

RESULT

Result of the present study will be demonstrated according to parts, as follows:

Part 1:- Characteristics of caregivers at both government and private institution. Table (1)

Part 2:- Knowledge of caregivers about mental retardation disorders (Table 2-5).

Part 3:- Caregivers' practices to train mentally retarded children on daily living activities.(Table 6-16)

Part 4:- Characteristics of Mentally retarded children (table17).

Part 5:- observation of child self care sheet (table 18-24)



Table (1) Identification Data of Caregivers Working in Government and Private Institutions.

Place Variable	Government institution n =34		Private Institution n =33		Total N = 67	
	No	%	No	%	No	%
*Age						
30 < year	18	52.9	22	66.7	40	59.7
30 > year	16	47.1	11	33.3	27	40.3
*Sex						
-Female	14	41	12	36.4	26	38.8
-Male	20	58.8	21	63.6	41	61.2
*Education						
Read & write	2	5.9	3	9.1	5	7.5
*Secondary	18	52.9	8	24.02	26	38.8
*High education	14	44.2	22	66.7	36	53.7

This table showed that highest percentage belong the age group 25-<36 in both government and private institutions (52.9%,66.7%) respectively. Most caregivers at government as well as private institutions are male (58.8 %, 63.6%) respectively. The majority of caregivers at government institution are secondary educated (52.8%), however those working at private institution showed a frequency of 66.7% for high education.



Table (2) Caregiver's Knowledge about Mental Retardation Disorder in Government and Private Institution.

Place Variables	Government Institution N = 34		Private Institution N = 33		Total N = 67		X ²	P
	No	%	No	%	No	%		
(A) Definition								
Complete answer	16	47.1	28	84.9	44	65.7	6.51	<0.01
Incomplete answer	18	52.9	5	15.1	21	43.3		
(B) Causes								
Complete answer	21	61.8	29	87.9	50	74.6	4.73	<0.05
Incomplete answer	13	38.24	4	12.1	17	25.4		
(C) Diagnosis								
Complete answer	19	55.9	29	87.9	48	71.6	6.94	<0.01
Incomplete answer	15	44.1	4	12.1	19	28.4		
(D) Management								
Complete answer	18	52.9	24	72.7	42	62.7	3.58	<0.05
Incomplete answer	16	47.1	9	27.3	25	37.3		

This table showed that there was statistical significant difference between government and private institutions as regards definition of mental retardation disease (X^2 6.51, $p < 0.01$). Causes of mental retardation in government and private institutions for complete answer (61.8% , 87.9%) respectively.

Diagnosis of mental retardation showed higher percentage for complete answer in private institution,(87.9%) ,than governmental institution (55.9%).

Also the higher percentage in management knowledge's showed higher percentage in private institution for complete answer (72.7%) then government institution (52.9%).



Table (3) Caregivers' Knowledge about Needs of Mental Retardation Children in Both Government and Private Institutions

Place Variables	Government Institution n = 34		Private Institution n = 33		Total n= 67	
	No	%	No	%	No	%
1)Health needs						
*Vaccination	3	8.8	1	3.0	4	6.0
*Check up	24	70.6	19	57.6	43	64.2
*Increase the instrument (health)	7	20.6	13	39.4	20	29.9
2)Physical needs						
1-Importance of personl hygiene	14	41.2	17	51.5	31	46.3
2-Importance of games	10	29.4	8	24.2	18	26.9
3-Importance of nutrition	10	29.4	8	24.2	18	26.9
3)Social needs						
1-Visits with family	16	47.1	19	57.6	34	52.2
2-Trips	4	12.2	2	6.1	6	9.0
3-Respect and acceptance	14	41.1	12	36.4	26	38.8
4)Psychological needs						
<i>A)Independence through</i>						
*Independent on her/him self at practice to daily skills	14	41.2	20	60.6	34	50.7
*Increase self- esteem	15	44.1	11	33.3	26	38.8
*Love the place which live at	5	14.7	2	6.1	7	10.4
<i>B)Communication through</i>						
1-Need correct errors intense and language	21	61.8	19	57.6	40	59.7
2-Clear massage	11	32.4	13	39.4	24	35.8
3-Caring with her / his feeling	2	5.9	1	3.0	3	4.5



Place Variables	Government N = 34		Private N = 33		Total N = 67	
	No	%	No	%	No	%
C)Self-trusts need by						
*Give the child sense of responsibility	12	35.3	17	51.5	29	43.3
*Motivation and encouragement	16	47.1	15	45.5	31	46.3
*Reinforcement	6	17.6	1	3.0	7	10.4
D)Needs of insurance by						
*The caregiver give sense of importance	14	41.2	19	57.6	33	49.3
*Explain every things around the child	17	50	12	36.4	29	43.3
*Dealing with him lovely	3	4.5	2	6.1	5	7.5
5-Rehabilitation needs						
* Academic skills	6	17.6	5	15.1	11	16.4
*Training on self-care	13	38.2	16	48.3	29	43.3
*need vocational rehabilitation	15	44.1	12	30.4	27	40.9

This Table clarified that **health needs**: showed highest percentage for medical check up which was found in children of government institution in percentage (70.6%) **physical needs**: private institution showed higher percentage for importance of body hygiene (51.5%) **Social needs**: the needs of visit with family and relatives showed higher percentage in private institution (57.6%) **Psychological needs** : Is divided into needs to independence, the child independence on his / her self to do daily living skills is mostly encountered among private institutions (60.6%) **Communication needs** : in government institution for correct errors intense and language to understanding. (61.8%)

self-trust needs : government institution showed higher percentage for motivation and encouragement (47.1%). However give the child sense of responsibility is mostly encountered among private institution (51.5%). **needs of insurance** : government institution showed higher percentage to explain every things around the child. (50%). While giving the child sense of importance was showed mostly in private institution (57.6%). **Rehabilitation needs**: showed higher percentage for need to vocational rehabilitation (44.1%) in government institution .However need training on self-care is mostly encountered among private institution (48.8%).



Table (4) Problems Facing Caregivers During Dealing with Mental Retardation Child in Both Government and Private Institutions.

Place Variables	Government Institution n = 34		Private Institution n = 33		Total n = 67	
	No	%	No	%	No	%
Psychological problems						
1-Frustration	11	32.4	9	27.3	20	29.9
2-Fear & Stress	18	52.9	20	60.6	38	56.7
3-Heistated	5	14.7	4	12.1	9	13.4
Supplement problems						
1-Inadequate instrument of rehabilitation needs	8	23.5	5	15.1	13	19.4
2-Inadequate fund to buy extra material	5	14.7	8	24.2	13	19.4
3-Indadequate human resources	21	61.8	20	60.6	41	61.2

This table showed that psychological problems was encountered as sense of fear and stress at both government and private institutions (52.9%, 60%) respectively. Supplement problems showed in both government and private institutions as inadequate human resources (61.8%, 60.6%) respectively.



Table (5) Caregivers' Behavior During Dealing with Mentally Retarded Child at Both Government and Private Institutions

Variables	Government Institutions n = 34		Private Institutions n = 33		Total n = 67	
	No	%	No	%	No	%
1-During self-care						
*Use method to build up	13	38.2	19	57.6	32	47.8
*Use the repetition of methods	14	41.2	11	33.3	25	37.3
*Use methods of grading	7	20.6	3	9.1	10	14.9
2-Attention & self-harm						
*Use methods of punishment	14	41.2	6	18.2	20	29.9
*Keep the child busy	11	32.4	10	30.3	21	31.3
*Stop attention & disturbed	9	26.4	17	51.2	26	38.8
3-Reaction formation						
*Anger	1	2.9	0	0.0	1	1.5
*Accept the wrong without comment	13	38.3	19	57.6	32	47.8
*Explain the wrong & repeat	20	58.8	14	27.3	34	50.7

This table showed behavior of caregivers during dealing with mentally retarded child. During the child do self-care procedures the highest percentage was found in government institution for the use of repetition methods (41.2%). While the use of method of build up is mostly encountered among private institution (57.6%). During attention and self-harm the highest percentage was found in government institution for use method of punishment (41.2%) while stop attention and distributed the child is mostly encountered among private institution (51.2%). When the child make mistake during training, the reaction formation of caregivers was found in government institution to explain the wrong and repeat procedure. (58.8%) while accepted the wrong without comment is mostly encountered among private institution (57.6%).





This table showed caregivers practices to train mentally retarded children on manner of eating. There was a highly significant difference in both government and private institutions at preparatory stage. The highest percentage for child to be able to use equipment without help (72.7%) was encountered in private institution (X^2 32.73, $P < 0.001$).

At primary stage there was highly significant difference for the child to be able to use equipment of eating (78.8%) in private institution (X^2 24.36, $P < 0.001$). While at vocational stage the highest percentage was found for the child to be able to use equipment of eating (90.9%) (X^2 8.85 , $P > 0.05$).





This table showed caregivers practices to train mentally retarded children on drinking. There was significant difference in favour of private institution, at preparatory stage to help the child to catch his cap and drink (87.9%) (X^2 5.52 , $P < 0.05$). While at vocational stage it was (93.9%) (X^2 5.52 , $P > 0.05$).

At primary stage there was no significant difference between government and private institutions (X^2 3.71 , $P > 0.05$)





This table showed caregivers' practices to train mental retarded children on self care during elimination. There was significant difference in caregivers practice to train the child to take off the clothes to use bathroom, help and guide the child in preparatory stage in regarding private institution (60.6%) (X^2 11.26 , $P < 0.001$). At primary stage private institution showed the highest percentage for the child independency (75.8%) (X^2 6.99 , $P < 0.05$)

At primary stage there was significant difference related to practice of caregivers to train the child to use bathroom between government and private institutions (X^2 7.62 , $P < 0.05$) and at vocational stage there was no significant difference (X^2 0.48 , $P > 0.05$). There was no significant difference related to personal hygiene after use bathroom in preparatory in both government and private institutions (X^2 4.35, $P > 0.05$).





This table showed practice of caregivers to train mental retarded children on showering. There was a highly significant differences related to practices of caregiver to train the child to prepare path room among three stages preparatory, primary and vocational stage in both government and private institutions, at preparatory stage (X^2 15.59 , < 0.001) , primary stage (X^2 26.55, $P < 0.001$) and vocational stage (X^2 10.09 < 0.001) respectively. Also this table showed the practice of caregivers to train the child to showering. There was a highly significant difference in preparatory stage in both government and private institutions, the highest percentage was found in caregivers help and guide the child, and in independency (44.1%, 60.0%) respectively, (X^2 11.26 , $P < 0.001$).

At primary stage there was significant difference the highest percentage for independency in both government and private institutions (52.9%, 75.8%) respectively (X^2 6.99, $P < 0.05$). And at vocational stage there was no significant differences between two institution (X^2 0.49, > 0.05).





This table showed caregivers' practices to train mental retarded children on dressing. There was highly significant difference among three stages, preparatory, primary and vocational. (X^2 16.99, $P < 0.001$) (X^2 23.58, $p < 0.001$) (X^2 13.99, $P < 0.001$) respectively. Also this table showed practices on qualitative of dressing. The result indicated that there was highly significant difference at three stages in both government and private institutions as regards to preparatory stage (X^2 13.22 , $P < 0.001$) , at primary stage (X^2 20.43 , $P < 0.001$) and vocational stage (X^2 12.95 , < 0.001)





This table showed Caregivers' practice to train mental retarded children on care of hair. There was higher significant difference in preparatory stage in government institution for complete dependence on caregivers (70.6%) (X^2 31.63, $P < 0.001$).

At primary stage private institution showed higher significant difference for the child independence (66.6%) (X^2 11.89, $P < 0.001$).

At vocational stage there was no significant difference between government and private institutions for independency(85.3% , 93.8%) respectively (X^2 1.85, $P > 0.05$).





This table showed the practice of caregivers at government and private institutions to train mental retarded children on walking. The result indicated that there was higher significant difference in preparatory stage for the child complete dependence in private institution (60.6%) (X^2 8.93 , $P < 0.05$).

At primary stage there was no significant difference in both government and private group, for the child independency (64.7% , 84.8) respectively (X - 4.68 , $P > 0.05$).

At vocational stage there was no significant difference in government and private institutions. (X^2 2.93 , $P > 0.05$).

Also this table showed that practice of caregivers at government and private institutions to train mental retarded children on sporting. There was no significant difference related to ability to play and sporting in three stages preparatory, primary and vocational stage at both government and private institutions. (X^2 2.49 , $P > 0.05$) (X^2 0.38 , $P > 0.05$), (X^2 3.33 , $P > 0.05$) respectively





This table showed caregivers' practices to train mental retarded children on home activities. There was higher significant differences in preparatory stage at government institution for child completely dependent on caregivers (85.3%) (X^2 22.5, $P < 0.001$).

At primary stage there was higher significant difference in government institution, for caregiver help and guide their child to perform home activities , (52.9) (X^2 11.2, $P < 0.001$).

At vocational stage there was no significant difference between government and private institutions (X^2 3.14 , $P > 0.05$).





This table showed caregivers' practices to train mental retarded child on dialing number children of government institution at preparatory stage showed the highest percentage for complete dependence (61.8%) . While those in private institution showed the highest percentage for caregivers help and guide (54.5%) (X^2 18.4, $P < 0.001$).

At primary stage there was higher significant difference in private institution for the child independency (66.7%) (X^2 15.54 , $P < 0.001$).

At vocational stage there was no significant difference between government and private institutions (X^2 1.85 , $P > 0.05$).

Also this table showed that caregivers' practices to train mental retarded child on speaking on telephone there was a highly significant difference at three stages, at preparatory stage (X^2 14.16 , < 0.001), at primary (X^2 23.34 , < 0.001) , and vocational (X^2 10.58 , < 0.001)





This table showed caregivers' practices to train mental retarded children on go to market. There was significant higher difference in government institution at preparatory stage, for the child complete dependence on caregivers (64.7 %,) (X^2 8.53, $P < 0.05$).

At primary stage there was significant higher difference in government institution for caregiver help and guide (45.4%) (X^2 7.64, $P < 0.05$).

At vocational stage there was significant higher difference in private institution, for the child independency (90.9%) (X^2 10.71 , $P < 0.001$).

Also his table showed those caregivers' practices to train mental retarded children on shopping there was significant difference in preparatory stag between government and private institutions, (X^2 8.42 , $P < 0.01$). There was no significant difference at primary stage (X^2 4.46 , $P > 0.05$) and at vocational stage there was significant difference between government and private institutions (X^2 8.63 , $P < 0.05$).





This table showed practices of caregivers at government and private institutions to train the mental retarded child on using transportation methods. There was significant higher difference in government institution at preparatory stage, for being completely dependent on caregivers (88.2%) (X^2 12.62 , $P < 0.001$).

At primary stage there was significant higher difference for children at government institution for being completely dependent on caregiver (52.9%) , (X^2 6.79 , $P < 0.05$).

At vocational stage there was significant higher difference for children at private institution, for independency (90.9%) (X^2 10.71, $P < 0.001$).



Table (17) Identification Data of Mentally Retarded Children Attending Government and Private Institutions.

Place Variable	Government institution n = 40		Private Institution n = 30		Total n = 70	
	No	%	No	%	No	%
* Age						
6:12 year	23	57.5	14	46.7	31	47.1
13:18 year	17	47.5	16	53.3	39	52.9
*Sex						
-Male	22	55.0	19	63.3	41	58.6
-Female	18	45.6	11	36.7	29	41.4
* Name of class						
-Preparatory	15	37.5	8	26.7	23	32.9
-Primary	11	27.5	10	33.3	21	30.0
-Vocational	14	35.0	12	40.0	26	37.1

This table showed that (57.5%) of children of government institution were aged 6-12 year , while (53.3%) in private institution aged 13-18 year. Highest percentage of mentally retarded children at government as well as private institution are males (55% , 63.3%) respectively.



Table (18) Child Practice of Daily Living Activities - Ability of Feeding - at Both Government and Private Institutions .

Place	Government institution n = 40		Private institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
(A)Ability to feeding								
1-Independent	32	80.0	28	93.3	60	85.7	1.52	>0.05
2-Partial dependent	7	17.5	1	3.3	10	11.4		
3-Dependant	1	2.5	1	3.3	2	2.9		
(B)Ability to prepare meal								
1-Independent	11	27.5	28	93.3	39	55.7	30.11	<0.001
2-Partial dependent	14	35.0	1	3.3	15	21.4		
3-Dependant	15	37.5	1	3.3	16	22.9		

This table showed that there was no significant difference between mental retarded children's ability to feeding in both government and private institutions (X^2 1.52 >0.05). While there was a highly significant difference in their abilities to prepare meal

(X^2 30.11 $p < 0.001$).



Table (19) Child Practice of Daily Living Activities- Elimination- at Both Government & Private Institutions Elimination.

Place Elimination	Government institution n = 40		Private institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
(A)Ability to eliminate								
1-Independent	28	70.0	27	90.0	55	78.6	4.96	>0.05
2-Partial dependent	8	20.0	2	0	10	14.7		
3-Dependent	4	10.0	1	3.0	5	7.1		
(B)Ability to clean him/her self								
1-Independent	20	50.0	27	90.0	47	67.1	12.78	<0.001
2-Partial dependent	8	20.0	2	6.0	10	14.3		
3-Dependent	12	30.0	1	3.0	13	18.6		

This table showed that there was no significant difference in the child abilities to eliminate in both government and private institutions (X^2 4.96 , $P > 0.05$). while there was a highly significant difference regarding the child abilities to clean him / her self in both government and private institutions (X^2 12.78 , $P < 0.001$)



Table (20) Child Practice of Daily living Activities- Care of Clothes- at Both Government and Private Institutions.

Place Clothes	Government institution n = 40		Private institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
(A)Ability to wear clothes								
1-Independent	16	40.0	25	83.3	41	58.6	15.42	<0.001
2-Partial dependent	13	32.5	4	13.3	18	25.7		
3-wholly dependent	11	27.5	1	3.3	11	17.1		
(B)Ability to differentiate between clothes								
1-Independent	12	30.0	20	66.7	32	45.7	17.1	<0.001
2-Partial dependent	12	30.0	10	33.3	22	31.4		
3- wholly dependent	16	40.0	0	0.0	16	22.9		
(C)Ability to arrange clothes								
1-Independent	13	32.5	20	66.7	33	47.1	13.33	<0.001
2-Partial dependent	15	37.5	7	23.3	22	31.4		
3-wholly dependent	12	3.0	3	10.0	15	21.4		

This table showed that there was a significant difference between government and private institutions in the child care of their clothes as abilities to wear clothes, differentiate between clothes, and their abilities to arrange clothes (X^2 15.42, $P < 0.001$), (X^2 17.1, $P < 0.001$) and (X^2 13.33, $p < 0.001$) respectively.



Table (21) Child Practice of Daily Living Activities - Personal Hygiene- at Both Government and Private Institutions.

Place	Government institution n = 40		Private institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
Personal hygiene								
(A) Ability to clean hand washing								
1-Independent	24	60.0	29	96.7	53	75.7	12.6	<0.001
2-Partial dependent	12	30.01	1	3.3	13	18.6		
3-wholly dependent	4	10.0	0	0.0	4	5.7		
(B) Ability to wash face								
1-Independent	24	60.0	28	93.3	52	74.3	15.56	<0.001
2-Partial dependent	12	30.0	1	3.3	13	18.6		
3-wholly dependent	4	10.6	1	3.3	5	7.1		
(C) Ability to wash hair								
1-Independent	16	40.0	22	73.3	38	54.3	15.39	<0.001
2-Partial dependent	9	22.5	3	10.0	12	17.1		
3-wholly dependent	15	73.5	5	16.7	20	28.6		
(D) Ability to wash teeth								
1-Independent	17	42.5	24	80.0	41	58.6	25.69	<0.001
2-Partial dependent	9	22.5	1	3.3	10	14.3		
3-wholly dependent	14	35.0	5	16.7	19	27.1		
(E) Ability to take shower								
1-Independent	12	30.0	19	63.3	31	44.3	19.76	<0.001
2-Partial dependent	9	22.5	8	26.7	7	24.3		
3-wholly dependent	19	47.5	3	10.0	22	31.4		

This table showed that there was a significant difference in children attending government and private institutions according to their abilities of personal hygiene as of wash hand, face, hair, teeth and abilities to take shower, (X² 12.6, P < 0.001), (X² 15.56, P < 0.001) (15.39 P < 0.001), (X² 25.69, P < 0.001) and (X² 19.76, P < 0.001) respectively.



Table (22) Child Practice of Daily Living Activities- Exercise- at Both Government and Private Institutions .

Place Exercise	Government child n = 40		Private child n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
A) Ability to make exercise without self harm self .							*	
1-Independent	19	47.5	27	90.0	46	65.7	16.57	<0.001
2-Partial dependent	15	37.5	2	6.7	17	24.3		
3-wholly dependent	6	15.4	1	3.3	7	10.0		

This table showed that there was significant higher difference between the child to do their exercise without harm self and other in favour of those attending private institution (x^2 ,16.57 $p<0.001$).



Table (23) Child Practice of Daily Living Activities- Abilities to Sleep- at Both Government and Private Institutions .

Place Sleep	Government Institution n = 40		Private Institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
Ability to sleep								
1-Independent	35	87.5	24	80.0	59	84.3	0.27	>0.05
2-Partial dependent	5	12.5	6	20.0	11	15.7		
3-wholly dependent	0	0.0	0	0.0				

This table showed there was no significant difference between government and private institutions regarding child practice of the ability to sleep (X² 0.27 , P >0.05).



Table (24) Child Practice of Daily Living Activities- Ability to use Telephone- at Both Government and Private Institutions.

Place Telephone	Government institution n = 40		Private institution n = 30		Total n = 70		X ²	P
	No	%	No	%	No	%		
(1)Ability to dialing number								
1-Independent	18	45.0	19	63.3	37	52.9	7.93	<0.05
2-Partial dependent	13	32.5	10	33.3	23	32.9		
3-Defendant	9	22.5	1	3.3	10	14.3		
(2)Ability to answering								
1-Independent	19	47.0	24	80.0	43	61.4	10.36	<0.001
2-Partial dependent	12	30.0	5	16.7	17	24.3		
3-Defendant	9	22.5	1	3.3	10	14.3		
(3)Ability to speaking								
1-Independent	14	35.0	20	66.7	34	48.6	2.71	>0.05
2-Partial dependent	20	50.0	8	40.0	28	40		
3-Defendant	6	15.0	2	6.7	8	11.4		

This table showed that children attending private institution showed highest percentage for independent group as regarded to their ability to dialing number (63.3%) as well as the ability to answering on telephone (80.0%). Also the abilities to speak on telephone independently was encountered in private institution in a percentage of (66.7%). However the partial dependent group is mostly encountered among government institution (50.0%).

