CHAPTER 4

ANALYSIS OF THE DATA

4.1 INTRODUCTION

In this chapter, the statistical analysis of data obtained from the interview schedule was analyzed using the “Epi info version 6” programme and discussed according to the research objectives specified in Chapter 1.

4.2 RESEARCH OBJECTIVES

The research objectives aimed to:

- Explore and describe the physical, emotional, financial, psychological, social, educational, spiritual, and cultural needs of the mentally retarded patients in the community of District 22 (sub-district 222), KwaZulu-Natal.
- Explore and describe the services and facilities which are available for the mentally retarded patients in the community of District 22 (sub-district 222), KwaZulu-Natal.
- Provide an input and make recommendations to the Department of Health, to make the de-institutionalization process successful in the community of District 22 (sub-district 222), KwaZulu-Natal.

4.3 SUBSECTIONS OF THE INTERVIEW SCHEDULE

The findings are discussed in terms of the following subsections:

- **Section A: Demographic data**

- **Section B: Needs of the mentally retarded people**
  - Basic physiological / Physical needs
  - Social needs
  - Emotional needs
  - Psychological needs
  - Social needs
  - Cultural needs
  - Spiritual needs

- **Section C: Support Systems**

- **Section D: Community resources**

- **Section E: Service needs**

4.4 SECTION A: DEMOGRAPHIC DATA

In this section, demographic data related to the respondents is presented.

ITEM A 1: HOME LANGUAGE OF PATIENTS (n = 167)

From the 167 respondents interviewed, approximately ninety eight percent (98,2%; n =167)spoke Zulu, approximately one percent (0,59%; n = 1) spoke Xhosa and approximately one percent (1,1%; n = 2) spoke Sotho. The majority of the respondents belonged to the Zulu group. The other 3 respondents understood Zulu, and spoke their own home languages when they were with their family members. The explanation of questions was however done in Zulu as it was the language that all respondents understood. One of the interviewers could also speak Xhosa and Sotho. Therefore the use of Zulu did not pose any threat to the researcher or the respondents (see figure 4.1).

ITEM A 2: GENDER OF PATIENTS (n = 167)

Both the males, fifty five percent (55 %; n = 92) and the females, approximately forty five percent (44,9 %; n = 75) took part in the research. It would appear that mental retardation was equally prevalent among men and women in the community of District 22 (sub-district 22), KwaZulu-Natal (see figure 4.2).

ITEM A 3: AGE OF PATIENTS (n = 167)

TABLE 4.1: AGE OF THE PATIENTS (ITEMS A2 AND A3) (n = 167)

AGE	**TOTAL**	
	N	**%**
0 – 20	73	43,7
21 – 40	73	43,7
41 – 60	19	11,3
61 +	2	1,1
TOTAL	167	100,0

The respondents were asked about the age group they fell into. Both the 0-20 and 21-40 years old category, had approximately forty four percent (43,7%; n = 73) respondents.

Figure 4.1

The total number of respondents aged between 41-60 years old was approximately eleven percent (11,3%; n = 19) whilst the number of respondents aged from 61 years and older were approximately one percent (1,1%; n = 2). The majority of the respondents (87,6%; n = 146) were between the age of 0 to 40 years of age.

ITEM A 4: MARITAL STATUS (n = 60)

The majority of the respondents, approximately ninety nine percent (99,4 %; n = 166), never married and approximately one percent (0,5 %; n = 1) was currently separated, with no hope of a reconciliation. None of the respondents were married, widowed, divorced or had their marriage annulled.

ITEM A 5: RELIGIOUS AFFILIATIONS (n = 167)

Not all respondents indicted that they were affiliated to a church. Only 2 respondents, approximately one percent (1,1%; n = 2) belonged to the Lutheram church. A total of eleven respondents, approximately seven percent (6,5%; n = 11) belonged to the Dutch Reformed Church. Twenty four respondents, approximately fourteen percent (14,3%, n = 24) belonged to the Presbyterian Church. A total of approximately four percent were not affiliated to a church (4,1%; n = 7), approximately three percent (2,9%; n = 5) belonged to the Anglican Church. Respondents belonging to the Zion Church were approximately twenty one percent (21,5%, n = 36). Those belonging to the Roman Catholic Church were approximately eighteen percent (17,9%; n = 30). The majority of the respondents, approximately thirty one percent (31,1%; n = 52) belonged to other religious affiliations not mentioned in the interview schedule (see figure 4.3).

Figure 4.2

Figure 4.3

ITEM A 6 AND A 7: CITIZENSHIP AND HOME AREA (n = 167)

The respondents were requested to indicate their citizenship as there are citizens from other neighbouring countries in most areas of South Africa. All the respondents (100%; n = 167) in this research were South African citizens and they all lived in the community of District 22 (sub-district 222), KwaZulu-Natal. Approximately three percent (2,9%; n = 5), respondents lived in town, approximately forty four percent (43,7%; n = 73) respondents lived in villages, approximately thirty one percent (30,5%; n = 51) of the respondents lived on farms and approximately twenty two percent (22,1%; n = 37) of the respondents lived in townships. The townships were situated closer to the town of Howick.

ITEM A 8: EDUCATIONAL LEVEL (n = 167)

None of the respondents educational level was higher than grade 1 – 5. Approximately thirty five percent (35,3%; n = 59), of the respondents had completed grade 1 – 5. The majority, approximately sixty percent (60,4%; n = 101) had no educational level at all whilst approximately four percent (4,1%; n = 7) attended a special school, or a care and rehabilitation center. These were not situated in the community of District 22 (sub-district 222), KwaZulu-Natal.

ITEM A 9: NUMBER OF DEPENDENTS AND LIVING ARRANGEMENTS (n = 167)

TABLE 4.2: NUMBER OF DEPENDENTS AND LIVING ARRANGEMENTS OF THE PATIENTS (ITEMS A 9 AND A 10) (n = 167)

Number of dependants		
Self only	159	95,2
One	5	2,9
Two	2	1,1
Three	1	0,5
Four	0	0,0
Five or more	0	0,0
Living arrangements		
Living alone	0	0,0
Living with biological parents	80	47,9
Living with one or both parents (including step parents)	32	19,1
Living with non relatives	4	2,3
Other (specify)	2	1,1

The respondents were asked to mention the number of dependants in their care in order to indicate their responsibilities in this regard. The results of this study indicated that there was a high number, approximately ninety five percent (95,2%; n = 159) who did not have dependents, approximately three percent (2,9%; n = 5) had one dependent, approximately one percent (1,1%; n = 2) had two dependents and approximately one percent (0,5%; n = 1). The majority of the respondents with mental retardation did not have the responsibility of looking after dependents as they themselves were dependent on family members, friends and professionals for their care.

The contributing factor for approximately ninety five percent (95,2%; n = 159) of the respondents who did not have dependents, might be that they also had problems in interacting with persons of the opposite sex because of their mental condition. Other contributing factors could be lack of motivation, loss of drive and interest, low self-esteem related to poor academic and social achievement and unemployment (Stuart & Sundeen 1995 : 485).

ITEM A 10: LIVING ARRANGEMENTS (n = 167)

The respondents were requested to indicate their living arrangements to establish the need for accommodation. The results of the study indicated the importance of the family in this culture with regard to the care of the mentally retarded family members. It also indicated the dependency of the persons suffering with mental retardatation on their family members. As indicated in table 4.2, approximately forty eight percent (47,9%; n = 80) of the respondents lived with biological parents, approximately nineteen percent (19,1%; n = 32) of the respondents lived with one or both parents (including step parents), approximately two percent (2,3%, n = 4) respondents lived with non-relatives. These respondents who lived with non-relatives, had no living relatives. The culture of these people and their religious beliefs made it possible for the mentally retarded people to be taken care by non-relatives, as they believed that they would be blessed by God.

ITEM A 11: INCOME SOURCES (n = 167)

TABLE 4.3: INCOME SOURCES OF THE PATIENTS (n = 167)

INCOME SOURCES	N	%
Earnings	16	9,5
Disability benefits	102	61,0
Family	80	47,9
Friends	7	4,1
Social security (groceries)	17	10,1
Public assistance	12	7,1

The respondents could give more than one answer to this question. Respondents were asked to indicate their income sources. All the respondents, one hundred percent (100%; n = 167) indicated that they did not receive income from interest, rent, dividends or workman's compensation. The majority of the respondents, sixty one percent (61,0%; n = 102) indicated that their income sources were from disability benefits, some families only income source was the disability benefits of the mentally retarded person. Approximately forty eight percent (47,9%; n = 80) respondents received financial support from family members, whilst approximately four percent (4,1%; n = 7) received financial support from friends, approximately seven percent (7,1%; n = 12) relied on public assistance and approximately eleven percent (10,1%; n = 17) relied on social security, that is receiving groceries from social welfare (see table 4.3).

ITEM A 12: INCOME CATEGORY (n = 167)

TABLE 4.4: INCOME CATEGORY OF THE PATIENTS (n = 167)

INCOME CATEGORY	N	%
Less than R100 per month	8	4,7
R100 – R500 per month	18	10,7
R501 – R1000 per month	110	65,8
R1001 – R3000 per month	31	18,5

Respondents were asked to indicate their respective income category so as to establish the total income for the individual and/or supporting family. The study indicated that approximately five percent (4,7%; n = 8) of the respondents income was within the category of less than R100 per month, approximately eleven percent (10,7%; n = 18) of the respondents income was within the category of R100 – R500 per month, approximately sixty six percent (65,8%; n = 110) of the respondents income was within the category of R501 – R1000 per month, which, mostly was the disability grant, whilst approximately nineteen percent (18,5%; n = 31) indicated that their income was within the category of R1001 – R3000 per month. All the respondents, one hundred percent (100%; n = 167) indicated that their income category was not more than R3000 per month.

ITEM A 13: WORK STATUS (n = 167)

The respondents were asked to indicate their current work status. The results shown in table 4.5 indicated that majority of the respondents, approximately ninety four percent (94,6%; n = 158) were unemployed, approximately five percent (4,7%; n = 8) were scholars and attended a special school or care center for the mentally retarded, and approximately one percent (0,5%; n = 1) was employed at her home baking, doing needle work, knitting and then selling to the public. This respondent learnt these skills from the care center she had attended.

ITEM A 14: PREVIOUS OCCUPATION (n = 167)

TABLE 4.5: WORK STATUS, PREVIOUS OCCUPATION AND NUMBER OF PREVIOUS EMPLOYERS OF THE PATIENT (ITEMS A 13, A 14, A 15, A 18) (n = 167)

WORK STATUS	**N**	**%**
Unemployed	158	94,6
Employed home	1	0,5
TOTAL	**167**	**100,0**
PREVIOUS OCCUPATION		
Labourer	10	5,9
Domestic	0	0,0
None	157	94,0
TOTAL	**167**	**100,0**
NUMBER OF PREVIUOS EMPLOYER		
Nil	157	94,0
One	2	1,1
Two	4	2,3
Three	4	2,3
More than five	0	0,0
Do not know	0	0,0
TOTAL	**167**	**100,0**
CURRENT EMPLOYMENT SERVICES		
Care and rehabilitation services	7	4,1
Home bound	160	95,8
None	0	0,0
TOTAL	**167**	**100,0**

The respondents were asked to indicate their previous occupations, so as to establish whether their work sphere was enough to accommodate a planning programme. The majority of the respondents, ninety four percent (94.0%; n =157) indicated that they were never employed at all. The reason was that they had a very low intelligence quotient; physical abilities and no employment services that would mentally retarded people in the community of District 22 (sub-district 222) KwaZulu-Natal approximately six percent (5,9%, n =10) were employed as laborers (males).

Respondents were requested to indicate the number of previous employers to determine the length of time they stayed with any employer (item A 18). The study indicated that the majority of the respondents, approximately ninety four percent (94,0%; n =157) never worked at all, therefore nil employers; approximately one percent (1,1 %; n =2) indicated that they had one employer; approximately one percent (2,3 %; n = 4) indicated that they had two employers and approximately two percent (2,3 %; n = 4) indicated that they had three employers.

The number of unemployed respondents and the number of previous employers could be related to the issues of mental retardation and the stigma attached to persons who are mentally retarded. The few who had previous employers approximately six percent (5,9%; n =10) lost their job due to their mental retardation.

The respondents were requested to indicate the current services from which they were receiving employment benefits (see table 4.5). The results indicated that one hundred percent (100%, n = 167) were home bound. According to this study, homebound referred not only to person's home, but included nursing homes, halfway houses, prisons, shelters and the homeless. (Keltner, Schuccke & Bostram, 1995: 341).

ITEM A 16: SOURCES OF TRANSPORT (n = 167)

The respondents were asked to indicate their source of transport.

The majority of the respondents, approximately ninety six percent (95,8%; n = 160) indicated that they used public transport to go wherever they wanted to go especially to the hospital or the nearest town; approximately three percent (2,9 %; n = 5) indicated that they used their own private automobile (belonging to parents/relatives/guardians) and only approximately one percent (0,5%; n = 1) used no transport at all as he was too afraid to get into any form of transport.

ITEM A 17: MAIN CAREGIVERS (n = 167)

TABLE 4.6: MAIN CAREGIVERS FOR THE PATIENT (n = 167)

MAIN CAREGIVER	N	%
Self	8	4,7
Family member	157	94,0
Full time attendant	2	1,1
Part time attendant	0	0,0
TOTAL	**167**	**100,0**

The respondent were asked who their main care givers were to enable the programme planners to include those care givers in the programmes planned to meet the future needs of the mentally retarded, for example skills development programmes. The results of the study indicated that approximately five percent (4,7 %; n =8) could look after themselves as they were high functioning and they were getting support from family members and professionals. The majority of the respondents ninety four percent (94,0%; n = 157) indicated they were dependant on family members as the main caregivers. They were dependant on family members due to the fact that their personal strengths and potentials physical and mental abilities were not developed to help them develop independent living skills, interpersonal relationships and coping resources and therefore their special needs which would change their self-concepts and increase their self-esteem were not being met (Stuart & Sundeen 1995: 311). Their low self esteem and negative self concepts interfered with the ability to see themselves as individuals with strengths and potential caring for themselves (see table 4.6).

ITEM A 19: TYPE OF DWELLING (n = 167)

TABLE 4.7: TYPE OF DWELLING FOR THE PATIENT (n = 167)

LIVING CONDITIONS	**N**	**%**
TYPE OF DWELLING:		
House	123	73,6
Flat	0	0,0
Room	3	1,7
Shack	34	20,3
Rondavel	7	4,1
TOTAL	**167**	**100,0**

Respondents were asked to indicate the type of dwelling in which they lived. Approximately seventy four percent (73,6%; n = 123) indicated that they lived in a house built of bricks or blocks; approximately two percent (1,7%; n = 3) indicated that they lived in a room; approximately twenty percent (20,3%; n = 34) indicated that they lived in a shack and approximately four percent (4,1%; n = 7) indicated that they lived in a rondavel. All the respondents, one hundred percent (100% n = 167) indicated that they did not live in a flat. The mentally retarded in the community of District 22 (sub-district 222), KwaZulu-Natal, resided in the same type of accommodation as the rest of the family and community members.

4.5 SECTION B: NEEDS OF THE MENTALLY RETARDED

People have certain essential requirements or needs that must be met in order to maintain their physical and mental health or well-being. When people have a low intelligence quotient, their ability to meet these needs independently could be adversely affected. This could result in frustration, conflict or even deprivation, especially for the severely and profoundly mentally retarded people. The psychiatric nurses fundamental role is therefore to enable people with mental retardation to meet their needs as far as possible. This process is only possible if a needs assessment is carried out in order to establish the unmet needs and the problems that individuals experience in their daily living, that hamper them from meeting those needs. In this section, the needs were assessed as follows:

- Subsection 4.3.1 (physical needs)
- Subsection 4.3.2 (psychological needs)
- Subsection 4.3.3 (Social needs)
- Subsection 4.3.4 (Emotional needs)
- Subsection 4.3.5 (Spiritual needs)
- Subsection 4.3.6 (Cultural needs)

4.5.1 Physical needs

In this section a systematic appraisal of the type, depth and scope of physical needs as perceived by persons with mental retardation will be discussed.

ITEM B 1: CURRENT HEALTH STATUS (n = 167)

TABLE 4.8: CURRENT HEALTH STATUS OF PATIENTS (n = 167)

HEALTH STATUS (PHYSICAL)	**N**	**%**
Poor	18	10,7
Fair	28	16,7
Satisfactory	104	62,2
Good	17	10,1
Excellent	0	0,0
TOTAL	**167**	**100,0**

The respondents were asked to indicate their current state of physical health to enable the researcher to verify the existence of current physical needs. The results indicated that out of 167 (n = 167) respondents, approximately eleven percent (10.7%; n = 18) indicated a poor state of health; approximately 17 percent (16.7; n = 28) indicated a fair health status, the majority of the respondents approximately sixty two percent (62.2%; n = 104) indicated that their physical health status was satisfactory and seventeen percent (17%; n = 17) indicated that their health status was good. All the respondents, one hundred percent (100%; n = 167) did not indicate that their health status was excellent. The respondents who indicated that their health status was either poor or fair indicated that they had recurrent flu like symptoms and chest infections.

ITEM B 2 AND B 3: VISION AND HEARING (n = 167)

TABLE 4.9: VISION AND HEARING OF PATIENTS (n = 167)

PROBLEMS WITH VISION	**N**	**%**
Normal vision	131	78,4
Strabismus but able to function independently	3	1,7
Needs glasses but unable to take care of glasses	7	4,1
Poor vision and requires assistance	24	14,3
Blind	2	1,1
TOTAL	**167**	**100,0**
PROBLEMS WITH HEARING		
Normal	110	65,8
Hearing aid and functions independently	0	0,0
Hard of hearing	47	28,1
Hearing aid and dependant of care	0	0,0
Deaf	5	2,9
Unable to determine, patient lacks comprehension	5	2,9

The respondents were asked to rate their hearing and vision (see table 4.10). Approximately seventy eight percent (78,4 %; n = 131) indicated that they had normal vision; approximately two percent (1,7%; n = 3) indicated that they had strabismus but were able to function independently; approximately four percent (4,1%; n = 7) indicated they needed glasses, but were unable to take care of glasses; approximately fourteen percent (14,3%; n = 24) had poor vision and needed assistance, whilst approximately one percent (1,1%; n = 2) were blind.

The respondents were also asked to rate their hearing. Approximately sixty six percent (65,8%; n = 110) responded that they had normal hearing; approximately twenty eight percent (28,1%; n = 47) indicated that they were hard of hearing; approximately three percent (2,9%; n = 5) indicated that they were deaf whilst approximately three percent (2,9%; n = 5) indicated that the hearing was unable to determine as the patient lacks comprehension, which is associated with the severely and profoundly mentally retarded people.

ITEMS B 4a AND B 4b: FEEDING AND SECOND INDICATOR (n = 167)

TABLE 4.10: FEEDING AND FEEDING PROBLEMS EXPERIENCED BY PATIENTS (n = 167)

FEEDING	**N**	**%**
Independent and neat	87	52,0
Independent but messy, needs supervision	31	18,5
Supervision not to over eat, steal	11	6,5
Assistance with cutting of meat, holding cup	27	16,1
Fully dependant	11	6,5
Naso-gastric feeding	0	0,0
TOTAL		**100,0**
SECOND INDICATOR		
Regurgitation of food	1	0,5
Soft diet (no teeth or unable to chew)	18	10,7
Swallowing problems	16	9,5

The respondents were asked about their skills on feeding themselves. The meanings of assistance, dependent and supervision was explained to them so that they could have a good understanding of the meaning of the terminology used. Fifty two percent (52,0%; n = 87) of the respondents indicated that they could feed themselves independently and neatly in so doing, approximately nineteen percent (18,5%; n = 31) indicated that they could feed themselves, but were messy in doing so and needed supervision so that food did not land on the floor, resulting in the patient being underfed, approximately seven percent (6,5%; n = 11) indicated that they needed to be supervised so that they did not overeat, steal from others or encouraged to eat if a poor eater or anorexic, approximately sixteen percent (16,1%, n = 27) indicated that assistance was needed with the holding of a cup or to finish a plate of food. Approximately seven percent (6,5%, n = 11) indicated that they were totally dependant on being fed, none of the respondents (o%, n = 0) indicated that they were fed via a naso-gastric as nobody had the skill or competence to do naso-gastric feeding. The respondents were also asked to complete a second indicator only if applicable. None of the respondents, zero percent (0%, n = 0) indicated that they were on any diet, that is diabetic, high protein, reducing or low salt diet. They ate the same food as the rest of the family members in the household. However, approximately one percent (0,5%, n = 1) indicated that they regurgitated food, approximately eleven percent (10,7%; n = 18) indicated that they ate a soft diet (in most cases it was porridge or maas) as they had no teeth or were unable to chew. Approximately ten percent (9,5 %, n = 16) indicated that they also experienced swallowing problems or difficulty with swallowing.

ITEM B 5: PERSONAL HYGIENE (n = 167)

ITEMS B 5. 1, B 5.2, B 5.3, B 5.4 AND B 5.5 (n = 167)

The respondents were asked to indicate what skills they had, and used care of hands, face and feet (including the cutting of nails, oral care, bath and shower, hair and beard care and dressing as indicators (see table 4.11)

An explanation was given of the terminology used, that is independent; supervision and fully dependant.

TABLE 4.11: SKILLS OF PATIENTS WITH REGARD TO PERSONAL HYGIENE (n = 167)

SKILLS	HANDS, FACE AND FEET	ORAL	BATH	HAIR	DRESSING
Independent	**26**	**18**	**22**	**17**	**26**
Supervision	**56**	**63**	**57**	**79**	**53**
Assistance	**63**	**62**	**66**	**42**	**60**
Fully dependant	**22**	**24**	**22**	**29**	**28**
TOTAL	**167**	**167**	**167**	**167**	**167**

ITEMS B 6: MEDICATION (n = 167)

TABLE 4.12: MEDICATION TAKEN BY PATIENTS (n = 167)

MEDICATION	N	%
Independent as prescribed	6	3,5
Dependant on others to be administered	108	64,6
Lack of insight, supervision	18	10,7
Constant monitoring of patient	2	1,1
Regular checks and blood levels	0	0,0
No medication	33	19,7
TOTAL	**167**	**100,0**

The respondents were asked about the use of medication. Approximately four percent

(3,5%, n = 6) indicated that they used medication independently as prescribed; approximately sixty five percent (64,6%; n = 108) indicated that they were dependant on others to be administered and checked that it is used correctly and regularly; approximately eleven percent (10,7%; n = 18) indicated that they had lack of insight into the need for medication and needed supervision to ensure that medication is swallowed; approximately one percent (1,1%; n = 2) indicated that they needed constant monitoring because it is difficult to find the correct medication to control the patients condition / behavior; approximately twenty percent (19,7%; n = 33) of the respondents indicated that they were on no medication. The reasons for being on no medication were that the mentally retarded themselves behaved well, and some of the parents / guardians were ignorant of the fact that they unsociable behavior and epileptic seizures could be controlled by the means of psychiatric medication.

ITEMS B 7 AND B 8: SKIN CARE, CARE OF PRESSURE AREAS AND TOILET HABITS (n = 167) (see table 4.13)

The respondents were asked about their skin care and care of pressure areas, using toilet habits as a second indicator. The results showed that approximately ninety percent (97,0%; n = 162) required no skin care because they were continent and had complete control, approximately one percent (0,5%; n = 1) of the respondents indicated that regular precautions needed to be taken against nappy rash as they were incontinent of urine or both, urine and faeces; zero percent (0,0%; n = 0) indicated that they needed repositioning at least three times a day, approximately one percent (1,1%; n = 2) indicated that hey needed repositioning of patient at least four hourly and approximately one percent (1,1%;n = 2) indicated that the patient needed repositioning and turning every two hours.

The respondents were asked about their toilet habits. More than one of the aspects mentioned were possible. Therefore the respondents were asked to indicate all the possibilities. The results showed that approximately fifty percent (49,7%; n = 83) of the respondents indicated that they were continent and had complete control of functions; approximately twenty two percent (22,1%; n = 37) indicated that they had accidents now and again; approximately eight percent (8,3%; n = 14) indicated that they needed supervision, that is being told to go to the toilet; approximately five percent (5,3%; n = 9) indicated that they needed assistance, that is undoing of buttons, pulling down of zips and so on; approximately three percent (2,9%; n = 5) indicated that they were enuretic; approximately eleven percent (10,7%,n = 18) indicated that they were incontinent of urine; approximately one percent (1,1%; n = 2) indicated that they were deliberately incontinent of urine and faeces at times which was a result of attention seeking behavior; approximately two percent (1,7%; n = 3) indicated that they were doubly incontinent, that is incontinent of both urine and faeces. The reason for this was due to the low functioning of the people who were severely and profoundly mentally retarded. None of the respondents (0%; n = 0) indicated that they had a colostomy, catheter or a urostomy.

TABLE 4.13: SKIN CARE, CARE OF PRESSURE AREAS AND TOILET HABITS OF PATIENTS (n = 167)

SKIN CARE, CARE OF PRESSURE AREAS	**N**	**%**
No care required	162	97,0
Regular precautions against nappy rash	1	0,5
Repositioning at least three times a day	0	0,0
Repositioning at least 4 hourly	2	1,1
Repositioning and turning ever 2 hours	2	1,1
TOTAL	**167**	**100,0**
TOILET HABITS	**N**	**%**
Continent and complete control	83	49,7
Accident now and again	37	22,1
Supervision	14	8,3
Needs assistance	9	5,3
Enuretic	5	2,9
Incontinent of urine	18	10,7
Deliberate incontinent of urine and faeces	2	1,1
Colostomy, catheter or a urostomy	0	0,0
Incontinent of urine and faeces	3	1,7

4.5.2 Social needs

The social needs have been illustrated in table 4.15.

ITEM B 1: COMMUNICATION (n = 167)

TABLE 4.14: MEANS OF COMMUNICATION BY THE PATIENTS (n = 167)

COMMUNICATION	N	%
Normal	24	14,3
Speaks in broken sentences	31	18,5
Limited reading and writing	12	7,1
Able to speak a few words	34	20,3
Unable to read and write	134	80,2
Able to indicate needs, but has no speech	9	5,3
Poor articulation/speech indistinct	15	8,9
Echolalia	2	1,1
Speech soft and insecure/hestitating	21	12,5
Verbally abusive/swearing	37	22,1
Loud/shouting/screaming	52	31,1
No communication but recognizes family/staff/others	6	3,5
No communication but responds to touching	11	6,5
No communication but responds to eye contact	1	0,5
No communication at all	1	0,5
Needs anticipated by nursing staff or others	16	9,5
Talks constantly/irrelevant and irritates others	34	20,3

The respondents were asked to indicate how they communicated with one another. The results showed that approximately fifteen percent (14,3%; n = 24) indicated that their speech was normal. Approximately nineteen percent (18,5%; n = 31) indicated that they spoke in broken sentences; approximately seven percent (7,1%; n = 12) indicated that they had limited reading and writing skills. These respondents were the ones who had attended formal schooling from grade 1 to grade 5. Approximately twenty percent

(20,3%; n = 34) indicated that they were unable to read and write. These respondents were the ones who never attended a formal school. Approximately five percent (5,3%; n= 9) indicated that they were able to indicate needs, but had no speech, approximately nine percent (8,9%; n = 15) indicated that they had poor articulation/speech indistinct due to a deformity of the palate. Approximately one percent (1,1%; n = 2) indicated that they had echolalia, approximately thirteen percent (12,5%; n = 21) indicated that their speech was soft and insecure/hesitating; approximately twenty two percent (22,1%; n = 37) indicated that they were verbally abusive/swearing; approximately thirty one percent (31,1%; n = 52) indicated that they were loud/shouting/screaming, approximately four percent (3,5%; n = 6) indicated that they had no communication but could recognize family/staff/others, approximately seven percent (6,5%; n = 11) indicated that they had no communication but responds to touching, approximately one percent (0,5%; n = 1) indicated that they had no communication but responds with eye contact, approximately one percent (0,5%; n =1) indicated that they had no communication at all, approximately ten percent (9,5%; n =16) indicated that the patients food, such as food must be anticipated by nursing family members or others, whilst approximately twenty percent (20,3%; n = 34) indicated that they talked constantly/irrelevant talks which irritated others.

ITEM B 2: MOBILITY (n = 167) (see table 4.15)

TABLE 4.15: MOBILITY OF THE PATIENTS (n = 167)

MOBILTY	N	%
Ambulant, independently	110	65,8
Hemiplegia but ambulant	18	10,7
Walking aid	15	8,9
Ambulant, has contractures, hemiplegia	5	2,9
Ambulant with assistance or supervision	6	3,5
Wheelchair (dependant)	2	1,1
Bedridden (not able to sit on own)	5	2,9
	6	3,5
TOTAL	**167**	**100,0**

The respondents were asked asked about their mobility. The results showed that approximately sixty six percent (65,8%; n = 110) indicated that they were ambulant and independent, approximately eleven percent (10,7%; n = 18) indicated that they were hemiplegic but ambulant, approximately nineteen percent (8,9%; n = 15) indicated that they were ambulant but slow and walked with difficulty, approximately three percent (2,9%; n = 5) indicated that they used walking aids, approximately four percent (3,5%; n = 6) indicated that they were ambulant, but also had contractures, hemiplegia and so on, approximately one percent (1,1%; n = 2) indicated that they were ambulant with assistance or supervision, approximately three percent (2,9%; n = 5) indicated that they were dependant on wheelchairs and approximately four percent (3,5%; n = 6) indicated that they were bedridden and could not sit on their own (see table 4.15).

4.5.3 Emotional needs

Emotional satisfaction comes from within, whereby one feels valued from those around him/her.

Emotional satisfaction is derived largely from feeling that one is valued by those around one. It comes from within. Emotional satisfaction is related to our own assessment of our adequacy, our performance and capacity in the various arenas of our lives, both personal and professional. Therefore, self approval (that is liking oneself no matter what) is essential (Ellis & Nowlis 1981:38). A need arises when there is dissatisfaction. The emotional needs of the mentally retarded (respondents) are portrayed in table 4.16.

ITEM B 1: AMOUNT OF SUPPORT/COUNSELING REQUIRED (n = 167)

TABLE 4.16: AMOUNT OF SUPPORT/COUNSELING REQUIRED BY PATIENTS (n= 167)

SUPPORT/COUNSELLING REQUIRED	N	%
No motivation or support	12	7,1
Needs more than 15 – 30 minutes per day	39	23,3
Requires 30 – 60 minutes per day	53	31,7
Requires more than 60 minutes per day	63	37,2
TOTAL	**167**	**100,0**

The respondents were asked about the amount of support/counseling that was required per day. Approximately seven percent (7,1%; n = 12) indicated that no motivation or support was needed and that they functioned independently, approximately twenty three percent (23,3%; n = 39) indicated that 15 – 30 minutes was required for support, supervision, encouragement, instruction per day by different staff/family members, approximately thirty one percent (31,7%; n = 53) indicated that they required 30 – 60 minutes or support per day for supervision and assistance to finish activities and approximately thirty seven percent (37,2%; n = 63) indicated that they needed more than 60 minutes per day for support, supervision and assistance.

Figure 4.4

ITEM B 2.1: APPEARANCE OF THE BODY (n = 167) (see figure 4. 4)

When the respondents were asked about their body appearance, approximately fifty percent (49,7%; n = 83) indicated that they were never/hardly ever satisfied with their body appearance, approximately forty two percent (41,9%; n = 70) indicated that they were sometimes satisfied with the appearance of their bodies whilst approximately eight percent (8,38%; n = 14) indicated that they often (almost all the time) were satisfied with their body appearance).

ITEM B 2.2: INTELLECTUAL FUNCTIONING (n = 167) (see figure 4. 4)

When the respondents were asked about their intellectual functioning, approximately seventy seven percent (77,2%; n = 129) indicated that they never/ hardly ever were satisfied with their intellectual functioning; approximately nineteen percent (19,1%; n = 32) indicated that they were sometimes satisfied with their intellectual functioning and approximately four percent (3,5%; n = 6) indicated that they were often/almost all the time satisfied with their intellectual functioning.

ITEM B 2.3: PERSONAL CHARACTERISTICS (n = 167) (see figure 4.4)

The respondents were asked if they were satisfied with the kind of characteristics that could be said to describe them. Sixty one percent (61,0%; n = 102) indicated that they were never/hardly ever satisfied, approximately thirty five percent (35,3%; n = 59) indicated that they were sometimes satisfied whilst approximately four percent (3,5%; n = 6) indicated that they were often/almost satisfied all the time with the kind of characteristics that could be said to describe them.

ITEM B 2.4: PAST ACCOMPLISHMENTS (n = 167) (see figure 4.4)

When asked about past accomplishments, seventy nine percent (79,0%; n = 132) indicated that they were never/hardly ever were satisfied; approximately sixteen percent (16,1%; n = 27) indicated that they were sometimes satisfied and approximately five percent (4,7%; n = 8) indicated that they were often/almost all the time satisfied with their past accomplishments.

ITEM B 2.5: LEVEL OF EDUCATION AND OCCUPATION (n = 167)
(see figure 4. 4)

The respondents were asked if they were satisfied about their level of education and occupation. Approximately eighty one percent (81,4%; n = 136) indicated that they were never/hardly ever satisfied, approximately fourteen percent (14,3%; n = 24) indicated that they were sometimes satisfied and approximately four percent (4,1%; n = 7) indicated that they were often/almost all the time satisfied with their level of education and occupation.

4.5.4 Psychological needs

ITEM B 1: MENTAL CONDITION AND BEHAVIOR (n = 167)

TABLE 4.17: MENTAL CONDITION AND BEHAVIOR OF PATIENTS (n = 167)

MENTAL CONDITION AND BEHAVIOUR	N	%
Comprehension queried	30	17,9
Memory and comprehension needs reminding	100	59,8
Memory and comprehension good	7	4,1
Serious loss of memory	30	17,9
Also psychiatric problems	0	0,0
TOTAL	**167**	**100,0**

The respondents were asked about their mental condition and behaviour. The results showed that approximately eighteen percent (17,9%; n = 30) indicated that their comprehension was queried due to physical lack of communication, approximately sixty percent (59,8%; n = 100) indicated that their memory and comprehension needs reminding/repeating or support or interpretation to ensure that he was understood correctly, approximately four percent (4,1%; n = 7) indicated that their memory and comprehension was good and needed no support, approximately eighteen percent (17,9%; n = 30) indicated that they had serious loss of memory/lack of comprehension, confusion, anti-social behaviour, aggression, behavioral problems, passivity, zero percent (0%; n = 0) indicated that they did not also have psychiatric problems.

ITEM B 2: MENTION ONLY THOSE WHICH ARE APPLICABLE (n = 167)

TABLE 4.18: APPLICABLE BEHAVIORS OF PATIENTS (n = 167)

APPLICABLE BAHAVIOURS	N	%
Anorexia	14	8,3
Aggressive: verbal/physical, attention seeking, biting others	50	29,9
Co-opreative, friendly, helpful	58	34,7
Depressed, feelings of rejection	32	19,1
Hallucinations, hypochondriac	16	9,5
Impatient, instigates trouble, jealous	23	13,7
Lack of impulse control	6	3,5
Mood swings	89	53,2
Pica	8	4,7
Rocking	21	12,5
Scratching others	16	9,5
Selfish, self pity	17	10,1
Self isolating, self-mutilating	29	17,3
Sexually active – form	8	4,7
Substance – alcohol abuse	7	4,1
Suicidal ideation, suicide attempts	0	0,0

Respondents were asked about additional mental conditions and behaviors. Approximately eight percent (8,3%; n = 14) indicated that they were anorexic, approximately thirty percent (29,9%; n = 50) indicated that they were verbally/physically aggressive, attention seeking and biting others if they could not get their own ways, approximately thirty five percent (34,7%; n = 58) indicated that they were co-operative, friendly and helpful, approximately nineteen percent (19,1%; n = 32) indicated that they were depressed with feelings of rejection, approximately ten percent (9,5%; n = 16) indicated that they had hallucinations and were hypochondriacs, approximately fourteen percent (13,7%; n = 23) indicated that they were impatient, instigated trouble and were jealous, approximately four percent (3,5%; n = 6) indicated that they had lack of impulse control, approximately fifty three percent (53,2%; n = 89) indicated that they had mood swings, approximately eight percent (7,4%; n = 8) indicated that they had pica which indicates that they are profoundly mentally retarded. Approximately thirteen percent (13,5%; n = 21) indicated that they rocked, approximately ten percent (9,5%; n = 16) indicated that they scratched others, approximately ten percent (10,1%; n = 17) indicated that they were selfish and had self-pity (did not like to share, and when reprimanded, would feel sorry for themselves), approximately seventeen percent (17,3%; n = 29) indicated that they were self-isolating, self mutilating, approximately five percent (4,7%; n = 8) indicated that they were sexually active, approximately four percent (4,1%; n = 7) indicated that they abused alcohol. This study also showed that zero percent (0%; n = 0) indicated that they had suicidal ideation and suicide attempts. This finding is significant in this study as the mentally retarded very rarely have suicidal ideations and suicide attempts.

ITEM B 3: ORIENTATION AND SAFETY (n = 167)

TABLE 4.19: ORIENTATION AND SAFETY OF PATIENTS (n = 167)

ORIENTATION AND SAFETY	N	%
Knows his own name	10	5,9
Able to find his way around the house	86	51,4
Restless, wanders away	22	13,1
Disorientated but does not disturb others	32	19,1
Totally disoriented, wanders off	17	10,1
TOTAL	**167**	**100,0**

The respondents were asked about their orientation and safety. Approximately six percent (5,9%; n = 10) indicated that they knew their own name and was able to find his/her own way around, knows date, day of the week and where he/she is, approximately fifty one percent (51,4%; n = 86) indicated that they able to find their way around the house but did not know the day of the week/date, approximately thirteen percent (13,1 %; n = 22) indicated that they were restless, wandered away, had a limited sense of danger, vulnerable to exploitation and manipulation, approximately nineteen percent (19,1%; n = 32) indicated that they were disorientated but did not disturb others. They needed to be protected against most types of danger/exploitation. Approximately ten percent (10,1%; n = 17) indicated that they were totally disorientated, wandered off from home and unable to find his way back home. They were totally dependant on others to secure their safety.

ITEM B 4: COMPREHENSION (n = 167)

TABLE 4.20: COMPREHENSION OF PATIENTS (n = 167)

COMPREHENSION	N	%
Able to understand and fulfill simple instructions	16	9,5
Understand and fulfill simple/single instructions	111	66,4
Comprehend simple and single instructions	18	10,7
No comprehension and unable to fulfill	22	13,1
TOTAL	**167**	**100,0**

The respondents were asked about their ability to comprehend. The results indicated that approximately six percent (9,5%; n = 16) were able to fulfill and understand simple and single instructions and understands that situation and motives of others, approximately sixty six percent (66,4%; n = 111) indicated that they were able to understand and fulfill simple/single instructions, approximately eleven percent (10,7%; n = 18) indicated that they were able to comprehend simple and single instructions but unable to fulfill any instructions and approximately thirteen percent (13,1%; n = 22) indicated that they had no comprehension and were unable to fulfill any instructions.

ITEM B 5.5.1: RATING OF OTHER SAFETY ITEMS (n = 176) (see figure 4. 5)

The respondents were asked how they rated other safety items on a scale from 1 – 5. the results showed that approximately fifty two percent (52,6%; n = 88) indicated that they were never/hardly ever satisfied about their own physical safety in the home environment, approximately forty percent (39,5%; n = 66) indicated that they sometimes felt secure and approximately eight percent (7,7%; n = 13) indicated that they often/almost all the time felt secure about the physical safety in their home environment.

ITEM B 5.5.2: SPECIAL PRECAUTIONS (n = 167) (see figure 4.5)

The respondents were asked about how secure they felt about special precautions they took regarding their physical safety. Approximately seventy one percent (71,2%; n = 109) indicated that they sometimes felt secure, whilst twenty four percent (24%; n = 40) indicated that they were often/almost all the time felt secure about the special precautions they took regarding their physical safety.

Figure4.5

ITEM B 5.5.3: FINANCIAL POSITION (n = 167) (see figure 4.5)

The respondents were asked if they felt secure about their financial position. The results indicated that approximately eighty one percent (81,4%; n = 136) indicated that they never/hardly ever felt secure, approximately seventeen percent (17,4%; n = 29) indicated that they sometimes felt secure and approximately one percent (1,2%; n = 2) indicated that they often/almost all the time felt secure about their financial position.

ITEM B 5.5.4: MEETING EXPENCES OF MEDICATION (n = 167) (see figure 4.5)

The respondents were asked on how secure they felt with regard to meeting expenses of their routine medication and supplies. The results indicated that approximately eighty six percent (85,6%; n = 143) indicated that they never/hardly ever felt secure about meeting their expenses of routine medication and supplies, approximately thirteen percent (13,2%; n = 22) indicated that they sometimes felt satisfied, whilst approximately one percent (1,2%; n = 2) indicated that they often/almost all the time felt secure about meeting expenses of routine medication and supplies.

ITEM B 5.5.5: TRANSPORT PLANS (n = 167) (see figure 4.5)

Respondents were asked whether they felt satisfied about transport plans. Approximately seventy five percent (74,8%; n = 125) indicated that they were never/hardly ever satisfied, approximately twenty two percent (22,2%; n = 37) indicated that they were sometimes satisfied, whilst approximately three percent (2,9%; n = 5) indicated that they were often/almost all the time satisfied about their transport plans.

ITEM B 5.5.6: LONG TERM PLANS (n = 167) (see figure 4.5)

The respondents were asked about long-term plans for their care. The results showed that the majority, approximately eighty four percent (83,8%; n = 140) indicated that they were never/hardly ever satisfied, approximately fourteen percent (14,4%; n = 24) indicated that they were sometimes satisfied, whilst approximately two percent (1,8%; n = 3) indicated that they were often/almost all the time satisfied with their long term plans for their care.

ITEM B 5.5.7: PRESENT VOCATIONAL/OCCUPATIONAL STATUS (n = 167) (see figure 4.5)

The respondents were asked if they were satisfied about their present vocational/occupational status. Approximately eighty percent (79,6%; n = 133) indicated that they were never/hardly ever satisfied, approximately seventeen percent (17,4%; n = 57) indicated that they were sometimes satisfied whilst, approximately three percent (2,9%; n = 5) indicated that they were often/almost all the time satisfied about their present vocational/occupational status.

Figure 4.6

Social needs (n = 167) (see figure 4. 6)

ITEM B 3.1:SATISFIED WITH AMOUNT OF LOVE IN FAMILY (n = 167)

The respondents were asked if they were satisfied with the amount of love from their families. The results indicated that approximately twenty five percent (24,5%; n = 41) indicated that they were never/hardly ever satisfied, approximately fifty three percent (53,9%; n = 90) indicated that they were sometimes satisfied whilst approximately twenty one percent (21,2%; n = 36) indicated that they were often/almost all the time satisfied with the amount of love from their family.

ITEM B 3.2: SATISFIED WITH AMOUNT OF LOVE FROM FRIENDS (n = 167)

The respondents were asked if they were satisfied with the amount of love from friends. Approximately fifty nine percent (58,6%; n = 98) indicated that they were never/hardly ever satisfied, approximately thirty five percent (35,3%; n = 59) indicated that they were sometimes satisfied and approximately six percent (5,9%; n = 10) indicated that they were often/almost all the time satisfied with the amount of love from friends.

ITEM B 3.3: COPING WITH STRESS (n = 167)

The respondents were asked if they coped with stress in their home lives. The results indicated that approximately seventy two percent (71,8%; n = 120) never/hardly ever coped, approximately twenty six percent (26,3%; n = 44) indicated that they sometimes coped and approximately two percent (1,7%; n = 3) indicated that they often/almost all the time coped with stress in their lifes.

ITEM B 3.4: SOCIAL PARTICIPATION (n = 167)

The respondents were asked if they were satisfied with their social participation. The results indicated that seventy percent (70,0%; n = 117) were never/hardly ever satisfied, approximately twenty nine percent (28,7%; n = 48) indicated that they were sometimes satisfied whilst approximately one percent (1,2%; n = 2) indicated that they were often/almost all the time satisfied with their social participation.

ITEM B 3.5: SATISFIED WITH ROLE IN FAMILY (n = 167)

The respondents were asked if they were satisfied with their roles in the family. The results indicated that fifty eight percent (58,0%; n = 97) were never/hardly ever satisfied, approximately forty two percent (41,9%; n = 20) indicated that they were sometimes satisfied.

ITEM B 3.6: COMFORTABLE ASKING FOR HELP (n = 167)

The respondents were asked if they felt comfortable asking for help when needed. The study showed that fifty percent (50,0%; n = 87) indicated that they were never/hardly ever comfortable, approximately forty four percent (44,3%; n = 74) indicated that they were sometimes comfortable whilst approximately five percent (4,7%; n = 8) indicated that they were often/almost all the time comfortable asking for help when needed.

ITEM B 3.7: LEVEL OF SEXUAL FULFILLMENT (n = 167)

The respondents were asked if they were satisfied with their level of sexual fulfillment. The results indicated that approximately eighty percent (80,2%; n = 134) were never/hardly ever satisfied, approximately seventeen percent (16,8%; n = 28) indicated that they were sometimes satisfied whilst three percent (3,0%; n = 5) indicated that they were often/almost all the time satisfied with the level of sexual fulfillment.

ITEM B 3.8: LOVE AND AFFECTION GIVEN TO OTHERS (n = 167)

The respondents were asked if they were satisfied with the amount of love and affection they gave to others. The results showed that sixty one percent (61,0%; n = 102) were never/hardly ever satisfied, approximately thirty two percent (32,3%; n = 54) indicated that they were sometimes satisfied whilst approximately seven percent (6,5%; n = 11) indicated that they were often/almost all the time satisfied with the amount of love and affection they gave to others.

4.5.5 Cultural needs (n = 167)

ITEM B 1: PARTICIPATION IN FAMILY AND TRADITIONAL ACTIVITIES (n = 167)

Respondents were asked to give information on whether they were satisfied with their own and family's performance with the planned or existing family and traditional activities. The study indicated that approximately seventy percent (70,1%; n = 117) were satisfied and approximately thirty percent (29,9%; n = 50) were not satisfied with their own and families performance with the planned or existing family and traditional activities.

ITEM B 2: WHO DOES THE PATIENT LOOK UP TO WHEN SICK? (n = 167)

On the question of who did they look up to when they were sick, approximately sixty percent (59,9%; n = 100) indicated that they looked up to their mother, approximately thirty four percent (34,1%; n = 57) indicated that they looked up to their family whilst three percent (3,0%; n = 5) indicated that they looked up to a traditional healer. None of the respondents, zero percent (0%; n = 0) indicated that they looked up to the temple when they were sick.

ITEM B 3: USE OF A HOME REMEDY BY PATIENTS (n = 167)

On the question of the use of a home remedy that made them sick (nausea, vomiting, diarrhoea), approximately thirty percent (29,9%; n = 50) indicated that they did use, and approximately seventy percent (70,1%; n = 117) indicated that they did not use a home remedy that made them sick.

ITEM B 4: ROLE PLAYED BY PATIENT WHEN SICK (n = 167)

The respondents were asked about the role they played when they were sick, the majority, approximately ninety five percent (94,6%; n = 158) indicated that they were passive and approximately five percent (5,4%; n = 9) indicated that they were active.

The significance to the study is that the African culture expects the sick to play a passive role.

4.5.6: Spiritual needs (n = 167) (see figure 4.7)

A spiritual need is a wish to know life’s ultimate meaning and purpose. Therefore the role played by spiritual needs should be recognized in the efforts made to care for the mentally retarded as a holistic being.

Respondents were asked to rate their spiritual needs on a scale 1 to 5 (where 1 = never and 5 almost all the time).

ITEM B 4.5.1 SATISFACTION WITH AMOUNT OF RELIGION (n = 167)

The respondents were asked if they were satisfied with the amount of religion in their life. Fifty five percent (55,0%; n = 92) indicated that they were never/hardly ever satisfied; thirty five percent (35,3%,n = 59) indicated that they were sometimes satisfied whilst approximately ten percent (9,5%,n = 16) indicated that they were often/almost all the time satisfied with the amount of religion in their life.

ITEM B 4.5.2: OWN MOTIVATIONAL LEVEL (n = 167)

The respondents were asked if they were satisfied with their own motivational level. The results indicated that seventy six percent (76,0%; n = 127) indicated they were never/hardly ever satisfied; approximately twenty one percent (21,5%; n = 36) indicated that they were sometimes satisfied whilst approximately two percent (2,3%; n = 4) indicated that they were often/almost all the time satisfied with their own motivational level.

ITEM B 4.5.3: BELIEVE IN GOD (n = 167)

About the question whether they believed in a god or a supernatural god, the results indicated that approximately sixty percent (59,2%; n = 99) indicated that they never/hardly ever believed, approximately thirty five percent (34,7%; n = 58) indicated that they sometimes believed whilst approximately six percent (5,9%; n = 10) indicated they often/almost all the time believed in a god or a supernatural being.

Figure 4.7

ITEM B 4.5.4: MOTIVATIONAL LEVEL OF FAMILY/FRIENDS OF PATIENTS (n = 167)

The respondents were asked if they were satisfied with the motivational level of family and friends to support their goal. The results indicated that approximately fifty seven percent (57,4%; n = 96) were never/hardly ever satisfied; approximately thirty seven percent (37,1%; n = 62) indicated that they were sometimes satisfied whilst approximately five percent (5,3%; n = 9) indicated that they were often/almost all the time satisfied with the motivational level of their family or friends to support their goals.

ITEM B 4.5.5: LEVEL OF HOPE IN LIFE OF PATIENT (n = 167)

The respondents were asked if they had a satisfactory level of hope in their life. The results indicated that approximately eighty percent (80,8%; n = 135) were never/hardly ever satisfied; approximately seventeen percent (16,8%; n = 28) indicated that they were sometimes satisfied whilst approximately two percent (2,4%; n =4) indicated that they were often/almost all the time satisfied with the amount of hope in their life.

ITEM 4.5.6: NEW INTEREST OF PATIENTS (n = 167)

On the question of whether the respondents had any new interest, the results indicated that approximately ninety percent (89,8%; n = 150) never/hardly ever had new interest, approximately eight percent (8,4%; n = 14) indicated that they sometimes had new interest whilst approximately one percent (1,2%; n = 2) indicated that they often/almost all the time had new interests. The majority of the respondents (89,8%; n = 150) did not have new interests in life, probably due to their lack of energy and/or will power.

ITEM B 4.5.7: COPING MECHANISM OF PATIENTS TO SUFFERING (n = 167)

When the respondents were asked about their satisfaction with their coping mechanisms to suffering, approximately eighty three percent (82,6%; n = 138) indicated that they never/hardly ever satisfied; approximately sixteen percent (15,6%; n = 26) indicated that they were sometimes and approximately two percent (1,8%; n = 3) indicated that they were often/almost all the time satisfied with their coping mechanism to suffering.

ITEM B 4.5.8: AMOUNT OF STRENGTH/COURAGE OF PATIENTS (n = 167)

The respondents were asked if they were satisfied with the amount of strength/courage that they had. The results indicated that approximately eighty six percent (86,2%; n = 144) that they were never/hardly ever satisfied; approximately twelve percent (12,0%; n = 20) indicated that they were sometimes satisfied and approximately two percent (1,8%; n = 3) indicated that they were often/almost all the time satisfied with the amount of strength/courage they had.

4.6 SECTION C: SUPPORT SYSTEMS

ITEM C 1.1 – 5: INTERNAL SUPPORT (n = 167)

Table 4.21: INTERNAL AND EXTERNAL SUPPORT OF PATIENTS (ITEMS C 1 AND C 2) (n = 167)

INTERNAL AND EXTERNAL SUPPORT	N	%
Internal support:		
Mother	28	16,7
Father	46	27,5
Grandparents	45	26,9
Other siblings	9	5,3
Extended family members	68	40,7
External support:		
Friends	55	32,9
Professional system	140	83,8
Non-professional system	78	46,7

The respondents were asked to state the source of assistance within the family. The results showed that approximately seventeen percent (16,7%; n = 28) indicated that support was received from their mother. The respondents who stated other sources of support were due to the fact that their mother had died. Approximately twenty eight percent (27,5%; n = 46) from their father, approximately thirty percent (26,9%; n = 45) from grandparents; approximately five percent (5,3%; n = 9) from other siblings and approximately forty percent (40,7%; n = 68) from extended family members. It was interesting/surprising to note that those who did not receive support from their fathers were also due to the fact that their fathers were late.

Approximately twenty seven percent (26,9%; n = 45) indicated the grandparents because their biological parents were deceased and approximately forty one percent (40,7%; n =

68) indicated extended family members as their internal source of support. It was also surprising to note that despite the problems posed by persons with mental retardation towards their families were still committed to giving unconditional assistance to their mentally retarded family member.

ITEM C 2. 1 – 3 EXTERNAL SUPPORT (n = 167)

When asked on the external support they utilized, the majority, approximately eighty four percent (83,8%; n = 140) indicated professional systems; approximately thirty three percent (32,9%; n = 55) indicated friends and the minority approximately forty seven percent (46,7%; n = 78) indicated non professional systems.

The above findings indicated the trust and confidence the persons or families of persons with mental retardation had in the professional team due to the fact that the professionals accepted and understood the mentally retarded better than friends and the non-professionals.

ITEMS C 3. 1 – 8 ADVICE OR HELP RECEIVED FROM REHABILITATION CARE CENTRES (n = 167)

TABLE 4.22: ADVICE OR HELP PATIENTS RECEIVED FROM REHABILITATION CENTRES (n = 167)

ADVICE OR HELP RECEIVED	N	%
Alternative accommodation	2	1,2
Finance	0	0,0
Medical and psychiatric matters	3	1,8
Someone to talk to	2	1,2
Assertive approach	0	0,0
Social and leisure activities	1	0,6
Counseling and support	1	0,6
None	152	91,0

More than one response could be given to this question, however the majority of the respondents, ninety one percent (91,1%; n = 152) had received none of the above mentioned help or advice. The reason being that there were no rehabilitative care centers available in their areas. The few that did receive some help such as medical and psychiatric matter approximately two percent (1,8%; n = 3) was due to the fact they were scholars or attended special schools in other sub-districts of District 22, KwaZulu-Natal. The other reason was that they were ignorant of the fact that there were centers like Midlands Umgeni Care and Rehabilitation Center, were advice or help could be received by them regarded the mentally retarded handicapped.

ITEM C 4. 1 – 4: SOURCES OF ADVICE OR HELP (n = 167)

TABLE 4.23: SOURCES OF HELP OR ADVICE FOR PATIENTS (n = 167)

SOURCES OF ADVICE OR HELP	N	%
Professionals	146	87,4
Friend	54	32,3
Relative	162	97,0
Other (specify)	6	3,6

More than one response could be given to this item. When asked from what source they received advice or help the majority, approximately eighty seven percent (87,4%; n = 146) indicated that it was from professionals; approximately thirty three percent (32,3%; n = 54) indicated that it was from friends, ninety seven percent (97,0%; n = 162) indicated that it was from relatives whilst approximately four percent (3,6%; n = 6) indicated that they had other sources of help or advice.

ITEM C 5. 1 – 5: SERVICES REQUIRED (n = 167)

TABLE 4.24: SERVICES REQUIRED BY PATIENTS (n = 167)

SERVICES REQUIRED	N	%
Vocational training	145	86,8
Medical and psychiatric services	164	98,2
Individual and family counseling	165	98,8
Legal assistance	167	100,0
Accommodation	91	54,5

These were the ones who could cope with some form of training, that is the mildly and moderately retarded without physical disabilities. Vocational training is considered important by society as it gives independence, image, money and prestige. More than one response could be given to this question. When asked what services they would like to have available to them, approximately eighty seven percent (86,8%; n = 145) indicated that they needed vocational training. Approximately ninety eight percent (98,2%; n = 164) indicated that they needed medical and psychiatric services, approximately ninety eight percent (98,8%; n = 165) indicated that they needed individual and family counseling, hundred percent (100%; n = 167) indicated that they needed legal assistance as they new very little legally if they in a position faced with legal issues and approximately fifty five percent (54,5%; n = 91) indicated that they needed accommodation. Those who needed accommodation were those who lived in shacks or single rooms (see item A 19).

ITEM C 6. 1 – 5: SPECIAL NEEDS AVAILABLE IN THE COMMUNITY (n = 167)

TABLE 4.25: SPECIAL NEEDS AVAILABLE FOR THE PATIENTS IN THE COMMUNITY (n = 167)

SPECIAL NEEDS AVAILABLE	N	%
Social training and employment opportunities	**1**	**0,6**
Living arrangements	2	1,2
Study opportunities	0	0,0
None	164	98,2
Other (specify)	0	0,0

More than one response was possible to this question when asked about special services available in the community. All the respondents (100%; n = 167) indicated that there were no special services available in the community. There were no social training and employment opportunities; no special living arrangements and no study opportunities (see table 4.25: Item C 6. 4).

4.7 SECTION D: COMMUNITY RESOURCES

ITEM D 1.1 – 9: COUNSELLING SERVICES (n = 167)

TABLE 4.26: COUNSELING SERVICES FOR THE PATIENTS (n = 167)

COUNSELING SERVICES	N	%
Alternative for woman (crisis centers)	0	0,0
Comprehensive care	167	100,0
Church social services	62	37,1
Social department services	57	34,1
Life educators	5	3,0
Family counseling services	0	0,0
Government psychologist	0	0,0
Service center	0	0,0
Veteran centers	0	0,0

ITEM D 1 – 2: ALTERNATIVE FOR WOMEN (CRISIS CENTRES) AND COMPREHENSIVE CARE (n = 167)

The respondents were asked about what counseling services did they have in their community. All the respondents, hundred percent (100%; n = 167) indicated that there were no alternative services for woman (crisis centers); hundred percent (100%; n = 167) indicated that they have some form of comprehensive care, that is primary health care. Some of the communities were serviced by mobile clinics, once a month, twice a month and some on a daily basis during the week. Some communities had a physical structure available as a clinic.

ITEM D 1.3: CHURCH SOCIAL SERVICES (n = 167)

The respondents were asked about the existence of church social services in their communities. The results indicated that approximately thirty seven percent (37,1%; n =62) had church social services whilst approximately sixty three percent (62,9%; n = 105) indicated that there were no social services in their church. To those respondents, the social was a place of worship and no other social activities.

ITEM D 1.4: SOCIAL DEPARTMENT SERVICES (n = 167)

The respondents were asked if they had social department services in their community. The results indicated that only approximately thirty four percent (34,1%; n = 57) had social department whilst approximately sixty six percent (65,9%; n = 110) had no social department services in their community.

ITEM D 1.5: LIFE EDUCATORS (LAY COUNSELORS) (n = 167)

On the question of having life educators in their community (people such as the lay counselors or community workers who educated the community on real life issues, such as child abuse, women abuse, HIV/AIDS), the results indicated that only three percent (3,0%; n = 5) had life educators who were lay counselors, whilst ninety seven percent (97,0%; n = 162) had no life educators at all.

ITEM D 1.6 – 9: COUNSELING SERVICES (n = 167)

The respondents were asked if they had any family counseling services, government psychological services and service centers. All the respondents, hundred percent (100%; n = 167) indicated that none of these services were available in their community.

ITEM D 2.1.6: SERVICES FOR ALCOHOL AND DRUG ABUSE (n = 167)

ITEM D 3.1 – 4: EDUCATIONAL FACILITIES (n = 167)

ITEM D 4.1 – 5: FINANCIAL AID (n = 167)

ITEM D 5.1 – 6: EMPLOYMENT (n = 167)

TABLE 4.27: COUNSELING SERVICES (n = 167)

COUNSELLING SERVICES	**N**	**%**
2. Services for alcohol and drug abuse		
Alcohol anonymous	167	100,0
Comprehensive care	167	100,0
National council on alcoholism	167	100,0
Narcotics anonymous	167	100,0
Rehabilitation counseling centers	167	100,0
3. Educational facilities		
Parents in training programmes	167	100,0
Parents-plus for handicapped	167	100,0
Vocational/technical school	167	100,0
Other (specify)	167	100,0
4. Financial aid		
Department social insurance	167	100,0
Salvation army	167	100,0
Red cross services	167	100,0
Unemployment insurance	167	100,0
Other (specify)	167	100,0

All the respondents (100%; n = 167) indicated that these services were not available in the community of District 22 (sub-district 222), Kwazulu-Natal. These results clearly indicate that there are still definite barriers within the health system that separates physical illness and mental retardation.

ITEM 6.1 – 5: POTENTIAL RESOURCES OF HELP IN TIME OF TROUBLE

(n = 167)

Religious beliefs (n = 167)

The respondents were asked whether their religious beliefs were potential resources of help in time of trouble. The majority of the respondents, approximately seventy eight percent (77,8%; n = 130) indicated that their religious resources and their different beliefs did support them. (See spiritual needs).

Family (n = 167)

On the question of family as a potential source of help in times of trouble, the respondents approximately ninety six percent (96,4%; n = 161) indicated that the family was a source of help in times of trouble, which is in line with the previous findings (see item C 1.1 and C 1. 2). It would appear that despite the burden on the family on caring for the mentally retarded person, the family still showed love, concern, understanding and care for their family member who was mentally retarded.

Friends (n = 167)

The respondents were asked if friends were potential resources of help in time of trouble.

The results showed that approximately sixty percent (59,9%; n = 100) did not consider friends as a potential resource due to the fact that they had a very low intellectual level of functioning (severe and profound mental retardation), or had behaviour problems like scratching others and being verbally and physically aggressive (see psychological needs).

Professionals (n = 167)

Asked if professionals were a potential resource of help in time of trouble, approximately eighty seven percent (87,4%; n = 146) indicated that professionals were and approximately thirteen percent (12,6%; n = 21) indicated that they were not. Those who responded that professionals were not a potential resource in times of trouble did not have any contact with professionals such as nurses in primary health clinics. They were ignorant or did not bother themselves with professional people.

Other (specify) (n = 167)

When respondents were asked if they had other potential resources of help in time of trouble, approximately two percent (1,8%; n = 3) indicated that the community worker was a potential resource in times of help, while approximately ninety eight percent (98,2%; n = 164) indicated that they did not have any other potential resource of help in time of trouble.

ITEM D 7.1 – 5: SERVICES USED IN TIMES OF CRISIS (n = 167)

The respondents were asked of services they used in times of crisis. All the respondents (100%; n =167) indicated that they did not use crisis line, approximately ninety six percent (95,8%; n = 160) indicated that they used clinic staff as they were advocates for the promotion of health, whilst approximately four percent (4,2%; n = 7) did not, approximately forty nine percent (48,5%; n = 81) made use of police whilst approximately fifty two percent (51,5%; n = 86) did not. Approximately ninety seven percent (97%; n = 162) indicated they used family members against three percent (3%, n = 5) who did not use them, approximately sixty nine percent (68,9%; n = 115) indicated that their other service used in times of crisis was the community workers, who are also lay counselors and play a very active role in their communities.

ITEM D 8.1 – 5: AVAILABLE HUMAN RESOURCES IN THE COMMUNITY (n = 167)

The respondents were asked on the availability of human resources in the community. A hundred percent (100%; n = 167) indicated that there was community psychiatric nurses whilst approximately thirty five percent (43,7%; n = 58) indicated that there were none. All the respondents (100%; n = 167) indicated that there were no psychologists. All respondents (100%; n = 167) indicated that there were traditional healers and priest in the community.

ITEM D 9.1 – 5: AVAILABLE PSYCHIATRIC SERVICES (n = 167)

TABLE 4.28: AVAILABLE PSYCHIATRIC SERVICES FOR THE PATIENTS (n = 167)

PSYCHIATRIC SERVICES	N	%
Awareness campaigns	167	100,0
Transport for patients	167	100,0
Crisis intervention	167	100,0
Mental health promotion	167	100,0
Other	167	100,0

When asked about the availability of psychiatric services, all respondents (100 %; n = 167) indicated that there were no awareness campaigns, transport for patients, crisis interventions and mental health promotion.

The findings indicate that there is a need for psychiatric services so that the community can get information about mental retardation and help when needed.

ITEM D 10.1 – 5: RECREATIONAL SERVICES (n = 167)

The respondents were asked about the recreational services available in their community Approximately sixteen percent (15,6%; n = 26) indicated that they had choir practices whilst approximately eighty four percent (84,4%; n = 141) said they did not, approximately eight percent (8,4%; n = 14) indicated that they had dances (traditional and modern) whilst approximately ninety one percent (91,1%; n = 153) indicated that they did not, approximately thirty three percent (33,5%; n = 56) indicated that they had soccer and/or netball matches whilst approximately sixty seven percent (66,5%; n = 111) indicated that they did not.

ITEM D 12.1 – 5: REHABILITATION SERVICES AVAILABLE FOR THE PATIENTS (n = 167)

The respondents were asked if they had rehabilitation services available in the community. All the respondents (100%; n = 167) indicated that there were no workshops, halfway houses, industrial training centers or private dwelling. This is in line with the previous finding (see item C3. 1 – 8: Advice or help received from rehabilitative care centres).

ITEM D 13.1 – 5: THE CAUSE OF NOT BEING COMPLETELY HAPPY (n = 167)

Table 4.29: THE CAUSE OF NOT BEING COMPLETELY HAPPY BY THE PATIENTS (n = 167)

CAUSES	YES		NO		TOTAL
	N	%	N	%	
Financial troubles	162	97,0	5	3,0	167
One's self	121	72,5	46	27,5	167
One's family	79	47,3	88	52,7	167
Lack of opportunity	165	98,8	2	1,2	167
One's social life	143	85,6	24	14,4	167

The respondents were asked about the factors that made them not completely happy. Ninety seven percent (97,0%; n =162) of the respondents indicated that financial troubles were the main causes of not being completely happy whilst three percent (3,0%; n = 5) indicated that it was not. Approximately seventy three percent (72,5%; n = 121) indicated that it was one’s self while approximately twenty eight percent (27,5%; n = 46) indicated that it was not. Approximately fifty seven percent (47,3%; n = 79) indicated that one’s family was the cause whilst approximately fifty three percent (52,7%; n = 88) indicated that their family was not the cause of them being completely happy. Approximately ninety nine percent (98,8%; n = 165) indicated that the lack of opportunity was the cause whilst approximately one percent (1,2%; n = 2) indicated that it was not the cause. Approximately eight six percent (85,6%; n =) indicated that an unstable social life was the cause of not being completely happy with their lifes. Therefore financial troubles, lack of opportunities and one's social life was the cause of not being completely happy. This is associated with rural areas as was the case in these findings.

ITEM D 14.1 – 5: CONDITIONS MAKING IT POSSIBLE TO REMAIN IN THE COMMUNITY (n = 167)

When the respondents were asked about the conditions that would make it possible for them to remain in the community, approximately one percent (0,6%; n = 1) indicated that it was the existence of appropriate employment whilst approximately ninety eight percent (98,4%; n = 166) indicated that it was not, approximately fifty six percent (57,5%; n = 96) indicated that it was the possibility of adequate financial support whilst approximately forty three percent (42,5%; n = 71) indicated that it was not, eighty eight percent (88,0%;n = 142) indicated that it was appropriate accommodation whilst fifteen percent (15,0%;n = 25) indicated that it was the existence of social support systems would be a possibility whilst approximately eighty percent (80,2%;n = 134) indicated that it was not. This question was asked to the respondents as it was in line with the de-institutionalization process.

ITEM D 15.1 – 4: PROBLEMS OF DAILY LIVING (n = 167)

When asked about the problems of daily living, approximately forty two percent (41,9%; n = 70) indicated that the stigma associated with mental retardation was the problem whilst approximately fifty eight percent (58,1%; n = 97) indicated that it was not, approximately ninety six percent (95,8%; n = 160) indicated that it was lack of information about the care of the mentally retarded and the resources available (see item D 8.1-5 and item D 12. 1-5), whilst approximately four percent (4,2%; n = 7) said it was not, approximately ninety nine percent (98,8%;n = 165) indicated that it was gaps and inadequacies in the health services whilst approximately one percent (1,2%;n = 2) indicated that it was not. Lack of information and inadequacies in the health services are a bigger problem than stigma associated with mental retardation.

4.8: SECTION E: SERVICE NEEDS

ITEM E 1.1 – 2: MEDICAL CARE (n = 167)

TABLE 4.30: MEDICAL CARE NEEDS OF THE PATIENTS (n = 167)

MEDICAL CARE NEEDS	**N**	**%**
Specific health care	162	97,0
Psychotropic medicine	5	2,9
TOTAL	**167**	**100,0**

The respondents were asked to indicate the most important service in terms of their needs. The majority, ninety seven percent (97,0%; n = 162) indicated that it was specific health care whilst approximately three percent (2,9%; n = 5) indicated it was not, approximately three percent (2,9%; n = 5) indicated that it was psychotropic medicine.

ITEM E 2.1 – 6: COUNSELING NEEDS (n = 167)

TABLE 4.31: COUNSELING NEEDS OF THE PATIENTS (n = 167)

COUNSELING NEEDS	TOTAL	PERCENTAGE
	N	%
Socialization groups	22	13,1
Self-help groups	125	74,8
Group therapy	11	6,5
Alcohol	6	3,5
Drug	1	0,5
Marital/family	2	1,1
TOTAL	**167**	100,0

The respondents were asked about the type of counseling they thought to be of greatest benefit, approximately thirteen percent (13,1%; n = 23) indicated that it was in socialization groups whilst; approximately seventy four percent (74,8%; n = 125) indicated counseling in self-help groups, whilst approximately seven percent (6,5%; n = 11) indicated counseling in group therapy; approximately four percent (3,5%; n = 6) indicated that counseling in alcohol abuse was needed, approximately one percent (0,5%; n = 1) indicated drug counseling and approximately one percent (1,1%;n = 2) indicated they needed marital/family counseling, as they had dependants.

ITEM E 3.1 – 3: LEISURE TIME ACTIVITIES (n = 167)

TABLE 4.32: LEISURE TIME ACTIVITIES OF PATIENTS (n = 167)

LEISURE TIME ACITIVITIES	TOTAL	
	N	%
Social groups	25	14,9
Recreational activities	116	69,4
Arts/crafts	26	15,5
TOTAL	**167**	100,0

In terms of their preference related to leisure time activities, approximately fifteen percent (14,9%; n = 25) selected social groups, approximately sixty nine percent (69,4%; n = 116) indicated recreational activities and approximately sixteen percent (15,5%; n = 26) indicated arts and crafts. The results showed that the majority preferred recreational activities.

ITEM E 4.1 – 3: FINANCIAL SUPPORT (n = 167)

TABLE 4.33: FINANCIAL SUPPORT OF PATIENTS (n = 167)

FINANCIAL SUPPORT	N	%
Public assistance	0	0,0
Food vouchers	112	67,0
Government grants	55	32,9
TOTAL	**167**	**100,0**

When asked about the most important service need with regard to finance, approximately zero percent (0,0%; n = 0) indicated public assistance, sixty seven percent (67,0%; n = 112) indicated food vouchers whilst thirty three percent (32,9%; n = 55) stated that it was government grants. It would appear from these findings that the majority of the respondents indicated that they needed food vouchers.

ITEM E 5.1 – 2: SUPPORT TO RELATIVES (n = 167)

TABLE 4.34: SUPPORT TO RELATIVES OF PATIENTS (n = 167)

SUPPORT TO RELATIVES	N	%
Counseling with family members	89	53,2
Support groups for family members	77	46,1
TOTAL	**167**	**100,0**

The families and relatives of the mentally retarded people need some sort of support due to the many feelings they experience when caring for the mentally retarded. Approximately fifty three percent (53,2%; n = 89) indicated that the family members needed counseling together with the mentally retarded person. In this case the mentally retarded would be those who can comprehend, such as the mild and the moderately retarded. Approximately forty six percent (46,1%; n = 77) indicated that they needed support groups for family members. The majority felt that they needed counseling with family members.

ITEM C 6.1 – 4: ACTIVITIES OF DAILY LIVING (n = 167)

TABLE 4.35: ACTIVITIES OF DAILY LIVING OF THE PATIENTS (n = 167)

ACTIVITIES OF DAILY LIVING	N	%
Financial management	0	0,0
Home management	8	4,7
Personal care	159	95,2
Transportation use	0	0,0
TOTAL	**167**	**100,0**

The respondents were asked about the activities they considered as most important in terms of daily living. Approximately ninety five percent (95,2%; n = 159) indicated that personal care was the most important followed by home management approximately five percent (4,7%; n =8). None of the respondents indicated that financial management and use of transportation as important in terms of priority needs.

ITEM C 7.1 – 2: EDUCATION (n = 167)

TABLE 4.36: EDUCATION OF THE PATIENTS (n = 167)

EDUCATION	N	%
Formal education	7	3,0
Informal education	160	97,0
TOTAL	**167**	**100,0**

Mental retardation can be diagnosed before the onset of 18 years. When asked about education approximately ninety seven percent (97,0%; n = 160) indicated that they would prefer informal education whilst three percent (3,0%; n = 7) indicated that they would prefer formal education. The majority preferred informal education because they were more than 18 years of age.

ITEM C 8.1 – 8: APPROPRIATE LIVING ARRANGEMENTS (n = 167)

TABLE 4.37: APPROPRIATE LIVING ARRANGEMENTS FOR PATIENTS

(n = 167)

APPROPIATE LIVING ARRANGEMENTS	N	%
With parents	91	54,4
With relatives/friends	36	21,5
Group home	5	2,9
Institution	35	20,9
TOTAL	**167**	**100,0**

When asked to indicate which of the living arrangements they would regard as being the most important, approximately fifty four percent (54,4%; n = 91) who were the majority, indicated that staying with parents was most important whilst approximately twenty two percent (21,5%; n = 36) indicated that staying with relatives/friends was most important and approximately three percent (2,9%; n = 5) indicated that staying at group home was more important. Approximately twenty one percent indicated that staying in an institution was most important (20,9%; n = 35).

The mentally retarded are dependant on others to take care of them. The results indicated that those who had parents would live with their parents, whilst those who had no parents would continue living with friends/relatives and those who were high functioning such as the mildly and moderately mentally retarded, with self help skills and no physical disability such spasticity, would function well in group homes. The respondents who were totally dependant on their care were those who were severely and profoundly mentally retarded, and would be institutionalized for specialized care.

ITEM C 9.1 – 8: NEEDS IN ORDER OF PRIORITY (n = 167)

TABLE 4.38: NEEDS OF PATIENTS IN ORDER OF PRIORITY (n = 167)

NEEDS	MEAN	MEDIAN	MODE	RANK
Medical care	2,2	2	2	2
Financial support	1,2	1	1	1
Leisure time activities	5,0	5	4	4
Support to relatives	5,2	5	6	6
Activities of daily living	4,8	5	3	3
Education	6,7	8	8	8
Appropriate living arrangement	5,1	5	5	5
Counseling	5,3	6	7	7

The respondents were asked to list their needs according to a scale 8 to 1, where 1 was the greatest need and 8 the smaller need. The results were as follows:

- Financial support was ranked first with the mean of 1,2 median 1 and mode 1.
- Medical care was ranked second with the mean of 2,2 median 2 mode 2.
- Activities of daily living was third with the mean of 4,8 median 5 mode 3.
- Leisure time activities was fourth with 5,0 as mean, 4 median and 4 mode

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- Appropriate living arrangements was fifth with 5,1 mean, 5 median and 5 mode.
- Support to relatives was sixth with 5,2 mean, 5 median and 6 mode.
- Counseling was seventh with 5,3 mean, 6 median and 7 mode.
- Education was eighth with a mean of 6,7 median 8 and mode 8.

The significance of the findings is that financial support is generally considered important to people, as it gives one independence, self-esteem and security. Financial support was therefore rated the most important, followed by medical care, due to the fact that they were mentally retarded and required medical care for conditions such as epilepsy.

4.9. CONCLUSION

This chapter discussed the statistical analysis of data from the completed interview schedule. The conclusions drawn from the study, the recommendations and the limitations will be identified and discussed in the next chapter.