

## **Habits and Socialization among Primary School Children Having Visual, Hearing, and Intellectual Disabilities: Descriptive study**

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### **Abstract:**

Socialization of a child is something that is typically a natural phenomenon, but for children with disabilities, it can be difficult and especially challenging. **Aim:** This study aimed to explore the habits and socialization among primary school children having visual, hearing, and intellectual disabilities. **Design:** Cross-sectional descriptive research design was used in this study. **Setting:** This study was conducted at special needs schools in Assiut city; includes El-Fekria school for mentally retarded children, El-Nour for blind children and El-Amal school for deaf and dumb. **Sample:** A convenient sample included parents of 588 disabled children. **Tools:** A structured interview questionnaire was used. It includes characteristics of the child and their parents, family history and consanguinity, medical history of the child disability, as well as parents' knowledge about disability. **Results:** The majority of children were males, from rural areas, have illiterate fathers and mothers, they had positive history of disability and consanguinity, & the majority of parent had unsatisfactory level of knowledge. **Conclusion:** disabled children are more likely to have socialization problems. Their parents' knowledge about disability is very low. **Recommendation:** The current study recommended that provide support and education programs for parents to improve the care provided to children with disabilities.

**Keywords:** *Children, Disability Habits, Socialization, Parents, Primary School & Nursing*

### **Introduction**

Children dealing with culture continuously regulate the achievement of socialization. However, children's emotional lives and their experience continue to expand, outside the home and coincide with the developmentally suitable trust toward autonomy. Therefore, exposure to peers' group in these settings likely plays a particularly important role in building child's emotion and socialization. A disability is a chronic physical or intellectual impairment that can delay the acquisition of independence as well as creel the child's ability to interrelate with environment. However, it may be important for parents to adapt their emotion socialization practices to best support their children's for developing socioemotional competence (Mirabile et al., 2016 & Akhmetzyanova et al., 2017).

A disabled child is one with a physical or mental problem which has a substantial and long term or permanent adverse effect on his or her ability to carry out normally day to day actions such as caring for oneself, acting manual responsibilities, walking, standing, hearing, eating, seeing, sleeping, speaking, learning, concentrating, thinking, reading and communicating. However, Children with disabilities are considered to be living in especially difficult circumstances (Padilha et al., 2017).

Universally, persons who living with some form of disability establish approximately 15% and assessed 1 billion people **World Health Organization (WHO), (2018)**. In Egypt, disability rates are testified to be very little (0.7% of the total population). However, the main reasons of disability in Egypt are congenital abnormalities, followed by injuries/accidents, old age, epidemics, and other illnesses, and birth-related situations (**Economic and Social Commission of Western Asia, 2014 & Ghazawy et al., 2020**).

Hearing disability (HD) is the greatest prevalent sensory impairment in childhood. According to the last update of the **World Health Organization, (2015)**, 360 million people worldwide, equaling 5% of the world's population, have a disabling HD (328 million adults and 32 million children). Children with HD, they appear to be neglected by peers and experience more isolation and loneliness in school than do hearing children.

Therefore, it is important to pay great attention on fostering their positive peer interaction when educating and rehabilitating children with HD (**Mahmoud et al., 2016**).

Children with visual disabilities are characterized by certain features associated with the sensory sphere, which limit their ability to get information from the outside world, lead to changes in methods and

resources of communication, and cause problems for social adaptation and acquisition of social skills. Globally, an estimated 19 million children are visually disabled 1.5 million are bilaterally blind. The occurrence of blindness in children varieties from 0.3 per thousand children in the developed countries to 1.5 per thousand in the developing countries. About 90% of the world's visually impaired and blind children live in the poorest regions of Asia and Africa (Awan et al., 2018., Akhmetzyanova & Artemyeva, 2020).

Intellectual disabilities in childhood constitute a major health problem throughout the world and a handicapping illness with long term costly treatment and bad impact on the family. It establishes a main delinquent in Egypt upsetting the quality of life of children and the wellbeing of their families. Globally, the occurrence of intellectual incapacity has been assessed to be about 16.41/1,000 persons in low-income countries, about 15.94/1,000 for middle-income states, and about 9.21/1,000 in high-income states. Global, intellectual incapacity happens extra in boys than in girls: 2: 1 in mild intellectual disability and 1.5:1 in severe intellectual disability (Lindly et al., 2016 & American Academy of Pediatrics, 2016).

A disabled child is dependent on their parents on varying degrees. This is a significant source of stress for the family. Therefore, variables such as economic difficulties, lack of knowledge, tension inside the family, reduction in participation in social activities and society's attitude towards the disabled children have been reported to be the main difficulties for the families with disabled children. However, parents play a more active role in solving these difficulties and make more efforts (Jackson & Vessey, 2017).

Meanwhile, several studies show that parents (and particularly mothers) with mentally or physically-disabled children are under more stress and their anxiety levels are higher compared to parents who do not have disabled children. However, Pediatric nurse and community health nurse as a medical professional should be work to establish relationships that are responsive to the needs of the child and family for dealing with the disability and should be oriented with the numerous community resources for disabled child to become strong advocate (Ela Kuçuk & Alemdar, 2018).

### Significance of the study

Children with disabilities have always been an important part of the society and their problem remains one of the most acute social challenges. Disability is a problem of particular importance in Egypt.

The assessed degree among the age group 10-29 in Egypt is 1.3% and 1.1% is gained among the age group 13-35. The assessed occurrence of disability in the Arab countries ranges from 0.4% (Qatar) to 4.9% (Sudan) **Population Council, (2015)**. In the USA, it is reported that 17% of children under the age of 18 have developmental disability **Centers for Disease Control and Prevention (CDC), (2019)**. Children affected by disability have many health care's needs. Additionally, disabilities not only affect the child but also affect the family and the community.

### Aim of the study

To explore the habits and socialization among primary school children having visual, hearing, and intellectual disabilities.

### Research question

- What is the habits and socialization among primary school children having visual, hearing, and intellectual disabilities?
- What are the relationships between personal characteristics of disabled children and their parents and the type of disability?

### Operational definition:

- **Disability** is any state of the body or mind (disorder) that brands it added hard for the person with the state to do convinced doings (activity restriction) and interrelate with the creation round them (contribution limitations) (CDC, 2020).
- **Visual disabilities** are definite as a reduced capability to see to a grade that reasons difficulties not fixable by typical means, such as glasses or medication. Visual impairment can be due to disease, upset, or congenital or deteriorating situations (WHO, 2015).
- **Hearing disabilities** is defined as "an impairment in hearing, whether permanent or shifting, that harmfully affects a child's educational act." (Centers for Disease Control & Prevention, 2013).
- **Intellectual disability** is defined as important restriction in intellectual working and adaptive performance. It is demonstrated in variances in conceptual, social and applied life services (American psychiatric Association (APA), 2018).
- **Socialization** is the developmental process through which a child acquires the ability to use language and other communicative resources in culturally appropriate and socially effective ways (Garrett, 2020).
- **Habits** as "a established or steady propensity or repetition, particularly one that is firm to give up" and also "an automatic response to a definite condition" (Robbins & Costa, 2017).

**Subjects and Methods:****Research design**

Cross-sectional descriptive study design was used in this study.

**Setting**

The study was conducted in special needs schools in Assiut city, their numbers are 3 schools. These were El-Fekria school for mentally retarded children, that served mentally retarded boys and girls aged from 6-18 years, these children have intelligence quotient (IQ) from 50-74%, they can often obtain academic assistances up to grade six levels and in some cases live independently with community and social support. El-Nour school served blind boys and girls aged from 6-18 years, with visual acuity 6/60 or less in one eye or both and IQ not less 75%. El-Amal schools (one for boy & one for girl). These schools serve all pupils with hearing and communication impairment aged from 6-18 years, there hearing test is 60 decibel and more, and IQ not less 75%.

**Sample**

A total coverage sampling technique was used. Parents (both mother and father) of all students in the special needs' schools were taken; students' parent total number was 588.

**Inclusion criteria:**

All parents of disabled children registered in previous mentioned schools who accepted to participate in the study.

**Tools of data collection:**

A structured interview questionnaire was prepared by the researchers based on review of pertinent literature to gather data from child' parents. It includes three parts:-

**Part I:** Personal characteristics of the children and their parents, such as gender, age, residence, academic year, sibling order, parents' education & job, family history and consanguinity, medical history of the child disability, and its type

**Part II:** Parents' knowledge about disability such as definition, types, causes, care and how to deal with disabled child, and disabled rights. The parents' knowledge was measured satisfactory if the total percent score was identical to 60% or more and considered unsatisfactory if less than 60%.

**Part III**

- a. The disabled child habits such as eating, number of meals, regular snacks, drink with meals, eating on front of T.V. physical exercise at school, and sleeping problem
- b. Socialization such as disabled child communication with sibling, & if parents taking them out side home for recreation.

**Validity & Reliability:**

The face and content validity were achieved through five experts; three professors from the Pediatric Nursing and two from Community Health Nursing. All experts were affiliated to faculty of nursing Assiut University to revise the tool. Their comments were considered and the necessary modifications were done. Test- retest reliability was used with 30 parents prior to the start of the study to measure the reliability of the tool ( $r=0.94$ ).

**Pilot study:**

A pilot study was conducted at the beginning of the study. It included 10% of the total sample (58) parents accompanying their disable children to investigate the feasibility of data collection tools and their clarity. The pilot study revealed that the tools used properly assess the target objectives. It was done to estimate the time required for filling in the tool and checking the clarity, applicability and relevance of the questions. The involved parents and their children were included later from the main study sample.

**Ethical considerations:**

The purpose of the study was explained to the parent of the disabled child (every member, mother or father of the disabled child), as well as the directors of the studied schools. The parents were knowledgeable about their rights to agree to take or refuse to share in the study; consent to share in the study was secured orally. They were informed that there is no risk or cost for participation, and the participation is voluntary. Also, the parents were assured that the confidentiality of information will be secured and anonymity of each subject will be maintained.

**Fieldwork:**

Approval was obtained from the General Secretary of the Ministry of Education in Assiut city after explaining the purpose and nature of the study, and asking for permission to conduct it. The system in special need' schools is based on; children stay in school all week in the boarding department, and they are taken to their homes at the end of the week. Parents take their children home at the weekend, some on Wednesday and some on Thursday and they back to school on Saturday morning. The interview took place while parents were waiting for their children to finish the school day. The researchers met with the mother or father, or both and explain the purpose of the study and asked for their consent to participate. Then, a face-to-face individual interview was done using the interview sheet. Each interview took about 20-30 minutes. From 46 to 50 sheets were filled every week. Data were collected in the period from the first October 2019 until the end of December 2019.

**Statistical analysis:**

Data entrance and statistical analysis were completed via SPSS 19.0 statistical software package. Descriptive statistics (number, percentage, mean and standard deviation) were complete. Qualitative

definite variables were related using chi-square test. ANOVA test was done to compare qualitative variables between groups. Statistical significance was measured at p-value <0.05.

**Results:**

**Table (1): Number and percentage distributions of the studied disabled children and their parents according to their characteristics (n= 588)**

Criteria	No.	%
<b>Sex /gender:</b>		
Male	342	58.2
Female	246	41.8
<b>Age (years):</b>		
6-	78	13.3
8-	210	35.7
10-	247	42.0
12-≤ 16	53	9.0
<b>X ±SD</b>	<b>10.56 ± 3.16</b>	
<b>Residence:</b>		
<b>Rural</b>	<b>445</b>	<b>75.7</b>
Urban	143	24.3
<b>Academic year:</b>		
<b>1</b>	176	29.9
2	84	14.3
3	118	20.1
4	136	23.1
5	65	11.1
6	9	1.5
<b>Type of children's disability:</b>		
Visual	59	10
Hearing/Speech	<b>431</b>	<b>73.3</b>
Intellectual	98	16.7
<b>Fathers' education:</b>		
Illiterate	<b>224</b>	<b>38.1</b>
Read/write	95	16.2
Basic	65	11.1
Secondary	142	24.1
University	62	10.5
<b>Mothers' education:</b>		
Illiterate	335	57.0
Read/write	72	12.2
Basic	90	15.3
Secondary	77	13.1
University	14	2.4
<b>Mother job status:</b>		
Not working	<b>554</b>	<b>94.2</b>
Working	34	5.8
<b>History of:</b>		
Disability in the family	235	<b>40.0</b>
Consanguinity	354	<b>60.2</b>
Socialization of child	544	92.5
Communication with siblings	544	92.5
Parents ability to recreate their children	511	86.9

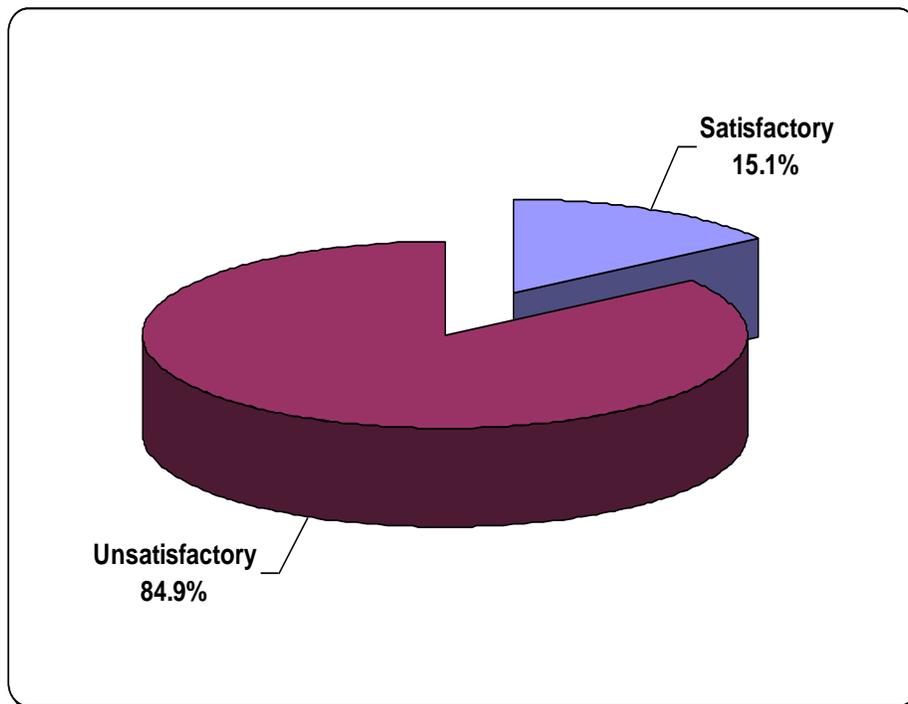
**Table (2): Number and percentage distribution of total satisfactory knowledge about disability among parents of the studied disabled children (n= 588)**

Correct knowledge	No.	%
Definition	275	46.8
Types	166	28.2
Causes	64	10.9
Care	13	2.2
Disabled rights	75	12.8
Dealing with disabled child	15	2.6

**Table (3): Number and percentage distribution of the disabled children according to their eating habits, sleep problems and physical exercise (n= 588)**

Items	No.	%
<b>Number of meals:</b>		
Two daily meal	471	<b>80.1</b>
Three daily meal	80	13.6
Four daily meal	37	6.3
<b>Eating habits:</b>		
Take a frequent snack	455	<b>77.4</b>
Drinking with meals	77	13.1
Eating in front of TV	258	43.9
<b>Sleep problems*</b>	47	<b>8.2</b>
<b>Physical exercise at school</b>	265	<b>45.1</b>

\*Sleep problems include frequent night waking, excessive sleepiness and early waking

**Fig. (1): Distribution of total knowledge among disabled children' parents**

**Table (4): Relation between characteristics of disabled children and their parents and the type of disability (n= 588)**

Personal characteristics	Disability type						X <sup>2</sup> Test	p-value
	Visual (n=59)		Hearing/ speech (n=431)		Intellectual (n=98)			
	No.	%	No.	%	No.	%		
<b>Sex:</b>								
Male	35	59.3	236	54.8	71	72.4	10.31	0.006*
Female	24	40.7	195	45.2	27	27.6		
<b>Age (years):</b>								
6-	11	18.6	61	14.2	6	6.1	73.23	0.000*
8-	13	22.0	176	40.8	21	21.4		
10-	16	27.1	167	38.7	64	65.3		
12+	19	32.2	27	6.3	7	7.1		
Mean ± SD	11.51 ± 2.39		10.44 ± 3.16		10.01 ± 2.82		f=2.49	0.013*
<b>Residence:</b>								
Rural	43	72.9	322	74.7	80	81.6	2.36	0.308
Urban	16	27.1	109	25.3	18	18.4		
<b>Academic year:</b>								
1-2	21	35.6	154	35.7	85	86.7	86.19	0.000*
3-6	38	64.4	277	64.3	13	13.3		
<b>Father education:</b>								
Illiterate	17	28.8	180	41.8	27	27.6	23.01	0.003*
Read/write	12	20.3	62	14.4	21	21.4		
Basic	11	18.6	37	8.6	17	17.3		
Secondary	12	20.3	112	26.0	18	18.4		
University	7	11.9	40	9.3	15	15.3		
<b>Mother education:</b>								
No formal education	38	64.4	306	71.0	63	64.3	2.40	0.301
Educated	21	35.6	125	29.0	35	35.7		
<b>Mother job status:</b>								
Housewife	53	89.8	414	96.1	87	88.8	10.09	0.006*
Working	6	10.2	17	3.9	11	11.2		

(\*) Statistically significant at  $p < 0.05$ **Table (5): Relation between parents' satisfactory knowledge about disability and the type of child disability (n= 588)**

Correct knowledge	Disability type						X <sup>2</sup> Test	p-value
	Visual (n=59)		Hearing/speech (n=431)		Intellectual (n=98)			
	No.	%	No.	%	No.	%		
Definition	41	69.5	182	42.2	52	53.1	17.37	0.000*
Types	10	16.9	123	<b>28.5</b>	33	<b>33.7</b>	5.16	0.076
Causes	9	15.3	35	8.1	20	20.4	13.72	0.001*
Care	5	<b>8.5</b>	7	<b>1.6</b>	1	<b>1.0</b>	12.04	0.002*
Dealing with disabled	4	<b>6.8</b>	8	<b>1.9</b>	3	<b>3.1</b>	5.18	0.075
Disabled rights	12	20.3	44	10.2	19	19.4	9.44	0.009*
Total knowledge	17	28.8	42	9.7	30	30.6	36.62	0.000*

(\*) Statistically significant at  $p < 0.05$

**Table (6): Relation between the children's disability characteristics and its types (n= 588)**

Items	Disability type						X <sup>2</sup> Test	P-value
	Visual (n=59)		Hearing/ speech (n=431)		Intellectual (n=98)			
	No.	%	No.	%	No.	%		
Family history	26	44.1	196	45.5	13	13.3	34.99	0.000*
Consanguinity	37	62.7	261	60.6	56	57.1	0.56	0.756
<b>Social relations:</b>								
Socialization of child	49	83.1	413	<b>95.8</b>	82	83.7	25.52	0.000*
Communication with siblings	51	86.4	409	<b>94.9</b>	84	85.7	13.22	0.001*
Recreation activities	48	81.4	397	92.1	66	67.3	44.80	0.000*

(\*) Statistically significant at  $p < 0.05$

**Table (7): Relation between eating habits, sleeping problems, and physical exercise among disabled children according to the types of disability (n= 588)**

Items	Disability type						X <sup>2</sup> Test	p-value
	Visual (n=59)		Hearing/ speech (n=431)		Intellectual (n=98)			
	No.	%	No.	%	No.	%		
- Regular three meals	21	<b>35.6</b>	37	8.6	22	22.4	40.03	0.000*
- Take a frequent snack	37	62.7	327	75.9	91	<b>92.9</b>	21.23	0.000*
- Drinking with meals	14	23.7	52	12.1	11	11.2	6.57	0.038*
- Eating in front of TV	25	42.4	186	43.2	47	48.0	0.81	0.667
- Sleep problems	5	8.5	33	7.7	9	9.2	0.27	0.872
- Physical exercise	19	32.2	175	40.6	71	<b>72.4</b>	37.09	0.000*

(\*) Statistically significant at  $p < 0.05$

**Table (1):** This table clarified that, the mean age of studied children was  $10.56 \pm 3.16$  years old and more than half (58.2%) of them were male. It is evident that more two third (75.7%) of disabled children were from rural areas and the most (73.3%) of them had hearing and speech disability. Also, disabled children tended to have more illiterate fathers and mothers, and non-working mothers. Moreover, they had positive history of disability and consanguinity (38.1% & 94.2%, 40%, 60, 2%) respectively.

**Table (2):** Displays parents' knowledge about disable children. Generally, except for knowledge about definition, their knowledge was very low. This was more evident regarding care and dealing with disabled children (2.2% & 2.6%) respectively.

**Table (3):** Demonstrates that, more than two third (77.4%) of them take frequent snake and the minority (13.6%) of them had three daily meals, regarding to physical exercise less than half (45.1%) of them had regular exercise at school and the minority (8.2%) of them had sleep problems.

**Figure (1):** Illustrated that the majority (84.9%) of disabled children' parent had unsatisfactory level of knowledge regarding their children disability.

**Table (4):** The children and their parents' characteristics are compared in according to the type of disability. The table points to statistically significant differences in their sex ( $p=0.006$ ), age ( $p= 0.000$ ), academic level ( $p= 0.000$ ), father education ( $p=0.003$ ), & mother job ( $p=0.006$ ). It is noticed that the mean age was highest among visual and hearing loss ( $11.51 \pm 2.39$  &  $10.44 \pm 3.16$ ) respectively and lowest among intellectual disabled children ( $10.01 \pm 2.82$ ).

**Table (5):** Clarified that, knowledge of parents regarding caring of visual, hearing/speech and intellectual disabled children are very low (8.5%, 1.6% and 1.0%) respectively. Also, the parent's knowledge about how to deal with disability of their children is very low (6.8%, 1.9% and 3.1%) in visual, hearing/speech and intellectual disabled child respectively.

**Table (6):** Concerning the characteristics of types of children disabilities, indicates a statistically significant difference regarding family history of disability among the three types, where positive family history was lowest in the intellectual disability group ( $p=0.000$ ). As regards social relations, children with hearing/speech disability had the highest percentages of good socialization and good

relations with siblings ( $p=0.000$  &  $0.001$ ) respectively.

**Table (7):** Illustrates a comparison of eating and other habits among disabled children according to the type of disability. It points to statistically significant differences in eating regular meals ( $p=0.000$ ), take a snack ( $p=0.000$ ), drinking with meals ( $p=0.038$ ), and physical exercise ( $p<0.000$ ). Children with visual disability were the most likely to eat three regular meals, while eating snacks and physical exercise were highest among intellectual disabled children compared to other disability.

### Discussion:

The problem of children disability remains one of the most acute social challenges. However, caring for child with a disability takes numerous challenges to parents, such as extra financial loads for treating their child's disorder, production with the child's challenging behavior, and social shame allied with disabilities. Consequently, parents of children with a disability often experience more physical health symptoms, negative affect, and poorer psychological well-being than parents without a child with disabilities (**Jung-Hwa et al., 2018**).

According to the findings of the present study, a higher percentage of males were noticed among studied disabled children. The finding is in agreement with the results of a study conducted in Pakistan where visual disability in males contributed 88.7% and only 11.3% in females **Awan et al., (2018)**. On the same line, **El Masry et al., (2020) & Ghazawy et al., (2020)** in Egypt found that, most of disabled children were males. This observation might be attributed to our oriental culture, where families usually offer more attention to their sons than daughters, and thus such disabilities could be under-reported and under-estimated among female children. But, not in agreement with the study conducted by **Mazhar et al., (2020)** in Pakistan who detected that, the majority of disabled children were female (59.8%) have severe level of impairment (79.2%) and most of them fall in the 15 to 18-year age group (55.4%). Residence was also an important factor related to disability in the present study, where the majority of disabled children were from families living in rural areas. These results were in agreement with these findings of **El Masry et al., (2020)** who reported that, 76% of cases were coming from rural areas while 24% of cases were coming from urban areas. This could be explained by the etiology of these disabilities, which are usually

related to recurrent infections of the eyes and ears with no proper care provided, a condition often met in rural areas. These results were in contrary with the study conducted by **Mwale et al., (2018)** in Malawi who reported that, the majority (88) of parents were from urban setting while the rest were from rural setting. Also, **Mazhar et al., (2020)** in Pakistan who showed that, most parents of disabled child lived in urban area.

Parents' education could affect the occurrence and progress of disabilities. According to the present study results, significantly higher proportions of the studied disabled children' parents were illiterate in the disability group of children. In congruence with these present study findings, **Abdelmoktader & Abd Elhamed, (2012)** found that the majority of fathers and mothers of handicapped children in El- Fayoum were illiterate. The findings are quite plausible since education affects the health seeking behavior of the parents, and increases their abilities to detect early signs of deviation from normal among their children, with appropriate prompt action which effect on caring and dealing with disability of their children. Also, educate parents about the services available in the community for disabled children.

According to the present study results, consanguinity was significantly higher among studied disabled children. The findings agree with findings of **Lakhan et al., (2017)** in India who reported that intellectual disabilities were found to be associated in children with their relatives of the first, second, and third generations and confirmed the relation between consanguineous marriage and disabilities among offspring.

The present study results demonstrated the life style related to habits of disabled children, they were eating two meals and doing less physical exercise. Eating snacks was highest among intellectual disabled children, and they were more physically active. The results are in correspondence with **Grumstrup & Demchak (2019)** reported about higher percentage of children with mental retardation having nonfatal injuries due to hyperactivity compared with children without a disabling condition. These findings might be attributed to the fact that parents of disabled children, particularly those with intellectual disabilities tend to compensate their children's disadvantageous condition by food and snacks. Also, mentally disabled children are often hyperactive.

As for parents' knowledge about caring and dealing with disability, it was found to be generally low. Meanwhile, parents of intellectual disabled children had the highest level of knowledge, compared to other disabilities. This latter finding might be attributed to that mental disabilities caused more burden and stress to their parents and require more information regarding dealing with them, compared to visual and hearing disabilities. Thus, parents of mentally disabled children might be more eager to ask and look for more information concerning their disabled children. These results supported by the study conducted by **Matt, (2014)** in Nicaragua who reported that, parents whose children with disabilities should be provided with appropriate education and training for better understanding of their children's conditions. Meanwhile, **Kruithof et al., (2020)** emphasized that, knowledge and awareness among families of disabled children was important in seeking specialized health services for their children.

Regarding schooling, the present study findings demonstrate retardation in school attainments in disabled children, and particularly among those with mental disability (table 4). In congruence with these present study findings, **Gavrilă-Ardelean (2017)**, in Romania found that, the numeral children with disabilities in semester 1 of year 2017 increased with 385 (from 61.504 to 61 889). The findings are quite expected but they point to the importance of having special education to those children with special needs and the government should be give more interested to these targets of population through saved more internal school and increase parents' awareness about the services available in the community for disabled children.

Concerning social relations, it was found that parents of intellectual disabled children tended to exclude them from social encounters though not taking them out of home for recreation (table 6). These results were in agreement with **Forber-Pratt et al., (2017)** who reported that poor socialization in the families of children with disability was associated with poor child development and the findings recommend that disability character can be considered an exclusive singularity that forms persons' behaviors of seeing themselves, their bodies, and their method of interrelating with the society. The findings might be attributed to the common belief that a disabled child is a stigma to the family that should be hidden. This misunderstanding would

have an undesirable influence on the development of the disabled child.

Meanwhile, children with hearing/speech disability in the present study had the highest percentages of good socialization and good relations with siblings (table 6). These findings were in line with **Cheak & Thullen (2017)** who demonstrated that hearing-impaired children who are recognized early and are socialization normally have enhanced consequences in speech, language, cognitive and social development. The findings are explained by the fact that this type of disability does not prevent the child from playing with siblings and communicating through non-auditory means. This would enhance the normal development of these children. But not agree with the research showed by **Shubham et al., (2020)** who showed that, children with hearing/speech disabilities have higher prevalence in loneliness and social isolation.

### Conclusion:

Based on the results of the current study, it can be decided that, the majority of children were males, from rural areas and more than two third of them take frequent snake and the minority of them had three daily meals. Concerning physical exercise less than half of them had regular exercise at school but the minority of them had sleep problems. Disabled children are more likely to have socialization problems except children with hearing/speech disability had the highest percentages of good socialization and good relations with siblings compared to other disabilities. Also, disabled children tended to have more illiterate fathers and mothers, non-working mothers and the parents' knowledge was very low regarding care and dealing with their children to meet their needs which have a negative impact on children habits and socialization.

### Recommendations:

**Based on the previous findings, the following recommendations are suggested:**

- Provide a support programs contribute to the needs of parents lead to improve the care provided to children with disabilities for minimizing their burden levels as well as improving their coping response
- Provide continuous education and parental training programs about special needs children to supply them with needed knowledge and practices for helping them to deal with disabled child.

- Educate parents about the services available in the community for disabled children

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