

## INTRODUCTION

Mental retardation disorder is defined by *American Association of Mental Retardation (2002)* as it is a term used when a person has certain limitations in mental functioning and skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating.

The prevalence of mental retardation has been estimated at 2 % with a range from 1 % to 2.5 %. Nearly 90% of those who are mentally retarded are in the mildly retarded range. Although there is consensus that the rate of mental illness is quite high in this population, there are wide variations in reported frequency of comorbid conditions, from 15% to 35% (*Boyd & Nihart, 1998*).

In Egypt there are more than 3.4 million handicapped children with different degree of mental retardation of population, only 1% receive health care, 73% of the total type of handicapping is mental retardation and 14.5% belongs to motor disability group (*Youssif, 1999*) and *Shaker (2000)* added that, the estimated prevalence of mental retardation in Egyptian regular primary schools was 8.7%.

*Pillitteri .(2003)* stated that children who are cognitively challenged need to learn the maximum possible amount of self-care. Also they need special aids to achieve skills of self – care.



Many children with mental retardation need help with adaptive skills , which are skills needed to live , work, and play in community. Teacher and parents can help a child to work on these skills at school and home. Some of these skills include daily living skills, such as getting dressed, going to the bathroom and feeding oneself, home living e.g. helping to set the table, cleaning the house (*Baker & Brightman, 1997*).

The theory of self-care is the first of the three constituent theories. It represents the core of general theory of self-care deficit theory of nursing because it focuses on two major concepts they are self-care and dependent care. Understanding other essential concepts evident in this theory is dependent care. Other concept includes self-care requisites, therapeutic self-care demand, self-care and dependent care agency, and basic condition factors. (*Orem, 1995*).

Caregivers should promote the child's independence in self-care activities such as feeding, toilet, dressing and hygiene. Normalizing experiences such as eating, playing, and socializing with other children should be encouraged. (*Harbin and Harbin, 1994*). Also *Johnson , (1997)* mentioned that, to meet the child with mental retardation self-care needs, the caregiver must assess the child's ability to perform activities of daily living (ADLs)-eating, eliminating, ambulating, bathing, dressing and so forth. This allows the caregivers to plan and implement directly or indirectly, an individualized treatment plan is designed to enforce or promote the child's independence in performing Activities of daily living.



Caregiver uses ways to enhance competence and self esteem during maintaining realistic expectations for the child. Caregiver often finds it is difficult to balance the fostering of independence and the providing of a nurturing and supportive environment for mentally retarded child. Educational setting for children who are mentally retarded should include comprehensive program that addresses self-care skills training, social skills training and vocational training. Particular attention should be focused on communication and efforts to improve the quality of life. Group therapy has often been successful format in which mentally retarded children can learn and practice hypothetical real. Life situation and receive supportive feed back (*Kaplan & Sadock, 1998*).

