

The Level of Daily Life Skills Among Mild Intellectual Disabilities and its Relations to Demographic Variables in Central Sudan - Gezira State, Sudan

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Abstract

This study aims to indentify the daily life skills (self-skills, house activities, and community skills) as one of adaptive behavior demontions for learning ability (educable)with intellectual disability EID, and its relations to some demographic variables which are: gender, number of family members, order in family in terms of birth, the parents' educational level, relationship of family communication with school) in Schools and special education centers in Gezira state, Central Sudan. The study adopted the descriptive method and used the adaptive behavior scale which is prepared by Bandar Nasir Alutaybi (2004). The sample consisted of comprehensive one of (133) educable intellectually disabled (78) males and (55) females. Data were analyzed statistically by using (SPSS) program. The study reveals that: the common characteristic of the daily life skills level with EID being low. There is variation in the level of daily life skills in the three dimensions (self-skills, home activities, and community skills). Statistically significant differences in the level of daily life skills with EID according to the gender variable in favor of males. No statistically significant differences in the level of daily life skills according to a variable (number of family members, Order in the family in terms of birth (first, middle, last, single), parents' educational level, relationship between family communication to school). The study recommends detecting weaknesses and deficiencies in adaptive behavior skills for people with intellectual disabilities to find ways to address it, provide programs for training and guidance for intellectually disabled parents on daily life skills.

Keywords: *intellectual disability, adaptive behavior, daily life skills, educable of intellectual disabilities.*

Introduction

The American Public Law 111–256 -111th OCT. 5, 2010, defines the intellectual disabilities ID as a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ under 70, in addition to deficits in two or more adaptive behaviors that affect every day general living. Intellectual functions are defined under DSM-V as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from instruction and experience, and practical understanding confirmed by both clinical assessment and standardized tests. Adaptive behaviorAB is defined in terms of conceptual, social, and practical skills involving tasks performed by people in their everyday lives. (Boat, TF; Wu, JT, eds. 2015. 3). The importance of social functioning for individuals with ID has

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long been recognized as relevant to an individual's quality of life, well-being, and ability to participate in their society (Nota, Ferrari, Sores, & Wehmeyer, 2007).

Mild intellectual disabilities are defined as significantly subaverage intellectual ability, which ranges between 50–55 and 70, and concurrent delays in adaptive functioning that present prior to the age of 18. According to the Diagnostic and Statistical Manual- fourth edition-text revision (APA, 2020) mild ID is characterized by adaptive functioning that present before the age of 18. Mild ID is the most common type of ID; approximately 3% of the general population has mild ID (Adams, Marym, 1990) Approximately 85% of individuals with ID fall within this range. Children with mild ID often are not diagnosed until later childhood, as they typically develop minimal impairments in communication, social skills, and motor skills during (Roberts, 2003). Moreover, Oxford Handbooks (2013) define Adaptive behavior AB as a consists of those skills learned throughout development and performed in response to the expectations placed on us from our community and society at large. AB grow to increasingly more complex with age. AB is defined as the collection of conceptual, social, and practical skills learned by people to enable them to function in their everyday lives. But the children with intelligent disability learned the skills of adaptive behavior very slow than normal children this is a later development of Leeds to an unsuitable behavior with their ages.

The basic skills such as life skills are very important to the independence of the child and it helps both the child to build his self-concept and it reduces parents help at all time.

The results of some studies indicated a decline in daily life skills, which are (Self-skills, activities, household, community skills) such as study of (Roberts, 2003) (Al-Dukhairi, Taghreed, 2006) While the results of some studies indicate an improvement in the performance of daily life skills as a result of inclusion programs with normal children in schools, such as the study of Abdel Razek (2003). This study attempts to determine the level of daily life skills in its three dimensions (self-skills, home activities, and community skills) and their relationship to some demographic factors in Gezira State in central Sudan, which constitutes an environment in which most Sudanese ethnic groups are integrated into an agricultural and pastoralist society in which parents' information about disability is less and they do not receive counseling programs help them to help their disabled children, and there are no inclusion programs with normal children in schools, which increases the need to conduct research to determine the level of daily life skills and the demographic factors that are affected by them.

Literature Review:

Intellectual disability ID: American Association on Intellectual and Developmental Disabilities (AAIDD) defines ID, as a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22. It flows by Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a significant limitation in intellectual functioning. (AAIDD, 2023). Furthermore, a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, ie knowledge, language, motor, and social depend. MR can occur with or without any other mental or physical condition. Degrees of ID are conventionally estimated by standardized intelligence tests. These can be supplemented by test of social adaptation in a given environment. These tests provide an approximate indication of the level of ID. The diagnosis will also depend on the overall test of intellectual functioning by a skilled diagnostician. Intellectual abilities and social adaptation may change from time to time, and, however poor, may improve as a result of training and rehabilitation. Diagnosis should be based on the current degree of functioning. (ICD-10, 2019), the American

Association on Mental Retardation (AAMR) define the mental retardation MR as subaverage intellectual functioning existing concurrently with limitations in adaptive skills. These limitations in adaptive skills are operationally defined as lack of capacity in two or more of ten applicable adaptive skill areas (eg self-care, home living, social skills, self-direction, health and safety, etc.). The definition also includes the idea that adaptive skills are influenced by the presence of “appropriate supports” and with “appropriate supports over a continued over time, the life functioning of the person with intellectual disabilities will generally improve.” (AAMR, 2002). But also, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) definition places a greater emphasis than the Division (33) one on intelligence than on adaptive behavior, defining AM as “significantly sub-average general intellectual functioning accompanied by significant restrictive weakness in adaptive functioning” (DSM-IV.39). In using the term “accompanied,” the definition suggests that AB is a supplementary variable to intelligence, although both criteria must be present. The World Health Organization (WHO, 1996) also includes a definition of ID in its International Classification of Diseases and Related Health Problems, Tenth Revision (WHO, ICD-10). ICD-10 views the relationship between intellectual functioning and adaptive AB, with deficits in adaptive behavior resulting from deficits in intellectual functioning.

In describing the different severity levels of ID, the (ICD-10) guide presents IQ levels not as strict cut offs but as “guides” to categorizing individuals with ID. There is no mention of any standardized cutoffs for adaptive ability, except for mention of the use of “scales of social maturity and adaptation” in the measurement of adaptive behavior (WHO-ICD-10). Study of (Mutua Nk,2001) was two-fold. First, to identify factors that mediate parents' expectations about future outcomes of children with ID and parents' beliefs about education of children with ID in Kenya. Second, to determine the importance of parents' expectations, beliefs, child's gender, severity of ID, ethnicity, and parents' level of education in the prediction of educational participation of children with ID in Kenya. The initial set of predictors included four demographic variables (children's gender, severity of mental retardation, ethnicity, and parents' level of education) and eight factors of parents' expectations about future outcomes of the child with ID and their beliefs about education of children with ID. Six predictors of educational participation of children with ID emerged: (a) parents' beliefs about the educational appropriateness of the child with ID, (b) parents' beliefs about the social acceptance of the child with mental retardation, (c) parents' level of education, confirmatory factor analysis on a questionnaire developed for the purposes of this study, it was found that the hypothesized model of parents' expectations was adequate and fit with data. Gender differences in favor of boys were found for the parents' expectations about future adult responsibilities and educational attainment, but not about community membership. Overall, parents' expectations about future outcomes for children with severe ID were much lower than those for children with mild or moderate ID. However, there was also an interaction between the child's gender and level of ID for the parents' expectations about the child's educational attainment.

Educable of Intellectual Disability(EID): The International Classification of Diseases (ICD-10) classified the degree of IQ into three levels:

1. Mild mental retardation if they have an IQ score of 50-69.6
2. Moderate mental retardation if they have an IQ score of 35-49.6
3. severe mental retardation if they have an IQ score of 20-34.6

Mild mental retardation F70, an individual is diagnosed with mild MR if they have an IQ score of 50-69.6 and the majority of cases fall within this category. Individuals with mild MD typically develop social and communication skills adequate for self-support but may need assistance during times of unusual stress. Academic skills can be acquired up to the 6th grade level. Given appropriate supports, individuals with mild MR can usually live

successfully in the community, either in independent or supervised settings, and 80% are employed (in mainly unskilled or semiskilled jobs). (ICD-10, 2019). Moreover, the majority of people with ID are classified as having mild ID. Individuals with mild ID are grow slower in all side of conceptual development and social and daily living skills. These individuals can acquire practical life skills, which allows them to function in undistinguished life with limited levels of training. Individuals with moderate ID can be careful of themselves, travel to generally known places in their environment, and acquire basic skills related to safety and health. Their self-care requires moderate support (AAIDD, 2010). Encyclopedia of Child Behavior and Development (2011) is defined mild intellectual disabilities. EID is characterized by individuals with cognitive impairments that correspond to an IQ score between 50–55 and 70 and deficits in adaptive functioning that current before the age of 18. Mild ID is the most common type of MR; approximately 3% of the general population has mild ID (Robert, 2003) Approximately 85% of individuals with ID fall within this range. Children with mild MR frequently are not diagnosed until the period of childhood, as they typically develop limited impairments in communication, social skills, and motor skills during. More results studies such as Roberts, (2003) Merrill, EC (2006) indicated that Persons with EID often exhibit greater interference in visual selective attention tasks than do persons matched with them on CA. My goal here was to evaluate whether differences in distractor interference between people with and without mental retardation may be related to differences in negative priming. Fifteen participants with mental retardation, 15 without mental retardation matched on CA, and 15 without mental retardation matched on ID participated in three selective attention tasks, which were chosen to elicit small, medium, and large group differences in intervention, respectively. The failure to engage in inhibitory processes by the sample with ID in these tasks of eclectic attention was related to increased distractor interference. The Reham Al-Dakhiri (2016) study indicates to the presence of statistically significant differences depending on the variable of intelligence degree, with the presence of Correlation between different basic dimensions of adaptive behavior (Independence Self-reliance - knowledge of the system and general rules - basic social skills, affection and empathy motivation - motor skills - the total score of adaptive behavior, with the total score of linguistic abilities.

Adaptive behaviour: American Association on Intellectual and Developmental Disabilities (AAIDD, 2023) define Adaptive behavior AD is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- Conceptual skills—language and literacy; Money, time, and number concepts; and self-direction.
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (ie, wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills—doing of daily living (self care), activities skills, health care, travel/transportation, schedules/routines, safety, account of money, use of the telephone.
- Standardized tests can also determine limitations in adaptive behavior. (AAIDD, 2023).

Adaptive behavior is as the conceptual, social, and practical skills that are needed to function within his/her environment of an individual in everyday life (Schalock et al., 2021) ID as subaverage intellectual functioning existing concurrently with limitations in adaptive skills. These restrictive in adaptive skills are operationally defined as limitations in two or more of ten applicable adaptive skill areas (eg self-care, home activities, social communications, self-direction, health and safety, etc.). The definition also includes the idea that adaptive skills are influenced by the presence of “appropriate supports” and with “appropriate supports over a sustained period, the life functioning of the person with mental retardation will generally improve.” (National Library of Medicine, 2023). The

results of (Chwen, Yang, et al. 2006) study indicated that the Changes in patterns of social performance were observed in this study, person with ID showed greater agility in behavior recorded at the T 2, as attested by Bolton, Bellini, and Brookings (2000) and Su, et al (2008). The working experience provided them with opportunities to travel alone through public spaces, frequenting clubs, using public services, visiting friends and relative's homes, thus widening their range of social relations, with a greater choice concerning what and when they do or do not want to do. Moreover, the study of Awad Intisar (2008), Abdullah Muhammad (2014), Suboon, Manal (2014) indicates that there are no statistically significant differences in adaptive behavior skills due to the following variables: (gender, degree of disability, family participation in the program, family income, family acceptance of disability, and mother's education). While the study of Abdel Razek (2003) found significant differences between the average scores of samples of students with slight mental retardation in the integration system and its peers the isolation system in adaptive behavior in the dimensions: (independent performance, physical development, home activities, assuming responsibility and language development) for the benefit of inclusion students. And in the dimensions of behavior (destructive rebellion, withdrawal, psychological disorders) for the benefit of isolated students.

Life daily skills: Daily living activities that need to be mastered by children with ID include cleaning and tidying themselves, wearing their clothes, eating, and drinking alone, and avoiding danger (Diana, S, Sunardi, 2021). live skills education program is a part of life skill (Hendra Jaya, 2018) In more detail, the self-development program contains various aspects or materials that must be mastered and owned by children with ID, so that every child with ID can live independently following the function of independence. These materials include self-care, self-help, communication, socializing, adapting, life skills, and filling spare time. Self-growth material includes components and abilities including individual-care including eating, drinking, and hygiene; self-care including cloth covering and make-up; self-dependence and maintaining safety and safety from danger; contact to others includes communicating verbally, in writing, signs, and pictures; Adapting includes adapting to the family, school, or community environment; and playing or working together Maulani Nurul Sofia Based on the observations that have been made, it was found that the self-development Intellectual disability and daily living skills. Most of intellectual and developmental disabilities (I/DD) have a need for support continuous all their lives. With their developmental life expectancy, the older adults with I/DD continues to expand, and community agencies and families now face the problems of giving supports as these adults experience age-related changes. In comparison with adults without long-term disabilities, adults with ID are more likely to experience earlier age-related health changes, limited access to quality health care, and fewer financial resources. In addition, they are more likely to be living with parents into adulthood and have more limited social supports and friendships outside the family (Tamar Heller, 2010), People with ID are more likely than their age-related peers to need extra support to carry out everyday activities. It is important to have realistic expectations and consider what types of support is most likely to help develop their self care. While others may learn home activities by watching their parents or carers, adults with intellectual disability may need to more gradually methods to help them learn tasks. Daily activities the following is a list of activities that adults may be expected to carry out independently: Helping around the house, Load and start a washing machine, hang out the washing, fold a basket of washing, Iron clothes, Sweep, mop and/ or vacuum the floor, cook a meal, wash the dishes, wash the car, rule the law in the community. Catch public transport or take a taxi, Handle money, use an Automatic Teller Machine (ATM), pay a bill, Meet a friend for lunch, Shop for clothes and groceries. Gaining information of different life skills can benefit a self ability to manage daily tasks on their own, such as cooking meals, cleaning, budgeting finances, maintaining personal healthy care, managing medication, and much more. This can potentially equip those living with

disabilities with the ability to navigate everyday challenges better while cultivating confidence and autonomy. Furthermore, understanding communication techniques, including verbal or nonverbal methods, may improve how one interacts with others professionally and socially (Integrity ink, 2023). The result of (Nika Rizki Nur Prawitasari et al., 2022), study is the compilation of a study on the use and abuse of assistive technology as an effort to improve self-development skills in children with intellectual disabilities. Most children with milder forms of ID learn how to take care of their basic needs, but they often require training in self-management skills to achieve the levels of performance necessary for eventual independent living. Making and sustaining personal relationships present significant challenges for many people with mental disabilities (Corina Coulacoglou, 2017), The results of the study of Al-Dakhil and Taghreed (2006) and the study of Al-Maliki Hussein (2008) indicated that There are statistically significant differences in the average scores for performance of family and business roles household. While the results of the study of Qasim, Sumaya, and Zamoush, Nadia (2016) show a high degree caring skills for the intellectually disabled. The study of Dixon Dennis et al, (2010) reviewed of studies based on teaching safety skills to children with ID over the past thirty years. Safety skills, as one of the AB skills, included acting in emergency situations, walking skills on pedestrian crossing lines, crossing the street, and accident prevention skills.

Methodology: This study employs a quantitative design research method, and the aim of quantitative research is to determine the relationship between one variable (an independent variable) and another (a dependent or outcome variable) in a population (Hopkins, 2000). This study examines the level of daily life skills as the dependent variable, and main independent variable in all its forms including (gender-male-female, number of family, order of birth, educational level of parents, family communication with the school). The choice of these independent variables is based on several previous studies that have shown their significance in impacting the AB and daily life skills, such as study of (Dixon; Dennis et al. 2010) (Intisar, Awad. 2008), (Abdullah Muhammad, 2022) (Supoon Manal, 2014)

Population: The population of this study includes both male and female of EID from Gazira State in central Sudan. Those who have been diagnosed as educable, the total number of them in Gazira state enrolled in public schools and private institutes is (396). This research was conducted in Gazira state; in central Sudan. It shares borders with Sennar State to the south and Khartoum State to the north. To the east there is Gedaref State and to the west there is the White Nile State. The Gazira State is the most powerful of the Sudanese eighteen states, the state's area is (27,549) km² (10,637) miles². It includes the following localities: Greater Wad Madani locality, South Al-Jazira locality, East Al-Jazira locality, Al-Manaqil locality, and Al-Manaqil locality. Al-Hasahisa, Al-Kamilin locality, Umm Al-Qura locality, and 24 Al-Qurashi) locality, most of the population works in agriculture and grazing (www. Marefa, 2023).

Sample: The sample of this study is chosen and taken randomly from people with intellectual disabilities who are educable in schools and special centers in Gezira State in central Sudan and from its various localities. The sample number is (133) of EID (78) of males, and (55) of females. The total study population of (396) a percentage of (33.58%) registered with the Ministry of Education (Statistics 2021-2022 AD, Ministry of Education, Gezira State). which the study was applied eight schools and three special education centers.

Table (1) shows the study population of schools and special education

Locality	Schools	Number	
		Male	Female
Greater Madani	Al Jazeera School for People with Special Needs	29	16
	Al-Amal School for People with Special Needs - Fadasi Al-Amrab	02	06
	- Al-Amal School for People with Special Needs - Al-Shabarqa 05 01	05	01
	Al-Zohour School for People with Special Needs	04	09
	Al-Sharif Integrated Center for People with Special Needs	04	01
South Al Jazeera	Ethar School for People with Special Needs – Rowena	04	04
East Al Jazeera	Abdel Moneim Abdel Latif School for People with Special Needs - Rifa'a	06	12
Al Kamilin	1 Al Amal School for Special Needs - Al Kamilin	07	09
	Dar Al Hanan School for People with Special Needs – Alti	05	03
Al-Manaqil	-Al-Amal School for People with Special Needs - Al-Manaqil	02	00
24 AlQurashi	-Al-Amal School for People with Special Needs	02	02
Total	(11)schools and centers	55	78
Total	78+55=	133	

Table (2) shows the distribution of genders (male- female):

Type	Number	Percentage
Male	78	%58.6
Female	55	%41.4
Total	133	%100

It is noted from the table (2) Most of the study sample members are males, with a percentage of (58.6%).

Table (3) shows the distribution of number of family members:

number of family members	the number	Percentage
3-1	36	27.1%
6-4	82	61.7%
7 or more	15	%11.3

the total	133	100.0%
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Table (4) shows the distribution of family arrangement in terms of birth

Order by birth	number	Percentage
First	32	24.1%
the middle	64	48.1%
The last	35	26.35%
Single	0 2	5%
Total	133	100%

It is noted from the table (4) Most of the study sample members are arranged in terms of birth (the middle), with a percentage of (48.1%).

Table (5) shows the distribution of father's educational level:

Level	Number	Percentage
Illiterate	2	1.5 %
Khawla	7	5.26 %
Basis	31	23.30 %
Secondary	51	38.34 %
University	36	27.06%
Above university level	6	4.51 %
Total	133	100 %

It is noted from the table (5). Most of the study sample members have a secondary educational level (percentage38.3%).

Table (6) shows the distribution of mother's educational level:

Mother's educational level	Number	Percentage
Illiterate	10	7.5%
Khawla	4	%3.0
Basis	28	21.1%
Secondary	55	41.4%
University	29	21.8%
Above university level	7	5.3%
Total	133	100.0%

It is noted from the table (6) Most of the study sample members have a secondary education level of (41.4%).

Table (7) shows the distribution of family communication with school:

Family contact with school	Number	Percentage
Continuous	83	62.4%
None continuous	48	36.1%
None	02	1.5%
Total	133	100%

Most of the study sample members have continuous contact with the school (62.4%).

Instrument: The researchers use the Vineland scale, which appeared in its first form under the name of the Vineland Social Maturity Scale, designed by Edgal Doll (1935). It appeared as a codified scale for growth that measures social skills and measures five dimensions: (communication skills, daily life skills, socialization skills, motor skills, and maladaptive behavior). Bandar Nasser Al-Otaibi (2004) translated the scale into Arabic - then standralized it On the Saudi environment - from the original version prepared by: Sparrow, Bala, and Sishakti (1984). It consists of five main dimensions, under which eleven sub-dimensions fall, and includes various aspects of life: such as communication skills, daily life, socialization, motor skills and maladaptive behavior skills. Estimates of behavior vary depending on the individual's response; It is represented by the degree (2) means the individual performs the behavior, and the degree (1) means performing the behavior sometimes, and the score (zero) indicates the individual's inability to perform the behavior (Al-Otaibi, Bandar, 2004)

The researchers applied the Vineland scale in dimension of daily life skills. The dimension contains daily life skills on (60) A statement that included three sub-themes: self-skills:It measures the skills of eating, drinking, dressing, self-care, and personal health aspects, and the number of its statements (33) include expressions from the number (1) to number (33).And home activities:It measures the individual's household tasks and the number of tasks performed (11) A phrase, including phrases from (34) to (45).AndCommunity skills:It measures the ability to use time, money, telephone, behavioral skills and professional skills, and the number of its statements (15), includes the phrases from (46) to (60).

Validity of the scale: validity is the most important characteristic of measurement, and the concept of validity refers to the special inferences that are drawn from the scale scores in terms of their suitability, meaning, and usefulness, and validity refers to the suitability of using the scale to make certain interpretations (Abu Allam, 2004). To verify the validity of the scale, the researchers Using face validity, the Vineland Adaptive Behavior Scale was presented in its initial form prepared by Bender sonNasser Al-Otaibi, which standralized in Saudi environment (2004), It has been calculated Self-validity for scale: Extracting the reliability coefficient using the Cronbach's alpha consistency coefficient (Cronbach's Alpha) It reached (0.84), It was also calculated Internal consistency validity of the scale For paragraphs in the axesAnd find Correlation coefficients between the axis rate Daily life skills and rate overall, the results were as follows.

Table (8) Explains the connection between dimensionsthe of scale

Dimensional number	stability coefficient	number of statements	coefficient with the overall scale
Daily life skills	0.78	60	0.88

Show from the table (8). That all correlation coefficients of Dimension (daily life skills) with the overall scale statistically significant at (**0.05)

Reliability: Reliability is when the measure gives the same results if it is re-applied to the same sample and under the same conditions (Al-Hadi, 2006)., To calculate the reliability of the scale, study used split half scale, the reliability rate was (73.0)

Processors Statistics: The study used Statistical Package for the Social Sciences (SPSS), and the following statistical methods were used: Percentages, frequencies, and arithmetic mean., Cronbach's alpha test (Cronbach's Alpha) to determine the stability of the paragraphs of Scale, Analysis of variance Analysis (ANOVA), T-test. **Data Collection:** The researchers received approval from the Ministry of Education in Gazira state, and all data collection flowed up by researchers, they explained the purpose of the study clearly to the participants, this study asked the participants' demographic information to children including gender (male -female), number of family, order of births, educational level of parents. family communication with the school. Data was collected for each sample member by the teacher supervising the EID child after were trained on application of the Vineland Adaptive Behavior Scale.

Results: The first question:(The general level of daily life skills with EID is characterized by low).

Table (9) shows the level of daily life skills.

Daily life skills Score	Number	percentage	arithmetic mean	standard deviation
High	17	13%	1.11	0.881
Medium	23	17%	1.42	0.688
Low	93	70%	1.71	0.461

It is clear from the table (9) confirms that the level of daily life skills is low.

Second qustion: Are there differences in the level of dimenstion in daily life skills of EID In (self-skills, home activities, community skills)

Table (10), showing the differences daily life skills dimenstion,

Dimenstion	SMA	standard deviation
Self skills	0.856	0.517
Home activities	1.280	0.462
Community skills	0.658	0.539

The table above shows that there are differences in the dimenstion of life skills

Question three: Are there statistically significant differences in level daily life skills with EID accordingly to gender (male/female).

Table (11) shows the the gender variable. (male-female).

Male (No=55)		Female (No=78)		t- test	Degree of freedom	Significance level	Conclusion
Mean	Deviation	Mean	Deviation	5.388	131	0.001	significant
1.784	0.383	1.129	0.343				

Indicates The table above to There are statistically significant differences in daily life skills with EID according to gender variable (male/Female) in favor of to (Males).

Question four: Are there statistically significant differences in the level of daily lif skills according to the variable (number of family members)

Table (12) shows number of family members.

source of variance	sum of squares	degrees of freedom	mean deviations	value (F)	Significance level
Between groups	51.965	90	0.577	1.070	0.412
Within groups	22.667	42	0.540		
Total	74.632	132			

The above table shows that there are no statistically significant differences in the level of daily life with EID according to number of family members.

Question Five: Is there are statistically significant differences in the level of Daily life skills with EID according to the family arrangement variable in terms of birth).

Table (13) shows the arrangement in the family in terms of birth.

source of variance	sum of squares	degrees of freedom	mean deviations	value (F)	Significance level
Between groups	0.035	2	0.018	0.109	0,896
Within groups	20.855	130	0.160		
Total	20.890	132			

It is clear from the table (13) There no differences statistically significant at the level daily life skills with EID according to the family arrangement variable in terms of birth.

Question sixth: Are there statistically significant differences in the level of daily life skills with EID according to the educational level of the parents.

Table (14) shows the parents' educational level.

source of variance	sum of squares	degrees of freedom	mean deviations	value (F)	Significance level
Between groups	0.609	2	0.304	1.434	0.242
Within groups	27.590	130	0.212		
Total	28.199	132			

Table (14) shows that there are no statistically significant differences in the daily life skills with EID according to the educational level of the parents.

Question Seven: Are there statistically significant differences in level of daily life skills with EID according to the variable of family communication relationship with school).

Table (15) Explains the family communication relationship with school.

source of variance	sum of squares	degrees of freedom	mean deviations	value (F)	Significance level
Between groups	2.264	2	0.755	5.066	0.102
Within groups	19.220	130	0.149		
Total	21.485	132			

Looking at the table (15) There are no statistically significant differences in levels of daily life skills with EID according to family communication with school.

Discussion:

First question: It is clear from the table (9), is the average level of daily life skills to a high degree with EID, it was (1.11) and their number was (17). (13%), While the average level of adaptive behavior I has an average level. The intellectually disabled for those who are capable of learning (0.688) and their number (23) in the rate of (17%) While the average level of daily life skills dimension with a weak degree (1.79) and their number (93) in the rate of (70%) Which means a low level of daily living skills dimension. The results of this study agreed with the results of Al-Maliki's study(2008) And Study of th Matar (2001) Researchers attribute the low level of daily life skills with ID, due to the delay in diagnosing cases of intellectual disability, and the lack of early intervention, the poor environment of homes for people with intellectual disabilities, and the difference in the environment of schools and private institutes from the environments of homes for people with ID Simple, in which there are no technical means available to help the child acquire the necessary life skills. Moreover, schools pay attention to academic skills and neglect life skills, with a lack of family counseling and training programs that provide parents with information about their child's disability and how to acquire the necessary skills. Suboon Manal's study (2014) found a low socio-economic level among families of the intellectually disabled in the state of Gezira. Data from the demographic table in the study also indicate a low level of education for mothers and fathers with EID. The percentage of mothers who had less than a university education was (72.93), while the percentage of fathers was (68.42%), which makes their awareness of the importance of skills limited. Moreover, Gazira state schools do not use the inclusion system in educating with EID, which deprives them of acquiring many skills through imitation.

Second question: Is there are differences in the level of demnstion of daily life skills with EID (Self-skills, home activities, community skills),We note from the table (10), through daily life skills topics all three,that average self-skills axis (0.856)And with a deviationstandard reached (0.517).As the second level in terms of ranking,While the average level of household activities was (1.280),With a standard deviation of (0.462). The highest level in terms of ranking. whileThe average societal skills reached (0.658). Standard deviation of (0.539) As a third level, Domestic activities came in first place due to the EID sitting for long hours at home, especially females, while in the second level came self-skills, which are simple skills that a child can easily acquire. Researchers attribute this to the presence of extended families in Sudan that help in acquiring these skills compared to With other complex skills, community skills were the lowest. This is due to the social stigma of having a disabled child and the low education of the parents of the sample members. The percentage of those who received less than a university education reached (72.9%), which makes it difficult for parents to provide their children with the necessary social skills. The results of the study of Al-Dakhil Taghreed (2006) and the study of Al-Maliki Hussein (2008) indicate tothere are statistically significant differences in average in degrees of performance of family roles and household chores between the experimental (educationally inclusion) and control groups (not educationally inclusion) in favor of the experimental group for both the female and male sample.RIn the total score for the main dimensions (daily life skills dimension, socialization dimension), for the benefit of students in intellectual education programs attached to regular schools.In the dimensions of the following AB skills (self skills,Home activities, community skills, interpersonal relationships,).While the results of the study of Qasim, Sumaya, and Zamoush, Nadia (2016) show a high degree Caring skills For EID, there were statistically significant differences attributed to gender (males - females).Dixon;Dennis, et al (2010) After referring to studies that teach a skills with ID through out thirty year ago!It focuses on:Acting in the right way no emergency, and walking skills on pedestrian crossing lines,crossing the street,accident prevention skills inside the home researchers attribute this result to the feelings of mothers and fathers of ID Social stigma when they go out and accompany them on social visits or out for entertainment, which reduces the acquisition of community skills.

Third question: The study uses a (T-Test)). It is clear from the table (11) the calculated value of (T) is equal to (5.388) and the level of significance It equals (0.001), which is statistically significant, which indicates that there are statistically significant differences in the level of daily life skills I have EID according to gender (male/female), in favor of biggest mean (1.784) males. The results agreed with Qasim and Zamoush (2017) study and disagreed with the Al-Naimi and Al-Khazraji (2014), Wafi study (2010) Elnasheif (2000), mentioned in Abdel Rahman (2014), that individual differences between males and females are attributed to culture and societal values that encourage one gender rather than the other to develop skills and interests. Certain, though males are more likely than females. The researchers attribute this result to Sudanese customs and traditions, which provide males with a greater opportunity to leave the house and thus communicate with a number of community members and a number of peers, which gives them greater opportunities for training in daily life skills.

Fourth question: The study used One Using analysis of variance Analysis Variance (One-Way ANOVA), It is clear from the table (12), the calculated value of (F) is equal to (1.070), with a significance level equal to (0.412), and a degree of freedom equal to (132), and since the calculated (F) value is greater than the significance level ($\alpha = 0.05$) Which means There are no statistically significant differences in the level of daily life skills with EID Depending on the number of family members., along with the results of the study (Stone et al, 1999), The study of Muhammad (2010) and Mohammed (2003:121), indicated that when the size of the family increases and includes a large number of children, this leads to children being exposed to delinquency.

Fifth question: The researchers used analysis of variance Analysis (One-Way ANOVA), It is clear from the table (13), the calculated value of (F) is equal to (0.109), with a level of statistical significance Equal ($\alpha = 05.0$), The result indicate that there are no statistically significant differences in daily life skills with EID according to family order of birth. The result agreed with (Stone, et al. 1999), The child's status in the family plays an important role in his growth and development, and the child's status is determined by several factors such as: gender, the time difference between children within the same family and how parents treat children (Farag, 2015). Elqass was reported (2000) that the importance of studying birth order includes many elements of interaction between the child and the parents, and with regard to Arab culture, there are some common practices in parental upbringing that are affected by the child's birth order and gender. Researchers explains the result that the acquisition of daily life skills can be learned by the child of ID through imitation, emulation and modeling through siblings, especially since the number with intellectual disabilities those who fall in the middle order in terms of birth have reached (64) EID disability in the rate of (48.1%), and the number of family members with more than four members reached (82). ID disability in the rate of (61.7%), which means help with acquiring daily life skills through others for the child Person with ID via learning by imitation,

Sixth question: Study used analysis of variance (One-Way ANOVA), Looking at the table (14), we find that the calculated value of (F) is equal to (1.434), with a level of statistical significance (0.242), with a degree of freedom equal to (132), and since the calculated value of (F) is greater than the level of statistical significance ($\alpha = 05.0$), we conclude that there are no statistically significant differences in the level of Daily life skills with EID depending on the educational level of the parents., Researchers attributes that the It doesn't exist differences in the level of daily life skills indicate that the level of teaching daily life skills does not require a large level of learning among fathers, especially mothers, and it is done automatically in the first years of life (Ibrahim, 2017), That all children learn from their fathers create positive attitudes in many aspects. The cognitive aspect is what children must be equipped with during this stage, and the behavioral component is more prominent for the child, especially in life inside the home. The results of this study agreed with (Stone, et al 1999), and disagreed with (Abdul Wahab, 2000)

study, There is an increasing need for mothers with a high level of education for knowledge and information regarding the nature, degree, and causes of the child's disability and the possibility of prevention and necessary early remedial measures (Muhammad, 2005). While this situation is less common among mothers with a low level of education, this is due to ignorance, limited understanding, and lack of knowledge of the general manifestations of disability. Riesenber (1977) asserted that the lack of education and limited income of mothers negatively affect their ability to care for the child disabled person. The researchers explain this result to lack of attention to special training and repeated training for learning people with ID, as parents treat them as they treat ordinary children and do not realize the individual differences between them. Although the data of the current study show that a percentage of (67.17%) are fathers and mothers of children of ID their education is post-secondary, which enables them to teach their children basic life skills, especially self-skills and home activities, which are usually few and simple skills in an agricultural environment with limited capabilities and do not require technical skills or complex devices. However, they have neglected teaching and training the skills to their children with special needs.

Seventh question: Study used analysis of Variance (One-Way ANOVA). It is noted from the table (15), the calculated value of (F) is equal to (066.5), with a level of statistical significance equal to (102.0), and a degree of freedom equal to (132), and since the calculated (F) value is greater than the level of statistical significance (0.05), it is clear that there are no statistically significant differences in the level daily life skills to EID depending on a relationship variable communication family at school. The current study agreed with the results of the (Stone et al Stone et al 1999) study. The researchers see that relationship and communication family at school, if it is continuous, may have an impact positively at the level of adaptive to EID may find it intellectually care, and mutual concern between the family and the school among themselves, and highlighting the positions of weakness and deficit in their adaptive skills, so that the family and the school can address them, and clarify the positions of strength and ability, strengthen them, and provide them with what is beneficial to them. However, when the relationship between the family and the school is not continuous or non-existent, this results in neglect ID, lack of attention, sometimes ignoring, not monitoring, and not correcting their mistakes. Attributes the researchers this result to family communication with school. The sample data shows that (62%) communicate with the school, the school cares and focuses on academic learning skills and neglects daily life skills. Also, teachers, due to the focus on cognitive learning, do not find time to train children in daily life skills, and schools work traditionally, parents are not allowed to participate in building and following up individual plans for learning, and there are no group guidance programs that develop parents' abilities to build their children's skills. This has made family communication with the school on a routine basis that does not serve to provide children with the necessary skills. Schools also do not use the inclusion system that allows learn many basic skills through regular peers.

Conclusion:

This study was conducted for the purpose of discovering the level of daily life skills (self skills, home activities, community skills) as one of the dimensions of adaptive behavior among the EID and its relationship to some demographic variables in central Sudan. A descriptive approach was leveraged by these researchers in answering the research question. The results indicate the level of daily life skills as one of the dimensions of adaptive behavior among the EID is low. In addition, the findings suggest that differences in the level of demonstration of daily life skills with EID (Self-skills, community activities, community skills). The study also found that there are statistically significant differences in the level of daily life skills according to (gender (male- female), in favor to males, it attributed to culture and societal values that encourage one gender rather than the other.

However, the study also found that, no statistically significant differences in number of family member, in addition, the findings suggest that no significant differences according to family arrangement in terms of birth, Moreover, no significant differences according educational level of the parents', The findings also found no stastical differences in family communication relationship with school.

The findings of the study have important implications for both theory and practice. they highlight the need for interventions to learn a daily ife skills to ID, as well as the importance to provide programs training and counsrllig for an ID parent.

Overall, the findings of this study provide valuable insights into detecting weaknesses and deficiencies in adaptive behavior and daily life skills for people with intellectual disabilities.

The research also underscores the need for used inclusion programs in schools which help them of acquiring many skills through imitation, and helip an ID to reduce discrimination, and stigma.

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