

Mental Retardation as a Problem in Beni Suef Governorate

S. Abdel-Rahman, F. Mousa, S. Erfan, M. Ezzat,
A.Moustafa, and M. El-Rakhawy.

Abstract

Background: Poverty and cultural deprivation can cause mental retardation; children in poor families may become mentally retarded because of malnutrition, disease producing conditions, inadequate medical care and environmental health hazards. Also, children in disadvantaged areas may be deprived of many common cultural and day to day experiences provided to others. **Objective:** is to assess the prevalence of mental retardation, possible etiologic factors behind mental retardation (especially psychosocial concerns and environmental factors), and essential problems of mental retardation in Beni Suef Governorate. **Subjects and methods:** Two stage designs were applied (survey and depth studies). In the survey study students from two governmental schools in two different socioeconomic districts in Beni-suef governorate. The sample was collected from students in two classes from each educational year. Porteus Maze Test was applied. In the depth study 51 mentally retarded students were subjected to further assessment by complete psychiatric history; physical assessment; and Wechsler Intelligence Scale for Children, their parents were subjected to the following scales: Parental Attitude Scale, Parental Attitude Towards Mentally Retarded Children Scale and Familial Socioeconomic Status Scale. Data were subjected to statistical analysis. **Results:** The survey study revealed that 54 (6.5%) were mentally retarded 50 (6%) mild mental retardation, and 0.5% with moderate mental retardation. The number of mentally retarded students was higher in the school located in the poor area whereas the number of superior and above average students was higher in the school located in the rich area. Mentally retarded students were older than none mentally retarded students. Mental retardation was more prevalent among females and among students in the 4th and 5th grades. The number of agricultural workers (irregular employment) was higher among fathers of students in school located in the poor area. The majority of mothers of mentally retarded children in both schools were illiterate and housewives. There were no statistically significant differences as regards prenatal history and delivery complications. As regards Parental Attitude Scale, mothers of students in school located in the poor area showed more discrimination and inflicting pain, whereas fathers of students in the poor area showed more authoritarian and overprotective attitudes. Mothers of mentally retarded students in schools showed more crueler, fluctuate and negligent attitudes than fathers, whereas fathers showed more overprotection, discrimination and inflicting psychological pain than mothers. There were no statistically significant differences between the parents of mentally retarded students in both schools as regards attitude towards mentally retarded children. **Conclusions:** 1-Mental retardation is a problem in both rich and poor areas though it is more evident in the poor area. 2-Low socioeconomic statuses, maternal illiteracy, irregular employment of fathers are considered important risk factors in the pathogenesis and aggravation of mental retardation. 3-Discrimination, inflicting psychological pain and authoritarian attitudes are common among parents of mentally retarded children. 4- Parents showed positive attitudes towards mentally retarded patients. 5- Higher socioeconomic status is associated with healthier parental attitude.

Introduction

Mental retardation is one of the most frequent and debilitating handicaps in children. The aetiologies of mental retardation are multiple and to some extent related to social class and to the degree of mental retardation (Stromme and Magnus, 2000). Early developmental

events {including the low socioeconomic status of the family, low maternal I.Q <70, less weight gain in pregnancy less than 10 pounds and multiple births, prenatal major genetic and postnatal infections, low birth weight and primary apnea} can be ranked on the basis of the strength