

Social and Psychological Problems of families of Children with Cerebral Palsy: A study applied to the Palestine Future Foundation in the Gaza Strip

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Abstract --- *The study aimed to identify the social and psychological problems facing the families of children with cerebral palsy, and the researcher used the social survey methodology by selecting a simple random sample of the families of children with cerebral palsy in the Palestine Future Foundation, and their number was (66) families, and the researcher relied on a questionnaire consisting of (18) questions, and the study concluded that the psychological problems came average with an arithmetic mean (2.29), The study also found that the highest psychological problems are the problem of frustration with an arithmetic average (2.36) represented in "I am no longer assured of the future of my child" and the least psychological problems are the problem of anxiety with an arithmetic average (2.22) represented in "my sleep has become disturbed" followed by social problems with an arithmetic average (2.19) where the highest social problems came the problem of spending leisure time with an arithmetic average (2.34) represented in I find it difficult to accompany my child in public places, then problems outside the family with an arithmetic average (2.12) and then problems within the family with an arithmetic average (2.11) The researcher recommends early professional intervention for the social and psychological problems facing the families of children with cerebral palsy through family therapy, solution-based therapy, and evidence-based cognitive-behavioral therapy in social work.*

Keywords--- social and psychological problems, the sufferers, children, cerebral palsy

1. INTRODUCTION:

The problem of disability is one of the most important social problems facing all societies alike and entails many problems related to the compatibility and well-being of the disabled child, his family and society on the one hand and the achievement of his independence on the other hand, and disability has a significant impact on the mental health of children, as it prevents the optimal use of their energies and the development of their aptitudes and ability and their positive investment in society (development, 2020, p. 65) Cerebral palsy is defined as people who have a state of deficit in neuromuscular ability resulting from brain injury, which leads to a lack of ability to control involuntary muscles, and this appears in the lack of competition in the form of motor skills of the individual, and the reason for this is disorders in the nervous system (Al-Azhari and Abu Hashima, 2010, p. 109) and cerebral palsy represents the largest part of motor disability by 0.8% and motor disability represents the largest part of people with special needs in Palestine by 1.1% of Total Population (Palestinian Central Bureau of Statistics, 2017, p 2)

The early detection of cerebral palsy for children has a great importance from the perspective that the first years of a child's life have a rapid brain growth rate, reaching almost half the size of an adult's brain or more during the first eight months, so the development of the child's skills through the family and social workers at this stage is the basis for the post-in the most advanced stages, so there is great importance when providing social care services to the families of these children, where children are protected of the difficulties that increase their disability, whether mental, motor, language or behavioral deviations, which leads to poor compatibility in the next stages of their lives (Jabal, 2002, 235) , Therefore, the current study aims to identify the social and psychological problems of the families of children with cerebral palsy and defines social problems as a situation experienced by the individual and finds himself unable to perform the responsibilities of one or more of the roles of his life a disability that he cannot face with his own capabilities and makes him in urgent need of specialized professional assistance by the social worker (Zeidan, 1996, 62).

Therefore, raising and caring for children with cerebral palsy is a great responsibility and a difficult task, as families of children with cerebral palsy face difficult situations in dealing with their children, as they always suffer from negative feelings and reactions such as anger, distress, guilt and stigma, and these feelings are mixed with love sometimes and empathy at other times, and put parents in different attitudes regarding their treatment of their disabled children (Abdel Aal, 2008, p. 45)

Family members, especially the mother, are exposed to many pressures and negative effects resulting from the illness or disability of one of her children. Studies have indicated that the pressures faced by parents in a family in which a disabled

child is often marred by depression and anxiety on the son and a sense of many and new burdens on them, and family relationships may be disturbed, and some mothers may relate to the sick child and give him excessive care or may hate this child; due to his need for additional care or the pressures caused by his disability (Morsi, 1981, p. 17)

A study of (Dehghan, at.al, 2015) adds that mothers of children have many challenges to social participation, changes in mood, anxiety about the attitudes and behaviors of ordinary people, feelings of hopelessness, negative thinking about the child's future, trying to stay at home, attention disorder and mental distraction.

One study suggests that when rejection is the first reaction that can be observed when a son's disability is detected, especially in mothers, and feelings of guilt, doubt, vulnerability, trauma and denial appear so that such effects do not become persistent, the family needs to receive specialized psychological assistance (Leung,2003,p. 1391)

A study (Alaee, at.al, 2014) confirms a range of problems facing children's families, including inappropriate facilities and services, unsupportive interactions, limiting social communication for parents and social isolation of the child and parent, personal conflicts, anxiety, loneliness.

Among the psychological problems that have received the attention of researchers in living in the reality of families with physical and motor disabilities is the problem of parents, especially mothers, from psychological pressure, which contributes significantly to all the excess requirements imposed by physical disability, and the role of parents in carrying out care and attention to the child, which requires spending most of its time, which forces parents to reduce their interactions and social activism, which leaves a negative impact on the quality of social and emotional life of parents and the rest of the family. (oyan,2001p78), Psychological problems are defined as a compound or hypothetical perception of physiological tension that occurs to the individual due to lack of need and the situation that provokes this may be psychological or social and this tension is either emitted from within or outside the individual (Khair, 1997, 74).

In addition, the results of many studies indicate that one of the main sources of problems within the family among parents of physically disabled children is concern about the future of the child and his fate, and there are many other factors, such as: low income, marital disputes, and low social support and can play a role in the degree of parental pressure felt by the parents who take care of the child who suffers from motor disability and the additional financial burdens resulting from the medical, rehabilitation and educational requirements provided to the child represent a source of parental stress (andskoy, 2006, p. 307) A study (Nimbalkar, at.al, 2014) adds that mothers and children with cerebral palsy experience troubled social relationships, health problems, financial problems, few moments of happiness, and anxiety about their children's future

A study (Mei, at.al, 2015) showed that environmental barriers that have been limiting parents' interactions with a child with cerebral palsy are unfamiliar people, negative places and attitudes of others, causing communication disorders and limiting the child's own abilities (such as mobility, communication, cognition) and their external environment

A study (Lostelius, at.al, 2018) found that there are problems with the siblings of the disabled with cerebral palsy, represented in the desire for the disappearance of the child with cerebral palsy and his pain or even death, and a strong feeling of shame, and they confessed guilt, anger, resentment, sadness and anxiety

2. METHODOLOGICAL PROCEDURES OF THE STUDY

The study used the method of social survey based on the method of simple random samples, where the study population consists of (660) families and the study was applied to a sample of (66) families and estimated (10) % of the original total, the conditions for joining the sample has been determined, including that the family is a resident of Gaza Governorate, that the child is learnable and has a moderate level of intelligence, to be among the lists of beneficiaries of the Palestine Future Foundation and frequented constantly The researcher has designed a questionnaire on the social and psychological problems facing families of children with cerebral palsy in light of the theoretical framework - previous studies and field experience of the researcher.

The questionnaire consists of preliminary data containing the type of child - child's age - child's in-family arrangement - the degree of child disability - the relationship between parents - the average monthly income of the family in dollars ,The questionnaire also includes two main axes, the first includes social problems and has been divided into three sections, namely problems within the family, problems outside the family and leisure time problems, and it consists of (9) phrases three responses for each section,The second axis of psychological problems is divided into three problems, the problem of fear - the problem of anxiety - the problem of frustration and consists of (9) phrases for each section three responses so that the questionnaire consists of (18) questions,The researcher relied on a triple gradient and was calculated by: weighted average = $k(\text{yes}) \times 3 + k(\text{somewhat}) \times 2 + k(\text{no}) \times 1 / n$ and the use of the arithmetic mean where the beginning and end of the triple questionnaire categories (yes) three degrees), to some extent (two degrees), no (one degree), the data was coded and entered into the computer,

To determine the length of the triple questionnaire cells (lower and upper limits), the range was calculated = the largest value - the lowest value (3 - 1 = 2), it was divided by the number of questionnaire cells to obtain the corrected cell length (2 / 3 = 0.67) and then this value was added to the lowest value in the questionnaire or the beginning of the questionnaire, which is one in order to determine the upper limit of this cell. Thus, the length of the cells if the mean value of the phrase

or distance ranges between 1 - 1.67 (low level), if the mean value of the phrase or distance ranges between more than 1.67 - 2.35 (average level) if the mean value of the phrase or distance ranges between more than 2.35 - 3 (high level)

Then the researcher presented the questionnaire in its initial form to a number of arbitrators in the specialty of social work and their number (3) arbitrator, in order to express an opinion on the validity of the phrases in terms of linguistic formulation of the phrases, and the extent to which they express the dimensions that measure them with the addition and deletion of phrases and modify some formulations, and this has benefited in modifying some formulations of the questionnaire questions, and the researcher has taken into account the amendments and proposals of the arbitrators when he prepared the questionnaire in its final form when applying to the vocabulary of the study

The coefficient of Cronbach was used to verify the stability of the questionnaire and the results showed that the questionnaire is high constant by (79) % and its results can be relied upon and trusted and has been used in that frequencies and percentages - arithmetic mean - standard deviation - Pearson correlation coefficient to measure the validity and stability of the questionnaire - Alpha Cronbach coefficient to measure the stability of the questionnaire and then the researcher analyzed the results of the study and extracted data using the program (SPSS). V.22.0) for statistical analysis and statistical packages for the social sciences.

3. STUDY RESULTS AND DISCUSSION

3.1 Demographic characteristics of children with cerebral palsy

Table (1) Distribution of Study Sample by Gender of Child

%	K	Child's gender	M
50	33	Male	1
50	33	Female	2
100	66	Total	

It is clear from the previous table that the percentage of children with cerebral palsy, male and female, in the sample families reached 50% equally. This means that the incidence of cerebral palsy among males to females in the families of the study sample is approximately 1:1

Table (2) Distribution of the study sample according to the age of the child

%	K	Child's age	M
21.2	14	Under 10 years old	1
33.3	22	Under 14 years old	2
45.5	30	Under 18 years old	3
100	66	Total	

It is clear from the previous table that the ages of the children in the study sample range between the ages of 10-18 years, and the age group of the examined children at the age of less than 10 years constituted 21.2%, while the age group under the age of 14 years constituted 33.3%, and also the age group less than 18 years constituted 45.5%. These age stages represent the stage of preparing a pre-school child and the accompanying changes arising from the child's transition from the family environment to the school environment, which differ in the patterns of relations between the pillars of each. If we add to this change the specificity of the child with cerebral palsy resulting from the difference in the appearance that looks on him compared to his peers normal.

Table (3) Distribution of the study sample according to the order of the child within the family.

%	K	The arrangement of the child within the family	M
25.8	17	First	1
21.2	14	Second	2
24.2	16	Third	3
10.6	7	Forth	4
6.1	4	Fifth	5
12.1	8	Last	6
100	66	Total	

It is clear from the previous table that the order of the child with cerebral palsy among his siblings within the family is that the first child within the family occupies the highest percentage of 25.8%, while the child's ranking is in second place among his siblings by 24.2%, while the child's ranking in fifth place among his siblings decreased by 6.1%. These data indicate a significant increase in the number of children with cerebral palsy, who occupy the first, second and third place among their family members, as they represent 71.2% of the total number of children with cerebral palsy in the families of the sample, and the reason for this may be due to genetic causes and factors. Therefore, this study raises a question that needs a scientific explanation acceptable to other researchers, especially by those working in medical sciences and genetic science, as the matter is outside the capabilities of the researcher and the scope of his scientific specialization.

Table (4) Distribution of the study sample according to the degree of injury to the child

%	K	The degree of injury of the child	M
40.9	27	Medium	1
50	33	Moderate	2
9.1	6	Severe	3
100	66	Total	

It is clear from the previous table that the degree of disability of children with cerebral palsy is a moderate degree is the highest rate of 50%, while the degree of disability of the child was medium is 40.9%, while the degree of severe disability of the child decreased by 9.1%.

Table (5) Distribution of the study sample according to the kinship between the parents

%	K	Kinship relationship between spouses	M
53	35	Almost first degree (cousins/uncles)	1
22.7	15	Almost second degree (from the family)	2
24.2	16	No kinship	3
100	66	Total	

It is clear from the previous table that the degree of kinship between spouses, whether of the first or second degree, is one of the factors affecting the birth of a child with cerebral palsy, as the percentages of children with this disease are almost identical (75.7) % in the event of kinship between the spouses, whether cousins or uncles or within their basic family, while the percentage reaches 24.4% in the absence of kinship and these results coincide with what is mentioned in many previous studies on this subject What is generally common is that the kinship relationship between spouses is one of the factors that help to have a child with cerebral palsy disabled.

Table (6) Distribution of the study sample according to the average monthly income of the household in US dollars

%	K	Average monthly household income in dollars	M
53	35	Under \$100	1
16.7	11	Under 200\$	2
12.1	8	Under 300\$	3
10.6	7	Under 400\$	4
7.6	5	and more \$500	5
100	66	Total	

It is clear from the previous table that the average monthly income of families of children with cerebral palsy less than \$ 100 constitutes the highest rate of 53%, while the average monthly income of a family less than \$ 200 came in second place by 16.7%, and the average category less than \$ 300-400 came by 22.7%, while the average monthly income for families of \$ 500 or more decreased and constituted 7.6%. This reflects the relatively weak economic level of the majority of the study sample, which predicts the existence of broad groups with medium and inappropriate income, which is likely not to satisfy the basic needs of the family due to low income in exchange for the continuous rise in prices. If these incomes are barely sufficient for the needs of the family, they are forced to allocate part of the income to spend on the care and treatment of their child, which leads to a decrease in the standard of living of the family in general, and thus facing economic problems, which affects its balance and stability inside and outside the family. This is consistent with a study (Nimbalkar, at.al, 2014) that mothers of children with cerebral palsy suffer from troubled social relationships, health problems, financial problems, a few moments of happiness, worrying about the future of their children It also recommended that government assistance should be provided to the families of these children.

3.2 Results related to social problems: It is divided into three sub-problems that families of children with cerebral palsy suffer from, as follows:

Table No. (7) illustrates the problems of relations within the family

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		Problems of relations within the family	M
			%	K	%	K	%	K		
1	.734	2.12	21.2	14	45.5	30	33.3	22	My interest in my child affects my relationship with his siblings	1
1	.734	2.12	21.2	14	45.5	30	33.3	22	My married life was negatively affected after having a disabled child with cerebral palsy	2
3	.759	2.09	24.2	16	42.4	28	33.3	22	My interest in my child affects my interest in my life partner	3
Medium	.742	2.11	Overall Grad							

It is clear from the previous table that the two phrases (my interest in my child affects my relationship with his siblings, my married life was negatively affected after having a disabled child with cerebral palsy) have ranked first with an arithmetic average (2.12) and a medium degree, while the average scores in the phrase (my interest in my child affects my interest in my life partner) fell in third place with an arithmetic average of (2.09) and with a medium degree. This is mainly due to the imbalance of the family and its disorder after her child has cerebral palsy, family life is a set of relationships and a set of functions and these functions require the performance of different roles towards children within the family system, but the presence of this child makes the family not based on the foundations of stability because of the emergence of some new tasks related to child care, which were not performed by parents before, which necessarily affect the ability of the family to achieve its goals and the performance of parents for their different roles in general and especially on their responsibility and their relationship with the rest of the family.

The study confirms (Loselius,at. al,2018) that the siblings of the cerebral palsy have the desire to disappear the child with cerebral palsy, his pain or even death, the strong sense of shame and guilt, and confess to guilt, anger, resentment, sadness

and anxiety.

Table (8) Explains the problems of relationships outside the family

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		A. Problems of relationships outside the family	M
			%	K	%	K	%	K		
2	.762	2.06	25.8	17	42.4	28	31.8	21	I'm ashamed of my child in front of others	1
1	.614	2.48	6.1	4	39.4	26	54.5	36	Others blame me for my child's behavior	2
3	.887	1.83	48.5	32	19.7	13	31.8	21	My social relationships continued with some of my friends and neighbors	3
Medium			.754	2.12	Overall grade					

It is clear from the previous table that the phrase (others blame me because of my child's behavior) ranked first with an arithmetic average (2.48) and a high score; then the grades mediated the phrase (I feel ashamed of my child in front of others) in second place with an arithmetic average (2.06) and with a medium score; While the scores dropped as the phrase (my social relationships continued with some of my friends) became third place with an arithmetic average (1.83) and with a low score.

The change in relations between others outside the family may be due to the state of turmoil and imbalance that the family looks like after their child was born with cerebral palsy, and its desire to isolate and stay away from others to hide the fact that a child has that disability and due to his distinctive shape and different from the looks of others, which monitor the movements of their child, ie there may be a closure in the internal and external boundaries between the parental system (father and mother), parents, relatives and friends, and this leads to a lack of communication and weak interaction between the family in general and the external environment, which is what a study (Mei, at.al, 2015) showed that environmental barriers that have been limiting parental interactions with a child with cerebral palsy are unfamiliar people, negative places and attitudes of others, causing communication disorders and limiting the child's own abilities (such as mobility, communication, cognition) and their external environment

The reason for poor relations with neighbors and the unwillingness of parents to visit others to the family and avoid meeting others outside the home when the child is accompanied by any of the parents, and the feeling of shame of the child and his actions to what the child of cerebral palsy does in front of strange and abnormal behaviors to attract the attention of others and resulting from the suppression of his feelings and continuous punishment, which makes parents feel ashamed at times and their preference for isolation and distancing and unwillingness to exchange visits with others and then affect relationships Between parents and the external environment

Table No. (9) illustrates the problems of free time

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		Problems of free time	M
			%	K	%	K	%	K		
2	.709	2.33	13.6	9	39.4	26	47	31	I do some hobbies in my free time	1
3	.679	2.30	12.1	8	45.5	30	42.4	28	I find it difficult to accompany my child in public	2
1	.679	2.41	10.6	7	37.9	25	51.5	34	My child consumes more time to care for him than his siblings	3
Medium			.689	2.34	Overall grade					

It is clear from the previous table that the phrase (my child consumes more time to take care of him than his siblings) ranked first with an arithmetic average (2.41) and a high score; While the grades dropped the phrase (it is easy for me to accompany my child in public) in third place with an arithmetic average (2.30) and with an medium degree.

The high percentage of respondents, which confirmed the lack of free time they have to be constantly busy most periods of time with the care of the child, who needs special care and continuous monitoring and does not give them the opportunity to do any recreational work, and parents may prefer on the other hand to save any part of the money to spend on the treatment of the child instead of using it to entertain family members and (oyan, 2001p78) explains that the excessive requirements imposed by physical disability, and the role of parents in carrying out care and attention to the child, require spending most of their time with him

3.3 Results related to psychological problems: It is divided into three sub-problems that families of children with cerebral palsy suffer from, which are as follows:

Table No. (10) illustrates the problems of fear

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		The problems of fear	M
			%	K	%	K	%	K		
1	.627	2.38	7.6	5	47	31	45.5	30	I am no longer assured about my child's future	1
3	.706	2.20	16.7	11	47	31	36.4	24	Fear of new relationships with others	2
2	.744	2.30	16.7	11	36.4	24	47	31	It's hard for me to let my child to leave my house alon	3
Medium			.692	2.29	Overall grade					

It is clear from the previous table that the phrase (I am no longer assured about the future of my child) ranked first with an arithmetic average (2.38) and a high score; Where the grades mediated the phrase (it is difficult for me to let my child go out of my house alone) in second place with an arithmetic average (2.30) and with a medium score; While the scores in the phrase (fear of establishing new relationships with others) fell in third place with an arithmetic average (2.20) and with a medium degree as well. The high percentage of respondents may be due to anxiety after the birth of their child with cerebral palsy, where the future and fate of the child are not clear in terms of treatment, rehabilitation, education and work, and their inability to deal with him or understand his signs and words or teach him any skill or acceptable behavior.

Parents are also concerned about the possibility of developing the child's condition to deeper degrees of disability, which is accompanied by worse symptoms on the child and the rest of the family and thus difficult for the family and the child's exit from home alone and fear of establishing new relationships with others, which was shown by a study (Dehghan, at.al, 2015) that the attitudes and behaviors of ordinary people and the feeling of hopelessness and negative thinking about the future of the child and trying to stay at home is one of the most important manifestations of fear of the future among the families of affected children Cerebral palsy.

Table No. (10) illustrates the problems of anxiety

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		Anxiety	M
			%	K	%	K	%	K		
2	.721	2.14	19.7	13	47	31	33.3	22	My life became unstable	1
3	.696	2.9	19.7	13	51.5	34	28.8	19	My sleep became disturbed	2
1	.637	2.45	7.6	5	39.4	26	53	35	My feeling of confusion about my child's future has increased	3
Medium			.684	2.22	Overall grade					

It is clear from the previous table that the phrase (I felt more confused about the future of my child) ranked first with an arithmetic average (2.45) and a high score; Where the grades mediated the phrase (my life became unstable) in second place with an arithmetic average (2.14) and with a medium score; While the grades in the phrase (my sleep became disturbed) fell in third place with an arithmetic average (2.9) and with a medium degree as well

I see that the picture is still unclear and even not promising for some families of children with cerebral palsy about the future of this child and the possibilities of developing his behaviors, due to the lack of information available on the impact of disability in the post-childhood stage, as they have little knowledge and they need courses and programs to qualify them for that, as well as the culture of society towards people with special needs in general and is unclear to some institutions that rely on institution-based rehabilitation and the omission of community-based rehabilitation. The state must support these groups because they represent a large segment of society

The majority depends on institutional rehabilitation, where it varies greatly in the quality and quality of services and does not achieve the maximum degree of rehabilitation required for the child or the family, and this is from a practical reality. This was confirmed by a study (Nuri, at.al, 2018) that there are five needs for families of children with cerebral palsy, which are arranged according to priority: (a) financial needs, (b) needs for services related to disability, (c) needs for family and community cohesion, (d) information needs, and (e) emotional needs A delegation recommended that the needs of families of children with disabilities should be taken into account when rehabilitating.

Table No. (11) illustrates the problems of frustration

Order	Standard deviation	Arithmetic average	No		Kind of		Yes		Frustration	M
			%	K	%	K	%	K		
1	.531	2.68	3	2	25.8	17	71.2	47	I didn't expect to have a child with cerebral palsy	1
2	.679	2.30	12.1	8	45.5	30	42.4	28	I find it hard to enjoy life	2
3	.806	2.11	27.3	18	34.8	23	37.9	25	I am disappointed when I relive my memories before having a child with cerebral palsy	3
Medium			.672		2.36		Overall grade			

It is clear from the previous table that the statement (I did not expect to have a child with cerebral palsy) ranked first with an arithmetic average (2.68) and a high score; Where the grades mediated the phrase (I find it difficult to enjoy life) in second place with an arithmetic average (2.30) and with an average score; While the grades dropped with the phrase "I am disappointed when I relive my memories before having a child with cerebral palsy" in third place with an arithmetic average (2.11) and with an average score as well

This may be due to the high percentage of those who believe in causing disability to some of the explanations put before parents about the cause of the child's cerebral palsy due to the parents, whether it is due to genetic factors through the transmission of genes to the child or because of environmental factors such as neglect in the care of the child by the parents or the mother's intake of some drugs during pregnancy, which affects the child or because of the rigidity of the parents' emotions and not providing their child with warm feelings, which leads to a belief The parents believe that the responsibility for the occurrence of this disability to the child lies with both or one of them. The reason for this may be that some parents of these children did not approach God before the birth of this child, which leads to their belief that the child's condition is a punishment from God for them.

4. CONCLUSION

The current study sought to identify the social and psychological problems facing the families of children with cerebral paralysis in the Palestine Future Foundation in the Gaza Strip, the study concluded that there are several problems facing the families of these children, where the psychological problems came in the first order represented in the problems of fear for the future of the child and did not sign those families from having a child with cerebral palsy and disappoint them when I recall my memories before giving birth to a child with cerebral palsy, Then social problems ranked second and the problems were represented in caring for the child affects the internal relations in the family, whether with his male and female sisters, and married life was negatively affected after having a disabled child with cerebral palsy, as well as the wife's interest in the child affects the attention and care for the life partner The study also showed that the child's actions and the shape of his external body are calibrated by others, whether friends, relatives and neighbors at the local level, and they face difficulty in accompanying the child in public places.

Through the results of the study, the researcher proposes some scientific recommendations to confront the social and psychological problems facing the families of children with cerebral palsy in the Gaza Strip, including:

5. RECOMMENDATIONS:

- 1) Changing society's view of children with cerebral palsy because they are part of this society and have rights and duties, each according to his capabilities and abilities.
- 2) Raising the awareness of the Palestinian family about the importance of the early intervention process through various media about the disability of cerebral palsy due to the lack of public awareness of this type of disability.
- 3) Work on conducting the necessary tests for mothers and fathers who have previously had children with cerebral palsy to secure future reproductions.
- 4) Activating the role of rehabilitation institutions that provide rehabilitation services to children and their families through specialists specialized in motor disability in general and cerebral palsy in particular.
- 5) Providing educational, social and psychological supervisors with information, technical skills and training courses on how to deal with children with cerebral palsy, whether in providing integration schools for them or boarding schools.
- 6) Activating the role of unions in training workers, teachers and parents on how to deal with children with cerebral palsy and how to relieve psychological and social pressures among children's families.
- 7) Conducting counseling and awareness programs to overcome feelings of guilt, anxiety and frustration among families of children with cerebral palsy.
- 8) Work on the establishment of a civil association for children with cerebral palsy and their families to provide emotional, social and recreational support in order to alleviate the pressures they are exposed to.

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