. Acceptance and Adaptation

Despite the difficulty of the stages that parents of intellectually disabled children go through in the journey of coexistence with a disability from understanding the child's needs and problems, they often accept the status quo, and accept the child for what it is in the end, and therefore they begin to search for educational and training programs who would help and support him, and make sincere efforts to achieve the appropriate goals in cooperation with specialists (Mohan & Kulkarni, 2018).

As for the process of adaptation, the duration of the adaptation phase depends on some factors, including: the parents' personality, the degree of their belief in God's decree and destiny, the extent of the information available to them about the disability, the methods of confronting it, the extent of their confidence and their ability to bear the situation and overcome it, and deal with the difficult reality objectively, and their vision of the future this child (Beighton & Wills, 2019).

2.8. Impact of Intellectual Disability upon Families

The presence of a disabled child in the family leads to additional problems and more complex relationships, and may have a significant impact in bringing about a change in the family's adaptation, and creating an imbalance in the psychological and social organization of its members, regardless of the degree to which the family accepts this child (Martorell et al., 2011).

Thompson et al. (2014), summarizes the most important impact of having a disabled child in the family as follows:

2.8.1. Psychological Impact

It is represented in the different pressures and reactions the family suffers from, as well as the different methods and strategies that the family uses to coexist with disabilities (Glidden, 2012).

2.8.2. Social Impact

Represented by the child's disability as a threat to the family, and disruption in the relationships between individuals from within and outside the family, such as: marital conflicts, poor sibling compatibility, and the family's tendency to isolate from other families (Scior & Werner, 2016).

2.8.3. Economic Impact

The child's disability entails additional financial burdens; because it needs more requirements than other ordinary children in the family, as it needs more time and care, and rehabilitation and training programs in special education centers, and this may be beyond the capacity of families, which has negative effects on the family (Adeleke et al., 2020).

2.9. Factors Determine the Effects of Intellectual Disability

2.9.1. Educational and Cultural Level of the Parents

The educational and cultural level of the parents plays a key role in determining the methods and techniques used by the parents in raising their children on the one hand, and in the degree of their awareness of the causes that lead to disability and ways to prevent them on the other hand. People with a higher level of education have better job positions than those with less (Szumski & Karwowski, 2012).

2.9.2. Family Size

The size of the family affects and is affected by the disability. For example, the birth of a disabled child in a large family often has a lighter impact on its members. The presence of a number of non-disabled children comforts the parents and relieves them from the responsibility of direct care of the disabled

child, where the brothers and sisters play a major role in caring for their disabled brother (Collings & Llewellyn, 2012).

2.9.3. Type and Severity of Disability

The family's reactions and the way it interacts with its disabled child are directly related to the type and severity of his disability, and there is no doubt that each type of disability has a distinct effect on parents and other family members. He suffers from cerebral palsy. This also applies to the severity and degree of this disability (Blok et al., 2015).

A child with a simple disability differs in its impact on the family from a severe disability, and accordingly the extent to which the family feels frustration and disappointment varies according to the type and severity of the disability. The responsibilities of parents and other family members also increase, in addition to that the physical, psychological, and social burdens on the family increase according to the type and severity of the disability (Horsley & Oliver, 2015).

2.9.4. Intellectual Disabled Gender

Parents' responses and reactions to their disabled child differ according to his gender, especially in our Arab societies, where there is a clear bias in the family towards males, and therefore the birth of a disabled male in the family increases the feeling of grief between parents, and this feeling of grief and sadness may extend to include grandfather, grandmother, uncles and uncles but if the newborn is a female, the impact of the disability may be less and the sense of loss less, and they attribute this to the fact that the male is the one who will carry the family name and contribute to its continuation, unlike the girl who moves to her husband's family (Alexander & Taylor-Gomez, 2017).

2.10. Intellectual Disability Children Needs

2.10.1. Continuing Medical Care Needs

Children with intellectual disabilities require more specialized and continuous medical care services, and these services vary from place to place. In

areas where health care is available, parents may have difficulty finding a doctor who cares for the treatment of children, and therefore most parents obtain Limited healthcare for their child (Douglas et al., 2016).

2.10.2. Educational Needs

The issue of medical services may decrease in importance with the advancing age of the child, however, at the age of going to school, the search for appropriate educational programs becomes the most important in most cases, for several comprehensive reasons such as: fear, ignorance, limited resources of educational areas, and the promise that has not become Guaranteed by the Special Education Legislation (which formally established that children with disabilities are entitled to a free and appropriate public education within the local, less restrictive environment) (Wehmeyer et al., 2016).

2.10.3. Special Needs for Coping with Behavioural Problems

The great pressures experienced by families of intellectually disabled children, which are associated with the care and upbringing of the child, were represented in the problems of controlling behaviour and the continuous dependence of the child, although the interest in the child tends to decrease with age; However, concern about his behaviour with others increases over time (Beighton & Wills, 2017).

2.10.4. Special Needs to Reduce Persistent Dependency

As children with intellectual disabilities grow, they become dependent on their parents, and by the end of the school years they are able to feed themselves and get dressed. But it can limit the degree of disability of children's ability to reach large autonomy desired, spend those parents time in Child care, and social activities (O'Brien & Meisler, 2013).

2.10.5. On-going Needs for Support

The need for social support can be continuous among families whose opportunity to participate in the ordinary society is limited, who have children

and rare disabilities, or who have unusual difficulties in obtaining the necessary services (Patel et al., 2018).

2.10.6. Special Needs Overcoming Natural Obstacles

It includes physical barriers in the environment. Families can be prevented from full social participation. Society is socially designed to meet the needs of ordinary children. Although access to multiple places has recently increased, some families are still restricted in their complete freedom of movement. In general, socially imposed obstacles remain the main barriers towards most families (Jofipasi & Purwanta, 2019).

2.11. Parents' Needs of Children with Intellectual Disability

Goni-Fuste et al. (2021), define a need as: the thing desired, or something that a person lacks but it seeks to achieve a specific goal.

As Martin and Yurkovich (2014), defines the family need as: the desire to obtain services or the goals that should be achieved from the family's point of view. On the other hand, Goni-Fuste et al. (2021), defines the special needs of families with special needs. By: the desires expressed by the family in relation to the necessary services, or the objectives expected to be achieved.

Many studies that dealt with the needs of parents of disabled people in general, confirm the multiplicity and diversity of those needs in terms of knowledge, including: information about the disabled child, his characteristics, and the causes of his disability, and other training, including: facing behavioural problems, and training on how to deal with the child (Azeem et al., 2013).

As confirmed by a study by Arellano and Peralta (2013), there are special needs for parents of disabled children related to family and social support. In general, the sample members expressed their strong need for the availability of specialists who can be turned to at any time to seek advice and training in the field of disability.

Nowak (2017), summarize the most important needs of parents related to intellectual disability in the following:

2.11.1. Cognitive Needs

Information and the way to obtain it is one of the necessary needs of parents of children with intellectual disabilities, as the need of parents to understand their child's disability in a deeper way is useful to visualize what they expect in the future, and also they need information related to the needs of the child, help, and how it is within the scope of the daily routine of life (Hamby et al., 2019).

Parents also need to explain the condition of their disabled son to others, especially brothers, friends and relatives; hence the importance of establishing centers for knowledge resources; because these centres are one of the successful and effective ways to meet the cognitive needs of parents (Hronis et al., 2019).

2.11.2. Physical Needs

A disabled child costs his family a lot. Medical care, surgeries, and special tools, in addition to daily care, transportation, and alternatives all constitute a financial burden on parents, and therefore they are more exposed to economic problems whenever they make an effort to pay the cost of necessary services for their son. Several studies have indicated that parents face financial problems due to the child's needs for treatment and medical care, as well as special medical tools and equipment (Llewellyn, 2013).

On the other hand, the disabled child needs occupational and physical therapists, speech therapists, psychologists, and other supportive services, all of which drains the parents' financial resources, and because of the difficulty of providing financial resources, this does not facilitate the parents' coexistence and adaptation. Therefore, it is necessary to understand these needs and try to meet them in the possible ways (Collings & Llewellyn, 2012).

The physical needs of parents of intellectually disabled children are represented in: the child's need for treatment and medical care, and the provision of many things, such as: appropriate educational aids and games, and

appropriate entertainment, in addition to allocating some advantages to them and their families (Einarsson et al., 2015).

2.11.3. Social Needs

A child's disability may lead parents to withdraw and socially isolate for years, they may experience social difficulties due to the negative opinions and attitudes of others, and consequently they may feel stressed with little help from others (Llewellyn & Hindmarsh, 2015).

Parents of intellectually disability children also need help with how to access the services available. Services should be directed to parents in an organized manner, and any efforts to assist parents should include an assessment system to ensure that their needs are met. It is known that parents' perceptions of their needs may not be consistent with the perceptions of professionals, and therefore service provision facilities must carefully study the needs in addition to evaluating the level of services provided (Powell, 2016).

Social needs take two basic forms: informal support and formal support. For informal support, it means the help that parents receive from extended family members, friends, co-workers, and others. Formal support is the support provided by the government, charities, and other professionals (MacLean & Aunos, 2010).

The social needs of parents of intellectually disability children are represented in: Social interaction, in order to provide full support from the local community and from all different sources, assisting in how to access the services available locally (Slayter & Jensen, 2019).

2.11.4. Emotional Needs

Parents of mentally challenged children commonly experience a gamut of emotions over the years. They often struggle with guilt. One or both parents may feel as though they somehow caused the child to be disabled, whether from genetics, alcohol use, stress, or other logical or illogical reasons. This guilt can harm the parent's emotional health if it is not dealt with. Some parents struggle

with "why" and experience a spiritual crisis or blame the other parent (Boström et al., 2010).

Most parents have aspirations for their child from the time of her birth and can experience severe disappointment that she will not be president, a physician, an actor or whatever they had in mind. These parents must deal with the "death" of the perfect child who existed in their minds and learn to love and accept the child they have (Beighton & Wills, 2017).

Occasionally, parent feels embarrassed or ashamed that their child is mentally disabled. In view of the negative assumptions held by many professionals regarding parents' emotional maladjustment, it is not surprising that they tend to perceive parents as prime candidates for counselling or psychotherapy (Gray et al., 2011).

Hence parents may be thwarted in obtaining desperately needed information regarding their child's condition and the availability of services to meet his needs. Instead they are likely to find that professionals are eager to unravel their intrapsychic conflicts and to explore their marital problems and other areas of "maladjustment" (Sheehan & Guerin, 2018).

2.12. Previous Studies

Emerson (2003)

"Mothers of children and adolescents with intellectual disability: social and economic situation, mental health status, and the self-assessed social and psychological impact of the child's difficulties".

Objectives: The aims of the present paper were to: (1) compare the socio-economic situation of mothers raising a child with ID to that of mothers of non-ID children (2) assess the contribution of raising a child with ID to negative psychological outcomes for mothers (3) identify variables associated with negative psychological outcomes among mothers of children with ID.

Methods: The 1999 Office for National Statistics survey, Mental Health of Children and Adolescents in Great Britain, 1999, collected information on a

multistage stratified random sample of 10438 children between 5 and 15 years of age across 475 postal code sectors in England, Scotland and Wales. Secondary analysis was undertaken of the social and economic circumstances, and stress reported by 245 mothers of sampled children with ID and a comparison group of 9481 mothers of sampled children who did not have ID.

Results: The results indicate that: (1) families supporting a child with ID were significantly economically disadvantaged when compared with families supporting a child who did not have ID. (2) when compared with mothers of sampled children who did not have ID, mothers of sampled children with ID reported that their child's difficulties resulted in greater social and psychological impact; (3) having a child with ID marginally reduced the odds of mothers screening positive for having mental health problems (once all other variables were taken into account); and (4) among mothers of children with ID, mental health problems were associated with the child's difficulties having a greater social impact, having a boy, the child experiencing more than one potentially stressful life event, poverty, receipt of means-tested welfare benefits and 'unhealthy' family functioning.

Verma & Kishore, (2009)

"Needs of Indian parents having children with intellectual disability".

Objectives: The main objectives of the study were to compare the perceived needs of fathers and mothers having a child with intellectual disability, and to understand their cumulative needs with reference to the age, sex, and severity of functional disability of the child.

Methods: Thirty couples, each having a child with intellectual disability, were assessed with the NIMH Family Needs Schedule. The needs expressed by fathers and mothers differed significantly. Needs of the parents varied according to the age and sex of the child.

Results: Severity of intellectual disability had less impact on the nature of parental needs. The needs of mothers and fathers can be different. Some

needs of the parents may subside as their intellectually disabled child grows, but they are duly replaced by others. Needs of the parents grossly vary according to the sex but not the severity of intellectual disability of the child. Wherever applicable, family intervention should focus on the needs of the mothers and fathers separately with due consideration to the sex and age of the child.

Douglas et al. (2016)

"The first year: The support needs of parents caring for a child with an intellectual disability".

Objectives: To describe the support needs of parents caring for a child with an intellectual disability in the first year of life.

Methods: The study used a qualitative descriptive methodology. Semi-structured interviews were conducted with parents of eleven children with an intellectual disability in Victoria, Australia, during 2014. Interviews were digitally recorded, transcribed verbatim and analysed using thematic data analysis.

Results: Three key areas of support need were identified to assist parents to provide effective care for their child with an intellectual disability in the first year of life: (1) emotional support as parents adjusted to their role of caring for a child with an intellectual disability; (2) information support as they embarked on a quest for knowledge; and (3) support to facilitate their connection to peer networks. The findings highlighted inconsistent provision of support for parents.

Boehm & Carter (2019)

"Family quality of life and its correlates among parents of children and adults with intellectual disability".

Objectives: This study focused on family quality of life (FQOL) among 529 parents with children or adults with intellectual disability (ID).

Method: Parents reported moderate to high levels of FQOL satisfaction, with some variability across domains. It conducted hierarchical linear regression analyses to examine associations among FQOL and: (1) individual and family

demographic factors, (2) religiosity/spirituality factors, and (3) relationship factors.

Results: Findings highlighted the significance of both informal (i.e., family, friends) and formal (i.e., professional) social relationships, as well as the relevance of spirituality/religiosity, as factors contributing to FQOL. We offer recommendations for research and practice aimed at enhancing FQOL of parents with children and adults who have ID.

Koolen et al. (2020)

"Support needs of parents with intellectual disabilities: Systematic review on the perceptions of parents and professionals".

Objectives: This aimed to examine the perceptions of parents, professionals and informal network members regarding support needs of parents with intellectual disabilities (ID).

Methods: In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, five databases were systematically searched and 19 qualitative studies were reviewed using thematic analyses. No data were available on the perceptions of the informal social network. Data on parents and professionals were categorized in four themes (type of support, sources of support, and conditions of successful support and characteristics of support members).

Results: Data from professionals did not refer to emotional support needs or to the potential support of volunteers, friends and neighbours. Data from parents indicated a preference to be treated as 'full' parents, whereas professionals tended to focus on disabilities of parents. Results and implications contribute to insights into support needs of parents with ID from different perspectives and may help identify new entry points to improve future interventions and working alliances.

Mohammed & Hussein (2016)

Assessment of Mentally Retarded Children's Parents' Needs' throughout life-Span in Baghdad–Iraq: Comparative Study.

Objectives: To assess parents' needs of Mentally Retarded children throughout lifespan. The study tries to compare between parents' needs relative to the settings in which children have attended (public and private ones). The study also tries to find out the relationship between parents' needs and socio-demographic characteristics.

Methods: A descriptive-comparative study is carried out through the period of January 22nd to August 20th 2016 purposive (non-probability) sampling method applied in selecting a sample of (112) parents for the purpose of the study. The tool of data collection consist of the following parts: Primary data sheet and Parent needs scale. The reliability of the questionnaire is determined through a pilot study and the content validity is achieved through a panel of (16) experts. Data are collected through the use of a structured interview technique and the questionnaire as means for data collection. Data are analysed through the application of descriptive statistical data analysis approach that includes frequencies, percentages, mean of scores and inferential statistical data analysis approach which includes Chi-square, T-test and analysis of variance (ANOVA) test.

Results: The most important results of the study are as follows: The parents are strongly need knowledge, physical, social and psychological needs in both institutes (public and private).

Recommendation: The researcher recommends that directorate decision must be establishment of specialized guidance centres to solve the problems that faced by mentally retarded children and their families. In addition, activating media programs to raise social and community awareness of the needs, characteristics, and rights of mentally retarded children.

Chapter Three

Methodology

Chapter Three

Methodology

This chapter deals with methods which are used in the present study. A study design, administrative arrangements, setting of the study, sample of the study instrument construction, methods of data collection, pilot study and data analysis.

3.1. Study Design

A descriptive and analytical study design was conducted to assess the needs of parents of Children with Intellectual Disability, The study initiated from (18th of January 2022 to 15th of May 2022).

3.2. Administrative Arrangements

Formal administrative agreements were obtained before data collection, and are required to conduct the study, presented in Appendix (A1-6) as follows:

1. Approval from the University of Babylon/ College of Nursing Council for the study (Appendix A1).
2. Official permissions were also obtained from the Babylon Health Directorate in order to formally access the Rehabilitation Centers for the Disabilities (Appendix A2-A3).
3. The permissions were obtained from AL-Imam Al-Sadiq Hospital (Appendix A4).
4. The permissions were obtained from Al-Raja Institute for Mental Disabilities (Appendix A5).

3.3. Setting of the Study

The study is carried out at four centers for rehabilitation, these centers include:

- A. Al Raja Institute for Mental Disabilities.

- B. Learn the Pronunciation of AL- Imam Al-Sadiq Hospital.
- C. Psychological Counselling for AL-Imam Al-Sadiq Hospital.
- D. Babel Rehabilitation Centre for the Disabled.

3.3.1. Ethical Considerations

Ethical Considerations are essential to protect the rights of persons regarding the collected data confidentiality and promote the professional study conducted; the following ethical issues are applied depending on:

- Voluntary Agreement of the participants.
- Respect the exclusiveness of the participants
- Phrasing the questions is accessible and understandable according to the educational level of parents and cultural background.

Before the gathering of the data from the sample who is participating in the study, the researcher gives a brief explanation about the scientific background of the research and the purpose of conducting. Parents were verbally informed about the study aims and were asked to participate and this participation was voluntary.

3.4. Sample of the Study

A purposive sample of (n=123) parents is selected throughout the use of non-probability sampling approach. The study sample is distributed throughout rehabilitation centres as shown in figure 3-2

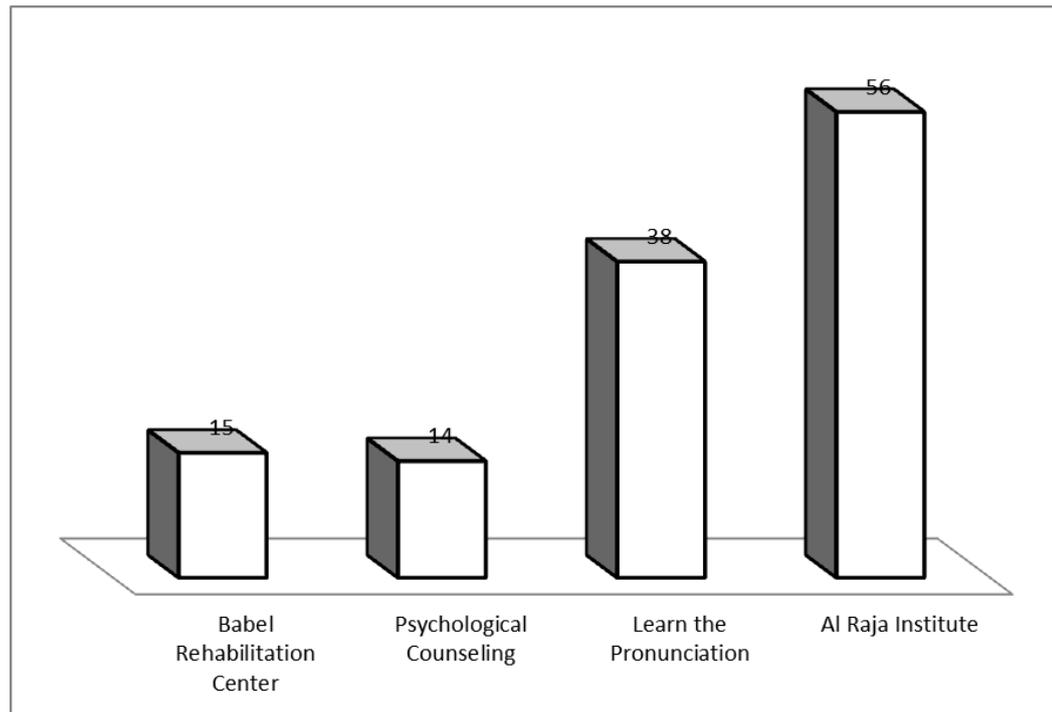


Figure 3-2: Distribution of Study Sample According to Rehabilitation Centres.

3.4.1. Inclusion Criteria:

1. Parents of children diagnosed with Intellectual disability by consultant psychiatrist.

3.4.2. Exclusion Criteria:

1. Parents of Intellectual disability children refused to participate in the study.
2. Parents participated in a pilot study.

3.5. Study Instrument

A large number of relevant literatures were extensively reviewed in search of a valid instrument for approval and suitable for the current study, which ended with the adoption and modification of a data collection tool from Hawsawi & Ali (2012) by the researcher the study is consisting of the following parts (Appendix B).

Part I: Socio-demographic data of Parents. The demographic datasheet consists

Of (6-items) and is categorized as Socio- demographic characteristics, "child's age, gender, degree of disability; and parent education, occupation and monthly income".

Part II: This section deals with parents needs adopted to investigate the needs of parents of intellectually disabled students and composed of 48-items divided into four dimensions include:

1. Cognitive needs: which is composed of 15-items measured and scored on 3-point (1×Need so much, 2× Sometime need and 3× No need).
2. Material needs: which is composed of 12-items measured and scored on 3-point (1×Need so much, 2×Sometime need and 3× No need).
3. Social needs: which is composed of 13-items measured and scored on 3-point (1×Need so much, 2×Sometime need and 3× No need).
4. Emotional needs: which is composed of 8-items measured and scored on 3-point (1×Need so much, 2×Sometime need and 3× No need).

3.6. Validity of the Questionnaire

The validity of the questionnaire is determined by the (11) experts with more than (5) years of experience in their field to investigate the content of the questionnaire about the assessment of Parents' Needs of Children with Intellectual Disability (Appendix C). These experts reviewed the tool to ascertain their content; clarity, suitability and sufficiency according to their feedback and the tool is considered valid after all comments and recommendations are taken into account.

3.7. Pilot Study

This preliminary study was conducted to determine the clarity and relevancy of the study tool, clarity and its efficiency which confirmed, and standard time required to collect data for each subject which can estimated

during the interview procedures and to difficulties identification that may encounter.

The pilot study tries to accomplish the following objectives:

- 1- Determine the instruments reliability.
- 2- Ascertain the instruments clarity, relevancy and adequacy.
3. An estimate of the time needed to collect the data.
4. Identification of barriers that may not be counted during the data collection process.

Results of pilot study:

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (20-30) minutes.
3. The instrument items were clear and understood the phenomenon underlying of the study.

Before the questionnaire reached its final form, it went through the following stages:

1. Determining the data that will be collected through the questionnaire according to the study questions.
2. Determining the method and format of the questionnaire.
3. Determining the type of criterion that determines the type of answer in the questionnaire.
4. Presenting the questionnaire to the supervising to express his opinion and observations in developing the questionnaire and modifying it based on his observations.
5. Presenting the questionnaire to a number of panels of experts to express their opinion and observations in developing the questionnaire and modifying it based on what they submitted.

6. Conducting a reliability test on it by distributing the questionnaire to a sample of 10 Parents.
7. Writing the questionnaire in its final form, then printing, reviewing and distributing it.

3.8. Reliability of the Questionnaire:

The reliability of the study instruments means making sure that the answer will be almost the same, if it is repeatedly applied to the same people, at different times. The researcher applied it to a random exploratory sample of (10) subjects as composed 10% of original sample. Members of this sample were later excluded from the original sample on which the final study was conducted. Reliability coefficient utilizing the "Cronbach's Alpha" tested coefficient, as indicated in the **table (3-1)**.

Table 3-1: Reliability of the Studied Questionnaire (n=10)

<i>Reliability Cronbach's Alpha</i>	
Parents Needs=48 items	0.896

3.9. Methods of Data Collection

The data was carried out from 7th of February 2022 to 5th of April 2022. After obtaining the approval of the Babylon Health Directorate and verifying the validity and reliability of the questionnaire. The researcher interviewee the participants (Parents of Intellectual Disability Children), explained the instructions, answered their questions regarding the instrument's and thanked them for the cooperation. The interview method was used on individual bases, and each interview (20-30) minutes.

3.10. Methods of Statistics Data Analysis

In order to statistically analyze the data collected from the study sample to arrive at the results, the researcher used the *SPSS ver-20* and Microsoft Excel (2010) program to analyse this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

3.11. Descriptive Approach

Descriptive statistics includes a set of mathematical and statistical methods that are adopted to describe the main features of a data quantitatively by using tables and charts. Descriptive statistics always aim to present and describe the data which is required to be processed, organized, summarized and categorized, as well as presenting them in a simple and clear manner that makes it easier for the recipient to recognize and understand its content. The analysis performed through use:

A. Statistical tables "Frequencies and percentages" which are:

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

B. Mean of scores MS and total mean score (M_{\pm}).

The average score can be calculated by using the following:

$$M.S = \frac{\sum r_i = 1F_i \times S_i}{\sum r_i = 1F_i} \times 100$$

For Cognitive Needs

The overall responses according to total mean of score which follow:

M=15-25 were considered Need in High Degree

M=26-35 were considered Need in Moderate Degree

M=36-45 were considered No need

For Materials Needs

The overall responses according to total mean of score which follow:

M=12-20 were considered Need in High Degree

M=21-28 were considered Need in Moderate Degree

M=29-36 were considered No need

For Social Needs

The overall responses according to total mean of score which follow:

M=13-21 were considered Need in High Degree

M=22-30 were considered Need in Moderate Degree

M=31-39 were considered No need

For Emotional Needs

The overall responses according to total mean of score which follow:

M=8-13 were considered Need in High Degree

M=14-18 were considered Need in Moderate Degree

M=19-24 were considered No need

C. Standard Deviation test $\pm SD$.

$$SD = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (X_i - \bar{X})^2}$$

D. It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

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

3.11.1. Inferential approach

1. Independent Sample t-test

The sample that has nothing to do with the others The t-test examines the means of two independent groups to see if statistical evidence exists that the related population means are significantly different.

$$t = \frac{\mu_A - \mu_B}{\sqrt{\left[\frac{\left(\sum A^2 - \frac{(\sum A)^2}{n_A} \right) + \left(\sum B^2 - \frac{(\sum B)^2}{n_B} \right)}{n_A + n_B - 2} \right]} \cdot \left[\frac{1}{n_A} + \frac{1}{n_B} \right]}$$

$(\sum A)^2$: Sum of data set A, squared (Step 2).

$(\sum B)^2$: Sum of data set B, squared (Step 2).

μ_A : Mean of data set A (Step 3)

μ_B : Mean of data set B (Step 3)

$\sum A^2$: Sum of the squares of data set A (Step 4)

$\sum B^2$: Sum of the squares of data set B (Step 4)

n^A : Number of items in data set A

n^B : Number of items in data set B

2. Analysis of Variance

For equality of means, is used (chance test when the mean parameter varies).

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$\frac{(\sum xP)^2}{SS_B = \sum n - u}$	$df_B = K-1$	$\frac{MS_B}{MS_W}$	
Within Groups	$\frac{SS_W = \sum (\sum xP)^2}{N}$	$df_W = N-k$	$\frac{SS_W}{DF_W}$	$\frac{MS_B}{MS_W}$
Total	$\frac{SS_T = \sum (\sum xP)^2}{N}$	$df_T = N-1$		

P-value (≤ 0.05)

Shortcuts for measuring important compared to the level, are used as follows:

- 1. NS** :> 0.05 *Non significantly*-differences.
- 2. S** : < 0.05 *Significantly*-differences.

Chapter Four

Results

Chapter Four

Results of the Study

Under the objectives of current study findings, the descriptive and inferential statistic approach is organized in tables and figures that include the followings:

4-1: Descriptive Statistic of Socio-Demographic Variables (SDVs)

Table 4-1-1: Distribution of Intellectual Disability Children Information

No	Variables	Classification	Freq.	%
1	Child's Age	<10 years old	50	40.6
		10-12 years old	51	41.5
		>12 years old	22	17.9
		Total	123	100.0
2	Child's Gender	Male	48	39.0
		Female	75	61.0
		Total	123	100.0
3	Degree of Intellectual Disability	Mild	28	22.8
		Moderate	69	56.1
		Sever	26	21.1
		Total	123	100.0

In terms of frequencies and percentage, out of 123 parents of intellectual disability children aged 10-12 years old recorded the highest percentage among children 51 (41.5%) and the lowest percentage aged >12 years 22 (17.9%). Regarding gender, the female children were composed 75 (61%) and the remaining were male children. Considering the degree of intellectual disability, most of children show moderate intellectual disability 69 (56.1%) and the small ration show sever disability 26 (21.1%).

Table 4-1-2: Distribution of Parents with Intellectual Disability Children Information

Variables	Classification	Freq.	%
Fathers Education	Illiterate	16	13.0
	Read & Write	13	10.6
	Elementary school graduated	22	17.9
	Middle school graduated	9	7.3
	High school graduated	14	11.4
	College and above	49	39.8
	Total	123	100.0
Mothers Education	Illiterate	18	14.6
	Read & Write	46	37.4
	Elementary school graduated	21	17.1
	Middle school graduated	4	3.3
	High school graduated	16	13.0
	College and above	18	14.6
	Total	123	100.0
Fathers Occupation	Government employed	48	39.0
	Non-government employed	48	39.0
	Unemployed	27	22.0
	Total	123	100.0
Mothers Occupation	Government employed	40	32.5
	Non-government employed	23	18.7
	Unemployed	60	48.8
	Total	123	100.0
Monthly income	Sufficient	40	32.5
	Barely sufficient	50	40.7
	Insufficient	33	26.8
	Total	123	100.0

In terms of parents education, most of fathers 49 (39.8%) were college graduated, while, most of mothers 46 (37.4%) were read and write educated. Occupation associated findings, governmental and non-governmental employed were associated fathers 48 (39%) for each them, while, the unemployment were associated mothers 60 (48.8%). Finally, the moderate Monthly income were constituted the highest ratio 50 (40.7%) among parents of intellectual disability children.

4.2. Parents of Intellectual Disability Needs

Table4-2-1: Parents Needs related to Cognitive dimension

List	Cognitive Needs Items	Responses	No.	%	Mean score \pm std. deviation	Assessment
1	I need information about the nature of intellectual disability.	Needs so Much	97	78.9	1.24 \pm 0.501	High
		Sometime need	22	17.9		
		No need	4	3.2		
2	I need information about the characteristics of my son/daughter with intellectual disability.	Needs so Much	95	77.2	1.29 \pm 0.582	High
		Sometime need	20	16.3		
		No need	8	6.5		
3	I need information on how my children deal with their disabled brother/sister.	Needs so Much	74	60.2	1.51 \pm 0.693	High
		Sometime need	35	28.5		
		No need	14	11.3		
4	I need information about treatment modalities with my son/daughter.	Needs so Much	73	59.3	1.43 \pm 0.544	High
		Sometime need	47	38.2		
		No need	3	2.4		
5	I need information on future opportunities to educate my son/daughter.	Needs so Much	78	63.4	1.44 \pm 0.642	High
		Sometime need	35	28.5		
		No need	10	8.1		
6	I need information and guidance programs to work with my son/daughter.	Needs so Much	95	77.2	1.24 \pm 0.467	High
		Sometime need	26	21.1		
		No need	2	1.6		
7	I need to know the proper techniques to solve the behavioral problems of my son/daughter.	Needs so Much	90	73.2	1.29 \pm 0.507	High
		Sometime need	30	24.4		
		No need	3	2.4		
8	I need to know the scientific websites specialized in providing appropriate instructions for dealing with son	Needs so Much	71	57.7	1.53 \pm 0.692	High
		Sometime need	38	30.9		
		No need	14	11.4		
9	I need to learn about recent trends in taking care of my son/daughter.	Needs so Much	103	83.7	1.17 \pm 0.425	High
		Sometime need	18	14.6		
		No need	2	1.6		
10	I need to know the psychological and social effects on my other children because of their brother's disability.	Needs so Much	85	69.1	1.37 \pm 0.605	High
		Sometime need	30	24.4		
		No need	8	6.5		
11	I need to know the names of the NGOs that deal with children with disabilities.	Needs so Much	63	51.2	1.64 \pm 0.736	High
		Sometime need	41	33.3		
		No need	19	15.4		
12	I need to know the suitable professions that my son/daughter can do when he grows up.	Needs so Much	95	77.2	1.30 \pm 0.599	High
		Sometime need	19	15.4		
		No need	9	7.3		
13	I need information about my son/daughter's diet.	Needs so Much	98	79.7	1.21 \pm 0.429	High
		Sometime need	24	19.5		
		No need	1	.8		
14	I need information on how to raise my son/daughter.	Needs so Much	103	83.7	1.18 \pm 0.449	High
		Sometime need	17	13.8		
		No need	3	2.4		
15	I need to know what teachers and coaches are doing to teach or train my son/daughter.	Needs so Much	103	83.7	1.17 \pm 0.398	High
		Sometime need	19	15.4		
		No need	1	.8		

"(M) Mean, (SD) Standard deviation, Level of Assessment (High \leq 1.66, Moderate=1.67-2.33, Low \geq 2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the parents of intellectual disability children expressed cognitive needs in a high degree as indicated by low mean scores.

Table 4-2-2: Overall parents Cognitive Needs among children with Intellectual Disability

<i>Cognitive Needs</i>	<i>Freq.</i>	<i>%</i>	<i>Mean score ± std. deviation</i>
High Degree needs	102	82.9	20.06±5.17
Moderate Degree needs	18	14.6	
No needs	3	2.4	
<i>Total</i>	123	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Need in High Degree=15-25; Need in Moderate Degree=26-35; No need=36-45)

Findings demonstrated that the (82.9%) of parents of intellectual disability children exhibited cognitive needs in a high degree as described by low mean scores 20.06 (± 5.17).

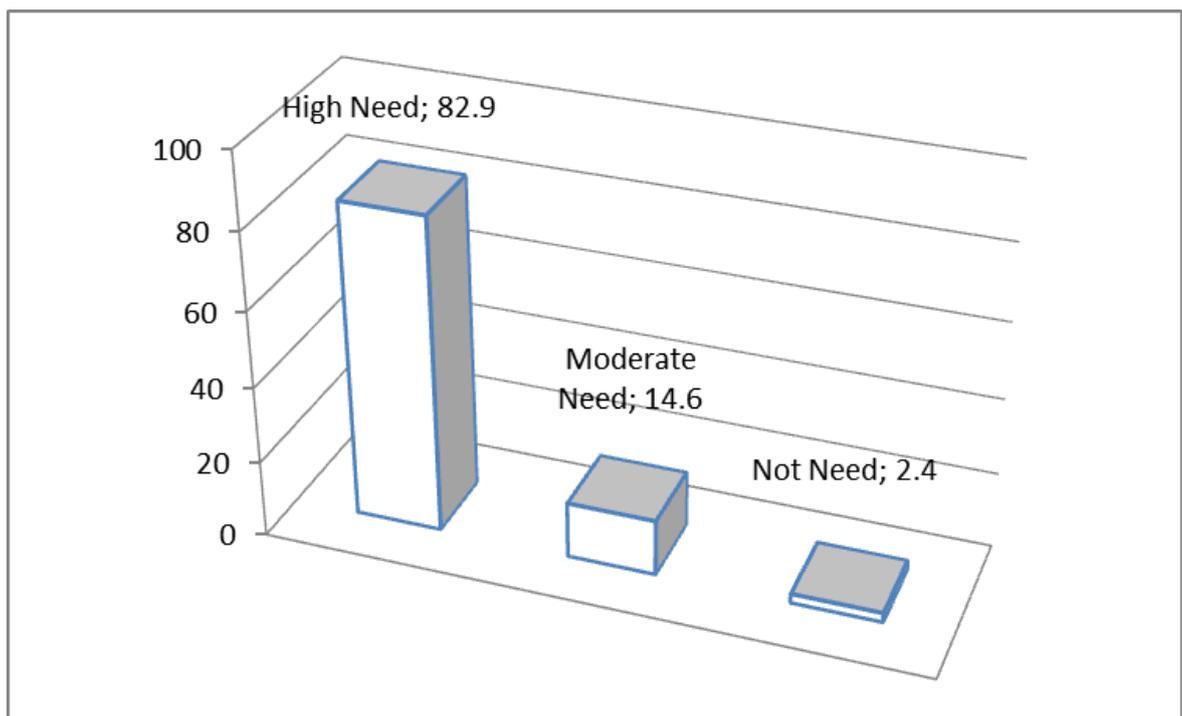


Figure 4-1: Overall Cognitive Needs

Table4-2-3: Parents Needs related to Material dimension

List	Material Needs Items	Responses	No.	%	Mean score \pm std. deviation	Assessment
1	I need financial support from the state to provide better care for my son/daughter.	Needs so Much	105	85.4	1.24 \pm 0.618	High
		Sometime need	6	4.9		
		No need	12	9.7		
2	I need financial support from the private sector to provide better care for my son/daughter	Needs so Much	55	44.7	1.69 \pm 0.712	Moderate
		Sometime need	50	40.7		
		No need	18	14.6		
3	I need to provide facilities for families of people with disabilities.	Needs so Much	67	54.5	1.46 \pm 0.516	High
		Sometime need	55	44.7		
		No need	1	0.8		
4	I need to secure transportation to school.	Needs so Much	86	69.9	1.34 \pm 0.572	High
		Sometime need	31	25.2		
		No need	6	4.9		
5	I need to provide a suitable job for my son/daughter when he grows up.	Needs so Much	91	74.0	1.37 \pm 0.682	High
		Sometime need	18	14.6		
		No need	14	11.4		
6	I need charitable donations to purchase supplies for my son/daughter.	Needs so Much	56	45.5	1.89 \pm 0.894	Moderate
		Sometime need	24	19.5		
		No need	43	35.0		
7	I need to provide additional training and educational lessons for my son at home.	Needs so Much	56	45.5	1.69 \pm 0.723	Moderate
		Sometime need	48	39.0		
		No need	19	15.4		
8	I need to provide for my son/daughter's needs for treatment and medical care.	Needs so Much	98	79.7	1.21 \pm 0.429	High
		Sometime need	24	19.5		
		No need	1	.8		
9	I need to provide brochures and specialized books that enable me to know the nature of my son/daughter's disability.	Needs so Much	74	60.2	1.55 \pm 0.748	High
		Sometime need	30	24.4		
		No need	19	15.4		
10	I need to provide adequate entertainment for my son/daughter.	Needs so Much	91	74.0	1.26 \pm 0.462	High
		Sometime need	31	25.2		
		No need	1	.8		
11	I need help in enrolling my son/daughter in special institutions that deal with people with intellectual disabilities.	Needs so Much	79	64.2	1.41 \pm 0.599	High
		Sometime need	37	30.1		
		No need	7	5.7		
12	I need help to building a suitable home environment for my son/daughter.	Needs so Much	98	79.7	1.21 \pm 0.429	High
		Sometime need	24	19.5		
		No need	1	.8		

"(M) Mean, (SD) Standard deviation, Level of Assessment (High \leq 1.66, Moderate=1.67-2.33, Low \geq 2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the parents of intellectual disability children expressed material needs in a high degree as indicated by low mean scores at all studied items of the scale except, parents needs in a moderate degree about the needs stated that (*financial support from the private sector to provide better care for my son/daughter, need charitable donations to purchase supplies for my*

son/daughter and need to provide additional training and educational lessons for my son at home).

Table 4-2-4: Overall parents Material Needs among children with Intellectual Disability

<i>Material Needs</i>	<i>Freq.</i>	<i>%</i>	<i>Mean score ± std. deviation</i>
High Degree needs	80	65.0	<i>17.38±4.16</i>
Moderate Degree needs	42	34.1	
No needs	1	0.8	
<i>Total</i>	123	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Need in High Degree=12-20; Need in Moderate Degree=21-28; No need=29-36)

Findings demonstrated that the (65%) of parents of intellectual disability children exhibited material needs in a high degree as described by low mean scores $17.38 (\pm 4.16)$.

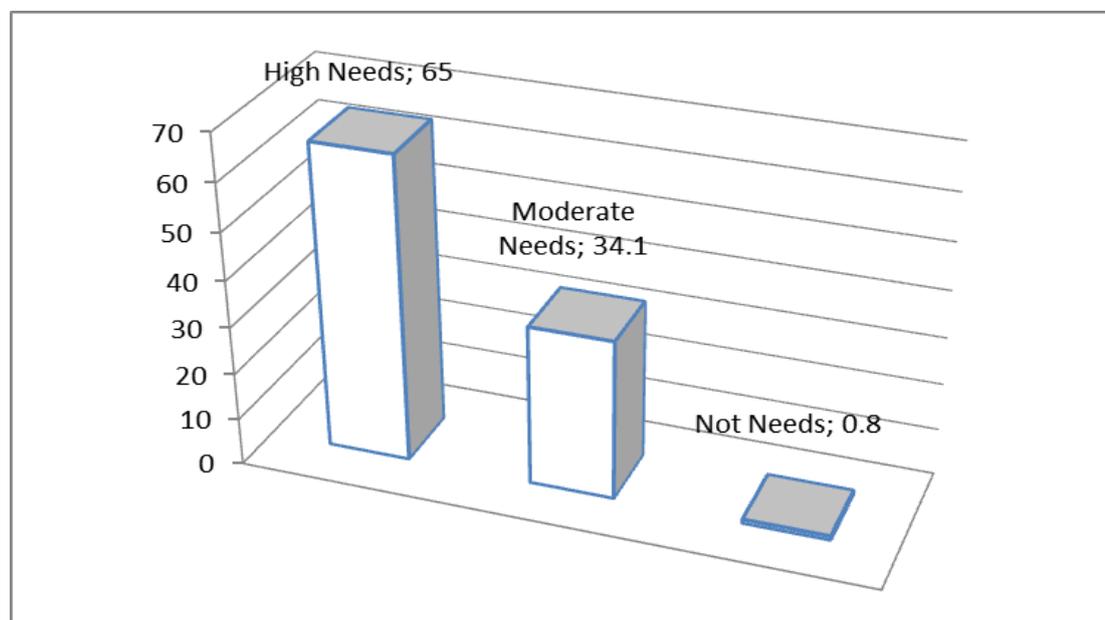


Figure 4-2: Overall Material Needs

Table4-2-5: Parents Needs related to Social dimension

List	Social Needs Items	Responses	No.	%	Mean score \pm std. deviation	Assessment
1	I need moral support from relatives and friends.	Needs so Much	46	37.4	1.76 \pm 0.678	Moderate
		Sometime need	60	48.8		
		No need	17	13.8		
2	I need help doing recreational activities.	Needs so Much	48	39.0	1.69 \pm 0.626	Moderate
		Sometime need	64	52.0		
		No need	11	8.9		
3	I need guidance seminars for parents of children with intellectual disabilities.	Needs so Much	79	64.2	1.46 \pm 0.681	High
		Sometime need	31	25.2		
		No need	13	10.6		
4	I need to hold sessions with parents of mentally disabled students.	Needs so Much	39	31.7	1.90 \pm 0.728	Moderate
		Sometime need	57	46.3		
		No need	27	22.0		
5	I need to hold sessions with the staff at the school or institute; To follow up the academic performance of my son/daughter.	Needs so Much	85	69.1	1.43 \pm 0.714	High
		Sometime need	22	17.9		
		No need	16	13.0		
6	I need to hold sessions with specialists within the school to discuss my son/daughter's problems.	Needs so Much	86	69.9	1.37 \pm 0.619	High
		Sometime need	28	22.8		
		No need	9	7.3		
7	I need to provide opportunities for social interaction for my son/daughter with the community.	Needs so Much	71	57.7	1.49 \pm 0.632	High
		Sometime need	43	35.0		
		No need	9	7.3		
8	I need my son/daughter's participation in the meetings, lectures and seminars held by the school or institute	Needs so Much	74	60.2	1.46 \pm 0.617	High
		Sometime need	41	33.3		
		No need	8	6.5		
9	I need to involve my son/daughter in charities activities carried out by NGOs such as visiting patients in hospital and providing aid to them.	Needs so Much	70	56.9	1.48 \pm 0.605	High
		Sometime need	46	37.4		
		No need	7	5.7		
10	I need my son/daughter to participate in sports activities.	Needs so Much	82	66.6	1.43 \pm 0.679	High
		Sometime need	28	22.8		
		No need	13	10.6		
11	I need to provide family support services such as family training, family counseling, by community organizations.	Needs so Much	80	65.0	1.50 \pm 0.750	High
		Sometime need	24	19.5		
		No need	19	15.4		
12	I need to organize courses and training programs for families in the field of intellectual disability to raise efficiency...	Needs so Much	73	59.3	1.51 \pm 0.681	High
		Sometime need	37	30.1		
		No need	13	10.6		
13	I need specialized programs in the various media to change the society's view of children with intellectual disabilities.	Needs so Much	75	61.0	1.43 \pm 0.588	High
		Sometime need	42	34.1		
		No need	6	4.9		

"(M) Mean, (SD) Standard deviation, Level of Assessment (High \leq 1.66, Moderate=1.67-2.33, Low \geq 2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the parents of intellectual disability children expressed social needs in a high degree as indicated by low mean scores at all studied items except, parents moderately needs stated that (*moral support from relatives and*

friends, help doing recreational activities, hold sessions with parents of mentally disabled students).

Table 4-2-6: Overall parents Social Needs among children with Intellectual Disability

<i>Social Needs</i>	<i>Freq.</i>	<i>%</i>	<i>Mean score ± std. deviation</i>
High Degree needs	93	75.6	19.98±5.60
Moderate Degree needs	23	18.7	
No needs	7	5.7	
<i>Total</i>	123	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Need in High Degree=13-21; Need in Moderate Degree=22-30; No need=31-39)

Findings demonstrated that the (75.6%) of parents of intellectual disability children exhibited social needs in a high degree as described by low mean scores 19.98 (± 5.60).

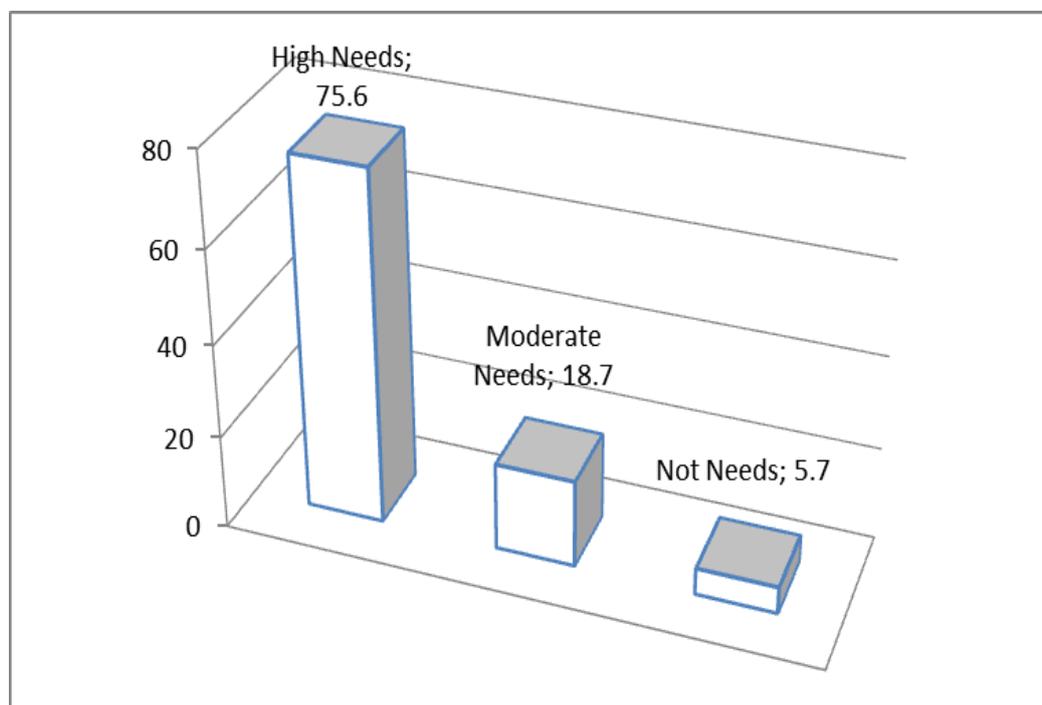


Figure 4-3: Overall Social Needs

Table4-2-7: Parents Needs related to Emotional dimension

List	Emotional Needs Items	Responses	No.	%	Mean score \pm std. deviation	Assessment
1	I need more time to think about myself.	Needs so Much	31	25.2	2.10 \pm 0.776	Moderate
		Sometime need	48	39.0		
		No need	44	35.8		
2	I need to talk to someone about my personal problems.	Needs so Much	6	4.9	2.50 \pm 0.591	Moderate
		Sometime need	49	39.8		
		No need	68	55.3		
3	I need help when I am anxious, depressed or feeling sad.	Needs so Much	32	26.0	1.93 \pm 0.674	Moderate
		Sometime need	67	54.5		
		No need	24	19.5		
4	I need help managing my psychological health problem.	Needs so Much	93	75.6	1.29 \pm 0.554	High
		Sometime need	24	19.5		
		No need	6	4.9		
5	I need to talk to someone to reduce my fears.	Needs so Much	26	21.1	1.98 \pm 0.639	Moderate
		Sometime need	73	59.3		
		No need	24	19.5		
6	I need help when I'm under stress.	Needs so Much	62	50.4	1.59 \pm 0.663	High
		Sometime need	49	39.8		
		No need	12	9.8		
7	I need help when I'm having trouble thinking.	Needs so Much	68	55.3	1.49 \pm 0.591	High
		Sometime need	49	39.8		
		No need	6	4.9		
8	I need to talk to someone when I am having trouble making decisions about the child.	Needs so Much	81	65.8	1.39 \pm 0.581	High
		Sometime need	36	29.3		
		No need	6	4.9		

"(M) Mean, (SD) Standard deviation, Level of Assessment (High \leq 1.66, Moderate=1.67-2.33, Low \geq 2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the parents of intellectual disability children expressed emotional needs in a moderate and high degree as indicated by moderate to low mean scores at all studied items.

Table 4-2-8: Overall parents Emotional Needs among children with Intellectual Disability

<i>Emotional Needs</i>	<i>Freq.</i>	<i>%</i>	<i>Mean score ± std. deviation</i>
High Degree needs	56	45.5	<i>14.30±2.74</i>
Moderate Degree needs	65	52.8	
No needs	2	1.6	
<i>Total</i>	123	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Need in High Degree=8-13; Need in Moderate Degree=14-18; No need=19-24)

Findings demonstrated that the (52.8%) of parents of intellectual disability children exhibited emotional needs in a moderate degree as described by moderate mean scores $14.30 (\pm 2.74)$.

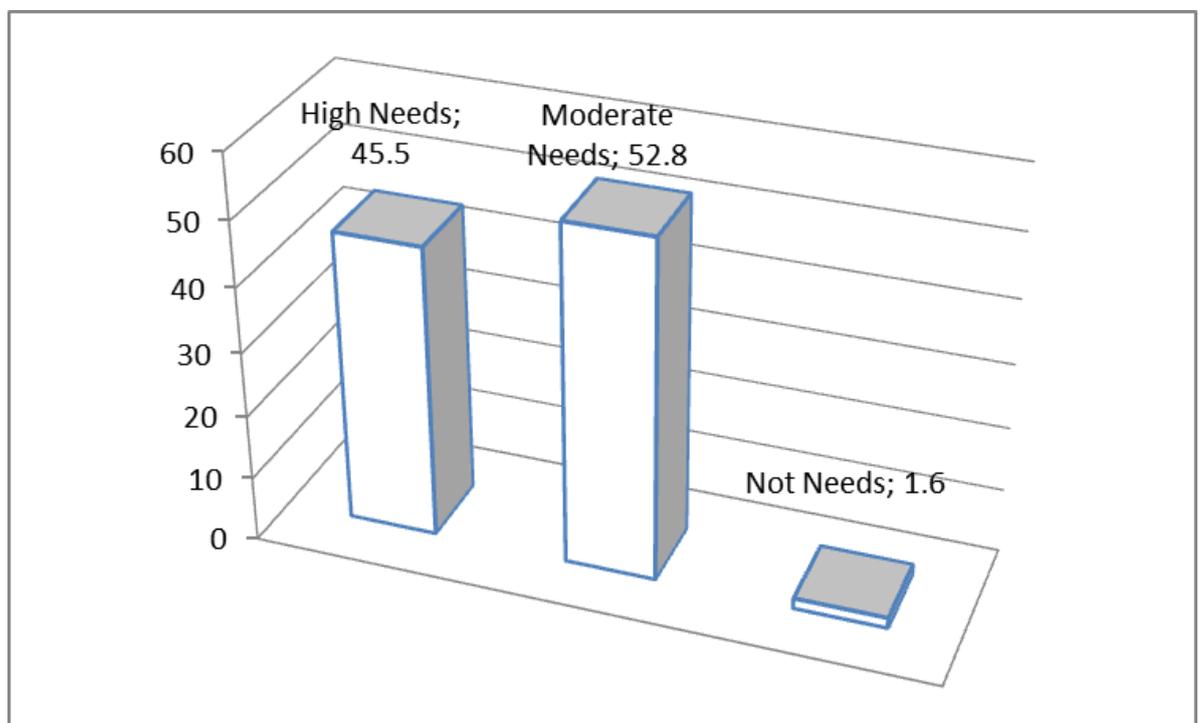


Figure 4-4: Overall Emotional Needs

The statistically distribution of parents needs profile. Findings described by low level mean scores revealed that the material needs scored a large degree ($M=1.33$), followed by the cognitive needs ($M=1.44$), then the social needs ($M=1.53$) and the emotional needs ($M=1.79$) respectively.

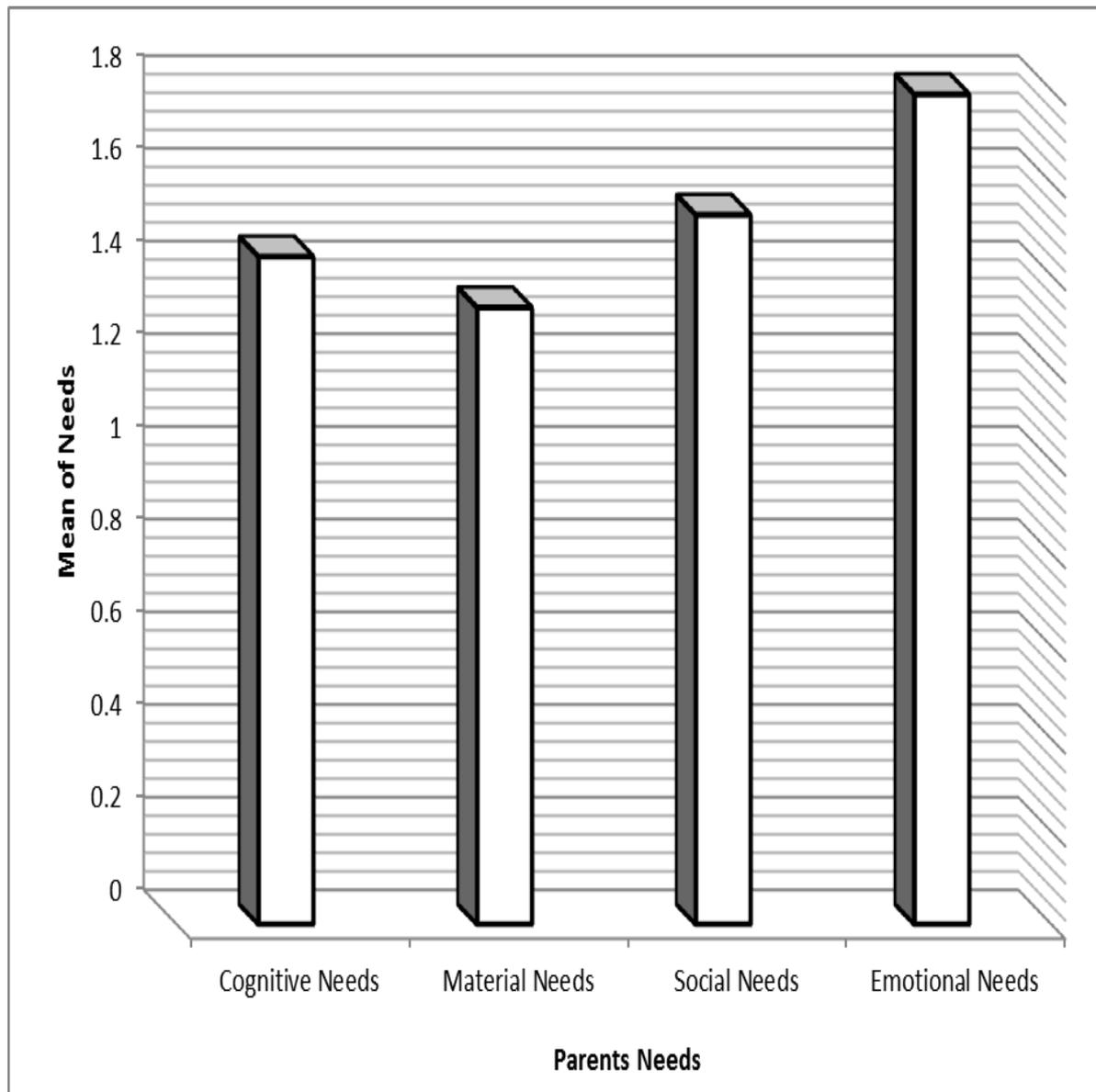


Figure 4-5: Parents Needs

4.3. Significant Differences in Parents Needs according to Parents-Child's Information

Table 4-3-1: Significant Differences in Parents Needs According to Intellectual Disability Children Age factor ($n=123$)

Child's Age	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	sig
Cognitive Needs	Between Groups	.453	2	.227	1.936	.149	N.S
	Within Groups	14.051	120	.117			
	Total	14.504	122				
Material Needs	Between Groups	.313	2	.156	1.301	.276	N.S
	Within Groups	14.417	120	.120			
	Total	14.729	122				
Social Needs	Between Groups	.457	2	.228	1.233	.295	N.S
	Within Groups	22.229	120	.185			
	Total	22.686	122				
Emotional Needs	Between Groups	1.783	2	.891	8.497	.000	Sig
	Within Groups	12.590	120	.105			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant(N.S) differences in parents cognitive, material and social needs with regards child's age ($p > 0.05$); and significant(Sig) differences in parents emotional needs with regards child's age ($p < 0.05$).

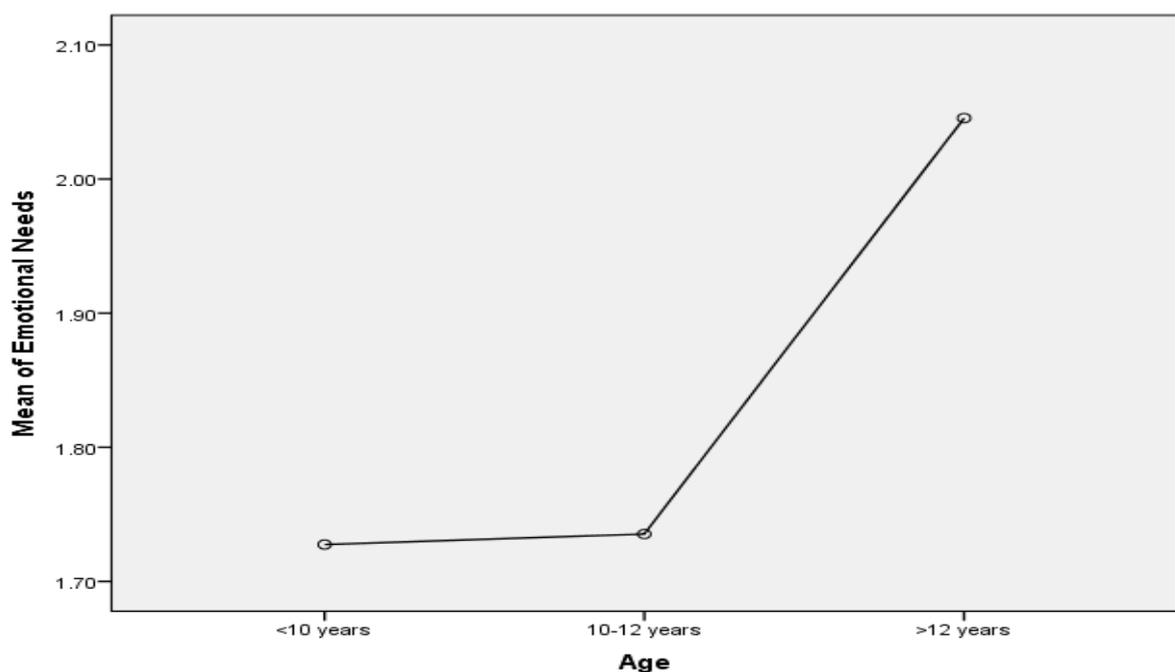


Figure 4-6: Distribution of Emotional Needs according to Child's Age

Table 4-3-2: Significant Differences in parents Needs According to intellectual disability children gender factor

Variables	Gender	Mean	SD	t-value	d.f	$p \leq 0.05$	sig
Cognitive Needs	Male	1.2694	.27331	1.771	121	.079	N.S
	Female	1.3813	.37896				
Material Needs	Male	1.5122	.39798	1.636	121	.104	N.S
	Female	1.4078	.30682				
Social Needs	Male	1.6154	.50852	1.619	121	.108	N.S
	Female	1.4872	.36855				
Emotional Needs	Male	1.7318	.32513	1.450	121	.150	N.S
	Female	1.8233	.35181				

SD: Standard deviation, t: t-test, d.f: Degree of freedom, Sig: Significance, p: Probability value, No-sig.: Not significant.

Findings demonstrated there were no significant differences in parents cognitive, material, social and emotional needs with regards child's gender ($p > 0.05$).

Table 4-3-3: Significant Differences in parents Needs According to Degree of Intellectual Disability of children ($n=123$)

Degree of Disability	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	1.642	2	.821	7.660	.001	N.S
	Within Groups	12.862	120	.107			
	Total	14.504	122				
Material Needs	Between Groups	3.947	2	1.973	21.960	.000	N.S
	Within Groups	10.783	120	.090			
	Total	14.729	122				
Social Needs	Between Groups	.108	2	.054	4.287	.051	N.S
	Within Groups	22.578	120	.188			
	Total	22.686	122				
Emotional Needs	Between Groups	1.697	2	.849	8.034	.001	N.S
	Within Groups	12.676	120	.106			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were significant(N.S) differences in parents cognitive, material, social and emotional needs with regards child's degree of disability ($p < 0.05$).

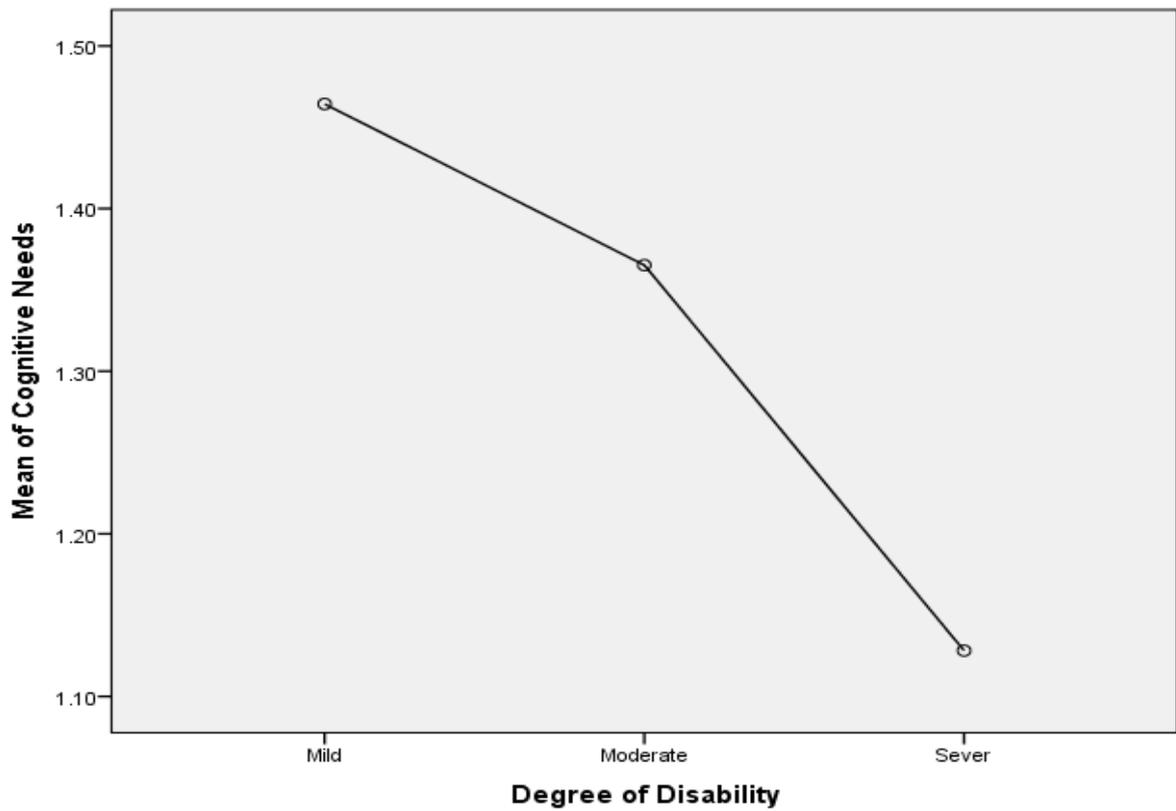


Figure 4-7: Distribution of Cognitive Needs according to Degree of Disability

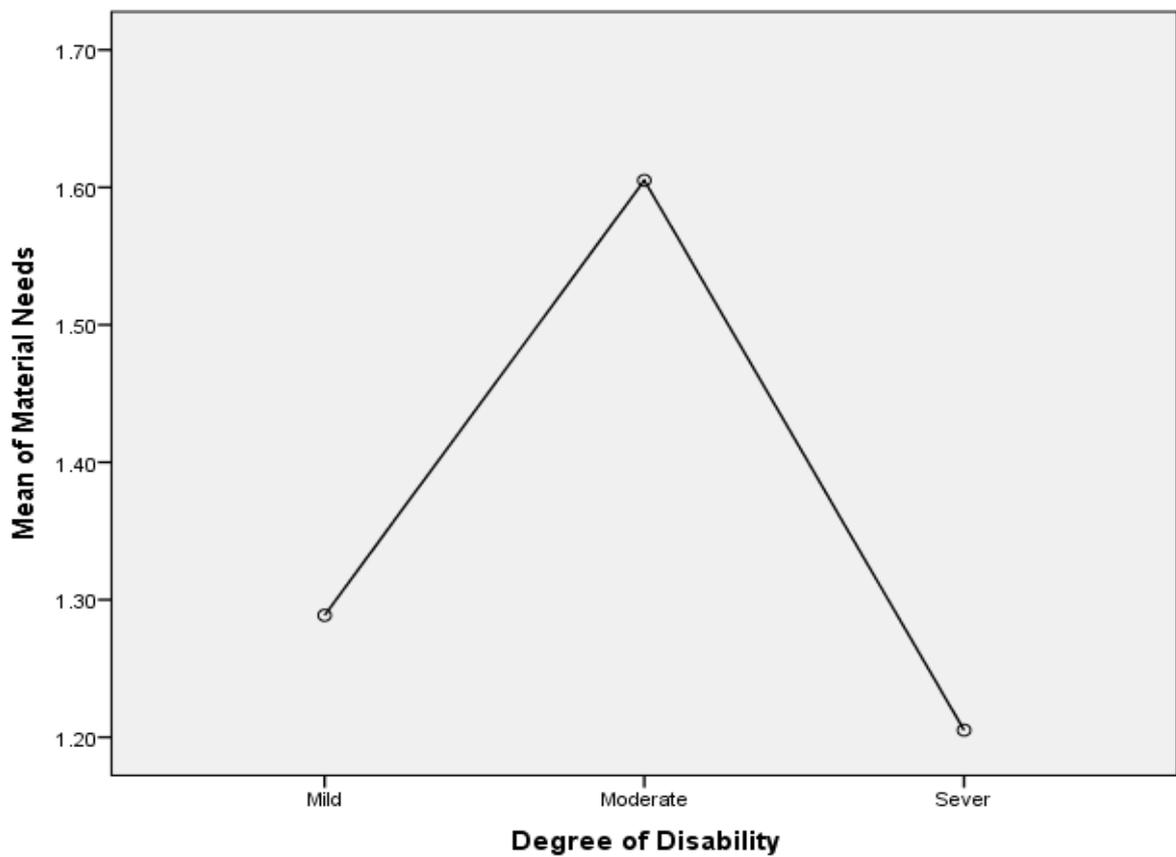


Figure 4-8: Distribution of Material Needs according to Degree of Disability

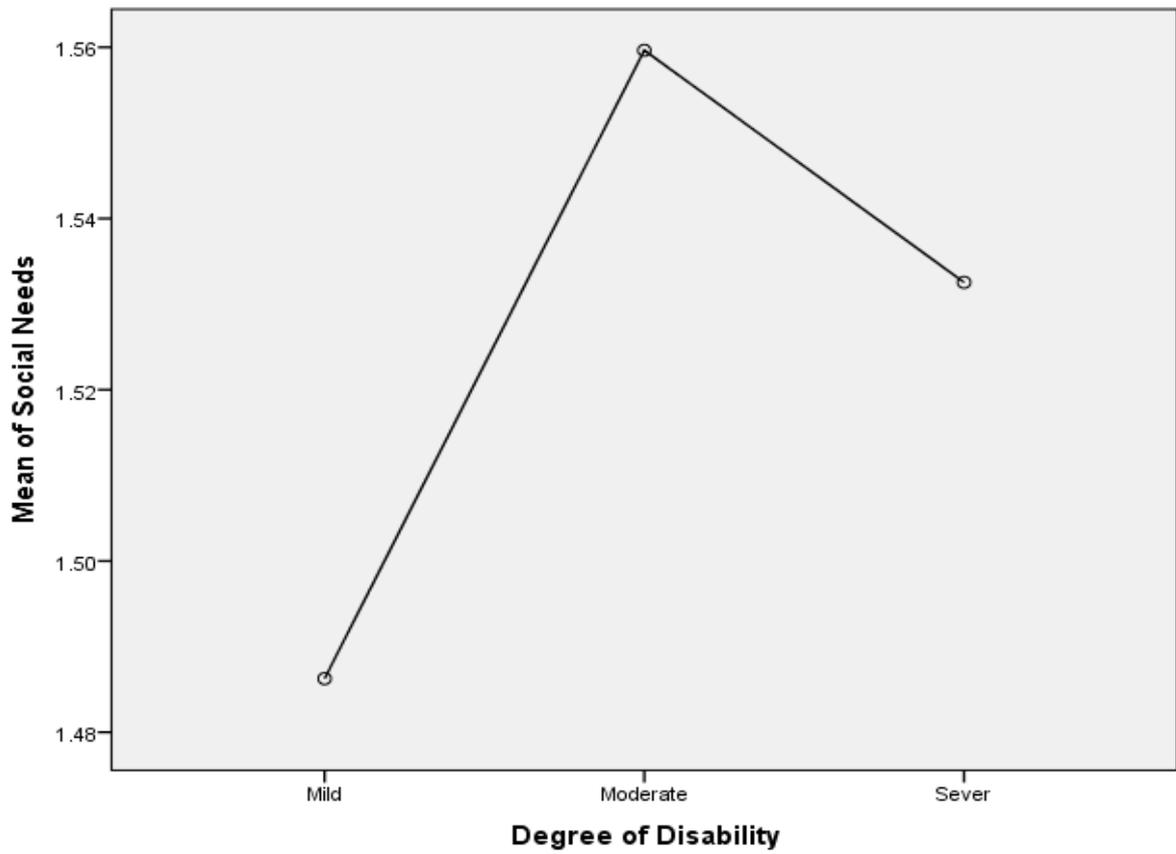


Figure 4-9: Distribution of Social Needs according to Degree of Disability

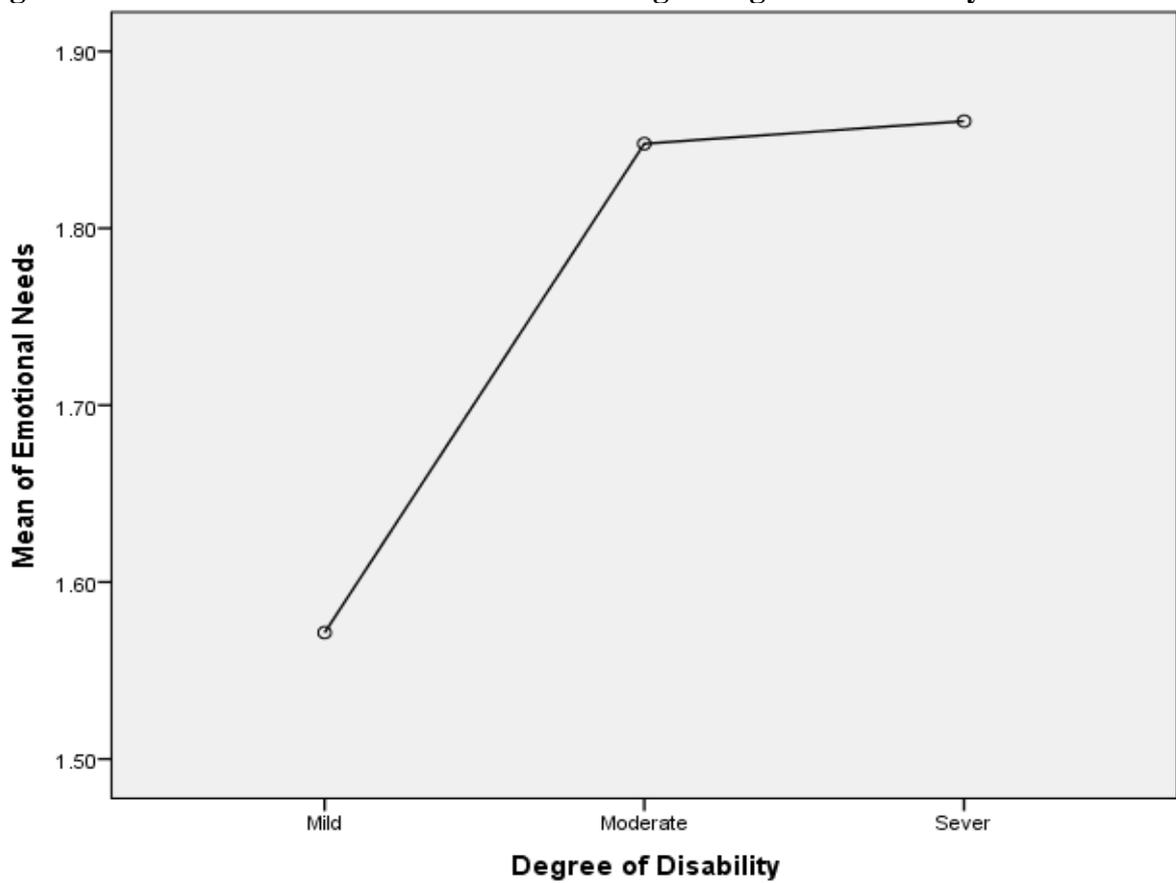


Figure 4-10: Distribution of Emotional Needs according to Degree of Disability

Table 4-3-4: Significant Differences in parents Needs According to Fathers Education ($n=123$)

Fathers Education	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	.811	5	.162	1.386	.234	N.S
	Within Groups	13.693	117	.117			
	Total	14.504	122				
Material Needs	Between Groups	.597	5	.119	.988	.428	N.S
	Within Groups	14.132	117	.121			
	Total	14.729	122				
Social Needs	Between Groups	1.299	5	.260	1.421	.222	N.S
	Within Groups	21.387	117	.183			
	Total	22.686	122				
Emotional Needs	Between Groups	.793	5	.159	1.367	.242	N.S
	Within Groups	13.580	117	.116			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant differences (N.S) in parents cognitive, material, social and emotional needs with regards fathers education ($p > 0.05$).

Table 4-3-5: Significant Differences in parents Needs According to Mothers Education ($n=123$)

Mothers Education	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	.609	5	.122	1.026	.406	N.S
	Within Groups	13.895	117	.119			
	Total	14.504	122				
Material Needs	Between Groups	1.572	5	.314	.796	.710	N.S
	Within Groups	13.157	117	.112			
	Total	14.729	122				
Social Needs	Between Groups	.623	5	.125	.660	.654	N.S
	Within Groups	22.064	117	.189			
	Total	22.686	122				
Emotional Needs	Between Groups	2.225	5	.445	1.285	.081	N.S
	Within Groups	12.148	117	.104			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant differences (N.S) in parents cognitive, material, social and emotional needs with regards mothers education level ($p > 0.05$).

Table 4-3-6: Significant Differences in parents Needs According to Fathers Occupation ($n=123$)

Fathers Occupation	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	.064	3	.021	.177	.912	N.S
	Within Groups	14.440	119	.121			
	Total	14.504	122				
Material Needs	Between Groups	.682	3	.227	1.926	.129	N.S
	Within Groups	14.047	119	.118			
	Total	14.729	122				
Social Needs	Between Groups	1.114	3	.371	2.049	.111	N.S
	Within Groups	21.572	119	.181			
	Total	22.686	122				
Emotional Needs	Between Groups	.465	3	.155	1.327	.269	N.S
	Within Groups	13.908	119	.117			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant differences (N.S) in parents cognitive, material, social and emotional needs with regards fathers occupation ($p > 0.05$).

Table 4-3-7: Significant Differences in parents Needs According to Mothers Occupation ($n=123$)

Mothers Occupation	Source of variance	Sum of Square	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	.458	2	.229	1.957	.146	N.S
	Within Groups	14.046	120	.117			
	Total	14.504	122				
Material Needs	Between Groups	.579	2	.289	2.453	.090	N.S
	Within Groups	14.151	120	.118			
	Total	14.729	122				
Social Needs	Between Groups	.476	2	.238	1.285	.280	N.S
	Within Groups	22.211	120	.185			
	Total	22.686	122				
Emotional Needs	Between Groups	.023	2	.011	.095	.909	N.S
	Within Groups	14.350	120	.120			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant differences (N.S) in parents cognitive, material, social and emotional needs with regards mothers occupation ($p > 0.05$).

Table 4-3-8: Significant Differences in parents Needs According to Monthly income ($n=123$)

Monthly income	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$	Sig
Cognitive Needs	Between Groups	1.646	2	.823	.681	.101	N.S
	Within Groups	12.858	120	.107			
	Total	14.504	122				
Material Needs	Between Groups	.148	2	.074	.611	.545	N.S
	Within Groups	14.581	120	.122			
	Total	14.729	122				
Social Needs	Between Groups	.251	2	.125	.671	.513	N.S
	Within Groups	22.435	120	.187			
	Total	22.686	122				
Emotional Needs	Between Groups	.600	2	.300	2.612	.078	N.S
	Within Groups	13.773	120	.115			
	Total	14.373	122				

d.f: Degree of freedom, F: F-statistic

Findings demonstrated there were no significant differences (N.S) in parents cognitive, material, social and emotional needs with regards Monthly income ($p > 0.05$).

Chapter Five

Discussion

Chapter Five

Discussion of the Study Results

Parents have a fundamental and important impact on the child's growth and development in various developmental, emotional, and mental aspects, and this effect increases if the child has a disability, as the period of his dependence on his parents is prolonged, and thus problems arise that require special needs. The study aimed to assess the parents' needs of children with intellectual disability and determine the associated socio-demographic variables. This chapter extensively introduces the outcomes of the research in tables and these refer to the objectives of this report, which are as follows:

5.1. Socio-Demographic Characteristics of the Studied Sample

Out of 123 parents of intellectual disability children aged 10-12 years old have recorded the highest percentage among children 51 (41.5%) and the lowest percentage aged >12 years 22 (17.9%). Considering gender, the female children composed 75 (61%) and the remaining were male children. Regarding the Degree of intellectual disability, most of children were moderate intellectual disability 69 (56.1%) and the small ration was severing disability 26 (21.1%). These findings come in line with Mohammed and Hussein (2016), who found that the age of most of studied samples were less than 11 years, mostly females (51.8%) and moderate disability.

In terms of parents education, most of fathers 49 (39.8%) were college graduated, while, most of mothers 46 (37.4%) were read and write educated. Occupation associated findings, governmental and non-governmental employee were associated fathers 48 (39%) for each them, while, the unemployment profession were associated mothers 60 (48.8%). Finally, the moderate Monthly income were constituted the highest ratio 50 (40.7%) among parents of intellectual disability children. Also, this finding comes

closer with finding of Mohammed and Hussein (2016), who studied the same variables.

5.2. Parents Needs according to the Priority

Considering the most urgent needs of parents of children with intellectual disabilities, the results of this study, show that in figure (4-5), and described by low level mean scores revealed that the material needs scored a large degree ($M=1.33$), followed by the cognitive needs ($M=1.44$), then the social needs ($M=1.53$) and the emotional needs ($M=1.79$) respectively.

The results of this study were in agreement with the study conducted by Guralnick (2017), whose results indicated that material needs came first, followed in order by cognitive needs, then the need for social and social support. Gerstein et al. (2009) also stressed the need for families of mentally disabled people for financial assistance and payment of expenses.

5.2.1. Cognitive Needs among Parents of Intellectual Disability children

Findings demonstrated that the (82.9%) of parents of intellectual disability children exhibited cognitive needs in a high degree as described by low mean scores $20.06 (\pm 5.17)$ (table 4-2-2). The researcher attributes this result to the existence of a clear deficiency in the provision of educational and guidance programs for parents, as we know that the non-adaptive behavioural problems that appear on the mentally disabled are a major concern for the family, and these problems constitute negative attitudes towards the mentally disabled by others in society, and at the same time, these disabled people develop learning and communication problems, and thus need to be addressed and controlled.

The result of this study agrees with the study conducted by Sahay et al. (2013), whose results indicated that parents need cognitive needs to raise and educate their intellectually disabled children.

The results of this study also agreed with the study conducted by Kaiser and Roberts (2013) on three groups of parents of children with intellectual

disabilities, autism and normal, whose results confirmed the need for parents of children with intellectual disabilities (Down syndrome) for information.

Also, it was supported by the study conducted by Kilincaslan et al. (2019), whose results indicated the families' need for family counselling and appropriate medical services, and to obtain information regarding the nature of their children's disabilities, and how to deal with them.

As well as what was indicated by the study conducted by Gohel et al. (2011) on the parents of intellectual disabilities. Or its results emphasized the need of parents for information about how to deal with the child's behaviour, and their need to know the future of their intellectually disabled child. . The results of this study are also in agreement with the study by Bailey et al. (1999).

5.2.2. Material Needs among Parents of Intellectual Disability children

Findings demonstrated that the (65%) of parents of intellectual disability children exhibited material needs in a high degree as described by low mean scores 17.38 (table 4-2-4). This is due to the high costs of caring for this category, which consumes the bulk of the income of these families, which means that it has a negative impact on meeting all the needs of the rest of the family. Although there are no organizations that pay an amount of money to each mentally disabled person every month, so we find that they have a high degree of financial needs.

The urgent need for financial support can be explained by the characteristics of the study sample, as one third of the sample (32.5%) of the total number of parents do not have a monthly income, and (40.7%) of the parents have an average monthly income and they are the largest group of the study sample (table 4-1-2), and this the level of income may not meet the basic requirements of living due to the high prices.

The results of this study are also consistent with the study conducted by Sanli and Barut (2016), whose results indicated that low-income families suffer

from health problems and psychological pressures more than families with medium and high incomes. This was indicated by Ebrahim et al. (2020), the importance of the dimension of the material needs of the family of the mentally disabled child.

It is also supported by the results of the study carried out by Baldwin (2006), whose results indicated the need for parents of intellectually disabled to have a stable monthly income.

5.2.3. Social Needs among Parents of Intellectual Disability children

Findings demonstrated that the (75.6%) of parents of intellectual disability children exhibited social needs in a high degree as described by low mean scores 19.98 (table 4-2-6). The researcher attributes this to the lack of programs available in the community that provide an opportunity for social interaction with the mentally disabled with their ordinary peers, and the feeling of parents that their children clearly lack social skills, which motivates them to search for them. Such programs are to increase the social adaptation programs for their children, and the participation of the intellectually disabled and their families in these forums plays a role in changing the society's attitudes towards them.

The importance of the social needs of parents of mentally disabled students stems from the need to create awareness programs in the community that define the category of intellectual disability, and meet their various social, psychological and educational needs through radio and television programs and the enactment of laws. It preserves their rights, and establishes associations that defend their rights. Preparing specialized professional cadres that provide services to them and their families, and encourage their integration into society.

The results of this study are consistent with the study conducted by Wilkin (2016), which indicated that mothers need family and social support. Taking care of the mentally disabled child. As well as Ahmadi et al. (2011), which confirmed that support of any kind or source meets the needs of mothers

of children with intellectual disabilities, and that family support meets the needs of mothers of children with intellectual disabilities more than institutional support.

5.2.4. Emotional Needs among Parents of Intellectual Disability children

Findings demonstrated that the (52.8%) of parents of intellectual disability children exhibited emotional needs in a moderate degree as described by moderate mean scores *14.30* (table 4-2-8). The results of this study are also in agreement with the studies include study of Llewellyn et al. (2003), Gousmett (2006) and Soresi et al., (2007), the results indicated that parents of mentally disable children need collective emotional support from other parents, and support from a relative of the mentally disable child's family. Exchanging available information about the program, services provided, future plans, and the importance of educational courses to increase family awareness of their son's disability and improve the quality of life for him.

5.3. Significant Differences in Parents Needs According to Parents-Child's Information

5.3.1 . Intellectual Disability of Children According to Age factor

The analysis of variance (ANOVA) showed that there were no significant differences in parents cognitive ($p=0.194$), material ($p=0.276$) and social ($p=295$) needs with regards child's age; and significant differences in parents emotional needs with regards child's age ($p=0.000$) (table 4-3-1). The differences were in favour of the >12-year-old group, which recorded the highest mean scores of emotional needs (less emotional needs), and in contrast to the >10 year-old group, which recorded the lowest average emotional needs (more emotional needs) (Fig. 4-6).

That is, the higher the age of the mentally disabled child, the lower the emotional needs of the parents, and the less the child's age, the greater the needs. Thus, the age of the mentally disabled child can be an effective factor only in the needs of the families of mentally disabled children. This result

agreed with Caples and Sweeney (2011), which indicated that there were statistically significant differences in the needs according to the chronological age variable of the child on the emotional needs of the family of the disabled.

Also, agreed with Douglas et al. (2017), who confirmed that there are differences between the cognitive and emotional needs of parents of young disabled children compared to the needs of parents of disabled adult children, in favour of parents of young disabled children, as they are more in need.

The reason for the no differences in cognitive, physical and social needs due to the ages of the mentally disabled can be attributed to the limited experience of parents in dealing with their children in general, whether they are young or old.

5.3.2. Intellectual Disability of Children According to Gender factor

In current study findings deals with children gender analysed by independent t-test and demonstrated that there were no significant differences in parents cognitive ($p=0.079$), material ($p=0.104$), social ($p=0.108$) and emotional ($p=0.150$) needs with regards child's gender (table 4-3-2). The absence of a significant difference in the needs of the parents of intellectual disabilities children according to the gender variable is evidence that the child, whether a boys or a girls, are needs that do not differ according to their gender, meaning that they have the same needs whether the disabilities is a boys or a girls.

5.3.3. Intellectual Disability of Children According to Degree of Intellectual Disability factor (table 4.3.3)

Findings demonstrated there were significant differences in parents cognitive needs (The differences were in favour of parents of intellectually disabled children to a sever degree at $p=0.001$) as being more cognitive needs.

According to material needs (The differences were in favour of parents of intellectually disabled children to a sever degree at $p=0.000$) as being more material needs.

According to social needs (The differences were in favour of parents of intellectually disabled children to a mild degree at $p= (0.051)$ as being more social needs.

According to emotional needs (The differences were in favour of parents of intellectually disabled children to a mild degree at $p= (0.001)$ as being more emotional needs.

The researcher attributed this result to the number of parents with moderate intellectual disabilities who reached (69), and they constituted (56.1%) of the total sample of the study, which led to differences in the cognitive, material and social needs in their favour. of parents with mild intellectual disabilities. The reason may also be the parents' limited experience in meeting the needs of their intellectually disabled children.

These results agree with Boström et al. (2010), whose results indicated that the needs of parents of intellectually disabled children are slightly lower, compared to parents of severely disabled children.

5.3.4 . Differences in Parents Needs according to Education Level (table 4.3.4, 4.3.5)

Findings demonstrated there were no significant differences in parents cognitive, material, social and emotional needs with regards parents (fathers and mothers) education ($p>0.05$). The results of this study agree with the study conducted by Duvdevany and Abboud (2003), whose results indicated that there is no significant relationship between each of the mother's educational level and her psychological and material needs.

The results of this study also agreed with the study of Kilic et al. (2013), whose results confirmed that there are no statistically significant differences between families of low and high cultural level in cognitive needs and societal needs.

5.3.5. Differences in Parents Needs according to Occupation (table 4.3.6 ,4.3.7)

Findings demonstrated there were no significant differences in parents cognitive, material, social and emotional needs with regards mothers occupation ($p>0.05$). This agreed with Mar (1996), who confirmed that there is no statistically significant relationship between the professional level of the parents and the needs of the families, meaning that the higher or lower the professional level of the parents, the more this leads to a similarity in their psychological, social, and recreational needs,

5.3.6. Differences in Parents Needs according to Monthly income

Findings demonstrated there were no significant differences in parents cognitive, material, social and emotional needs with regards monthly income ($p>0.05$), (table 4.3.8) this findings come in agreement with findings conducted by El-Ganzory et al. (2013), emphasized that, first of all, the needs of mentally Disabled children do not differ according to their different economic levels, as they are the same needs. As no matter how much the income increases or less, it does not change due to psychological problems that cannot be treated (Menolascino & Stark, 2012).

Chapter Six

Conclusions & Recommendations

Chapter Six

Conclusions & Recommendations

6.1. Conclusions:

In light of the results discussion and their interpretations, our study concludes that:

- 6.1.1.** Parents of intellectual disability children exhibited high degree needs due to lack of guiding institutions to provide them with those needs.
- 6.1.2.** Parents of intellectual disability children exhibited needs in a high degree as being they do not have a stable monthly income.
- 6.1.3.** Parents of intellectual disability children exhibited needs in a high degree because lack of programs available in the community that provide an opportunity for social interaction with the mentally disabled with their ordinary peers.
- 6.1.4.** Parents of intellectual disability children exhibited needs in a moderate degree which might be poor collective emotional support from other parents.
- 6.1.5.** Parents needs had been influenced by the intellectual disability children age and degree of disability.

6.2. Recommendations:

The present study could recommend, based on the previously stated conclusion, that:

- 6.2.1.** Educating parents of intellectually disabled children about the material rights of their children, which need to be provided by government agencies.
- 6.2.2.** Expanding the opening of charitable and productive projects; Serving children with intellectual disabilities and their families.
- 6.2.3.** Expanding the establishment of specialized counselling centres; to address the problems faced by intellectually disabled children and their families.
- 6.2.4.** Activation of media programmes; to educate community members about the needs, characteristics, and rights of intellectually disabled children.
- 6.2.5.** Further studies need to be undertaken to assess the social support and its relationship to family adjustment for parents of children with intellectual disabilities.
- 6.2.6.** Activation of nursing role in education of community members and families of children with intellectual disabilities.
- 6.2.7.** The need for reviewing pregnant women to health centres to ensure that they are defective from infectious disease that could cause mental problems for the fetus.

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Appendices

Appendix

Appendix: A1

Approval of Ethics Committee

University of Babylon
College of Nursing
Research Ethics Committee



جامعة بابل
كلية التمريض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2021

Approval Letter

To,
Aqeel Abdul Amir Noman

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled "**Parents' Needs of Children with Intellectual Disability**"

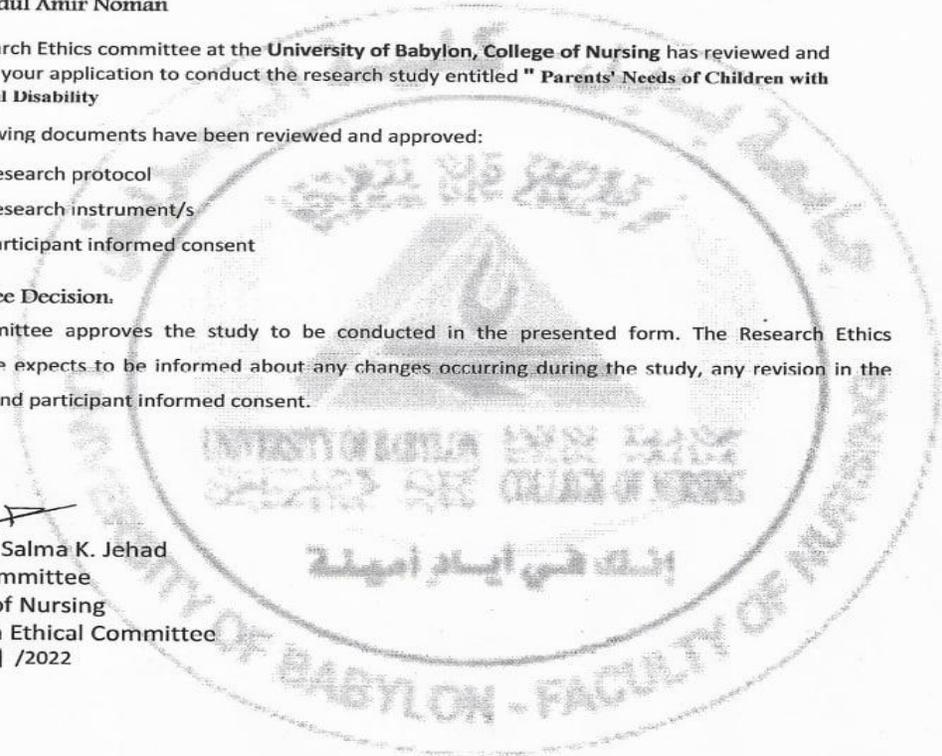
The Following documents have been reviewed and approved:

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. Salma K. Jihad
Chair Committee
College of Nursing
Research Ethical Committee
18 / 01 /2022



Appendix: A2

Ministry of Higher Education
and Scientific Research

وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
لجنة الدراسات العليا



Ref. No. :

Date: / /

العدد : ٥٤١

التاريخ : ٢٠٢٢ / ١ / ٢٠



الى / دائرة صحة بابل/ مركز التدريب والتطوير
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الماجستير
(عقيل عبد الامير نعمان) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث
الموسوم :

احتياجات والدي الاطفال المعاقين ذهنياً .

Parents' Needs of Children with Intellectual Disability.

مع الاحترام ...

كلية التمريض
المعاون العلمي

المرافقات //
• بروتوكول.
• استبانه.

م.م. د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢ / ١ / ٢٠

صورة عنه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
• لجنة الدراسات العليا
• الصادرة .

E-mail:nursing@uobabylon.edu.iq



وطني 07711632208
المكتب 009647711632208

www.uobabylon.edu.iq

Appendix: A3

جمهورية العراق		
<p style="text-align: center;">Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621</p>		<p style="text-align: center;">وزارة الصحة والبيئة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث</p> <p style="text-align: right;">العدد : ١١٥ التاريخ : ٢٠٢٢ / ١ / ٢١</p>
<p style="text-align: center;">إلى / مستشفى الأمام الصادق (ع) مركز بابل لتأهيل المعاقين م/ تسهيل مهمة</p>		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">وزارة الصحة دائرة صحة بابل مركز التدريب والتنمية البشرية</p> </div>		
<p>السلام عليكم ...</p> <p>أشارة إلى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٢١ في ٢٠٢٢/١/٣٠</p> <p>نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحث طالب الماجستير (عقيل عبد الأمير نعمان)</p> <p>للتفضل بالاطلاع وتسهيل مهمة الموما إليه من خلال توقيع وختم استمارات إجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا إجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية مع الاحترام</p>		
<p>المرفقات : استمارة عدد ٢ /</p>		
<p style="text-align: center;"> الدكتور محمد عبد الله عجرش مدير مركز التدريب والتنمية البشرية ٢٠٢٢ / /</p>		
<p>نسخة منه إلى : ● مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأوليات ...</p>		
<p>سوزان ١/٣١</p>		
<p>دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز babiltraining@gmail.com</p>		

Appendix: A4

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 وحدة إدارة البحوث
		العدد : ١١٥ التاريخ : ٢٠٢٢ / ١ / ٢١

إلى / مستشفى الأمام الصادق (ع)
 مركز بابل لتأهيل المعاقين
 م/ تسهيل مهمة

وزارة الصحة
 دائرة صحة بابل
 مركز التدريب والتنمية البشرية

الملاءة عليه ...
 إشارة إلى كتاب جامعة بابل / كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٢١ في
 ٢٠٢٢/١/٣٠
 نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحث طالب الماجستير (عقيل
 عبد الأمير نعمان)
 للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات إجراء البحث المرفقة
 في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا إجراء اللازم
 على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية مع الاحترام

المرفقات :
 استمارة عدد ٢/

لإمّاخ لدينا من تسهيل مهمة الطالب

تسليم جاسب جواد
 تقني علاج طبيعي
 ٢٠٢٢ / ١ / ٢١

الدكتور
 محمد عبد الله عجرش
 مدير مركز التدريب والتنمية البشرية
 ٢٠٢٢ / ١ / ٢١

السيد رسول الشريف
 مدير مركز التدريب والتنمية البشرية
 ٢٠٢٢ / ١ / ٢١

ملايا انا حين لا سام حنيه بي وجهه العارح (البحر)
 وحسنه الكريب والعوه
 ... كيمباروي اختصاص

نسخة منه الى :
 • مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأوليات ... كيمباروي اختصاص

سوزان ١/٢١
 عواد كاظم

babiltraining@gmail.com // ايميل المركز

Appendix: A5

العدد / ٢٩
التاريخ / ٢٠٢٢/١١/١١



جمهورية العراق

محافظة بابل

مديرية العمل والشؤون الاجتماعية

هيئة رعاية ذوي الاعاقة والاحتياجات الخاصة

((من بابل الحضارة نصنع الحياة))

فرع محافظة بابل

إلى / معهد الرجاء للعوق العقلي

م/ تسهيل مهمه

أطيب تحية ...

نرافق لكم طيا صورته من كتاب مديريةية العمل والشؤون الاجتماعية المرقم (٢٤٣) في ٢٠٢٢/٢/٢ مع مرفقه والمتضمن تسهيل مهمة طالب الماجستير (عقيل عبدالامير نعمان) للتفضل بالعلم رجاءاً

المرافقات
الأوليات كافة



عبد جواد عبود

مدير الإدارة

هيئة رعاية ذوي الإعاقة والاحتياجات الخاصة

فرع محافظة بابل

٢٠٢٢/١١/١١

جمهورية العراق

صورة عنه إلى:-

❖ الاضبارة المختصة .



Snc_babil@yahoo.com

Appendix: A6

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 :- ٢٠٢١/٠٣

رقم القرار :- ١٦
تاريخ القرار :- ٢٠٢٢/٤/٢٤

قرار لجنة البحوث

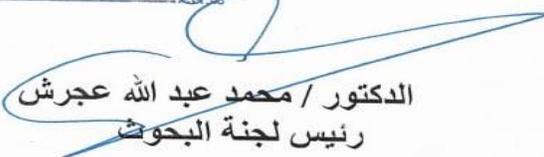
تحية طبية ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الرقم (١٧ / ٢٠٢٢ / بابل)
المعنون (احتياجات والدي الأطفال المعاقين ذهنياً) والمقدم من الباحث (عقيل عبد
الامير نعمان) الى وحدة ادارة البحوث والمعرفي مركز التدريب والتنمية البشرية في
دائرة صحة بابل بتاريخ ٢٠٢٢/٢/٦ وقررت :

قبول مشروع البحث اعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة
والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .

مع الاحترام

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية
لجنة البحوث


الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث

٢٠٢٢ / /

نسخة منه الى :
● مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة ادارة البحوث ... مع الاوليات.

سوزان

دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز babiltraining@gmail.com

Appendix: B

Research Questionnaire

Part I: Socio-demographic Information

1. **Child age:** years

2. **Child gender:** a. male b. female

3. **Degree of Disability:**

a. mild b. moderate c. sever

4. **Parents Education :**

1. **Father**

Illiterate

Can read and write

Primary school graduate

Middle school graduate

High school graduate

Diploma graduate

Bachelor's graduate or above

1. Mother

- Illiterate
- Can read and write
- Primary school graduate
- Middle school graduate
- High school graduate
- Diploma graduate
- Bachelor's graduate or above

5. Parents Occupation

1. Father

- Government employed
- Non-governmental employed
- Does not work

2. Mother

- Government employed
- Non-governmental employed

Appendix

Does not work

6. Monthly income

Sufficient

Barly Sufficient

Insufficient

Part II: Needs of parents of children with intellectual disabilities

First: Cognitive Dimension

List	Paragraph	Need so much	Sometime need	No need
1	I need information about the nature of intellectual disability.			
2	I need information about the characteristics of my son/daughter with intellectual disability.			
3	I need information on how my children deal with their disabled brother/sister.			
4	I need information about treatment modalities with my son/daughter.			
5	I need information on future opportunities to educate my son/daughter.			
6	I need information and guidance programs to work with my son/daughter.			
7	I need to know the proper techniques to solve the behavioral problems of my son/daughter.			
8	I need to know the scientific websites specialized in providing appropriate instructions for dealing with my son/daughter.			
9	I need to learn about recent trends in taking			

Appendix

	care of my son/daughter.			
10	I need to know the psychological and social effects on my other children because of their brother's disability.			
11	I need to know the names of the NGOs that deal with children with disabilities.			
12	I need to know the suitable professions that my son/daughter can do when he grows up.			
13	I need information about my son/daughter's diet.			
14	I need information on how to raise my son/daughter.			
15	I need to know what teachers and coaches are doing to teach or train my son/daughter.			

Second: Material Dimension

List	Paragraph	Need so much	Sometime need	No need
1	I need financial support from the state to provide better care for my son/daughter.			
2	I need financial support from the private sector to provide better care for my son/daughter			
3	I need to provide facilities for families of people with disabilities.			
4	I need to secure transportation to school.			
5	I need to provide a suitable job for my son/daughter when he grows up.			
6	I need charitable donations to purchase supplies for my son/daughter.			

Appendix

7	I need to provide additional training and educational lessons for my son at home.			
8	I need to provide for my son/daughter's needs for treatment and medical care.			
9	I need to provide brochures and specialized books that enable me to know the nature of my son/daughter's disability.			
10	I need to provide adequate entertainment for my son/daughter.			
11	I need help in enrolling my son/daughter in special institutions that deal with people with intellectual disabilities.			
12	I need help to building a suitable home environment for my son/daughter.			

Third: Social Dimension

List	Paragraph	Need so much	Sometime need	No need
1	I need moral support from relatives and friends.			
2	I need help doing recreational activities.			
3	I need guidance seminars for parents of children with intellectual disabilities.			
4	I need to hold sessions with parents of mentally disabled students.			
5	I need to hold sessions with the staff at the school or institute; To follow up the academic performance of my son/daughter.			
6	I need to hold sessions with specialists within			

Appendix

	the school to discuss my son/daughter's problems.			
7	I need to provide opportunities for social interaction for my son/daughter with the community, such as trips and visits to public places and participation in community forums such as the National Day.			
8	I need my son/daughter's participation in the meetings, lectures and seminars held by the school or institute, such as (cutting the party tape, serving drinks to the attendees, participating in the hospitality business in the school or institute).			
9	I need to involve my son/daughter in charities activities carried out by non-government organizations such as visiting patients in hospital and providing aid to them.			
10	I need my son/daughter to participate in sports activities.			
11	I need to provide family support services such as family training, family counseling by community organizations.			
12	I need to organize courses and training programs for families in the field of intellectual disability to raise their efficiency on an ongoing basis.			
13	I need specialized programs in the various media to change the society's view of children with intellectual disabilities.			

Appendix

Fourth: Emotional Dimension

List	Paragraph	Need so much	Sometime need	No need
1	I need more time to think about myself.			
2	I need to talk to someone about my personal problems.			
3	I need help when I am anxious, depressed or feeling sad.			
4	I need help managing my psychological health problem.			
5	I need to talk to someone to reduce my fears.			
6	I need help when I'm under stress.			
7	I need help when I'm having trouble thinking.			
8	I need to talk to someone when I am having trouble making decisions about the child.			

الجزء الاول: المعلومات الديموغرافية:

- ١- عمر الطفل : سنة
- ٢- الجنس: أ. ذكر ب. أنثى
- ٣- درجة الإعاقة : أ. بسيطة ب. متوسطة ج. شديدة
- ٤- التحصيل التعليمي للابوين :

١. الأب

١. لا يقرأ ولا يكتب
٢. يقرأ ويكتب
٣. خريج ابتدائية
٤. خريج متوسطة
٥. خريج ثانوية
٦. خريج كلية فما فوق

٢. الأم

١. لا تقرأ ولا يكتب
٢. تقرأ ويكتب
٣. خريجة ابتدائية
٤. خريجة متوسطة
٥. خريجة ثانوية

٦. خريجة كلية فما فوق

٥. مهنة الأبوين

١. الأب :

١. موظف حكومي

٢. موظف غير حكومي

٣. لا يعمل

٢. إلام :

١. موظفة حكومية

٢. موظفة غير حكومية

٣. لا تعمل

٦. الدخل الشهري :

١. يكفي

٢. بالكاد يكفي

٣. لا يكفي

الجزء الثاني: حاجات أولياء أمور الأطفال ذوي الإعاقة الذهنية

أولاً: الأبعاد المعرفية

ت	الفقرات	أحتاجها كثيراً	أحتاجها نوعاً ما	لا أحتاجها
١	أحتاج إلى معلومات عن طبيعة الإعاقة الذهنية .			
٢	أحتاج إلى معلومات عن خصائص أبنائي / أبنيتي ذوي الإعاقة الذهنية .			
٣	أحتاج إلى معلومات عن كيفية تعامل أبنائي مع أختهم / أختهم المصاب بالإعاقة.			
٤	أحتاج إلى معلومات عن الطرائق العلاجية مع أبنائي / أبنيتي .			
٥	أحتاج إلى معلومات عن الفرص المستقبلية لتعليم أبنائي / أبنيتي			
٦	أحتاج إلى معلومات وبرامج إرشادية للعمل مع أبنائي / أبنيتي.			
٧	أحتاج إلى معرفة الأساليب المناسبة لحل المشكلات السلوكية لأبنائي / أبنيتي.			
٨	أحتاج لمعرفة مواقع الإنترنت العلمية المتخصصة في تقديم الإرشادات المناسبة للتعامل مع أبنائي / أبنيتي .			
٩	أحتاج إلى التعرف على الاتجاهات الحديثة في رعاية أبنائي / أبنيتي.			
١٠	أحتاج لمعرفة الآثار النفسية والاجتماعية على أبنائي الآخرين بسبب إعاقة أختهم .			

Appendix

			أحتاج لمعرفة أسماء الجمعيات الأهلية التي تتعامل مع الاطفال ذوي الاعاقة.	١١
			أحتاج لمعرفة المهن المناسبة التي يمكن أن يعمل بها أبنتي / أبنتي عندما يكبر .	١٢
			أحتاج إلى معلومات عن النظام الغذائي الخاص لأبني/ أبنتي	١٣
			أحتاج إلى معلومات حول كيفية تنشئة أبنتي / أبنتي .	١٤
			أحتاج أن اعرف ما يقوم به المعلمون والمدربون بتعليم أو تدريب أبنتي / أبنتي.	١٥

ثانياً: الأبعاد المادية

ت	الفقرات	أحتاجها كثيراً	أحتاجها نوعاً ما	لا أحتاجها
١	أحتاج إلى دعم مادي من الدولة لتقديم رعاية أفضل لأبني / أبنتي.			
٢	أحتاج إلى دعم مادي من القطاع الخاص لتقديم رعاية أفضل لأبني/ أبنتي			
٣	أحتاج لتوفير تسهيلات تخص اسر ذوي الإعاقة .			
٤	أحتاج لتأمين وسيلة نقل الى المدرسة .			
٥	أحتاج إلى توفير عمل مناسب لأبني/ أبنتي عندما يكبر.			
٦	أحتاج إلى تبرعات خيرية لشراء مستلزمات لأبني / أبنتي.			

Appendix

٧	أحتاج لتقديم دروس تدريبية وتعليمية إضافية لأبني في المنزل .		
٨	أحتاج لتوفير احتياجات أبني / أبنتي للعلاج والرعاية الطبية .		
٩	أحتاج لتوفير النشرات والكتب المتخصصة التي تمكنني من التعرف على طبيعة إعاقة أبني / أبنتي .		
١٠	أحتاج لتوفير وسائل ترفيهية مناسبة لأبني / أبنتي .		
١١	أحتاج للمساعدة في ادخال أبني / ابنتي معاهد خاصة تتعامل مع ذوي الإعاقة الذهنية.		
١٢	أحتاج إلى المساعدة في بناء بيئة منزلية مناسبة لابني / ابنتي.		

ثالثاً: الأبعاد الاجتماعية

ت	الفقرات	أحتاجها كثيراً	أحتاجها نوعاً ما	لا أحتاجها
١	أحتاج إلى الدعم المعنوي من الأقارب والأصدقاء .			
٢	أحتاج إلى المساعدة للقيام بنشاطات ترفيهية.			
٣	أحتاج إلى ندوات إرشادية موجهة لأولياء أمور الاطفال ذوي الإعاقة الذهنية .			
٤	أحتاج إلى عقد جلسات مع أولياء أمور التلاميذ المعاقين ذهنياً			
٥	أحتاج إلى عقد جلسات مع فريق العمل في المدرسة أو المعهد؛ لمتابعة الأداء الدراسي لأبني / أبنتي .			

			أحتاج إلى عقد جلسات مع الأخصائيين داخل المدرسة لمناقشة مشكلات أبنّي / أبنّتي .	٦
			أحتاج لتوفير فرص تفاعل اجتماعي لأبنّي / أبنّتي مع المجتمع مثل رحلات وزيارات للأماكن العامة والاشتراك بالمحافل المجتمعية كالיום الوطني .	٧
			أحتاج إلى مساهمة أبنّي / أبنّتي في اللقاءات والمحاضرات والندوات التي تقوم بها المدرسة او المعهد مثل (قص شريط الحفل , تقديم المشروبات للحضور, إشراكه في أعمال أضيافة في المدرسة او المعهد) .	٨
			أحتاج إلى إشراك أبنّي / أبنّتي في أنشطة الجمعيات الخيرية التي تنفذها الجمعيات الأهلية مثل زيارة المرضى في المستشفى وتقديم المساعدات لهم.	٩
			أحتاج الى مشاركة أبنّي / أبنّتي في النشاطات الرياضية.	١٠
			أحتاج إلى تقديم خدمات الدعم الأسري مثل التدريب الأسري , الإرشاد الأسري من قبل المنظمات المجتمعية .	١١
			أحتاج إلى تنظيم دورات وبرامج تدريبية للأسر في مجال الإعاقة الذهنية لرفع كفاءتهم بصفة مستمرة .	١٢
			أحتاج إلى برامج متخصصة في وسائل الإعلام المختلفة لتغيير نظرة المجتمع تجاه الأطفال ذوي الإعاقة الذهنية .	١٣

رابعاً: الأبعاد العاطفية

ت	الفقرات	أحتاجها كثيراً	أحتاجها نوعاً ما	لا أحتاجها
١	أحتاج إلى المزيد من الوقت في التفكير حول نفسي.			
٢	أحتاج إلى التحدث إلى شخص ما عن المشاكل الشخصية .			
٣	أحتاج إلى المساعدة عندما أكون قلقاً , مكتئباً أو اشعر بالخُزن			
٤	أحتاج إلى المساعدة في إدارة المشاكل الصحية النفسية.			
٥	أحتاج إلى التحدث إلى شخص ما لتقليل مخاوفي .			
٦	أحتاج إلى المساعدة عندما أواجه ضغوطاً نفسية .			
٧	أحتاج إلى المساعدة عندما أواجه صعوبة في التفكير .			
٨	أحتاج إلى التحدث إلى شخص ما عندما أجد صعوبة في إتخاذ القرارات الخاصة بالطفل .			

Appendix: C

Questionnaire Experts

ت	الاسم	اللقب العلمي	مكان العمل	الاختصاص الدقيق	سنوات الخبرة
١.	د. سجاد هاشم محمد	أستاذ متمرس	جامعة بابل / كلية التمريض	تمريض الصحة النفسية والعقلية	٤٠ سنة
٢.	د. حسن علوان بيعي	أستاذ متمرس	كلية الحلة الجامعة	طب الاسرة والمجتمع	٤٠ سنة
٣.	د. عبد المهدي عبد الرضا	أستاذ	جامعة بابل/ كلية التمريض	تمريض الصحة النفسية والعقلية	٤٠ سنة
٤.	د. سلمى كاظم جهاد	استاذ	جامعة بابل / كلية التمريض	تمريض صحة المجتمع	٣٩ سنة
٥.	د. نهاد محمد الدوري	استاذ	جامعة بابل/ كلية التمريض	تمريض صحة الأم والطفل	٣٤ سنة
٦.	د. ناجي ياسر سعدون	استاذ مساعد	جامعة بابل/ كلية التمريض	تمريض صحة المجتمع	٣٣ سنة
٧.	د. وسام جبار قاسم	أستاذ	جامعة بغداد/ كلية التمريض	تمريض صحة المجتمع	٢٥ سنة
٨.	د. فاطمة وناس خضير	استاذ	جامعة الكوفة / كلية التمريض	تمريض صحة المجتمع	١٣ سنة
٩.	د. حيدر حمزة علي	استاذ مساعد	جامعة الكوفة / كلية التمريض	تمريض الصحة النفسية والعقلية	١٢ سنة
١٠.	د. حسن علي حسين	أستاذ مساعد	جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية	١٠ سنة
١١.	محمد صالح راضي	مدرس	الجامعة التقنية الوسطى	تمريض صحة المجتمع	٥ سنة

Appendix D

Linguistic Approval

Ministry of Higher Education and Scientific Research
جامعة بابل / كلية التمريض

وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التربية للعلوم الانسانية

University of Babylon
College of Education for Human Sciences

UNIVERSITY OF BABYLON

Ref. No :
Date: / /

العدد : ٤٨٠٥
التاريخ : ١٣ / ٥ / ٢٠٠٨

جامعة بابل / كلية التمريض
السواردة
العدد / ١٤٠٨
التاريخ ٢١ / ٥ / ٢٠٠٨

مكتب السيد معاون العميد للشؤون العلمية المحترم
م / إعادة رسالة

تحية طيبة:

نعيد إليكم رسالة طالب الدراسات العليا / الماجستير (عقيل عبد الامير نعمان) بعد تقويمها لغوياً من قبل (أ.م.د. مأمون سامي) من قسم اللغة الانكليزية في كليتنا، وقد ثبتت الملاحظات على متن الرسالة يرجى من الباحث الالتزام بها.

*** مع الاحترام ***

د. اسامة كاظم عمران
معاون العميد للشؤون العلمية
والدراسات العليا

د. يحيى التميمي
رئيس قسم اللغة الانكليزية

Amear

نسخة منه الى //
- الدراسات العليا
- الصادرة

//إشارة //

الخلاصة

المقدمة: للوالدين تأثير جوهري وهام على نمو الطفل وتطورهم في مختلف الجوانب التنموية والعاطفية والعقلية، ويزداد هذا التأثير إذا كان الطفل يعاني من إعاقة، حيث تطول فترة اعتماده على والديه، وبالتالي تنشأ المشاكل التي تتطلب احتياجات خاصة. لذلك تهدف الدراسة إلى تقييم احتياجات أولياء أمور الأطفال ذوي الإعاقة الذهنية وتحديد المتغيرات الاجتماعية الديموغرافية المرتبطة بها.

المنهجية: دراسة مقطعية وصفية أجريت في الفترة من ١٨ يناير ٢٠٢٢ إلى ١٥ مايو ٢٠٢٢ من خلال استخدام عينة غير احتمالية (عينة هادفة) لـ ١٢٣ من الوالدين. تم التأكد من ثباتيه الاستبتيان من خلال عرضة على (١١) خبير ومن ثم اجريت دراسة تجريبية للتحقق من مصداقيتها. كان العدد الإجمالي للفقرات المدرجة في الاستبتيان ١٥ فقرة للاحتياجات المعرفية، و ١٢ فقرة للاحتياجات المادية، و ١٣ فقرة للاحتياجات الاجتماعية، و ٨ فقرة للاحتياجات العاطفية. جمعت البيانات باستخدام أسلوب المقابلة الشخصية وحلت من خلال تطبيق المنهج الإحصائي الوصفي والاستنتاجي.

النتائج: أشارت نتائج الدراسة إلى أن (٨٢,٩٪) من أولياء الأمور أظهروا احتياجات معرفية بدرجة عالية، و (٦٥٪) أظهروا احتياجات مادية بدرجة عالية، و (٧٥,٦٪) أظهروا احتياجات اجتماعية بدرجة عالية وأظهروا (٥٢,٨٪) احتياجات عاطفية متوسطة بدرجة عالية. كانت هناك اختلافات في احتياجات الوالدين العاطفية فيما يتعلق بعمر الأطفال، واحتياجاتهم المعرفية والمادية والاجتماعية والعاطفية فيما يتعلق بدرجة الإعاقة الذهنية ($P < 0.05$).

الاستنتاجات والتوصيات: من أكثر الحاجات إلحاحًا لأولياء أمور الأطفال ذوي الإعاقة الذهنية، يمكن ملاحظة أن الحاجات المادية الأكثر إلحاحًا، تليها الاحتياجات المعرفية، ثم الاحتياجات الاجتماعية والاحتياجات العاطفية. توعية أولياء أمور الأطفال المعوقين ذهنيًا بالحقوق المادية لأبنائهم التي توفرها الجهات الحكومية، والتوسع في فتح المشاريع الخيرية والإنتاجية لخدمة الأطفال ذوي الإعاقة الذهنية وعائلاتهم.



جمهورية العراق

وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

احتياجات والدي الاطفال المعاقين ذهنياً

رسالة مقدمة من قبل

عقيل عبد الامير نعمان

الى

مجلس كلية التمريض / جامعة بابل

كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

بإشراف

أ.د. امين عجيل ياسر