CONTRIBUTION OF LIFE SKILLS EDUCATION TO YOUNG PERSONS WITH VISUAL IMPAIRMENT IN THIKA MUNICIPALITY, KIAMBU COUNTY, KENYA.

BY

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SEPTEMBER 2015
DECLARATION

This thesis is my original work and has not been presented for the award of a degree in any other university.

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This thesis is dedicated to Joseph Kuria Kiburu for his inspiration in pursuance of further education, patience, encouragement and providence to enable me to go through my Masters degree programme.
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My sincere gratitude goes to all those who offered support, assistance and guidance in whatever way throughout the duration I worked on this research thesis. I thank the Almighty God, who gave me the physical and mental strength to undertake and accomplish this work. I thank my family members for the constant encouragement and support they accorded me throughout the course. Special thanks goes to my Supervisors: Dr. Chomba Munyi and Prof. Mukuria for their expertise and guidance. Gratitude goes to all the respondents who provided the information and for their cooperation. Most sincere gratitude goes to John Muriu of Kenya Institute of Curriculum Development for helping access the relevant references, patience and understanding in typing this work. I acknowledge the special input by the Kenya Institute of Curriculum Development library staff for their endurances and assistance in locating relevant information resources available in the library. I take liability of any errors of omission and/ or commission or any interpretational error(s).
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<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
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<tr>
<td>EFA</td>
<td>Education for All</td>
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<td>EXCEL</td>
<td>Extended and Continuous Education and Learning</td>
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<td>HIV/AIDS</td>
<td>Human Immunal Virus/Acquired Immune Deficiency Syndrome</td>
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<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<td>KICD</td>
<td>Kenya Institute of Curriculum Development</td>
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<td>KIE</td>
<td>Kenya Institute of Education</td>
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<tr>
<td>LSBE</td>
<td>Life Skills-Based Education</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>O&amp;M</td>
<td>Orientation and Mobility</td>
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<td>PWDs</td>
<td>Persons with Disabilities</td>
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<td>SN</td>
<td>Specials Needs</td>
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<td>SNE</td>
<td>Special Needs Education</td>
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<td>SPSS</td>
<td>Statistical Packages for Social Sciences</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<td>Abbreviation</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USA</td>
<td>United States of America</td>
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<td>VI</td>
<td>Visually Impaired/Visual Impairment</td>
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<td>VIPs</td>
<td>Visually Impaired Persons</td>
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ABSTRACT

The research intended to investigate the contribution of life skills education to young persons with visual impairment. The objectives of the study were to determine the skills that support the young persons with VI in their daily living activities, to establish the opinions of young persons with VI and their parents/guardians towards life skills education taught in schools and to establish the benefits of life skills education to independent living of young persons with VI. The study was conducted in Thika Municipality, Kiambu County in Central Province. Thika Municipality consists of Thika town, estates and Kiandutu slums. The descriptive survey design that employed both qualitative and quantitative approaches was used. The target population was selected from Thika town and Kiandutu slums. The population sample were mainly young persons with visual impairment who finished primary school, not more than five years then and their parents/guardians. A purposive sampling procedure was applied. Data was collected through questionnaires, interviews and observation schedules. To ascertain validity and reliability of the instruments piloting was conducted at Thika School for the Blind in Thika town. Quantitative data analysis required the use of Statistical Packages for Social Sciences (SPSS) while qualitative data was coded, quantified, categorized and thematically analyzed. In the study, findings revealed that life skills education promoted individual independence and helped young persons with VI develop and grow into well behaved adults equipped with psycho-social competencies. Based on the findings, the study recommended that the Kenya Institute of Curriculum Development (KICD) should modify the curriculum for life skills education to provide learners with VI with relevant skills to foster independence and self-reliance. The Ministry of Education should facilitate workshops, seminars and in-service training to sensitize teachers on contribution of life skills education towards independent living for persons with VI.
CHAPTER ONE

Introduction

The study investigated the contribution of life skills education to young persons with visual impairment. The following sections were adequately discussed in this chapter: background to the study, statement of the problem, purpose of the study, objectives of the study, research questions and significance of the study, scope and limitations of the study, assumptions of the study, theoretical and conceptual framework and finally the operational definition of terms.

1.1 Background to the Study

Every child is entitled to free education which should be compulsory. According to Helander (1993), as cited by Hartley (2000), the UN Convention on the Rights of Persons with Disabilities (PWDs) stressed the empowerment of PWDs including the blind. Article 24 of the Convention on Education identified the rights of PWDs to inclusive education without discrimination, to acquire life and social skills and access to the services. Special schools and institutions especially for the deaf, blind and mentally retarded should be established to cater for formal education skills development and self reliance (UNICEF, 2000).

A nationwide survey in the USA identified assets and deficits in student’s lives which influenced their ability to make positive choices. The results suggested that students had deficits in life skills and the recommendations were that educators should work to enhance social competencies of young people (Division of Mental Health WHO, 1996). Further, WHO stated that life skills education created a vital role in increasing awareness among the youth in all social problems and alleviate social evils in the society. Moreover, WHO asserted that developing life skills helped adolescents to
translate knowledge, attitudes and their health behavior such as acquiring ability to reduce specific risk behavior and adopt healthy behavior that improved their lives in general.

The challenges children and young people regularly face are many, and require more than the best numeracy and literacy skills. That was why the 164 nations committee to Education for All (EFA) included life skills as a basic learning need for all young people (UNICEF, 1997). Around the world, Life Skill Based Education (LSBE) is being adopted as a means to empower young people in challenging situations. According to UNICEF as cited by Ozmete, (2011) LSBE refers to an interactive process of teaching and learning which enables learners to acquire skills, knowledge and develop attitudes which support the adoption of health behavior. Practicing life skills leads to qualities such as self-esteem, sociability and tolerance, competencies to take action and generate change, and capabilities to have the freedom to decide what to do and who to be (WHO, 2004).

The need for life skills is frequently emphasized in the findings of research studies carried out to investigate what qualities and competencies employers look for in young recruits (Pederson, 1993; Rossouw, 1990; Hudecek, 1988 and Karmel, 1984) as cited by Tienda and Wilson (2002). Interpersonal and communication skills; two important life skill areas are frequently reported in such studies along with creativeness and negotiation skills. Life skill-based education has been recognized as methodology to address variety of issues of children and youth development and thematic responses including as expressed in UNGASS on HIV/AIDS (2001), UNGASS on children (2002), World Youth Report (2003), World Program for Human Rights Education (2004), UN Decade on Education for Sustainable Development (2005), UN Secretary
General’s Study on Violence Against Children (2006), 51st Commission on the Status of Women (2007) and the World Development (2007). Expected learning outcomes include a combination of knowledge, values, attitudes and skills that are related to critical thinking and problem solving, self management and communication and interpersonal skills.

WHO (2012) stated that over 285 million people in the world are visually impaired with 39 million being totally blind and 246 million have moderate severe visual impairment. According to Project IDEAL (2013), students with VI have a limited ability to learn incidentally from the environment. Project IDEAL said that children with VI must be taught compensatory skills and adaptive techniques in order to be able to acquire knowledge from other methods than sight. The presence of a VI could potentially impact the normal sequence of learning in social, motor, language and cognitive developmental areas. Further, Project IDEAL asserted that since it would be difficult for persons with VI to become as fully independent as they are capable to being, the teacher should encourage independence as often as possible to avoid the trap of ‘learned helplessness’. Moreover, Ferrell (1997) said that children with VI learn differently for no other reason than the fact that in most cases they cannot rely on their vision to provide information. The information they obtain through other senses is inconsistent, fragmented and passive.

Wahl, Oswald and Zimprich (1998) made the disturbing point that young persons who are blind or VI were at real risk of living ‘lonely’ and ‘unproductive lives’ if they did not develop skills across all areas of life during adolescent and childhood. Such areas included orientation and mobility, social interaction and activities of daily living. Life Skills Promoters stated that if young people are empowered with life skills, they were
able to make life choices through situational analysis, critical thinking and informed
decisions thereby avoiding risky behaviors. Life skills prepare children and youth with
VI for future employment, social integration and participation in the community
(Sandra, 2000). She pointed out that the ability to perform life skills as independently
as possible enhances self esteem and a feeling of self worth that are central to psycho-
social development of children with VI.

There are many academic and living skills not included in the regular curriculum that
are nevertheless needed by students with visual disabilities (Hatlen, 1996). He said that
alternative academic skills including communication modes, orientation and mobility,
adaptive and assistive technology, leisure and recreation, social interaction skills,
independent living skills, career education, and visual efficiency are all critical to an
individuals overall development. Hartley (2000) suggested that the Visually Impaired
Persons (VIPs) should be given a variety of opportunities to discover their potential,
understand their environment, discover their rights and take control of their destiny.

In Africa there are many children of primary school going age left out of school. To
address this issue the World Conference of Education for All (Jomtein, Thailand,
1990) was convened with the intention to revive the World’s Commitment to
Education for All (EFA). LSBE was included among essential learning tools for
survival, capacity development and quality of life. A follow up conference was held in
Dakar in the year 2000 which bound United Nations member states for action on EFA
by 2015 to make it real. The Dakar Framework for Action described the obtaining of
life skills as a right for all young people and as an element of quality education
(UNESCO, 2000). It specially referred to life skills in two of the Education for All
(EFA) goals. Goal 3 of EFA focused on the learning needs of all young people which
should be through equitable access to appropriate learning and life skills programme and Goal 6 focused on delivery systems. It emphasized that quality education was vital in empowering people transform their lives and the societies that they live in (World Conference on Education for All, 1990).

Due to lack of opportunities to develop skills to be self-sufficient many people with disabilities result to begging in the streets (Desta, 1995). In the year 2000, The Rockefeller Foundation supported a series of exploratory research studies in Kenya, Zimbabwe and Uganda. The central focus of the studies was to understand what key stakeholders regarded as essential competencies which should be provided by a quality primary education system. In exploring this notion of `basic learning competencies` in relation to primary school, a set of questions which merited specific investigations were identified and the conclusion was that current management was failing in meeting the needs of all children in primary school.

WHO (2006) stated that people with disabilities make up 10% of total population of Kenya, approximately 3.5 million people. WHO further said that PWDs are the most disadvantaged and marginalized groups. They experience discrimination at all levels of society starting from their formative years. Policy Framework Paper, Republic of Kenya, (2012) observed that SNE required appropriate adaptations to curriculum, teaching methods, education resources and the learning environment in order to cater for individual differences, The paper further pointed out that this was important as SNE led to human capital development as it prepared those who would otherwise be dependent to become self-reliant.

In Kenya, formal education services for individuals with VI date back to 1946 when
the first school, a rehabilitation centre was established by Salvation Army was turned into a school for persons with VI (Cherono, 2003). Since then the number of special schools and units for students with VI has greatly increased (Ministry of Education, 1992). A survey carried out by the Ministry of Education (Kenya) in 1993 as reported by Abagi (1997) showed that young people had little or no life skills to offer when they drop out of primary school. Most of the time they are exploited and many of them end up as street children or sex workers. Despite well intended government policies many children with disability in Kenya still have limited, unequal or sometimes no access to primary education. Statistics indicate that the basic rights of many children with disability to access education are not met, thus contributing to cycle of poverty (Handicap International, 2012).

Sessional Paper No. 1 of 2005 stated in part the government`s commitment to ensuring that learners with special needs and disabilities have equal access to quality and relevant education. It aimed at improving the quality of all aspects of education and training so that recognized and measurable learning outcomes are achieved, especially in literacy, numeracy and essential life skills relevant to the world of work by 2010. It provided the overall policy framework for education sector and references the necessary legal context within which education and training, including Special Needs Education (SNE), should be designed, developed and implemented in Kenya.

According to The National Special Needs Policy Framework (2009), Kenya Institute of Curriculum Development (KICD) had made an effort to develop developmental and independent living skill syllabus for learners with VI since their education had faced several challenges in regard to curriculum development. The curriculum and support materials for VI learners came later when their counterpart in regular set up are already
familiar with the curriculum content and requirement. It stated that KICD should
develop adapted, specialized and regular curriculum for all specialized areas in SNE
and monitor their implementation to ensure sensitivity to the youths of learners with
SN and disabilities.

Studies done by UNICEF in (The state of the World’s Children, 2000) tried to show
the importance of incorporating life skills into Kenya’s Education System. For life
skills education to be appropriate, effective and relevant, research needs to be
undertaken as an integral part of the World Health Organization process (WHO, 1996).
The Educational Commissions of Inquiry; Mackay Report (1981), Koech Report
(1999) and others have fallen short of investigating, exploring and recommending
specific learning of basic competencies or life skills that primary school children
would acquire, how they would acquire them and be examined on such skills
(Mutunga, 1992). Until 2003 none of these various commissions’ reports had made
recommendations. Limited research had been done in Kenya on the contribution of life
skills education to young persons with visual impairment. It is therefore against this
background that the research study was conceptualized to fill the gap.

1.2 Statement of the Problem

Life Skill Education has frequently been viewed as vital for young persons with VI.
Despite the fact that KICD has developed a curriculum on life skills education, the
implementation has not been adequately done in schools. Implementation, however,
being variable, evidence from schools suggest that life skills education has a tendency
to be squeezed out in the context of teacher shortages, overcrowded curriculum,
limited teaching materials and the focus on traditional examinations of which life skills
education is rarely a part. The developed curriculum lacks essential skills that would
otherwise help persons with VI, therefore they remain dependent on sighted persons to a certain extent for self-reliance in their daily living activities. Limited research had been done to explore the influence of curriculum in the acquisition of life skills by learners with VI and how the skills are helping them cope independently after their transition to adulthood. The researcher therefore sought to investigate the contribution of life skills education to young persons with VI in Thika town and Kiandutu slums within Thika Municipality.

1.3 Purpose of the Study

The purpose of the study was to investigate the contribution of life skills education to young persons with visual impairment in Thika town and Kiandutu slums within Thika Municipality, Kiambu County.

1.4 Objectives of the Study

The objectives of the study were:

1) To determine the skills which are supporting the young persons with VI in their daily living activities.

2) To establish the opinions of young persons with VI towards life skills education taught in school.

3) To establish the opinions of parents of young persons with VI about life skills education taught in school.

4) To identify the benefits of life skills education to independent living of young persons with VI.
1.5 Research Questions

In order to achieve the specific research objectives, the study sought to answer the following research questions:

1) Which skills assisted the young persons with VI in their daily living activities?
2) What were the attitudes of young persons with VI towards life skills education taught in school?
3) What were the opinions of parents of young persons with VI about life skills education taught in school?
4) Which factors of life skills education contributed towards independent living of young persons with VI?

1.6 Significance of the Study

The findings of the study was to supply knowledge for use by future researchers through providing data that would act as basis for other related research on the contribution of life skills education to young persons with VI. It might benefit curriculum developers acquire necessary modification on life skill teaching to the curriculum in practice. The research would likewise benefit the Ministry of Education in establishing the contribution that life skills education has had on independent living of young persons with VI. This would assist policy formulators to effectively develop programs that are relevant in the achievement of life skills for all persons including those with VI and consider incorporating life skills education in the teacher training curriculum.

1.7 Scope and Limitations

Samples of the study were drawn from Thika Municipality. The samples consisted of young persons with VI. The study was confined to one specific disability area involving young persons with VI. This meant that its applicability to other categories
of disability was not catered for. The study concerned itself to an area in which little research had been done and therefore lacked adequate literature in the area of study. Kenyan literature review posed limitations since the study area had not been widely studied. It would have been better to study young persons with VI and their parents/guardians, however this was not possible due to constrain in time, finances, and unwillingness to answer questions.

1.8 Assumptions of the Study

The study assumed that:

1. There would be co-operation and consent from selected respondents.
2. The respondents were knowledgeable about education on life skills and therefore would supply honest responses.
3. Persons with VI had comparable life skills to non-handicapped peers and therefore could live independently and favorably adjust to cope with life after school.

1.9 Theoretical Framework

The study was guided by behavior modification theory based on operant conditioning by Skinner (1938, 1953). Operant conditioning means roughly changing a behavior by use of reinforcement which is given after the desired response. Skinner identified three types of operants that could follow behavior; neutral operants, reinforcers and punishers. Skinner’s main principle comprised changing environmental events that are related to a person’s behavior that included the reinforcement of the desired behaviours and ignoring or punishing the undesired ones. There are different types of positive reinforcements. Primary reinforcement is when a reward strengthens a behavior by itself. Secondary reinforcement is when something strengthens a behavior because it leads to a primary reinforce. Behaviour modification applies largely to issues of class-
and student management. It is very relevant to shaping skill performance. Positive reinforcement strengthens a behavior by providing a consequence an individual finds rewarding which include compliments, approval, encouragement and affirmation.

The life skills approach was built around creating opportunities for youth to acquire skills that enabled them to avoid manipulation by outside influences. It aimed at assisting young persons to gain control over their behavior while taking informed decisions that could lead to positive behavior and values. Botvin (1995) held it that life skills boosted protective factors in persons such as self-confidence, self-esteem, autonomy and self-control. Botvin (2008) pointed out that life skills training could be considered an essential kind of school promotion effort. Gimpel (1998) said, since children with VI cannot simply imitate others behaviors, they require physical modeling, verbal feedback, realistic reinforcement of their performance and consistent instruction to reinforce behaviours that depend on vision.

Looking at Skinner’s classic studies, some of the major assumptions of the behavioralist approach included psychology being seen as a science, to be studied in a scientific manner. Behaviorism is primarily concerned with observing behavior, as opposed to internal events like thinking and emotion. The major influence on human behavior is learning from the environment. The emphasis on Skinner’s study is on how humans learn to behave in certain ways. Humans are all constantly learning new behaviours and how to modify the existing behavior.

Learners with SN including those with VI learn new behaviours from their environment. Their behaviours could be affected by reinforcers and punishers. They should be given positive reinforcement by providing compliments and encouragement
for the performance of skills which thereby foster independence. When SNE persons are empowered from early stages of schooling through provision of the necessary skills they tend to become independent and reduce dependence. Consequently, any undesired behavior should be ignored or punished.
1.10 Conceptual Framework

Figure 1.1: Conceptual Framework

**Life Skills Education for Young Persons with VI**

**Skills supporting (Independent variable)**
- Orientation and mobility
- Social interaction
- Daily living skills
- Leisure and recreational skills
- Interpersonal skills

**Opinions of Young Persons with VI (Independent variable)**
- Assistance in proper maneuvering and exploration of the environment
- Development of socially appropriate behaviours
- Improvement of social competencies
- Performance of daily tasks

**Opinions of Parents/Guardians (Independent variable)**
- Attainment of attitude change
- Development of self confidence
- Time allocation for guidance and counseling
- Incorporation of prevocational skills

**Benefits of life skill education (Independent variable)**
- Improvement of self-esteem
- Task management
- Creation of confidence
- Psychological competencies
- Socialization
- Positive behavior
- Intentions

**Self-Reliance (Dependent variable)**

(Source: Researcher, 2014)
The conceptual framework was based on the assumption that implementation of life skills education had to be in place for a person with VI to learn to be independent. Positive impact of the independent variables would result to a young person who is independent and self-reliant in life.

1.11 Operational Definition of Terms

**Daily Living Skills** - These are development skills needed by an individual acquired naturally or through observation, imitation, incidentally and become part and parcel of their life to carry out day to day activities without assistance or with minimal assistance.

**Independence** - Ability to perform tasks without the assistance of others and without relying on someone else for guidance.

**Life Skills** - Desirable survival quantities that help an individual be successful in living a productive and satisfying life.

**Life Skills Education** - Acquisition of abilities for adaptive and positive behavior that enables individuals to deal effectively with demands and challenges of everyday life.

**Mobility** - The process of moving safely, efficiently, and gracefully within one’s environment.

**Orientation** - The process of using sensory information to establish and maintain one’s position in the environment.

**Visual Impairment** - Any clinically diagnosable deviation in structure or functioning of the tissues or parts of the eye that result to
reduction of visual acuity and/or field of vision to an extent of causing blindness. They include those persons who are totally blind (TB) and those with low vision (LV).

**Young persons with Visual impairment** - In an early stage of growth and have deviation in structure or functioning of the tissues or parts of the eye that result to reduction of visual activity and/or field of vision to an extent of causing blindness.
2.0 Introduction

The literature reviewed in this chapter focuses on skills supporting the young persons with visual impairment, benefits of life skills education to young persons with VI and parental opinions towards life skill education taught in school and summary.

2.1 Skills supporting Young Persons with VI

2.1.1 Orientation and Mobility

Movement, independent or supported, is critical to learning (Virginia Department of Education, 2010). O&M is recognized in Individuals with Disabilities Education Act (IDEA) 2004 as a related service, which will be required to assist a child with VI to benefit from special education. It is important that O&M specialist have the competencies necessary to provide effective services to students. Alberta Education Special Programmes Branch (2006) observed that good O&M skills are highly correlated with the degree of independence achieved by students later in life. Developing body awareness, directionality, special awareness and practical knowledge associated with the characteristics of a given environment increases the probability that students will be actively involved in age appropriate activities with peers. Further, it pointed out that the problem-solving strategies essential to travel in both familiar and unfamiliar environment, urban and rural areas and in various kinds of weather are essential to the development of independence and self-esteem.

According to Martinez (1998), movement is a building block for learning. She asserts that as a child explores his world and has physical contact with it, learning takes place.
She noted that children with VI typically need encouragement to explore their surroundings. O&M training helps a blind or VI child know where he is in space and where he wants to go. Furthermore, she said that O&M skills should begin to be developed in infancy starting with basic body awareness and movement, to continuing on into adulthood as the individual learns skills that allow him navigate his world efficiently, effectively and safely.

The ultimate goal of O&M instruction is for persons with VI to travel in any environment as independently as possible (Pogrund & Fazz, 2002). To reach this goal, O&M instruction must begin at the earliest possible age. According to Antony, Lowry, Brown and Halton (2002), the early years are a time to confirm the developmental possibilities of a growing child with the parents and to reinforce O&M concepts and skill development within daily care and play routines. They assert that an O&M specialist on an early intervention team can make an important difference in the early precious years that will set the stage to last a lifetime. Antony… et al (2002) further state that O&M specialists have a vital role with young children who are VI based on an attitude of willingness, early childhood training and the understanding of families and other team members about their importance on the early intervention measures.

According to Heubner and Wiener (2005), the combination of O&M is a “fundamental and enabling life skills”. They said that O&M is a necessary life skill for everyone. Ungar, Blades and Spencer (1996) state that research on blind people’s mobility in known and unknown spaces, indicate that support for the acquisition of spatial mapping and orientation skills should be supplied at two main levels: perceptual and
conceptual. According to American Foundation for the Blind (2000), O&M is a vital area of learning, this requires delivery by teachers with specific preparation. It emphasizes the fundamental need and basic right of VI people to travel as independently as possible, enjoying and learning to the greatest extent possible from the environment through which they are passing. Learners need to learn about themselves and the environment in which they move from basic body image to independent travel in rural areas and busy cities. Furthermore, in teaching O&M should be broadly conceived, closely related to and an integral part of cognitive, self-help, motor, perceptual, social, personality and language developments.

The need for children with VI to receive O&M training provided by qualified personnel was cited in the 1997 Amendments to the Individuals with Disabilities Education Act (1997). IDEA states that O&M services are provided to blind or VI students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environment in school, home and community. Graffin-Shirley, Trusty and Richard (2000) assert that to be effective, O&M training should be infused into the school curricula and activities, supported and reinforced by all individuals connected with the student.

Atlantic Province Special Education Authority (2003) observed that O&M training prepare students who are blind or VI to know where they are in relation to their environment and to move safely, independently and with confidence. It is an essential curriculum area for students who are blind. Furthermore, it asserts that timely mastery of O&M skills ensure students have age appropriate activities of their peers.

Douglas, Mc Calls, McLinden, Paveys, Ware and Farrell (2009) noted that without
intervention, VI children would otherwise face many difficulties in acquiring O&M skills, particularly in forming body concepts, mental maps of their surroundings and the wider world, and concepts of distance. This has been demonstrated in developmental delays observed in young children who are blind, delays in reaching and posture control, coordination and self-initiated mobility.

Harsh and Johnson (2008) observed that most urban environments were not designed using modern accessibility principles and consequently many VI people experience severe difficulties in travelling even short distances in public spaces. They assert that the development of travel aids, which could be used to support independent travel, is an important application area for assistive technology. Harsh and Johnson noted that there is need for the development of reliable travel aids which have good technical performance and are attractive to the end-user, community and widespread adoption of fully accessible environments combined with the development of user friendly integrated assistive technology for mobility.

The Ministry of Education, Kenya (1995) put it that students who are totally blind and those who have so little usable vision that they cannot rely entirely on their visual sense to acquire visual information are trained in O&M and learn academic skills through the use of Braille. It pointed out that O&M skills are necessary to familiarize students with VI with their environment and enable them to interact and move about the environment.
2.1.2 Social Interaction Skills

According to International Journal of Special Education (2014), socialization starts with the child’s earliest interactions. Early attachment forms the basis for further social development and positive concepts. Having a breadth of experience helps the child feel confident, self-assured and valued. The journal states that many social skills are usually learned incidentally by students, those with VI may need opportunities to develop these skills. VI may limit awareness and knowledge of community, its responsibilities and relationships between individuals. It emphasizes that students with VI may not be able to see interactions between others and this may affect the knowledge and understanding of different meanings that silence can convey, the social conventions about personal space and the conventions for initiating and continuing conversations.

Moreover, Dale and Sonksen (2002) observed that VI creates unique challenges to learning which can only be addressed by specialist knowledge, skills and understanding. They say that if babies with a VI are not identified early and intensive health and education developmental support provided in the first two years of life, the development of their social and communication skills can be seriously impended. Because VI restricts incidental learning through observation and imitation, persons with VI often have difficulties demonstrating socially appropriate behaviors (Celeste, 2006).

American Foundation for the Blind (2000) states that sighted children and adults have learned almost all their social skills by visually observing other people and behaving in socially appropriate ways but VI individuals cannot learn skills of social interaction in this casual and incidental fashion. They learn them through careful, conscious and
sequential teaching. Furthermore, American Foundation for the Blind noted that instruction in these skills is such a fundamental need that can often mean the difference between social isolation and a satisfying and fulfilling life as an adult. Spring (1996) asserts that having reduced vision can make it more difficult for student to acquire accurate information about their social environment, or the context of activities. He says that not being able to observe physical gestures or facial expressions make it difficult to understand social nuances. Finally, he asserts that VI youth must learn appropriate social skills in order to prepare them for success in their homes, their friendships as well as for job and career readiness.

Consequently, Alberta Education Special Programme Branch (2006) observed that social interaction are as essential if children are to develop friendship with the classmates and participate in activities typically associated with school-age students, whether educational or extra-curricular. Having effective interpersonal communication skills is also highly correlated with employability in adult. It said that for students who are sighted social skills are primarily learned incidentally through interaction with family member and peers. Most of this learning occurs incidentally through observation, imitation and incidental experiences that are part of everyday routine. Silverstone, Ang, Rosenthal and Faye (2000) hierarchy of non-academic skills stresses the importance of attaining a repertoire of socially acceptable behaviors and skills to achieve greater independence and increased feeling of self-worth.

According to American Foundation for the Blind (2007), well-developed social interactions skills are critical for developing positive self-esteem, building relationships and ultimately for acceptance into the society. Researchers show that youth with VI are at risk in the area of social skills. They also tend to have smaller
networks of friends and acquaintances. It has also shown that they were significant relationship between youth who are VI engaging in social activities and being employed. It pointed out that, the importance of children and adolescent with VI participating in structured learning of social skills is supported in a research and these activities can and should be supported by families, teachers of VI persons, schools staff and service providers. However, American Foundation for the Blind (2007) states that teachers and family members may need to provide verbal feedback about which social skills seem to be working well and what areas may need more practice. In addition, it says that youth with VI need information about social conventions and popular culture in order to participate with social activities with peers. It further states that youth with VI need multiple sources and support and feedback throughout their community. Moreover, they also benefit from talking with peers and working adults who are also VI. These mentors are rich sources of information about how they themselves navigate a variety of social interaction.

According to Peterson and Webb (2000), children who are VI perform poorly on false-belief tasks until about age twelve, and show particular difficulties in understanding mental states. Peterson and Sigel (2000) and Woolfe, Strawbridge, Douglas and Dryden (2002) state that concepts of mental states arise out of conversational exchanges with others. They agree that children with VI have a common impairment in forming and maintaining conversational exchanges with others and that delays their acquisition of the theory of mind. Lewis and Mitchel (1994) put it that blind children show early and age-limited difficulties in the broader aspects of theory of mind. As Dunn (1999) has argued, four types of social interaction are particularly revealing of young children’s mind-reading abilities; conversations about inner states, shared pretend play, narratives and deception. He further states that casual talk about feelings
best predicted success on false-belief tasks when it occurred in the positive emotional contexts of shared play or jokes rather than the negative context of conflict.

Furthermore, learners with disabilities often have rather obvious needs (Donald, Lazarus & Lolwana, 2002). They assert that the teachers own sensitive response to the needs like these and how to encourage learners to be considerate and helpful without intruding of the independence and sense of coping of the students concerned, can help the development of really important social skills.

2.1.3 Daily Living Skills

Research indicates that children with VI differ from the sighted peers in some areas of intelligence, ranging from understanding spatial concepts to general knowledge of the world (Hardman, 1993). Lieberman, Ponchillia, Kay and Ponchillia (2013) state that students with VI have unique learning needs that must be addressed if they are going to access the regular core-curriculum and become independent and productive citizens to the greatest degree possible. Mason (2003) as cited by Shinali, Mnjokava and Thinguri (2014) state that daily living skills are the abilities to look after oneself and one’s possession independently. A whole range of different skills is involved from personal grooming and hygiene to caring for clothes and oneself. They noted that the teaching of these skills requires a systematic and orderly approach thus there is need to have a curriculum that is adequately responsive to the different categories of children with SN and disabilities.

According to Wanzel (2003), when working on daily living skills with a blind child, the ultimate goal is for the child to transfer the skills learned into adulthood so that the person may live a full productive life. He further says that the skills and knowledge
that the person with VI learns should be practiced until the person can master them with confidence and use them anywhere. Willings (2013) states that daily living skills are not only important for learners home life but help prepare them for any future work experiences. He adds that students need direct and sequential instruction to master the skills. Shapiro, Moffett, Lieberman and Drummer (2005) observed that persons with VI sometimes are viewed as less capable of taking care of daily needs, and so others tend to do things for them. However, Royal Institute of Blind People (2013) states that the ability to perform the routine activities of daily living, such as washing and dressing, are critical for a child’s well being and self-esteem. They state that it may be easier and faster to do things for the blind or partially sighted child but in the end, one will only be “teaching helplessness.”

According to Chamberlain (2003), the acquisition of independent living skills is crucial for the post-school success of students who are blind or who have low vision. Further, Chamberlain asserts that VI interfered with the process of the development of independent living skills in several ways. Children do not clearly observe the whole task or the techniques that others use to perform independent living skills, so they do not have a cognitive model upon which to build skills that incorporates an understanding of the whole task or its components parts. He says that instruction in independent livings skills is complicated when the learner cannot easily benefit from demonstration and modeling and when the person providing does not have a well-established understanding of appropriate strategies for overcoming the impact of VI on learning. Moreover, Chamberlain asserts that in order to achieve one of the goals of education which is to be prepared with the tools that allow equal opportunities to successfully cope with demand of adulthood, it is incumbent that students with VI transition from school with well developed independent living skills.
Ophir-Cohen, Ashkenazy, Cohen, and Tirush (2005) state that given the impact of VI on development of daily living skills students with VI must receive direct and systematic instructions. They say that persons with VI may be encouraged to develop self-help skills and be protected from the challenges and risks of everyday life. Students who are VI deserve to function throughout their childhood and youth with independent living skills similar to those of their peers.

Similarly, teens with VI deserve to leave high school ready to function in their adult school, community and work environment to which they transition (Sandra, 2000). Further, she points out that experienced educators of students who are blind or who have low vision, however, recognize that students without well-developed independent living skills struggle to utilize academic knowledge within adult education, vocational and community environment. Finally, she states that it is the role of teachers of students with VI to help administrators and parents to realize the critical importance of including instruction in independent living skills in the curriculum of the students who need it. The Ministry of Education, Kenya (1995) recommended instruction in skills for activities of daily living to enhance independence and self-reliance.

### 2.1.4 Interpersonal Skills

According to American Foundation for the Blind (1991), there is little significant research on the development of social interaction of children and youth with visual impairment but it has been studied in other areas of exceptionality. Persons with VI are often successful academically and/or in vocational skills, yet they lack effective communication skills that enable them to assert themselves in interpersonal relationships. However, American Foundation for the Blind suggests the need for blind
people to become actively involved in systematic assertiveness training sessions to practical positive ways of expressing feelings. It puts it that persons with VI need to know the impact of verbal and non-verbal messages and how passivity or aggressiveness affects others. With such understanding, VI individuals have more options from which to choose as they interact with others. American Foundation for the Blind further says that intervention techniques should be offered in the school curriculum and in the rehabilitation process to alleviate these problems.

Such programs would offer positive ways to communicate more effectively with others. Swanson and Leogh (2009) noted that a significant factor contributing to the psychosocial adjustment of children is the quality of their peer relationships. They say that early intervention strategies which positively affect students` with VI peer relationships are important for social and emotional growth and development. They conclude that as persons grow older, the demands and skills required for successful social interactions become increasingly complex.

However, Obai, Wachira, Nyandega, Mutua, Pere and Ringa (2009) state that for better promotion of self-awareness, interpersonal relationship should be encouraged. They put it that having self-esteem gives person self-confidence, be assertive, set goals and work towards achieving the goals and achieve success in the activities an individual engages in. Wanjama, Gichanga and Wanjama (2006) assert that good interpersonal relationships create peaceful and harmonious co-existence among people and makes individuals stable and happy.
2.1.5 Recreation and Leisure Skills

According to American Foundation for the Blind (2012), children with VI need systematic and purposeful instruction beyond the general education curricula to gain the skills necessary to be independent, productive, educated members of the society. It noted that knowledge of recreation, fitness, and leisure provides critical supports to a wide range of students capacities in the areas of social interactions, O&M, independent living, and self-determination. American Foundation for the Blind says that research has shown that people who engage in recreational activities will benefit by having improved cardiovascular functions, better ability to sleep, improved self-esteem, increased stamina, and decreased stress levels, all of which not only improve quality of life, but also have positive benefits for other activities. Katrilla (2005) suggests that playing games has been proven to enhance the intellectual, interpersonal and physical abilities of children.

White (2006) states that research has consistently shown that social play and friendships are important for linguistic, cognitive, social-emotional and cultural development and for physical and mental health, long-term adjustment and quality of life. She noted that social play is linked to wider social economic objectives, as the contribution play can make to reducing crime and anti-social behavior is increasingly recognized. American Foundation for the Blind (2015) states that many activities in physical education are excellent and appropriate for VI students, but these students also need to develop recreation and leisure activities that they can enjoy throughout their adult lives. They say that recreation and leisure skills must be deliberately planned and taught to VI learners and should focus on the development of life-long skills.
However, Willing (2013) points out that VI students need help identifying the array of choices available to them and must be taught how to perform leisure skills that most learners learn through observation. She says that playing games is a life-long leisure time activity that fosters social interactions and in order to be accessible to a student with VI, they will need to be adapted. According to Alberta Education Special Programs Branch (2006), recreation and leisure skills and experiences provide the same benefits for students who are VI as they do for their peers who are sighted. Consequently, without modifications and/or specific instructions to master prerequisite skills, students who are VI are frequently excluded from such activities. Alberta Education Special Programme Branch noted that many motor skills learned during the rough and tumble play of childhood activities do not develop naturally in students who are VI and recommends the provision of specific timely instruction and opportunities to practice newly acquired skills to ensure students derive pleasure from participation in an array of recreational and leisure activities.

According to International Journal of Special Education (2004), access to some activities may be constrained for students with VI. To broaden opportunities, some modifications and skilling may be necessary. International rules for the disabled applies in some sport and games which include swish, blind cricket, goal ball have been modified especially for VI, and sighted children also can play. Moreover, as the Journal puts it that exposure to a variety of recreation and leisure activities allows students make informed choices.
2.2 Life Skills Education

Difel (2006) defines life skills as skills that help an individual be successful in living a productive and satisfying life. Basic life skills can be defined as desirable survival quantities that a systematic education is expected to provide (Vera, 2013). Extended and Continuous Education and Learning, EXCEL (2003) also observed that life skills education helps out of school children and young people develop analytical thinking and problem-solving skills. Life skills education helps the young people to develop and grow into well behaved adults (WHO, 1999).

According to Division of Mental Health, WHO (1999) and Primary Life Skills Education Curriculum, KIE (2008), life skills education entails the acquisition of abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life. They represent the psycho-social skills that determine valued behavior and include reflective skills. Secondary Life Skills Education Curriculum, KIE (2008) further states that the teaching of life skills education must therefore, be aimed at equipping the learner with psycho-social competences, that would help him/her make informed decisions, solve problems, think creatively and critically, communicate effectively, build healthy relationships, empathize with those in need and manage his/her life in a healthy and productive manner. KIE curriculum (2008) views life skills education as a comprehensive behavior change approach that concentrates on the development of psycho-social skills needed for life. This education goes beyond providing information to the development of the whole individual.
2.2.1 Benefits of Life Skills Education to Young Persons with VI

Errecart (1991) suggests that teaching life skills as generic skills in relation to everyday life could form the foundation of life skills education for the promotion of mental well-being, the healthy interaction and behaviors. He further says that effective acquisition and application of life skills can influence the way we feel about ourselves and others and equally will influence the way we are perceived by others. Life skills contribute to our perceptions of self-efficacy, self-confidence and self-esteem. Caplan (1992) points out that life skill teaching promotes the learning of abilities that contribute to positive health behavior, positive interpersonal relationship and mental well-being. He says that this learning should occur at a young age, before negative matters of behavior and interaction have become established. UNICEF (2006) states that life skills include communication and listening skills, negotiation and refusal skills, decision making and problem-solving skills, and coping and self-management skills, such as increased self-esteem and ability to manage feelings and stress.

Lourniet and Lerack, (1993) state that visual impairment creates hurdles in the path of learning and living independently in our society for students with visual disabilities. Through a combined effort of parents, teachers and communities, children with VI can learn independent life skills. They further say that children with VI must receive adequate knowledge essential for independent living at home, school and the community. Educational programs must seek to prepare the students for developing the necessary skills to live independent life. As American Foundation for the Blind (1991) suggested, the need for people to become actively involved in systematic practical positive ways of expressing feeling, a majority of the respondents admitted to have learnt life skills at school while only a small percentage was unsure as to whether they remembered to have learnt.
Furthermore, Sandra (2000) asserts that the development of independent life skills is vital for independent living, employment, and for full integration in society. She further says that it cannot be assumed that children with VI will acquire independent life skills through incidental learning due to their lack of vision rather specialized assessment and instruction must be provided. Sandra (2000) suggests that structured opportunities and experiences to help children and youth with VI develop age-appropriate independent life skills should begin in early childhood and continue throughout the school years as a student’s needs dictates.

Donald, Lazarus and Lolwann (1999) state that life skills education enhances an individual’s coping resources by promoting personal and interpersonal (social) competences and confidence. Likewise, Rooth (1997) says that life skills education is aimed at encouraging learners to explore and develop the skills necessary for successful living and learning. He further states that acquiring life skills makes capacity building a reality. Capacity building refers to the growth and development of people which aims at assisting learners to meet the demands for more effective response to the challenges of coping with life.

Moreover, Mackendrick (1990) suggests that life skills training should include skills in developing self-awareness, communication and assertiveness skills, skills in interpersonal relationships and problem solving. Study carried out by Kurnfer and Turner (1992) and Sigh and Mustapha (1994) says that life skills approaches typically work to promote self-esteem and self-efficacy. In addition, Shure (1991) supports them by saying that interpersonal problem solving skills have been positively correlated with positive social interaction with peers, helplessness and empathy. UNICEF (2006)
points out that creative thinking can contribute to life by helping individuals to recognize and assess the factors that influence attitudes and behavior, such as values, peer pressure and media.

Numerous research papers cite the need for life skills to fulfill important needs for socializing young people in modern society. According to Perry and Kelder (1992), life skills education enables individuals to behave in positive ways leading to healthy living. They say that it enhances people’s views of themselves, enabling them to understand and accept themselves as they are. They further assert that it influences the way individuals feel about others hence making them develop positive attitudes towards them. This will enable them to relate meaningfully with others. They conclude that it enables individuals to express themselves clearly and intelligently so as to get out of difficult and risky situations. American Foundation for the Blind (2007) state that creative thinking contributes to both decision making and problem solving by enabling an individual to explore the available alternatives and various consequences of actions or non-actions. Furthermore, creative thinking helps to look beyond direct experiences, and even if no problem is identified, or no decision is to be made, creative thinking helps to respond adaptively with flexibility to the situations of daily lives.

According to United Nations (2001), for nearly twenty years, life skills education has been advocated as a key component of HIV and AIDS education for children and young people. In 2001 member states represented in the United Nations Assembly Special Session on HIV and AIDS committed themselves to ensuring that at least 95 per cent of young men and women aged fifteen to twenty four access to the information, education, including peer education and youth specific HIV education and
service necessary to develop the life skills required to reduce their vulnerability to HIV infection.

UNICEF/ROSA (2005) and UNICEF (2007) state that life skills are said to enable economic and political participation, ameliorate gender inequalities, enhance the quality of parenting and reduce anti-social behavior and crime. Botvin, Griffin and Nicholas (2006) pointed out that in countries such as the United States life skills based programs have been said to reduce alcohol and tobacco use, reduce substance use and contribute to reductions in gang crime and reoffending. Life skills are abilities that enable individuals to behave in healthy ways, given the desire to do so and the scope and opportunities to do so.

According to Dinesh and Belinda (2014) life skills education plays a vital role in creating awareness, providing guidance and direction to the youth. It empowers them with improved decision making skills, abilities that promote mental well-being and competencies to face the realities of life. They state that life skills education would enable adolescents to clear their issues and know their rights, build their self-esteem, self-confidence and develop their ability to take responsibility for self, relationships and society around them. They further said that life skills are developed as a result of constructive processing of information, impressions, encounters and experience, both individual and social, which are a part of one’s daily life and work, and the rapid changes that occur in the course of one’s life.

Furthermore, Quane (2002) as cited by Dinesh and Belinda (2014) puts it that life skills teaching promotes the learning of abilities that contribute to positive behavior,
positive interpersonal relationships and mental well-being. Ideally, this learning should occur at a young age, before negative patterns of behavior and interactions have become established. Life skills is highly relevant to the needs of young people. Finally, Dinesh and Belinda said that life skills help adolescent to transit successfully from childhood to adulthood by healthy development of social emotional skills. It helps in the development of social competencies and problem solving skills, which in turn helps adolescent to form their own identity.

Consequently, Division of Mental Health (WHO, 1993) and Nelson-Jones (1992) recommend that specific life skills should be regarded as comprising three dimensions: attitude, knowledge and skills. Through the life skills and learning competency studies in Zimbabwe FEMED project, there have been debates over exactly what life skills and learning competencies are. Mutunga and Steward (2003) assert that life skills provide pupils with knowledge, attitudes and emotional support to manage their lives in a most fulfilling way.

According to Wachira and Cherono (2009) life skills education entails the skills of knowing and living with oneself; self awareness, self-esteem, coping with emotions and coping with stress that help individuals to understand who one is, appreciate oneself and help one to deal with personal problems and emotions. They assert that developing self-awareness is achieved by reflecting on one’s intentions and actions and a pre-requisite to effective communication and interpersonal relations and developing empathy for others. According to Emma, Obai, Pere, Moracha, Babu and Nganga (2009) self awareness involves being knowledgeable about one’s body and character.
They say that it is from this knowledge that one is able to form opinions about oneself, see oneself as worthy in relation to other people, and appreciate oneself as a unique person.

Karugu, Wasike and Masika (2009) say that dealing with emotions involves recognizing the emotions within one and others, being aware of how the emotions influence behavior and being able to respond appropriately. Wanjama, Muraya and Gichanga (2006) point out that stress is part of daily life and no one, including children, can escape it. He says that some degree of stress is not only healthy, but actually necessary. It is when stress becomes excessive and unmanageable that one experiences destructive effects.

Moreover, Wachira and Cherono (2009) state that the skills of knowing and living with others entails empathy, effective communication, non-violent conflict resolution, friendship formation and maintenance, assertiveness and negotiation skills that help individuals relate well with other people and overcome difficulties faced when interacting with other people. They put it that young people particularly need to acquire effective communication techniques that impacts either positively or negatively on a person’s life. KIE (2002) state that situations that require negotiation may arise at home, in school or in the larger community such as when experiencing peer pressure, in risky situations, initiation of drugs, business transactions, conflicts in relationships, in marriage and harmful traditional practices, differing parties can come up with a solution that is agreeable to both parties.

Furthermore, Gichanga, Wanjama and Muraya (2006) assert that in assertiveness one demands the rights and communicates the views, while respecting other people. They
say that it is the ability to express ones desires, feelings, opinions, values, and beliefs, and demand ones rights clearly and firmly, without violating another person’s rights, or hurting their feelings.

Further, Wachira, Mutua, Pere, Ringa and Nyandega (2009) say that the skills of decision making helps the youth to make good decisions more easily and to make choices that are well thought out and that fully address the issue or problem.

Secondary Life Skills Education Teacher’s Handbook, KIE (2008) puts it that the central reason for including life skills education in the school curriculum is that an interventional, preventive and developmental approach to equipping school children (learners) with coping skills will help them to deal effectively with predictable developmental tasks and ever-changing world. Secondary Life Skills Education Curriculum, KIE (2008) states that effective acquisition and application of life skills will enable an individual deal with the challenges of their own personalities, friends, family members, members of society and the environment as a whole. This can be reflected in various sectors such as education. This will lead to a conducive learning atmosphere characterized by good relationships, discipline and improved performance, and will help young people develop with a clear purpose of life.

Consequently, according to KIE (2002), young people will be helped in selection of reliable friends, positive use of leisure time and general character building. This will lead to harmony and meaningful interaction among members of the society. KIE asserts that where life skills is systematically implemented it becomes an effective
intervention measure in responding to psycho-social and cultural challenges, promotes positive outlook and healthy behavior among the youth, helps the youth to make informed decisions and demonstrate desirable attitudes and behavior.

Finally, Wachira and Cherono (2009) assert that life skills education enables young people to avoid being derailed and to quickly deal with a problem. This will allow them to concentrate in class, have improved discipline in school and better student-teacher relationship. They say that life skills education helps a youth to have healthier relationships with immediate family members of the larger society, avoid harmful cultural practices, identify and avoid risky situations. They state that the skills acquired through life skills education will help young people to avoid drug and substance abuse, avoid engaging in premarital sex and deal with mental challenges that may harm mental and physical health. They put it that life skills education encourages the exploration and use of talents and abilities that can be exploited for economic gain.

2.3 Parents Opinions Towards Life Skills Education Taught in Schools

According to Lakshmi, Geetha and Murtly (2009), attitude is a vital ingredient for the success or failure of children with VI in their optimal development. The attitude of parents can have a profound effect on the social and educational integration of VI children. They say that it makes a great difference to these children whether the attitude and actions of parents reflect considerations for their real needs or are merely prompted by pity or monetary limitations. They assert that the adjustment of VI children to society begins with the ability to adjust to their own family members. Therefore, the family shapes the social integration of the child more than a formal school.
American Foundation for the Blind (2015) observed that parents of children who are blind or VI need critical information to fulfil the natural role as their child’s best and only lifetime advocate. These parents are encouraged to participate in the educational process considering the key roles they play if their children are going to reach their full potential and their maximum level of independence. It asserts that quality parent education on an on-going basis will provide the tools for parents to understand their child’s individual needs and how those needs can best be met in both the home or school environment. Access to training on an on-going basis is essential for parents to provide the necessary continuity and support in their child’s education.

2.4 Summary

The purpose of life skills education in assisting persons with VI has been explained. It is viewed as a way a blind person could be helped gain self-concept, self-confidence and self-esteem, hence independence.

However, in light of the literature reviewed above, it is evident that limited research has been conducted in Kenya to establish the contribution of life skills education to young persons with VI. Research findings point to life skills education as a much needed part of education. Research findings indicate that where life skills programmers are being implemented, life skills education is an effective approach to health promotion and preventive education (Division of Mental Health WHO, 1996).

The ‘craft’ of teaching VI children tends to draw on two broad pedagogical strategies that involve using ‘alternative’ or ‘enhanced’ modalities of presentation and communication. Without these strategies, access to the curriculum by VI would be
compromised or even denied. Douglas, McCall, McLiden, Pavey, Ware and Farrell (2009) stated that these adapted methods of teaching may require more time than conventional teaching strategies. Some aspect of curriculum may require significant modification to enable access by children who are VI. Many children who are VI require an ‘additional’ curriculum that is ‘over’ and ‘above’ the mainstream curriculum such as O&M, daily living skills, social interaction skills, Braille tuition.

According to American Foundation for the Blind (2015), what is known about VI students is that, unless skills such as O&M, social interaction and independent living skills are learned, these students are at high risk for ‘lonely’, ‘isolated’ and ‘unproductive’ lives. Accomplishments, joys and participating in recreational activities are a right, not a privilege, for the blind and VI persons. Adaptation and implementation of a core-curriculum for VI students will assure students of the opportunities to function well and completely in the general community. Students with VI deserve to function throughout their childhood and youth with independent living skills similar to those of their peers. They require carefully designed instructions facilitated by individuals who understand the impact of VI on the acquisition of general information and learning. Development of life skills is vital for full integration in the society.

The acquisition of life skills is crucial for the post-school success of students who are blind. In order to achieve one of the goals of education, which is to be prepared with the tools that allow equal opportunity to successfully cope with the demands of adulthood, it is incumbent that persons with VI transit from schools with well developed life skills (Chamberlain, 2003). Persons with VI need an educational system that meets the individual needs of all persons, foster independent and is
measured by the success of each individual by school and community.

The research study focused attention on the contribution of life skills education to young persons with visual impairment in Thika town and Kiandutu slums in Thika Municipality since a research of this nature has not been undertaken in the study area.
CHAPTER THREE

Research Design and Methodology

3.0 Introduction

This chapter described the research design and methodology used for the study. It included description of the research methodology, research design, location of the study, target population, the sample and sampling procedures. It also covered data collection procedures, pilot study, research instruments, data collection procedure, data analysis and ethical and logistical considerations.

3.1 Research Design

The study adopted a descriptive survey design. It was chosen because according to Mugenda and Mugenda (2003) descriptive survey design method allowed the researcher relevant methodological tools to obtain pertinent and precise information concerning the current status of the phenomenal under investigation. The design allowed progressive analysis of data. It gave the researcher more control over the research process by allowing multiple uses of research instruments (Saunders & Thornhill, 2000).

The descriptive survey design employed both quantitative and qualitative research measures. The mixed method enabled the researcher obtain relevant data needed to bring out issues of life skills education with regard to young persons with VI. It was chosen because it helped the researcher to converge findings from different data sources and biases and limitations of one method are compensated for by the other method.
3.2 Study Variables

Independent variables were skills supporting young persons with VI, persons with VI opinions towards life skills education taught in school, parents opinion towards life skills education taught in school and benefits of life skills education to persons with VI. The dependent variable was self-reliance.

3.3 Location of the Study

The study was carried out in Thika town and Kiandutu slums in Thika Municipality in Central Province. Singleton (1993) observed that the ideal setting for any study was one that was directly related to the interests of the researcher and accessibility to the research area, which further justified the rational for choosing Thika town and Kiandutu slums.

Most importantly, Thika Municipality provided opportunity to explore the research concerns among persons with VI because the oldest residential school for the blind in Kenya is located in Thika town. Most of the children and young people with VI who had completed their education, had strong attachment with their former institution which not only offered them education but also acted as their second home and consequently lived in Thika town and surrounding areas. With this backdrop, it was easier to gather information of the study, hence the realization that the area hosted a high population of persons with VI.

3.4 The Target Population

The target population that included visually impaired young men and women in Thika Municipality who had completed primary education not more than five years then and
their parents/guardians whose children were included in the study and lived in Thika town or Kiandutu slums. The researcher used the respondents to reach out to their parents/guardians. There are about two hundred persons with VI in both Thika town and Kiandutu slums.

3.5 Sample Size and Sampling Procedures

Sampling units were drawn from Thika town and Kiandutu slums to represent other young persons with VI. A purposive sampling procedure was applied. Peil (1995) stated that in purposive sampling, the sample elements are chosen because they fulfill certain criteria with which the researcher is concerned. The researcher initially searched for information, reached key informants, groups, places or events from which sub-units were selected for more in-depth study. Purposive sampling was used in selecting twenty young persons with VI respondents and their twenty parents/guardians. The entire sampled population size for the study was forty respondents.

The table below shows the sample size.

Table 3.1 Sample size

<table>
<thead>
<tr>
<th>Area</th>
<th>Young Persons with VI</th>
<th>Parents/guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Thika Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thika town</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kiandutu slums</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>8</td>
</tr>
</tbody>
</table>
3.6 Data Collection Instruments

Data was collected using two instruments; questionnaire for quantitative data and an interview and observation schedule for qualitative data. Questionnaires were the main instrument for data collection in the study. The items were both open and closed-ended types. Data obtained from the interview was used to compliment and cross-check information provided in the questionnaire. Observation checklist was used to supplement questionnaires for relevant information or validate of interview data.

3.6.1 Questionnaire for Young Persons with VI

The researcher administered the questionnaire to young persons with VI. The questionnaire was preferred because as Kombo and Tromp (2006) pointed out, questionnaires are less expensive, do not consume a lot of time in their administration and allow respondents freedom to bring out their views and feelings independently and hence there was no opportunity for interview bias. The questionnaire sought to establish the background information of the respondents, the school attended, age, gender, academic levels and qualifications, skills supporting the respondents in their daily activities and their opinions towards life skills education. There were closed and open-ended items. The open-ended items gave perceptions of the respondents to suggested responses. This guided them to give specific responses designed by the researcher for specific data. The questionnaire for the total blind respondents was transcribed into Braille for better understanding.

3.6.2 Interview for Parents/guardians

The researcher conducted oral interview and recorded findings using an interview guide. Piel (1995) maintained that interviews could provide reliable, varied and theoretically satisfactory results and that interviews get better co-operation and fuller
answers than questionnaires. Ghosh (1992) said that interview as a data collection tool had advantages such as being a means of getting direct knowledge personally and so the information was reliable. It was also possible to study phenomenon that was not apex to observation. It also helped in clarity of explanation where necessary. The interview sought opinions from the respondents who were either parents or guardians. It helped in determining skills the young persons with VI were able to perform with or without assistance, benefits from life skills education taught in school and necessity of life skills education.

3.6.3 Observation Schedule

The researcher also used structured observation. Observation schedule helped to determine independence in orientation and mobility, social interaction skills, daily living skills, recreation and leisure skills, interpersonal skills and other life skills. It was also used to verify information obtained from both the questionnaires and the interview schedules. Result of the observation schedule was compared with other instruments thus the questionnaire and interviews guides.

3.7 Pilot Study

Piloting of the research instruments was done by randomly sampling three young persons with VI and one parent and two guardians who lived at Thika School for the Blind in Thika town to find out whether the items in the instruments were clear, precise and comprehensive enough to the respondents to capture the essence of the research questions. Wiersman (1995) said that pilot-run feedback could be very useful insights for finalizing the research instruments. It served as check for ambiguity, confusion and poorly prepared items. Through piloting of research procedures/instruments, deficiencies were uncovered that would otherwise not have
been apparent through simply reviewing of the items. After analyzing the responses of the pilot study, rectification, revision and modifications were done.

3.7.1 Reliability of the Instruments

The researcher constructed test items for use; administered the test retest techniques to assess in the reliability of the research instrument through piloting on subjects who did not take part in the actual research study. The test-retest reliability measured the degree to which scores were consistent over time and helped check the ambiguity and accuracy of each instrument. A Pearson’s Product Moment formula for the test-retest was employed to compute the correlation co-efficient in order to establish the extent to which the contents of the questionnaire were consistent in eliciting the same responses every time the instrument was administered. A correlation co-efficient of 0.8 was found which was considered adequate to judge reliability of the instruments.

3.7.2 Validity of the Instruments

To enhance validity of the research instruments, the researcher sought professional consultation from supervisors. Validity was also established through piloting which enabled the researcher to amend the instruments as per research assistants, young persons with VI and parents/guardians advice.

3.8 Data collection Procedure

Before going to the field the researcher obtained a research permit from the Ministry of Education for authority to carry out the research. Thereafter the District Education Officer was contacted as required before commencement of the main study. The researcher guided the young persons with VI on how to fill in the questionnaire. They were given time to respond to the items in the questionnaire and thereafter gave their
responses back to the researcher. The researcher then analyzed the data. The interview was recorded on tape for accuracy and later transcribed and coded for analysis. Observation notes were typed and also coded for analysis. The observation data and interview responses were then categorized in related themes for analysis.

3.9 Data Analysis

The responses from the instruments were analyzed both qualitatively and quantitatively. Raw data was gathered from the respondents. This study adopted a questionnaire as a tool for data collection for the young persons with VI. Quantitative data derived from questionnaires was analyzed using Statistical Package for Social Sciences (SPSS) and presented in frequencies, percentages and tables. As Martin and Acuna (2002) observed, SPSS is able to handle large amounts of data, and given its wide spectrum of statistical procedures purposefully designed for social science, it is quite efficient.

Interview guides was used to collect information from parents/guardians of young persons with VI. Qualitative data derived from interviews and open-ended questions in the questionnaires was thematically analyzed. The open-ended items were edited, coded and responses categorized into emerging themes. They were categorized through coding and tabulation in order to draw statistical inferences.

The observation checklist was used to get information from young persons with VI. The information gained through observation was further used to explain the results got from the statistical data. The observation data was categorized in related themes for analysis. The data obtained from interview guide and the observation checklist was used to back up the data from the questionnaires.
The analysis varied with the purpose of the research, the complexity of the research design and the extent to which conclusions could be reached easily (Orotho & Kombo, 2002).

3.10 Logistical and Ethical Consideration

The Researcher sought written authority from the National Council for Science and Technology, to visit and collect data. Once authority was granted, consent was sought from the participating respondents before commencement of data collection. The respondents were briefed on what the study entails and the procedures to be followed. It was clarified to them that participation in the research was to be free from any coercion or benefits. The respondents were also assured of anonymity and confidentiality regarding all the information given in the study.
CHAPTER FOUR

Results and Discussion of Research Findings

4.0 Introduction

This chapter presented the findings of the research aimed at investigating the contribution of life skills education to young persons with visual impairment carried out in both Thika town and Kiandutu slums within Thika Municipality. The data analysis, results and discussions of the research were guided by the objectives of the study that determined the skills which support young persons with VI in their daily living activities, established opinions of young persons with VI towards life skills education offered in school, established opinions of parents of young persons with VI on life skills education offered in school and established benefits of life skills education to independent living of young persons with VI.

4.1 Demographic Information of Respondents

4.1.1 Young Persons with Visual Impairment

Twenty young persons with visual impairment broken down into twelve male and eight female respondents participated in the study. Despite being randomly sampled, all the respondents happened to have attended Thika School for the blind in Thika Municipality. Historically, this school had been used as a rehabilitation centre for Second World War nearly blinded soldiers in 1946. The centre was later converted into a special residential school for learners with VI under the sponsorship of the Salvation Army Church.

It is important to remember that education goals for students with VI which include effective communication, social competencies, employability and personal independence are essentially the same as those for all students (American Foundation
for the Blind, 2015). In order to accomplish these goals, however students with VI require specific interventions and modifications of educational programmes.

According to Lourniet and Lerack (1993), VI creates hurdles in the path of learning and living independently in society for students with visual disabilities. Teachers and their learners are compelled to follow a defined primary education syllabus and curriculum for regular schools that identify computational, comprehension and writing skills as key and examinable subjects and also handled life skills education which is unexaminable. Learners with VI vary in enrolment period depending on the onset of their impairment or their entry behavior.

The figure below shows the year of enrolment in primary school for the young persons with VI respondents.

**Table 4.1 Year of enrolment in primary school**

<table>
<thead>
<tr>
<th>Year of enrolment</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

On graduating from their primary education three out of the twenty young persons returned to settle with their single mothers, thirteen went back to their parents while four settled with guardians. Seventeen out of the twenty respondents lived in the sprawling Kiandutu slums while only three lived in Thika town.

According to Project IDEAL (2013), students with VI have limited ability to learn incidentally from their environment. They must be taught compensatory skills and adaptive techniques in order to be able to acquire knowledge other than sight. The
presence of VI can potentially impart the normal sequence of normal learning in social, motor, language and cognitive developmental areas. It is not enough to just provide instruction in the general co-curriculum. Students with VI also need specialized instruction in a number of other essential areas which include communication skills, social interaction skills, orientation and mobility, independent living skills, recreation and leisure skills, use of assistive technology, visual efficiency, and career education skills and self-determination.

American Foundation for the Blind (2015) stated that students with VI need an educational system that meet individual needs of all students, foster independence and is measured by the success of each individual in the school and community. Of the 20 young persons, 60% were in the age range of between 17 to 20 years while 10% were over twenty three years.
The table below indicates the actual age range distribution of the respondents.

Table 4.2 Distribution ages in years of the young persons with VI

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 16 years</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>17-18 years</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>19-20 years</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>21-22 years</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Over 23 years</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Nine of the twenty respondents had managed to achieve primary level education with the other eleven having gone through secondary education and consequently tertiary institution.

Source data using the table below indicates the time of educational completion at primary level by the respondents.

Table 4.3 Educational completion at primary school

<table>
<thead>
<tr>
<th>RESPONDENT</th>
<th>YEAR</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Male</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>10%</td>
<td>25%</td>
<td>10%</td>
</tr>
</tbody>
</table>
At primary level the respondents’ performance was as per figure below:

**Figure 4.1 Grades attained by the respondents in school at primary level**

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>B (25%)</td>
</tr>
<tr>
<td>C (30%)</td>
</tr>
<tr>
<td>D (20%)</td>
</tr>
<tr>
<td>A (10%)</td>
</tr>
<tr>
<td>Unwilling to disclose (15%)</td>
</tr>
</tbody>
</table>

### 4.2 Parents/Guardians

Twenty parents of both gender (five male and fifteen female) participated in the study. Seventeen of the parents lived in Kiandutu slum while only three lived in Thika town. All parent respondents accepted that their children suffered from visual loss.

The age range of the parents was as per the table below.

**Table 4.4 Range of parental / Guardian age**

<table>
<thead>
<tr>
<th>Age range</th>
<th>Gender</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>35 – 40 years</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>41 – 45 years</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>46 – 50 years</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>51 – 55 years</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>61 – 65 years</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>
Of the twenty parent respondents, eight agreed to have given birth to their children with VI while the other twelve accepted that their children suffered impairment later in life.

The figure below indicates the age at the onset of the impairment.

**Figure 4.2 Time at onset of visual impairment**

According to source data by the parents, most of the respondents were impaired at birth with a representative percentage of 40%. This was followed by those who became impaired at the age of between three and four years at 25%. Those who became impaired between 1 Month-2yrs, 5-8 yrs, 9-11yrs and over 12 yrs were represented by 15%, 10%, 5% and also 5% respectively.

### 4.2.1 Educational level of the parents

Among the twenty parents/guardians, fourteen had attended primary school only, four had attained secondary education with none having been admitted to university. Two had attended tertiary institutions; village poly-techniques in their area of residence.
The figure below indicates the educational level of the parents/guardians.

**Figure 4.3 Educational level of the parents/guardians**

![Pie chart showing educational levels: 10 are tertiary, 4 are secondary, and 2 are primary.]

### 4.2.2 Occupation of the parents/guardians

Out of twenty parent/guardians ten worked as casual labourer in factories within Thika Municipality, seven of them earned their living by engaging in small informal businesses and the remaining three were formally employed.

The table below shows the occupation of the parents/guardians of the respondents.

**Table 4.5 Occupation of Parents/guardians**

<table>
<thead>
<tr>
<th>Casual laborers</th>
<th>Small informal businesses</th>
<th>Formal employment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>7</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>
4.3 Skills supporting young persons with VI in their daily living activities

One of the objectives of the study was to determine the skills which support young persons with VI in their daily activities. Khurshid and Malik (2008) observed that if trained teachers taught students, the performance of the students would generally be good because in the education process, a teacher is considered the most crucial element. These sentiments are backed by Umar-ud-Din, Kamal & Mohamood (2010), that teachers’ knowledge about the subject to be taught certainly affects their attitude and eventually the performance of the students. They summed up that teachers are vital in determining the students’ academic performance. Among the areas of study taught in Kenyan schools through a designed curriculum is life skill that is taught to learners at all levels.

The table below shows the respondent’s response on skills that support them in their day to day activities.

Table 4.6 Skills that support persons with VI on day to day activities

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
<th>UNSURE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation and Mobility</td>
<td>12</td>
<td>60%</td>
<td>4</td>
<td>20%</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>Social interaction skills</td>
<td>13</td>
<td>65%</td>
<td>6</td>
<td>30%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Daily Living skills</td>
<td>13</td>
<td>65%</td>
<td>5</td>
<td>25%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>9</td>
<td>45%</td>
<td>7</td>
<td>35%</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>Recreation and Leisure Skills</td>
<td>11</td>
<td>55%</td>
<td>7</td>
<td>35%</td>
<td>2</td>
<td>10%</td>
</tr>
</tbody>
</table>
As American Foundation for the Blind (1991) suggested, the need for blind people to become actively involved in systematic practical positive ways of expressing feelings, a majority of the respondents admitted to have learnt life skills at school which are supporting them in their day to day activities, a small percentage said they did not learn life skills and few were unsure as to whether they remembered to have learnt the skills. U.S Department of Education (2000) stated that O&M training increases the likelihood that students with VI can participate meaningfully in a variety of aspects of their schooling, including academic, non-academic, and extra-curricular activities. Acquisition of O&M skills is of great importance to the social and economic independence of VI persons. 60% of the young persons with VI expressed their ability to freely maneuver and explore the environment without any assistance clearly illustrating that they had acquired O&M skills.

Although Celeste (2006) observed that VI restricted incidental learning through observation and imitation thus noting that persons with VI have difficulties demonstrating socially appropriate behaviors. According to Alberta Education Special Programmes Branch (2006), social interaction skills are essential if students are to develop friendships with their classmates and participate in activities typically associated with school-age students, whether educationally or extra-curricular. Having effective interpersonal communication skills is also highly correlated with employability in adults. Further, social skills for persons with VI must be provided through timely, insightful and sequential instructions. 65% or 13 young persons with VI in the study area were able to perform their daily activities effectively.

American Foundation for the Blind (2015) noted that daily living skills and the knowledge that sighted students acquire by casually and incidentally observing and
interacting with their environment are often difficult, if not impossible for the VI students to learn without direct sequential instructions by knowledgeable persons. Mason (2003) as cited by Shinali, Mnjokava and Thinguri (2014) stated that daily living skills are the ability to look after oneself and one’s possessions independently. The teaching of life skills require a systematic and orderly approach. They said that there is need to have a curriculum that is adequately responsive to the different categories of children with SN. 65% representing 13 respondents felt that the performance of their daily living skills was adequately functional.

This with the support of Katrilla (2001) who suggested that playing games had been proven to enhance intellectual, interpersonal and physical abilities of children that led to 45% represented by 9 of the respondents admitted to have acquired interpersonal skills. Alberta Special Programmes Branch (2006) observed that persons who are blind or VI are frequently excluded from recreation and leisure skills for the skills must be provided with modification and /or specific instruction. American Foundation for the Blind (2012) asserted that skills in recreation and leisure are seldom offered as a part of the existing co-curriculum. It pointed out that persons with VI need to develop activities in recreation and leisure that they could enjoy throughout their adult lives. The teaching of recreation and leisure skills to blind and VI students must be planned and deliberately taught, and should focus on the development of long-life skills.

Research data in Thika town and Kiandutu slums reflected the same sentiments since 55% represented by 11 respondents indicated that the young persons with VI learnt recreational and leisure skills that support their daily endeavours. In general, it was quite clear that the respondents had acquired the skills either through learning or incidentally.
4.4 Opinions of persons with VI towards life skill education

Skills of independent living necessary for managing adult life include skills related to personal hygiene, eating, dressing, clothing selection and care, food preparation, money management, time management, use of telephone, cleaning, home maintenance and community functioning (Chamberlain, 2003). The acquisition of independent living skills is crucial for the post school success of students who are blind.

Sandra (2000) assertion that development of life skills is vital for independent living, employment, and for full integration in society has been supported by the young persons with VI respondents observation checklist, self declaration and data table below. In line with Huebner and Wiener (2005) the combination of O&M is a fundamental and enabling. It could be deduced that life skills commonly handled in school and those familiar to young persons with VI impact positively on the independent living of the youth. 12 out of the 20 of the youth respondents believed they had acquired adequate orientation and mobility skills to help them explore the environment properly.

American Foundation for the Blind (2015) noted that almost all life skills used by sighted children and adult have been learnt by visually observing the environment and other persons and behaving in socially appropriate ways based on that information.

Young persons with VI felt that if all the vital life skills are taught to them they would perform them with less or no assistance. The youth observed that life skills learned in school helped them bridge the otherwise would be a wide gap.
The youth further identified the skills illustrated in table 4.6 below as those that support their daily living activities to improve their social competence.

**Table 4.7 Performance of specific skills**

<table>
<thead>
<tr>
<th>SKILL</th>
<th>WITH ASSISTANCE</th>
<th>WITH %</th>
<th>WITHOUT ASSISTANCE</th>
<th>WITHOUT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation and Mobility</td>
<td>8</td>
<td>40%</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Table–Etiquette</td>
<td>4</td>
<td>20%</td>
<td>16</td>
<td>80%</td>
</tr>
<tr>
<td>Eating</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Cleaning and grooming</td>
<td>9</td>
<td>45%</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>Sewing</td>
<td>14</td>
<td>70%</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Shopping</td>
<td>13</td>
<td>65%</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Time-telling</td>
<td>10</td>
<td>50%</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>House care</td>
<td>11</td>
<td>55%</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Food preparation</td>
<td>13</td>
<td>65%</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Money management</td>
<td>6</td>
<td>30%</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>Telephone use</td>
<td>11</td>
<td>55%</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Household maintenance</td>
<td>7</td>
<td>35%</td>
<td>13</td>
<td>65%</td>
</tr>
</tbody>
</table>

**4.5 Parents opinions on life skills education taught in school to young persons with VI**

Generally the parents cited social skills, daily living skill, orientation and mobility as skills that the young persons with VI are able to perform quite well or just fairly. All the respondents unanimously accepted that life skills were very beneficial to the young persons with VI. They requested that pre-vocational skills be also incorporated in the
teaching and learning of the youth. Lakshmi, Geetha and Murtly (2009) maintained that the adjustment of VI children to society begins with ability to adjust with their own family members. The family shapes the social integration of the children more than a formal school. The parent respondents upheld that knowledge acquired through learning of life skills contributed towards attitude change, ability to be independent and improvement of self image. This in turn prompted the development of confidence culminating into self awareness and consequently raising the young person with VI self-esteem.

The figure below depicts the parental response on performance of independent life skills.

**Figure 4.4 Parental Response on Life Skills Education**
4.6 Parent’s assistance to their children

Asked what assistance the parents gave to their children, fifteen or 75% of the parents admitted they spent more time trying to improve interpersonal skills, giving counsel and guidance to the children. Seventeen or 85% of the parents tried to do skills training to their children, 95% did orientation training, while 80% did mobility training. 65% of the parents spent time trying to improve on the children’s social skills with three or 15% doing reading and none did writing skills. This may have been attributed to the fact that the parents were not conversant with Braille codes.

The figure below shows the parents/guardians responses towards the assistance they gave to their children with VI.

**Figure 4.5. Parent’s assistance to their children**
4.7 Benefits of life skills education to young persons with VI

Following Ophir-Cohen, Ashkenazy, Cohen & Tirush (2005) statement that given the impact of VI on development of independent living skills students with VI must receive direct and systematic instructions. Parent/guardians expressed belief that life skills taught in school were necessary and benefitted their young persons with VI in their daily living activities and perform independently with minimal assistance where need arose. They asserted that by being encouraged to develop independent self-help skills and also by being protected from the challenges and risks of everyday life while in school, they had acquired the independent living skills that supported their daily performance in life.

All parents observed that life skills created self-confidence and promoted socialization among the youth. Eighteen or 90% parents claimed that the skills improved the young persons’ self-esteem while seventeen or 85% noted that the young persons had improved on task management. Finally sixteen or 80% agreed that the skills benefitted the young persons with VI through psychological competence in problem solving issues.
The figure below shows the responses given on the benefits of life skills education to young persons with VI.

**Figure 4.6 Benefits of life skills to the young persons with VI**

4.8 People’s perception on young persons with visual impairment independent living skills

Parent expressed their joy on realization that people appreciated the normal life the young persons with VI led despite their disability and handicap. People further expressed admiration on seeing the possibility and ease at which the VI youth over-
come their daily challenges. They appreciated the way in which the youth manage and perform in their interpersonal skills, socially and in household orientation and environmental mobility. They shower praise on the wise use of leisure time with the limited recreational facilities. Many express their opinion and complain that education should not only be centered on skill training alone but should further extend the training into pre-vocational skills.

4.9 Conclusion

This chapter comprehensively presented and discussed the findings in the demographic information of respondents, young persons with visual impairment, parents, skills supporting young persons with VI in their daily living activities, opinions of young persons with VI towards life skills education taught in school, parental opinions towards life skills education taught in schools, benefits of life skills education towards independent living of young persons with VI, parental assistance to their children with VI and people’s perception on young persons with VI independent living.
CHAPTER FIVE

Summary, Conclusion and Recommendations

5.0 Introduction

This chapter presents the summary of findings and their implication, conclusion, general recommendations and suggestions for further research in a bid to meet the objectives of the study and answer specific research questions.

5.1 Summary of the Findings

5.1.1 Skills determined to support the young persons with VI in daily living activities

The youth identified many skills that supported them in their daily living activities. However, they cited orientation and mobility, daily living skills, social interaction skills, interpersonal skills and leisure and recreation skills as the most crucial skills that supported their daily activities. They further singled out food preparation, household maintenance, cleanliness and good grooming as well as orientation and mobility as specific skills that on mastery would support their daily activities most.

5.1.2 Views expressed on life skill education taught in school by young persons with VI

All the respondents unanimously during the research study express their sincere believe that life skills taught in schools to those with visual impairment was of immense benefit to them then and later beyond school life when the young persons are integrated back to their family, communities and environment.
5.1.3 Parents views on independent living skills for young persons with VI

Parents and guardians to the young persons with VI expressed their satisfaction in activities undertaken in teaching life skills education in schools. They noted that their young persons with VI who would otherwise be a major burden to their busy lives could perform independently with dismal assistance from them or other persons assigned to care for them. They specifically singled out orientation and mobility, good grooming and food preparation as major milestone towards acquisition of the young person’s independent daily living skills. They accepted that young persons could perform tasks independently, scheme their way through the environment and engage comfortably with the community and environment.

5.1.4 Benefits of life skill education towards independent living of young persons with VI

The central reason for including life skills education into the school curriculum was to equip school children with coping skills that could help them to cope and deal effectively with predicable developmental tasks in the ever-growing world of numerous challenges. It assists learners in promotion of positive psycho-social competencies, increased high self-esteem, confidence and moral behavior and improved task management. It was aimed at enhancement of critical, creative and independent thinking, decision making skills, problem solving skills, negotiation skills and avoidance of risky behavior characteristics and tendencies. To young persons with VI, life skills education should help them to develop physically, promote analytical thinking and problem solving skills. It should help them to develop and grow into well behaved adults, equipped them with psycho-social competencies that would help them
to make informed decisions, solve problems, think creatively and critically, communicate effectively, build healthy relationships, empathize with those in need and manage life in a healthy and productive manner.

5.2 Conclusion

This research study was aimed at identifying the contribution of life skills education to young persons with VI. The study concluded that life skills education creates an environment that promotes individual independence in the performance of simple tasks that would promote holistic general individual organization. On the whole, effective acquisition and application of life skills should enable individuals deal with challenges of their own personalities, friends, family members, community members and should allow ease in exploration and manipulation of their environment as a whole. Life skills education should ensure that young person with VI are properly assimilated in the community.

5.3 Recommendations

1. The Kenya Institute of Curriculum Development (KICD) should modify the life skills education curriculum to provide learners with VI with relevant skills to enhance independence and self reliance since learners with VI require an ‘additional’ curriculum that is ‘over and above’ the mainstream curriculum.

2. The educational policy formulators should include special needs education in all teacher training colleges. They should ensure life skills education as a subject is incorporated in the teacher training curriculum.
The Ministry of Education should facilitate workshops, seminars and in-service training to sensitize teachers teaching persons with VI on the contribution of life skills education towards independent living such that they could be acquainted with the relevant knowledge and skills which are necessary for their teaching and guidance.

The Ministry of Education should make life skills education an examinable subject at all levels, hence, the school administrator should ensure full implementation of life skills education in schools through monitoring and evaluation.

The Ministry of Education should provide support materials to learners with VI and their teachers for life skills education.

5.4 Suggestion for further research

1. I suggest further research in life skills education and researchers should continue to gather and analyze data that would evaluate the effectiveness of life skill education.

2. I suggest further research in inclusion of entrepreneurship and money management as topics in life skills education.
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Group Publishing Ltd.


Appendices
Appendix i

Questionnaire for young persons with VI

Dear Respondent,

My name is Ngigi Pascaline Wangui, a post-graduate student at Kenyatta University. I am conducting a research to investigate the effects of education on life skills for young persons with visual impairment in Thika Municipality. You are kindly requested to answer the following questions. Your responses will be treated in confidence and used only for the purpose of this research.

Instructions: Answer all the questions as honestly as possible.

Fill in the blank spaces or put a tick where applicable.

Do not write your name.

SECTION A: PERSONAL DATA

1. Gender    Male ______________    Female _____________ Age_______________

2. School attended _______________________

3. Year of enrollment at Primary school________________________

4. Year of finishing school ______________________

5. Who do you live with? ________________________

6. How many brothers and sisters do you have?
   Brothers _______________ Sisters __________________

7. How many are in school?
   Brothers _______________ Sisters __________________
8. How many have finished school?

Brothers _______________ Sisters ________________

9. Is there any other member in your family with visual impairment?

Yes ____________ No ______________

10. What is your level of academic?

Primary ______________ Secondary ______________

11. What grade did you attain?

Primary ______________ Secondary ______________

SECTION B: DATA ON LIFE SKILLS

<table>
<thead>
<tr>
<th>SKILL</th>
<th>WITH ASSISTANCE</th>
<th>WITHOUT ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation and mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table-etiquette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and grooming.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time-telling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household maintenance</td>
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</tr>
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12. Were you taught the following skills in school?

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<thead>
<tr>
<th>NO.</th>
<th>SUBJECT</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Orientation and Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Social interaction skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Daily living skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Interpersonal skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Recreation and leisure skills</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. How can you perform the skills listed?

14. Name the skills that support you in your daily living

___________________________                  __________________________
___________________________                  __________________________
___________________________                  __________________________

15. Do you believe that life skills taught in school were necessary?

   Yes _______________   No ________________

16. If no, give reasons__________________________

17. Has life skills education benefited you?

   Yes______________________ No______________________

18. If yes, how has it benefited you?

19. Are there other skills that are not included in the curriculum and may support one?

   Yes______________________ No______________________

20. If yes, name the skills ________________     ____________     _______________

Thank you, for your cooperation.
Appendix ii

Interview guide for parents/guardians

Dear Respondent,

My name is Ngigi Pascaline Wangui, a post-graduate student at Kenyatta University. I am conducting a research to investigate the effects of education on life skills for young persons with visual impairment in Thika Municipality. You are kindly requested to answer the following questions. Your responses will be treated in confidence and used only for the purpose of this research.

Instructions: Answer all the questions as honestly as possible.

Fill in the blank spaces.

Do not write your name.

Section A: Personal data

1. Gender    Female ____________   Male ____________ Age ____________

2. Home location _____________________________

3. Education level: Primary________ Secondary_______ University__________
   Others (specify)________________________________________

4. What type of impairment do your child/children have? ________________

5. Was he/she born with the impairment? Yes ___________  No _______________
   If no, at what age did the impairment occur? _______________________________

6. When did he/she finish schooling? _________________________________
Section B: Data on life skills education

7. Which skills is he/she able to perform? ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

8. What assistance do you give to your child? __________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

9. Please tell me how your child has benefited from the life skills taught in schools.
   ______________________________________________________________________________

10. What is your opinion towards life skills education taught in schools?
    ______________________________________________________________________________

11. What is the contribution of education to independent living of young persons with VI
    ______________________________________________________________________________

12. What is your opinion as concerns people`s perception towards your child and his/her independent living?
    ______________________________________________________________________________
    ______________________________________________________________________________
    ______________________________________________________________________________

Thank you, for your co-operation.
## Appendix iii

### Observation check list

<table>
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<tr>
<th>BEHAVIOUR</th>
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<th>INAPPROPRIATE</th>
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<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social interaction skills</td>
<td></td>
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</tr>
<tr>
<td>Daily living skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation and leisure skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td></td>
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<td>Others</td>
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### Proposed budget

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<td>Piloting the study</td>
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<tr>
<td>Stationeries</td>
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<td>Transport and subsistence</td>
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<tr>
<td>Main study</td>
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<tr>
<td>Contingencies 10% of the total</td>
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<td><strong>Grand Total</strong></td>
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## Appendix v

### Work plan

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<th>DATE</th>
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<td>January 2010</td>
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<tr>
<td>Presentation at the department</td>
<td>January 2010</td>
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<tr>
<td>Preparation for research</td>
<td>January – December 2010</td>
</tr>
<tr>
<td>Writing, typing and handing in the proposal</td>
<td>January - April 2011</td>
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<tr>
<td>Defense at the department</td>
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<tr>
<td>Defense at the school</td>
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<tr>
<td>Collection of data</td>
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