

SUMMARY

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Mental retardation is defined as incomplete or insufficient general development of mental capacities. It is characterized by impairment of skills manifested during the developmental period. This contributes to the overall level of intelligence, i.e. cognitive, language, motor and social abilities. There are four grades of mental deficiency according to their I.Q. level; mild (I.Q. level 50-70), moderate (I.Q. level 35-49), severe (I.Q. level 20-34) and profound (I.Q. level less than 20). Many factors have etiological or risk role including; genetic, environmental and socio-cultural factors. These factors work additively in mental retardation. There are many community services provided for young mentally retarded child e.g. specialized schools. These specialized schools are under the supervision of the Ministry of Education (Department of special education).

This study was designated aiming at identifying the socio-demographic factors that govern that problem among students of Benha and EL-Amar specialized schools for mental retardation and planning a comprehensive program for health promotion and rehabilitation of mentally retarded children.

This study included 120 mentally retarded male and female students who were regularly attending Benha and El-Amar specialized schools for mental retardation. They represent different age groups and of different social classes. Parents of students were subjected to a well designated questionnaire included child data, family data and socio-demographic data. Every child was subjected to physical examination and measurements of height, weight and head circumference. Also the students were subjected to assessment of their I.Q. by using Stanford --

Binet test. Mentally retarded students are classified according to I.Q. into 3 groups, mildly mentally retarded (20.83%), moderately mentally retarded (44.17%), and severely mentally retarded (35%).

Results revealed that student's ages ranged from 6 up to 17 years. About 68% belong to the age groups 6 up to 12 years and about 53% belong to the age groups 12 up to 17 years. School classes are classified into 3 categories; preparatory, primary and vocational. Students of the preparatory category constitute 20.83%, those of the primary category constitute 63.34% and those of the vocational stage constitute 15.83%. The study revealed a high percentage of absenteeism from these schools which, is estimated to be (52.4%).

Students are distributed as (25.83%) females and 74.17% males. Rural inhabitant students constitute (70%). Students living in extended families constitute (26.67%) and students living in incomplete families constitute about (14%). About (66%) of the students are offspring of consanguineous marriages. About 94% of students belong to low educated mothers (less than 12 years at time of delivery). While, about (54%) of the students belong to (illiterate or read and write) fathers.

It was found that 67.5% of mentally retarded children belong to low social class. About 60% of severely retarded students belong to low social class. While, only 11.9% of them belong to high social class. Students of the mild grade are distributed as 80% belonging to low social class and 20% belonging to high social class. Forty percent (40 %) of the studied group suffer from family troubles. Children with mild grade mental retardation with these problems exhibit statistically significant higher differences than those who live in family environment without troubles.

Mongols account for 23.33% of cases while the prenatal factors can be encountered with 80% of cases. Perinatal factors can explain 14.17% of cases while post natal factors are implicated with 32.5% of cases. In this study 69.7% of mothers of mentally retarded children have unsatisfactory nutritional history during pregnancy. About 73% of mothers complain of absence of pre-natal care. About (61%) of the studied mentally retarded students have unbalanced diet. There was no reported exclusively breast fed mentally retarded student. About 16% of the studied students were bottle fed.

There was past history for unfavorable outcome of pregnancy encountered with 51.67% of mothers which is distributed as: 20% (sub lethal i.e. another mentally retarded child) and 31.67% as lethal (abortion, stillbirth, previous neonatal deaths). Mothers of the age group 38-48 constitute about one fourth of the sample. They constitute about 34% of mothers of severely retarded children and only 16% of the mild grade. In this study, 25.83% of mentally retarded children have +ve family history of mental retardation, 20% have mentally retarded sibling and about 6% of mentally retarded students belong to mentally retarded parents.

About 74% of studied children complain of attention problems. About 93% of severely retarded children have these problems compared with 56% of those of the mild grade with statistically significant difference between all grades.

Also in this study, it is found that (30%) have abnormal facies, (35%) with height percentiles below the 5th, (32.5%) with weight percentiles below the 5th, 27.5% with head circumference below the 3rd (microcephaly), (3.3%) above 97th percentile (macrocephaly), (40.83%) have motor weakness. So, it is a must to design a comprehensive program to improve the quality of life of mentally retarded children.