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

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

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

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

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

*Index Terms*- Assessment, Mentally Retarded Children's, Parents' Needs, life Span

#### I. INTRODUCTION

The mental retardation is a case of delayed mental development sets highly intelligent minimum of (70) on an individual standardized test of intelligence<sup>(1)</sup>. The intellectual disability is a level of functionality that mental least average intelligence with a standard deviation of one, and is accompanied by a defect in adaptive behavior, and appears in the

developmental stages of life from birth to 16 years old (2). That intellectual disability case refers to the obvious shortcomings in the current mental performance it is below average, and it appears correlated with clear deficiencies in two skills or more of the skills the following adjustment: communication, self-care, to do the burdens of life at home, social skills, mobility between institutions and service centers in the community and deal with it, decision-making and self-direction, health and safety, Recreation and Leisure self to get a job and keep it<sup>(3)</sup>. The parents's ubstantial and significant impact on children growth and development in various developmental aspects, the emotional, mental, and up to and including the impact if a children with a disability, it lengthened the period of adoption<sup>(4)</sup>. The parents play roles in the success of the education and rehabilitation of the children who has a disability, we find research talks about the importance of activating that role, and the need to overcome the obstacles that prevent the parents things with their important role in the construction of specialized personalities of their children through partnership in institutions upbringing and education, legislation enacted and put systems; to activate the role of parents in the life of the student, and their support and were invited to participate in the upbringing and education of their children in the country that preceded the Arab world, and it became a partnership a reality on the ground of education and rehabilitation institutions (5).

### **Objectives of the study:**

- To assess parents' needs of Mentally Retarded children throughout lifespan.
- 2. To compare between parents' needs relative to the settings in which children have attended ( public and private ones ).
- 3. To determine the relationships between parents' needs with parents and children's socio-demographic characteristics of age, type of mental retardation (mild and moderate) and parents' socioeconomic status.

#### II. METHAOLOGY

**Design of Study**: A descriptive-comparative design is carried out in order to achieve the objectives of the study by using the assessment approach on parents having children with

mental retardation during the period of (January 22<sup>th</sup> 2015 to Jolly 20<sup>th</sup> 2016).

**Setting of the Study:** The study is conducted at the institutes of mental retardation in Baghdad City. These institute are distributed in two side, and each side contains public and private institutes (AL-Kharkh and AL-Rusaffa).

**Sample of the Study:** A purposive non-probability sample of (112) parents of children with mental retardation (56) is selected from private institutes and anther (56) is selected from public institutes.

**Study Instrument:** A questionnaire is constructed through extensive review of relevant literature. The questionnaire is used as a tool of data collection which includes the following:

**Part I:** This part contains information about Socio-Demographic Characteristics which is consisted of (7) items which include Type of institute, Childe age, Gender, Level of mental retardation, Type of family, Socio-economic status, and Place of residence.

**Part II:** This part is composed Parents' Needs which is divided into four domains: (A) Cognitive needs which is composed of (15) items, (B) Physical needs which is composed (12) items, (C) Social needs which is composed of (13) items, and (D) Emotional needs which is composed of (8) items.

**Statistical Data Analysis:** The data of the present study are analyzed through the use of Statistical Package of Social Sciences (SPSS) version XVI.Descriptive Data Analysis include frequencies, percent and mean of score; and Inferential Data Analysis which include Pearson's Correlation, Independent Sample T- test, One Way ANOVA and Chi-Square.

III. RESULTS

Table (1): Characteristics of Children with Mental Retardation

List	Characteristics		Govern	mental Centers	Private	Centers
List	Characteristics		F	%	F	%
1	Age group	5 – 11 year	35	62.5	37	66.1
		12 – 18 year	21	37.5	19	33.9
		Total	56	100	56	100
2	Gender	Male	32	57.1	27	48.2
		Female	24	42.9	29	51.8
		Total	56	100	56	100
3	Level	of Mild	19	33.9	27	48.2
	retardation	Moderate	37	66.1	29	51.8
		Total	56	100	56	100

The findings in this table reveal that age group of children for more than half of the sample at governmental and private centers was 5-11 years old (62.5%, 66.1%); 57.1% of them are males from governmental center and 51.8 are from private

centers, while the degree of retardation are moderate in severity for both children from governmental and private centers (66.1% & 51.8%).

Table (2): Distribution of Parents According to Their Socio-demographic Characteristics

List	Characteristic	s	Gover Cente	nmental rs	Private	e Centers
			F	%	F	%
1	Father's	Profession	25	44.6	32	57.1
	occupation	Semi-profession	11	19.6	15	26.8
		Shop-owner, free work	8	14.4	2	3.6
		Skilled worker	5	8.9	5	8.9
		Semi-skilled worker	3	5.3	0	0
		Unskilled worker	2	3.6	2	3.6
		Unemployed	2	3.6	0	0
		Total	56	100	56	100
2	Mother's	Profession	18	32.1	22	39.3
	occupation	Semi-profession	1	1.8	0	0
		Shop-owner	0	0	0	0
		Skilled worker	3	5.4	5	8.9
		Semi-skilled worker	0	0	0	0

		Unskilled worker	2	3.6	0	0
		Unemployed (housewife)	32	57.1	29	51.8
		Total	56	100	56	100
3	Father's	Profession or honors	2	3.6	1	1.8
	education	Graduate or post-graduate	23	41.1	28	49.9
		Intermediate or diploma	9	16.1	8	14.3
		High school (secondary school)	12	21.4	9	16.1
		Middle school	6	10.7	6	10.7
		Primary school	3	5.3	1	1.8
		Illiterate	1	1.8	3	5.4
		Total	56	100	56	100
4	Mother's	Profession or honors	1	1.8	2	3.6
	education	Graduate or post-graduate	24	42.9	30	53.6
		Intermediate or diploma	2	3.6	1	1.8
		High school (secondary school)	8	14.3	11	19.6
		Middle school	12	21.4	6	10.7
		Primary school	6	10.7	5	8.9
		Illiterate	3	5.4	1	1.8
		Total	56	100	56	100
5	Family type	Nuclear	40	71.4	48	85.7
		Extended	16	28.6	8	14.3
		Total	56	100	56	100
8	Socio-economic	Low(<5-10)	18	32.1	5	8.9
	status	Moderate (11-25)	19	33.9	22	39.3
		High (26-29)	12	21.4	21	37.3
		Total	56	100	56	100
9	Residence	Urban	55	98.2	56	100
		Rural	1	1.8	0	0
		Total	56	100	56	100

The analysis of parents' characteristics indicate that (44.6%, 57.1%) of fathers are Profession at both governmental and private centers, whereas mothers are housewives (57.1%, 51.8%). Regarding education variable, the dominant percentage is referring that fathers and mothers of mentally retarded children are Graduate or post-graduate at governmental and private centers (father: 41.1%, 49.9% and mother: 42.9%, 53.6%). The

type of family indicated that more of the parents are living in nuclear families (71.4%, 85.7%). According to socioeconomic status, results indicate that the most of parents making moderate socioeconomic status at both centers (governmental and private). Most of the sample are resident at urban which is represented by the high percentage regarding residence variable (98.2% and 100%).

Table (3): Distribution of Parents' Needs Level according to their Domains

Levels	Gove	ernmei	ıtal Ce	enters (	(N=56)	1	M.	SD	Priva	ate Cent	ers (N:	=56)			M.	SD
Needs'	Low Moderate High					S		Low		Mod	erate	High		S		
Domains	F	%	F	%	F	%			F	%	F	%	F	%		
Cognitive	2	3.6	15	26. 8	39	69. 6	2.6 6	0.549	3	5.4	15	26.8	38	67.9	2.6	0.590
Physical	0	0	20	35. 7	36	64. 3	2.6 4	0.483	4	7.1	24	42.9	28	50	2.4	0.628
Social	1	1.8	29	51. 8	26	46. 4	2.4	0.537	5	8.9	22	39.3	29	51.8	2.4	0.657
Emotional	8	14. 3	27	48. 2	21	37. 5	2.2	0.687	15	26.8	20	35.7	21	37.5	2.1	0.802
Total	0	0	18	32.	38	67.	2.6	0.471	3	5.4	24	42.9	29	51.8	2.4	0.602

		1	9	8				6	

This table depicts that parents' need are high for those who attending the governmental and private centers (67.9% and 51.8%); regarding needs sub-domain, the findings indicated that parents are need high Cognitive (69.6% and 67.9%) about their children' status. The physical needs are also highly needed by parents (64.3% and 50%). The social and emotional needs are

moderately needed by parents at governmental centers (51.8% and 48.2%), while are highly needed in parents who attending private centers (51.8% and 37.5%). The mean of scores and standard deviations for parents' need are showing no significant differences in comparing between governmental (M.S= 2.68) and private (2.46) centers.

Table (4): Analysis of Variance for Parents' Needs with Respect totheir Function at Governmental Centers (N=56)

Parents' Needs	Sources of Variance	Sum of Square	Df	Mean Square	F	P≤ 0.05
Cognitive	Between Group Within Group Total	215.529 1298.400 1513.929	14 41 55	15.395 31.668	0.486	0.928
Physical	Between Group Within Group Total	93.599 573.758 667.357	14 41 55	6.686 13.994	0.478	0.932
Social	Between Group Within Group Total	194.306 1058.533 1252.839	14 41 55	13.879 25.818	0.538	0.896
Emotional	Between Group Within Group Total	252.504 728.925 981.429	14 41 55	10.036 17.779	1.014	0.458
Total	Between Group Within Group Total	1388.748 7013.467 8402.214	14 41 55	99.196 171060	0.580	0.865

This table reveals that there is no significant relationship between parents' needs and their functions towards their children at  $p \le 0.05$ .

Table (4): The Significant Differences in Parents' Needs Regarding Child's Age

Parents' N		Govern	nmental	Centers	(N=56)			Private	e Center	s (N=56)			
Age	Child's	M	SD	t	Df	Sig.	p≤0.05	M	SD	t	df	Sig.	p≤0.05
Cognitiv	5 – 11 year	38.79	5.113	1.755	54	0.085	N.S	38.16	7.297	0.783	54	0.437	N.S
e	12 – 18 year	36.48	5.212	1.747	41.60 9	0.088	N.S	36.63	6.112	0.829	42.58 7	0.411	N.S
DI'1	5 – 11 year	30.29	3.241	0.492	54	0.625	N.S	29	6.101	0.213	54	0.832	N.S
Physical	12 – 18 year	29.81	3.919	0.469	36.19 4	0.642	N.S	29.32	2.945	0.261	53.89 1	0.795	N.S
	5 – 11 year	32.26	4.780	0.917	54	0.363	N.S	32.03	6.375	0.706	54	0.483	N.S
Social	12 – 18 year	31.05	4.780	0.917	42.25 0	0.364	N.S	30.84	4.992	0.763	44.99 5	0.449	N.S
Emotion	5 – 11 year	18	4.485	0.487	54	0.628	N.S	17.03	5.383	0.198	54	0.844	N.S
al	12 – 18 year	17.43	3.828	0.507	47.54 0	0.615	N.S	16.74	4.782	0.206	40.47 1	0.838	N.S
Total	5 – 11 year	119.5 1	11.90 0	1.449	54	0.153	N.S	116.2 2	22.26 4	0.206	54	0838	N.S
Total	12 – 18 year	114.6 2	12.79 2	1.423	39.84 2	0.163	N.S	115.0 5	14.53 1	0.235	50.70 9	0.815	N.S

This table indicates that there is no significant differences in parents' needs with respect to their children's age at  $p \le 0.05$  in both centers: governmental and private ones.

Table (5): The Significant Differences in Parents' Needs Regarding Child's Gender

Parents' Need		Govern	nmental	Centers (	N=56)			Private	Centers (N	N= <b>56</b> )			
Child'	s Gender	M	SD	t	Df	Sig.	p≤0 .05	M	SD	t	df	Sig.	p≤0.0 5
Comitive	Male	37.91	4.980	- 0.211	54	0.833	N.S	36.93	7.405	-0.747	54	0.45 8	N.S
Cognitive	Female	38.21	5.687	-0.207	45.81 5	0.837	N.S	38.31	6.454	-0.743	51.74 5	0.46 1	N.S
Dhaminal	Male	30.03	3.711	-0.187	54	0.853	N.S	29.00	5.299	-0.147	54	0.88 4	N.S
Physical	Female	30.21	3.230	-0.190	52.73 6	0.850	N.S	29.21	5.233	-0.147	53.61 0	0.88 4	N.S
G 1	Male	31.84	5.225	0.072	54	0.943	N.S	31.81	6.058	0.229	54	0.81 9	N.S
Social	Female	31.75	4.204	0.074	53.69 3	0.941	N.S	31.45	5.895	0.229	53.46 6	0.82	N.S
Englished	Male	17.18	3.930	0.054	54	0.957	N.S	17.11	4.750	0.254	54	0.80	N.S
Emotional	Female	17.75	4.674	0.053	44.56 3	0.958	N.S	16.76	5.566	0.255	53.61 2	0.79 9	N.S
Tatal	Male	117.5 0	12.96 6	-0.124	54	0.902	N.S	114.85	20.263	-0.350	54	0.72 8	N.S
Total	Female	117.9 2	11.77 3	-0.125	51.97 1	0.901	N.S	116.72	19.765	-0.350	53.49 0	0.72 8	N.S

The findings in this table reveal that there are no significant differences in parents' needs regarding their child's gender at governmental and private centers at  $p \le 0.05$ .

Table (6): The Significant Differences in Parents' Needs Regarding Child's Degree of Retardation

Parents' Ne	eed	Govern	mental	Centers	(N=56)	)		Private (	Centers (N	N=56)			
	l's Degree etardation	M	SD	t	Df	Sig.	p≤0 .05	M	SD	t	df	Sig.	p≤0 .05
Cognitive	Mild	38.47	6.03 1	0.444	54	0.659	N.S	37.00	7.442	-0.669	54	0.506	N.S
Cognitive	Moderate	37.81	4.87 0	0.415	30.3 67	0.681	N.S	38.24	6.429	-0.666	51.566	0.509	N.S
Dhysical	Mild	29.68	3.77	- 0.648	54	0.520	N.S	29.19	5.335	0.107	54	0.915	N.S
Physical	Moderate	30.32	3.35 9	- 0.624	32.9 13	0.537	N.S	29.03	5.199	0.107	53.481	0.915	N.S
Social	Mild	32.86	4.00 1	0.989	54	0.327	N.S	31.44	5.873	-0.218	54	0.828	N.S
Social	Moderate	31.35	5.11 7	1.071	45.0 46	0.290	N.S	31.79	6.067	-0.218	53.913	0.828	N.S
Emotional	Mild	16.89	3.47 8	1.134	54	0.262	N.S	17.70	5.621	1.090	54	0.281	N.S
Emotional	Moderate	18.24	4.53 6	1.235	45.7 30	0/223	N.S	16.21	4.640	1.082	50.555	0.284	N.S
Total	Mild	117.7 4	12.2 15	0.025	54	0.980	N.S	115.33	20.809	-0.176	54	0.861	N.S

Moderate	117.6 5	12.6 01	0.025	37.4 57	0.980	N.S	116.28	19.265	-0.176	52.820	0.861	N.S
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The findings of this table depict that there are no significant differences in parents' needs regarding degree of retardation for children at governmental and private centers at  $p \le 0.05$ .

Table (7): The Significant Association between Parents' Needs and Parents Occupation

Parents' Need	Governmen	ntal Center	s (N=56)		Private C	enters (N=56	)	
	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.
Fathers' Occupation								
Cognitive	49.180	48	0.426	N.S	60.244	63	0.575	N.S
Physical	32.840	36	0.620	N.S	58.882	54	0.302	N.S
Social	42.922	48	0.680	N.S	78.628	57	0.030	S
Emotional	45.725	42	0.320	N.S	61.733	48	0.88	N.S
Total	86.582	93	0.667	N.S	94.248	108	0.825	N.S
<b>Mothers Occupation</b>								
Cognitive	31.508	32	0.491	N.S	16.341	21	0.750	N.S
Physical	22.566	24	0.546	N.S	16.277	18	0.573	N.S
Social	19.247	32	0.963	N.S	12.729	19	0.852	N.S
Emotional	20.172	28	0.858	N.S	12.060	16	0.740	N.S
Total	71.313	62	0.196	N.S	37.413	36	0.404	N.S

This table depicts that there are no significant association between father's occupation and parents need at all sub-domain except the social needs for those at private centers which are significantly associated with father's occupation at  $p \le 0.05$ .

Concerning mother's occupation, the findings of this table show that mothers' occupation is not significantly associated with their needs at governmental and private centers.

Table (6): The Significant Association between Parents' Needs and Parent's Education

Parents' Need	Governmen	tal Center	es (N=56)		Private Cer	nters (N=56	)	
	χ²	d.f	<b>P-Value</b> ≤ <b>0.05</b>	Sig.	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.
Fathers' Education								
Cognitive	111.981	80	0.011	S	138.760	126	0.206	N.S
Physical	73.262	60	0.117	N.S	94.328	108	0.823	N.S
Social	85.910	80	0.306	N.S	120.117	114	0.329	N.S
Emotional	73.882	70	0.353	N.S	100.075	96	0.368	N.S
Total	180	155	0.078	N.S	237.944	216	0.146	N.S
Mothers Education				•				

Cognitive	117.678	96	0.066	N.S	103.127	126	0.933	N.S
Physical	60.483	72	0.831	N.S	92.861	108	0.850	N.S
Social	104.328	96	0.246	N.S	115.346	114	0.447	N.S
Emotional	90.900	84	0.284	N.S	118.593	96	0.059	S
Total	201.444	186	0.208	N.S	174.053	216	0.984	N.S

This table indicates that Cognitive needs are significantly associated with fathers' education at governmental center at p $\leq$  0.05 respectively, while there are no significant differences between education and other sub-domains of needs. Concerning

mothers education, results depicts that are no significant differences between parents' needs and mothers'education except the emotional needs which are significantly associated with mothers' education at private center at  $p \le 0.05$ .

Table (8): The Significant Association between Parents' Needs and Type of Family

Type of Family	Governmental Centers (N=56)				Private Centers (N=56)			
Parents' Need	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.	$\chi^2$	d.f	<b>P-Value</b> ≤ <b>0.05</b>	Sig.
Cognitive	19.822	16	0.228	N.S	19.056	21	0.582	N.S
Physical	15.785	12	0.201	N.S	18.472	18	0.425	N.S
Social	17.383	16	0.361	N.S	19.658	19	0.415	N.S
Emotional	12.087	14	0.599	N.S	14.305	16	0.576	N.S
Total	28.642	31	0.588	N.S	38.306	36	0.365	N.S

This table reveals that are no significant differences between parents' needs and type of family with respect to governmental and private centers at  $p \le 0.05$ .

Table (7): The Significant Association between Parents' Needs and Socio-economic Status

Socio-economic	Governme	Governmental Centers (N=56)				Private Centers (N=56)			
Parents' Need	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.	$\chi^2$	d.f	P-Value ≤ 0.05	Sig.	
Cognitive	43.971	48	0.639	N.S	45.687	63	0.951	N.S	
Physical	34.768	36	0.527	N.S	56.169	54	0.394	N.S	
Social	43.057	48	0.675	N.S	56.972	57	0.476	N.S	
Emotional	42.602	42	0.445	N.S	56.136	48	0196	N.S	
Total	100.476	93	0.280	N.S	109.118	108	0.452	N.S	

This table reveals that are no significant differences between parents' needs and socio-economic status with regard to governmental and private centers at  $p \le 0.05$ .

### IV. DISCUSSION

## Part I: Discussion the Characteristics of Children with Mental Retardation

The study results reveal that age group of children for more than half of the sample at governmental and private centers is (5-11) years old (62.5%, 66.1%). In a study of Al-Hazmi (2009)

who has studied the needs of parents of students intellectually disabled and their relationship with some variables. A questionnaire and interview technique is conducted on (258) participants. Findings of the study indicate that the majority of them (6-12) years old<sup>(6)</sup>.

Concerning gender, the study results indicate that the (57.1%) of them is males in governmental center and (51.8) is

females in private centers. In a study of Al-Jawadi and Abdul-Rhman (2007) who have studied prevalence of childhood and early adolescence mentally retarded among children attending primary health care centers in Mosul Governorate: Iraq. A cross-sectional study is adopted four primary health care centers are chosen consecutively as a study setting. The subjects of the present study is mothers who came to the primary health care center for vaccination of their children. The chosen mothers is includes by systematic sampling randomization. All children (aged 1–15) that each mother has were considered in the interview and examination. Their findings indicate that the (55.1) is males among the study sample<sup>(7)</sup>.

Regarding level of mental retardation, results indicate that the (66.1% and 51.8%) are moderate in severity for both children from governmental and private centers. Also, in a study of Al-Hazmi (2009) who find that the most of the children (58.2%) are with moderate in severity of the mental retardation<sup>(6)</sup>.

## Part II: Discussion of Distribution of Parents According to Their Socio-demographic Characteristics

The analysis of parents' characteristics indicate that (44.6%, 57.1%) of fathers were Profession (governmental employed) at both governmental and private centers, whereas mothers were housewives (57.1%, 51.8%). A study of Hamid (1999) has studied development of training program for the family care provider of mentally retarded children. Their findings indicate that the most of father's occupation is private work (self-employed), and most of the study sample is housewife<sup>(8)</sup>.

Regarding education variable, the dominant percentage is referring that fathers and mothers of mentally retarded children are Graduate or post-graduate at governmental and private centers (father: 41.1%, 49.9% and mother: 42.9%, 53.6%). In a study of Hamid (1999) has studied development of training program for the family care provider of mentally retarded children. The results indicate that the most of children parents are able to read and writes<sup>(8)</sup>.

The type of family indicated that more of the parents are living in nuclear families (71.4%, 85.7%). In view of point of the researcher the presence of a disabled child in the family, forces the family to identify someone from the family to take care of the child and often the mother. Which prompts them to neglect other areas or other relations, such as the relationship of marital and thus imposes on parents birth control and not to give birth to a lot of kids and this explains why the result above.

According to socioeconomic status, results indicate that the most of parents making moderate socioeconomic status at both centers (governmental and private). Most of the sample were resident at urban which is represented by the high percentage regarding residence variable (98.2% and 100%). Mar (1996) has studied parents of children with mental retardation living in Taiwan: An analysis of service needs and perceived stress. The results of which showed that the families with low socioeconomic status suffer from health problems, and psychological pressure more than middle and high socioeconomic status families. Also, Azmi (1998) pointed that the importance of socioeconomic status for parents of mentally retarded children<sup>(9)</sup>. In a study of Baldwin (2006) has studied designing disability services: understanding the role that disability organizations play in transforming a right-based

approach to disability. Confirmed in its results that the parents of intellectually disabled students need for fixed socioeconomic status<sup>(10)</sup>.

### Part: III: Distribution of Parents' Needs Level According to Their Domains

The study results depicts that parents' need were high for those who attending the governmental and private centers (67.9% and 51.8%); regarding needs sub-domain, the findings indicated that parents are need high knowledge (69.6% and 67.9%) about their children' status. The physical needs are also highly needed by parents (64.3% and 50%). The social and emotional needs are moderately needed by parents at governmental centers (51.8% and 48.2%), while are highly needed in parents who attending private centers (51.8% and 37.5 %). The mean of scores and standard deviations for parents' need are showing no significant differences in comparing between governmental (M.S= 2.68) and private (2.46) centers. In a study of Al-Hazmi (2009) who has studied the same domains when he assessed the needs of parents of students intellectually disabled and their relationship with some variables. A questionnaire and interview technique is conducted on (258) participants. The findings indicate (91%) of parents needs of these variables. Concerning knowledge, parent's needs in (84%), and physical needs (72%). In addition, social and emotional needs indicate (85%)<sup>(6)</sup>.

Also the study of Ellen (1988) confirmed that the parents need information about how to deal with the child's behavior, and their need to know the future of their child intellectually disabled.

In addition to that, the study of Sartawi (1998) indicate that the physical needs is ranked first, followed by the order knowledge needs, then the need for community and social support. Where he stressed that the needs of the parents of the intellectually disabled children to the financial assistance and the payment of expenses<sup>(11)</sup>.

In a study of Soresi and others (2007) have studied considerations on supports that can increase the quality of life of parents of children with intellectual disabilities. Their results confirmed that the parents of students with intellectual disability needs emotional support collectively by the parents of others, and support from kin to the family of a disabled child intellectually, this support from relatives had a significant and powerful effect, that parents need to communicate with the school, and improve the exchange of information available about the program and services and future plans, and the importance of courses education to increase family awareness towards disability of her son and to improve the quality of life to him<sup>(12)</sup>.

## Part IV: Discussion of Parents Needs Regarding Child Characteristics

### 1. Significant Differences in Parents' Needs Regarding Child's Age

Study results indicates that there is no significant differences in parents' needs with respect to their children's age at  $p \le 0.05$  in both centers: governmental and private. This results concurrent with the results Al-Hazmi (2009) has found that there is no association between age of mentally retarded child and parent's knowledge, physical, social and emotional needs<sup>(6)</sup>.

In a study of Sartawi (1998) have studied the parent's needs of disabled children to cope with the psychological stress. Their findings indicate that there is a significant association between parent's needs and their children age<sup>(11)</sup>.

### 2. Significant Differences in Parents' Needs Regarding Child's Gender

Findings of the study reveal that there are no significant differences in parents' needs regarding their child's gender at governmental and private centers at  $p \le 0.05$ . This finding was inconsistent with reports by Abdul-Aziz (2012) who found in his study there are a significant differences between the needs of families of children with intellectual disabilities with variable sex in favor of males<sup>(13)</sup>.

## 3. Significant Differences in Parents' Needs Regarding Child's Degree of Retardation

Findings of the study depict that there are no significant differences in parents' needs regarding degree of retardation for children at governmental and private centers at  $p \le 0.05$ . In a study of Linda (1995) has studied the relationship of characteristics of handicapped children and their families to parental need for respite care. The findings indicate that there is a significant association between parents of children with mild mental retardation than those who are with moderate mental retardation<sup>(14)</sup>. Also, a study of Hamid (1999) has studied development of training program for the family care provider of mentally retarded children. Their findings indicate that the (50%) of both mild and moderate mentally retarded children<sup>(8)</sup>.

## Part V: Discussion of Significant Association between Parents Needs and Socio-demographic Characteristics

## 1. Significant Association between Parents' Needs and Parent's Occupation

The study results indicate that there are no significant association between father's occupation and parents need at all sub-domain except the social needs for those at private centers which are significantly associated with father's occupation at p $\leq$  0.05. Results of Al-Hazmi (2009) indicate that the parent's needs are not influenced by father's occupation.

Concerning mothers' occupation, results indicate that there is no significant associated with their needs at governmental and private centers. Results of Duvdevany and Abboud (2003) indicated that there is no significant association between parent's needs and mother occupation<sup>(15)</sup>.

## 2. Significant Association between Parents' Needs and Parent's Education

Study results indicates that Cognitive needs are significantly associated with fathers' education at governmental center at p  $\leq$  0.05 respectively, while in private centers, there are no significant differences between education and other sub-domains of needs. In a study of Mar (1996) has studied parents of children with mental retardation living in Taiwan: An analysis of service needs and perceived stress. Which confirmed the presence of a positive significant correlation between the educational level of parents and the needs of families, in the sense: that the higher the educational level of parents increased whenever this has led to an increase in psychological needs, social, and recreational (16).

Concerning mothers education, results depicts that are no significant differences between parents' needs and mothers' education except the emotional needs which are significantly associated with mothers' education at private center at  $p \le 0.05$ . In a study of Sartawi (1998) which confirmed that there are differences between the needs of knowledge, physical, and social support, so as to favor those parents with high educational level<sup>(11)</sup>.

It attributes the researcher interpreting the results of this study and about the lack of differences in the needs of the parents due to the education level of the quest parents to improve the quality of life for their children with intellectual disabilities by providing all of the services that help to develop their skills, regardless of educational level of parents.

### 3. Significant Association between Parents' Needs and Type of Family

The study result reveals that are no significant differences between parents' needs and type of family with respect to governmental and private centers at  $p \le 0.05$ . The researcher attributes to the fact that the needs of parents and the pressures that are associated with those needs is one regardless of family type.

#### V. CONCLUSION

- 1. Parents' needs of mentally retarded children have high level score which depict that parents are strongly needed cognitive, physical and social needs in both public and private institutes.
- **2.** Needs and functions of parents of children with mental retardation are not influenced by age, gender and degree of disability.
- Parents' needs toward their children whether in the public and private institutes are not significantly different.
- **4.** Father's occupation has an influence on social needs for those at private institutes.
- 5. Fathers' education has impact upon public institutes.
- **6.** Parents' functions are influenced by father's education, mother's education, and type of family at private institutes.

### VI. RECOMMENDATIONS

- 1. Emphasizing and strengthening the focus of service provision towards understanding the unique needs of Iraqi families having mentally retarded persons and providing needs based family intervention.
- **2.** Activating the awareness programs for the community to clarify the needs and characteristics of the rights of the disabled children and their families.
- **3.** Educating Parents of mentally retarded children the physical rights of their children's, which are provided from public and private center.
- **4.** Establishing of specialized guidance centers to solve the problems that experienced by mentally retarded children and their families.

- **5.** Establishing of specialized scientific sites which serve the families of mentally retarded children about how to deal with their children.
- **6.** An in-depth study on the families' problems who have children with intellectual disability from parents' perspectives.
- 7. Further studies can be conducted study of the psychological pressures faced by the families of mentally retarded children and methods to deal with them.

#### REFERENCES

- Buehler, Markus J. "Nature designs tough collagen: explaining the nanostructure of collagen fibrils." Proceedings of the National Academy of Sciences 103.33 (2006): 12285-12290.
- [2] Drotar, Dennis, et al. "The adaptation of parents to the birth of an infant with a congenital malformation: a hypothetical model." Pediatrics 56.5 (1975): 710-717.
- [3] Fisher, Bonita Ellen. "Relationship Between Social Problem-Solving Skills, Quality of Life, and Family Adjustment in Caregivers of Children with Developmental Disability." (2009).
- [4] Glidden, Laraine Masters. "An Update on Label and Definitional Asynchrony: The Missing Mental and." What is Mental Retardation?: Ideas for an Evolving Disability in the 21st Century (2006): 39.
- [5] Fagan, Joseph F., and Douglas K. Detterman. "The Fagan test of infant intelligence: a technical summary." Journal of Applied Developmental Psychology 13.2 (1992): 173-193.
- [6] Al-Hazmi, N.: The Needs of Parents of Students Intellectually Disabled and their Relationship with Some Variables. King Saud University, 2009, p.p. 63-64-71.
- [7] Al-Jawadi, A. and Abdul-Rhman, S.: Prevalence of childhood and early adolescence mental disorders among children attending primary health care centers in Mosul, Iraq: a cross-sectional study. BMC Public Health, 7 (274) 2007, p.p. 4-8.
- [8] Hamid, A.: Development of Training Program for the Family Care Provider of Mentally Retarded Child. A Dissertation/University of Baghdad/ College of Nursing, 1999, p.p. 66-67.

- [9] Azmi, Y. "Personality dimensions, religious tendencies and coping strategies as predictors of general health in Iranian mothers of children with intellectual disability: A comparison with mothers of typically developing children." Journal of Applied Research in Intellectual Disabilities 24.6 (1998): 573-582.
- [10] Baldwin, Rebecca, and Karen Moore. "Including disabled people in poverty reduction work: "Nothing about us, without us"." World Development 31.3 (2006): 571-590.
- [11] Sartawi, G.: Child-related and parenting stress: Similarities and differences between mothers and fathers of children with disabilities. American Journal on Mental Retardation, 97(4), 1998, p.p. 393-404.
- [12] Soresi, S.; Nota, L. and Ferrari, L.: Considerations on Supports that Can Increase the Quality of Life of Parents of Children with Intellectual Disabilities. Journal of Policy and Practice in intellectual Disabilities, 4 (4), 2007, p.p. 248-251.
- [13] Abdul-Aziz, M.: Fathers' childcare involvement with children with and without disabilities. Topics in Early Childhood Special Education, 14(4), 2012, p.p. 488-501.
- [14] Linda, R.: Resiliency in families with a member with a psychological disorder, 1995, p.p. 34: 285-300.
- [15] Duvdevany, R. and Abboud, P. :Maternal and paternal caregiving of persons with mental retardation across the life span. Family Relations, 2003, p.p. 46, 407-415.
- [16] Mar, S.: The function of onset and offset responsibility perceptions in fathers' and mothers' adjustment to their child's developmental disability. Journal of Social Behavior and Personality, 9(5), 1996, p.p. 348-368.

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