VOCATIONAL EDUCATION AND COMMUNITY INTEGRATION OF YOUNG ADULTS WITH MENTAL RETARDATION IN KIAMBU COUNTY, KENYA

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ABSTRACT

The purpose of this study was to investigate how vocational education and transitional services offered in vocational institutions helped young adults with mental retardation attain full community integration. The study objectives included to; investigate the extent to which vocational education equips young adults with mental retardation with skills of community adjustment and identify different avenues through which they were integrated in the community. The study employed both quantitative and qualitative approaches. Quantitative analysis was applied for the purpose of clarification, strengthening, explaining and supporting qualitative information. The research design was a descriptive case study. The target population comprised all young adults with mental retardation in Kiambu County. The sample of the study included 10 young adults with mental retardation. Other respondents were a headteacher/employer, 2 vocational teachers and 9 parents. Data collection was done by use of interview guides, note taking, audio recording and observation checklist. The actual data collection took 30 days. Codes were created according to the themes of the study for the data collected from interviews and for the observation text. Qualitative data analysis was carried out using the Atlas.ti computer software. Quantitative data analyses were manually carried out through tallying the frequency of segmented responses. The study established that community participation of young adults with mental retardation is very minimal. Further, the findings revealed that in as much as young adults with mental retardation were offered vocational skills in the special schools, what they were engaged in thereafter was not relevant to the skills they had trained in. This led to some of them disliking the kind of jobs they had, which for them are avenues of community integration.
Key Words: Mental Retardation; Vocational Skills; Community Integration; Halpern Model; Individualized Education Model (IEP); Kenya

Theoretical Framework and Related Literature on Community Integration of Young Adults with Mental Retardation

This study was guided by Halpern's model (1985) of transition services. This model emphasizes that different aspects of a student's transition to secondary life must include: education programmes designed to prepare students to live and work in the community; post-school services that allow each individual to develop and achieve a lifestyle that reflects his or her own needs and preferences and, a coordinated system of planning that allows educational and community service agencies to work collaboratively to achieve the post-school goals of each student. Without each of these components in place, students and their families face uncertain outcomes after schooling (McDonnell et al., 1996).

The first important components of Halpern's model are the areas of adult life that are critical to community adjustments. These areas include employment, a residential environment, and a social and interpersonal relationship. Halpern's argument is that schools must comprehensively address all the areas to succeed in supporting students' transition to community life. The second component of Halpern's model is the type of support (or service) that is necessary for a student to move smoothly and successfully from school into community life. He says that students can enter community life with assistance and support from the generic services available to all persons.

The third component Halpern states to effectively prepare students for community life, is the need for schools to use the Individualized Education Programme (IEP) as a means to develop educational experiences that could meet each student's post-school needs and a mechanism to promote collaboration between educational and community service programmes.

Education process and transition enhancing processes are both needed to ensure better outcomes in the lives of persons with mental retardation. The quality of our lives is multidimensional. Implementing the concept would require a deep commitment and a sustained effort on the part of all parties involved in the transition and integration processes.

Graduates with mental retardation leave school systems each year. They are often unable to obtain employment, are isolated from the community and do not usually have access to the service programmes necessary to support their participation in it. In many cases, students leave school with virtually no meaningful opportunities and options (McDonnell, Buckner and Ferguson, 1996). The most important adjustment in life is the transition from school environment to post-school involvement (McDonnel et al., 1996). This transition experience is not easy for the young adults who are mentally retarded because of severity of disability or constrains placed upon them by limited curriculum and inadequate transitional services offered in vocational institutions.
Compared to their non-disabled peers, persons with mental retardation experience lower rates of participation in the community and largely depend on families and significant others to cope in the community. Furthermore, compared to other categories of disability, persons with mental retardation characteristically lag behind on matters concerning community participation. This is mainly because they have substantial limitations in intellectual functioning and adaptive skills. This means that, they have limitations in adaptive skills which may include communication problems, limited self-care at, and limited socio-skills, self-direction, health and safety, functional academics, work and leisure (Gargiulo, 2009). Intellectual limitations lead to their inability to transfer the same activities into different tasks, understand what is said and follow instructions. Persons with mental retardation also fail to develop social-emotional relationships and exhibit difficulties in paying attention or focusing on an activity to its completion (Gargiulo, 2009).

They, therefore, need vocational education that is function-oriented in that the individuals would attain skills like carpentry, dress-making, pottery, basketry and metalwork among others. In addition, they need transitional services such as Individualized Transitional Plans (ITP) for community integration, as well as counseling, career guidance and job-training services to enhance living in the community.

Identification and classification of Mental Retardation

In traditional classification systems, individuals with mental retardation are grouped based on the extent of their cognitive impairment as follows: Mild mental retardation IQ = 55 – 69; moderate mental retardation IQ = 40-54; severe mental retardation IQ = 25 – 39; and profound mental retardation IQ = below 25. The most recent varied test to measure IQ is WISC-IV Wechsler of 2003 that comprises a full- scale of IQ as well as four composite scores; verbal comprehension, perceptual, reasoning, working memory and processing speed (Hallahan, Kauffman & Pullen, 2009).

AAMR adaptive behaviour scale-school (Lambert, Nihira & Leland, 1993 in Heward, 2006) assesses independent functioning and daily living skills while AAMR adaptive behaviour scale-residential and community by the same people measure persons with mental retardation residential and community integration. However, Gargiulo (2009) argues that it is not always easy to assess adaptive behaviour but it is usually measured by direct observation, structured interviews or standardized scales.

A student is identified as having mental retardation if his/her IQ scores places him at approximately 2 standard deviations or more below the mean or average score of 100. Gargiulo (2009) emphasizes that an IQ score is not the sole indicator of an individual's ability, nor is it the measure of the person's worth. However, the AAMR of 2002 proposes an alternative classification system based on the levels of support individuals with mental retardation may need (Gargiulo, 2009). These include:

1. Intermittent support: The person does not always need the support but rather needs short-term support especially during lifespan transitions like job loss or acute medical prices.
2. **Limited support**: The person's intensity of support characterized by consistency over time and may require fewer staff members and cost less. Such levels of support are time-limited employment, training or transitional support during the school-to-adult-life period.

3. **Extensive support**: These are characterized by regular involvement (e.g., daily). In at least some environment such as work or home or may be long-term home living support.

4. **Pervasive support**: This typically involves more staff members to provide a potential life-sustaining nature. However, the above systems are used by very few States in America (Gargiulo, 2009). The researcher's question is what tools vocational teachers are using to determine readiness for transition to community integration of young adults with mental retardation.

A study by Nyakondo (2000) on problems faced by teachers teaching persons with mental retardation doubts the curriculum for social skills as far as promoting integration of persons with mental retardation into the community is concerned. He further emphasizes that persons with mental retardation should be given a chance to overcome their handicaps in order to facilitate integration into society. According to Nyakondo, vocational rehabilitation is vital for all persons with disabilities including those with mental retardation. However, he cites that many vocational institutions cater for other disabilities overlooking those with mental retardation, thus limiting their community integration.

Attempting to anticipate where the field of mental retardation is going, Gargiulo (2009) cites that the global vision is to include more community-based activities that are available across several domains, including employment, education and residential options. This should only be by improving both the quality and quantity of programmes and services.

**Community Integration Avenues**

Florian (1998) in McLaughlin and Byer (2001) cites that full integration refers to the opportunity for persons with disabilities to participate fully in all educational, employment, consumer, recreational, community and domestic activities in society. He emphasizes that increasing participation of young adults in their communities, and reducing their exclusion from the cultures and curricular is critical for full integration into the society. Kombo (2005) also emphasizes that integration contributes to the development, growth and wellbeing of all societal members. The researcher sought to identify different avenues through which young adults with mental retardation are integrated in their community.

**Barriers to Community Integration**

Persons with disabilities may need to be integrated socially in personal relationship with their family, community and places of work. Fernandez, Kovari, Vulterini and Williams (2002) cite that people with delayed development need to keep pace with the changing technology and political changes otherwise they can prove to be barriers, rather than supports to their full integration in society. However, Hallahan, Kauffman and Pullen, (2009) argue that there is
no integration of workers who are mentally retarded with those that are non-disabled. They
highlight that the restriction of sheltered workshops makes it difficult to prepare workers who
are mentally retarded for working with non-disabled workers in the competitive workforce.

A study done by Kweku (2000) in Ghana notes that only 5 out of 300 enrolled trainees with
mental retardation of vocational programmes graduated from 1992–1996. Kweku further
informs that trainees learned few trades, spent unspecified periods of time training and did not
have opportunity to learn in integrated environments. Considering that Ghana could be having
similar characteristics to Kenya, the researcher wished to establish whether such problems exist
in Kenya.

A conference report by Mugo and Sore (2008) in Kenya argue that persons with disabilities are
lonely in society which could be translated as a social barrier. Persons with mental retardation
may even be in a worse situation among other persons with disabilities because of their
limited cognitive capability. Other barriers included negative attitude towards serving special
needs learners; lack of standardized and organized procedures and policies to manage the
transition process; absence of role definition among the many different educators, schools and
community support personnel involved in the transitional process; lack of parental involvement
in the transition activities for their children and lack of tested models to guide the delivery of
transition services for special needs learners, among others.

How to Overcome Transition Barriers

Solutions for overcoming transition barriers include: forming advocacy groups or groups made
up of parents, vocational and special education teachers, rehabilitation counselors, employers
and interested community agency representatives to identify barriers to effective transition
and to form interagency linkages that would ensure a continuum of unduplicated services for
special needs learners (Tindall & Gugerty, 1985 in Taylor, 1997).

It is also important to plan and conduct workshops for participants involved in the transition
process in each vocational institution service area. These workshops should be designed to
help participants involved identify their roles and responsibilities in the transition process and
to identify the barriers to transition and explore possible solutions. Workshop participants
should include the following individuals and groups either as presenters, resource persons, or
active listeners: post-school vocational teachers, support personnel, parents of trainees with
special needs, interested special needs trainers, sheltered rehabilitation centre personnel, private
industry council members charged with the responsibility for special needs students training
and services, members of community groups, staff from County and State-funded agencies
which serve special needs learners, and employers who are interested in working with learners
with special needs or who are presently working with them (Taylor, 1997).

It is also crucial to collect and disseminate information about the many vocational training and
employment opportunities available to trainees with mental retardation. These opportunities
include: community vocational institutions, vocational schools, special stations in business and

One must develop and implement post-school transition models that test and refine transition policies, practices and activities. These models should address transition barriers and provide viable solutions which ensure smooth transitions of individuals into and through vocational education to rewarding employment (Taylor, 1997)

METHODOLOGY

Research Design

A descriptive case study design was employed. The study employed both qualitative and quantitative approaches. A qualitative approach was chosen because the researcher wanted to understand the phenomenon by studying individuals in their natural setting and the site (Creswell, 2003). This approach also provided a comprehensive analysis or an intensive investigation of vocational training, social training and transitional services that aided young adults with mental retardation's community integration. It also enabled the researcher to personally interact with the respondents in the study. This gave first-hand information from the respondents, thus advocating a more serious focus on integrating persons with mental retardation in the community. Quantitative data strengthened the qualitative information for more clarity

Location of the Study

The study was carried out in Kiambu County. Kiambu is approximately 20 kilometers from Nairobi city. It has an area of 736.3 square kilometers with a population of 1,623,282 (802,609 male and 820,673 female). It boarders Murang'a at the North, Nairobi at the South, Machakos at the East and Kajiado at the West. It is an agricultural area where cash crops like coffee, pyrethrum and tea are grown. It has business premises in its major and minor towns. Kiambu, which is both rural and urban, was purposively selected because there were vocational institutions of persons with mental retardation. Studies conducted pertaining to vocational training have been in Nairobi neglecting the rural setup. None has looked at the extent of community integration after school for individuals with mental retardation. It was the researcher's feeling that vocational education should not only be offered in urban areas since the rural setup is equally important.

Target Population

Kiambu County has four vocational institutions with a population of about 300 trainees in total. Maria Magdalene vocational institution being the largest had a population of 100 trainees. The target population of this study comprised all young adults with mental retardation aged between 20 and 40 years, who had graduated from this institution between 2005 and 2010. Young adults were found suitable for the study because vocational education and transitional services received from school were fresh in their minds. The researcher found that only 16
YWMMR had graduated from 2005-2010. Out of these, the whereabouts of only 10 were known after graduation.

**Sampling Techniques and Sample Size**

This section presents sampling techniques and the sample size the researcher used to carry out the study.

**Sampling Techniques**

In this study, purposive and snowballing sampling techniques were used.

**Purposive Sampling**

Purposive sampling was used to select the Maria Magdalene Vocational institution because it was the largest vocational institution for persons with mental retardation in Kiambu County. Therefore, it was hoped that it would give the sample of graduate respondents needed for the study. However, the head teacher and vocational teachers were also purposively sampled.

**Snowballing Sampling**

After identifying a small number of individuals who had the required characteristics, the researcher used parents as informants to identify others who qualified for inclusion in the study. Young adults with mental retardation helped to locate other persons of their kind with or without employment. Parents gave information of other parents with young adults with mental retardation.

**Sample Size**

Creswell (2005) cites that for the qualitative inquiry, the intent is not to generalize to a population but to develop an in-depth exploration of a central phenomenon hence the researcher's decision to use a small sample of the target population. The sample for the study ought to have comprised 1 head teacher, 2 vocational teachers, 10 employers, 10 parents and 10 young adults with mental retardation; 3 female and 7 male. The sample size of both parents and employers was to be dictated by the number of YAWMR who had graduated from Maria Magdalene Institute. From 2005-2010, the graduates were just 16. All the respondents were from Kiambu County. In total, the respondents were supposed to be 33 in number. However, the employers reduced from 10 to 1 since most of the graduates were thereafter absorbed back into the Maria Magdalene Institution as employees. Parents also reduced to 9 since one of the parents never agreed to be interviewed and claimed all the information could be sourced from the son whom she said was a grown-up. The sample size therefore reduced to 23 respondents as in table 1.
Table 1: Sample Size

<table>
<thead>
<tr>
<th>Categories</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headteacher</td>
<td>1</td>
</tr>
<tr>
<td>Vocational teachers</td>
<td>2</td>
</tr>
<tr>
<td>Young adults with mental retardation</td>
<td>10</td>
</tr>
<tr>
<td>Parents</td>
<td>9</td>
</tr>
<tr>
<td>Employers</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
</tr>
</tbody>
</table>

**Research Instrument**

To achieve the objectives of the study, primary data were collected using the following instruments; interview guides for the head teacher, vocational teachers, parents, YAWMR and employers, and observation schedules were used on YAWMR working.

**Interview Guides**

Direct personal investigation involves collecting information personally from the respondents concerned. This method is particularly suitable for intensive investigations (Kothari, 2003). Thus, more information in greater depth was obtained from the study. Interview guides for the head teachers, vocational teachers, employers, YAWMR, and for parents all comprised 6 items that helped further probing. These comprised general information, identification and classification of YAWMR, vocational education, transitional services, community integration avenues and barriers to community integration of YAWMR.

**Observation Schedule**

Under the observation method, the information was sought by way of the investigator's own direct observation without consulting the respondents. The information obtained under this method related to what was currently happening and it was not complicated by either the past behaviour or future intentions or attitudes of those observed. Most persons with mental retardation lack expressive language skills hence the relevance of the observation instrument in this study. Further, the instrument gathered first-hand information. The researcher employed a non-participant observation to gather information on persons with mental retardation behaviour as they work. The researcher collected information by use of both descriptive and reflective field notes. Descriptive field notes recorded a description of the events, activities and people (e.g. what was happening) while reflective field notes recorded personal thoughts that the researcher had that related to her insights, or themes that emerged during the observation. Observation schedule comprised 7 items for YAWMR working.
Data Analysis

Data were coded and created according to the themes of the study. Translating from English to Kiswahili was employed. The researcher developed themes from respondents in groups about YAWMR's identification and classification, vocational education, transitional services, community integration avenues and barriers to community integration. Text from interviews and observation analysis was by use of the computer programme Atlas.ti, which helped the researcher to organize text and compare segments of information. Again, it was easier to search, retrieve and browse all data segments and notes relevant to an idea. However, qualitative data analyses were manually through tallying the frequency of segmented responses.

Data Analysis, Results and Discussion

General Information of Respondents

The sampled population consisted of YAWMRs bio-data, respondents' experience with YAWMR and parental level of education. Young adults with mental retardation's age ranges from 24 years to 35. The sample comprised of 10 YAWMR out of which 3 (30%) were females and 7 (70%) were males. The Bio-data distribution is summarized in Table 2.

Table 2: Bio-data of the Sampled YAWMR

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>20-25</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26-30</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>31-35</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

The findings show that there is no gender balance in the Maria Magdalene Vocational Institution. This is an issue that should be looked at to empower females with mental retardation as far as vocational training is concerned to enable them to be self-reliant. It is evident from the findings that young adults with mental retardation are placed in the vocational institution. However, many are males since courses like carpentry and masonry are male-domain skills. These skills are mostly taken by male persons with mental retardation and could be the reason why female graduates were few.

The researcher wished to seek respondents' experience with YAWMR. This information was gathered from the head teacher of the Maria Magdalene Vocational Institute who also turned out to be the only employer of YAWMR and vocational teachers. From the findings, it was noted that the head teacher had the longest experience of 20 years with YAWMR. The second respondent was one of the vocational teachers who had 13 years of experience, and the other
vocational teacher had only 3 years experience. The results showed that the head teacher and one of the vocational teachers had enough experience and knowledge of 20 and 13 years respectfully in teaching persons with mental retardation. Therefore, their graduates must have gained skills required to adjust to community living. The many years of experience make teachers experts in the area, and they are thus able to modify curriculum to be community integration-oriented.

The researcher also sought to know the employers' experience with YAWMR. The researcher targeted 10 employers but it was found that YAWMR were not employed in many other places apart from their own institutions where they graduated from. In this case, the head teacher of Maria Magdalene Vocational Institute turned out to be the only employer of her graduates. The results showed a need to advocate for these youths employment in the larger society. This is significant in that employers either don't know about these individuals or these individuals do not seek employment. Hallahan et al., (2009) support this when they say adults with mental retardation have high rates of unemployment.

The researcher needed to find out if parents of YAWMR were literate. The results are presented in Table 3 below.

Table 3: Parental Level of Education and Frequency

<table>
<thead>
<tr>
<th>Education level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std 7</td>
<td>2</td>
<td>22.2 %</td>
</tr>
<tr>
<td>Form 4</td>
<td>6</td>
<td>66.7 %</td>
</tr>
<tr>
<td>Higher Diploma</td>
<td>1</td>
<td>11.1 %</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>100</td>
</tr>
</tbody>
</table>

Parents of YAWMR interviewed gave their level of education. However, 10 parents were targeted but the researcher was only able to interview 9. Parental level of literacy is important since educated parents see the need of educating their children. Able parents also provide for the education of their mentally retarded children. One YAWMR was an orphan and had no guardian; therefore, the respondents' information was given by the head teacher who said she only came to know the person when well-wishers brought him to school. From Table 3 results, 1 (11.1%) of the parents attained a higher diploma, 6 (66.7%) of the parents were majority with a Form 4 certificate and the lowest education level was attained by 2 (22.2%) of the parents with only a Standard 7 certificate of the earlier education systems. This was the Kenyan education system of 7-4-2-3 which was before the current 8-4-4 system. The results show that all the parents were literate and therefore, saw the need to take their children to school despite the disability.
The study sought to examine how persons with mental retardation were identified for right placement in special schools and further to vocational institutions. When persons with mental retardation are identified and classified earlier for vocational placement, they attain skills of community adjustment and expertise and are able to fit in the society as active members. Questions were asked regarding how head teachers and teachers identified persons in special schools and further to vocational institutions for the right placement. From the responses given, the head teacher and one vocational teacher said they requested parents and their sons and daughters to go to Assessment Centers. One respondent had the following to say:

"We request parents to take their sons and daughters to Assessment Centers and they then later come with referral forms from Education Resource Centers" (Male vocational teacher no. 2, 2011).

The study also established that some of the YAWMR were assessed internally in the institution where a teacher asked how they classified them said:

"We classify them as mild, moderate, severe and profound (in other words educable, trainable and custodian" (Male vocational teacher no. 2, 2011).

This means that those who are able to read and write though not to standard are termed as mild; those that can only do manual work are termed as moderate. This group usually lags behind in daily living skills like grooming. Those that are not able to do anything by themselves are termed as custodians meaning somebody must be present for them to survive. They are fed, bathed and clothed and need full-time attendance either by house mothers or parents or guardians. This explains that persons with mental retardation have different disability levels and the more severe the condition the more there exists a limitation of community integration.

Asked how they realized their children needed special education, 6 of the parents said they only realized when teachers informed them and advised them to take their children to Assessment Centers, which emphasizes the role of teachers in identification of persons with mental retardation. However, 2 of the parents said it was due to recurrent sickness and doctors informing them about their children were mentally retarded. One of them said a friend observed her child's behaviour and advised her to take the child to an Assessment Center. Another guardian who is a special education teacher observed her brother's childlike characteristics and advised the parent to take the child to the Assessment Center. She was however challenged about this and finally she was left with the child to care for. This shows early intervention measures towards these children have not been taken seriously and a majority of the parents are unaware of the problem. It has taken a struggle for a parent to realize her child's mental state as one of the respondent reported:

"I took the child to many hospitals in vain. I underwent so much trauma and denial and Assessors at Thika are the ones who finally gave me hope and counseling. I was shocked to see people who could appreciate my child since at home family members had started segregating me. Others said I tried to abort that is why she got meningitis after a few months" (Female parent no. 1, 2011).
This indicated the pain parents go through and the stigma they experience sometimes. Table 4. shows a parental report on who identified their young adults with mental retardation.

### Table 4: Parental Report on Identification of YAWMR

<table>
<thead>
<tr>
<th>Identification of YAWMR and Places</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>School</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100</td>
</tr>
</tbody>
</table>

### Community Integration Avenues for Young Adults with Mental Retardation

The study sought to find out how graduates with mental retardation were integrated into the community after having received vocational education. The study focused on employment and participation in the community. The findings in Table 5 showed that these graduates received skills from vocational institutions and some of them have some kind of employment. Seven (70%) out of 10 had employment of a kind while 3 (30%) were not employed but participated in the society in one way or another. Interviews about YAWMR on other aspects of community integration apart from employment revealed that a few were involved actively in the churches, community development youth groups and marriage, among others.

### Table 5: Avenues of Community Integration for YAWMR

<table>
<thead>
<tr>
<th>Avenues of community integration</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Marriage</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Church activities</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Community development youth groups</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>
In establishing community integration avenues that these graduates were engaged in, the researcher found that almost all of the graduates were absorbed in institutions they were trained in as employees. Three were involved in marriage, church activities, community development, youth groups and none was in games and sports. Table 6 indicates that 6 were employed as grounds men/watchmen, 1 as a teacher-aide, 2 had some form of self-employment and 1 had no employment. This was according to their areas of training: 3 did carpentry, 2 tailoring, 1 cookery, 2 knitting, 1 beadwork and 1 activities of daily living. Courses like carpentry, masonry or jewelry were reported as part-time activities. However, there was an indication that vocational institutions equipped them with skills for economic empowerment heading to self-reliance. This was the case with 2 self-employed YAWMR. These skills have helped them become responsible members of their families.

Table 6: Types of Employment

<table>
<thead>
<tr>
<th>Employment</th>
<th>Female</th>
<th>Male</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Employment</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Groundsmen/Watchmen</td>
<td>-</td>
<td>6</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Teacher Aide</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Self-employment</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>100</td>
</tr>
</tbody>
</table>

The study also found that many of the graduates preferred jobs other than the ones they were job placed in and a few were comfortable with the kind of jobs they had. However, interview with the employer showed that very few employers are willing to employ graduates with mental retardation. Apart from their own institution, the researcher targeted 10 employers but established only one. It was also noted that very few kinds of employment opportunities were open to these graduates. The areas they were engaged in were not termed as job markets as far as vocational skills were concerned.

Graduates reported several challenges that they encountered in the community including; physical, social and health problems. It is evident that society has a negative attitude towards YAWMR's community integration. Educators and parents also experienced challenges while trying to integrate them. Two reported disability severity as a challenge since the more severe a person's disability, the lesser the chances of getting employed. Other challenges included: parents dictating where their sons and daughters should be integrated, employers not being there for them, high technology in places of work beyond their capability, society's negative attitude and graduates refusing to be job-placed and wanting to remain in their institutions of training.

Teachers were found to be most humane in their support for YAWMR as far as post-institutional support is concerned. Majority of the post-institutional supporters were teachers, parents and others were supported by both parents and teachers. Factors leading to securing
and maintaining of their jobs included: human support, room to work at their own pace, employer's acceptance, prior-preparation and materials to aid self-employment.

**Barriers Hindering YAWMR Community Integration**

It was reported that out of the 16 graduates who graduated from 2005-2010 in Maria Magdalene Vocational Institute, only 10 could be traced. Given this situation, it became relevant to find out barriers that hinder these YAWMR from being community integrated. All the 23 respondents were asked to state factors that hinder YAWMR community integration after graduating from vocational training at the institute.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Society negative attitude</td>
<td>12</td>
<td>52.2</td>
</tr>
<tr>
<td>Lack of vocational curriculum</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Lack of job opportunities</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Health impairments/disability severity</td>
<td>4</td>
<td>17.4</td>
</tr>
<tr>
<td>Self-employment materials</td>
<td>1</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 7 shows that majority of the respondents 12 (52.2%) found societal negative attitude towards persons with mental retardation and work being the biggest barrier to their community integration. Employers thus have little trust in their working. The continued terminology as "mentally retarded" also gave them a label, which not only stigmatized them and their parents but also put the employers off. Health impairment leading to disability severity was reported second biggest barrier with 4 (17.4%) respondents. Other 2 significant barriers included lack of vocational curriculum for persons with mental retardation, which was reported by 3 respondents (13%) and lack of job opportunities, which was reported by 3 respondents (13%). The least reported barrier was lack of materials for self-employment which was from 1 respondent (4.4%). This could be as a result of these individuals lacking initiatives to start their own jobs. It was only 1 female and 1 male who were said to be having self-employment out of the 16 graduates from 2005-2010.

The findings continue to confirm that negative societal attitude towards young adults with mental retardation is the biggest barrier to their community integration. Other barriers included lack of vocational curriculum, lack of job opportunities, health impairments/disability severity and lack of self-employment materials. Mugo and Sore (2008) confirm these findings when they highlight that negative attitude towards special needs learners contribute to their not being integrated into the society and can be translated as a social barrier.

It should be noted that these individuals can perform as normally as any other community member given the right training and placements. They should, therefore, be given such
opportunities. As Hallahan et al., (2009) posit, adults with mental retardation have high rates of unemployment but with appropriate training, they can maintain jobs with success measured by such things as attendance, employer satisfaction and length of employment.

**How to Minimize Barriers of Community Integration of YAWMR**

1. Organizing parent's workshops to educate them on how to handle YAWMR at home after graduation.
2. Seek internship for YAWMR and internship plans to create awareness of their participation capacity.
3. Educate the community through churches, chief’s barazas and using such opportunities to also sell YAWMR’s products.
4. Create awareness to stakeholders of vocational skills and employers.
5. Advocate for a special education vocational curriculum for persons with mental retardation, including implementation from KIE as this has not been put in place.
6. Parents to be encouraged to involve their sons and daughters with mental retardation in all areas of community participation including youth groups, church and many others.
7. Employers should be encouraged to employ YAWMR in areas of production.
8. The government to allow for inclusion of YAWMR in regular vocational institutions and special education trainers to be in- serviced so as to cater for the personal deficit.
9. Job trainers to be funded by the government to make follow-ups in places of work.

This is captured in the opinion of one of the YAWMR’s response as cited below:

“Employers to accept the vocational leavers for internship because I only got kitchen work in school since one workshop man refused me to work with him” (Male YAWMR no. 7, 2011).

The suggestions of the respondents on how barriers of community integration of YAWMR should be minimized were organizations of parents’ workshops, internship plans, awareness creation, vocational curriculum implementation and inclusion of YAWMR in regular vocational institution. The viability of recommendations as given by the respective respondents is worth of reflections. For instance, having special education vocational curriculum may add value to the adaptation of regular vocational curriculum. This will help the trainees since they will be trained on what is relevant to the job market. Internship programmes are essential since the trainees will have gained full knowledge of working in the courses they trained in as inclusion is the focus nowadays. The suggestion that these individuals should be included in regular vocational institution is very noble since they will feel accepted and overcome social barriers. Hallahan et al., (2009) confirm that there is no integration of workers who are mentally retarded with those that are not disabled thus the suggestion is well-placed. They further highlight that the restriction of sheltered workshops makes it difficult to prepare workers who
are mentally retarded for working side by side with non-disabled workers in the competitive workforce. Therefore, including them in all aspects of community participation will augment their development and that of the entire community. Other recommendations include: the government funding job trainers to make follow-ups as well as funding those YAWMR with their self-reliant employment.

According to Taylor (1997), work study-co-coordinators should spend half their time with the employers and should assist special needs persons enrolled in their programmes to find work-study placement and assist job placement staff in promoting public relations for the placement programmes. Similarly, they should co-ordinate the entire placement and follow-up effort and gain the assistance of all involved as well as maintain records of all activities.

**Implications of the Research Findings**

Data gathered showed that transition of YAWMR from institutions to community integration was very low. This trend is as a result of a number of factors, among them, the fact that there were no vocational curricula to prepare for their placements and also the societal negative attitude towards YAWMR education and community participation. They are perceived as dependants and not participants. They are also perceived as slow learners and therefore, perform task slowly. Therefore, the few with vocational training skills are directed towards being employed and denied participation in other community activities. This is a type of social segregation. Moreover even in those employments, none was relevant to vocational skills that they trained in.

Further data gathered from the educators also revealed that lack of vocational curriculum does not directly tailor towards market demands. For this reason, community integration of YAWMR in employment and other participation remains very low. At the same time, the attitudes of the employers do not appear to support the working of YAWMR. Only one employer in the same institution that they trained in was found. These attitudes are mainly based on the YAWMR health impairments and slowness in performing tasks.

Given this kind of situation, the respondents felt that certain initiatives need to be considered. First, special vocational curriculum for persons with mental retardation should be formulated and implemented to ensure job market competence. Creation of awareness for the entire community should be done effectively to avoid stigmatization and social segregation. Parents also needed education as far as their sons and daughters are concerned to accept such children. The government should also show more commitment to the whole vocational training, to both regular and special individuals and enhance inclusive vocational training. The findings have negatively affected community integration of YAWMR and indicated a great hindrance to any form of their transition from training to community integration.

**Conclusion**

There are no well-established transitional programmes to make follow-up of the graduates and this becomes a great hindrance to their community integration. Transition of YAWMR
from vocational institutions has not been very smooth from school to community integration. Many young adults with mental retardation reported not being engaged in other aspects of community integration apart from employment.

**Recommendation**

The school should come up with its own strategies on matters concerning their graduate's community integration and follow-ups and should guide parents on different ways of integrating persons with mental retardation.

**References**


