



## Healthcare Provider's Knowledge about Childhood Autism at Baghdad Medical City

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Reiceved 01/05/2024  
Accepted 01/06/2024  
Published 15/02/2024

### Keywords:

Healthcare Provider's,  
Knowledge,  
Childhood Autism.

### Abstract

The diagnosis and treatment of Autism in Iraq occurs in multiple settings and is provided by variety of health professionals . Knowledge about Autism is low among healthcare providers and the presence of inaccurate and outdated beliefs regarding this disorder may late the detection and timely referral for interventions .A Descriptive analytical study was carried out from March 1, 2014 to May 24, 2014 in order to assess the Knowledge of Healthcare Providers about Childhood Autism and to determine the levels of knowledge among them. A purposive (non-probability) sample of one hundred healthcare providers (50 physician and 50 nurses). Data was collected through the use of Knowledge about childhood autism (KCA) questionnaire that completed and collected immediately from the respondents upon administration to achieve the objectives of the study, the questionnaire consisted of two parts; the first part is concerned with the demographic characteristics of the healthcare providers and; the second part consists of eighteen items described the Knowledge about childhood Autism among healthcare providers. The validity of the questionnaire was obtained through a panel of experts and the reliability was achieved through the application of alpha Correlation coefficient ( $r=0.97$ ) which was statistically acceptable. Data was analyzed through the application of the descriptive statistical analysis (frequency, percentage, mean, and mean of score). The results of this study indicate that the total mean of score among Physicians on Knowledge Questionnaire was (9.80) and the total mean of score among Nurses on Knowledge Questionnaire was (5.52)out of 18 possible .In conclusion the mean of scores reflect Physicians were equipped with relatively more knowledge about childhood autism than Nurses.



### About the Journal

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## 1. Introduction

Autism Spectrum Disorders (ASD) are pervasive and lifelong neuro developmental disorders characterized by impaired socialization, impaired verbal and nonverbal communication, and restricted interests and repetitive patterns of behaviour (American Psychiatric Association,1994). Those symptoms become apparent before a child is three years old that affects information processing in the brain by altering nerve cells and their synapses connect and organize (Kanner, 2012, p 13).

Childhood autism was first described by Leo Kanner in his classical paper titled 'Autistic disturbances of affective contact' published in 1943, Since then, awareness, knowledge and further research about this condition have continued to expand globally with observations from several surveys indicating increasing prevalence (Frombonne, 2003, p122) .

Knowledge and awareness about childhood autism have been on the increase especially in the developed countries (Bakare, 2008, p20). Lack of knowledge and awareness about this condition is thus a major barrier to improving the health and wellbeing of children affected by autism (ANPPCAN.2007).

The Centers for Disease Control (2012) reported that about 1 in 88 children are identified with ASD, and the prevalence figures continue to grow. Further, ASD's occurs in 1 in 54 males and 1 in 252 females.

Caring for children with childhood autism and other pervasive developmental disorders requires the services of professionals like psychiatrists, pediatricians, nurses, clinical psychologists among others (Gelder, 2003, p20).

Pediatric and psychiatric nurses are usually members of such multidisciplinary teams so poor knowledge of autism spectrum disorders among physicians and failure to give further information to caregivers may be a reflection of lack of training in the wide range of behaviors that occur across the autism. This may delay average age of diagnosis and subsequently early interventions that are established to be beneficial (Rhoades, 2007, p78).

Nurses have an important role in early identification of children with autism. It is well recognized that the presence of a child with autism results in increased levels of parental stress and likelihood of disturbances to family and marital functioning. Careful attention to parents' concerns and specific inquiry into and observation of how children interact, communicate and play will help ensure that autism is detected early.

Therefore, there is the need to assess the level of knowledge about childhood autism among health care providers who are usually members of the multidisciplinary team that care for children with autism and who also act as educators and advocates for this group of children. This study is aimed at assessing base line knowledge about childhood autism.

## 2. Patients and Methods

A descriptive-analytic study design was conducted from March 1, 2014 to May 24, 2014.

Permission had been obtained from the Medical City. Institution; from Al- Rusaffa Health Institute, and from al- Karkh Health Institute to approve the research protocol, and to carry out the study at their hospitals. Self-administered rating scale used as method of data collection by modified the Knowledge of Healthcare Provider scale questionnaire (Bakare et al., 2008). Translation validity was achieved through the process of forward and backward translation and forward to the expert from College of Languages/University of Baghdad. The questionnaire included two parts , the first part was distributed a sociolect-demographic questionnaire was used to obtain information like gender, age, marital status, educational levels, years of experience, number of children in the family, number of Autistic child in the family, specific lecture or training program related to Autism and the second part is a self-administered questionnaire has been used in several studies and has been established to have good test-retest reliability, good overall internal consistency (cronbach's alpha value of 0.97) it is used to assess baseline knowledge about childhood autism among the healthcare providers. Each of the eighteen items has three options to choose from with only one out of

the three being correct (Yes, Don't Know, No). The correct option on each item attracts a score of 1, whereas the other two incorrect options are scored 0 each. The (KCA) questionnaire is divided into the four domains; the first one contains seven items that address the impairments in social interaction usually found in children with childhood autism. A maximum score of 7 and minimum score 0 are possible in this domain, the second one contains only one item that addresses impairment in the area of communication and language development, as part of the symptoms seen in children with childhood autism. A maximum score of 1 and minimum score of 0 are possible in this domain; the third one contains four items that address the area of obsessive and compulsive pattern of behaviour found in children with childhood autism, a pattern of behaviour which had been described as restricted, repetitive and stereotyped. A maximum score of 4 and minimum score of 0 are possible in this domain, and the fourth domain contains six items that address knowledge on what type of disorder childhood autism. A maximum score of 6 and minimum score 0 are possible in this domain. the sample of the study were one hundred of healthcare provider (50 physician and 50 nurses) selected from pediatric units and world from seven Hospitals (three Hospitals from al- Karkh sector, three Hospitals from Al- Rusaffa sector) and Baghdad teaching Hospital.

A maximum total score of 18 and minimum total score of 0 are possible when the four domain scores are summed up. The mean total score on the (KCA) questionnaire among healthcare Providers is a measure of level of knowledge about childhood autism among that healthcare Providers. A total score of 18, which is the maximum score possible on the (KCA) questionnaire, indicates adequate knowledge of symptoms and signs of autism. This adequate knowledge may enhance early recognition, diagnosis, appropriate referral and interventions that are known to improve prognosis in children with childhood autism. The result of (KCA) questionnaire items was calculated according to the following mean of score (<4.5) Low, (4.5-8.9) Mild, (9-13.4) Moderate, (13.5-18) High.

Face validity of the questionnaire was determined initially through the panel of (8) experts in the different specialty related to the field of present study. They were asked to provide the investigator with their suggestions for clarity and adequacy of the contents of the instrument in order to achieve the present study objectives. The majority of experts agreed with the final drafts. Then the questionnaire was considered valid after looking into consideration of their suggestion and recommendations.

Before starting on the fieldwork, a pilot study was carried out at the period from the 1<sup>st</sup> March to the 14<sup>th</sup> March 2014 on (10) Healthcare Provider (5 physician and 5nurses) selected randomly from Pediatric Teaching Hospitals in Baghdad City.

The investigator used appropriate statistical technique for data analysis and present in the form of tables. The data analyzed by using descriptive statistics test using frequency, percentage distribution mean, mean of scores, and standard deviation.

### 3. Results:

Table 1: Distribution of Demographic Characteristics of Health Care Providers

Sample Characteristics	Physicians		Nurses	
	F	%	F	%
1.Gender				
• Female	28	56.0	21	42.0
• Male	22	44.0	29	58.0
2-Age (years)	M(35.40),SD (7.95)		M(33.04) ,SD (9.40)	
• 18-27	4	8.0	13	26.0
• 28-37	29	58.0	26	52.0
• 38-47	13	26.0	7	14.0
• 48-57	2	4.0	2	4.0
• 58 and more	2	4.0	2	4.0
3.Marital status				
• Married	34	68.0	40	80.0

• Not- Married	16	32.0	10	20.0
4.Educational levels				
• Secondary School of Nursing	-	-	17	34.0
• High Diploma in Medicine, Diploma in Nursing	1	2.0	22	44.0
• Bachelor Degree	32	64.0	10	20.0
• High Degree in Nursing	17	34.0	1	2.0
5. Years of Experience (Years)		M(11.46) SD (7.48)	M(10.52) SD (7.91)	
• 1-10 Years	29	58.0	35	70.0
• 10-20 Years	14	28.0	8	16.0
• 21-30 Years	7	14.0	7	14.0
6.Number of Children in the Family				
• .00	-	32.0	10	20.0
• 1-2 Child	2.0	8.0	6	12.0
• 3-4 Child	64.0	22.0	9	18.0
• 5-6 Child	34.0	38.0	25	50.0
7. Number of Autistic Child in the Family				
• .00	48	96.0	49	98.0
• 1 Child	2	4.0	1	2.0
8.Specific lecture or Training Program related to Autism				
• Yes	6	12.0	1	2.0
• No	44	88.0	49	98.0
Total	50	100.0	50	100.0

F= Frequency , % = Percentage, M= Mean, SD=Stander Deviation

**Table (1)** describes the demographic characteristics of the Physicians and Nurses, it shows that the highest percentage (56.0) of Physicians healthcare provider were female (58.0) at age group (28-37) years, with mean age (35.40) and stander deviation (7.95) , and most of sample (68.0) were married, (64.0) with Bachelor Degree, (58.0) at (1-10) Years of Experience,( 38.0) of the sample have (5-6 ) Child , ( 4.0) of the sample have one Autistic Child ,and (88.0) of the Physicians hadn't any Specific lecture or Training Program related to Autism.

Also the table shows that (58.0) of the nurses healthcare provider were Male (52.0) at age group (28-37) years, with mean age (33.04) and stander deviation (9.40) , and most of sample (80.0) were married, (44.0) with Diploma in Nursing, (70.0) at (1-10) Years of Experience,( 50.0) of the sample have (5-6 ) Child , ( 2.0) of the sample have one Autistic Child ,and (98.0) of the Physicians hadn't any Specific lecture or Training Program related to Autism.

Table 2: Ascending Distribution of the levels of Physicians ' Knowledge Domains

Domains	Area of Knowledge	Total Scores	Mean Scores	Std. Deviation
Domain 2	Impairments in Social Communication	1.00	0.48	0.50
		1	Low	
Domain 3	Obsessive and Repetitive Behavioral Pattern	3.00	2.14	1.39
		4	Low	
Domain 4	Type of Disorder Autism	5.00	2.92	1.21
		6	Low	
Domain 1	Impairment in social Interaction	6.00	4.26	1.29
		7	Low	
Total of Domains 1,2,3,and 4	Total of Scores in the four Domains	15.00	9.80	2.71
		18	Moderate	

MS= (<4.5) Low,(4.5-8.9) Mild,(9-13.4) Moderate,(13.5-18) High

**Table (2)** shows that the total mean of score of Physicians Healthcare Providers on

Knowledge Questionnaire was (9.80) out of 18 possible. Knowledge gap was found to be higher in domain 1(Impairment in social Interaction), followed by domain 4(Type of Disorder Autism), Domain 3(Obsessive and Repetitive Behavioral Pattern), and Domain 2(Impairments in Social Communication) respectively among Physicians Healthcare Providers.

Table 3: Ascending Distribution of the levels of Nurses' Knowledge Domains

Domains	Area of Knowledge	Total Scores	Mean Scores	Std. Deviation
Domain 2	Impairments in Social Communication	1.00	0.26	0.44
		1	Low	
Domain 4	Type of Disorder Autism	2.00	1.24	1.26
		6	Low	
Domain 3	Obsessive and Repetitive Behavioral Pattern	4.00	1.36	1.25
		4	Low	
Domain 1	Impairment in social Interaction	6.00	2.64	1.34
		7	Low	
Total of Domains 1,2,3,and 4	Total of Scores in the four Domains	14.00	5.52	2.99
		18	Mild	

MS= (<4.5) Low,(4.5-8.9) Mild,(9-13.4) Moderate,(13.5-18) High

**Table (3)** shows that the total mean of score of Nurses Healthcare Providers on Knowledge Questionnaire was (5.52) out of 18 possible. Knowledge gap was found to be higher in domain 1(Impairment in social Interaction), followed by domain 3 (Obsessive and Repetitive Behavioral Pattern), domain 4 (Type of Disorder Autism), and Domain 2 (Impairments in Social Communication) respectively among Nurses Healthcare Providers.

## 4. Discussion

### 4.1. Demographic Characteristics

The current study describes the demographic characteristics of the Physicians and Nurses, the highest percentage (56.0) of Physicians healthcare provider were female (58.0 ) at age group (28-37) years, with mean age (35.40) and stander deviation (7.95) , and most of sample (68.0) were married, (64.0) with Bachelor Degree, (58.0) at (1-10) Years of Experience,( 38.0) of the sample have (5-6 ) Child, ,( 4.0) of the sample have one Autistic Child ,and (88.0) of the Physicians hadn't any Specific lecture or Training Program related to Autism .Also (58.0) of the nurses healthcare provider were Male (52.0) at age group (28-37) years, with mean age (33.04) and stander deviation (9.40) , and most of sample (80.0) were married, (44.0) with Diploma in Nursing, (70.0) at (1-10) Years of Experience,( 50.0) of the sample have (5-6 ) Child, ,( 2.0) of the sample have one Autistic Child ,and (98.0) of the Physicians hadn't any Specific lecture or Training Program related to Autism (table 1).

This result is in contrast with a previous finding of Igwe et al., (2011) who found that eighty (80) nurses consented to participate in the study. There were (12.5%) male and (87.5%) female paediatric nurses. The mean age of the paediatric nurses was  $33.95 \pm 7.89$  years. (22.5%) paediatric nurses had previous experience nursing children with childhood autism while thirty-one of them (77.5%) had not been involved in managing children with autism. (45%) have participated in managing children with childhood autism. Also, another study of same authors Igwe et al. in 2010[10], found that three hundred (300) final year undergraduate students participated in the study, one hundred each from the Departments of Medicine, Nursing Science and Psychology. There were sixty-two (62%) male and thirty-eight (38%) female medical students, sixteen (16%) male and eighty-four (84%) female nursing students while fifty-nine (59%) male and forty-one (41%) female were psychology students. The mean ages of the medical, nursing and psychology students were  $25.4 \pm 2.46$  years,  $25.67$  years and  $24.39$  years respectively (Igwe et al., 2010).



Imran et al., (2011) [11] found that three hundred and twenty-five the total number of distributed with mean age 33.2 years (S.D 11.63) and 53% being females, Physicians were hundred and fifty-four, non-physicians were ninety-three.

## 4.2. Level of knowledge

### 4.2.1 Discussion the Level of Physicians Healthcare Providers on Knowledge

The total mean of score of Physicians Healthcare Providers on Knowledge Questionnaire was (9.80) out of 18 possible. Knowledge was found to be higher in domain 1 (Impairment in social Interaction), followed by domain 4 (Type of Disorder Autism), Domain 3 (Obsessive and Repetitive Behavioral Pattern), and Domain 2 (Impairments in Social Communication) respectively among Physicians Healthcare Providers

(Table 2). this result is constant with the result of Igwe et al., (2010) who found that the total mean score on the knowledge among the students that participated in the study was  $10.67 \pm 3.73$  out of a total of 19 possible. Mean score for the medical students was  $12.24 \pm 3.24$  while nursing and psychology students had mean scores of  $10.76 \pm 3.50$  and  $9.01 \pm 3.76$  respectively. The mean scores in Domain 1 were  $5.97 \pm 1.98$  for the medical students,  $5.24 \pm 2.06$  for nursing science students. The mean scores in Domain 2 were  $0.63 \pm 0.49$ ,  $0.60 \pm 0.49$ ,  $0.58 \pm 0.50$  for medical, nursing respectively. Domain 3, were of  $2.21 \pm 1.30$  for medical students,  $1.77 \pm 1.17$  for nursing students. Domain 4, were of  $3.43 \pm 1.27$ ,  $3.16 \pm 1.30$  and  $2.49 \pm 1.37$  for medical, nursing respectively. The possible explanation would be that this group of Physicians were equipped with relatively more knowledge about childhood autism as a result of their working experience.

### 4.2.2. Discussion the Level of Nurses Healthcare Providers on Knowledge

The total mean of score of Nurses Healthcare Providers on Knowledge Questionnaire was (5.52) out of 18 possible. Knowledge was found to be higher in domain 1 (Impairment in social Interaction), followed by domain 3 (Obsessive and Repetitive Behavioral Pattern), domain 4 (Type of Disorder Autism), and Domain 2 (Impairments in Social Communication) respectively among Nurses Healthcare Providers (Table 3). This is in contrast with a previous finding which observed that the total mean score on the KCAHW questionnaire among the nurses that participated in the study was  $12.56 \pm 3.23$  out of a total of 19 possible. The mean score for the paediatric nurses was  $11.78 \pm 3.64$  while psychiatric nurses had mean score of  $13.35 \pm 2.58$ . The mean scores in Domain 1 were  $6.17 \pm 1.75$  for the paediatric nurses and  $6.52 \pm 1.43$  for the psychiatric nurses. The mean scores in Domain 2 were  $0.65 \pm 0.48$  for the paediatric nurses and  $0.80 \pm 0.41$  for the psychiatric nurses. Domain 3 showed mean scores of  $1.97 \pm 1.25$  for the paediatric nurses while psychiatric nurses scored  $2.62 \pm 1.23$ . Domain 4 yielded the mean scores of  $2.97 \pm 1.54$  and  $3.42 \pm 0.98$  for the paediatric and psychiatric nurses respectively (Igwe et al., 2011).

In a study of Bakare who found that the total mean score of participated healthcare workers on Knowledge was  $12.35 \pm 4.40$  out of a total score of 19 possible. Knowledge was found to be higher in domain 3, followed by domains 1, 4 and 2 of on Knowledge respectively among the healthcare workers (Bakare et al., 2009).

In view of the need to give adequate attention to childhood autism and other developmental disorders in Iraq, some basic clinical exposures may need to be incorporated into the curriculum of undergraduate nurses

This indicates a need for additional exposure of the physicians and nurses to training curriculum aimed at improving their early recognition of symptoms of autism spectrum disorders in this environment

## 5. Conclusion and recommendations:

The mean of scores reflect Physicians were equipped with relatively more knowledge about childhood autism than Nurses. Nurses as members of multidisciplinary teams that care for children are expected to provide holistic care and adequate counselling to the families of these children. Education on childhood autism is therefore needed and can be provided through continuing medical education and emphasizing childhood autism in their training curriculum. This will enhance early identification and diagnosis of childhood autism with early interventions that are known to improve prognosis.

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## معرفة مقدمي الرعاية الصحية حول مرض التوحد لدى الأطفال في مدينة بغداد الطبية

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### الملخص

يتم تشخيص وعلاج مرض التوحد في العراق في أماكن متعددة ويتم توفيره من قبل مجموعة متنوعة من المتخصصين في مجال الصحة. المعرفة حول مرض التوحد منخفضة بين مقدمي الرعاية الصحية، ووجود معتقدات غير دقيقة وقديمة فيما يتعلق بهذا الاضطراب قد يؤخر اكتشافه والإحالة في الوقت المناسب للتدخلات. أجريت دراسة وصفية تحليلية في الفترة من 1 مارس 2014 إلى 24 مايو 2014 بهدف تقييم معرفة مقدمي الرعاية الصحية حول مرض التوحد لدى الأطفال وتحديد مستويات المعرفة بينهم. عينة قصدية (غير احتمالية) مكونة من مائة من مقدمي الرعاية الصحية (50 طبيباً و50 ممرضاً). تم جمع البيانات من خلال استخدام استبيان المعرفة حول مرض التوحد في مرحلة الطفولة (KCA) الذي تم استكماله وجمعه مباشرة من المستجيبين عند إدارته لتحقيق أهداف الدراسة، يتكون الاستبيان من جزأين؛ الجزء الأول يهتم بالخصائص الديموغرافية لمقدمي الرعاية الصحية؛ ويتكون الجزء الثاني من ثمانية عشر بنداً وصفت المعرفة حول مرض التوحد في مرحلة الطفولة بين مقدمي الرعاية الصحية. تم الحصول على صدق الاستبيان من خلال لجنة من الخبراء وتم تحقيق الثبات من خلال تطبيق معامل ارتباط ألفا ( $r=0.97$ ) والذي كان مقبولاً إحصائياً. وتم تحليل البيانات من خلال تطبيق التحليل الإحصائي الوصفي (التكرار، النسبة المئوية، المتوسط، ومتوسط الدرجات). وتشير نتائج هذه الدراسة إلى أن المتوسط الكلي للدرجات لدى الأطباء على استبيان المعرفة بلغ (9.80) والمتوسط الكلي للدرجات. وكانت النتيجة بين الممرضات في استبيان المعرفة (5.52) من أصل 18 درجة ممكنة. في الختام، يعكس متوسط الدرجات أن الأطباء مجهزون بمعرفة أكبر نسبياً عن مرض التوحد في مرحلة الطفولة مقارنة بالممرضات.

**الكلمات المفتاحية:** مقدمي الرعاية الصحية، المعرفة، التوحد لدى الأطفال

### زانیاری دایینکهری چاوه دێری ته ندروستی سه بارهت به ئۆتیزمی مندالی له شاری پزیشکی به غدا

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### پوخته

دهستبشنانکردن و چاره سه رکردنی ئۆتیزم له عێراق له چه ندين شوێن پوودهات و له لایه ن پسرپورانی ته ندروستی جوراوجوره وه دایین ده کړت. زانیاری ده رباره ی ئۆتیزم له ئیوان دایینکهرانی چاوه دێری ته ندروستیدا که مه و بوونی بیروباوه ری نادرست و به سه رچوو سه بارهت به مه نه خۆشیه په نگه دۆزینه وه و په وانه کردنی له کاتی خۆیدا بو ده ستپوه رانه کان دواخات. توێژینه وه یه کی شیکاری وه سفکه ره له 1 ی تازاری 2014 تا 24 ی تازاری 2014 ته نجامدرا به مه به ستی هه لسه نگانندی زانیاری دایینکهرانی چاوه دێری ته ندروستی سه بارهت به ئۆتیزمی مندالان و دیاریکردنی تاستی زانیاری له ئیوانیندا. نمونه یه کی تامانجدار (ناهه گهری) له سه د دایینکهری چاوه دێری ته ندروستی (50 پزیشک و 50 په رستار). داتاگان له رێگه ی به کاره یێنانی پرسیارنامه ی زانیاری ده رباره ی ئۆتیزمی مندالان (KCA) کۆکرانه وه که ده ستبه ج له وه لآمده ره وه کان ته واکرا و کۆکرانه وه له کاتی به رپوه بردن بو گه یشتن به تامانجه کانی توێژینه وه که، پرسیارنامه که له دوو به ش پیکهاتوو؛ به ش یه که مه په یوه ندی به تایه تمه ندییه دیموگرافیه کانی دایینکهرانی چاوه دێری ته ندروستی و ؛ به ش یه دووهم له هه ژده بابته ی پیکهاتوو که زانیاری ده رباره ی ئۆتیزمی مندالی له ئیوان دایینکهرانی چاوه دێری ته ندروستیدا باسکراوه. په وای پرسیارنامه که له رێگه ی پانێلێکی پسپورانه وه به ده ست هات و تمهانه پیکراوی له رێگه ی به کاره یێنانی رێژه ی په یوه ندی ته لفا ( $r=0.97$ ) به ده ست هات که له پووی تاماریه وه قبولکراو بوو. داتاگان له رێگه ی به کاره یێنانی شیکاری تاماری وه سفکه ره (فریکوینسی، رێژه ی سه دی، مامناوه ندی، و مامناوه ندی نمره کان) شیکراوه. هه نجامه کانی ته م توێژینه وه یه تاماژه به وه ده که ن که کۆی مامناوه ندی نمره کان له ئیوان پزیشکان له سه ر پرسیارنامه ی زانیاری (9.80) بووه و کۆی مامناوه ندی نمره ی ئیوان په رستاران له سه ر پرسیارنامه ی زانیاری (5.52) بوو له کۆی 18 ته گهری. له کۆتاییدا مامناوه ندی نمره کان په نگدانه وه ی ته وه یه که پزیشکان به رپوه یه کی به رچاو زانیاری زیاتر سه بارهت به ئۆتیزمی مندالان له چاو په رستاران ته یار بوون.

**وشه ی سه ره که یه کان:** دایینکهری چاوه دێری ته ندروستی، زانیاری، ئۆتیزمی مندالی