

Relationship between Supportive Services of Parents with Children Disabilities

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Abstract

Background: Disabilities refer to the existence of a fundamental difference from the average or the normal, and specifically. The estimates of disabled persons vary from one society to another, according to the conditions of society and its social, economic, and health conditions. **Objectives:** The study aimed to assess the social supportive services for children with special needs and to find out the relationship between services support for parents of children with disabilities. **Materials and Methods:** From December 2021 to March 2023, Babylon Health Directorate, Al Hillah city conducted a descriptive cross-sectional design study. Non-probability purposive sampling conducted in rehabilitation centers consists of 200 parents. Data were gathered using an interviewing approach, which took between 25 and 30 min to complete. A committee of 17 professionals verified the questionnaire. To assess the instrument's dependability, a pilot study was carried out employing statistical and descriptive data analysis techniques, and the data were examined by SPSS version 20. **Results:** The results of the present study show the overall quality of life for parents with children special. The results of the present study showed poor responses related to supportive services of parents with children, and also the relationship results show that there is a significant relationship between supportive services with some demographical characteristics at P -value < 0.05 . **Conclusions:** This study found the children with special needs received poor overall supportive services in the areas of physiotherapy, occupational therapy, social work, psychology, and technology. There was a correlation between supportive services for parents with children disabilities ratings and all underlying health factors for kids with exceptional needs.

Keywords: Children, disabilities, services

INTRODUCTION

Disabilities are defined as the presence of a fundamental difference from the average or normal, and more precisely.^[1] The term “child with special needs” refers to a child who has different physical, mental, or sensory requirements than the usual or “normal” child, as well as behavioral, linguistic, or educational differences.^[2]

The most prevalent worries among parents are those related to their child's health. Fear of recurrence, physical impairments, mental retardation, and even mortality are causes for anxiety.^[3]

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 problem.^[4] These problems could have a detrimental effect on their quality of life. Hence, being aware of the elements that

influence family quality of life may aid in the development of improved community support services for these families.^[5] Mothers are particularly affected by the increased strain and stress brought on by changes in family relations since they frequently bear the bulk of the load for raising the kid.^[6]

Because of the fact that it lacks the negative connotations associated with the terminology disability, the majority of instructors now prefer to refer to students as having special needs.^[7]

Giving parents specialized training has a favorable impact on their capacity to raise a child with disabilities

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as well as their acquisition of abilities and information regarding the demands of the child. To make raising a child with a physical disability less stressful for concerned parents, to improve their experience, and to enable them to live appreciatively. Parents who have children with physical impairments must be aware about their children's complicated and wide-ranging requirements.^[8]

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.^[9] Parents have three essential roles which are to protect their children from harm, promote emotional as well as physical health, enforce boundaries to ensure their children's safety, and optimize their children's development.^[10]

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%).^[11]

MATERIALS AND METHODS

Research design

A descriptive (correlation) design study was conducted in Hilla city which was selected to confirm its objectives through the period from December 2021 to March 2023.

Study sample and setting

A total of 200 parents of children with special needs were selected through a "non-probability" (purposive) sample in the center of rehabilitation in Hilla city.

Instrument of the study

Following a thorough review of the relevant literature, a questionnaire was developed and revised. This survey is broken into four sections: the socio-demographic features of the sample include father's age, mother's age, father's education, mother's education, father's occupation, mother's occupation, and family income. Children with special needs include the child's age, the age at which the impairment was discovered, the child's gender, and the type of disability. The quality of life for parents of special needs children is divided into 21 areas.

Data collection

Direct interviewing is done to gather data using a structured questionnaire. For the purpose of completing the questionnaire, an estimated interview duration of 25–30min was given. Data were collected after acquiring an official agreement from the department of development and a training/branch of studies and educational research in Babylon education directorate, through using research instruments in the period from August 9 to November 29, 2022.

Table 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
	≥50 years	10	5.0
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
	≥50 years	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

RESULTS

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% for fathers and 24% for mothers). In terms of family monthly income, 39.5% had insufficient income [Tables 1 and 2].

Overall supportive services for special needs children

Figure 1 shows that the parents of special needs children expressed a poor response to physiotherapy services.

Figure 2 demonstrates that the parents of special needs children expressed a poor response to occupational therapy.

The parents of special needs children expressed a poor response to psychological services.

Figure 4 demonstrates that the parents of special needs children expressed a poor responses regarding technology services.

Table 2: Correlation between supportive health services for special needs children and their parents

Spearman's coefficient	1	2	3	4	5	6
1. Physiotherapy	.016		.014	.002	.094	.060
2. Occupational services	.002	.014		.044	.058	.022
3. Social services	.201*	.002	.044		.144*	.015
4. Psychological services	.154*	.094	.058	.144*	.032	.032
5. Health services	.048	.060	.022	.015		
6. Overall supportive services	.347**	.059	.122	.042	.136	.020
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*Correlation is significant at the 0.05 level (2-tailed)

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

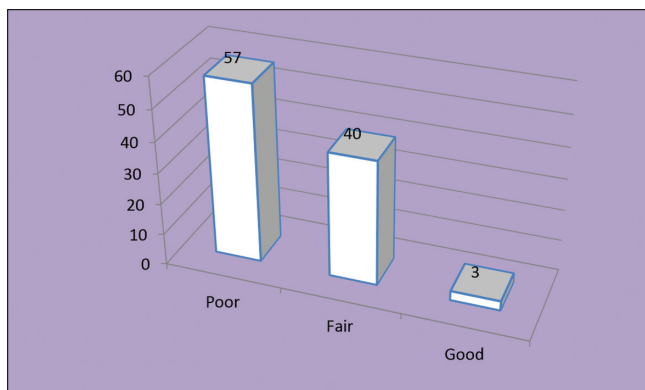


Figure 1: Supportive services-related physiotherapy for special needs children

Findings exhibit that there were significant correlation (positive) between parent and support services for special needs children ($r = 0.201$; $P = 0.005$), (social and psychological socio-demographic characteristic).

DISCUSSION

Most of the parents (39%) in the age group are aged between 30 and 39 years. The parents mentioned the importance of sharing everyday responsibilities. This study disagrees with a survey research design study in Thailand (13) which found 70.59% of parents aged between 30 and 39 years are mostly preferred among therapists when helping children with physical impairment.

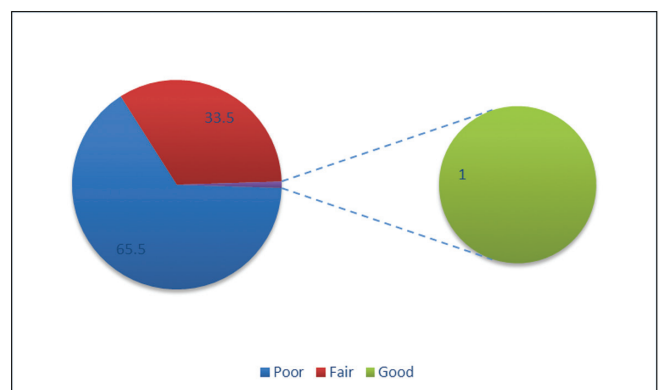


Figure 2: Supportive services-related occupational therapy for special needs children

Intermediate school was the educational level that was most closely associated to the impacts of parental education and gender. Mothers (24%) with Intermediate educational levels, this study agree,^[12] who observed that mothers of disabled children had worse experiences and they suffered from depression more frequently than fathers, also having lower quality of life are mothers of children with different types of impairments. Parents with disabled children frequently experience feelings of incapacity and helplessness larger number of caregiving challenges, such as health problems, greater feelings of restriction, and higher levels of parental depression than parents of children without disabilities.^[13]

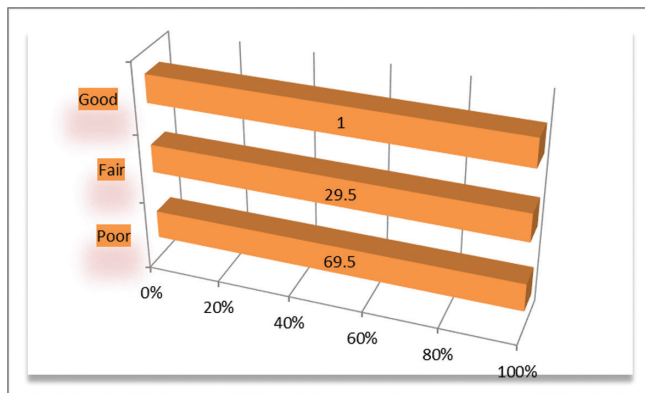


Figure 3: Supportive services-related social for special needs children

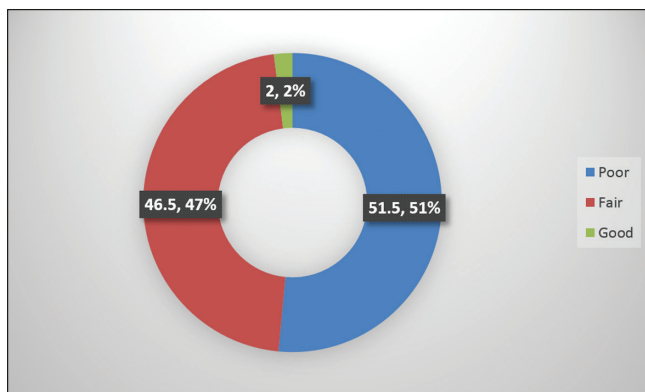


Figure 4: Services-related psychological for special needs children

High percentage of the sample was father occupation more than half (64.5%) had jobs employment. Most mothers (63.5%) were unemployed. This study supported with.^[14]

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%).^[15]

Distribution of special needs children by their characteristics [Table 4-1(B)]

A study revealed that 38 (41.5%) 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 opposes with.^[16] The fact that nearly one-third of “children” (28.5%) were beyond the age of 18 years that contributes to the poorer level of life quality.

The current study indicated that more than half of the participants had handicap detected after delivery 142 (71%) of the participants in this study supported with.^[17] In Northern Ireland, researchers discovered that severe intellectual impairment affects more than a quarter of all term-born children, making them the most vulnerable.

A current study that showed 121 (60.5%) boys are more likely to have special needs than girls. In contrast, the

findings are consistent with a study conducted by.^[18] in a sample of 122 school-aged children, and 165 boys in Kabul, Afghanistan, where they found a 26% opportunity among boys corresponding to 14% among girls.

The current study indicated that 69 (34.5%) of the study sample have children with special needs disability indicated that the respondents have cerebral palsy due to physiological changes during pregnancy. The result of this finding disagrees with.^[19] who reported that children with special needs have many difficulties that should be prompted such as Down syndrome, autism, and deafness.

Overall supportive services-related physiotherapy for special needs children

The current study found that the majority of the mothers surveyed (57%) had bad attitudes regarding supportive services connected to physiotherapy for special needs children [Figure 1]. The researcher attributes this result to a clear deficiency in the provision of educational and guidance programs for parents, as we are aware that non-adaptive behavioral issues 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.^[20] In Jalandhar, who performed a cross-sectional survey was undertaken on family members of 248 children, and further supportive data offered 44.4% youngsters had not had any physiotherapy throughout their lifetime, despite the recognized requirement for physiotherapy in treatment.^[21] that describe the use of rehabilitation facilities between the cerebral palsy children.

Overall supportive services-related occupational therapy for special needs children [Figure 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 (65.5%). This method is well supported by the requirements identified by caregivers in.^[21] The study included a lack of interactive exercise, communication in ordinary words, assistance following placement, and real-life practice training via role-playing; yet, by meeting the requirements of these carers, astonishing and successful results were obtained.

Overall supportive services-related social for special needs children [Figure 3]

In most instances, the results showed that (69.5%) shown in table, parents of special needs children received low supportive assistance in terms of social services [Figure 3]. The findings of this study are congruent with those of a cross-sectional study done in Latvia, which found a reported lack of excellent quality housing with restricted social and physical access for children with disabilities.^[22] According to another study conducted in France, the status of children with impairments is seldom taken into account.^[23]

Overall supportive services-related psychological for special needs children [Figure 4]

The results showed that 51% of the parents of children with special needs reported a lack of supportive assistance, particularly in terms of psychiatric care. The results suggested that parents of mentally impaired children require collective emotional support from other parents, and help from a relative of the mentally challenged child's family. This study is consistent with a cross-sectional study done by.^[24] In January, 170 mothers and fathers of children with intellectual impairments as determined by psychiatric clinical officers were recruited at random from two child disability clinics. Parents of children with intellectual disability reported psychological anguish in 41.2% of cases.

Correlation between supportive health services for special needs children and their parents

According to the findings, there is a significant (positive) correlation between parent quality of life and social-related services for special-needs children ($r = 0.201$; $P = 0.005$), psychological-related services for special-needs children ($r = 0.154$; $P = 0.005$), and transportation and mobility services for special-needs children ($r = 0.434$; $P = 0.000$) for children that have special requirements. All children's scores and all accompanying health services had a positive correlation ($r = 347$; $P = 0.000$). A research done in,^[22] which indicated a significantly significant difference between parents' in overall dimensions (physical, psychological, and social), parents reported higher mean scores than fathers. The findings revealed that there were substantial disparities between parents who had a disabled child.

CONCLUSION

The majority of mothers were between the ages of 30 and 39, had just the most basic education, and were unemployed. Because children with special needs have the highest prevalence of cerebral palsy, the majority of children have reached the age of eight, are men, and have problems that are frequently found later in life. In the fields of physiotherapy, occupational therapy, social work, psychology, and technology, children with special needs got unsatisfactory overall supportive services. There was a substantial (positive) association ($P = 0.005$) between children with special needs and their parents.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Pilapil M, Coletti DJ, Rabey C, DeLaet D. Caring for the caregiver: Supporting families of youth with special health care needs. *Curr Probl Pediatr Adolesc Health Care* 2017;47:190-9.
- Stacciarini JMR, Smith R, Garvan CW, Wiens B, Cottler LB. Rural Latinos' mental wellbeing: A mixed-methods pilot study of family, environment and social isolation factors. *Commun Ment Health J* 2015;51:404-13.
- Shibeeb NF, Altufaily YAS. Parental knowledge and practice regarding febrile seizure in their children. *Med J Babylon* 2019;16:58-64.
- Mammarella IC, Ghisi M, Bomba M, Bottesi G, Caviola S, Broggi F, *et al.* Anxiety and depression in children with nonverbal learning disabilities, reading disabilities, or typical development. *J Learn Disabil* 2016;49:130-9.
- Kyrkou MR. Health-related family quality of life when a child or young person has a disability. *Int J Child Youth Fam Stud* 2018;9:49-74.
- Nomaguchi K, Milkie MA. Parenthood and well-being: A decade in review. *J Marriage Fam* 2020;82:198-223.
- Geense WW, Van Gaal BGI, Knoll JL, Cornelissen EAM, van Achterberg T. The support needs of parents having a child with a chronic kidney disease: A focus group study. *Child Care Health Dev* 2017;43:831-8.
- Cantwell J, Muldoon O, Gallagher S. The influence of self-esteem and social support on the relationship between stigma and depressive symptomology in parents caring for children with intellectual disabilities. *J Intellect Disabil Res* 2015;59:948-57.
- Young S, Shakespeare-Finch J, Obst P. Raising a child with a disability: A one-year qualitative investigation of parent distress and personal growth. *Disabil Soc* 2020;35:629-53.
- Nsaif AK, Al-Joborae SFF. Medical and social analysis of preschool children under the age of six years at secondary and tertiary care after home accidents in Hilla City. *Med J Babylon* 2022;19:169-75.
- Kazmi SF, Perveen S, Karamat S, Khan AB. Depression and quality of life of parents of disabled children. *Ann Pak Inst Med Sci* 2014;10:125-7.
- Ignjatović TD. Services for children with disabilities and their families: The impact on the family's life quality. In: *Quality of Life-Biopsychosocial Perspectives*. IntechOpen; 2019.
- Ignjatovic TD, Milanovic M, Zegarac N. How services for children with disabilities in Serbia affect the quality of life of their families. *Res Dev Disabil* 2017;68:1-8.
- Cummins D, Kerr C, McConnell K, Perra O. Risk factors for intellectual disability in children with spastic cerebral palsy. *Arch Dis Child* 2021;106:975-80.
- Jaganjac A, Hadžimerović AM, Avdic D, Švraka E, Tanovic E, Katana B, *et al.* Daily activities of working individuals with hearing and speech disabilities. *J Health Sci* 2017;7:169-78.
- Holhos LB, Coroi M, Hainarosie AI, Holhos T, Lazar L. Children with disabilities/special health needs and ocular refractive disorders. *Maedica* 2021;16:255-60.
- Sinha AG, Sharma R. Factors influencing utilization of physiotherapy service among children with cerebral palsy in Jalandhar district of Punjab. *J Neurosci Rural Pract* 2017;8:209-15.
- Majnemer A, Shikako-Thomas K, Lach L, Shevell M, Law M, Schmitz N, *et al.* Rehabilitation service utilization in children and youth with cerebral palsy. *Child Care Health Dev* 2014;40:275-82.
- Kaasbøll J, Lassemo E, Paulsen V, Melby L, Osborg SO. Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review. *Child Youth Serv Rev* 2019;101:33-41.
- Lace T. Feasibility Study for a Child Guarantee: Country report—Latvia. Internal Document; 2019.
- Legros M. Feasibility Study for a Child Guarantee: Country Report—France. Internal Document; 2019.
- Hasan SS, Muhammad BA. Impacts of intellectual disability children upon parent's quality of life. *Malay J Nurs* 2018;9:62-9.
- Widyawati Y, Otten R, Kleemans T, Scholte RHJ. Parental resilience and the quality of life of children with developmental disabilities in Indonesia. *Int J Disabil Dev Educ* 2022;69:1946-62.
- Riyahi A, Ghadikolaei SY, Kolagar M, Sarukolaii AA, Abdolrazaghi H, Rafiei F, *et al.* Comparing the parenting role tasks in parents of children with mental/physical disabilities. *Int J Pediatr* 2017;5:5079-89.