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Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life.

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By

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بسم الله الرحمن الرحيم

((قَالُواْ سُبْحَٰنَكَ لَا علمَ لَناَ إِلَّا مَا عَلَّمتَنَا إِنَكَ أَنتَ العَلِيمُ الحَكِيمُ))

صَدقَ اللهُ العليُ العظيمُ

سُورةُ البقرة

الآية (32)

Dedications

*To my ideal in life, who I carry his name proudly…. **My Father***

*The Godfather …Candle of Nursing …. **Dr. Hussein Al-Ibrahemi***

May God have mercy on them and grant them the highest paradise

*To the pure spirit who gave me her blood, soul, and love ……….**my lovely Mother***

*To my magnificent husband **Mohamed,** who's supported me and with him I face the challenges, with my endless love*

*To my lovely sons **Ali, Ayan and Abudallh** who brings the joy to our life. To my brothers, sisters, and friends with my love and respect*

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Abstract

Background: The term special needs is a catch-all phrase which can refer to an enormous group of diagnoses and/or disabilities of children. Hence the term children with special needs those who may have challenges more severe than the typical child, and could possibly last a lifetime, it refers to any behavioral, physical, emotional, or learning difficulties that require specialized accommodations of any sort at school, work, or in the community

Objectives: The aims of the existing study were to assess the supportive services for children with special needs, assess the quality of life for parents of children with special needs, determine the association between parents' quality of life with regard socio-demographic characteristics, determine the association between parents' quality of life and supportive services for children with special need

Methodology: A descriptive correlational study design was carried out in Hilla city, which was selected to confirm its objectives through the period December 2021 to May 2023. The validity of the questionnaire was verified by experts to prove its validity and its reliability was verified through a pilot study, who were excluded from the original sample. The total number of items included in the questionnaire was 41 items after modification measured on 5-point of Likert scale. Data were collected using the interview method and analyzed by applying descriptive and inferential statistical analysis.

Results: The results indicate that more than one third of parents are at fathers age group (30-39) years old, while mothers was more than two fifth between (30-39) years. Highest percentage regarding to educational level, the current study revealed that intermediate school was the educational level of father while, mothers less than one quarters. High percentage of the sample was father occupation less than two thirds had jobs employment, and most mothers less than two thirds had unemployed and financial support of the study sample, less than two fifth of the sample were not enough

Conclusions: As a final point, there is no significances associations between fathers' quality of life with their age groups and education levels while, significant association between mothers' quality of life with age groups and education levels. There are significances associations in quality of life between parents of special needs children with respect to their occupation, monthly income, social, psychological, transportation and mobility services for special needs children. There was positive correlation between total quality of life scores and total supportive health services for special needs children

Recommendations: The research is recommended for all health care providers who should give sufficient time to parents of children with special needs and teach them, the appropriate issues particularly; nutrition, and care for their children. Assess the level of burden and psychological impact of disability on parents and link them with organizations that care about them and support them.

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List of Abbreviations

No.	Item	Meaning
1	AAIDD	American Association on Intellectual and Developmental Disabilities
2	AD	Americans with Disabilities
3	ANOVA	Analysis of Variance
4	APTA	American Physical Therapy Association
5	AT	Assistive Technology
6	COPE	Cope Orientation to Problems Experienced
7	CP	Cerebral Palsy
8	EDF	European Disability Forum
9	GBD	Global Burden of Diseases
10	HRQoL	health-related quality of life
11	ID	Intellectual Disabilities
12	LOS	Life Opportunity Scale
13	ONSLOS	Office for National Statistics uses the Life Opportunity Scale
14	QOL	Quality of life
15	SD	Standard Deviation
16	SES	Socio-Economic Status
17	SPSS	Statistical Package for the Social Sciences ،
18	TGS	Transport Global Suppliers
19	UN	United Nations
20	UNESCO	United Nations Educational, Scientific and Cultural Organization
21	UNICEF	United Nations International Children's Emergency Fund

22	WFB	World Food Programme
23	WHO	World Health Organization

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Chapter One

Introduction

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Quality of life (QOL) is a difficult term to define since it means various things to different individuals (Misura & Memisevic, 2017). However, most scholars agree that quality of life is a complex notion including objective and subjective elements (Van Hecke et al., 2018).

Overall wellbeing is referred to as quality of life, and it includes both objective and subjective assessments of one's physical, material, social, and emotional well-being, as well as one's own personal growth and purposeful activity (Karimi & Brazier, 2016).

The following dimensions are included in the concept of quality of life personal growth, self-determination, interpersonal relationships, participation, rights, emotional well-being, physical well-being, and material well-being. Accordingly, scholars from a variety of professions are becoming increasingly interested in the topic of family quality of life (Schalock *et al*., 2018).

It is generally established that parents of children with disabilities are more prone than parents of typically developing children to have a variety of psychological problems. (Mammarella *et al*., 2016). Their quality of life may be negatively impacted by these issues. Therefore, understanding the factors that affect family quality of life may help the community develop better support services for these families (Brown *et al*., 2016).

Assessment of family quality of life can consistently serve as a roadmap for organizational change in terms of support services and as a performance indicator for support providers (Finlay *et al*., 2017).

Previous research has demonstrated that parents of children with impairments experience feelings of failure, helplessness, and guilt (Eaton *et al*., 2016). Additionally, the connection between the parents may suffer as a result of the delivery of a child with impairments (Ntinda & Hlanze 2015). Mothers are particularly impacted by the additional pressure and stress brought on by changes in family dynamics because they often shoulder the majority of the burden for raising the child (Nomaguchi & Milkie, 2020).

Thus, they frequently experience feelings of inadequacy and failure and are more likely than their spouses to exhibit depressive symptoms (Otte *et al*., 2016). Mothers of children with hearing loss perform worse than fathers in terms of health-related dimensions, and their quality of life in terms of physical, emotional, and social components is also worse. (Isa *et al*., 2016).

In such circumstances, social isolation is a potential that could result in the mother's exclusion from the social sphere (Stacciarini *et al*., 2015). The stress of the parents can affect their disabled child in turn since stressed parents are less adept at providing for their requirements (Reddy *et al*., 2019). It is crucial to bring out the high rate of stress that financial difficulties are a common occurrence for parents with disabled children. (Hsiao, 2018).

Lack of social support services and denial of their fundamental rights cause the parents additional trouble (Morris *et al*., 2018). lower quality of life for those who care for children with intellectual disabilities due to their own health, their family's financial situation, and the stress brought on by a lack of social supports (Arora et al., 2020).

The significant role that socioeconomic status plays in shaping a person's quality of life has been shown in several research; the higher their socioeconomic position, the higher their quality of life (Vonneilich *et al*., 2016). Better financial standing makes it simpler to pay for the costs associated with a disabled child's health and makes it easier for parents to adjust to the circumstance (McConnell & Savage, 2015).

Especially in the areas of health, productivity, living conditions, mental well-being, and family connections, families of children with disabilities were more adversely affected by financial hardship than were families of children with standard development (Duncan *et al*., 2019). It's crucial to highlight certain benefits that parents of children with disabilities have experienced in contrast these real challenges (Cuzzocrea *et al*., 2016).

Masulani_Mwale *et al*., (2016) who mentioned Parents reported a variety of benefits from having a child with an intellectual handicap, including a greater sense of purpose, more tolerance and understanding, a beneficial impact on people and society, among other things.

Giving parents specialized training has a favorable impact on their capacity to raise a child with disabilities as well as their acquisition of abilities and information regarding the demands of the child (Bariroh, 2018). Researchers found that helpful parents benefited from the tools created to assist them in locating specialist medical and leisure services (Pilapil *et al*., 2017).

Raising a child with a physical disability less stressful for concerned parents, to improve their experience, and to enable them to live appreciatively (Lee, 2017). Parents who have children with physical impairments must be aware about their children' complicated and wide-ranging requirements (Geense *et al*., 2017).

Therefore, it is essential to assist professionals in gathering the data they require to design supporting programs that effectively fulfill both the needs of parents and their children with physical disabilities (Jones *et al*., 2016). Even though experts have been more interested in helping young children with developmental problems over the past ten years, their families still think that they have more needs, and those needs are still unmet (Guralnick, 2017).

Additionally, they asserted that as the impaired child grows, so do these demands. In addition, several parents reported experiencing escalating mental and social discomfort (Waizbard-Bartov *et al*., 2019). a lack of structured programs based on scientific research that assess the needs of families and a formal lack of help offered to parents by professionals (Derguy *et al*., 2015).

Therefore, in order to be able to meet their demands, whoever it is first needs to comprehend the needs of parents of children with physical disabilities (Hubert & Aujoulat, 2018). The types of support, such as formal and informal, are seen by concerned parents of children with disabilities as being highly significant requirements (Robinson *et al*., 2016).

Formal group support comes from governmental support (Hepburn *et al*., 2015), community-based services, training, teachers and schools and from the educational system (Limaye, 2016). This kind of assistance gave them the chance to engage with others, learn new parenting techniques, and feel understood and accepted by others. It also gave them the chance to express their feelings and worries with those who could see and understand them (King *et al*., 2015).

The informal social resources of support were associated to parental well-being, and the quality of life of families is greatly influenced by the assistance received from friends, neighbors, and other family members (Isa *et al*., 2016). However, strong evidence was presented demonstrating that when families receive both types of support, the requirement for long-term nursing is considerably reduced i.e., formal and informal (Qualls, 2016).

Parents' ability to support their families' needs and their income have been found to be strongly correlated with parental stress (Zaidman-Zait *et al*., 2017). Physical disabilities necessitate a number of expensive supportive services, such as medical, educational, psychological, physical, and occupational therapies (Alsem *et al*., 2017).

Additionally, raising children with impairments demands more financial resources than raising children without disabilities (Vonneilich *et al.,* 2016). Researchers have recently concentrated on the psychological requirements of parents who are raising children with physical disabilities and how to address those needs by giving them the counseling support they require (Pelentsov *et al*., 2016).

Researchers have recently concentrated on the psychological requirements of parents who are raising children with physical disabilities and how to address those needs by giving them the counseling support they require (Russell & McCloskey, 2016). It teaches them how to handle stress and respond to the actions of their physically challenged children. Additionally, parents learn time management skills and how to communicate with healthy people through counseling (Imran *et al*., 2020).

Children with developmental impairments are described as severe chronic disability of a child due to a mental or physical impairment or a mix of both, exhibited before the age of 22 (Schalock *et al*., 2019). The following three or more areas will likely experience significant functional limits as a result of this disability, which is likely to last forever: the capacity for independent living, self-care, receptive and expressive language, learning, mobility, self-direction, and financial self-sufficiency (Schalock & Luckasson, 2021).

Parents, who are the children's primary carers, may feel burdened by their children's disabilities and distresses (Yamaoka *et al*., 2015). Parents with disabled children may experience reduced quality of life (Ganjiwale *et al*., 2016).

When parents are forced to devote most of their time to caring for a disabled child, they are unable to participate in other activities, which limits their social life and lowers their quality of life (Shields & Synnot, 2016). A Parental support and care for the impaired child may decline (Lindo *et al*., 2016), The disabled child eventually enters a vicious cycle that compromises their quality of life, health, and wellbeing (den Besten *et al*., 2016).

A vital source of assistance for children with disabilities is their families. The additional demands on their time, emotional resources, and financial resources are absorbed by family members (DeMatthews *et al*., 2020). That are connected with having a disabled child, as well as advantages from having a disabled family member, such as personal and spiritual growth, have been recognized. (Young *et al*., 2020).

Parents of physically disabled children have increased stress and decreased parenting satisfaction (Shivers & Resor, 2020). In addition, physical impairments are more likely to have both short-term and long-term emotional difficulties than parents of families without such children. (López & del Valle, 2015).

They could display a range of emotional states, such as astonishment, disruption, denial, sadness, anxiety, fear, rage, and guilt (Fernańdez Alcántara *et al*., 2016). After learning to deal with having a child with impairments and attempting to work through their feelings, they eventually go through an adjustment process (Bray *et al*., 2017). However, the amount of time and assistance parents require for adjustment depends on the p\articular parents or families (Lamela *et al*., 2016).

Additionally, loving parents may be required to take on new responsibilities as parents of child’s with physical disabilities (King *et al*., 2017). For instance, loving parents may feel obligated to go above and above their normal responsibilities and provide their children with extensive care, counseling, and education, as well as support their behavior, serve as their children's experts, and speak out on their behalf (Meadan *et al*., 2015).

It is well known that raising a child with special needs can have a variety of positive and bad effects on family life (Dollahite *et al*., 2018). According to research, stress levels among parents may be higher than they are for families with children who are developing normally (Davis & Neece, 2017). There is always a negative impact on the family's entire quality of life due to the impairment (Brown *et al*., 2016).

The difficulties faced by parents of autistic children in both their social and professional lives are widespread and extremely taxing (Griffiths *et al*., 2016). These families with autistic children frequently refrain from engaging in social activities (Kim *et al*., 2015). Additionally, it appears that some parents decide to leave their occupations in order to support their children with the help of other family members and experts (Vonneilich *et al*., 2016).

The majority of parents noted other advantages for their other children, including: tolerance and acceptance of differences, compassion, maturity, patience, help/support, appreciation of one's own life, and health (Kotzampopoulou, 2015). Family life is affected by a number of variables, including the child's personality, the child's impairment, the family's style, the parent's attitude, and the parent's mental health (Ashori *et al*., 2019).

Health-related quality of life (HRQoL) of carvers is influenced by sociodemographic traits, medical conditions, and psychosocial variables in a dynamic manner. (Moreno *et al*., 2015).

Caregivers' HR quality of life was discovered to be either directly or indirectly correlated with chronic disease, caregiver age, and the age of the child (Isa *et al*., 2021), Family size, income, and socioeconomic status are all factors

(Lawson *et al*., 2018). The amount of time spent providing care for the child, the number of hours slept each night, and the use of diapers were all significantly linked to the caregiver's HRQoL (Isa *et al*., 2021).

There is proof that a range of psychosocial factors such parental stress, coping mechanisms, and social support affect or moderate psychological well-being and HR quality of life. (Sharda *et al*., 2019). According to estimates, 10% of children have developmental problems that necessitate involvement with the healthcare system and substantial caregiving, frequently throughout childhood and into adulthood (Grossman & Magaña, 2016).

These developmental disorders, which point to a general cognitive function impairment that appears during childhood, include mental retardation and autism (Lewis *et al*., 2017). Developmental impairments appear during the developmental phase and are characterized by restrictions in cognitive and socio adaptive functioning (Murugappan *et al*., 2019).

Due to these restrictions in functioning, children with developmental disabilities may require long-term care that much exceeds either their families' expectations as parents or the typical needs of children as they mature (Lord *et al*., 2020). While providing the high degree of care needed by a child with long-term functional limitations is a natural aspect of being a parent, doing so can become taxing and may have negative effects on the carvers' physical and mental health. (Oldenkamp *et al*., 2016).

Parents with children with various developmental disabilities report feeling overworked, burdened, and marginalized in society, as well as a sense of self-blame and exhaustion (Khare *et al*., 2017). It has been determined that having a handicap affects the entire family, and that knowing the effects of family members with disabilities on other family members is necessary to determine the proper conceptualization of family outcomes (Curryer *et al*., 2015).

There are three basic problems here. impact on family functioning, caregiving load, quality of life, and eco-cultural adaption (Vadakedom *et al*., 2017). A major factor in evaluating the quality of life of carers is the load associated with providing care. (Jeong *et al*., 2015).

To put it briefly, Schalock & Verdugo's (2007) findings that the quality of life affects everyone, including those with impairments, can be predicated on four fundamental components:

1- The assistance is a means of enhancing quality of life.
2- The community serves as the setting for creating a high quality of life.
3- The groups must consider themselves as community bridges.
4- Planning that is person-centered must be part of the procedures for providing services.

There is currently a dearth of research on how well-off families with school-age children are perceived to be, and to a lesser extent, on minors and students with special educational needs (Lara & de los Pinos, 2017).

Evaluation and measurement of the quality of life of parents of children with different impairments are urgently needed, given the high incidence rates of intellectual disabilities and the significant caregiving responsibilities. (Boehm *et al*., 2019). The current study is an effort to evaluate the quality of life of parents of children with various developmental disorders to that of parents of typically developing children

1.2. Importance of Study

The interest of human societies has increased since the middle of the last century in educating and rehabilitating (Stucki *et al*., 2018). The disabled in general and the physically disabled in particular especially with the change in the societal view towards this category and the shift from being an economic burden on their societies to looking at them as part of human wealth, which necessitates the development of this wealth and benefiting from it to the maximum extent possible, through the development of the services provided to them from medical and therapeutic services to Educational and non-educational services (Turmusani, 2018).

Socioeconomic have not considered the major cause of certain situations, but also as a result of society's lack of interest in the phenomena of special needs and the state's limited ability to give the required support (Millere & Dobelniece, 2015).

Providing for these parents' needs might improve their quality of life, which in turn might improve the quality of life for everyone in society (Jespersen *et al*., 2019). The requirements of parents of physically challenged children should receive more attention in research, as doing so can help create a useful database that can track parents' needs and detect unfulfilled ones (Kohl & Barnett, 2020).

Additionally, by preparing for supportive services and improving the quality of these services, the relevant institutions can generate solutions to satisfy the needs of parents by understanding the needs of caring parents (Russell & McCloskey, 2016). The stress of providing care for a child with special needs had an adverse effect on the caregiver's health, which can be alleviated by social support (DeHoff *et al*., 2016).

Parents who reported higher levels of social support felt less stress and reported better health, and this relationship between stress perception and health was attenuated (Cantwell *et al*., 2015). It's important to look at how the family is affected and what services are helpful for families with special needs children.

This contributes to the body of literature by examining the unique concerns of Iraqi parents who are raising children with physical disabilities. The findings of this study can help institutions arrange services for specific families in a way that will boost the effectiveness of such services by taking into account the perceived requirements of those families.

The groups of people with special needs constitute a significant proportion of the segment of society, and they are not underestimated by the members of any society (Caspi *et al*., 2016). If we add to this percentage the factor of wars and violence facing Iraqi society and the exceptional circumstances that the country has been going through for more than four decades, we find that the percentage of these people constitutes a number that we should stop at and know the most important challenges facing this group in all areas of life.

This study attempts to present a topic that pertains to a wide category of Iraqi society because of what it motivates the country has suffered from successive wars that brought calamities and tragedies, in addition to an economic blockade that lasted for a long time, and the result of these circumstances was a significant increase in the number of individuals with special needs.

1.3. Statement of the Problem

The arrival of a disabled child causes behavioral problems and social and economic difficulties for the family (Masulani-Mwale *et al*., 2018). When the parents discover that their child is disabled, they feel grief and worry, and the color of life has changed before their eyes, and they have excessive fear for his future, and they suffer from anxiety, hesitating between hope for treatment and despair of recovery (Ntinda & Hlanze, 2015). This was a descriptive study which to Assess the Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life.

1.4. Objectives of the Study

In order to achieves above stated objectives, the following sub-objectives include:

1. To assess the supportive services for children with special needs.
2. To assess the quality of life for parents of children with special needs.
3. To determine the association between parents’ quality of life with regard socio-demographic characteristics.
4. To determine the association between parents’ quality of life and supportive services for children with special need.

1.5. Hypotheses

It is hypothesized that the result may reveal:

H1: There was significant effect of parents’ quality of life on supportive services for children with special needs.

H0: There was no significant effect of parents’ quality of life on supportive services for children with special needs.

1.6. Definitions of Terms

1.6.1. Special needs

a. Theoretical

Individuals with impairments that may be physical, mental, or psychological are referred to as having special needs or additional needs. People with special needs can include those who have cystic fibrosis, autism, Asperger syndrome, cerebral palsy, Down syndrome, dyslexia, dyscalculia, dyspraxia, dysgraphia, blindness, and deafness. Cleft lips and missing limbs are further examples of them (Sinha et al., 2021).

b. Operational

Any of a number of challenges such as a physical, emotional, behavioral, or learning handicap or impairment that necessitate extra or specialized services or accommodations for people with special needs such as in education or recreation.

1.6.2. Supportive services

a. Theoretical

Supportive services are those offered to people with special needs that help them become more independent and/or self-sufficient. Examples of these services include health care, housing counseling, employment counseling and referrals, and other services (Peebles, 2016).

b. Operational

Provide medical and other services to children with special health care needs.

1.6.3. Children with special needs

a. Theoretical

Children with special needs include those who have substantial chronic illnesses, developmental disabilities, mental retardation, emotional disturbances, sensory or motor impairments, or emotional disturbances and need specific care, programs, interventions, technologies, or facilities (Christensen *et al*., 2019).

b. Operational

Children whose handicap or combination of disabilities makes learning or other tasks challenging. Children with special needs may be individuals who suffer from Mental Retardation, which slows down their development compared to normal children.

1.6.4 Quality of Life

a. Theoretical

The World Health Organization (WHO) describes QOL as an individual's personal view of their place in life within the context of the values and culture systems in which they live and in connection to their aims, expectations, norms, and issues.(Kim, 2020).

b. Operational

The degree to which a person is in better health, is at ease, and is capable of taking part in or enjoying life events is referred to as quality of life.

Chapter Two

Literature Review

CHAPTER TWO

LITERATRUE REVIEW

2.1. Special Needs an Overview

A disability according to Americans with Disabilities (AD) act is defined as a physical or mental injury that significantly limits or reduces an individual's activities in one or more life skills. Needs devices to help him move and move or is dependent on others to achieve his daily life skills, he is classified as having a severe, moderate or severe disability (Taylor, 2018).

However, this modest percentage has been criticized as it took into account only the cases of people with special needs who suffer from visible injuries and at the same time neglected the invisible cases such as those with learning difficulties, and those with very simple disabilities. In general, it can be said that all these percentages are estimates because they did not take into account the cultural variables and environmental conditions of each particular community (Crock *et al*., 2017).

It is known that the successful therapeutic intervention depends on the detection of the causes of disability, most of its causes are not known at all and we find what is known of them represents only a limited percentage of those causes (Gold *et al*., 2016). Disclosure of the causes of some disabilities has helped in the prevention of many injuries and diseases such as polio the enormity of the problem is that some of the factors that were believed to be definite causes of some cases of disability are, in fact, not so (Olkin, 2017).

The learning difficulties have been known for a long time to be the result of neurological dysfunction such a theory could not so far, no tangible practical results have been presented that support this assumption (Fletcher *et al*., 2018). After decades of research and study, it was not found that this neurological dysfunction exists except in a very limited percentage of children with learning difficulties. It should be noted that these limited studies have proven the existence of such a defect suffers from many systematic errors (Lewis & Fisher, 2016).

As for the second theory, which explained learning difficulties, it considered that the cause of the problem is due to an inherited genetic defect. Some of these studies were based on field surveys that showed that the probability of having difficulty reading, for example, doubles more than once in the case of a family member suffering from the same problem (Thapar & Rutter, 2015). This theory was supported by a huge number of studies, but the reality is not certain of the inevitability of this happening and it has not been proven in all cases (Fletcher *et al*., 2018).

2.2. Epidemiology

The percentages and estimates of disabled persons vary from one society to another, according to the conditions of society and its social, economic and health conditions. For example, the number and percentages of disabled persons in the American society are estimated at about 54 million about 20% (Shakespeare, 2017). In Iraq, the number of the disabled population aged less than 15 years in 2016 was 376,127. Although not always visible, people with disabilities are a large part of any demographic. According to the

World Health Organization (2021), at least 15% of the world's population is disabled and this population is increasing. Indeed, 15% is a low estimate if cognitive, psychiatric, and other invisible disabilities are included as well as physical disabilities. In Iraq specifically, about four million people are disabled again, probably a low estimate. (Rose,2022)

The percentage in developing countries would be 4% and in industrialized countries 7%. The reason for the increase in the percentages in the industrialized countries is due to the accurate procedures provided by these countries in the diagnosis and enumeration of cases and their inventory, as well as the health treatment that provides the individual with greater chances of life (Haagsma *et al*., 2016).

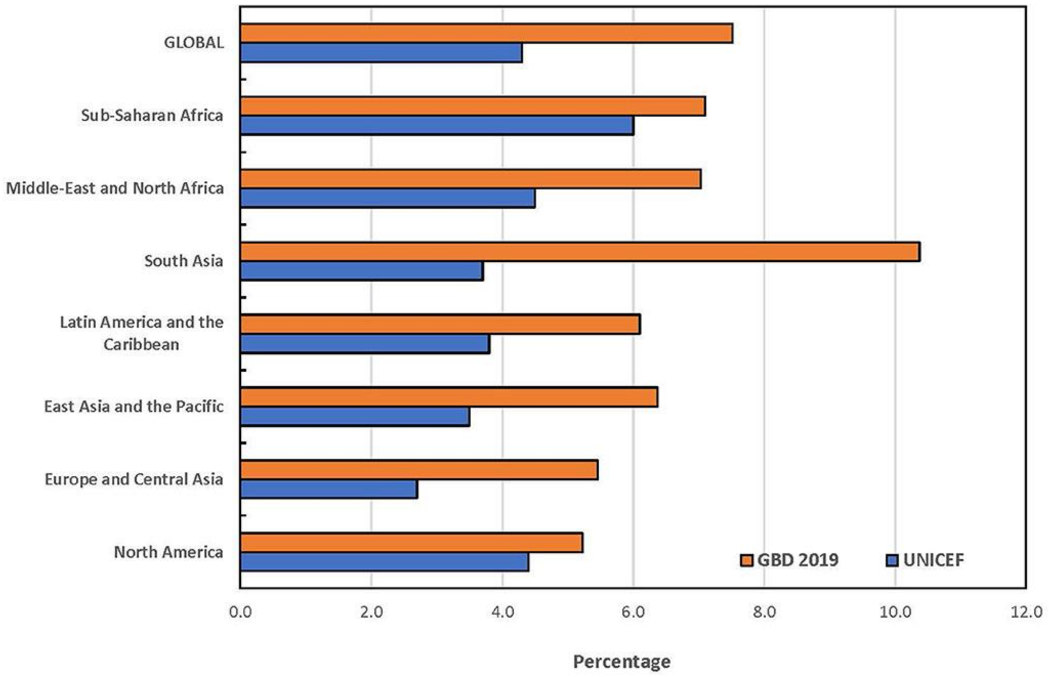

Figure 2.1. Prevalence Estimates of Disabilities among Children under 5 years by UNICEF and Global Burden of Diseases (GBD) 2019. (Olusanya *et al*., 2022)

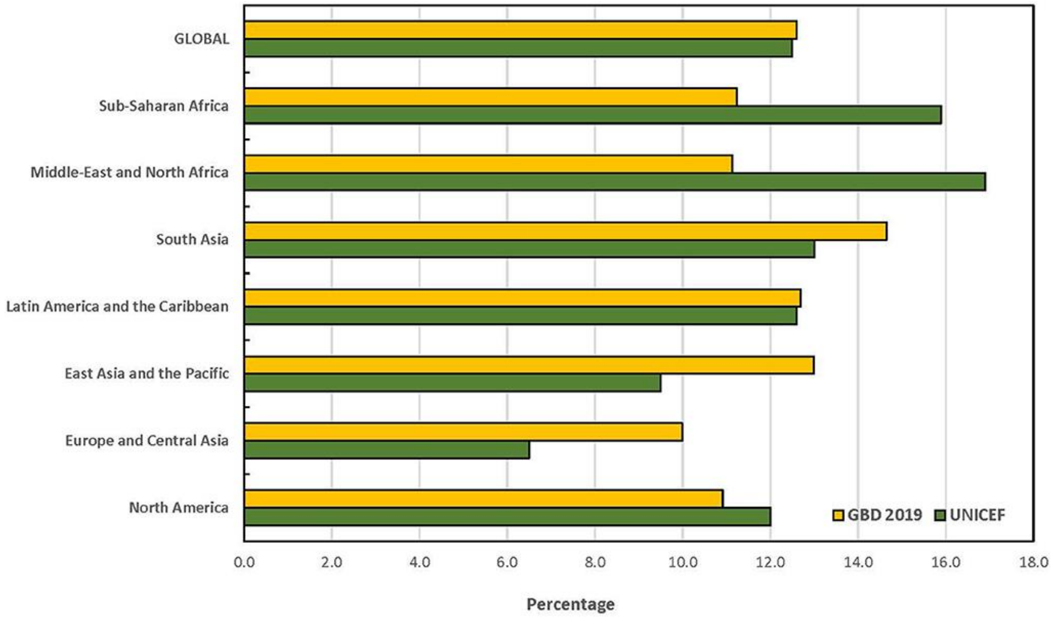

Figure 2.2 Prevalence Estimates of Disabilities among Children aged 5 to 19 years by UNICEF and Global Burden of Diseases 2019. (Olusanya *et al*., 2022)

In this context, studies issued by the World Bank indicated that an estimated half a billion people suffer from a disability than those who live in extreme poverty. It is expected that their percentage in developing countries will reach from 15% - 20% of the total population (Cruz *et al*., 2015).

International statistics estimate that the number of disabled individuals resulting from malnutrition and poverty is about one hundred million people the World Health Organization estimated in 1992 that a percentage of 70 % of people with visual impairment in early childhood and 50 % of hearing impaired come from poor African countries (Barbotte *et al*., 2001).

The causes of mental disability in the Kingdom of Saudi Arabia, it was found that genetics is responsible for 22% of cases of mental disabilities. This percentage may be somewhat exaggerated due to the lack of complete accuracy in the study procedures, but it remains an indication of the high influence of genetic factors in our societies, especially those in which the marriage of relatives within the family is considered inevitable (Al Eid *et al*., 2020).

The United Nations and the World Health Organization indicated that the percentage of persons with disabilities in any society is 10%; as the main causes of disabilities can be listed in those communities were developmental injuries, mental illnesses, brain injuries, and arthritis (Barrio et al., 2016, Eide et al., 2015).

2.3. Children with Special Needs and Women condition.

The results of the studies showed that society, with its customs, traditions, culture and trends, affects the formation of reproductive behavior through family and social pressures and affects marital relationships and personal decisions (Himawan *et al*., 2019). However, the tendency to understand the health, social and cultural conditions surrounding women and to enhance their active role in these vital issues that concern them and their families is positively reflected in alleviating and limiting cases of disability (Ryan & Deci, 2017)

The negative effects of early marriage on the girl appear clearly on her health after birth, and may negatively affect the health of the children, especially if the birth took place before the mother reaches the age of twenty, that is, before her physical growth is completed and she becomes more solid to bear the consequences and responsibilities of pregnancy and the harsh conditions of childbirth (Naveed & Butt, 2020).

Therefore, early marriage and premature birth are considered one of the biggest contributing factors to the occurrence of disability in developing countries and many Arab societies. This issue must receive the necessary care and guidance through awareness, education and ensuring the implementation of legislation that prevents the spread of such practices (Saad & Borowska-Beszta, 2019).

It is also certain the importance of a high level of education and a high level of intellectual and cultural awareness among women. At the same time, it is able to estimate the required family size and work to determine its birth in order to bring the number of children to a specific size that suits its financial capabilities and health and living conditions (Bradbury *et al*., 2015) (He *et al*., 2019).

The awareness in families about the genetic causes resulting from intermarriage and intermarriage between members and relatives of the family and the same family, which leads to the inheritance of some factors or diseases that are expected to lead to disabilities (Nance, 2018).

Families cannot overcome this as a result of traditional family, social and economic obligations and relations. These and other reasons, especially the prevailing state of poverty, in addition to the severe shortcoming in health services related to maternal and child care in rural areas double the prevalence and prevalence of disability (Royce, 2018).

2.4. Children with Special Needs (Historical Overview)

The term Special Needs refers to the existence of a fundamental difference from the average or the normal, and specifically (WitaHarahap & Surya, 2017). The child with special needs, is the child who differs from the normal child or the average child in terms of mental or physical abilities, sensory, or in terms of behavioral, linguistic or educational (Dandashi *et al*., 2015).

Characteristics to the extent that it becomes necessary to provide special education and support services to meet the unique needs of the child (Kauffman *et al*., 2018) and most educators currently prefer to use the term children with special needs, because it does not include the negative connotations that it has the terms disability (Hornby, 2015).

The most ignored and discriminated-against group in society is the group of children with impairments. They encounter prejudice on a daily basis in the forms of alienation, lack of affection, unfavorable guiding principles, and biased legislation, preventing them from realizing their potential in healthcare, education, and survival. The way that the community views children with disabilities varies significantly. (UNICEF, 2016) (Broady *et al*., 2017).

Since existence in ancient Greece and Rome depended on physical stamina, those with impairments were frequently abandoned or cast out into the woods to perish (Pisani & Grech, 2017). The treatment of disabled children in America before the advent of Christianity was comparable to that in other regions of the world. Parents who had schizophrenia killed their children, and doctors and even priests were very supportive of the practice (Sheffer, 2018).

Christians and other religious leaders subjected these people to mental and/or physical pain in the 16th century because they believed that conditions like schizophrenia, hydrocephaly, mongoloid mental retardation, and other impairments were symptoms of demonic possession (Msangi, 2017). Such institutions for those with intellectual disabilities and other infirmities were established in Europe, America, and other regions of the world in the early 1800s (Brown & Radford, 2015).

Children with intellectual disabilities were mistreated, taunted, and given jobs like gathering firewood and water, as well as working on farms for other people (Toma *et al*., 2018). Additionally, these youngsters were excluded from activities supporting their wellbeing since they were viewed as less challenging than typical kids. (Buchanan *et al*., 2022).

In general, parents and children of disabled children felt rejected, their relationships were strained, they were in distress, and other negative emotional effects resulted from this attitude. (McQuillan & Bates, 2017). A child with a disability is viewed in some cultures as a curse on the entire family and a source of shame, leading to the family's rejection. (Mostert, 2016).

Disability encompasses not only physical problems but also the responses of others, such as families and entire cultures. (Oliver, & Sapey, 2018). From one society to the next, or even from one family to another, perspectives may vary. They may contain widely held cultural beliefs at the society level for example, in some cultures, the birth of a disabled child is seen as a punishment from God, while at the family level, they may also include the family's own particular beliefs and notions about disability. (Rohwerder, 2018).

Because of this, the parents of these kids require social support to help them cope with any negative effects that the community's attitudes toward disabilities may have. (Cuzzocrea *et al*., 2016). Due to a lack of truly reliable records and the challenge of determining where to draw the line between what constitutes a disability and what does not, it is challenging to offer an exact estimate of the number of children with impairments. (Shakespeare, 2017).

Arranging for ongoing monitoring is equally as crucial as planning the initial examination since the difficulties of impaired children remain for years, and in many cases, for the rest of their lives. As a result, there are always more children in need of attention than there are new cases. (Asch, 2017).

2.5. Children with Special Needs (Conceptual Overview)

According to the World Health Organization, there is currently no single definition of disability that is widely acknowledged. The phrase disabilities are a general one that includes impairments, activity constraints, and participation limitations. An impairment is a problem with physical structure or function, an activity restriction is a challenge that a person faces when carrying out an action, and a participation restriction is a difficulty that a person encounters when taking part in activities of daily living. Therefore, disability is not merely a health issue. It is a complicated phenomenon that reflects the relationship between physical characteristics of an individual and social characteristics of the society in which they inhabit. (WHO, 2016).

However, even though the European Disability Forum (EDF) uses a social model to define disability, their definition is much vaguer and general: Disability is therefore understood as the result of the interaction between the individual's impairment and the barriers created by society (be it social, environmental, or attitudinal) (Gandy, 2017).

Disability is the result of a group of individuals building a world that solely accommodates their way of life while ignoring the disabilities of other people (Carroll *et al.*, 2018).

The USA relies on survey-based statistics instead of having a national health database (Jena *et al.,* 2016). The Life Opportunity Scale (LOL) used by the Office for National Statistics in the United Kingdom, is based on the social mode of disability and distinguishes between having an impairment and having a disability (Kim *et al.,* 2018). People who have impairments but are not constrained in their daily activities may not view themselves as disabled (Haegele & Hodge, 2016).

According to the Family Resource Survey 2011/2012, 800,000 British children with disabilities between the ages of 0 and 15 were counted (at the time of the survey, the population of Great Britain was 63.7 million and there were 11.6 million individuals with a disability) (Gandy, 2017).

According to the values and social trends that are based on cultural norms, through which the individual is described as having a disable, the affected individual may be classified as of the people with a disability in one society, and at the same time not in another society, and examples of the relativity of the disabled are what we see of some leprosy patients living in a normal, normal way among their family members, and society accepts them fully, while in other societies, they are isolated in camps or special institutions, based on this, the view in the first society of the individual is not that he is disabled, while the second society considers him disabled (Waldschmidt, 2018).

It should also be noted that according to social barriers negative view of the disabled, or natural such as architectural barriers, which limit the ability of the person with a disability to respond to the requirements of the environment, which usually differ from one society to another (Wolniak & Skotnicka-Zasadzień, 2018). In that case, the individual may be considered a person with a disability in one society, and he will not be considered as such in another society (Linton, 2017).

All of the development of a negative, submissive, and weak personality in the face of difficult situations in life. Instead of developing a positive personality as is the case in developed countries and perhaps this confirms that relativism in describing disability in developing countries is higher than its rate compared to developed countries as a result of the causes of underdevelopment in developing countries (Schultz & Schultz, 2016).

Physical, organic, sensory, motor, mental, emotional or social disability, who are suffering from a functional impairment and mal-adaptation (Mash & Wolfe, 2015).

The majority of impaired children are diagnosed early in infancy, long before they have learned many skills, and any typical talents they do have are distorted and unnatural (Essa & Burnham, 2019). When a newborn with cerebral palsy needs to be coached to learn even fundamental abilities like walking, this is called habilitation rather than rehabilitation (Gao *et al.,* 2021).

When working with children, the phrase habilitation stresses the value of teaching fundamental developmental skills and puts the task in the right perspective. It is also helpful to use other terminology accurately and correctly (Cavagnola *et al.,* 2020). Any structural irregularity is referred to as a defect, whereas disability denotes a functional impairment. When a child's chances to grow and learn are limited, the child is said to be disabled (Srivastava & Kumar, 2015).

In contrast, a child with a single defect or disability may be handicapped in various ways, each of which may require consideration. A child may have multiple defects or impairments but only be crippled in one aspect, such as his or her capacity to learn (Campbell & Stramondo, 2017).

The type of the disability resulting from the defect may not always be clear from the medical diagnostic label; therefore, these must be defined individually. Children with several medical conditions may have comparable limitations. For instance, children with lower limb phocomelia, cerebral palsy, spina bifida, muscular dystrophy, and hemophilia may all be impaired in terms of movement (Shakespeare, 2017).

The type of assistance needed to overcome disabilities may vary depending on the underlying medical issues (Deckoff-Jones & Duell, 2018). For instance, children with orthopedic and neurological impairments may need social and educational support to overcome their issues (Fareo, 2015). Because of this, it is impossible to fully address the habilitation of impaired children by focusing solely on their medical issues (Bawalsah, 2016).

2.6. Supportive Services of Special Needs Children (an Overview)

Many terms have expressed the term supportive services in special education with different expressions, including: Ancillary services, allied services, supportive services assistant, and related services. All of these terms refer to the same content, and to the purpose that the philosophy of support services related to special education aims at it (O'Shea & Meyer, 2016).

Services as a general concept as defined by it refers to a type or form of support that includes sources and strategies and support may be natural include already existing sources or strategies or service-based support not of the nature of the individual provided by qualified professionals to provide these supports (Buntinx, 2013).

There have been numerous attempts to define support services by specialists, as he defined it as services that are provided to children with special needs in addition to special education services in order to meet the diverse needs of these children and provide integrated services to them, and the support services that are provided depend on the individual needs of the children (Gargiulo & Kilgo, 2018).

The organized, comprehensive and continuous process that aims to reach the disabled children and his family to the maximum degree of mastery in the health medical, psychological, educational, social, economic and professional fields that they can access (Falvo & Holland, 2017).

Services that afford for children with different disabilities to benefit from the special educational programs provided to them, to the maximum extent possible, which include: health service, psychological service, counseling service, language and speech therapy service, and therapy service, physical therapy, occupational therapy, transportation and other support services needed by children with a disability (Holt *et al*., 2015).

The comprehensive, coordinated process of employing extracurricular activities assisting the disabled in achieving the maximum possible degree of functional effectiveness in order to develop him in various aspects of growth to enable him to be compatible and productive in society, and considered them services that do not meet the requirements of his natural environment to rely on himself and make him a member educational provided by professionals related to it. It is provided to the disabled in addition to special education services, and aims to help them achieve the maximum benefit from the individual educational program, and this depends on the type and severity of the disability and the age at the time of injury (Lipkin *et al*., 2015).

2.6.1. Importance of Health Services

There is no doubt that disability in general affects all forms of child development, which puts us in front of a child suffering from various problems and disabilities, which calls for resorting to various services that suit his different needs (Andrews, 2019).

The results of studies and research indicate that there are developmental periods in the life of a disabled child, especially the early years. Therefore, providing support services during these periods helps the child to develop the first patterns of learning and behaviors that are in themselves a basic base for all later developmental skills (Carson *et al*., 2016).

In addition to the economic and social feasibility resulting from providing support services early in the life of the disabled child, his family and society (Bazzano *et al*.,2015). Hence the importance of support services for the disabled child and his family, in order to reduce the effects of the disability on the aspects of the personality of the disabled child and rehabilitate him so that he can

benefit from the special educational programs offered to him, as well as benefit from the sources of community life such as his non-disabled peers (Vonneilich *et al.,* 2016).

As for the family, its insight into the support services helps it in how to deal with the condition of the disabled child and how to overcome the social and psychological problems caused by the disability, and thus they are able to modify the patterns of their interaction with their children in a way that leads to improving the performance of their children (Mohan & Kulkarni, 2018).

In addition to writing recommendations to be implemented by teachers, families, and other workers with a disabled child taking into consideration that the quality of the support services included in the programs for disabled children varies according to the disability (Alquraini & Gut, 2012), and its diversity on the one hand and the needs of the child on the other hand, as it varies between medical, psychological and social services and others related to occupational therapy, physical therapy, speech therapy, in addition to rehabilitation services, transportation and other technical services and physical (Andelic *et al*., 2021).

However, there has been a qualitative rise in the matter of where to provide support services, and instead of providing them in separate rooms as was previously known, they are provided in natural environments and during normal activities (Browne *et al*., 2018).

It is not surprising to find language and speech services in the classroom as well as physical and occupational therapy during physical education classes in the gym (Pangrazi & Beighle, 2019), but there are services that still need separate places such as psychological counseling, in order to ensure the privacy of the children and his family (Bohnenkamp *et al*., 2015).

2.6.2. Types of Supportive Services:

1.Physical Therapy Service:

The American Physical Therapy Association (APTA) defines a physical therapy service as: that service that depends on understanding the connections between all parts of the body, dealing with the condition through the process of examination, diagnosis and even treatment of the movement problem, then teaching the person suffering from a movement problem how to take care of this problem is achieved through appropriate exercises and the best method for using the body and obtaining the appropriate strength and flexibility to prevent relapse or recurrence of the injury (Goodman *et al*., 2017).

Physiotherapy is a supportive medical profession in which neither drugs nor surgery are used, rather, natural means of treatment are used, such as therapeutic exercises, heat, therapeutic electricity, water, light, ultrasound, ice, therapeutic mud, and massage (Cifu, 2020). This service is performed by a physiotherapist in order to rehabilitate patients and returning them to society as self-reliant as possible (Al Imam *et al*., 2022).

The task of the physiotherapist is manifested through:

- Evaluation of motor patterns and then providing appropriate therapeutic sessions, which include: therapeutic exercises and hydrotherapy (Kim *et al*., 2021).
- Suggesting auxiliary medical devices and splints and determining their specifications (Setchell *et al*., 2018).
- Training the disabled child to use prosthetics and prosthetic devices (Hanrahan, 2015).

- Providing advice and guidance to parents and teaching them home treatment programs and how to deal with their children disabled (Hsiao, 2018).

In general, the multiple motor problems that disabled children suffer from, most notably the weakness of motor synergy in addition to the lack of large motor skills such as walking, running and jumping skills, makes this service one of the important and necessary services for them (Sullivan, 2020).

2.Occupational Therapy Service

Occupational therapy is of great importance to children with disabilities because they have problems fine motor affects functional ability and therefore self-reliance in independent skills (Farmer & Watson, 2019). Occupational therapy is defined as: the therapeutic use of self-care activities, work and play to increase independent performance, increase growth and development, and prevent disability. It may include modifying the environment or activity to obtain the highest degrees of independence and improve the quality of life (Clark & Kingsley, 2020).

The occupational therapist provides occupational therapy services, including:

- Training the disabled child on independence skills such as changing clothes and personal hygiene.
- Develop motor responses through play activities.
- Evaluating the environment and making the necessary adjustments to suit the needs of the disabled child.

- Assessment of pre-writing skills, fine motor skills, and synergy, and work on developing them.
- Providing advisory services to families and teaching them occupational therapy programs (McPherson *et al*., 2018).

Despite the importance of the occupational therapy service, but the physiotherapy service more widely used and more obvious due to the lack of qualified cadres for this service (Drolet & Désormeaux-Moreau, 2016). In any case, there are differences between these two types:

- Service Therapy Physical: (aimed at developing motor skills) large scales (crawling, sitting, standing, walking...) using a variety of methods, including: heat, massage, water, electricity, exercises, as well as the use of corrective or prosthetic devices such as: wheelchairs, balance boards, crutches, etc. (Winders *et al*., 2019).
- Service Therapy Occupational: Focuses on developing motor skills minute, and helping a person perform daily living skills and self-care to the highest possible level (Clark & Kingsley, 2020).

3.Psychological Service

It is considered one of the important support services for children with special needs and their families, because the injury reflects psychological effects on the child and his family, that the parents of children with cerebral palsy suffer from high psychological pressure due to the restrictions imposed by the disability, especially if the injury is severe, and the services of this service are carried out by a psychologist (Lipkin *et al*., 2015), which includes

- Performing psychological tests.

- Collecting information on the behavior of the disabled child and the life conditions related to it (Vonneilich *et al*., 2016).

- Organizing programs that include psychological counseling services for the disabled child and his family.

- Modify the behavior of the disabled child to make it more acceptable (WHO, 2015).

5.Social Service

The social service plays a major role in providing support to the child and his family, and helping him to achieve adaptation and integration with the surrounding environment to become on an equal footing with other children, restrictions in social relations and adaptation to society (Hanscom, 2016), and here comes the role of the social specialist in:

- Providing appropriate opportunities to integrate the disabled child with society (Wilkin, 2016).
- Contribute to modifying the attitudes of community members to recognize the rights of persons with disabilities (Mégret, 2017).
- Providing material and in-kind assistance to mitigate the impact of disability on the child and the family.
- Enhancing the self-confidence of the disabled child (Emory *et al*., 2020).

- Providing advice and guidance to the family to face the problems they encounter.
-

6.Health Service

It is defined as: health facilities that support the health stability of a disabled child, in light of his health needs, it includes various forms of services such as prevention, first aid, medical drugs, surgery, diet, etc. (WHO, 2018).

The health service is one of the support services for disabled children as these children show different health problems which may be epilepsy chest infections and respiratory diseases dental problems, which may be due to congenital or acquired causes, in addition to health problems related to metabolic disorder, which results in many pathological symptoms (al *et al*., 2016).

It was mentioned by (Douthit *et al*., 2015) that there is a clear importance for the provision of health services to children due to the health problems they present, which make the need to provide health care to them urgent and necessary.

7.Assistive Technology Service

A technical supportive tool is any device, part of a device, or a system that is purchased ready-made from the market or is modified and adapted for use in order to increase or improve the functional capabilities of a disabled child (Desideri *et al*., 2021).

As for the assistive technology service, it is any service that directly helps the disabled to choose, learn, or using one of the supportive technological tools and such services include: assessing the needs of the child, providing the technological tool, designing, adapting, maintaining or using technological tools, and training the disabled, his family and teachers on using them (Al-Dababneh & Al-Zboon, 2022).

The most useful disabilities from industrial devices and tools is the mobility disability, as they benefit from one of these compensatory tools to rehabilitate them and make them more capable and efficient in production and giving as much as possible (Chaparro-Cárdenas *et al*., 2018).

These devices can be summarized according to their aspect of use to:

- Technology in the field of movement and mobility the tools and devices that help the disabled to move around movement independently, such as: crutches, horse treadmill, manual and electronic wheelchairs, and electrically, modified cars (Goodworth *et al*., 2019).
- Technology in the field of communication tools the devices that improve the ability of the disabled to interact and communicate with others, such as: the educational phone (Raja, 2016).
- Technology in the academic field it is the tools and devices that help the disabled to learn, such as: pen grips and anchors, magnetic communication boards, typewriters, cassette recorders, audio-visual teaching machines, computers, and talking books (Alper, 2017).

8- Mobility and Transportation Services

The transportation and mobility service is considered one of the support services, as describes it as that service provided to the disabled child, which includes the means of transportation modified or adapted to suit his special needs, in addition to other means of transportation such as wheelchairs, electric elevators, and special cranes which would facilitate his transfer within the school environment to benefit from the educational programs that can be provided to him (Ross *et al*., 2020).

The significance of this service for children with disabilities is emphasized by allowing them to move freely and comfortably, to access educational materials, and to participate in events and activities such as trips and visits. (Pangrazi & Beighle, 2019).

2.6.3 The Importance of Training and Preparing Parents in Dealing with their Special Need Children

The parental training should be referred to whether the children are normal or abnormal, in order to provide permanent training and counseling services from the psychological, social and educational point of view to the family that is expected to have one day a disabled child (Hardman *et al*., 2016), this is done through:

1. **Family Awareness**: This method is based on raising the family's awareness before and after the presence of the disabled child in the family. Family awareness may be combined and may take the indicative form of lectures and pamphlets (Shepherd & Djenne-amal, 2016).
2. **Seminars and Lectures:**

Seminars and lectures are considered a preventive and curative means in relation to the family and their children, in addition to seminars and lectures in which the scientific expertise of specialists and school staff emerges in the midst of difficult family conditions (Masten, 2015).

3. Family Support:

Family support is those services that are provided to the family in terms of emotional and psychological support in terms of meeting the needs of food, housing and health insurance (Robinson *et al*., 2017).

4. Preparing Parents through Another Family:

This method depends on the existence of the two families and the definition of each of them that it is not the same the only one given , but will get an advantage in participation in view of the desire that will be generated in families and the guidance of the needs that come through his interaction, as well as the periodic review of the daily conditions in which the two families live, and the family feels that they are similar and that there are many like them in the world (Hess *et al*., 2017).

5. Role of the Media:

The audio-visual and print media, where they play a prominent role with it in preparing parents through the program, recorded tapes and articles that it presents books and pamphlets that include advice and guidance for families, on how to interact effectively with actual activities that increase the experience and ability of the family to learn with its disabled child (Martens *et al*., 2018).

6. **Training courses:**

These are centers, associations and private institutions through preparing training courses for the family, especially by mentioning the parents, to give them a picture of the scientific and logical dealing with the disabilities (Lara & de los Pinos, 2017).

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Figure 2.3: Teaching and Supporting Children with Special Needs

(Brillante, 2020).

2.7. 1.Possible Negative Aspects of the Disability in the Family

Throughout history, the birth of a disabled child has been regarded as a tragic, dangerous, and upsetting event, as well as an extremely painful experience for the parents (Lara & de los Pinos, 2017). During the 1940s and for nearly two decades afterward, the majority of the scientific literature on family and disability focused on describing the negative effects that the presence of a disabled child produced in the family dynamic, such as depression, anxiety, frustration, guilt, economic burden, isolation, and so on. (Abramovitz, 2017).

The event of having a child is a process that necessitates adaptation beginning with the decision or desire to be a mother/father and continuing through the pregnancy until the birth, when individual changes occur linked to the new functions as mothers/fathers, assumption of new roles, changes in habit, changes in the couple's relationship, and so on. (Benito Lara & Carpio, 2017).

For parents who have a child with a handicap, these changes are more pronounced, and other changes that are unique to this circumstance also occur (Ginn et al., 2017). When numerous symptoms that are unusual in normal development appear throughout evolutionary growth, emotions and sensations like loss, anguish, doubt, danger, shock, and helplessness manifest. (Benito Lara & Carpio, 2017).

There are documented stages that a family often goes through while embracing a kid with a handicap. After the first shock or effect of the diagnosis, there comes a period of response, which is followed by another stage of adaptation and guiding (Lara & de los Pinos, 2017). Typically, the feeling of loss or grief will develop and pass without the need for any particular help (Hargrave & Zasowski, 2016). The anguish will lessen till it vanishes when the parents gradually succeed in adjusting to the new circumstance and reimagining their life mission. (Caudill, 2016).

Families experience stress when dealing with children who have certain functional limitations or who are in high dependency situations because, in addition to the uncertainty surrounding the diagnosis, there are changes to the family's organizational structure and routines, as well as changes at the workplace (Alexander & Robbins, 2019). This stage is distinguished by the manifestation of anxious symptoms, including anger, bewilderment, dread related to doubt, emotional instability, avoidance and flight responses (Lara & de los Pinos, 2017).

2.7.2. Quality of Life among Parents of Children with Special Needs

Several studies have recognized the relevance of measuring the quality of life of families with special needs persons during the last several decades (Wallander & Koot, 2016). The degree to which families of persons with disabilities are able to satisfy their basic requirements, spend time together, and pursue hobbies and activities that are important to them is referred to as family quality of life (Powrie *et al.,* 2015). Today, it is a commonly held belief that all individuals and their families, regardless of disability status, have a right to a life of quality (Freeman *et al*., 2015).

Parents of children with disabilities have reported positive contributions that their child has on their quality of life such as fostering the development of patience, love, compassion, and tolerance, improved relations with family members and positive changes in spiritual values (Macabago, 2021).

As families aspire to live decent lives, a number of demographic characteristics (such as poverty, minority status, and single-parent status) have been identified as potential risk factors (Swafford *et al.,* 2015). Providers of mental health services are in a unique position to comprehend the requirements of families parenting children with disabilities and to speak out for them as they work to lead fulfilling lives (Aronson *et al.*, 2016).

2.8.1. Family and Special Need Children

Due to the connection between the person with the disability and important circumstances, special needs children must today be understood from an ecological and contextual perspective (Lara & de los Pinos, 2017). According to the new definition of special needs kids included in the 11th edition of the American Association on Intellectual and Developmental Disabilities Manual, special needs kids are understood not as a merely biological characteristic but are directly related to the context, leaving aside the discussion of the significance of environment and internal factors and putting everything on the same leve (Bertelli *et al.*, 2016).

This definition takes into account the role that families play as a child's primary support system. It also identifies the environment in which efforts should be concentrated to enhance the quality of life for these children (Benito Lara & Carpio, 2017). The paradigm around disabilities and families has evolved from a psychotherapy model since the 1950s, to a parent education model since the 1970s, and finally to a quality of life and empowerment model since the 1980s (Oliver & Sapey, 2018).

This new era is defined by believing a fundamental belief: families are resilient and can manage the impairment when given the right help (Carr, 2015). The specialists took charge and voiced their thoughts regarding parental responses, educational preferences, and viewpoints; they believed that the parents were to blame for the children's limits, developmental roadblocks, and lack of relevance to the intervention process (Albino & Tiwari, 2016).

The parents were viewed as weak patients in a state of bereavement who needed care in addition to that provided to their children and who were, generally speaking, less knowledgeable, capable, and objective than the experts (Verberne *et al.,* 2017). The family changed from being responsible for the handicap to working with the experts and receiving certain assistance. It must be acknowledged that mothers and dads have been and continue to be the organizations' founders and members, advocates of services, beneficiaries of professional judgment calls, instructors, and therapists for their children, as well as those who decide whether or not to intervene (Iarskaia-Smirnova *et al.,* 2015).

The World Health Organization describes the concept of quality of life as an expansive idea that refers to how people see their place in the world in connection to their goals, aspirations, standards, and worries in relation to culture and the system of values (Macke *et al.,* 2018). It is a multifaceted idea that represents the circumstances of life wanted by a person in respect to eight needs: emotional well-being, interpersonal relations, material well-being, personal growth, physical well-being, identity, social integration, and freedoms (Zaki, 2016).

It goes without saying that the same things that are crucial for individuals without any kind of impairment will also determine how well persons with intellectual disabilities are able to live their lives (Simplican *et al.,* 2015). According to Gómez (2016), there are a number of important principles that must be taken into account when applying the notion of quality of life to individuals with disabilities:

- The same elements and aspects that are significant for individuals without impairments are taken into consideration when assessing the quality of life of people with disabilities.
- Quality of life is felt when a person's fundamental requirements are met and they have the same possibilities as everyone else to propose and achieve objectives in the three most important contexts: home, school, and job.
- The idea of quality of life encompasses both objective and subjective components, but the strongest indicator of the quality of life a person really experiences is their impression of it.
- The five dimensions of emotional well-being, health, family and social relationships, material well-being, and work or any other form of productive activity are frequently repeated in the various theoretical models, despite the fact that there are many proposals about the number and scope of the domains that make up the construct of quality of life.
- Along with the aforementioned domains, there are a number of indicators that are especially important for people with disabilities and must be taken into account when conceptualizing their quality of life. These indicators include their level of involvement in decision-making regarding matters that directly affect them, their level of integration and acceptance in their society, and their access to equality of opportunity.

- The individual with the impairment and their family, the service providers, and the experts who work with them can all vouch for the accuracy of the data regarding the quality of life for individuals with disabilities.
- Information about quality of life must play a significant part in the evaluation of programs as well as the provision of resources and assistance to individuals with disabilities and their families. For the whole population, including those with disabilities, we may sum up how the quality of life acts as a catalyst for change by pointing to four fundamental components, as supported by (Wallander & Koot, 2016):
- The assistance serves as a tool to advance quality of life.
- A community serves as the setting for creating a high quality of life.
- Organizations need to consider themselves as links to the communities.
- Planning that is person-centered must be part of the procedures for providing services.

2.8.2. Support of Families with Special Need Children

The majority of parents, especially those of children with disabilities, have been influenced by the myriad social, economic, and cultural changes that the world is presently through (Sleeter, 2018). emphasizes further that due to advanced medical treatment and technology, it is now feasible for children with impairments to grow up, which raises the need for social assistance for their parents (Couzens *et al.,* 2015).

In the last several decades, there have been significant changes in family structure and family life models (Clark, 2015). Due to this scenario, there are now more disabled children living in single-parent households and more women are employed, which has reduced the ability of families to acquire the necessities for disabled children (Krueger *et al.,* 2015).

Parents of disabled children are frequently cut off from their family members and their natural support networks due to the caregiving duties imposed by their condition and the associated rise in residential mobility (Singogo *et al.,* 2015). As a result, the hazard particular to parenting disabled children includes social exclusion, strain on extended family relationships, and isolation from friends and relatives (Iadarola *et al.,* 2019).

Parents with disabled children have a variety of requirements and concerns (Hutchison *et al.,* 2016). Consequently, the provision of supporting services to parents of disabled children should take into account their concerns, priorities, and resources. The above-described general position and circumstance caused a lot of stress for parents of disabled children, a condition that drew additional research and the development of several intervention programs aimed at providing social support for parents (Shepherd *et al.,* 2020).

Given that the idea of supporting services offers an integrated account of the results of variables that impact health and well-being (Inagaki & Orehek, 2017). Although one of the possible keys to the wellbeing of people who go through big life transitions and crises, such as having a kid with a handicap, supporting services are something that most people understand intuitively (Oliver & Sapey, 2018).

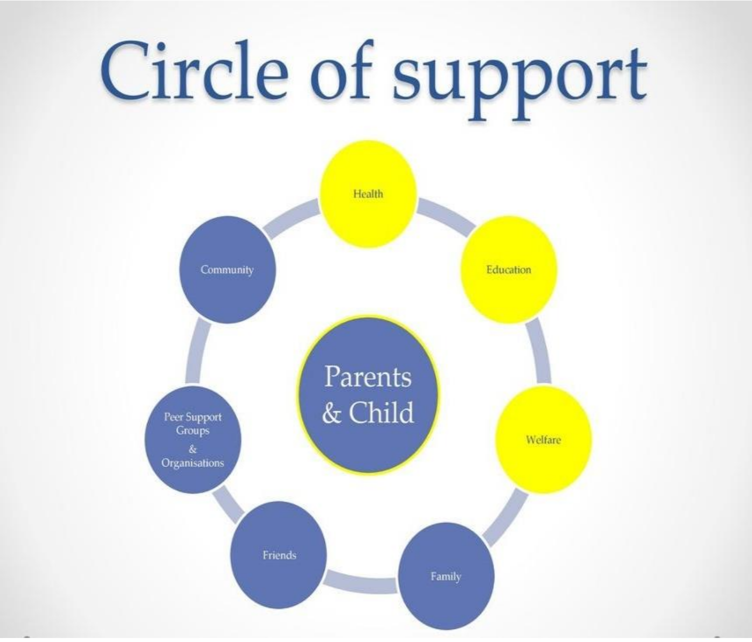


Figure 2.4: Special Needs Parents Association

(Orphan, A. 2016).

The direct impact of social support in aiding an individual's recovery from stress or crisis experiences was shown to be the main emphasis of the intervention's influence on the specific life crises (Livneh, 2016). The level of support services sought by parents of disabled children is influenced by a variety of variables (Carlson & Miller, 2017).

Parents with disabled children have stigmatizing issues related to their child's impairments (Oti-Boadi, 2017). Parents typically look forward to the arrival of a new baby in the family with tremendous anticipation because they often imagine what their children will be like (DePape, & Lindsay, 2015).

As a result, the birth of children with disabilities has an impact on the entire family as a whole since when one member of the family is impacted, the entire family is impacted (Zuurmond *et al.,* 2019).

The majority of parents dream of raising healthy child, but when one of their kids is identified as having a handicap, their hopes and aspirations are dashed. The diagnostic indicating a kid has a problem is probably the most challenging and upsetting event since parents want their newborn to be issue-free (Tomczyszyn, 2019). The presence of disabled children in a family therefore causes a variety of natural reactions, such as shock, disbelief, and even grief to surface. Additionally, because of the adjustments that must be made to accommodate both the needs of the disabled children and the rest of the family, parents' social lives are impacted (Msangi, 2017).

As a result of the time parents spend caring for their children take away from other social activities and the community, they tend to be less helpful, considerate, and somewhat unresponsive to community needs. This circumstance makes them feel isolated from the rest of the community (Gargiulo *et al.,* 2018). The birth of a child with a handicap is likely to cause parents to experience unpleasant emotions akin to grieving (Ntinda & Hlanze, 2015).

When a parents hopes for a kid without a handicap are dashed, the engulfing emotions that follow can be heartbreaking. These emotions may lead to self-blame that the child impairment is their fault as a result, the parent may feel unworthy and the youngster may develop defensive methods to deal with the circumstance (Msangi, 2017).

Most parents who must care for a child with disability face two major crises, the first crisis is a symbolic death of the child to be; which occurs when a child is first diagnosed with the disability. Most of the parents with children diagnosed with disability are stricken by shock, denial, guilt, anger and sadness before they finally adjust to the situation (Vogel, 2018).

The second dilemma is the issue of providing for the child's daily requirements, such as the three fundamental necessities of food, housing, and clothes, which is a duty that frequently weighs on such families (Msangi, 2017). A lot of societal issues can also affect parents of disabled children (Laxman *et al.*, 2015).

When parents are away from the house for a number of reasons, they could experience financial stress owing to the cost of specific equipment, attending special schools, and hiring babysitters (Brown *et al.*, 2016). Children with impairments also put extra strain on marriages because they may force one spouse, often moms, to quit their employment, which creates further issues like poverty for the entire family (Zschorn & Shute, 2016).

The existence of a kid with a handicap strains a marriage since one spouse accuses the other of causing the impairment, which leads to an explosion of anger and blame-shifting (Yaacob *et al.*, 2021).

On the other hand, Shenaar-Golan (2017) argues that having a disabled child in the family may enhance the marriage and result in positive consequences. The strains of raising such a child might occasionally develop strong bonds of mutual support among the family members. However, as parental adjustment differs between parents who suffer discomfort and those who are able to effectively adjust to it, experiences of parents might vary (Young *et al.,* 2020).

Parents of children with disabilities have additional and longer-term responsibilities necessitated by their children's condition, which may start at the earliest and continue into their children's adulthood, in addition to the challenges faced by parents of typically growing children in today's complex society (Msangi, 2017). Unlike families with children without impairments, raising a kid with a handicap is likely to have a more lasting impact on the family (Luijkx *et al.,* 2019).

For instance, the community and/or government policies may have detrimental effects on parents of children with disabilities, such as injustice, discrimination, and segregation (Alderson, 2018). Living with a disabled child may be particularly challenging due to a variety of practical issues that put financial burden on the family due to medical costs, the cost of specialized equipment, and the cost of securing a suitable special education (Hayes & Bulat, 2017).

They went on to say that the issue raised by children with impairments would not only have an impact on the family but also the community at large since such a community would see an increase in the number of people who require help (Thornicroft *et al.,* 2016).

In most families, poverty also prevents parents from earning an income and results in unplanned expenses owing to children's illnesses that require urgent care. The difficulties faced by parents of disabled children are exacerbated by the fact that some parents must quit their occupations in order to have adequate time to care for their disabled children (Msangi, 2017).

Social support is often an essential component to nurture parents' optimism and strength they require in caring for the affected children as well as other family members as a result of parenting a kid with a handicap (Beighton & Wills, 2017).

Despite the fact that other community members and support groups also contribute to the provision of resources for educating children with disabilities, contact between teachers and parents is crucial for educational achievement. The strain of raising a disabled kid in a family is contrasted with the stress of a family member's ill health or a parent's loss of employment (Vanegas & Abdelrahim, 2016).

2.9. Theoretical Framework

. Henderson called her definition of nursing her “concept” and emphasized the importance of increasing the patient’s independence so that progress after hospitalization would not be delayed. She categorized nursing activities into fourteen components, based on human needs. She described the nurse's role as substitutive (doing for the person), supplementary (helping the person), complementary (working with the person), with the goal of helping the person become as independent as possible care. (Ahtisham & Jacoline, 2015).

Social relationships and support are essential for children in ensuring a sense of physical protection, assistance and care. Research confirms that support is important in providing protection to prevent mental health disorders and enhance "psychological well-being” for children in difficult circumstances (Betancourt. et al., 2012).

Likewise, the strong social resources balance feelings of insecurity, worthlessness, and impotence. In the poverty conditions, individuals gather to survive, which helps as a social support and security against the traumatic events. (Peltonen. et al., 2010).

Virginia Henderson as a nurse theorist dedicated her nursing career to aiding other nurses in formulating their own theories. Her most profound view of nursing can be found within the nursing need theory, by integrating Henderson’s nursing need theory to be within their curricula, educators can teach nurses how to create practical therapeutic plans that supplement a client’s own strengths, allowing the client to gradually become more independent and eventually regain their ability to care for themselves (Ahtisham & Jacoline, 2015).

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (Alghamdi, 2016).

Henderson focused on individual care. She described nursing role as assisting individuals with essential activities to maintain health, to recover, or to achieve peaceful death. She proposed fourteen components required for effective nursing care. The first nine components are physiological. The tenth and fourteenth are psychological aspects of communicating and learning. The eleventh component is spiritual and moral. The twelfth and thirteenth components are sociologically oriented to occupation and recreation (Meleis, 2007)(George, 2010)

14 Components of Virginia Henderson's Need Theory

Breathe normally

Eat and drink adequately

Eliminate body wastes

Move and maintain desirable postures

Sleep and rest

Select suitable clothes - dress and undress

Maintain body temperature within normal range by adjusting clothing and modifying environment

Keep the body clean and well groomed and protect the integument

Avoid dangers in the environment and avoid injuring others.

Communicate with others in expressing emotions, needs, fears, or opinions.

Worship according to one's faith.

Work in such a way that there is a sense of accomplishment.

Play or participate in various forms of recreation.

Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.

graphic by: nurseslabs
icons: icons8.com

Virginia Henderson’s views on the nature of nursing continues to serve patients. Henderson emphasized that with the increasing complexity and technology in healthcare, nursing has never had a more important opportunity to contribute to the placement of the patient in the best conditions to achieve health. (Hosseinzadeh *etal.*,2023)

Henderson’s 14 components of nursing care reflect her view of humans as biological, psychological, sociological, and spiritual beings. Henderson views health in the context of human functioning. According to Furukawa and Howe (1995), “her definition of health is based on the individual’s ability to function independently, as outlined in the 14 components”. When the individual is unable to perform those activities independently, it is the nurse’s duty to assist that individual (Henderson, 1991). To carry out this function, for Henderson the nurse must be knowledgeable, have some base for practicing individualized and humane care, and be a scientific problem solve (Furukawa & Howe, 1995)

2.10. Previous Studies

2.10.1. Studies Related to Parents Quality of Life for Children with Special Needs

1-A research was carried out by (Ryan & Quinlan, 2018) to explores parental perceptions of communication and collaboration between parents and health and education staff in the context of an imminent reconfiguration of disability services. Parents want greater collaboration between parents and professionals. They identified a keyworker as a potential solution to the current system that is not child-centered. This would also lessen the burden associated with high levels of advocacy

2-A study was carried out by (Brown & Clark, 2017) to locate studies that may be reviewed and examined in order to determine how World Food Programme (WFB) among parents of disabled children who are working is affected by both individual and organizational aspects

Child age, the number of children, the availability of child care, relationship status, perception of one's job position, and the kind and severity of the child's handicap were all personal factors that affected WFB. Supervisory support, workplace regulations, and corporate culture were organizational variables that affected WFB.

The WFB of working parents of disabled children is still being studied, and the results show that a variety of factors affect these people's WFB.

2.10.2. Studies Related to Supportive Services of Children with Special Needs

1-The study was carried out by (Ncube et al.,2018) examined determinants of quality of life for the group of children with severe developmental impairments after examining parent views of child quality of life in children with severe developmental disabilities compared to children who are usually developing.

Parents of 210 usually developing children aged 4 to 18 years and 246 severely disabled children aged 4 to 19 years replied to an online survey. The child's happiness, potential fulfillment, and friendship quality were the three components of a composite variable used to assess quality of life.

The quality of life evaluations was worse for children with developmental problems than for children who were developing normally. Higher adaptive skills, reduced maladaptive behavior, lower parent psychological distress, and younger age were all associated with better quality of life in children with developmental impairments, as well as higher satisfaction with the child's schooling.

Interventions should focus on both individual and environmental traits if they are to improve outcomes for kids with severe developmental impairments.

2-Ignjatovic et al., 2017 study's was to determine how recently implemented services affected families' quality of life.

For the purpose of assessing the impact of services as determined by the Family Quality of Life Scale, a pretest/posttest study was carried out at the start of service and one year afterwards (Hoffman *et al.*, 2006). The sample comprises of 153 families with disabled children from 35 different locations around Serbia.

The findings indicate that the services generally enhanced the families' quality of life, notably in the areas they were intended to address, but they also had a major beneficial impact on parenting and family contact. The families that before to using the services thought their quality of life was the lowest saw the greatest effects from the programs. Regardless of the interventions provided, living quality has increased, but the efficacy depends on how severely the child's impairment is.

2.10.3. Studies Related to Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life

1-(Misura & Memisevic's, 2017) study objective was to look at the quality of life for parents of children with intellectual disabilities. Another objective was to investigate how these parents' quality of life was influenced by their gender and educational background.

50 parents of children with intellectual impairments made up the sample for this study, and 50 parents of kids without disabilities served as the control group. We utilized the Family Quality of Life Survey as a metric for life quality.

According to the findings, there is a statistically significant difference in the reported quality of life of parents of generally developing children and those of children with intellectual impairments. Additionally, statistically significant were the effects of gender and educational attainment on the quality of life of parents of children with intellectual disability. Gender and educational status did not, however, interact to affect life quality. Given that parents of children with intellectual disabilities have a reduced quality of life, it is crucial to offer them support services in order to raise their standard of living.

2- (Vonneilich *et al.*, 2016) Compared parents of healthy children to parents of children with disabilities and/or chronic illnesses are more susceptible to health problems. This study explores the relationship between parental health-related quality of life and the burden of caring across a range of diseases and impairments. Furthermore, it is uncertain if and to what degree familial resources may account for the link between the caregiving load on parents and health.

The information was gathered through a survey conducted by the German Children's Network, a self-help umbrella group for parents and relatives of chronically sick and disadvantaged children. A standardized online questionnaire was used to collect data from children's diagnoses and severity, burden of care, family and socioeconomic position, health-related quality of life, and family impact across the country Impact on Family Scale. 1567 parents took part.

Poor health-related quality of life risks is correlated with higher care burden. Particularly, the links between care and social effect and financial burden may be explained.

Long term treatments should emphasize not just on the impacted child but also on the entire family structure and its social integration since this is likely to relieve parents of the burden of caring. Consequently, it is advised that self-help organizations and parental initiatives work together sustainably with healthcare institutions and specialists.

Chapter Three

Methodology

CHAPTER THREE

METHODOLOGY

3.1. Study Design

A descriptive correlational study design was carried out in Hillah city, which was selected to confirm its objectives through the period December 2021 to May 2023.

3.2. Administrative Arrangements

The administrative arrangements and ethical confirmation was fundamental and decisive part of research work, which include:

1. The initial agreement was obtained from the University of Babylon/ College of Nursing/ Higher studies committee after protocol presentation.
2. Scientific research and ethical committee at College of Nursing has approved the study and its objectives.
3. A formal requisition was sent to the Babylon Education Directorate for the agreement.

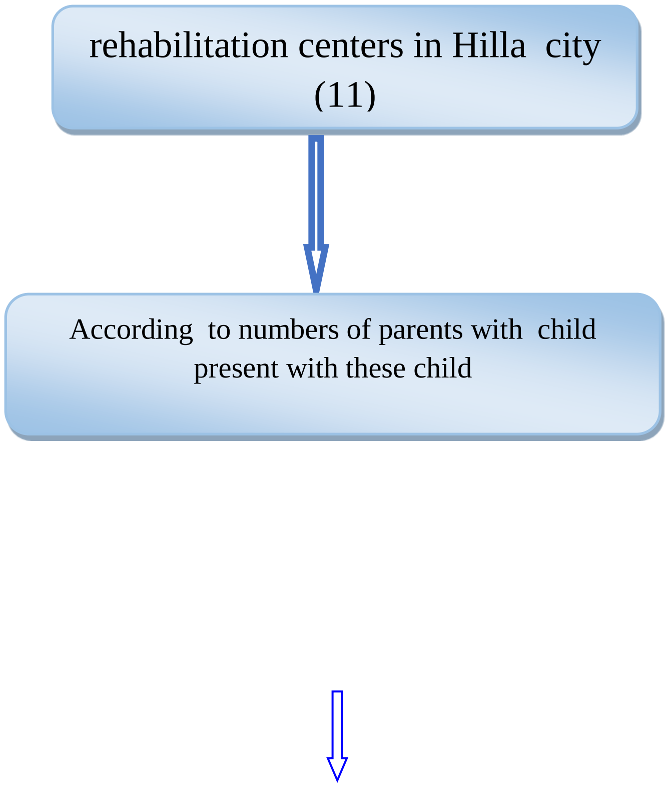
4. An official arrangement was attained from the department of developing and training/branch of studies and educational researches.

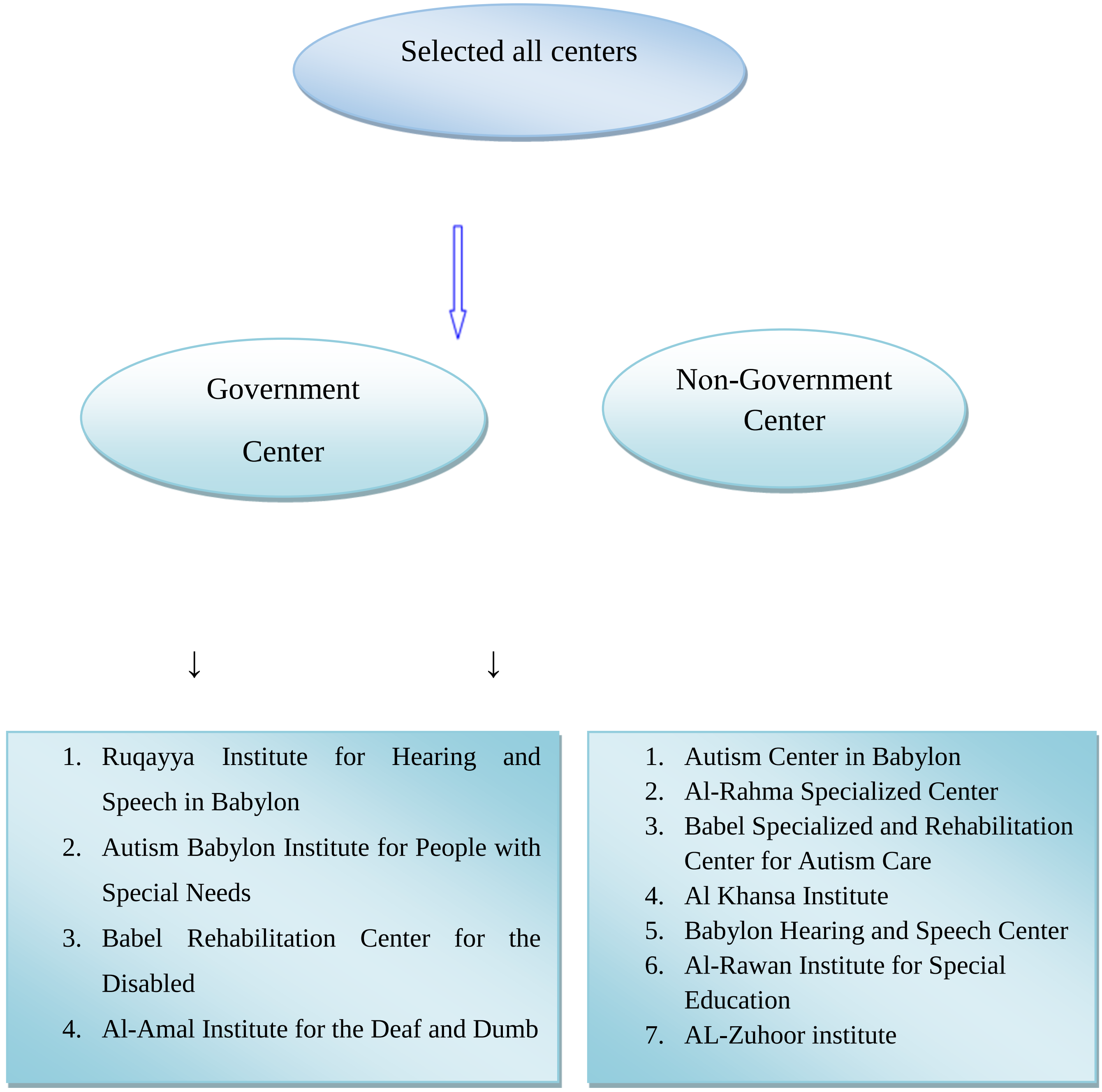
5. In order to formally visit the rrehabilitation center in Hilla city

3.3. Setting of the Study

The study was conducted in Hilla city, which included rehabilitation centers for children with special needs. The total number of rehabilitation centers in Hilla city is (11) centers divided into (4) governmental and (7) is private ones.

The researcher selected (4) as all governmental centers in Hilla city: (Ruqayya Institute for Hearing and Speech in Babylon, Autism Babylon Institute for People with Special Needs, Babel Rehabilitation Center for the Disabled, Al-Amal Institute for the Deaf and Dumb) and (7) private centers (Autism Center in Babylon, Al-Rahma Specialized Center, Babel Specialized and Rehabilitation Center for Autism Care, Al Khansa Institute, Babylon Hearing and Speech Center, Al-Rawan Institute for Special Education, AL-Zuhoor institute)





1. Ruqayya Institute for Hearing and Speech in Babylon
2. Autism Babylon Institute for People with Special Needs
3. Babel Rehabilitation Center for the Disabled
4. Al-Amal Institute for the Deaf and Dumb

1. Autism Center in Babylon
2. Al-Rahma Specialized Center
3. Babel Specialized and Rehabilitation Center for Autism Care
4. Al Khansa Institute
5. Babylon Hearing and Speech Center
6. Al-Rawan Institute for Special Education
7. AL-Zuhoor institute

Figure (3-1): show rehabilitation centers selection

3.4. Sample of the Study

The study which consist of parents with special needs was 296, totally representing targeted population in Hilla centers, 96 of them just refuse to cooperate with the researcher and did not obtain approval to participate and the rest was 200 parent included as non- probability; purposively involved and shown in figure (3-2) below.

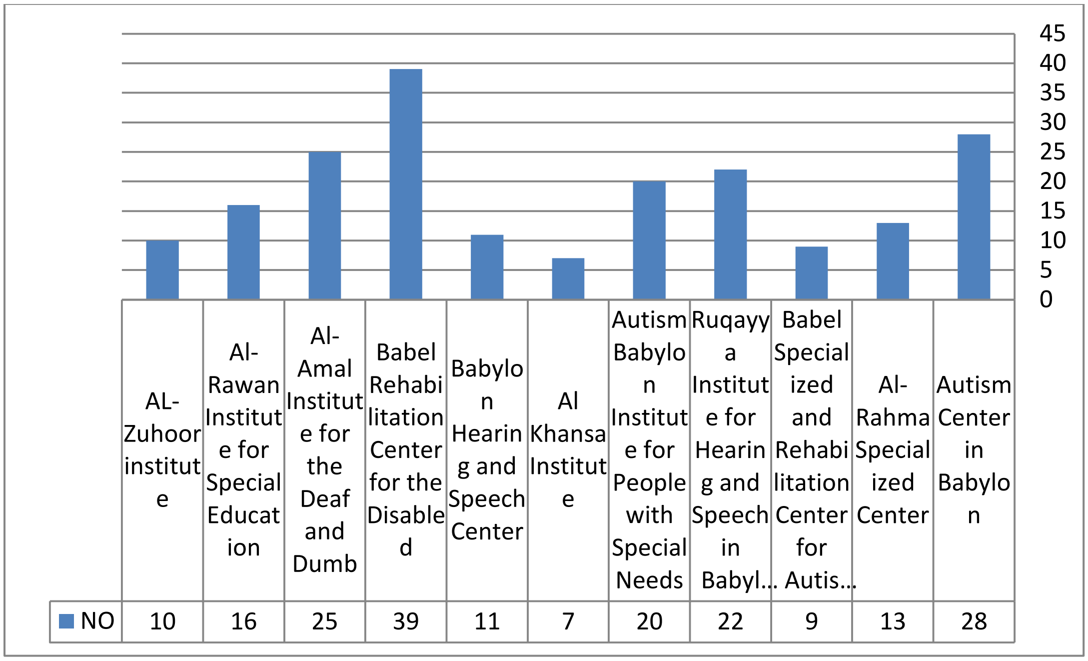


Figure 3-2: Purposive Sampling to from Rehabilitation Centers

3.5. 1. Inclusion Criteria of study sample: -

- Parents of special needs children aged 12 years and less than.
- Free from any communication disturbance.

3.5. 2. Exclusion Criteria of study sample: -

- parents who refuse to participate in the study were excluded or their family not agreed to let them participate in the study.
- parents suffering mental sub-normality

3.6. Study Instruments

Based on extensive review of related studies and available literatures, the questionnaire is consisting of the following parts (Appendix C).

3.6.1. Sociodemographic Characteristics

Deals with two parts of socio-demographic information which include: Parent (age, education level, occupation and its monthly income), and related to special needs children include (child's age, child's age when the disability was discovered, child's gender and type of disability).

3.6.2. Supportive Health Services

Ddevelopment of a self-report adopted and developed by (Alhindi &Fakher, 2016) to measure the Reality Related to Services which consisted of 41 items after modification measured on 5-point of Likert scale (not agree, weakly agree, moderate agree, very agree and very much agree) and divided on the following:

1. Supportive Services related to Physiotherapy: consist of 10-items.
2. Supportive Services related to Occupational Therapy: consist of 6-items.
3. Supportive Services related to Social Services: consist of 6-items.
4. Supportive Services related to Psychological Services: consist of 5-items.
5. Supportive Services related to Health Services: consist of 6-items.
6. Supportive Services related to Assistive Technology Services: consist of 4-items.
7. Supportive Services related to Transportation and Mobility Services: consist of 4-items.

The questionnaire items are answered with five alternatives, where the parents, if chosen in the case of very much agrees (5) points, in the case of a very agree (4) points, in the case of moderate agree (3) points, in the case of weakly agree (2) points, and in the case of not agree (1) points. Therefore, the highest score on the scale is ($41 \times 5= 205$), which indicates a high degree of support health services, and the lowest possible score is ($41 \times 1= 41$), which indicates a very weak degree of support health services.

3.6.3. Quality of Life

The researcher chooses a tool for measuring the quality of life of families of children with special needs. This is for the following reasons:

1. The quality of life scale is one of the standards approved by the World Health Organization.
2. It is one of the reliable standards as it has been applied to a large number of studies and scientific research.

The researcher modified and adhered to the rules of writing the questionnaire due to importance of information type that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. The type of questions was of the closed type, which required answering with reference of such suitability.

3.7. Validity of the Questionnaire

The questionnaire validated through exposure of the tool to (14) expert, from different fields, with no less than (13) years of experience in investigating the specificity, validity and adequacy of the questionnaire to assess the concept of interest, all of their recommendations have been taken into account. They are (8) faculty members from the College of Nursing University of Babylon, (4) faculty members from the College of Nursing University of Baghdad, (1) faculty member from University of Thi-Qar, (3) faculty member from Al- Kufa University, (1) faculty member from University of Mosul, (1) faculty member from University of Karbala , Changes and modification performed according to the advises and opinion of the expert in order to reach the proper degree of understanding, clearness, and relevance questionnaire to facilitate data collection for carrying out the study objectives (Appendix D).

3.8. Pilot Study

A Pilot study was applied to 20 parents of special needs children who had the same criteria of the study sample and attended rehabilitation centres. It was applying in bable rehabilitation center for the disabled and was conducted for the period 25 July to 7 August 2022. Pilot study sample was isolated from the main study sample.

This preliminarily study was conducted to determine the stability and credibility 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.

3.8.1. Purpose of Pilot Study

The pilot study aimed to achieve the following objectives.

1. Adequacy of research tools development and testing
2. Evaluation of the instrument's viability.
3. Identifying any logistical issues that may arise as a result of the proposed methods.
4. Assessment of proposed data analysis approaches for the detection of potential issues.
5. The researcher's time estimate during data collecting.

3.8.2. Results of pilot study

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (20-25) minutes.
3. The scale remains in its final form (*Supportive Health Services =41*) and (*Quality of Life=21*).

4. The instrument items were clarifying and understood the phenomenon underlying of the study (Table 3-1).

3.8.3. Reliability of the questionnaire format items:

Reliability refers to the extent to which a phenomena measurement offers a balanced and consistent result It is very important to test for reliability because it refers to the coordination across the items of a measuring questionnaire (Taherdoost, 2016).

The accepted coefficients reliability of the used study questionnaire regarding internal consistency (Alpha Cronbach) is 0.70 (as shows in table 3-2) by findings calculation in which the instrument was effective, significant, and valid to the research topic of (Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life).

Table 3-1 Reliability of the Studied Questionnaire (*n=20*)

Variable	Cronbach α value	Assess
Supportive Services 41-items	0.82	Reliable
QoL 21-items	0.92	Reliable

3.9. Methods of Data Collection

Data were collected after acquiring an official agreement from the department of development and a training،and obtaining the approval of the Babylon Health Directorate and verifying the validity and reliability of the questionnaire, through using research instruments in the period from 9th August to 9th November 2022.

The researcher interviewee the participants (Parents), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques were used on individual bases, and each interview (20-25) minutes after taking the important steps that must be included in the study design”.

3.10. Rating and Scoring

For Supportive Services Questionnaire

Very much agree × *5*

Very agree × *4*

Moderate agree × *3*

Weakly agree × *2*

Not agree × *1*

By the total score, the higher the score, the higher the level of support services, and vice versa

For quality of life Questionnaire

Agree × *3*

Neutral × 2

Disagree × 1

By the total score, the higher the score, the higher the level of QoL, and vice versa

3.11. Statistical Data Analysis Approach

3.11.1. Descriptive approach

3.11.2. Inferential approach

1. **Analysis of Variance (ANOVA**
2. **Independent Sample t-test**
3. **Spearman's Correlation Coefficient**

3.12. Limitations

Throughout the study era, the researcher come across some difficulties such as:

1- The difficulties in accessing rehabilitation centers due to the distance between them and the lack of accurate evidence of their location.

2- Most of the parents refused to cooperate with the researcher for security reasons and social traditions, as most families consider that the presence of a child with special need is stigma for society and they are ashamed of it.

3- Lack of time in collecting data, especially in government centers

4- The lack of local references, especially in Iraq, related to the subject of the current study.

Chapter Four

Results of Study

Chapter Four

Result of the Study

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

Table 4-1(1): Distribution of Studied Sample by their Characteristics

SDVs	Classifications	Freq.	%
Fathers Age *M±SD=34±8.74*	<20 years	5	2.5
	20-29 years	56	28.0
	30-39 years	78	39.0
	40-49 years	51	25.5
	≥50years	10	5.0
	Total	**200**	**100.0**
Mothers Age *M±SD=28±7.14*	<20 years	21	10.5
	20-29 years	74	37.0
	30-39 years	83	41.5
	40-49 years	19	9.5
	≥50years	3	1.5
	Total	**200**	**100.0**
Fathers education	Illiterate	12	6.0
	Primary school	46	23.0
	Intermediate school	58	29.0
	Secondary school	52	26.0
	College	32	16.0
	Total	**200**	**100.0**
Mothers education	Illiterate	32	16.0
	Primary school	40	20.0
	Intermediate school	48	24.0
	Secondary school	39	19.5
	College	41	20.5
	Total	**200**	**100.0**
Fathers occupation	Employed	129	64.5
	Unemployed	71	35.5
	Total	**200**	**100.0**

Mothers occupation	Employed	73	36.5
	Unemployed	127	63.5
	Total	**200**	**100.0**
Family Income/month	Enough	55	27.5
	Enough to certain limit	66	33.0
	Not enough	79	39.5
	Total	**200**	**100.0**

Findings showed parents age were 30-39 years old for mothers under 28 (±*7.14*) mean, while fathers who recorded the highest percent the age 30-39 years old with mean 34 (±*8.74*)

As an educational level, parents of children with special needs who graduated from middle school, and they constituted (29% and 24%) reason why that (63.5%) of mothers unemployed.

In terms of family monthly income, the results indicated that most of the studied sample had insufficient monthly income (39.5%), followed by those with a sufficient certainty limit (33%) and those with sufficient (27.5).

Table 4-1: (2) Distribution of Special Needs Children by their Characteristics

Characteristics	**Classification**	**Freq.**	**%**
Child Age M±SD= 4.43 ± 2.90	<1 year	36	18.0
	1-4 years	61	30.5
	5-8 years	83	41.5
	>8 years	20	10.0
	Total	**200**	**100.0**
Child's age when the disability was discovered	Before delivery	58	29.0
	After delivery	142	71.0
	Total	**200**	**100.0**

Child's gender	Male	121	60.5
	Female	79	39.5
	Total	**200**	**100.0**
Type of Disability	Cerebral palsy	69	34.5
	Autism	40	20.0
	Deaf and Dumb	30	15.0
	ADHD	25	12.5
	Down's syndrome	20	10.0
	Blind	16	8.0
	Total	**200**	**100.0**

Concerning the ages of children included; most of them are over 8 years old with majority were male as (60.5%) and mostly disability detected after birth; as the highest rates of cerebral palsy were recorded among children with special needs (39.5%).

The highest rates of cerebral palsy were recorded among children with special needs (34.5), followed by those with autism (20%), followed by the deaf and mute (15%), followed by those with ADHD (12.5), followed by those with Down syndrome (10%) and the blind (8%).

4.2. Health Supportive Services for Special Needs Children

Table 4-2-1 (A): Physiotherapy related Services

List	**Physiotherapy services Items**	**Responses**	**No.**	**%**	***M.s± SD***	***Ass.***
1	The rehabilitation center has an equipped physiotherapy unit	Not agree	127	63.5	*1.92±1.327*	*P*
		Weakly agree	11	5.5		
		Moderate agree	21	10.5		
		Very agree	33	16.5		
		Very much agree	8	4.0		
		Total	**200**	**100.0**		
2	The therapist assesses my child's gross motor patterns using	Not agree	135	67.5	*1.78±1.277*	*P*
		Weakly agree	20	10.0		
		Moderate agree	10	5.0		

	appropriate assessment tools	Very agree	25	12.5		
		Very much agree	10	5.0		
		Total	**200**	**100.0**		
3	The therapist tells me about my child's motor problems	Not agree	55	27.5	*2.39±1.189*	*F*
		Weakly agree	63	31.5		
		Moderate agree	40	20.0		
		Very agree	32	16.0		
		Very much agree	10	5.0		
		Total	**200**	**100.0**		
4	The therapist strengthens the weak muscles of the child through appropriate exercises	Not agree	120	60.0	*1.78±1.140*	*P*
		Weakly agree	35	17.5		
		Moderate agree	22	11.0		
		Very agree	16	8.0		
		Very much agree	7	3.5		
		Total	**200**	**100.0**		
5	The therapist uses a variety of tools and devices to train my child	Not agree	104	52.0	*1.89±1.161*	*P*
		Weakly agree	46	23.0		
		Moderate agree	31	15.5		
		Very agree	7	3.5		
		Very much agree	12	6.0		
		Total	**200**	**100.0**		
6	The therapist improves my child's motor skills performance	Not agree	91	45.5	*1.99±1.109*	*P*
		Weakly agree	46	23.0		
		Moderate agree	41	20.5		
		Very agree	17	8.5		
		Very much agree	5	2.5		
		Total	**200**	**100.0**		
7	The therapist trains my child to balance in different positions through various exercises	Not agree	48	24.0	*2.96±1.506*	*F*
		Weakly agree	38	19.0		
		Moderate agree	36	18.0		
		Very agree	30	15.0		
		Very much agree	48	24.0		
		Total	**200**	**100.0**		
8	The therapist teaches my child how to use assistive devices	Not agree	49	24.5	*2.91±1.456*	*F*
		Weakly agree	35	17.5		
		Moderate agree	40	20.0		
		Very agree	37	18.5		
		Very much agree	39	19.5		
		Total	**200**	**100.0**		
9	The therapist teaches me how to apply the exercises given to my	Not agree	33	16.5	*3.27±1.394*	*F*
		Weakly agree	26	13.0		
		Moderate agree	45	22.5		

	child	Very agree	47	23.5		
		Very much agree	49	24.5		
		Total	**200**	**100.0**		
10	The exercises provided in physical therapy improve the capabilities of my child	Not agree	65	32.5	*2.31±1.166*	*F*
		Weakly agree	49	24.5		
		Moderate agree	53	26.5		
		Very agree	25	12.5		
		Very much agree	8	4.0		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

The table above proved that the parents of special needs children expressed a poor responses to physiotherapy services provided to their children as indicated by low mean of scores (*M.s≤2.33*) at all studied items of the scale except, the parents expressed a fair responses in terms of (*The therapist tells me about my child's motor problems, The therapist trains my child to balance in different positions through various exercises, The therapist teaches my child how to use assistive devices, The therapist teaches me how to apply the exercises given to my child and The exercises provided in physical therapy improve the capabilities of my child*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

The results showed that (57%) of the parents of children with special needs verified a poor of supportive services in terms of physiotherapy provided to their children as described by the low average, which is equivalent to 23.19 (± 5.436).

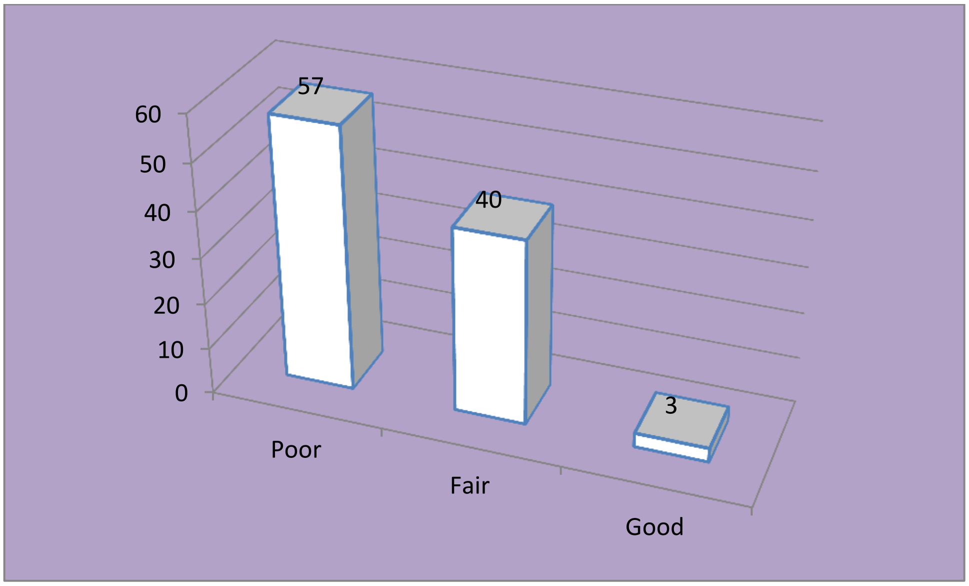


Figure 4-1. Supportive Services related Physiotherapy for Special Needs Children

Table 4-2-2: Occupational Therapy related Services

List	Occupational therapy services items	Responses	No.	%	M.s± SD	Ass.
1	The rehabilitation center has an occupational therapy unit	Not agree	88	44.0	*1.96±1.074*	*P*
		Weakly agree	57	28.5		
		Moderate agree	36	18.0		
		Very agree	13	6.5		
		Very much agree	6	3.0		
		Total	**200**	**100.0**		
2	The therapist assesses my child's functional abilities	Not agree	59	29.5	*2.42±1.237*	*F*
		Weakly agree	56	28.0		
		Moderate agree	38	19.0		
		Very agree	36	18.0		
		Very much agree	11	5.5		
		Total	**200**	**100.0**		
3	The therapist develops the motor abilities of my child through various tools	Not agree	61	30.5	*2.31±1.135*	*P*
		Weakly agree	58	29.0		
		Moderate agree	45	22.5		
		Very agree	31	15.5		
		Very much agree	5	2.5		
		Total	**200**	**100.0**		
4	The therapist helps my child with	Not agree	75	37.5	*1.97±0.968*	*P*

	hand-eye coordination through a variety of activities	Weakly agree	75	37.5		
		Moderate agree	36	18.0		
		Very agree	10	5.0		
		Very much agree	4	2.0		
		Total	**200**	**100.0**		
5	The therapist trains my child to do functional tasks on their own	Not agree	73	36.5	*1.98±0.966*	*P*
		Weakly agree	76	38.0		
		Moderate agree	37	18.5		
		Very agree	10	5.0		
		Very much agree	4	2.0		
		Total	**200**	**100.0**		
6	The therapist tells me about the difficulties my child encounters in performing life skills	Not agree	57	28.5	*2.01±1.012*	*F*
		Weakly agree	66	33.0		
		Moderate agree	43	21.5		
		Very agree	12	6.0		
		Very much agree	22	11.0		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

This table demonstrated that the parents of special needs children expressed a poor responses to occupational therapy services provided to their children as indicated by low mean of scores (*M.s≤2.33*) at all studied items of the scale except, the parents expressed a fair responses in terms of (*The therapist assesses my child's functional abilities and The therapist tells me about the difficulties my child encounters in performing life skills*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

Poor level of occupational therapy as one of supportive services provided for their children as revealed by the low average shown in table above, which is equivalent to *13.01±3.398*

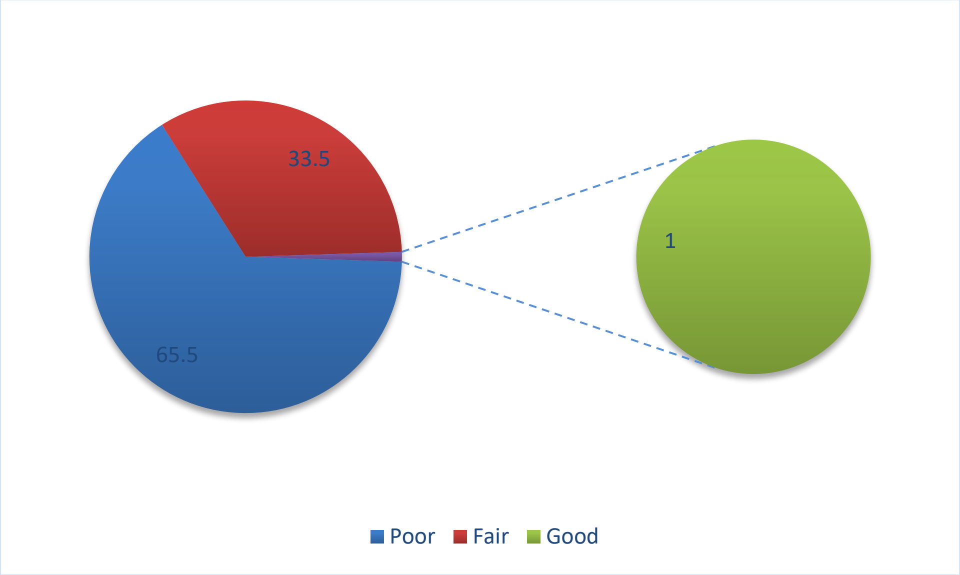


Figure 4-2. Supportive Services related Occupational Therapy for Special Needs Children

Table 4-2-3: Social related Services

List	Social services items	Responses	No.	%	M.s± SD	Ass.
1	A social counselor is available in the rehabilitation center to carry out social service	Not agree	132	66.0	*1.87±1.375*	*P*
		Weakly agree	14	7.0		
		Moderate agree	21	10.5		
		Very agree	14	7.0		
		Very much agree	19	9.5		
		Total	**200**	**100.0**		
2	In rehabilitation centers there are educational programs that teach my children proper manners during social interaction	Not agree	83	41.5	*1.91±0.978*	*P*
		Weakly agree	70	35.0		
		Moderate agree	33	16.5		
		Very agree	10	5.0		
		Very much agree	4	2.0		
		Total	**200**	**100.0**		
3	The rehabilitation center contributes to the development of social skills in my child	Not agree	84	42.0	*1.98±1.093*	*P*
		Weakly agree	66	33.0		
		Moderate agree	27	13.5		
		Very agree	16	8.0		
		Very much agree	7	3.5		
		Total	**200**	**100.0**		
4	The rehabilitation center provides	Not agree	65	32.5	*2.47±1.344*	*F*

	ample opportunities for social interactions between my child and other children	Weakly agree	46	23.0		
		Moderate agree	39	19.5		
		Very agree	30	15.0		
		Very much agree	20	10.0		
		Total	**200**	**100.0**		
5	The Rehabilitation Center organizes awareness seminars for families about the rights of children with special needs	Not agree	65	32.5	*2.63±1.534*	*F*
		Weakly agree	49	24.5		
		Moderate agree	22	11.0		
		Very agree	23	11.5		
		Very much agree	41	20.5		
		Total	**200**	**100.0**		
6	The rehabilitation center organizes periodic meetings with families to discuss the needs of their children	Not agree	83	41.5	*2.14±1.238*	*P*
		Weakly agree	53	26.5		
		Moderate agree	30	15.0		
		Very agree	22	11.0		
		Very much agree	12	6.0		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

It was confirmed that the parents of special needs children expressed a poor responses to social services provided for their children as indicated by low mean of scores (*M.s≤2.33*) at all studied items except, the parents expressed a fair responses in terms of (*The rehabilitation center provides ample opportunities for social interactions between my child and other children; and The Rehabilitation Center organizes awareness seminars for families about the rights of children with special needs*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

The results showed that (69.5%) of the parents of children with special needs demonstraed a poor of supportive services in terms of social services as described by the low average, which is estimated as to 12.99 (±3.321).

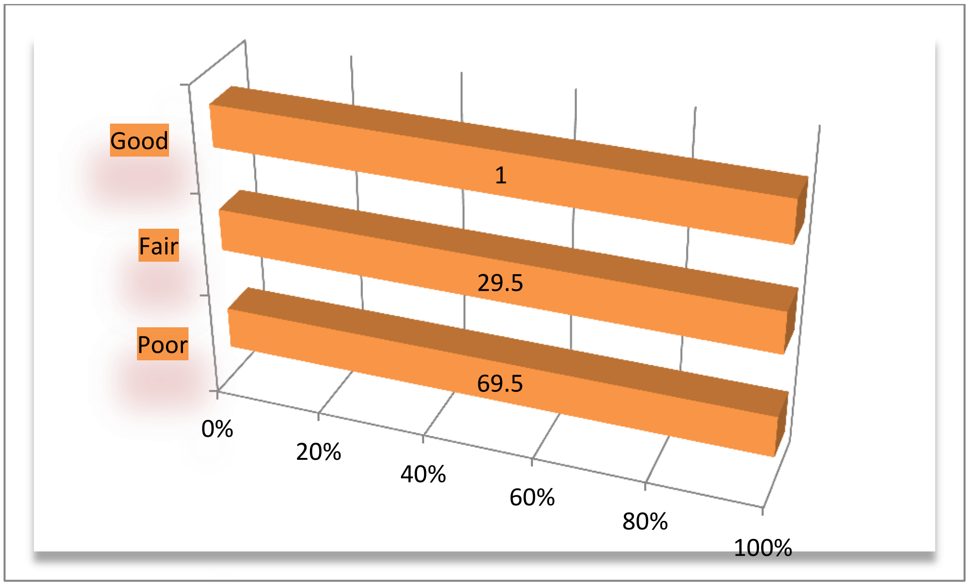


Figure 4-3. Supportive Services related Social for Special Needs Children

Table4-2-4 Psychological related Services

List	Psychological items	Responses	No.	%	*M.s± SD*	*Ass.*
1	The rehabilitation center provides a good psychological service for my child	Not agree	103	51.5	*1.75±0.951*	*P*
		Weakly agree	61	30.5		
		Moderate agree	23	11.5		
		Very agree	10	5.0		
		Very much agree	3	1.5		
		Total	**200**	**100.0**		
2	Mental health specialists are available in the rehabilitation center	Not agree	74	37.0	*2.69±1.518*	*F*
		Weakly agree	16	8.0		
		Moderate agree	40	20.0		
		Very agree	38	19.0		
		Very much agree	32	16.0		
		Total	**200**	**100.0**		
3	In the rehabilitation center there are special programs to treat the psychological problems of my child	Not agree	60	30.0	*2.39±1.235*	*F*
		Weakly agree	55	27.5		
		Moderate agree	47	23.5		
		Very agree	23	11.5		
		Very much agree	15	7.5		
		Total	**200**	**100.0**		
4	The rehabilitation center provides enough opportunities for my child	Not agree	78	39.0	*2.05±1.122*	*P*
		Weakly agree	68	34.0		
		Moderate agree	31	15.5		

	to develop his self-confidence by implementing some skills	Very agree	13	6.5		
		Very much agree	10	5.0		
		Total	**200**	**100.0**		
5	I notice an improvement in my child's behavior as a result of providing psychological services	Not agree	61	30.5	*2.40±1.352*	*F*
		Weakly agree	66	33.0		
		Moderate agree	34	17.0		
		Very agree	10	5.0		
		Very much agree	29	14.5		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

The parents of special needs children expressed a poor responses to psychological services as indicated above by low mean of scores (*M.s≤2.33*) except, expression of fair responses in terms of (*Mental health specialists are available in the rehabilitation center, In the rehabilitation center there are special programs to treat the psychological problems of my child and I notice an improvement in my child's behavior as a result of providing psychological services*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

The results showed that (51%) of the parents of children with special needs verified a poor of supportive services in terms of psychological services provided as described by the low average, which is equivalent to 11.27 (±2.724).

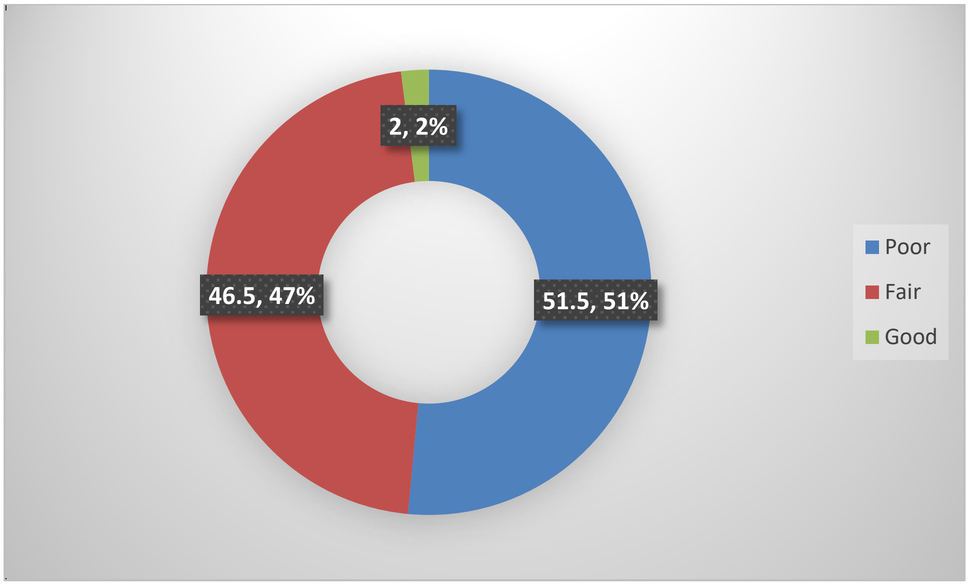


Figure 4-4. Services related Psychological for Special Needs Children

Table 4-2-5 Health related Services

List	Health services items	Responses	No.	%	M.s± SD	Ass.
1	The rehabilitation center has a medical file for my child	Not agree	32	16.0	3.72±1.626	G
		Weakly agree	33	16.5		
		Moderate agree	9	4.5		
		Very agree	12	6.0		
		Very much agree	114	57.0		
		Total	**200**	**100.0**		
2	The rehabilitation center has a specialized medical staff to monitor the health status of my child	Not agree	63	31.5	2.80±1.686	F
		Weakly agree	51	25.5		
		Moderate agree	16	8.0		
		Very agree	3	1.5		
		Very much agree	67	33.5		
		Total	**200**	**100.0**		
3	The rehabilitation center provides an appropriate healthy environment, such as good ventilation and lighting	Not agree	57	28.5	2.34±1.257	F
		Weakly agree	74	37.0		
		Moderate agree	35	17.5		
		Very agree	12	6.0		
		Very much agree	22	11.0		
		Total	**200**	**100.0**		
4	The rehabilitation center has the necessary medicines to treat	Not agree	36	18.0	2.67±1.134	F
		Weakly agree	54	27.0		
		Moderate agree	60	30.0		

	emergency cases that may affect my child	Very agree	40	20.0		
		Very much agree	10	5.0		
		Total	**200**	**100.0**		
5	The Rehabilitation Center provides me with information on my child's health condition periodically	Not agree	18	9.0	*3.27±1.179*	*F*
		Weakly agree	34	17.0		
		Moderate agree	56	28.0		
		Very agree	61	30.5		
		Very much agree	31	15.5		
		Total	**200**	**100.0**		
6	The Rehabilitation Center offers seminars on maintaining health and personal hygiene	Not agree	102	51.0	*2.07±1.316*	*P*
		Weakly agree	32	16.0		
		Moderate agree	30	15.0		
		Very agree	22	11.0		
		Very much agree	14	7.0		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

In terms of statistical mean and standard deviation, this table demonstrated that the parents of special needs children expressed a fair responses to health related services provided to their children as indicated by moderate mean of scores (*M.s2.34-3.66*) at all studied items of the scale except, the parents expressed a poor responses in terms of (*The Rehabilitation Center offers seminars on maintaining health and personal hygiene*) as indicated by low mean of scores (*M.s.≤2.33*); and good responses in terms of (*The rehabilitation center has a medical file for my child*) as indicated by higher mean of scores (*M.s.≥3.67*).

The results showed that (69.5%) of the parents of children with special needs demonstrated a fair supportive services in terms of health related services provided to their children as described by the moderate average, which is equivalent to 16.82 (±3.294).

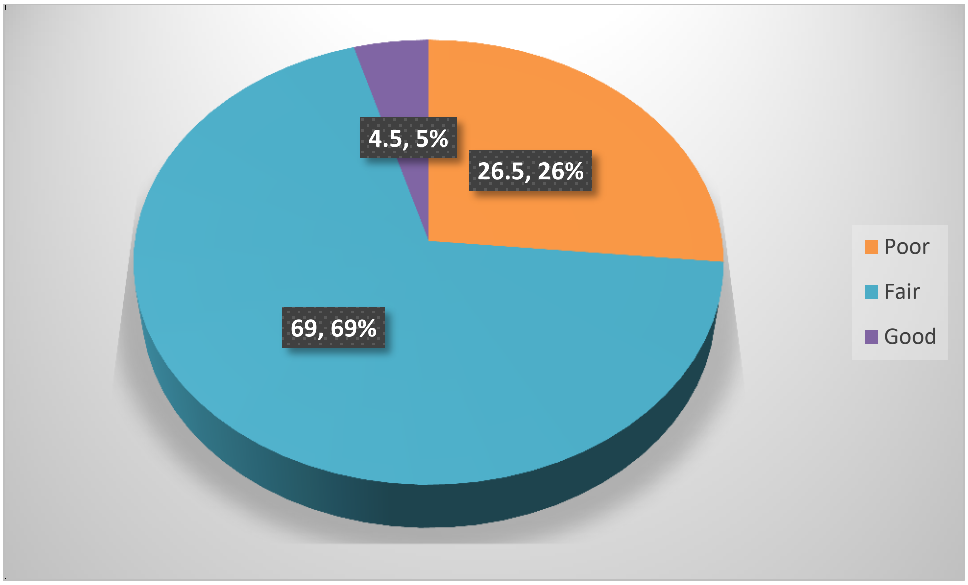


Figure 4-5. Supportive Services related Health Services for Special Needs Children

Table 4-2-6 Assistive Technology Services

List	Assistive Technology items	Responses	No.	%	M.s± SD	Ass.
1	The rehabilitation center has various supportive techniques that serve my child in different fields	Not agree	76	38.0	*2.18±1.229*	*P*
		Weakly agree	59	29.5		
		Moderate agree	33	16.5		
		Very agree	18	9.0		
		Very much agree	14	7.0		
		Total	**200**	**100.0**		
2	The specialist trains my child on how to use assistive technologies	Not agree	89	44.5	*2.23±1.368*	*P*
		Weakly agree	39	19.5		
		Moderate agree	28	14.0		
		Very agree	26	13.0		
		Very much agree	18	9.0		
		Total	**200**	**100.0**		
3	The specialist teaches me how to use assistive technologies at home	Not agree	83	41.5	*2.01±1.088*	*P*
		Weakly agree	62	31.0		
		Moderate agree	29	14.5		
		Very agree	22	11.0		
		Very much agree	4	2.0		
		Total	**200**	**100.0**		
4	I receive seminars on assistive	Not agree	42	21.0	*2.51±1.138*	*F*

	technologies that benefit my child	Weakly agree	64	32.0		
		Moderate agree	56	28.0		
		Very agree	26	13.0		
		Very much agree	12	6.0		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

In terms of statistical mean and standard deviation, this table demonstrated that the parents of special needs children expressed a poor responses to assistive technology services provided to their children as indicated by low mean of scores (*M.s≤2.33*) at all studied items of the scale except, the parents expressed a fair responses in terms of (*I receive seminars on assistive technologies that benefit my child*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

The results showed that (61.5%) of the parents of children with special needs demonstrated a poor of supportive services in terms of assistive technology services provided to their children as described by the low average, which is equivalent to 8.92 (±2.716).

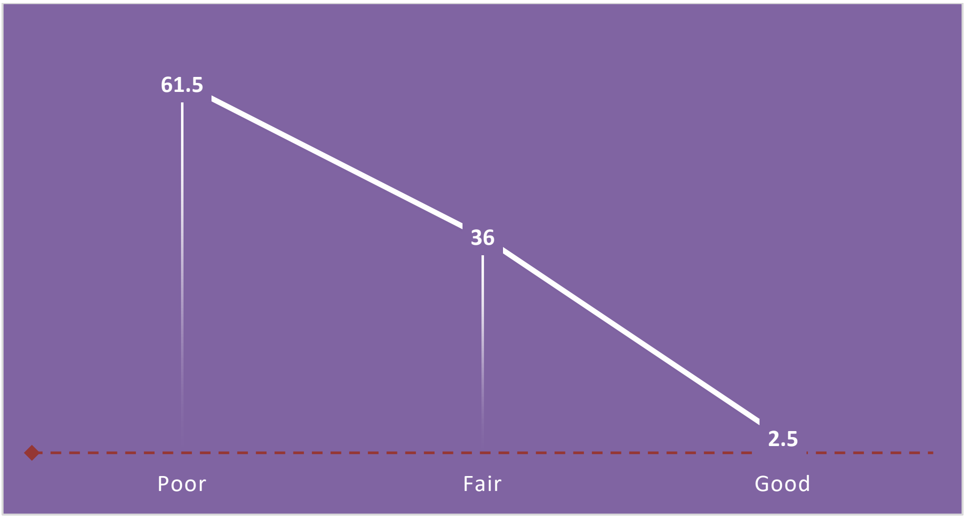


Figure 4-6. Supportive Services related Assistive Technology for Special Needs Children

Table 4-2-7 Services related to Transportation and Mobility

List	Transportation services items	Responses	No.	%	*M.s± SD*	*Ass.*
1	The rehabilitation center provides the necessary transportation to transport my child from home to the center	Not agree	129	64.5	*1.67±1.070*	*P*
		Weakly agree	32	16.0		
		Moderate agree	20	10.0		
		Very agree	14	7.0		
		Very much agree	5	2.5		
		Total	**200**	**100.0**		
2	The rehabilitation center provides the necessary transportation for my child's participation in various activities	Not agree	96	48.0	*2.01±1.188*	*P*
		Weakly agree	44	22.0		
		Moderate agree	30	15.0		
		Very agree	23	11.5		
		Very much agree	7	3.5		
		Total	**200**	**100.0**		
3	The design of the rehabilitation center is suitable for my child's movement and movement within the rooms	Not agree	62	31.0	*2.57±1.369*	*F*
		Weakly agree	41	20.5		
		Moderate agree	41	20.5		
		Very agree	34	17.0		
		Very much agree	22	11.0		
		Total	**200**	**100.0**		
4	The design of the rehabilitation center is suitable for my child to get in and out easily	Not agree	58	29.0	*2.73±1.428*	*F*
		Weakly agree	35	17.5		
		Moderate agree	40	20.0		
		Very agree	38	19.0		
		Very much agree	29	14.5		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-2.33; Fair [F]=2.34-3.66; Good [G]=3.67-5)

In terms of statistical mean and standard deviation, this table demonstrated that the parents of special needs children expressed a poor responses to transportation and mobility services provided to their children as indicated by low mean of scores (*M.s≤2.33*) at items related to (*The rehabilitation center provides the necessary transportation to transport my child from home to the center; and The rehabilitation center provides the necessary transportation for my child's participation in various activities*), and the parents expressed a fair responses in terms of (*The design of the rehabilitation center is suitable for my child's movement and movement within the rooms; and The design of the rehabilitation center is suitable for my child to get in and out easily*) as indicated by moderate mean of scores (*M.s.=2.34-3.66*).

The results showed that (57.5%) of the parents of children with special needs demonstrated a poor of supportive services in terms of transportation and mobility services provided to their children as described by the low average, which is equivalent to 8.97 (±2.989).

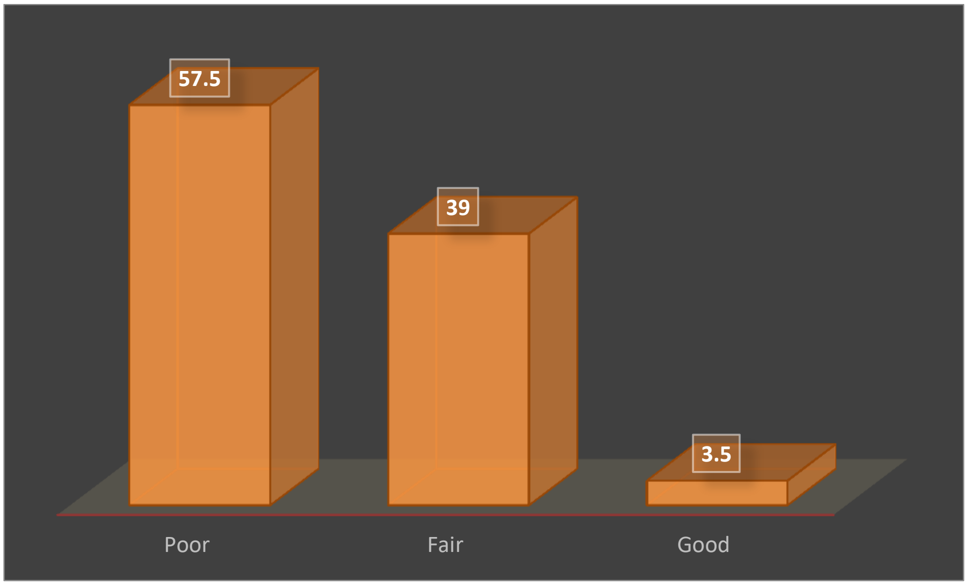


Figure 4-7. Supportive Services related Assistive Transportation and Mobility for Special Needs Children

The results showed that (51.5%) of the parents of children with special needs demonstrated a poor of supportive services provided to their children as described by the low average 95.21 (±10.55), and (48.5%) of them exhibited a fair service.

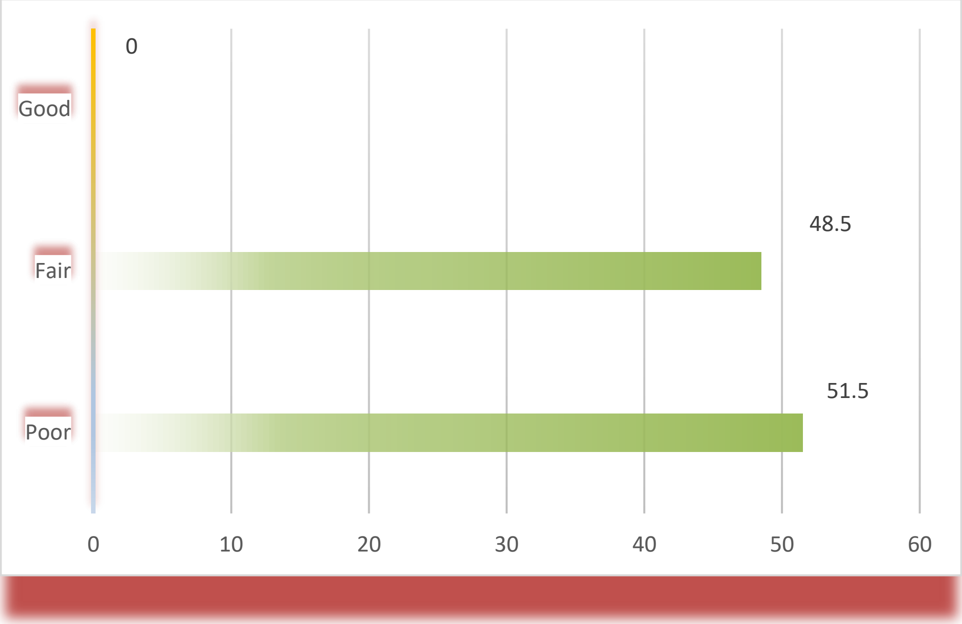


Figure 4-8: Supportive Health Services Provided for Special Needs Children

Table 4.3: Quality of Life for Parents of Children with Special Needs

List	Parent QoL Items	Responses	No.	%	*M.s± SD*	*Ass.*
1	We love spending time with each other	Disagree	104	52.0	*1.61±0.707*	*P*
		Neutral	70	35.0		
		Agree	26	13.0		
		Total	**200**	**100.0**		
2	We talk frankly among ourselves about the affairs of our lives	Disagree	108	54.0	*1.57±0.676*	*P*
		Neutral	71	35.5		
		Agree	21	10.5		
		Total	**200**	**100.0**		
3	We solve our family problems together	Disagree	101	50.5	*1.62±0.692*	*P*
		Neutral	75	37.5		
		Agree	24	12.0		
		Total	**200**	**100.0**		
4	My family members support each other to achieve their goals	Disagree	117	58.5	*1.53±0.693*	*P*
		Neutral	60	30.0		
		Agree	23	11.5		
		Total	**200**	**100.0**		
5	We show our love and concern for	Disagree	107	53.5	*1.58±0.689*	*P*

	each other	Neutral	70	35.0		
		Agree	23	11.5		
		Total	**200**	**100.0**		
6	My family is able to deal with the changes that occur in life	Disagree	105	52.5	*1.63±0.732*	*P*
		Neutral	65	32.5		
		Agree	30	15.0		
		Total	**200**	**100.0**		
7	Family members help children learn independence	Disagree	123	61.5	*1.44±0.598*	*P*
		Neutral	66	33.0		
		Agree	11	5.5		
		Total	**200**	**100.0**		
8	Family members help children with schoolwork and activities	Disagree	107	53.5	*1.54±0.625*	*P*
		Neutral	79	39.5		
		Agree	14	7.0		
		Total	**200**	**100.0**		
9	Family members teach the child how to get along with others	Disagree	112	56.0	*1.53±0.649*	*P*
		Neutral	71	35.5		
		Agree	17	8.5		
		Total	**200**	**100.0**		
10	The adults in the family teach the children to make the right decisions	Disagree	116	58.0	*1.57±0.740*	*P*
		Neutral	54	27.0		
		Agree	30	15.0		
		Total	**200**	**100.0**		
11	The adults in the family know the people who interact with the child (such as friends and teachers)	Disagree	131	65.5	*1.45±0.670*	*P*
		Neutral	49	24.5		
		Agree	20	10.0		
		Total	**200**	**100.0**		
12	The adults in the family have time to take care of the individual needs of each child	Disagree	107	53.5	*1.56±0.662*	*P*
		Neutral	74	37.0		
		Agree	19	9.5		
		Total	**200**	**100.0**		
13	Family members have friends and others who support them	Disagree	84	42.0	*1.70±0.672*	*F*
		Neutral	92	46.0		
		Agree	24	12.0		
		Total	**200**	**100.0**		
14	My family members have enough support they need to relieve stress	Disagree	123	61.5	*1.55±0.755*	*P*
		Neutral	45	22.5		
		Agree	32	16.0		
		Total	**200**	**100.0**		
15	My family members have enough time to pursue their own interests	Disagree	131	65.5	*1.45±0.670*	*P*
		Neutral	49	24.5		
		Agree	20	10.0		
		Total	**200**	**100.0**		
16	My family members have the means of transportation that allow them to move wherever they want	Disagree	80	40.0	*1.73±0.677*	*F*
		Neutral	94	47.0		
		Agree	26	13.0		
		Total	**200**	**100.0**		
17	My family takes care of their teeth every day	Disagree	60	30.0	*1.85±0.655*	*F*
		Neutral	110	55.0		

		Agree	30	15.0		
		Total	**200**	**100.0**		
18	My family members receive medical care when needed	Disagree	105	52.5	*1.63±0.738*	*P*
		Neutral	64	32.0		
		Agree	31	15.5		
		Total	**200**	**100.0**		
19	My family feels safe at home and at school	Disagree	79	39.5	*1.87±0.803*	*F*
		Neutral	68	34.0		
		Agree	53	26.5		
		Total	**200**	**100.0**		
20	My family receives support to progress in school or work	Disagree	78	39.0	*1.74±0.668*	*F*
		Neutral	97	48.5		
		Agree	25	12.5		
		Total	**200**	**100.0**		
21	My family's relationship with health care providers is good	Disagree	92	46.0	*1.65±0.664*	*P*
		Neutral	87	43.5		
		Agree	21	10.5		
		Total	**200**	**100.0**		

Level of Assessment (Poor [P]=1-1.66; Fair [F]=1.67-2.33; Good [G]=2.34-3)

In terms of statistical mean and standard deviation, this table demonstrated that the parents of special needs children expressed a poor responses towards quality of life as indicated by low mean of scores (*M.s≤1.66*) at all studied items of the scale except, the parents expressed a fair responses in terms of (*Family members have friends and others who support them, My family members have the means of transportation that allow them to move wherever they want, My family takes care of their teeth every day, My family feels safe at home and at school and My family receives support to progress in school or work*) as indicated by moderate mean of scores (*M.s.=1.67-2.33*).

The results showed that (59%) of the parents of children with special needs demonstrated a poor quality of life as described by the low average 33.75 (±6.714).

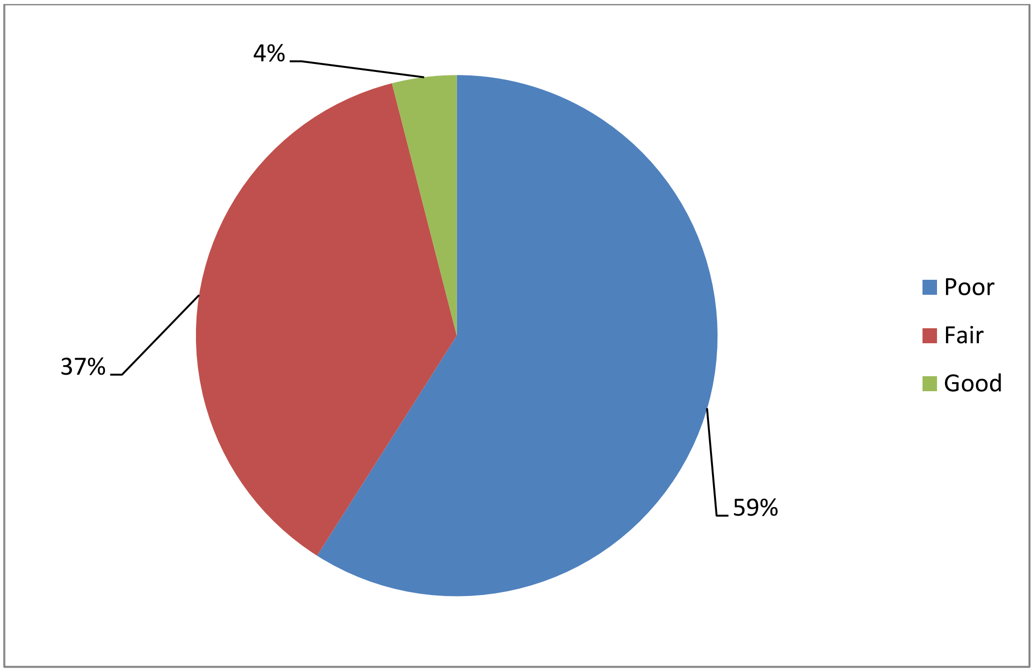


Figure 4-9: Quality of Life among Parents of Special Needs Children

4.4. Statistical Differences in Quality of Life among Parent of Special Needs Children with regard their Socio-Demographic Variables

Table 4-4 (1): Statistical Differences in Quality of Life with regards Fathers Age (*n=200*)

Fathers Age	**Source of variance**	**Sum of Squares**	d.f	Mean Square	*F-statistic*	*p-value*
QoL	Between Groups	.294	4	.073	.707	.588
	Within Groups	20.240	195	.104		
	Total	**20.534**	**199**			

The analysis of variance showed that there were no statistically significant differences in quality of life between fathers of special needs children with respect to their age groups (*F=0.707; p=0.588*).

Table 4-4 (2): Statistical Differences in Quality of Life with regards Mothers Age (*n=200*)

Mothers Age	Source of variance	Sum of Squares	d.f	Mean Square	*F-statistic*	*p-value*
QoL	Between Groups	3.384	4	.846	9.620	.001
	Within Groups	17.150	195	.088		
	Total	**20.534**	**199**			

The analysis of variance showed that there were statistically significant differences in quality of life between mothers of special needs children with respect to their age groups (*F=9.620; p=0.001*).

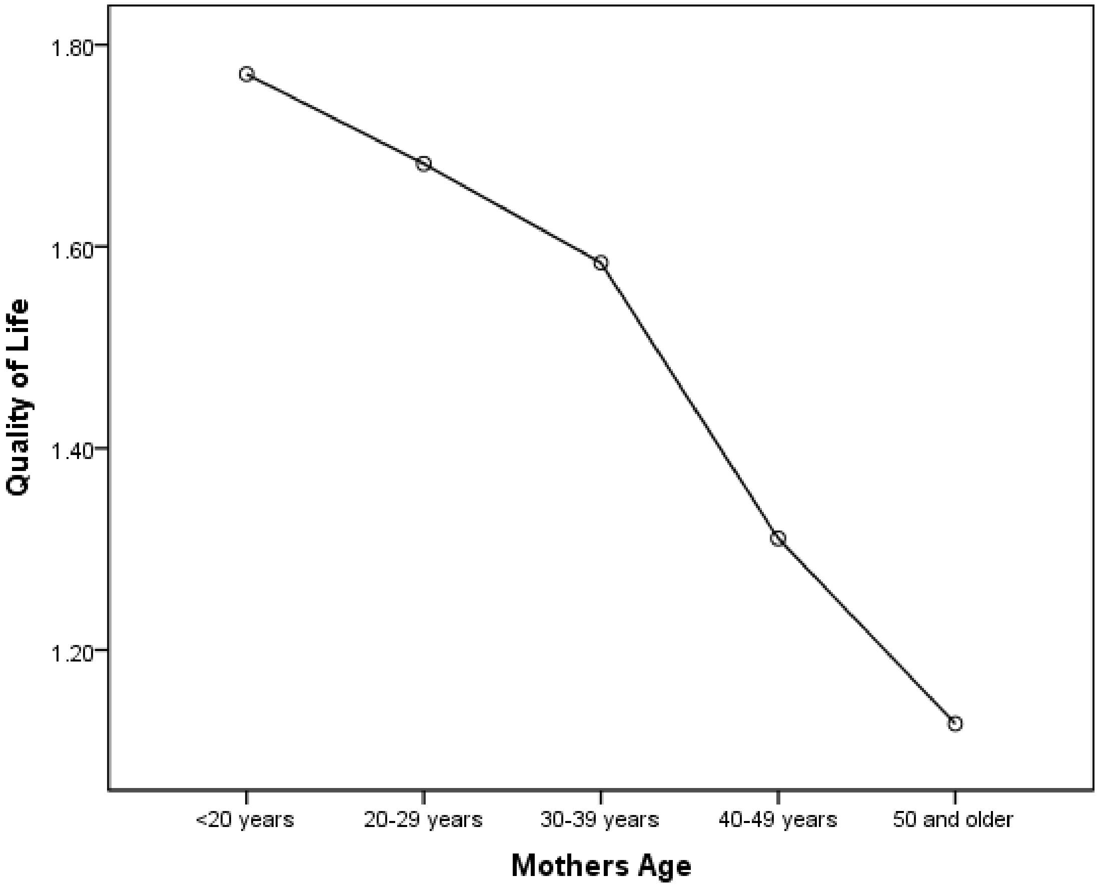


Figure 4-10: Distribution of Quality of Life according to Mothers age

Table 4-4 (3): Statistical Differences in Quality of Life with regards Fathers Education (*n=200*)

Fathers Education	Source of variance	Sum of Squares	d.f	Mean Square	*F-statistic*	*p-value*
QoL	Between Groups	.271	5	.054	.519	.762
	Within Groups	20.263	194	.104		
	Total	**20.534**	**199**			

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The analysis of variance showed that there were no statistically significant differences in quality of life between fathers of special needs children with respect to their education level (*F=0.519; p=0.762*).

Table 4-4 (4): Statistical Differences in Quality of Life with regards Mothers Education (*n=200*)

Mothers Education	Source of variance	Sum of Squares	d.f	Mean Square	*F-statistic*	*p-value*
QoL	Between Groups	1.766	4	.441	4.586	.001
	Within Groups	18.768	195	.096		
	Total	**20.534**	**199**			

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The analysis of variance showed that there were statistically significant differences in quality of life between mothers of special needs children with respect to their education level (*F=4.586; p=0.001*).

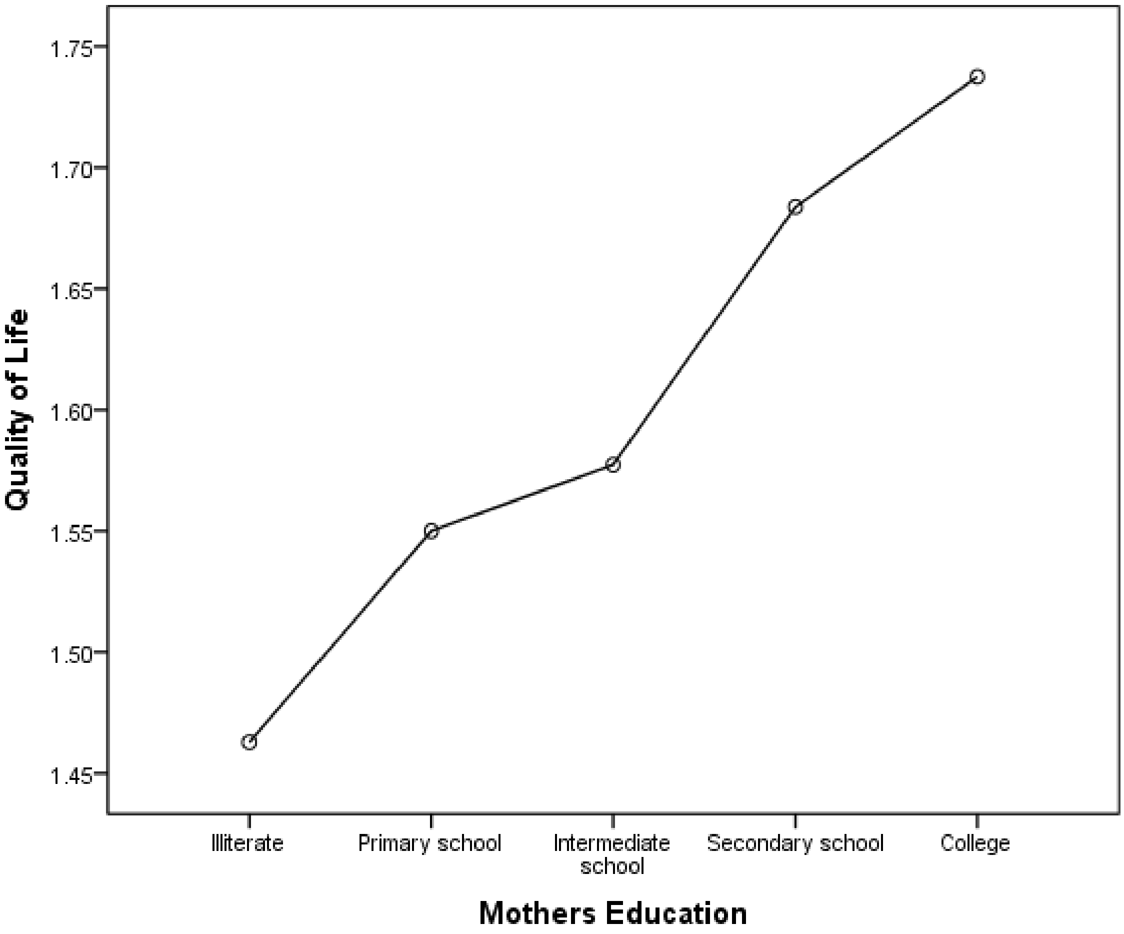

Figure 4-11: Distribution of Quality of Life according to Mothers Education level

Table 4-4 (5): Statistical Differences in Quality of Life with regards Fathers Occupation (*n=200*)

	Father Occupation	Mean	SD	t-value	d.f	*P-value*
QoL	Employed	1.64	.318	2.560	198	.011
	Unemployed	1.52	.313			

.

The analysis of variance showed that there were statistically significant differences in quality of life between fathers of special needs children with respect to their occupation (*t=2.560; p=0.011*).

Table 4-4 (6): Statistical Differences in Quality of Life with regards Mothers Occupation (*n=200*)

	Mothers Occupation	Mean	SD	t-value	d.f	*P-value*
QoL	Employed	1.81	.308	8.034	198	.000
	Unemployed	1.48	.261			

.

The analysis of variance showed that there were statistically significant differences in quality of life between mothers of special needs children with respect to their occupation (*t=8.034; p=0.000*).

Table 4-4 (7): Statistical Differences in Quality of Life with regards Family Monthly Income/ month (*n=200*)

Family Income	Source of variance	Sum of Squares	d.f	Mean Square	*F-statistic*	*p-value*
QoL	Between Groups	1.819	2	.910	9.574	.000
	Within Groups	18.715	197	.095		
	Total	**20.534**	**199**			

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The analysis of variance showed that there were statistically significant differences in quality of life between parents of special needs children with respect to their monthly income (*F=9.574; p=0.000*).

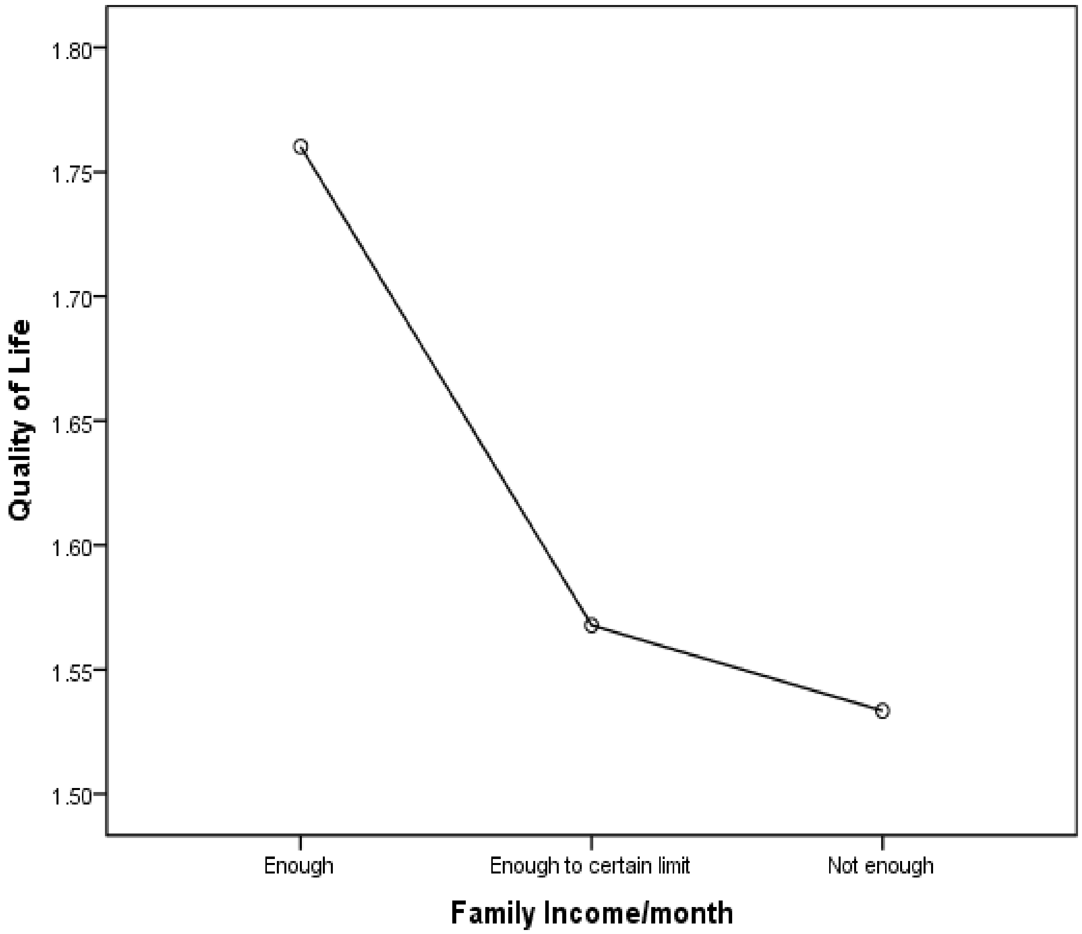

Figure 4-12: Distribution of Quality of Life according to Parent Monthly Income

Table 4.5: Correlation between Supportive Health Services for Special Needs Children and their Parents QoL

Spearman's Coefficient	1	2	3	4	5	6	7	8	9
1.Parent QoL		.016	.002	.201*	.154*	.048	.083	.434**	.347**
2.Physiotherapy	.016		.014	.002	.094	.060	.11	.123	.059

							6		
3.Occupational Therapy	.002	.014		.044	.058	.022	.015	.094	.122
4.Social Services	.201*	.002	.044		.144*	.015	.109	.107	.042
5.Psychological Services	.154*	.094	.058	.144*		.032	.087	.039	.136
6.Health Services	.048	.060	.022	.015	.032		.103	-.054	.020
7.Assisyive Technology	.083	.116	.015	.109	.087	.103		.126	.021
8.Transportation & Mobility	.434**	.123	.094	.107	.039	-.054	.126		.032
9.Overall Supportive services	.347**	.059	.122	.042	.136	.020	.021	.032	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Findings exhibit that there were significant correlation (positive) between parent quality of life and social related services for special needs children (*r=0.201; p=0.005*), positive correlation between parent quality of life and psychological related services for special needs children (*r=0.154; p=0.005*), positive correlation between parent quality of life and transportation and mobility services for special needs children (*r=0.434; p=0.000*). There was positive correlation between total quality of life scores and total supportive health services for special needs children (*r=347; p=0.000*).

Chapter Five

Discussion

Chapter Five

Discussion of the Results

Chapter Five

Discussion of the Study Result

5.1. Socio-Demographic Characteristics of the Studied Sample

Table 4-1 (A): -

The results indicated that more than one third of parents are at fathers age group (30-39) years old, which agree with the findings of (Luca, et al., 2019) who found that two fifth of the participants' ranged from 20 to more than 35 years old.

In the study conducted in İstanbul, TURKEY “The Effect of Parent’s Family Life Quality Levels on Children’s Parent-Child Relationship in Children with Developmental Disability”, they found that the most prevalent in terms of maternal age were (31-35) years (ALPGAN, & ALABAY, 2021). This result is consistent with the existing study as shown in Table 4-1, it was found the mothers was more than two fifth between (30-39) years.

The highest percentage regarding to educational level, the current study revealed that intermediate school was the educational level of father while, mothers less than one quarters. It agree with (Kazmi, et al., (2014) who observed that mothers of disabled children had a worse quality of life and suffered from depression more frequently than fathers, also having lower QOL are mothers of children with different types of impairments. Parents with disabled children frequently experience feelings of incapacity and helplessness, and this is particularly true for mothers of young children, according to

(Dervishaliaj, 2013) relation to the educational level, higher education was correlated with higher QOL. Higher education usually means better Socio-Economic Status (SES), so the effect of educational level might be mediated through the influence of SES. Higher educational level has a positive impact on QOL in both mothers and fathers.

The current study results illustrated that a high percentage of the sample was father occupation less than two thirds had jobs employment due to reducing from facing a lot of difficulties in everyday life, and was an important indicator of their financial difficulties, so their quality of life, besides the permanent care for the child. Most mothers less than two thirds had unemployed, due to the necessity of staying at home for child care and provide social benefits. This study supported with (Ignjatović, 2019).

The urgent need for financial support can be explained by the characteristics of the study sample, less than two fifth of the sample were not enough with their economic situation from their point of view and according to their needs and their families requirement (Ignjatović, 2019).

5.2 Distribution of Special Needs Children by their Characteristics (Table 4-1(B): -

It revealed that more than two fifth of the child age between (5-8) years and this might be found by chance and sometimes according to some economic and cultural issues to have a particular number of children. This study disagrees with (Ignjatovic, et al.,2017) that contributes to the lower level of life quality is the fact that almost one-third of children were over the age of 18 years, which indicated pro-longed, persistent, and sometimes exhausting care for the child.

The present study found that less than three quarters of the participants had disability was discovered after delivery this study supported with (Cummins D, et al., 2021) in a cross-sectional study which was conducted population-based study using the Northern Ireland found severe intellectual disability occurs in over a quarter of all children with term-born children and the most at risk.

Furthermore, it showed more than half was likely to have special needs than girls. On the other hand, the findings are consistent with a study conducted by (Jaganjac, et al., 2017) in a sample of school-aged children, in Kabul, Afghanistan, where they found a highest percentage is boys than girls. (Table 4-1)

The contemporary study indicated that more than one third of the study sample has children with special needs disability indicated that the respondents have cerebral palsy due to physiological changes during pregnancy and showing these children have a higher prevalence types of disability. The result of this finding disagrees with (Holhos, et al., 2021) who reported that children with special needs have many problems that should be promptly such as (Down syndrome, autism, and deafness. Other study supported done by Lee et al. (2019), in their study obtained a very poor value in QOL of mothers of children with cerebral palsy.

5.3 Health Supportive Services for Special Needs Children

5-3 -1: - Overall Supportive Services related Physiotherapy for Special Needs Children (Figure 4-1)

The result of the current study showed that most of the studied more than half had poor health toward supportive services related to physiotherapy for special needs children in figure (4-1). The researcher attributes this result to the existence of a clear deficiency in the provision of educational and guidance programs for parents, as we are aware that the non-adaptive behavioral issues that manifest in the mentally disabled are a major concern for the family and that these issues contribute to negative attitudes toward the mentally disabled by others in society. there exist limited study (Majnemer, et al.,2014) that describe the use of physiotherapy services among the Cerebral Palsy CP children.

This results 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. The participating disabled children all appreciated being informed about physiotherapy, but had individual preferences regarding involvement in decision-making. More supportive evidence is provided by (Kyriakidou, 2016) that focus on children and the lack of evidence for children with other health conditions, the persistence of physiotherapists to assess mainly physical outcomes and not the emotional needs of children. The results showed that children with disabilities are in the center of attention of the families and that their quality of life variated according to their condition. Regarding the equilibrium seeking and adaptation to changes by the families. In order to maintain a good quality of life or even to keep the balance between the members, the parents ask for informal support from the grandparents.

Based on the results of the present study, it was found that the performance of parents of children with disabilities was low in some of the parameters of their quality of life. Similar findings have been made in previous studies (Riyahi, et al.,2017). The results of the research conducted by " Karimi, M., & Brazier (2016)" showed that parents of children with disabilities had lower quality of life compared to parents of children without disabilities. A survey conducted by “Kotzampopoulou, (2014)" on parents of children with disabilities in Greece and, among other things, explored the views of parents themselves regarding their quality of life, showed that children with disabilities are the focus of attention of their families and that their quality of life depends on them.

5-3-2: - Overall Supportive Services related Occupational Therapy for Special Needs Children (Figure 4-2)

The existing study found that the overall responses of parents are poor supportive services related occupational therapy for special needs children with a percentage represented less than two thirds as shown in table 4-2-2 (B). This approach is highly supported by the needs that were found from caregivers in "Kaasboll et al., (2019)". The study including a lack of interactive exercise, communication in lay terms, support following placement, and real-life practice training via role-playing, by filling the needs of these caregivers, remarkable and effective outcomes were achieved.

5-3-3 :-Overall Supportive Services related Social for Special Needs Children (Figure 4-3)

In most instances, the results exhibited that more than two thirds of the parents of children with special needs demonstrated poor supportive services in terms of social services as described in Table (4-2-3-c). It pointed-out 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 society's attitudes towards them. The importance of the social needs of parents of mentally handicapped 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 to defend their rights. Preparing specialized professional cadres that provide services to them and their families, and encourage their integration into society. The contemporary results are consistent with a cross-sectional study conducted in Latvia, reported lack of good quality with small social and limited physical access to housing for children with disabilities (Lace, 2019).

Another study done in France, it is reported that the situation of children with disabilities is very rarely taken into account (Legros, 2019). The main barriers for children with disabilities and their families are a lack of political motivation and vision for social inclusion, as well as a lack of understanding of what constitutes inclusive policy, continued vested interests in institutional and segregated services; and inadequacy or lack of community-based services that can provide support to children with disabilities and their families from early identification and intervention and throughout the life cycle.

The study agree with presented study done in Kerala, India, study by (TK, R., & DAISY, 2021) Out of 370 respondents through the purposive sampling technique. The result shows that the majority of the respondents (37.2%) perceived as a higher level of social support were found to have perceived informal social support from family members, neighbors, through awareness programmers, guidance and other form of support from parents of same children.

5-3-4: - Overall Supportive Services related Psychological for Special Needs Children (Figure 4-4)

The results showed that more than half of the parents of children with special needs verified a poor of supportive services in terms of psychological services provided. It indicated that parents of mentally handicapped children need collective emotional support from other parents, and support from a relative of the mentally handicapped child's family. This study agree with a cross-sectional study was conducted by (Masulani-Mwale et al, 2018) in January, (170) mothers and fathers of children with intellectual disabilities as diagnosed by psychiatric clinical officers were randomly sampled from two selected child disability clinics. More than two fifth of parents of children with intellectual disabilities reported psychological distress. Univar ate and multivariate analysis showed that area of residence ($P < 0.05$), low socio-economic status ($P < 0.05$), knowledge of the disability of one’s child ($P < 0.05$), low confidence in managing the disabled child ($P < 0.05$), increased perceived burden of care ($P = 0.05$),

Also, agreed with present study that conducted by (Kenny et al.,2022) as a systematic literature review was revealed key factors that appeared to contribute to psychological stress, including prolonged diagnostic odyssey, poor diagnostic delivery, lack of information and specialist knowledge, and convoluted healthcare systems. This study reinforces the need for psychological support amongst parents and caregivers of children with a rare disease at the time of diagnosis.

5-3-5: - Overall Supportive Services related Assistive Technology for Special Needs Children (Figure 4-6)

The results showed that less than two thirds of the parents of children with special needs demonstrated a poor of supportive services in terms of assistive technology services provided to their children. A lot of studies has been done and supported with presented study in recent years that minimize the adverse effects of disability to improve the quality of life of people with disabilities. Assistive Technology (AT) can minimize the problems caused by sensory deprivation; it also improves speech sound perception to enhance communication skills. AT makes every tasks more effective for an individual; however, it is concluded that assistive technology is used more often in an inclusive environment. This is aligned with findings of research conducted by " (Aftab, et al., (2022)". That found only 10% of children are using AT in inclusive settings. This is due to a lack of inclusive education and limited resources. "Chambers (2019)" explains that AT is very necessary to enhance inclusive education. There are no specific criteria used in Pakistan about who decides whether and what assistive technology device/ service is needed. Mostly after placement, assistive services and equipment for students determined in an inclusive setting.

5-3-6: - Overall Supportive Services related Assistive Transportation and Mobility for Special Needs Children (Figure 4-7)

Transportation and mobility training is a very common human services administration given by organizations to provide rehabilitation and care for children with special needs. The aim of training intends to keep up freedom of go by showing outwardly impeded persons, to ambulate and arrange the surrounding environment securely and freely. It may diminish versatility confinements and contribute absolutely to societal support and personal satisfaction. In a maturing person, it is critical to decisively impact these areas to avert physical, mental, and social dysfunction that can prompt handicap and systematization. The results showed that more than half of the parents of children with special needs demonstrated a poor of supportive services in terms of transportation and mobility services provided to their children as described by the low average, which is agree with (Nicaise, et al.,2019) that mentioned previously, it is estimated that 80 million people in Europe have a disability. The number of persons with disabilities varies widely from country to country due to differences in the definition of disability, in data collection methodologies, and in discrimination faced by persons with disabilities themselves which often prevent them from self-reporting data on barriers to social integration for persons with disabilities aged 15 and over provide an overview of the situation of persons with disabilities in Europe. Persons with disabilities themselves reported barriers related to certain factors like mobility, transport, accessing buildings, education and training, employment, using the internet, social contact, pursuing leisure, paying for the essential things in life, and perceived discrimination. All persons with disabilities, 81.5% reported difficulties with basic activities, 43% reported difficulties with basic care activities, and 53.1% reported difficulties with household care activities.

Another study consistent with presented study that to be an overall difficulty in assessing the use and effectiveness of funds, both in general and with regards to the Transport Global Suppliers (TGS) many country reports mention a lack of evaluations, a lack of direct targeting of funds at children, and/or a lack of tracking of funds used for the TGS. The effectiveness of EU funds related to housing and as it related to children is ‘sub-optimal, despite best practices and a wealth of opportunities’ (Clark, et al., 2019). This is also the situation in healthcare, where ‘direct focus of EU funds on the delivery of healthcare to the TGS has been minimal – for instance, on adapting healthcare buildings to improve access for those with limited mobility’ (Rigby, 2019), and it seems to be the same in the area of nutrition where, according to (Bradshaw & Rees (2019), countries had difficulty assessing the effectiveness of the funds used.

5-3-7: - Overall Supportive Health Services Provided for Special Needs Children (Figure 4-8)

The results showed that more than half of the parents of children with special needs verified a poor of supportive services provided to their children. This underscores the need to adopt an integration policy, even if this is challenging, to make public services more inclusive and easier to access for child with disabilities. Despite these findings, recent years have seen a growing trend toward the adoption of regulations and policies to facilitate access for people with disabilities to educational services in the region. Our findings are similar to those of ("Hadidi and Alkhateeb (2015)" (Elhoweris & Efthymiou,2021) reported that inclusion is still in its infancy or is intermittently available in Arab countries, including Syria which found a clear lack of early intervention programs in Arab countries in general, while services need to be more accessible to children. Children are still accessing more services compared to other Arab countries

5-4-: - Quality of Life for Parents of Children with Special Needs (Figure 4-9)

The results showed more than half that the children with disabilities quality of life depends on the parents of special needs children a poor response towards their quality of life. Indeed, the parents mentioned that their everyday life is affected by their children with disability which agrees with several previous studies regarding who argued that one of the most significant factors that affect the caregivers' quality of life is that children with disabilities spend a lot of time at home and the parents have to provide for their basic needs, even though there is a lack of sufficient support services, the families are flexible and ask for informal support from the extended families. This study agrees with Kotzampopoulou, (2015) family systems theory regarding the equilibrium seeking and adaptation to changes by the families. In order to maintain a good quality of life or even to keep the balance between the members.

Another study is consistent with a presented study showing that parents who have a realistic image of their child's abilities OoL are more capable of understanding the needs of their children, and are more likely to let their child develop optimally, given their developmental disability (Widyawati, et al.,2022) (Suzuki et al., 2015).

5-5 Statistical Differences in Quality of Life among Parent of Special Needs Children with regard their Socio-Demographic Variables

5.5.1. The Differences in Quality of Life with regards Fathers Age (*n=200*)

The analysis of variance showed that there were no statistically significant differences in quality of life between fathers of special needs children with respect to their age groups. The findings showed that having a child with disabilities was not a significant predictor of any of the paternal well-being variables, indicating that the differences between the two groups of fathers in the initial analysis may not be associated directly with having a child with Intellectual Disabilities (ID)

5.5.2. The Differences in Quality of Life with regards Mothers Age (*n=200*)

The analysis of variance showed that there were statistically significant differences in quality of life between mothers of special needs children. The results of this study agree with a study conducted by " (Christodoulou, et al., 2020)" parents of children with disabilities have a different way of perceiving a child with a disability. In contrast the mother focuses more on the present demands and needs of the child with a disability. Probably the way a child with a disability is perceived affects the quality of life of every parent. In addition, in these cases the mother's personality is more affected mainly due to her responsibilities and her role in the family. It is very stressful for a mother to be burdened with the demanding care of a child with a disability combined with possible financial problems as long as she does not work but also with her other daily chores.

5.5.3. **The Differences in Quality of Life with regards Fathers Education (*n=200*)**

There were no statistically significant differences in quality of life between father’s education of special needs children. The present study disagree with "(Hasan, S. S., & Muhammad 2018)" done in Erbil city – Kurdistan, Iraq There is a significant association between fathers' occupation and their thought.

The current study showed statistically highly significant differences in quality of life between mother’s education of special needs children association between mother's thought and their years of education. The present study supported by " (Hasan, S. S., & Muhammad 2018)" showed that the mothers were worried because living with a disabled child can have profound effects on the entire family other siblings and extended family members. It is a unique shared experience for families and can affect all aspects of family functioning. Findings disagree with study directed by (Douglas, et al.,2017) which found there are no significant differences in parents cogitative, material, social and emotional needs with regards parents (fathers and mothers) education (p>0.05). The presented of this study also agreed with the study done by “(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

5.5.4. The Differences in Quality of Life with regards Parents Occupations

The analysis of variance showed that there were statistically significant differences in quality of life between fathers of special needs children and findings demonstrated there were statistically highly significant differences in quality of life between mother’s education of special needs children in present study. This study inconsistent with no significant differences in parents' cogitative, material, social, and emotional needs with regard to mothers' occupation (p>0.05). The current study disagreed with a descriptive cross-sectional study conducted by purposive sample of 123 parents of intellectual disability was selected through the use a non-probability sampling approach done in Iraq by (Noman, & Yasir, 2022) who confirmed that there is no a statistically significant relationship between the professional level of the parents and QOL, 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 due to the status of mothers can be improved with more financial support which will aid in obtaining better child care and child medical care. In terms of their employment position mothers should also receive some perks such as flexible working hours. It is important for society as a whole to appreciate the efforts moms make to help their disabled children. Higher parental QOL will very probably result in higher disability QOL.

5.5.5 The Differences in Quality of Life with regards Family Monthly Income

The analysis of variance showed that there were statistically significant differences in quality of life between parents of special needs children concerning their monthly income. The findings of the existing study disagree with study done in there were no significant differences in parents cogitative, material, social and emotional needs with regards economic status (p>0.05). These findings come in disagree with findings conducted by "(El-Ganzory et al., 2013)" who emphasized that first of all the needs of mentally special needs 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. Also another study disagree with presented study done in Iraq by (Noman & Yasir, 2022)

5.6. Correlation between Supportive Health Services for Special Needs Children and their Parents QoL

According to the results there is a significant (positive) correlation between parent quality of life and social-related services for children with special needs (r=0.201; p=0.005) psychological-related services for children with special needs (r=0.154; p=0.005) and transportation and mobility services for children with special needs (r=0.434; p=0.000) for children with exceptional needs; with a positive association between all quality of life scores and all supporting health services (r=347; p=0.000). The present study was supported by a study done in "(Hasan, & Muhammad, 2018)" which found a highly significant difference between parents' QoL in overall domains (physical, psychological, and social), parents recorded high mean scores than fathers. The result indicated that there were significant differences in the QoL of parents having a child with a disability depending on the type of disability. More specifically mothers of children with ID displayed lower physical health impairment in social relationships in their psychological status and poorer perception of their environment while fathers complained of their psychological status and impairment in social relationships.

Parental restrictions on children's interactions with people outside of their immediate family are possible because they feel shamed and rejected by society some parents may prefer to keep their kids confined to the house. Additionally, this relates to the absence of a connection between the traits of parental resilience (i.e., quality of life) perceived social support, and favorable perception (Yapina et al.2022)

Another study that which supported presented study that the correlations were also found between the variables physical health and psychological health services, social, physical health and psychological health. At the same time the present research showed that there is a correlation between the socio-economic level of the family and the parameters of quality of life physical health and psychological health. Previous research has shown that demographic characteristics related to family income are a strong predictor of family quality of life (Christodoulou, et Al.,2020) (Hsiao, 2017) (Gardiner, E. & Iarocci, 2015).

Finally, the results of the present study showed almost statistically significant relation between certain parameters of the quality of life of parents of children with disabilities and the type of disability. Research conducted by "(Gardiner, E. & Iarocci, 2015)" has shown similar results, as it has shown that the type and severity of a child's disability or problem affects the quality of life of the parents. In particular, in the present study a correlation was found positively between the parameters of quality of life psychological health and environment of parents of children with disabilities and the type of disability of the child. Parents of children with Down Syndrome had a better quality of life compared to parents of children with autism as it integrated with culture and level of the parent’s awareness of those children groups.

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Chapter Six

Conclusion and Recommendation

Chapter Six

Conclusions and Recommendations

6.1. Conclusions:-

6.1.1-Parents who have children with special needs a majority aged between 30-39 years, as well as they are at intermediate school, fathers occupation is employed while mothers occupation is unemployed, family income is not enough.

6.1.2- Most of children are 5-8 years old with male majority and mostly disability detected after birth as the highest rates of cerebral palsy were recorded among children with special needs.

6.1.3 -The overall supportive services related physiotherapy, occupational social, psychological, assistive technology and assistive transportation for special needs children was poor, while fair level related health services.

6.1.4 -The overall of quality of life among parent of special needs children was poor

6.1.5-There are no significances associations in quality of life between fathers of special needs children with their age groups and education levels, whereas; significances associations with their occupation.

6.1.6-There are statistically significant association in quality of life between mothers of special needs children with age group and education levels, their occupations.

6.1.7-There are significances associations in quality of life between parents of special needs children with respect to their monthly income

6.1.8-There are significant correlation between parent quality of life and social, psychological, transportation and mobility services for special needs children

6.1.9-There was positive correlation between total quality of life scores and total supportive health services for special needs children

6.2. Recommendations:-

Based on the findings above, the following are recommended:

6.2.1- All health care providers must give sufficient time to parents of children with special needs and teach them, the appropriate practices in dealing of their nutrition, and care for their children

6.2.2- Assess the level of burden and psychological impact of disability on parents and link them with organizations that caring and supporting them.

6.2.3- Expanding the establishment of specialized counselling centres; to address the problems faced by disabled children and their families.

6.2.4- Activation of media programs; to educate community members about the needs, characteristics, and rights of 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 special needs.

6.2.6- Activation of nursing role in education of community members and families of children with special needs.

6.2.7- Healthcare institutions, nursing community services and other support institutions should pay greater attention to the parents of children with chronic conditions in order to preserve the health and improve the quality of life of these vulnerable members of the population

6.2.8- Guidelines for health professionals to improve the QOL of mothers of children with disabilities should include assessing the physical and psychological health of parents and their functioning, focusing on their basic health needs and providing interventions to improve family health, and establishing support services to help children's family and people with disabilities having professional support in meeting their specific needs

Chapter Seven

References

References

المصادر العربية:

القرآن الكريم، سورة البقرة الآية (32)

المصادر الأجنبية:

Abramovitz, M. (2017). *Regulating the lives of women: Social welfare policy from colonial times to the present*. Routledge.

Aftab, M. J., Bano, H., Qureshi, M. S., Nadeem, H. A., & Qamar, A. M. (2022). Role of Assistive Technology in Promotion of Inclusive Education for Children with Disabilities: Special Educator's Narrative. *Multicultural MISVANEducation*, *8*(1).

Ahtisham, Y., & Jacoline, S. (2015). Integrating Nursing Theory and Process into Practice; Virginia's Henderson Need Theory. *International Journal of Caring Sciences*, *8*(2).

Al Eid, N. A., Alqahtani, M. M., Marwa, K., Arnout, B. A., Alswailem, H. S., & Al Toaimi, A. A. (2020). Religiosity, psychological resilience, and mental health among breast cancer patients in Kingdom of Saudi Arabia. *Breast CYancer: Basic and Clinical Research*, *14*, 1178223420903054.

Al Imam, M. H., Das, M. C., Jahan, I., Muhit, M., Akbar, D., Badawi, N., & Khandaker, G. (2022). A Social Business Model of Early Intervention and Rehabilitation for People with Disability in Rural Bangladesh. *Brain Sciences*, *12*(2), 264.

Albino, J., & Tiwari, T. (2016). Preventing childhood caries: a review of recent behavioral research. *Journal of dental research*, *95*(1), 35-42.

Al-Dababneh, K. A., & Al-Zboon, E. K. (2022). Using assistive technologies in the curriculum of children with specific learning disabilities served in inclusion settings: teachers' beliefs and professionalism. *Disability and Rehabilitation: Assistive Technology*, *17*(1), 23-33.

Al-Dababneh, K. A., Fayez, M., & Bataineh, O. (2012). Needs of Parents Caring for Children with Physical Disabilities: A Case Study in Jordan. *International journal of special education*, *27*(3), 120-133.

Alderson, P. (2018). How the Rights of All School Students and Teachers Are Affected by Special Educational Needs or Disability (SEND) Services: Teaching, Psychology, Policy. *London Review of Education*, *16*(2), 175-190.

Alexander, J. F., & Robbins, M. (2019). Functional family therapy. In *Encyclopedia of Couple and Family Therapy* (pp. 1232-1240). Cham: Springer International Publishing.

Alghamdi, M. G. (2016). Nursing workload: a concept analysis. Journal of nursing management, 24(4), 449-457.

Alper, M. (2017). *Giving voice: Mobile communication, disability, and inequality*. MIT Press.

ALPGAN, Ö., & ALABAY, E. (2021). The Effect of Parent's Family Life Quality Levels on Children's Parent-Child Relationship in Children with Developmental Disability. Kastamonu Eğitim Dergisi, 29(4), 219-232.

Alquraini, T., & Gut, D. (2012). Critical components of successful inclusion of students with severe disabilities: Literature review. *International journal of special education*, *27*(1), 42-59.

Alsem, M. W., Ausems, F., Verhoef, M., Jongmans, M. J., Meily-Visser, J. M. A., & Ketelaar, M. (2017). Information seeking by parents of children with physical disabilities: An exploratory qualitative study. *Research in developmental disabilities*, *60*, 125-134.

Andelic, N., Røe, C., Tenovuo, O., Azouvi, P., Dawes, H., Majdan, M., ... & CENTER-TBI Participants and Investigators. (2021). Unmet rehabilitation needs after traumatic brain injury across europe: results from the CENTER-TBI study. *Journal of clinical medicine*, *10*(5), 1035.

Andrews, E. E. (2019). *Disability as diversity: Developing cultural competence*. Oxford University Press, USA.

Aronson, K. R., Kyler, S. J., Moeller, J. D., & Perkins, D. F. (2016). Understanding military families who have dependents with special health care and/or educational needs. *Disability and Health Journal*, *9*(3), 423-430.

Arora, S., Goodall, S., Viney, R., Einfeld, S., & MHYPEDD team. (2020). Health-related quality of life amongst primary caregivers of children with intellectual disability. *Journal of Intellectual Disability Research*, *64*(2), 103-116.

Asch, A. (2017). Critical race theory, feminism, and disability: Reflections on social justice and personal identity. In *Disability and Equality Law* (pp. 143-176). Routledge.

Baker, K., Devine, R. T., Ng-Cordell, E., Raymond, F. L., & Hughes, C. (2021). Childhood intellectual disability and parents' mental health: integrating social, psychological and genetic influences. *The British Journal of Psychiatry*, *218*(6), 315-322.

Barbotte, E., Guillemin, F., & Chau, N. (2001). Prevalence of impairments, disabilities, handicaps and quality of life in the general population: a review of recent literature. *Bulletin of the World Health Organization*, *79*(11), 1047-1055.

Bariroh, S. (2018). The Influence of Parents' Involvement on Children with Special Needs' Motivation and Learning Achievement. *International Education Studies*, *11*(4), 96-114.

Barrio, C., Hernandez, M., & Gaona, L. (2016). The family caregiving context among adults with disabilities: A review of the research on developmental disabilities, serious mental illness, and traumatic brain injury. *Journal of Family Social Work*, *19*(4), 328-347.

Bawalsah, J. A. (2016). Stress and coping strategies in parents of children with physical, mental, and hearing disabilities in Jordan. *International Journal of Education*, *8*(1), 1-22.

Bazzano, A., Wolfe, C., Zylowska, L., Wang, S., Schuster, E., Barrett, C., & Lehrer, D. (2015). Mindfulness based stress reduction (MBSR) for parents and caregivers of individuals with developmental disabilities: A community-based approach. *Journal of Child and Family Studies*, *24*(2), 298-308.

Beighton, C., & Wills, J. (2017). Are parents identifying positive aspects to parenting their child with an intellectual disability or are they just coping? A qualitative exploration. *Journal of Intellectual Disabilities*, *21*(4), 325-345.

Lara, E. B., & de los Pinos, C. C. (2017). Families with a disabled member: impact and family education. Procedia-Social and Behavioral Sciences, 237, 418-425.

Bertelli, M. O., Munir, K., Harris, J., & Salvador-Carulla, L. (2016). Intellectual developmental disorders: reflections on the international consensus document for redefining "mental retardation-intellectual disability" in ICD-11. *Advances in mental health and intellectual disabilities*.

Betancourt, T.S., Salhi, C., Buka, S., Leaning, J., Dunn, G. and Earls, F. (2012). Connectedness, social support and internalizing emotional and behavioral problems in adolescents displaced by the Chechen conflict. Disasters. 36(4); P. p 635–655.

Boehm, T. L., & Carter, E. W. (2019). Family quality of life and its correlates among parents of children and adults with intellectual disability. *American Journal on Intellectual and Developmental Disabilities*, *124*(2), 99-115.

Bohnenkamp, J. H., Stephan, S. H., & Bobo, N. (2015). Supporting student mental health: The role of the school nurse in coordinated school mental health care. *Psychology in the Schools*, *52*(7), 714-727.

Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health*, *28*(3), 132-137.

Bradbury, B., Corak, M., Waldfogel, J., & Washbrook, E. (2015). *Too many children left behind: The US achievement gap in comparative perspective*. Russell Sage Foundation.

Bradshaw, J., & Rees, G. (2019). Feasibility Study for a Child Guarantee: Policy paper on Nutrition. Internal Document.

Bray, L., Carter, B., Sanders, C., Blake, L., & Keegan, K. (2017). Parent-to-parent peer support for parents of children with a disability: A mixed method study. *Patient Education and Counseling*, *100*(8), 1537-1543.

Brillante, P. (2020). *The essentials: Supporting young children with disabilities in the classroom*. National Association for the Education of Young Children.

Broady, T. R., Stoyles, G. J., & Morse, C. (2017). Understanding carers' lived experience of stigma: the voice of families with a child on the autism spectrum. *Health & social care in the community*, *25*(1), 224-233.

Brown, I., & Radford, J. P. (2015). The Growth and Decline of Institutions for People with Developmental Disabilities in Ontario: 1876-2009. *Journal on Developmental Disabilities*, *21*(2).

Brown, R. I., Kyrkou, M. R., & Samuel, P. S. (2016). Family quality of life. In *Health care for people with intellectual and developmental disabilities across the lifespan* (pp. 2065-2082). Springer, Cham.

Brown, T. J., & Clark, C. (2017, December). Employed parents of children with disabilities and work family life balance: A literature review. In *Child & Youth Care Forum* (Vol. 46, No. 6, pp. 857-876). Springer US.

Browne, J., Webb, K., & Bullock, A. (2018). Making the leap to medical education: a qualitative study of medical educators' experiences. *Medical Education*, *52*(2), 216-226.

Buchanan, D., Hargreaves, E., & Quick, L. (2022). Schools closed during the pandemic: revelations about the well-being of 'lower-attaining'primary-school children. *Education 3-13*, 1-14.

Bulmer, M. (2015). *The social basis of community care (routledge revivals)*. Routledge.

Buntinx, W. H. (2013). Understanding disability: A strengths-based approach. *The Oxford handbook of positive psychology and disability*

Campbell, S. M., & Stramondo, J. A. (2017). The complicated relationship of disability and well-being. *Kennedy Institute of Ethics Journal*, *27*(2), 151-184.

Cantwell, J., Muldoon, O., & Gallagher, S. (2015). The influence of self-esteem and social support on the relationship between stigma and depressive symptomology in parents caring for children with intellectual disabilities. *Journal of Intellectual Disability Research*, *59*(10), 948-957.

Carlson, J. M., & Miller, P. A. (2017). Family burden, child disability, and the adjustment of mothers caring for children with epilepsy: Role of social support and coping. *Epilepsy & Behavior*, *68*, 168-173.

Carr, A. (2015). *The handbook of child and adolescent clinical psychology: A contextual approach*. Routledge.

Carroll, P., Witten, K., Calder-Dawe, O., Smith, M., Kearns, R., Asiasiga, L., ... & Mavoa, S. (2018). Enabling participation for disabled young people: study protocol. *BMC public health*, *18*(1), 1-11.

Carson, V., Hunter, S., Kuzik, N., Wiebe, S. A., Spence, J. C., Friedman, A., ... & Hinkley, T. (2016). Systematic review of physical activity and cognitive development in early childhood. *Journal of science and medicine in sport*, *19*(7), 573-578.

Caspi, A., Houts, R. M., Belsky, D. W., Harrington, H., Hogan, S., Ramrakha, S., ... & Moffitt, T. E. (2016). Childhood forecasting of a small segment of the population with large economic burden. *Nature human behaviour*, *1*(1), 1-10.

Caudill, M. A. (2016). *Managing pain before it manages you*. Guilford Publications.

Cavagnola, R., Alzani, L., Carnevali, D., Chiodelli, G., Corti, S., Fioriti, F., ... & Miselli, G. (2020). Neurodevelopmental disorders and development of project of life in a lifespan perspective: between habilitation and quality of life. *Annali dell'Istituto Superiore di Sanità*, *56*(2), 230-240.

Chambers, D. (2019). Assistive technology to enhance inclusive education. Oxford: Oxford Research Encyclopedia of Education.

Chaparro-Cárdenas, S. L., Lozano-Guzmán, A. A., Ramirez-Bautista, J. A., & Hernández-Zavala, A. (2018). A review in gait rehabilitation devices and applied control techniques. *Disability and Rehabilitation: Assistive Technology*, *13*(8), 819-834.

Christensen, D. L., Maenner, M. J., Bilder, D., Constantino, J. N., Daniels, J., Durkin, M. S., ... & Dietz, P. (2019). Prevalence and characteristics of autism spectrum disorder among children aged 4 years—early autism and developmental disabilities monitoring network, seven sites, United States, 2010, 2012, and 2014. *MMWR Surveillance Summaries*, *68*(2), 1.

Christodoulou, P., Christopoulou, F., Stergiou, A., & Christopoulos, K. (2020). Quality of life of parents of children with disabilities. *European Journal of Education and Pedagogy*, *1*(1).

Cifu, D. X. (2020). *Braddom's physical medicine and rehabilitation E-book*. Elsevier Health Sciences.

Clark, G. F., & Kingsley, K. L. (2020). Occupational therapy practice guidelines for early childhood: Birth–5 years. *The American Journal of Occupational Therapy*, *74*(3), 7403397010p1-7403397010p42.

Clark, R. M. (2015). Family life and school achievement. In *Family Life and School Achievement*. University of Chicago Press.

Clark-Foulquier, & Spinnewijn. (2019). Feasibility Study for a Child Guarantee: Policy paper on Housing. Internal Document.

Couzens, D., Poed, S., Kataoka, M., Brandon, A., Hartley, J., & Keen, D. (2015). Support for students with hidden disabilities in universities: A case study. *International Journal of Disability, Development and Education*, *62*(1), 24-41.

Crock, M., Smith-Khan, L., McCallum, R., & Saul, B. (2017). *The legal protection of refugees with disabilities: Forgotten and invisible?*. Edward Elgar Publishing.

Cruz, M., Foster, J., Quillin, B., & Schellekens, P. (2015). Ending extreme poverty and sharing prosperity: Progress and policies. *Policy Research Note*, *15*(03).

Cummins, D., Kerr, C., McConnell, K., & Perra, O. (2021). Risk factors for intellectual disability in children with spastic cerebral palsy. *Archives of disease in childhood*, *106*(10), 975-980.

Curryer, B., Stancliffe, R. J., & Dew, A. (2015). Self-determination: Adults with intellectual disability and their family. *Journal of Intellectual and Developmental Disability*, *40*(4), 394-399.

Cuzzocrea, F., Murdaca, A. M., Costa, S., Filippello, P., & Larcan, R. (2016). Parental stress, coping strategies and social support in families of children with a disability. *Child Care in Practice*, *22*(1), 3-19.

Dandashi, A., Karkar, A. G., Saad, S., Barhoumi, Z., Al-Jaam, J., & El Saddik, A. (2015). Enhancing the cognitive and learning skills of children with intellectual disability through physical activity and edutainment games. *International Journal of Distributed Sensor Networks*, *11*(6), 165165.

Davis, A. L., & Neece, C. L. (2017). An examination of specific child behavior problems as predictors of parenting stress among families of children with pervasive developmental disorders. *Journal of Mental Health Research in Intellectual Disabilities*, *10*(3), 163-177.

Deckoff-Jones, A., & Duell, M. N. (2018). Perceptions of appropriateness of accommodations for university students: Does disability type matter?. *Rehabilitation Psychology*, *63*(1), 68.

DeHoff, B. A., Staten, L. K., Rodgers, R. C., & Denne, S. C. (2016). The role of online social support in supporting and educating parents of young children with special health care needs in the United States: a scoping review. *Journal of medical Internet research*, *18*(12), e6722.

DeMatthews, D., Billingsley, B., McLeskey, J., & Sharma, U. (2020). Principal leadership for students with disabilities in effective inclusive schools. *Journal of Educational Administration*, *58*(5), 539-554.

den Besten, J., Cornielje, M. T., Cornielje, H., & Botwey, D. N. (2016). Supporting parents in caring for children with disability in Ghana. *Disability, CBR & Inclusive Development*, *27*(3), 87-101.

DePape, A. M., & Lindsay, S. (2015). Parents’ experiences of caring for a child with autism spectrum disorder. *Qualitative health research*, *25*(4), 569-583.

Derguy, C., Michel, G., M'bailara, K., Roux, S., & Bouvard, M. (2015). Assessing needs in parents of children with autism spectrum disorder: A crucial preliminary step to target relevant issues for support programs. *Journal of Intellectual and Developmental Disability*, *40*(2), 156-166.

Desideri, L., Lancioni, G., Malavasi, M., Gherardini, A., & Cesario, L. (2021). Step-instruction technology to help people with intellectual and other disabilities perform multistep tasks: a literature review. *Journal of Developmental and Physical Disabilities*, *33*(6), 857-886.

Douglas, T., Redley, B., & Ottmann, G. (2017). The need to know: The information needs of parents of infants with an intellectual disability—A qualitative study. Journal of advanced nursing, 73(11), 2600-2608.

Douthit, N., Kiv, S., Dwolatzky, T., & Biswas, S. (2015). Exposing some important barriers to health care access in the rural USA. *Public health*, *129*(6), 611-620.

Drolet, M. J., & Désormeaux-Moreau, M. (2016). The values of occupational therapy: Perceptions of occupational therapists in Quebec. *Scandinavian Journal of Occupational Therapy*, *23*(4), 272-285.

Eaton, K., Ohan, J. L., Stritzke, W. G., & Corrigan, P. W. (2016). Failing to meet the good parent ideal: Self-stigma in parents of children with mental health disorders. *Journal of Child and Family Studies*, *25*(10), 3109-3123.

Ebrahim, O. S., Al-Attar, G. S., Gabra, R. H., & Osman, D. M. (2020). Stigma and burden of mental illness and their correlates among family caregivers of mentally ill patients. Journal of the Egyptian Public Health Association, 95(1), 1-9.Education, Faculty of Educational Sciences, University of Oslo

Eide, A. H., Mannan, H., Khogali, M., Van Rooy, G., Swartz, L., Munthali, A., ... & Dyrstad, K. (2015). Perceived barriers for accessing health services among individuals with disability in four African countries. *PLoS One*, *10*(5), e0125915.

El-Ganzory, G. S., El Matty, G. M. A., & AbdelRahman, M. (2013). Effect of counseling on patterns of care, stress and life burden on parents of mentally retarded children. Life Science Journal, 10(3), 1850-1857. 35.

Elhoweris, H., & Efthymiou, E. (2021). Inclusive and Special Education in the Middle East locked. Oxford Research Encyclopedia of Education,

Emory, A. D., Nepomnyaschy, L., Waller, M. R., Miller, D. P., & Haralampoudis, A. (2020). Providing after prison: Nonresident fathers' formal and informal contributions to children. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, *6*(1), 84-112.

Essa, E. L., & Burnham, M. M. (2019). *Introduction to early childhood education*. Sage Publications.

Falvo, D., & Holland, B. E. (2017). *Medical and psychosocial aspects of chronic illness and disability*. Jones & Bartlett Learning.

Fareo, D. O. (2015). Counselling Intervention and Support Programmes for Families of Children with Special Educational Needs. *Journal of Education and Practice*, *6*(10), 103-109.

Farmer, T., & Watson, C. (2019). An Analysis of the Benefits of Therapeutic Recreation for Children with Cerebral Palsy. *KAHPERD Journal*, *57*(1).

Fellin, M., Desmarais, C., & Lindsay, S. (2015). An examination of clinicians' experiences of collaborative culturally competent service delivery to immigrant families raising a child with a physical disability. *Disability and Rehabilitation*, *37*(21), 1961-1969.

Fernańdez-Alcántara, M., García-Caro, M. P., Pérez-Marfil, M. N., Hueso-Montoro, C., Laynez-Rubio, C., & Cruz-Quintana, F. (2016). Feelings of loss and grief in parents of children diagnosed with autism spectrum disorder (ASD). *Research in developmental disabilities*, *55*, 312-321.

Finlay, A. Y., Salek, M. S., Abeni, D., Tomás-Aragonés, L., Van Cranenburgh, O. D., Evers, A. W., ... & EADV Task Force on Quality of Life. (2017). Why quality of life measurement is important in dermatology clinical practice: An expert-based opinion statement by the EADV Task Force on Quality of Life. *Journal of the European Academy of Dermatology and Venereology*, *31*(3), 424-431.

Fletcher, J. M., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2018). *Learning disabilities: From identification to intervention*. Guilford Publications.

Freeman, M. C., Kolappa, K., de Almeida, J. M. C., Kleinman, A., Makhashvili, N., Phakathi, S., ... & Thornicroft, G. (2015). Reversing hard won victories in the name of human rights: a critique of the General Comment on Article 12 of the UN Convention on the Rights of Persons with Disabilities. *The Lancet Psychiatry*, *2*(9), 844-850.

Furukawa, C. Y., & Howe, J. K. (1995). Virginia Henderson. In J. B. George (Ed.), Nursing theories: The base for professional nursing practice (4th ed., pp. 67–85). Norwalk, CT: Appleton & Lange.

Gandy, J. (2017). Impact of parent peer support to parents of a child with a disability, special needs, or chronic health condition: a national cross-sectional survey.

Ganjiwale, D., Ganjiwale, J., Sharma, B., & Mishra, B. (2016). Quality of life and coping strategies of caregivers of children with physical and mental disabilities. Journal of family medicine and primary care, 5(2), 343.

Gao, C., Wu, Y., Liu, J., Zhang, R., & Zhao, M. (2021). Systematic evaluation of the effect of rehabilitation of lower limb function in children with cerebral palsy based on virtual reality technology. Journal of Healthcare Engineering, 2021.

Gardiner, E. & Iarocci, G. (2015). Family Quality of Life and ASD: The Role of Child Adaptive Functioning and Behavior Problems. Autism Research, DOI: 10.1002/aur.1442.

Gargiulo, R. M., & Kilgo, J. L. (2018). An introduction to young children with special needs: Birth through age eight. SAGE Publications.

Geense, W. W., Van Gaal, B. G. I., Knoll, J. L., Cornelissen, E. A. M., & van Achterberg, T. (2017). The support needs of parents having a child with a chronic kidney disease: a focus group study. Child: care, health and development, 43(6), 831-838.

George J. B. (2010). Nursing Theories-The base for professional Nursing Practice, 5thed. Norwalk, Appleton & Lange, USA

Ginn, N. C., Clionsky, L. N., Eyberg, S. M., Warner-Metzger, C., & Abner, J. P. (2017). Child-directed interaction training for young children with autism spectrum disorders: Parent and child outcomes. Journal of Clinical Child & Adolescent Psychology, 46(1), 101-109.

Gold, K. J., Andrew, L. B., Goldman, E. B., & Schwenk, T. L. (2016). I would never want to have a mental health diagnosis on my record: a survey of female physicians on mental health diagnosis, treatment, and reporting. General hospital psychiatry, 43, 51-57.

Gómez, L. E., Alcedo, M. Á., Arias, B., Fontanil, Y., Arias, V. B., Monsalve, A., & Verdugo, M. Á. (2016). A new scale for the measurement of quality of life in children with intellectual disability. Research in Developmental disabilities, 53, 399-410.

Goodman, C. C., Heick, J., & Lazaro, R. T. (2017). Differential Diagnosis for Physical Therapists-E-Book. Elsevier Health Sciences.

Goodworth, A. D., Johnson, M. J., & Popovic, M. B. (2019). Physical Therapy and Rehabilitation. Biomechatronics, 333.

Grossman, B. R., & Magaña, S. (2016). Introduction to the special issue: family support of persons with disabilities across the life course. Journal of Family Social Work, 19(4), 237-251.

Guralnick, M. J. (2017). Early intervention for children with intellectual disabilities: An update. Journal of Applied Research in Intellectual Disabilities, 30(2), 211-229

Haagsma, J. A., Graetz, N., Bolliger, I., Naghavi, M., Higashi, H., Mullany, E. C., ... & Phillips, M. R. (2016). The global burden of injury: incidence, mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 2013. *Injury prevention*, *22*(1), 3-18.

Hadidi, M., & Alkhateeb, J. (2015). Special education in Arab countries: Current challenges. International Journal of Disability, Development and Education, 62(5), 518–530.https://doi.org/10.1080/1034912X.2015.1049127.

Haegele, J. A., & Hodge, S. (2016). Disability discourse: Overview and critiques of the medical and social models. *Quest*, *68*(2), 193-206.

Hanrahan, S. J. (2015). Psychological skills training for athletes with disabilities. *Australian Psychologist*, *50*(2), 102-105.

Hanscom, A. J. (2016). *Balanced and barefoot: How unrestricted outdoor play makes for strong, confident, and capable children*. New Harbinger Publications.

Hardman, M. L., Egan, M. W., & Drew, C. J. (2016). *Human exceptionality: School, community, and family*. Cengage learning.

Hargrave, T. D., & Zasowski, N. E. (2016). *Families and forgiveness: Healing wounds in the intergenerational family*. Routledge.

Hasan, S. S., & Muhammad, B. A. (2018). IMPACTS OF INTELLECTUAL DISABILITY CHILDREN UPON PARENT'S QUALITY OF LIFE. *The Malaysian Journal of Nursing (MJN)*, *9*(3), 62-69.

Hayes, A. M., & Bulat, J. (2017). Disabilities inclusive education systems and policies guide for low-and middle-income countries.

He, J., Baxter, S. L., Xu, J., Xu, J., Zhou, X., & Zhang, K. (2019). The practical implementation of artificial intelligence technologies in medicine. *Nature medicine*, *25*(1), 30-36.

Henderson, V. A. (1991). The nature of nursing: Reflections after 25 years. New York: National League of Nursing Press.

Hepburn, C. M., Cohen, E., Bhawra, J., Weiser, N., Hayeems, R. Z., & Guttmann, A. (2015). Health system strategies supporting transition to adult care. *Archives of disease in childhood, 100*(6), 559-564.

Hess, R. D., Handel, G., & LaRossa, R. (2017). *Family worlds: A psychosocial approach to family life*. Routledge.

Himawan, K. K., Bambling, M., & Edirippulige, S. (2019). Modernization and singlehood in Indonesia: Psychological and social impacts. *Kasetsart Journal of Social Sciences*, *40*(2), 499-506.

Holt, S. L., Kuperstein, J., & K. Effgen, S. (2015). Physical therapists' perceptions of school-based practices. *Physical & occupational therapy in pediatrics, 35*(4), 381-395.

Hornby, G. (2015). Inclusive special education: Development of a new theory for the education of children with special educational needs and disabilities. *British Journal of special education*, *42*(3), 234-256.

Hosseinzadeh Siboni, F., Behboudi, F., Mohebbi, K., Majidi, S., Yaghobi, Y., & Carroll, K. (2023). Virginia Henderson's Writings on the Nature of Nursing: An Exemplar of Nursing Practice. *Nursing Science Quarterly*, *36*(2), 134-138.

Hsiao, Y. J. (2017). Parental Stress in Families of Children With Disabilities, Intervention in School and Clinic. https://doi.org/10.1177/1053451217712956

Hsiao, Y. J. (2018). Parental stress in families of children with disabilities. *Intervention in school and clinic*, *53*(4), 201-205.

Hubert, S., & Aujoulat, I. (2018). Parental burnout: When exhausted mothers open up. *Frontiers in psychology*, *9*, 1021.

Hutchison, L., Feder, M., Abar, B., & Winsler, A. (2016). Relations between parenting stress, parenting style, and child executive functioning for children with ADHD or autism. *Journal of Child and Family Studies*, *25*(12), 3644-3656

Iadarola, S., Pérez-Ramos, J., Smith, T., & Dozier, A. (2019). Understanding stress in parents of children with autism spectrum disorder: a focus on under-represented families. *International Journal of Developmental Disabilities*, *65*(1), 20-30.

Iarskaia-Smirnova, E., Romanov, P., & Yarskaya, V. (2015). Parenting children with disabilities in Russia: Institutions, discourses and identities. *Europe-Asia Studies*, *67*(10), 1606-1634.

Ignjatović, T. D. (2019). Services for Children with Disabilities and Their Families: The Impact on the Family's Life Quality. In *Quality of Life-Biopsychosocial Perspectives*. IntechOpen.

Ignjatovic, T. D., Milanovic, M., & Zegarac, N. (2017). How services for children with disabilities in Serbia affect the quality of life of their families. *Research in Developmental Disabilities*, *68*, 1-8.

Imran, N., Aamer, I., Sharif, M. I., Bodla, Z. H., & Naveed, S. (2020). Psychological burden of quarantine in children and adolescents: A rapid systematic review and proposed solutions. *Pakistan journal of medical sciences*, *36*(5), 1106.

Isa, S. N. I., Ishak, I., Ab Rahman, A., Saat, N. Z. M., Din, N. C., Lubis, S. H., ... & Suradi, N. R. M. (2021). Quality of Life Among Caregivers of Children with Special Needs in Kelantan, Malaysia: The Importance of Psychosocial Mediators. *The Malaysian Journal of Medical Sciences: MJMS*, *28*(2), 128.

Isa, S. N. I., Ishak, I., Ab Rahman, A., Saat, N. Z. M., Din, N. C., Lubis, S. H., & Ismail, M. F. M. (2016). Health and quality of life among the caregivers of children with disabilities: A review of literature. *Asian Journal of Psychiatry*, *23*, 71-77.

Jaganjac, A., Hadžiomerović, A. M., Avdic, D., Švraka, E., Tanovic, E., Katana, B., ... & Jusović, A. (2017). Daily activities of working individuals with hearing and speech disabilities. *Journal of Health Sciences*, *7*(3), 169-178.

Jena, A. B., Olenski, A. R., & Blumenthal, D. M. (2016). Sex differences in physician salary in US public medical schools. *JAMA internal medicine*, *176*(9), 1294-1304.

Jeong, Y. G., Jeong, Y. J., Kim, W. C., & Kim, J. S. (2015). The mediating effect of caregiver burden on the caregivers' quality of life. *Journal of physical therapy science*, *27*(5), 1543-1547.

Jespersen, L. N., Michelsen, S. I., Tjørnhøj-Thomsen, T., Svensson, M. K., Holstein, B. E., & Due, P. (2019). Living with a disability: a qualitative study of associations between social relations, social participation and quality of life. *Disability and rehabilitation*, *41*(11), 1275-1286.

Jones, M., Pietilä, I., Joronen, K., Simpson, W., Gray, S., & Kaunonen, M. (2016). Parents with mental illness–a qualitative study of identities and experiences with support services. *Journal of Psychiatric and Mental Health Nursing*, *23*(8), 471-478.

Kaasbøll, J., Lassemo, E., Paulsen, V., Melby, L., & Osborg, S. (2019). Foster parents' needs, perceptions, and satisfaction with foster parent training: A systematic literature review. Children & Youth Services Review,101, 33–41.

Karimi, M., & Brazier, J. (2016). Health, Health-Related Quality of Life, and Quality of Life: What is the Difference? Pharmacoeconomics, 34 (7), 645-649.

Kauffman, J. M., Hallahan, D. P., Pullen, P. C., & Badar, J. (2018). *Special education: What it is and why we need it*. Routledge.

Kazmi, S.F., Perveen, S., Karamat, S., Khan, A.B. (2014). Depression and quality of life of parents of disabled children. Annals of Pakistan Institute of Medical Sciences, 10 (3), 125-127.

Khare, S., Parkhe, S., Gunjal, P., Shinde, S., & Arbatti, R. (2017). Caring of intellectual disabled child improves the quality of life: Front-side perspective.

Kilic, D., Gencdogan, B., Bag, B., & Arıcan, D. (2013). Psychosocial problems and marital adjustments of families caring for a child with intellectual disability. Sexuality and Disability, 31(3), 287-296.

Kim, E. J., Byrne, B., & Parish, S. L. (2018). Deaf people and economic well-being: findings from the Life Opportunities Survey. *Disability & Society*, *33*(3), 374-391.

Kim, K., Rosenthal, M. Z., Gwaltney, M., Jarrold, W., Hatt, N., McIntyre, N., ... & Mundy, P. (2015). A virtual joy-stick study of emotional responses and social motivation in children with autism spectrum disorder. *Journal of autism and developmental disorders*, *45*(12), 3891-3899.

Kim, Y. N., Gray, N., Jones, A., Scher, S., & Kozlowska, K. (2021, November). The role of physiotherapy in the management of functional neurological disorder in children and adolescents. In *Seminars in Pediatric Neurology* (p. 100947). WB Saunders.

Kim, S. (2020). World Health Organization quality of life (WHOQOL) assessment. Encyclopedia of quality of life and well-being research, 1-2.

King, G., Desmarais, C., Lindsay, S., Piérart, G., & Tétreault, S. (2015). The roles of effective communication and client engagement in delivering culturally sensitive care to immigrant parents of children with disabilities. *Disability and Rehabilitation*, *37*(15), 1372-1381.

Kohl, S. E., & Barnett, E. D. (2020). What do we know about travel for children with special health care needs? A review of the literature. *Travel Medicine and Infectious Disease*, *34*, 101438.

Koller, D., Pouesard, M. L., & Rummens, J. A. (2018). Defining social inclusion for children with disabilities: A critical literature review. *Children & society*, *32*(1), 1-13.

Kotzampopoulou, I. (2015). *Quality of life in families having children with disabilities: The parents perspective* (Master's thesis). Master of Philosophy In Special Needs Education, Department of Special Needs Education, Faculty of Educational Sciences, University of Oslo

Krueger, P. M., Jutte, D. P., Franzini, L., Elo, I., & Hayward, M. D. (2015). Family structure and multiple domains of child well-being in the United States: a cross-sectional study. *Population health metrics*, *13*(1), 1-11.

Kyriakidou, D. (2016). Play integrated in physiotherapyy for children with chronic health conditions: A systematic literature review.

Lace, T. (2019). Feasibility Study for a Child Guarantee: Country report - Latvia. Internal Document.

Lamela, D., Figueiredo, B., Bastos, A., & Feinberg, M. (2016). Typologies of post-divorce coparenting and parental well-being, parenting quality and children's psychological adjustment. *Child Psychiatry & Human Development*, *47*(5), 716-728.

Lara, E. B., & de los Pinos, C. C. (2017). Families with a disabled member: impact and family education. *Procedia-Social and Behavioral Sciences*, *237*, 418-425.

Laxman, D. J., McBride, B. A., Jeans, L. M., Dyer, W. J., Santos, R. M., Kern, J. L., ... & Weglarz-Ward, J. M. (2015). Father involvement and maternal depressive symptoms in families of children with disabilities or delays. *Maternal and child health journal*, *19*(5), 1078-1086.

Lee, J. H. (2017). *Group art therapy and self-care for mothers of children with disabilities* (Doctoral dissertation, Lesley University).

Legros, M. (2019). Feasibility Study for a Child Guarantee: Country Report - France.Internal Document.

Lewis, J. D., Evans, A. C., Pruett Jr, J. R., Botteron, K. N., McKinstry, R. C., Zwaigenbaum, L., ... & Gu, H. (2017). The emergence of network inefficiencies in infants with autism spectrum disorder. *Biological psychiatry*, *82*(3), 176-185.

Lewis, K. E., & Fisher, M. B. (2016). Taking stock of 40 years of research on mathematical learning disability: Methodological issues and future directions. *Journal for Research in Mathematics Education*, *47*(4), 338-371.

Limaye, S. (2016). Factors Influencing the Accessibility of Education for Children with Disabilities in India. *Global Education Review*, *3*(3), 43-56.

Lindo, E. J., Kliemann, K. R., Combes, B. H., & Frank, J. (2016). Managing stress levels of parents of children with developmental disabilities: A meta-analytic review of interventions. *Family Relations, 65*(1), 207-224.

Linton, S. (2017). Reassigning meaning. In *Beginning with Disability* (pp. 20-27). Routledge.

Lipkin, P. H., Okamoto, J., Norwood, K. W., Adams, R. C., Brei, T. J., Burke, R. T., ... & Young, T. (2015). The Individuals with Disabilities Education Act (IDEA) for children with special educational needs. *Pediatrics, 136*(6), e1650-e1662.

López, M., & del Valle, J. F. (2015). The waiting children: Pathways (and future) of children in long-term residential care. *The British Journal of Social Work*, *45*(2), 457-473.

Lord, C., Brugha, T. S., Charman, T., Cusack, J., Dumas, G., Frazier, T., ... & Veenstra-VanderWeele, J. (2020). Autism spectrum disorder. *Nature reviews Disease primers, 6*(1), 1-23.

Luijkx, J., van der Putten, A. A., & Vlaskamp, C. (2019). A valuable burden? The impact of children with profound intellectual and multiple disabilities on family life. *Journal of Intellectual & Developmental Disability, 44*(2), 184-189.

Macabago, J. M. (2021). Predictors of the Quality of Life Among Parents/Caregivers with Children with Special Health Care Needs (CSHCN). *Technium Soc. Sci. J.*, *18*, 286.

Macke, J., Casagrande, R. M., Sarate, J. A. R., & Silva, K. A. (2018). Smart city and quality of life: Citizens' perception in a Brazilian case study. *Journal of Cleaner Production*, *182*, 717-726.

Majnemer A, Shikako-Thomas K, Lach L, Shevell M, Law M, Schmitz N, et al. (2014).Rehabilitation service utilization in children and youth with cerebral palsy. *Child Care Health Dev.* 2014;40:275–82. [PubMed] [Google Scholar] [Ref list]

Mammarella, I. C., Ghisi, M., Bomba, M., Bottesi, G., Caviola, S., Broggi, F., & Nacinovich, R. (2016). Anxiety and depression in children with nonverbal learning disabilities, reading disabilities, or typical development. *Journal of learning disabilities*, *49*(2), 130-139.

Martens, M., Rinnert, G. C., & Andersen, C. (2018). Child-centered design: developing an inclusive letter writing app. *Frontiers in psychology*, *9*, 2277.

Mash, E. J., & Wolfe, D. A. (2015). *Abnormal child psychology*. Cengage Learning.

Masten, A. S. (2015). *Ordinary magic: Resilience in development*. Guilford Publications.

Masulani-Mwale, C., Kauye, F., Gladstone, M., & Mathanga, D. (2018). Prevalence of psychological distress among parents of children with intellectual disabilities in Malawi. *BMC psychiatry*, *18*(1), 1-7.

Masulani-Mwale, C., Mathanga, D., Silungwe, D., Kauye, F., & Gladstone, M. (2016). Parenting children with intellectual disabilities in Malawi: The impact that reaches beyond coping?. *Child: care, health and development*, *42*(6), 871-880.

McConnell, D., & Savage, A. (2015). Stress and resilience among families caring for children with intellectual disability: Expanding the research agenda. *Current developmental disorders reports*, *2*(2), 100-109.

McConnell, D., Savage, A., Breitkreuz, R., & Sobsey, D. (2016). Sustainable family care for children with disabilities. *Journal of child and family studies*, *25*(2), 530-544.

McPherson, A. C., Rudzik, A., Kingsnorth, S., King, G., Gorter, J. W., & Morrison, A. (2018). Ready to take on the world: Experiences and understandings of independence after attending residential immersive life skills programs for youth with physical disabilities. *Developmental neurorehabilitation*, *21*(2), 73-82.

McQuillan, M. E., & Bates, J. E. (2017). Parental stress and child temperament. In *Parental stress and early child development* (pp. 75-106). Springer, Cham.

Meadan, H., Snodgrass, M. R., Meyer, L. E., Fisher, K. W., Chung, M. Y., & Halle, J. W. (2016). Internet-based parent-implemented intervention for young children with autism: A pilot study. *Journal of Early Intervention*, *38*(1), 3-23.

Meadan, H., Stoner, J. B., & Angell, M. E. (2015). Fathers of children with autism: Perceived roles, responsibilities, and support needs. *Early Child Development and Care*, *185*(10), 1678-1694.

Mégret, F. (2017). The disabilities convention: Human rights of persons with disabilities or disability rights?. In *Equality and Non-Discrimination under International Law* (pp. 269-292). Routledge.

Meleis, A. (2007). Theoretical nursing: Development and progress(4th ed.): Lippincott, Philadelphia, USA

Millere, J., & Dobelniece, S. (2015). QUALITY OF LIFE OF THE FAMILIES WITH CHILDREN WITH DISABILITY IN REGIONS OF LATVIA. *Regional Formation & Development Studies*, (17).

Ministry of Planning, Central Bureau of Statisticshttp://www.cosit.gov.iq/ar/2018-08-29-07-56-45

Misura, A. K., & Memisevic, H. (2017). Quality of life of parents of children with intellectual disabilities in Croatia. Journal of Educational and Social Research, 7(2), 43.

Mohan, R., & Kulkarni, M. (2018). Resilience in parents of children with intellectual disabilities. *Psychology and Developing Societies*, *30*(1), 19-43.

Moreno, J. A., Nicholls, E., Ojeda, N., los Reyes-Aragón, D., José, C., Rivera, D., & Arango-Lasprilla, J. C. (2015). Caregiving in dementia and its impact on psychological functioning and health-related quality of life: Findings from a Colombian sample. *Journal of cross-cultural gerontology, 30*(4), 393-408.

Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., ... & Webb, C. (2018). Social work, poverty, and child welfare interventions. *Child & Family Social Work, 23*(3), 364-372.

Mostert, M. P. (2016). Stigma as Barrier to the Implementation of the Convention on the Rights of Persons with Disabilities in Africa. *Afr. Disability Rts. YB*, *4*, 3.

Msangi, B. M. (2017). *Availability and Use of Social Support among Parents of School Children with Disabilities in Dar es Salaam, Tanzania* (Doctoral dissertation, The Open University of Tanzania).

Murugappan, N. P., Pradeep, A. J., & Kommu, J. V. S. (2019). Amenable for psychological interventions? Case report of a child with multiple developmental disabilities and challenging behaviours. *Journal of Indian Association for Child & Adolescent Mental Health*, *15*(4).

Nance, W. E. (2018). The Genetics of Deafness. In *An Essential Guide to Hearing and Balance Disorders* (pp. 65-86). Psychology Press.

Naveed, S., & Butt, D. K. M. (2020). Causes and consequences of child marriages in South Asia: Pakistan's perspective. *South Asian Studies*, *30*(2).

Ncube, B. L., Perry, A., & Weiss, J. A. (2018). The quality of life of children with severe developmental disabilities. *Journal of Intellectual Disability Research*, *62*(3), 237-244.

Nicaise, I., Bircan, T., & Van Lancker, A. (2019). Feasibility study for a Child Guarantee: Target Group Discussion Paper on Children with a Migrant Background and Refugee Children.

Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and well-being: A decade in review. *Journal of Marriage and Family*, *82*(1), 198-223.

Noman, A. A. A., & Yasir, A. A. (2022). Parents' needs of children with intellectual disability. Inotteisaternational Journal of Health Sciences, 6(S3), 8385–8399. https://doi.org/10.53730/ijhs.v6nS3.7998.

Ntinda, K., & Hlanze, B. (2015). Lived Experiences of Parents of Children with Disabilities in Swaziland. *Journal of Education and Training Studies*, *3*(4), 206-215.

Oldenkamp, M., Hagedoorn, M., Slaets, J., Stolk, R., Wittek, R., & Smidt, N. (2016). Subjective burden among spousal and adult-child informal caregivers of older adults: results from a longitudinal cohort study. *BMC geriatrics*, *16*(1), 1-11.

Oliver, M., & Sapey, B. (2018). *Social work with disabled people*. Macmillan International Higher Education.

Olkin, R. (2017). *Disability-affirmative therapy: A case formulation template for clients with disabilities*. Oxford University Press.

Olusanya, B. O., Kancherla, V., Shaheen, A., Ogbo, F. A., & Davis, A. C. (2022). Global and regional prevalence of disabilities among children and adolescents: Analysis of findings from global health databases. *Frontiers in Public Health*, 3276.

Orphan, A. (2016). Moving On: Supporting Parents of Children with Special Educational Needs. Routledge.

O'Shea, A., & Meyer, R. H. (2016). A Qualitative Investigation of the Motivation of College Students with Nonvisible Disabilities to Utilize Disability Services. *Journal of Postsecondary Education and Disability*, *29*(1), 5-23.

Oti-Boadi, M. (2017). Exploring the lived experiences of mothers of children with intellectual disability in Ghana. *Sage Open*, *7*(4), 2158244017745578.

Otte, C., Gold, S. M., Penninx, B. W., Pariante, C. M., Etkin, A., Fava, M., ... & Schatzberg, A. F. (2016). Major depressive disorder. *Nature reviews Disease primmiers*, *2*(1), 1-20.

Pangrazi, R. P., & Beighle, A. (2019). *Dynamic physical education for elementary school children*. Human Kinetics Publishers.

Panzini, R. G., Mosqueiro, B. P., Zimpel, R. R., Bandeira, D. R., Rocha, N. S., & Fleck, M. P. (2017). Quality-of-life and spirituality. *International Review of Psychiatry*, *29*(3), 263-282.

Peebles, E. (2016). Postsecondary Physical Support Programs, Independent Living and Economic Self-Sufficiency for Individuals with Significant Physical Disabilities.

Pelentsov, L. J., Fielder, A. L., & Esterman, A. J. (2016). The supportive care needs of parents with a child with a rare disease: a qualitative descriptive study. *Journal of pediatric nursing*, *31*(3), e207-e218.

Peltonen, K. and Punamaki, R.L. (2010). Preventive interventions among children exposed to trauma of armed conflict: A literature review. Aggressive Behavior. 36(2): P. p 95–116.

Pickard, K. E., & Ingersoll, B. R. (2016). Quality versus quantity: The role of socioeconomic status on parent-reported service knowledge, service use, unmet service needs, and barriers to service use. *Autism*, *20*(1), 106-115.

Pilapil, M., Coletti, D. J., Rabey, C., & DeLaet, D. (2017). Caring for the caregiver: supporting families of youth with special health care needs. *Current Problems in Pediatric and Adolescent Health Care*, *47*(8), 190-199.

Pisani, M., & Grech, S. (2017). Disability and forced migration: Critical intersectionalities.

Powrie, B., Kolehmainen, N., Turpin, M., Ziviani, J., & Copley, J. (2015). The meaning of leisure for children and young people with physical disabilities: a systematic evidence synthesis. Developmental Medicine & Child Neurology, 57(11), 993-1010.

Qualls, S. H. (2016). Caregiving families within the long-term services and support system for older adults. American Psychologist, 71(4), 283.

Quintero-Ronderos, P., Mercier, E., Fukuda, M., González, R., Suárez, C. F., Patarroyo, M. A., ... & Laissue, P. (2017). Novel genes and mutations in patients affected by recurrent pregnancy loss. PLoS One, 12(10), e0186149.

Raja, D. S. (2016). Bridging the disability divide through digital technologies. *Background paper for the World Development report*.

Reddy, G., Fewster, D. L., & Gurayah, T. (2019). Parents' voices: experiences and coping as a parent of a child with autism spectrum disorder. *South African Journal of Occupational Therapy*, *49*(1), 43-50.

Rice, M., Oritz, K., Curry, T., & Petropoulos, R. (2019). A case study of a foster parent working to support a child with multiple disabilities in a full-time virtual school. *Journal of Online Learning Research*, *5*(2), 145-168.

Rigby, M. (2019). Feasibility Study on a Child Guarantee: Policy paper on Healthcare. Internal Document.

Riyahi, A., Ghadikolaee S., Y., Kolagar M., Sarukolaii A., A., Abdolrazaghi, H., Rafiei F., Mohammadbeigi A., (2017). Comparing the Parenting Role Tasks in Parents of Children with Mental/Physical Disabilities. Int J Pediatr, Vol.5, N.6, Serial No.42, 5079-5089.

Robinson, L. R., Holbrook, J. R., Bitsko, R. H., Hartwig, S. A., Kaminski, J. W., Ghandour, R. M., ... & Boyle, C. A. (2017). Differences in health care, family, and community factors associated with mental, behavioral, and developmental disorders among children aged 2–8 years in rural and urban areas—United States, 2011–2012. MMWR Surveillance Summaries, 66(8),

Robinson, S., Weiss, J. A., Lunsky, Y., & Ouellette-Kuntz, H. (2016). Informal support and burden among parents of adults with intellectual and/or developmental disabilities. Journal of Applied Research in Intellectual Disabilities, 29(4), 356-365.

Rohwerder, B. (2018). Disability stigma in developing countries.

Ross, T., Bilas, P., Buliung, R., & El-Geneidy, A. (2020). A scoping review of accessible student transport services for children with disabilities. *Transport Policy*, *95*, 57-67.

Rose, M. L. (2022) “life my disabilities”: ableism, disability, in Iraq . gender equality and social cohesion in Iraq, 9.

Royce, E. (2018). *Poverty and power: The problem of structural inequality*. Rowman & Littlefield.

Russell, S., & McCloskey, C. R. (2016). Parent perceptions of care received by children with an autism spectrum disorder. *Journal of Pediatric Nursing*, *31*(1), 21-31.

Ryan, C., & Quinlan, E. (2018). Whoever shouts the loudest: Listening to parents of children with disabilities. Journal of Applied Research in Intellectual Disabilities, 31, 203-214.

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Publications

Saad, M. A. E., & Borowska-Beszta, B. (2019). Disability in the Arab world: a comparative analysis within culture. *Psycho-Educational Research Reviews*, *8*(2), 29-47.

Sanli, E., & Barut, Y. (2016). The determination of the needs of the families with a mentally disabled child according to their mood

Schalock, R. L., & Luckasson, R. (2021). Intellectual disability, developmental disabilities, and the field of intellectual and developmental disabilities.

Schalock, R. L., & Verdugo, M. Á. (2007). El concepto de calidad de vida en los servicios y apoyos para personas con discapacidad intelectual.

Schalock, R. L., Luckasson, R., & Tassé, M. J. (2019). The contemporary view of intellectual and developmental disabilities: Implications for psychologists. *Psicothema*.

Schalock, R. L., van Loon, J., & Mostert, R. (2018). A systematic approach to enhancing the personal well-being of children and adolescents. *International Journal of Child, Youth and Family Studies*, *9*(4), 188-205.

Schultz, D. P., & Schultz, S. E. (2016). *Theories of personality*. Cengage Learning.

Setchell, J., Nicholls, D. A., & Gibson, B. E. (2018). Objecting: Multiplicity and the practice of physiotherapy. *Health*, *22*(2), 165-184.

Shakespeare, T. (2017). *Disability: the basics*. Routledge.

Sharda, E. A., Sutherby, C. G., Cavanaugh, D. L., Hughes, A. K., & Woodward, A. T. (2019). Parenting stress, well-being, and social support among kinship caregivers. *Children and Youth Services Review*, *99*, 74-80.

Sheffer, E. (2018). *Asperger's children: The origins of autism in Nazi Vienna*. WW Norton & Company.

Shenaar-Golan, V. (2016). The subjective well-being of parents of children with developmental disabilities: The role of hope as predictor and fosterer of well-being. *Journal of Social Work in Disability & Rehabilitation*, *15*(2), 77-95.

Shepherd, D., Goedeke, S., Landon, J., & Meads, J. (2020). The types and functions of social supports used by parents caring for a child with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *50*(4), 1337-1352.

Shepherd, K. G., & Djenne-amal, N. M. (2016). *The art of collaboration: Lessons from families of children with disabilities*. Springer.

Shivers, C. M., & Resor, J. (2020). Health and life satisfaction among parents of children with physical disabilities. *Journal of Developmental and Physical Disabilities*, *32*(5), 719-733.

Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in developmental disabilities*, *38*, 18-29.

Singogo, C., Mweshi, M., & Rhoda, A. (2015). Challenges experienced by mothers caring for children with cerebral palsy in Zambia. *The South African journal of physiotherapy*, *71*(1).

Sinha, S., Dubey, L. K., & Hussain, A. (2021). Yoga for specially-abled children: A therapeutic means to increase body awareness.

Sleeter, C. E. (2018). Why Is There Learning Disabilities f A Critical Analysis of the Birth of the Field in Its Social Context. In *The formation of school subjects* (pp. 210-237). Routledge.

Solomon, A. H., & Chung, B. (2012). Understanding autism: How family therapists can support parents of children with autism spectrum disorders. *Family process*, *51*(2), 250-264.

Srivastava, P., & Kumar, P. (2015). Disability, its issues and challenges: Psychosocial and legal aspects in Indian scenario. *Delhi Psychiatry Journal*, *18*(1), 195-205.

Stacciarini, J. M. R., Smith, R., Garvan, C. W., Wiens, B., & Cottler, L. B. (2015). Rural Latinos' mental wellbeing: A mixed-methods pilot study of family, environment and social isolation factors. *Community mental health journal*, *51*(4), 404-413.

Stucki, G., Bickenbach, J., Gutenbrunner, C., & Melvin, J. L. (2018). Rehabilitation: The health strategy of the 21st century.

Sullivan, M. (2020). Motor Skills. In *Educating Young Children with Additional Needs* (pp. 96-116). Routledge.

Suzuki, K., Kobayashi, T., Moriyama, K., Kaga, M., Hiratani, M., Watanabe, K., . . . Yamashita. (2015). Development and evaluation of a Parenting Resilience Elements Questionnaire (PREQ) measuring resiliency in rearing children with developmental disorders. PLoS One, 10(12),

Swafford, M. D., Wingate, K. O., Zagumny, L., & Richey, D. (2015). Families living in poverty: Perceptions of family-centered practices. *Journal of Early Intervention*, *37*(2), 138-154.

Taylor, D. M. (2018). Americans with disabilities: 2014. *US Census Bureau*, 1-32.

Thapar, A., & Rutter, M. (2015). Neurodevelopmental disorders. *Rutter's child and adolescent psychiatry*, 31-40.

Thompson, R. A. (2015). Social support and child protection: Lessons learned and learning. *Child abuse & neglect*, *41*, 19-29.

Thornicroft, G., Deb, T., & Henderson, C. (2016). Community mental health care worldwide: current status and further developments. *World Psychiatry*, *15*(3), 276-286.

TK, R., & DAISY, S. (2021). The Level of Social Support Perceived by the Parents of Children with Intellectually Disabled in Kozhikode District of Kerala, India. *Ilkogretim Online*, *20*(4).

Toma, I., Chowdhury, M., Laiju, M., Gora, N., & Padamada, N. (2018). Rohingya refugee response gender analysis: recognizing and responding to gender inequalities.

Tomczyszyn, D. (2019). Problems of mothers raising a child with intellectual disability. *Health Problems of Civilization*, *13*(4).

Turmusani, M. (2018). *Disabled people and economic needs in the developing world: A political perspective from Jordan*. Routledge.

(U)

Ungar, M. (2015). Practitionwooer review: diagnosing childhood resilience–a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of child psychology and psychiatry*, *56*(1), 4-17.

UNICEF, (2016). Humanitarian action for children. New York.

Vadakedom, S. S., Antony, J. M., Padma, B. K., Mammen, D. S., & Thankappan, B. P. (2017). Quality of life of mothers of children with Down syndrome. *Journal of Evolution of Medical and Dental Sciences*, *6*(36), 2939-2943.

Van Hecke, N., Claes, C., Vanderplasschen, W., De Maeyer, J., De Witte, N., & Vandevelde, S. (2018). Conceptualisation and measurement of quality of life based on Schalock and Verdugo's model: A cross-disciplinary review of the literature. *Social Indicators Research*, *137*(1), 335-351.

Vanegas, S. B., & Abdelrahim, R. (2016). Characterizing the systems of support for families of children with disabilities: A review of the literature. *Journal of Family Social Work*, *19*(4), 286-327.

Verberne, L. M., Kars, M. C., Schouten-van Meeteren, A. Y., Bosman, D. K., Colenbrander, D. A., Grootenhuis, M. A., & van Delden, J. J. (2017). Aims and tasks in parental caregiving for children receiving palliative care at home: a qualitative study. *European journal of pediatrics*, *176*(3), 343-354.

Vissers, L. E., Gilissen, C., & Veltman, J. A. (2016). Genetic studies in intellectual disability and related disorders. *Nature Reviews Genetics*, *17*(1), 9-18.

Vogel, J. S. (2018). *A mythopoetic exploration of maternal grief: When a child is diagnosed on the autism spectrum*. Pacifica Graduate Institute.

Vonneilich, N., Lüdecke, D., & Kofahl, C. (2016). The impact of care on family and health-related quality of life of parents with chronically ill and disabled children. *Disability and rehabilitation*, *38*(8), 761-767.

Waizbard-Bartov, E., Yehonatan-Schori, M., & Golan, O. (2019). Personal growth experiences of parents to children with autism spectrum disorder. *Journal of autism and developmental disorders*, *49*(4), 1330-1341.

Waldschmidt, A. (2018). Disability–Culture–Society: Strengths and weaknesses of a cultural model of dis/ability. *Alter*, *12*(2), 65-78.

Wallander, J. L., & Koot, H. M. (2016). Quality of life in children: A critical examination of concepts, approaches, issues, and future directions. *Clinical Psychology Review*, *45*, 131-143.

Widyawati, Y., Otten, R., Kleemans, T., & Scholte, R. H. J. (2022). Parental resilience and the quality of life of children with developmental disabilities in Indonesia. *International Journal of Disability, Development and Education*, *69*(6), 1946-1962.

Wilkin, D. (2016). *Caring for the mentally handicapped child*. Routledge.

Winders, P., Wolter-Warmerdam, K., & Hickey, F. (2019). A schedule of gross motor development for children with Down syndrome. *Journal of Intellectual Disability Research*, *63*(4), 346-356.

WitaHarahap, L., & Surya, E. (2017). Development of learning media in mathematics for students with special needs. *International Journal of Sciences: Basic and Applied Research (IJSBAR)*, *33*(3), 1-12.with disabilities: the parents' perspective. Master's Thesis,

Wolniak, R., & Skotnicka-Zasadzień, B. (2018). Developing a model of factors influencing the quality of service for disabled customers in the condition s of sustainable development, illustrated by an example of the Silesian Voivodeship public administration. *Sustainability*, *10*(7), 2171.

Woo, S. M., & Keatinge, C. (2016). *Diagnosis and treatment of mental disorders across the lifespan*. John Wiley & Sons.

World Health Organisation (WHO) (2016) https://www.afro.who.int/health-topics/disabilities

Wright, A., Roberts, R., Bowman, G., & Crettenden, A. (2019). Barriers and facilitators to physical activity participation for children with physical disability: comparing and contrasting the views of children, young people, and their clinicians. *Disability and rehabilitation*, *41*(13), 1499-1507.

Yaacob, W. N. W., Yaacob, L. H., Muhamad, R., & Zulkifli, M. M. (2021). Behind the scenes of parents nurturing a Cchild with autism: A qualitative study in Malaysia. *International journal of environmental research and public health*, *18*(16), 8532.

Yamaoka, Y., Tamiya, N., Moriyama, Y., Sandoval Garrido, F. A., Sumazaki, R., & Noguchi, H. (2015). Mental health of parents as caregivers of children with disabilities: Based on Japanese nationwide survey. *PLoS One*, *10*(12), e0145200.

Yapina Widyawati, Roy Otten, Tijs Kleemans & R.H.J. Scholte (2022) Parental Resilience and the Quality of Life of Children with Developmental Disabilities in Indonesia, International Journal of Disability, Development and Education, 69:6, 1946-1962, DOI: 10.1080/1034912X.2020.1834078.

Young, S., Shakespeare-Finch, J., & Obst, P. (2020). Raising a child with a disability: a one-year qualitative investigation of parent distress and personal growth. *Disability & Society*, *35*(4), 629-653.

Zaidman-Zait, A., Mirenda, P., Duku, E., Vaillancourt, T., Smith, I. M., Szatmari, P., ... & Thompson, A. (2017). Impact of personal and social resources on parenting stress in mothers of children with autism spectrum disorder. *Autism*, *21*(2), 155-166.

Zaki, S. (2016). Psychological well-being teachers need to enhance in teaching. *International Education & Research Journal*, *2*(7), 27-29.

Zschorn, M., & Shute, R. (2016). ‘We are dealing with it the best we can’: Exploring parents’ attributions regarding their child’s physical disability using the ‘Four Ws’ framework. *Clinical child psychology and psychiatry*, *21*(3), 416-431.

Zuurmond, M., Nyante, G., Baltussen, M., Seeley, J., Abanga, J., Shakespeare, T., ... & Bernays, S. (2019). A support programme for caregivers of children with disabilities in Ghana: Understanding the impact on the wellbeing of caregivers. *Child: Care, Health and Development*, *45*(1), 45-53.

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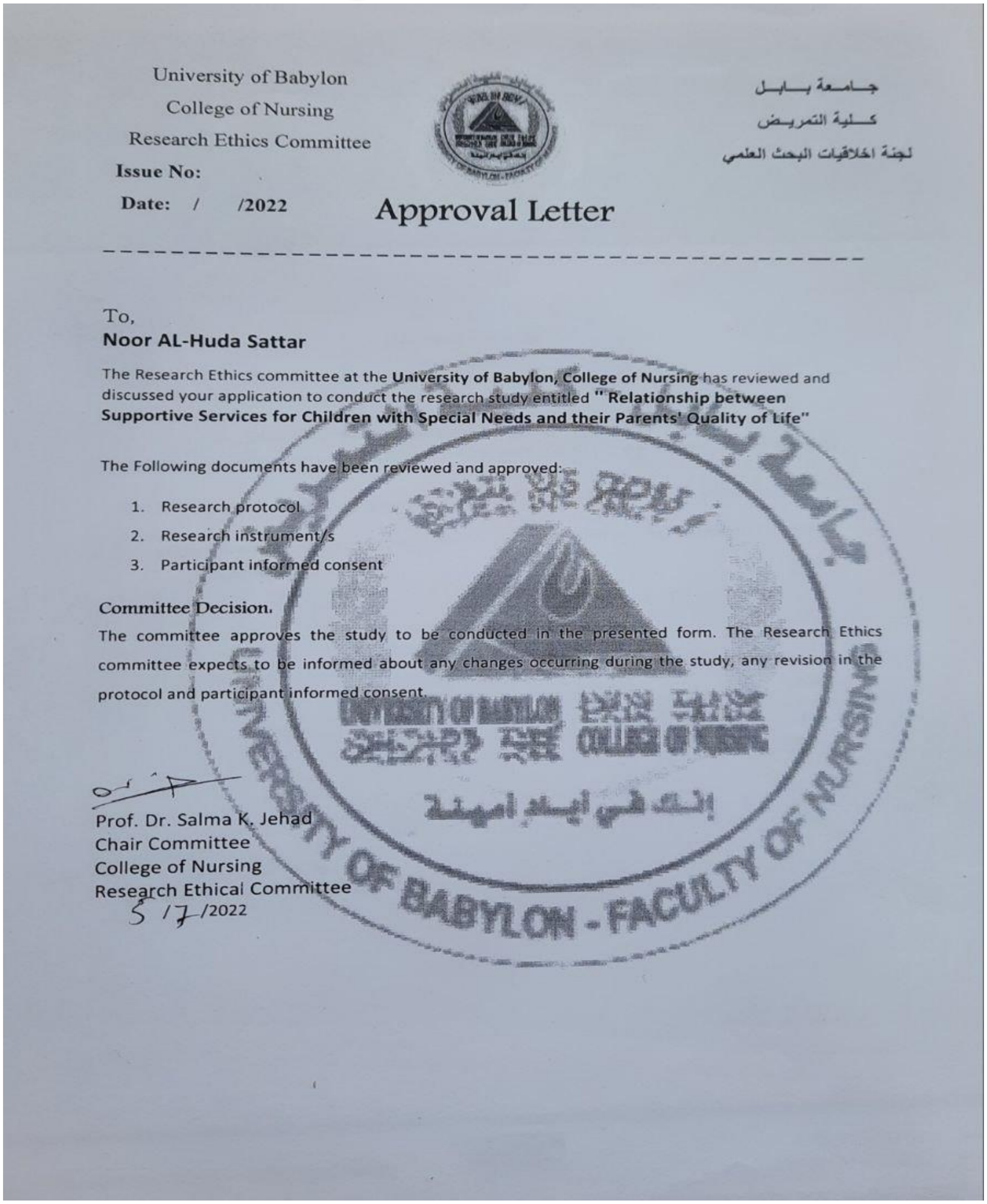
Appendices

Appendix A

Administrative Arrangements



University of Babylon
College of Nursing
Research Ethics Committee

جامعة بابل
كلية التمريض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2022

Approval Letter

To,
Noor AL-Huda Sattar

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled **" Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life"**

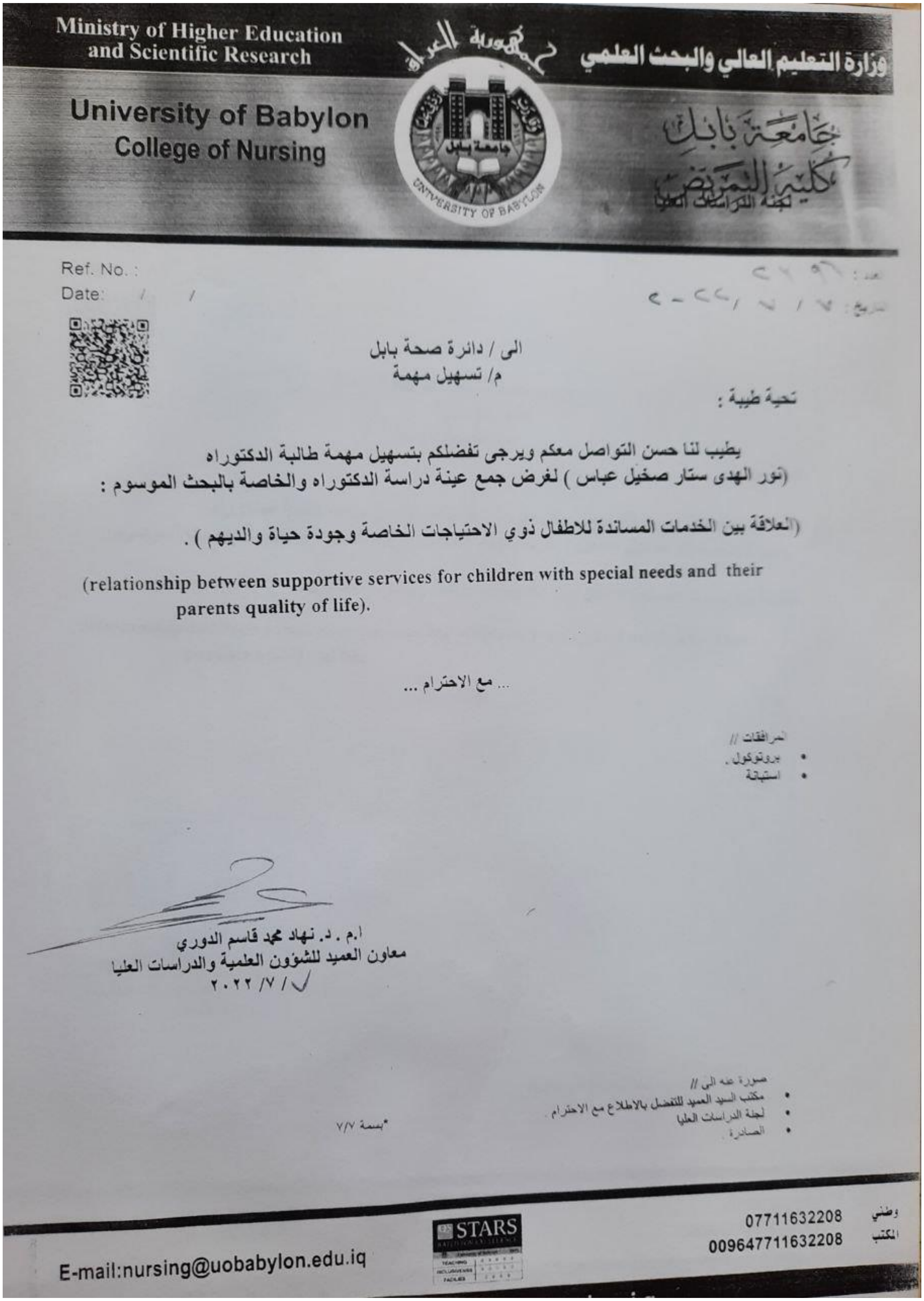
The Following documents have been reviewed and approved:

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. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
5 /7 /2022



Ministry of Higher Education and Scientific Research
University of Babylon
College of Nursing
جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض
لجنة الدراسات العليا

Ref. No. :
Date: / /

العدد : ٢٧٩٦
التاريخ : ٢٠٢٢/٧/٧

الى / دائرة صحة بابل
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه (نور الهدى ستار صخيل عباس) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(العلاقة بين الخدمات المساندة للاطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم) .

(relationship between supportive services for children with special needs and their parents quality of life).

... مع الاحترام ...

المرافقات //
- بروتوكول .
- استبانة

أ.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢/٧/٧

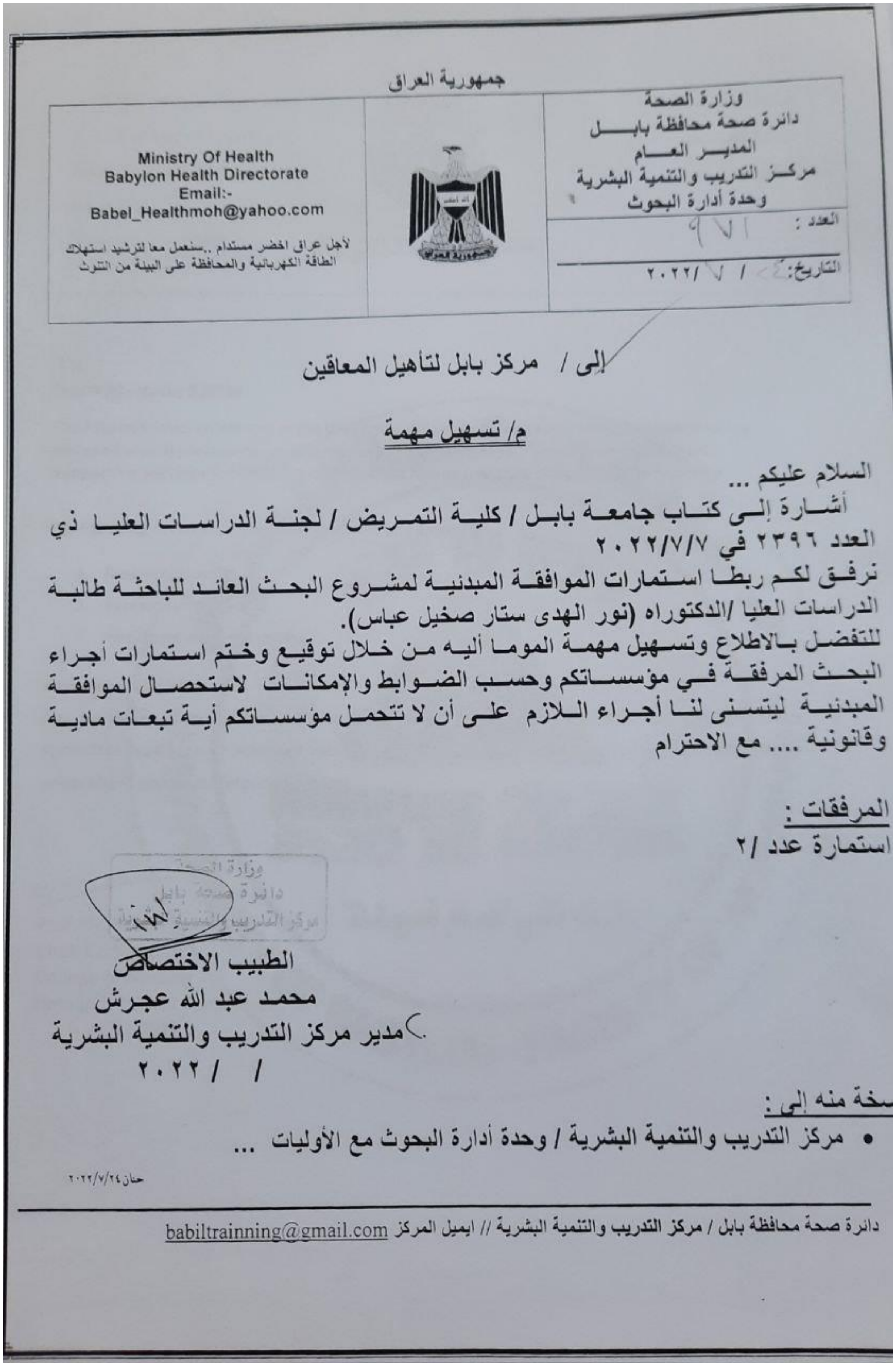
صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

*بسمة ٧/٧

وطني 07711632208
المكتب 009647711632208
E-mail:nursing@uobabylon.edu.iq

STARS

Appendices



جمهورية العراق

وزارة الصحة
دائرة صحة محافظة بابل
المدير العام
مركز التدريب والتنمية البشرية
وحدة أدارة البحوث

العدد : ٩٧١

التاريخ: ٢٤ / ٧ /٢٠٢٢

Ministry Of Health
Babylon Health Directorate
Email:-
Babel_Healthmoh@yahoo.com

لأجل عراق اخضر مستدام ..سنعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث

إلى / مركز بابل لتأهيل المعاقين

م/ تسهيل مهمة

السلام عليكم ...

أشارة إلى كتاب جامعة بابل / كلية التمريض / لجنة الدراسات العليا ذي العدد ٢٣٩٦ في ٢٠٢٢/٧/٧

نرفق لكم ربطا استمارات الموافقة المبدنية لمشروع البحث العائد للباحثة طالبة الدراسات العليا /الدكتوراه (نور الهدى ستار صخيل عباس).

للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات أجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدنية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

الطبيب الاختصاص
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
٢٠٢٢/ /

نسخة منه إلى :

- مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

حنان ٢٠٢٢/٧/٢٤

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

Appendices

Ministry of Higher Education
and Scientific Research

جمهورية العراق

وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
لجنة الدراسات العليا

العدد : ٢٤٦١
التاريخ : ٢٤ / ٧ / ٢٠٢٢

Ref. No. :
Date: / /

الى / العتبة الحسينية المقدسة
مركز التوحد في بابل
مركز الرحمة التخصصي
مركز بابل التخصصي والتأهيلي لرعاية التوحد- علاج النطق وبطئ التعلم
معهد رقية للسمع والتخاطب في بابل
معهد اوتزم بابل لذوي الاحتياجات الخاصة
معهد الخنساء
مركز بابل للسمع والتخاطب
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه (نور الهدى ستار صخيل عباس) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(العلاقة بين الخدمات المساندة للاطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم) .

(relationship between supportive services for children with special needs and their parents quality of life).

... مع الاحترام ...

كلية التمريض
المعاون العلمي

ا.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٤/ ٧/ ٢٠٢٢

المرافقات //
- بروتوكول .
- استبانة

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

*بسمة ٧/٢٤

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STARS

وطني 07711632208

Appendices

Ministry of Higher Education and Scientific Research
جمهورية العراق
وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing
جامعة بابل
كلية التمريض
لجنة الدراسات العليا

Ref. No. :
Date: / /

العدد: ٢٤٦٩
التاريخ: ٢٤ / ٧ / ٢٠٢٢

الى / هيئة رعاية ذوي الاعاقة والاحتياجات الخاصة / معهد الامل للصم والبكم
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه (نور الهدى ستار صخيل عباس) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(العلاقة بين الخدمات المساندة للاطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم) .

(relationship between supportive services for children with special needs and their parents quality of life).

... مع الاحترام ...

المرافقات //
- بروتوكول .
- استبانة

كلية التمريض
المعاون العلمي

ا.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٤ /٧/ ٢٠٢٢

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

*بسمة ٧/٢٤

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Appendices

Ministry of Higher Education
and Scientific Research

جمهورية العراق
وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
وحدة الدراسات العليا

Ref. No. :
Date: / /

العدد : ٢٥٧٥
التاريخ : ١٢/ ١٠/ ٢٠٢٢

الى / معهد الزوان للتربية الخاصة
معهد الزهور
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه (نور الهدى ستار صخيل عباس) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

العلاقة بين الخدمات المساندة للأطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم

relationship between supportive services for children with special needs and their parents quality of life

مع الاحترام ...

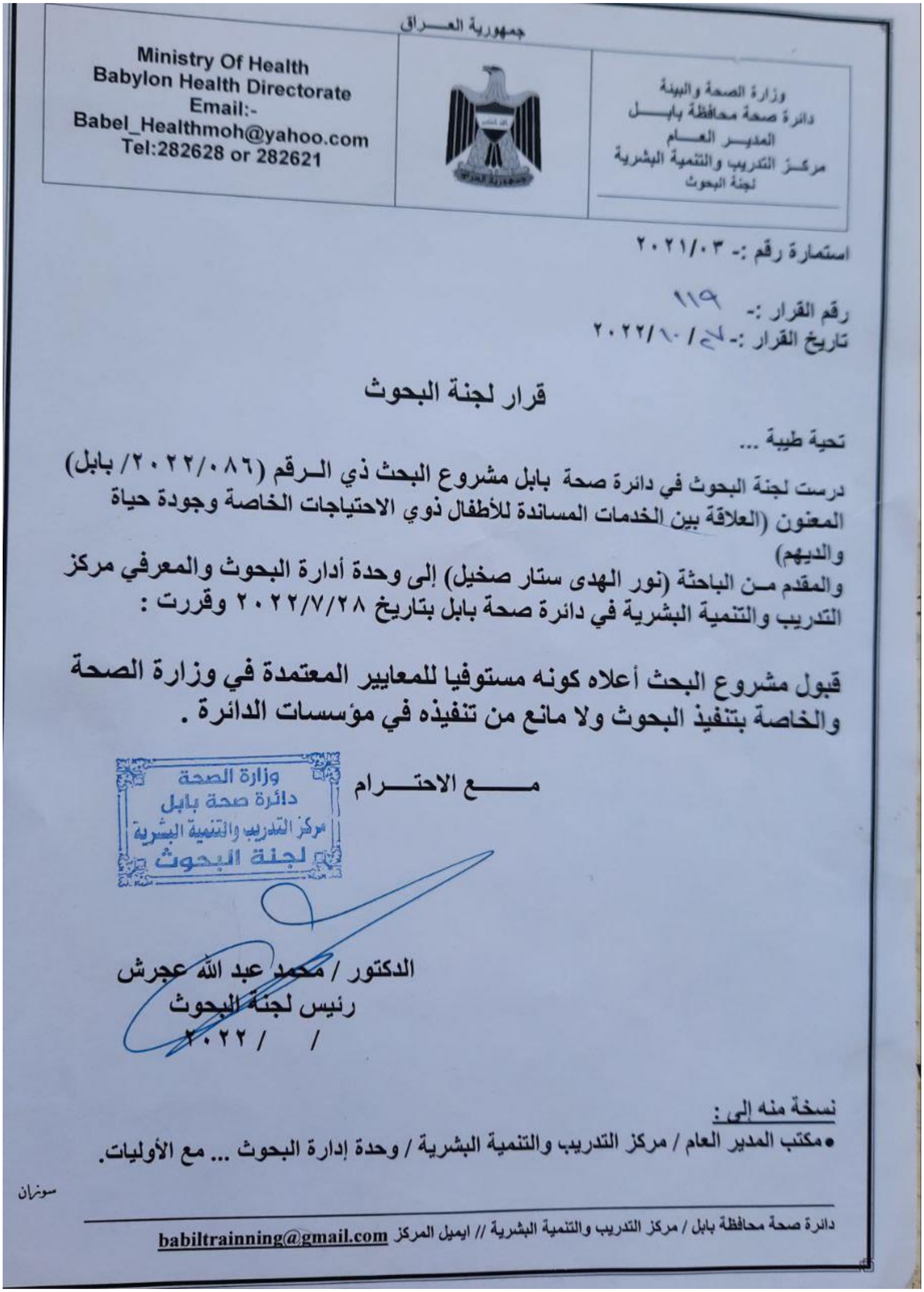
المرافقات //
- بروتوكول .
- استبانة .

كلية التمريض
المعاون العلمي

ا. د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
١٢/ 10/ 2022

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

Appendices



جمهورية العـــراق

Ministry Of Health
Babylon Health Directorate
Email:-
Babel_Healthmoh@yahoo.com
Tel:282628 or 282621

وزارة الصحة والبيئة
دائرة صحة محافظة بابـــل
المديـــر العـــام
مركـــز التدريب والتنمية البشرية
لجنة البحوث

استمارة رقم :- ٢٠٢١/٠٣

رقم القرار :- ١١٩
تاريخ القرار :- ٦/ ١٠/ ٢٠٢٢

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الـرقم (٢٠٢٢/٠٨٦/ بابل) المعنون (العلاقة بين الخدمات المساندة للأطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم) والمقدم مــن الباحثة (نور الهدى ستار صخيل) إلى وحدة أدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/٧/٢٨ وقررت :

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

مــــع الاحتـــــرام

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية
لجنة البحوث

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
/ / ٢٠٢٢

نسخة منه إلى :

- مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سوزان

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

Appendix B

Distribution of selected centers according to and available sample.

List	Rehabilitation Centers	Number of visitors/month	Stratified Sample	Total
1	Autism Center in Babylon	42	${}^{42}/_{296} \times 200$	28
2	Al-Rahma Specialized Center	19	${}^{19}/_{296} \times 200$	13
3	Babel Specialized and Rehabilitation Center for Autism Care	13	${}^{13}/_{296} \times 200$	9
4	Ruqayya Institute for Hearing and Speech in Babylon	32	${}^{32}/_{296} \times 200$	22
5	Autism Babylon Institute for People with Special Needs	29	${}^{29}/_{296} \times 200$	20
6	Al Khansa Institute	11	${}^{11}/_{296} \times 200$	7
7	Babylon Hearing and Speech Center	17	${}^{17}/_{296} \times 200$	11
8	Babel Rehabilitation Center for the Disabled	58	${}^{58}/_{296} \times 200$	39
9	Al-Amal Institute for the Deaf and Dumb	37	${}^{37}/_{296} \times 200$	25
10	Al-Rawan Institute for Special Education	24	${}^{24}/_{296} \times 200$	16
11	AL-Zuhoor institute	14	${}^{14}/_{296} \times 200$	10
Total		296	200	

Appendix C

Relationship between Supportive Services for Children with Special Needs and their Parents' Quality of Life

Part one: Demographic characteristics

Information for parents

1. **Age:**

   Father ☐ **year**

   Mother ☐ **year**

2. **Gender : male** ☐ **female** ☐
3. **level of education for father: No read and write** ☐ **primary** ☐

   secondary ☐ **preparatory** ☐ **college and above** ☐
4. **level of education for mother: No read and write** ☐ **primary** ☐

   secondary ☐ **preparatory** ☐ **college and above** ☐
5. **occupation level for father : working** ☐ **not working** ☐
6. **occupation level for mother : working** ☐ **not working** ☐
7. **Level of family income**: sufficient ☐ enough to some extent ☐

   in sufficient ☐

Information of child disability :

1. **Child age** ☐
2. **Child's age at diagnosis:** ☐
3. **Gender : male** ☐ **female** ☐
4. **Type of disability :** ☐

Part II: Health Services for Children with Special Needs

1st: Physiotherapy services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center has an equipped physiotherapy unit					
2	The therapist assesses my child's gross motor patterns using appropriate assessment tools					
3	The therapist tells me about my child's movement problems					
4	My child's weak muscles healer through appropriate exercises					
5	The therapist uses a variety of tools and devices to train my child					
6	The therapist improves my child's motor skills performance					
7	The therapist trains my child to balance in different positions through various exercises					
8	The therapist teaches my child how to use assistive devices					
9	The therapist teaches me how to apply the exercises given to my child					
10	The exercises provided in physiotherapy improve my child's abilities					

2nd: Occupational therapy related services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center has an occupational therapy unit					
2	The therapist assesses my child's functional abilities					

3	The therapist develops the fine motor abilities of my child through a variety of tools					
4	The therapist helps my child with hand-eye coordination through a variety of activities					
5	The therapist trains my child to do functional tasks on their own					
6	The therapist tells me about the difficulties my child is having in performing life skills					
7	The therapist coaches me on how to develop my child's daily life skills					
8	Occupational therapy exercises improve my child's performance					
9	The therapist teaches me how to apply the exercises my child needs at home					

3th: Social related services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	A social counselor is available in the rehabilitation center to carry out social service					
2	The Rehabilitation Center provides opportunities to throw my child with his regular readers on trips and activities					
3	In rehabilitation centers there are educational programs that teach my children proper manners during social interaction					
4	The rehabilitation center contributes to the development of social skills in my child					
5	The rehabilitation center provides ample opportunities for social interactions between my child and other children					
6	The rehabilitation center guides me to the associations that contribute to helping my child when needed					
7	The Rehabilitation Center organizes awareness seminars for families about the rights of children with special needs					
8	The rehabilitation center organizes periodic meetings with families to discuss the needs of their children					
9	The Rehabilitation Center organizes exhibitions and parties to which families are invited					

4th: Psychological services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center provides a good psychological service for my child					
2	A psychiatrist is available in the rehabilitation center					
3	The rehabilitation center provides periodic psychological care for my child at home					
4	The rehabilitation center has special programs to treat the psychological problems of my child					
5	The rehabilitation center has special programs to treat my child's behavioral problems					
6	The rehabilitation center provides enough opportunities for my child to develop his self-confidence by implementing some skills					
7	The advice provided by the specialist relieves us of a lot of psychological pressure					
8	I notice an improvement in my child's behavior as a result of providing psychological services					
9	The Rehabilitation Center organizes training courses to develop families' skills to provide psychological support to the child at home					

5th: Health related services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center has a medical file for my child					
2	There is a specialized medical staff available in the rehabilitation center to monitor the health status of my child					
3	The rehabilitation center has the necessary medicines to treat emergency cases that may affect my child					
4	The Rehabilitation Center periodically provides me with information about my child's health condition					
5	The Rehabilitation Center provides free periodic medical examinations					
6	The rehabilitation center provides services to treat diseases that can affect my child					
7	The Rehabilitation Center provides me with information about preventing diseases that can					

	affect my child					
8	The Rehabilitation Center offers seminars on maintaining health and personal hygiene					

6th: Assistive Technology Services

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center determines my child's needs for devices that fit his disability					
2	The rehabilitation center provides devices that are suitable for my child					
3	The rehabilitation center has various supportive techniques that serve my child in different fields					
4	The specialist trains my child to use assistive technologies					
5	Rehabilitation center design suitable for easy use of technology					
6	The specialist teaches me how to use assistive technologies at home					
7	The specialist teaches me how to take care of assistive technologies					
8	I receive seminars on assistive technologies that benefit my child					

7th: Services related to transportation and mobility

List	Items	Very much agree	Very agree	Moderate agree	Weakly agree	Not agree
1	The rehabilitation center provides the necessary transportation to transport my child from home to the center					
2	The rehabilitation center provides the necessary transportation for my child's participation in various activities					
3	The design of the rehabilitation center is suitable for my child's movement and movement within the rooms					
4	The design of the rehabilitation center is suitable for my child to get in and out easily					
5	The design of the rehabilitation center is suitable for the safe movement of my child					

Part III: Quality of life for parents of children with special needs

List	Items	Agree	Neutral	Disagree
1	We love spending time together			

2	We talk frankly among ourselves about matters of our lives			
3	We solve our family problems together			
4	My family members support each other to achieve their goals			
5	We show our love and concern for each other			
6	My family is able to deal with the changes that occur in life			
7	Family members help children learn independence			
8	Family members help children with schoolwork and activities			
9	Family members teach the child how to get along with others			
10	The adults in the family teach the children to make the right decisions			
11	The adults in the family know the people the child deals with (such as friends and teachers).			
12	The adults in the family have time to take care of the individual needs of each child			
13	Family members have friends and others who give them support			
14	My family members have enough support they need to relieve stress			
15	My family members have enough time to pursue their own interests			
16	My family has the means of transportation that allows them to move wherever they want			
17	My family carefully brushes their teeth every day			
18	My family members receive medical care when needed			
19	My family feels safe at home, and in school			
20	My family receives support to progress in school or work			
21	My family members receive support to make friends			
22	The relationship of my family members with the caregivers is good			

العلاقة بين الخدمات المساندة للأطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم

الجزء الاول: المعلومات الديموغرافية:

المعلومات المتعلقة بالوالدين

1. العمر

الاب ☐ سنه

الام ☐ سنه

2. التحصيل التعليمي للاب

لا يقرأه ولا يكتب ☐ ليقرأ ويكتب ☐ خريج ابتدائية ☐

خريج متوسطة ☐ خريج اعدادية ☐ كليه فما فوق ☐

3. التحصيل التعليمي للام:

لا يقرأه ولا يكتب ☐ يقرأ ويكتب ☐ خريج ابتدائية ☐

خريج متوسطة ☐ خريج اعدادية ☐ كليه فما فوق ☐

5- المهنة للاب:

يعمل ☐ لا يعمل ☐

6- المهنة للام:

تعمل ☐ لاتعمل ☐

7- الدخل الشهري:

يكفي ☐

يكفي الى حد ما ☐

لا يكفي ☐

المعلومات المتعلقة بالطفل ذو الاحتياجات الخاصة

1. عمر الطفل:

☐

2. عمر الطفل عند اكتشاف العوق: قبل الولادة ☐ بعد الولادة ☐

3. جنس الطفل:

☐

ذكر أنثى ☐

4. نوع الإعاقة: شلل دماغي توحد ☐ صم وبكم ☐ فرط حركه ☐

متلازمه داون ☐ فاقد البصر ☐ أخرى ☐

الجزء الثاني: الخدمات الصحية للأطفال ذوي الاحتياجات الخاصة

اولا: الخدمات المتعلقة بالعلاج الطبيعي

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يتوفر في مركز التأهيل وحدة علاج طبيعي مجهزة					
2	يقيم المعالج الأنماط الحركية الكبرى لدى طفلي باستخدام أدوات تقييم مناسبة					
3	يخبرني المعالج عن المشاكل الحركية الموجودة لدى طفلي					
4	يقوم المعالج العضلات الضعيفة لدى الطفل من خلال تدريبات ملائمة					
5	يستخدم المعالج أدوات وأجهزة متنوعة في تدريب طفلي					
6	يحسن المعالج من أداء المهارات الحركية لدى طفلي					
7	يدرب المعالج طفلي على التوازن في أوضاع مختلفة من خلال تمارين متنوعة					
8	يدرب المعالج طفلي على كيفية استعمال الأجهزة المساعدة					
9	يدربني المعالج على كيفية تطبيق التمارين المقدمة لطفلي					
10	التدريبات المقدمة في العلاج الطبيعي تحسن من قدرات طفلي					

ثانيا: الخدمات المتعلقة بالعلاج الوظيفي

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يتوفر في مركز التأهيل وحدة علاج وظيفي					
2	يقيم المعالج القدرات الوظيفية لدى طفلي					
3	يطور المعالج القدرات الحركية لدى طفلي من خلال					

	أدوات متنوعة					
4	يساعد المعالج طفلي على التناسق البصري اليدوي من خلال أنشطة متنوعة					
5	يدرب المعالج طفلي على القيام بالمهام الوظيفية ذاتيا					
6	يخبرني المعالج عن الصعوبات التي تواجه طفلي عند تأديته للمهارات الحياتية					

ثالثا: الخدمات المتعلقة بالجانب الاجتماعي

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يتوفر في مركز التأهيل مرشد اجتماعي للقيام بالخدمة الاجتماعية					
2	يوجد في مراكز التأهيل برامج تعليمية تعلم طفلي آداب السلوك السليم اثناء التفاعل الاجتماعي					
3	يساهم مركز التأهيل في تنمية المهارات الاجتماعية لدى طفلي					
4	يتيح مركز التأهيل القدر الكافي من الفرص لتبادل التفاعلات الاجتماعية بين طفلي والأطفال الآخرين					
5	ينظم مركز التأهيل ندوات توعية للأسر حول حقوق الأطفال ذو الاحتياجات الخاصة					
6	ينظم مركز التأهيل لقاءات دورية مع الأسر لمناقشة احتياجات أطفالهم					

رابعا: الخدمات المتعلقة بالجانب النفسي

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يقدم مركز التأهيل خدمة نفسية جيدة لطفلي					
2	يتوفر في مركز التأهيل مختصين في الصحة النفسية					
3	يتوفر في مركز التأهيل برامج خاصة لمعالجة المشاكل النفسية لدى طفلي					
4	يتيح مركز التأهيل القدر الكافي من الفرص لطفلي لتنمية ثقته بنفسه من خلال تنفيذ بعض المهارات					
5	ألاحظ تحسن في سلوك طفلي من جراء تقديم الخدمات النفسية					

خامسا: الخدمات المتعلقة بالجانب الصحي

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يتوفر في مركز التأهيل ملف طبي خاص بطفلي					
2	يتوفر في مركز التأهيل كادر طبي متخصص لمراقبة الحالة الصحية لطفلي					
3	يوفر مركز التأهيل بيئة صحية مناسبة كالتهوية الجيدة والإنارة					
4	يتوفر في مركز التأهيل الأدوية اللازمة لمعالجة الحالات الطارئة التي يمكن إن تصيب طفلي					
5	يزودني مركز التأهيل بالمعلومات عن حالة طفلي الصحية بشكل دوري					
6	يقدم مركز التأهيل ندوات حول المحافظة على الصحة والنظافة الشخصية					

سادسا: الخدمات المتعلقة بالتقنيات المساعدة

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يتوفر في مركز التأهيل تقنيات مساندة متنوعة تخدم طفلي في مجالات مختلفة					
2	يدرب الاختصاص طفلي على كيفية استخدام التقنيات المساعدة					
3	يدربني الاختصاص على كيفية استخدام التقنيات المساعدة في المنزل					
4	أتلقى ندوات عن التقنيات المساعدة التي تفيد طفلي					

سابعا: الخدمات المتعلقة بالنقل والتنقل

ت	الفقرات	موافق بدرجة كبيرة جدا	موافق بدرجة كبيرة	موافق بدرجة متوسطة	موافق بدرجة ضعيفة	غير موافق
1	يؤمن مركز التأهيل المواصلات اللازمة لنقل طفلي من المنزل الى المركز					
2	يؤمن مركز التأهيل المواصلات الأزمة لمشاركة طفلي في					

	الفعاليات المختلفة					
3	إن تصميم مركز التأهيل مناسب لحركة طفلي وتنقله ضمن الغرف					
4	إن تصميم مركز التأهيل مناسب لدخول وخروج طفلي منه بسهولة					

الجزء الثالث: جودة حياة والدى الأطفال ذوى الاحتياجات الخاصة

ت	الفقرات	موافق	محايد	غير موافق
1	نحب قضاء الوقت مع بعضنا البعض			
2	نتحدث بصراحة فيما بيننا عن ما يخص امور حياتنا			
3	نقوم بحل مشاكلنا الأسرية معا			
4	يدعم أفراد أسرتي بعضهم البعض لتحقيق أهدافهم			
5	نظهر محبتنا واهتمامنا ببعضنا البعض			
6	أسرتي قادرة على التعامل مع التغيرات التي تحدث في الحياة			
7	يساعد أفراد الأسرة الأطفال على تعلم الاستقلالية			
8	يساعد أفراد الأسرة الأطفال في الأعمال والأنشطة المدرسية			
9	يعلم أفراد الأسرة الطفل كيف يتفق مع الآخرين			
10	يعلم الكبار في الأسرة الأطفال على اتخاذ القرارات السليمة			
11	يعرف الكبار في الأسرة الأشخاص الذين يتعاملون مع الطفل (كالأصدقاء والمعلمين)			
12	يملك الكبار في الأسرة الوقت لرعاية الاحتياجات الفردية لكل طفل			
13	أفراد الأسرة لديهم أصدقاء وغيرهم ممن يقدمون لهم الدعم			
14	يمتلك إفراد أسرتي الدعم الكافي التي تحتاجه لتخفيف الضغوط عنها			
15	يمتلك إفراد أسرتي الوقت الكافي لتحقيق مصالحهم الخاصة			
16	يمتلك إفراد أسرتي وسائل المواصلات التي تسمح لهم بالتنقل حيث يريدون			
17	يقوم إفراد أسرتي بالعناية بأسنانهم كل يوم			
18	يتلقى إفراد أسرتي الرعاية الطبية عند الحاجة			
19	يشعر إفراد أسرتي بالأمن في المنزل والمدرسة			
20	يتلقى إفراد أسرتي دعما لإحراز تقدم في المدرسة او العمل			

21	علاقة إفراد أسرتي مع مقدمي الرعاية الصحية جيدة			

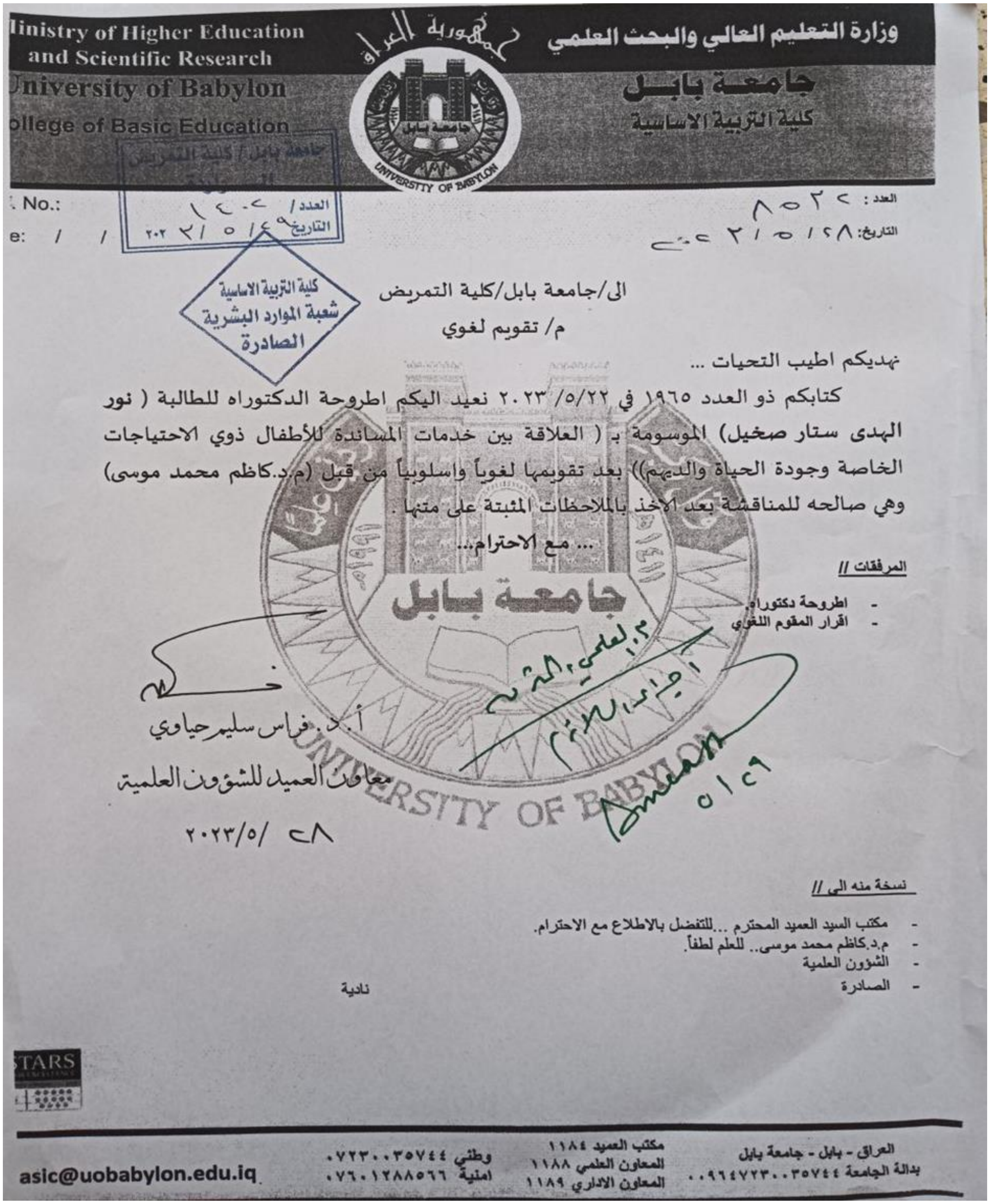
Appendix D

خبراء تحكيم الاستبانة

ت	اسم الخبير	الاختصاص	اللقب العلمي	مكان العمل	سنوات الخبرة
1	د .عبد المهدي عبد الرضا	تمريض الصحة النفسية والعقلية	أستاذ متمرس	جامعة بابل/ كلية التمريض	44
2	د. سجاء هاشم محمد	تمريض الصحة النفسية والعقلية	أستاذ متمرس	جامعة بابل/ كلية التمريض /	41
3	د. عفيفة رضا عزيز	تمريض صحة الطفل والمراهق	استاذ	جامعة بغداد/ كلية التمريض	41
4	د. أمين عجيل الياسري	تمريض صحة الاسرة والمجتمع	استاذ	جامعة بابل/ كلية التمريض	38
5	د. سلمى كاظم جهاد	تمريض صحة الاسرة والمجتمع	استاذ	جامعة بابل/ كلية التمريض	38
6	د. ناجي ياسر سعدون	تمريض صحة الاسرة والمجتمع	استاذ	جامعة بابل / كلية التمريض	34
7	د. فاطمه وناس	تمريض صحة الاسرة والمجتمع	استاذ	جامعة الكوفة / كلية التمريض	30
8	د. هاله سعدي عبد الواحد	تمريض صحة الاسرة والمجتمع	استاذ	جامعة بغداد/ كلية التمريض	28
9	د. سحر ادهم	تمريض صحة البالغين	استاذ	جامعة بابل/ كلية التمريض	28
10	د. خميس بندر عبيد	تمريض صحة الطفل والمراهق	استاذ مساعد	جامعة كربلاء/ كلية التمريض	22
11	د. محمد باقر حسن	تمريض صحة الطفل والمراهق	استاذ	جامعة الكوفة / كلية التمريض	19
12	د. عذراء حسين شوق	تمريض صحة الطفل والمراهق	استاذ مساعد	جامعة بغداد/ كلية التمريض	18
13	د. ماهر خضير هاشم	لغة عربيه	استاذ مساعد	جامعة بابل / كلية التمريض	16

14	د. زيد وحيد عاجل	تمريض صحة الطفل والمراهق	استاذ مساعد	جامعة بغداد / كلية التمريض	15
15	د. احمد عبد الله	تمريض صحة الطفل والمراهق	استاذ مساعد	جامعة ذي قار / كلية التمريض	16
16	د. وفاء أحمد امين	تمريض صحة الام و الوليد	استاذ مساعد	جامعة بابل/ كلية التمريض	14
17	د. حيدر حمزه علي	تمريض الصحة النفسية والعقلية	استاذ مساعد	جامعة الكوفه /كلية التمريض	13
18	د. ريان إبراهيم خليل مرعي	تمريض صحة الطفل والمراهق	مدرس	جامعة الموصل/ كلية التمريض	13

Appendix E



وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التربية الاساسية

Ministry of Higher Education and Scientific Research

University of Babylon

College of Basic Education

جامعة بابل / كلية التمريض
الواردة
العدد / ١٢٠٢
التاريخ ٢٩/٥/٢٠٢٣

No.:
Date: / /

العدد: ٨٥٢٢
التاريخ: ٢٨/٥/٢٠٢٣م

كلية التربية الاساسية
شعبة الموارد البشرية
الصادرة

الى/جامعة بابل/كلية التمريض

م/ تقويم لغوي

نهديكم اطيب التحيات ...

كتابكم ذو العدد ١٩٦٥ في ٢٠٢٣/٥/٢٢ نعيد اليكم اطروحة الدكتوراه للطالبة (نور الهدى ستار صخيل) الموسومة بـ (العلاقة بين خدمات المساندة للأطفال ذوي الاحتياجات الخاصة وجودة الحياة والديهم)) بعد تقويمها لغوياً واسلوبياً من قبل (م.د.كاظم محمد موسى) وهي صالحه للمناقشة بعد الاخذ بالملاحظات المثبتة على متنها .

... مع الاحترام...

المرفقات //

- اطروحة دكتوراه.
- اقرار المقوم اللغوي

أ.د. فراس سليم حياوي
معاون العميد للشؤون العلمية
٢٨/٥/٢٠٢٣

م. العلمي / الشعبة
إجراء اللازم
٥/٢٩

نسخة منه الى //

- مكتب السيد العميد المحترم ...للتفضل بالاطلاع مع الاحترام.
- م.د.كاظم محمد موسى.. للعلم لطفاً.
- الشؤون العلمية
- الصادرة

نادية

العراق - بابل - جامعة بابل
بدالة الجامعة ٠٠٩٦٤٧٢٣٠٠٣٥٧٤٤

مكتب العميد ١١٨٤
المعاون العلمي ١١٨٨
المعاون الاداري ١١٨٩

وطني ٠٧٢٣٠٠٣٥٧٤٤
امنية ٠٧٦٠١٢٨٨٥٦٦

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الخلاصة

المستخلص: الاحتياجات الخاصة هو عبارة شاملة تشير إلى مجموعة هائلة من تشخيصات / أو إعاقات تشير الى أولئك الذين قد يواجهون "الأطفال. ومن هنا فإن مصطلح "الأطفال ذوي الاحتياجات الخاصة تحديات أكثر خطورة من الطفل العادي، ويمكن أن تستمر مدى الحياة، وتؤدي الى صعوبات سلوكية أو جسدية أو عاطفية أو تعليمية تتطلب تكييفًا متخصصًا لسلوكيات متعددة في المدرسة أو العمل أو في المجتمع

اهداف الدراسة: إن أهداف الدراسة الحالية هي تقييم الخدمات الساندة للأطفال ذوي الاحتياجات الخاصة، وتقييم نوعية الحياة لأولياء أمور الأطفال ذوي الاحتياجات الخاصة، وتحديد العلاقة بين نوعية حياة الوالدين فيما يتعلق بالخصائص الاجتماعية والديموغرافية، وتحديد الارتباط بين جودة حياة الوالدين والخدمات الداعمة للأطفال ذوي الاحتياجات الخاصة

منهجية البحث: تم استخدام تصميم دراسة ارتباطية وصفية في مدينة الحلة، اختيرت لتأكيد أهدافه خلال الفترة من كانون الاول٢٠٢١ حتى آذار ٢٠٢٣. وقد تم التحقيق من صحة الاستبانة من قبل الخبراء لإثبات صحته وموثوقيته. من خلال الدراسة التجريبية التي استبعدت من العينة الأصلية. بلغ إجمالي عدد الافراد المدرجة في الاستبيان41 فرد بعد التعديل تم قياسها على٥ نقاط من مقياس ليكرت. جمعت البيانات باستخدام طريقة المقابلة وتحليلها من التطبيق الوصفي والتحليل الإحصائي الاستنتاجي

نتائج الدراسة: أشارت النتائج إلى أن أكثر من ثلث الآباء هم في الفئة العمرية (٣٠-٣٩) سنة، بينما كانت الأمهات أكثر من الخمس بين (٣٠-٣٩) سنة. الدراسة الحالية بينت أن اعلى مستوى تعليمي للإباء كان المرحلة المتوسطة بينما الأمهات أقل من الربع. فضلا عن ان اقل من ثلثي النسبة التي حصل عليها الإباء لديهم عمل وظيفي بينما الأمهات أقل من الثلثين لا يعملن والدعم المالي لعينة الدراسة لم يكن كافيا أقل من خُمس العينة

الاستنتاج: لا توجد علاقة بين نوعية حياة الاباء مع فئاتهم العمرية ومستويات التعليم، بينما هناك ارتباط كبير بين نوعية حياة الأمهات مع الفئات العمرية ومستويات التعليم. هناك ارتباطات ذات دلالات في نوعية الحياة بين أولياء أمور الأطفال ذوي الاحتياجات الخاصة من حيث المهنة والدخل الشهري والخدمات الاجتماعية والنفسية وخدمات النقل والتنقل للأطفال ذوي الاحتياجات الخاصة. كانت هناك علاقة ارتباط موجبة بين مجموع درجات جودة الحياة والخدمات الصحية الداعمة الشاملة للأطفال ذوي الاحتياجات الخاصة

التوصيات: توصي الدراسة بإجراء بحوث أخرى على جميع مقدمي الرعاية الصحية الذين يجب أن يمنحوا الوقت الكافي لآباء الأطفال ذوي الاحتياجات الخاصة وتعليمهم الأمور المناسبة على وجه الخصوص التغذية والعناية بأطفالهم. تقييم مستوى العبء والأثر النفسي للإعاقة على الوالدين وربطهم بالمنظمات التي تهتم بهم وتدعمهم.

وزارة التعليم العالي والبحث العلمي

جامعة بابل / كلية التمريض

العلاقة بين الخدمات المساندة للأطفال ذوي الاحتياجات الخاصة وجودة حياة والديهم

اطروحة تقدمت بها الطالبه

نور الهدى ستار صخيل

الى فرع تمريض صحة الطفل والمراهق

كلية التمريض - جامعة بابل

كجزء من متطلبات درجة الدكتوراه فلسفة في التمريض

إشراف

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