



SUMMARY

Mental retardation refers to deficiency in intellectual function (IQ lower than 70 degree) with impairment of adaptive function that refers to ineffective coping with common life demands such as activities of daily living, communication skills, and social skills appropriate to others of same age. Children who are cognitively challenged need to learn the maximum amount of self care possible, which provides them with a sense of control and accomplishment. The parent's and caregivers should help their children to achieve skills as brushing teeth, combing hair, bathing and eating.

- **Aim of the current study was:**

-To develop, implement and evaluate an Educational intervention for caregivers of mentally retarded school children at Kaluobia Governorate.

- **Setting and Sampling**

The present study was carried out at three schools of El Tarbia Alfekria in Benha, Tougk and El Amar at Kaluobia Governorate and purposeful sample of 70 of mentally retarded children in the preparatory phase (6 – 9 years) and their care givers were recruited in the sample.

- **Methods of data collection include:**

- 1- Interviewing questionnaire for care givers was constructed to cover the following items (Socio demographic data of care givers, medical and obstetric history during pregnancy of mentally retarded child, mentally retarded child data, school role in caring of mentally retarded child.
- 2- Pre / post test questionnaire was constructed to collect knowledge from care givers about mental retardation before & after implementation of the educational intervention.



- 3- Modified Vineland Social Maturity Scale. It was organized around four behavior domains daily living skills, communication, socialization and motor skills and tested for validity.
- 4- Observation checklist was used for observation of home environment of mentally retarded children.

- **Field work:**

Data of the current study were collected from November 2009 till June 2010 once an official permission was taken. Contents of the program were selected to meet mentally retarded children and their care givers needs and to fit into their interests and level of understanding. The program was implemented in (18) sessions at the children's schools and at their homes for 3 days / week. During each session a group of 10 children and their care givers were attended for about 30 – 45 minutes also home visits were conducted, 2 times / week then post test was done immediately after the intervention by using the same format before the intervention to evaluate the degree of improvements toward the child care.

- **Results of this study indicated that:**

-The caregivers' age ranged between (20 – 60) years old. Majority of caregivers (97.16%) were mothers while only 2.85% of them were grandmothers, concerning mother education, more than half of the sample (52.86%) were illiterate while 82.86% of mothers were house wives.

-It was observed that the mothers' age during pregnancy from 30 to less than 40 were (51.43%) of the sample and more than two thirds of the sample (72.86%) were obstructed normal delivery & more than one third of the sample (38.57%) discovered that their children were mentally retarded by incidental check up also more than one quarter of the sample



(27.14%) had hemorrhage during pregnancy and (35.71%) of parents were relatives.

- It showed that children who are males were 70% of the sample and more than half of children (55.71%) were in mental age of 55 degree and 24.29% of them were in the second rank.

-It was found that, 72.86% of care givers didn't communicate with school and more than half of the sample (52.86%) didn't know if there is parent council or not also sixty percent of care givers didn't know of recreational facilities in school or not also poor home environment for mentally retarded children was noticed.

-There was highly significant improvement in knowledge scores of care givers regarding mental retardation post test as compared to pre test scores. Also there were highly significant differences with improvement in child practice regarding daily living skills, communication skills, social skills & motor skills post test as compared to pre test scores.

-Significant relation was detected between total child's practice & caregivers age post educational implementation also highly statistical significant relation was detected between total children practice pre / post educational implementation. Highly significant relation was detected between caregivers' knowledge & mother education post educational implementation.

-There were highly statistical significant negative correlations regarding rank of the child and caregiver's knowledge through intervention phases.



In the light of the findings of the current study the following recommendations are suggested.

- Educational intervention programs should be given to care givers in schools and institutions of mentally retarded children.
- Rehabilitation educational programs need to be conducted to families through specialized institute in the community of their catchments.
- School role in caring of mentally retarded children should be stressed and Comprehensive care need to be provided for mentally retarded children in order to meet their needs.
- Avoid pregnancy after the age of 35 years especially for families with chromosomal abnormalities and encourage follow up during pregnancy.