

KULD

A STUDY OF THE PARENTS' ATTITUDES TOWARDS
THEIR DISABLED CHILDREN'S EDUCATION IN
WUNDANYI DIVISION IN TAITA/TAVETA DISTRICT.

BY

THERESIA WAKESHO KAZUNGU

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parents attitudes*



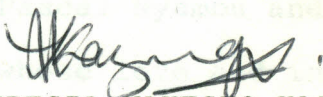
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DECLARATION

"This Research Project is my original work and has not been presented for a degree in any other University".



THERESIA WAKESHO KAZUNGU

"This Research Project has been submitted for examination with my approval as University Supervisor."



DR. G.K. KARUGU
CHAIRMAN,
EDUCATIONAL PSYCHOLOGY DEPT.
KENYATTA UNIVERSITY.

AUGUST 1987

(ii)

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I wish to record my sincere gratitude to
Dr. G. Karuru for his criticism and inspiration
and for his help in the preparation of this work.

DEDICATION

This project is dedicated to my
parents Pascal Nyambu and Alice Saghe,
without whose love and inspiration
I would not have reached where I am .
Their struggle has not been in vain.

I wish to express my appreciation
to Mrs. Karuru's preparation of the
update lists of the disabled children who
have been assessed at Kericho Assessment Centre
in Murangai Division. Mr. Williamson is sincerely
remembered for tirelessly helping me during
the research in locating the parents of the
disabled children who were used in the study.
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I wish to record my sincere gratitude to Dr. G.K. Karugu for his guidance and inspiration and for the many reading materials he gave me for my literature review. Being the most knowledgeable person in this subject of special education of the Department of Educational Psychology , I could not have had a better supervisor than him.

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ABSTRACT

In this report, the research presents the results of a study intended to find out the attitudes of the parents of the disabled children towards the education of their disabled children in Wundanyi Division in Taita/Taveta District. The study used a sample of 30 parents with children having the following disabilities, mental retardation physically handicapped hearing impaired and visually impaired. The respondents were selected using stratified random sampling procedure. The Likert type scale statements were used to assess the attitudes of the parents. There were also other statements which sought the general attitude of the parents towards their disabled children. The study found out that parents had a general positive attitude towards their disabled children and towards their education. However, it was noted by the study that lack of special schools in the division is the main problem facing special education of the disabled children in this division.

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CHAPTER 1

1.0 INTRODUCTION

Disabled children have existed in all societies for a long time without their problems being paid attention to. The reasons for this lack of concern have been due to the fact that members of most societies have tended to see the disabled persons as useless. Disabled people have been seen by such societies as having little to contribute to the welfare of the society. UNESCO (1974) expressed the view that "parents of the handicapped children tended to feel ashamed so that such children were hidden away from the rest of the society" (P. 112).¹

From this statement by UNESCO, (1974) it is quite evident that this lack of concern started with the parents of such children. It is however, important for any society to realize that disabled persons are also part of that society they belong to. It is therefore the responsibility of the society to ensure that its disabled persons become fully integrated in the society and become economically independent. From practical experiences it has been proved that, this can be done by providing special education.

This will enable disabled persons to develop the necessary skills they have, for various jobs which the disabled persons are capable of doing.

In recent years special education has received a lot of attention at the International level. "This concern has been due to the fact that, people are now accepting that, a handicapped child is in the majority of cases, a normal child faced with some disadvantage which is often temporary"² (UNESCO, 1968, P. 7). This new attitude which is developing is also due to the development of modern techniques and discoveries which have shown that a disabled person can be made a useful member of a society if provided with special education. It should however be noted that this attitude is not universal but differences exist at national and individual levels. This is why the United Nations declared the year 1981 as the International Year of the Disabled Persons (IYDP) so as to increase an awareness of governments, groups and individuals on the disabled persons in their societies.

In Kenya the concern for the disabled persons has been very significant especially after independence.

A lot of progress has been made in establishing suitable institutions for the disabled children where they can be adequately educated. Relevant societies have also been encouraged to take the responsibility of the welfare of the disabled. These include the Department for Rehabilitation of the Handicapped in the Ministry of Culture and Social Services, the Special Education Section of the Ministry of Education and other Organizations such as , The Kenya Society for the Deaf, the Kenya Society for the Blind, the Association for the Physically Disabled of Kenya, the Society for the Mentally Handicapped, and the Union of the Blind.

The Kenya Government's concern for the education of the disabled persons is further realised by the establishment of the Kenya Institute of Special Education (KISE) which opened its doors in May 1986. This institute was established so as to meet the need for trained man-power to handle the

rapidly expanding special education programmes. In addition to this the government has set up seventeen educational assessment and resource centres in the Country. However these facilities are not enough for the high population of the disabled persons in Kenya. Writing in the Kenya Times, Abila 1985 has the following to say about this population.

The population of the disabled persons in Kenya is estimated to be two million and about half of these are children of school going age. There are about 6,000 disabled students being served in 42 schools and units in Kenya. Out of 1,500 are mentally handicapped, 2,240 are hearing impaired, 1,360 are physically handicapped and 10 are deaf-blind.³

From the above figures it is evident that not all disabled children of school going age have access to education. This therefore implies that there is still a lot which needs to be done in terms of providing education to all disabled children of school age. However, this can not be possible unless all the disabled children are identified. The above figures are only for those disabled persons who have been identified. It is possible that there

could be many more who have not been identified because their parents have not been brave enough to show them up for identification.

It is the Kenya government's policy to provide basic education to all children, and it is hoped that the educational needs for the disabled children will be met in the short future. To assist the government to achieve this aim, the parents of the disabled children have to assist in the early identification and assessment of their disabled children. This is important because it is by doing so that the disabled children can be provided with appropriate education as early as possible before they become handicapped.

In Wundanyi Division of Taita Taveta District there are only two units of special education for the mentally handicapped attached to ordinary schools. There are no special schools for the other types of disabilities. This study on the attitudes of parents towards the education of their disabled children is therefore an attempt to find out whether there is need for more special

schools, depending on what kind of attitudes the parents have.

1: 1 STATEMENT OF THE PROBLEM

The issue of education in Kenya, as already mentioned above, occupies a vital part of the government policy. Currently the government is spending about 36% of its national budget on education. The reasons which justify this high expenditure are:

- a) Need for man-power and self-development
- b) Adherence to the U.N. and O.A.U. declarations regarding the education of every citizen.
- c) Fulfilment of the political projections of the Kenyan leadership at independence made through the KANU manifesto and sessional papers.

In view of the government's commitment to education in general and also to the education of the disabled persons, this study has aimed at investigating how the parents of the disabled

children are also committed to the education of their disabled children. Parents' commitment to the education of their disabled children can be demonstrated in terms of the attitudes they have towards the education of their disabled children.

It is widely known and accepted that parents play a vital role in the education of their children right from birth. This claim is based on the fact that, it is the parents who are the first teachers of their children since they teach them tasks and skills which are necessary for them such as language. They also encourage and support infants in their motor activities such as sitting, crawling and walking. Parents also know their children more than the teachers or anybody else because they have been with them since birth. All the information, therefore a teacher needs in order to handle a child effectively while teaching the child has to be provided by the parent of that child.

Since the parents are widely known and accepted to be the first agents of socialization, for any child before the school takes over, their influence is therefore considerable. This influence is much more than that of teachers and it lasts longer in terms of the attitudes the parents instill in their children through the teaching examples they provide for them. Parents can therefore assist their disabled children with their education if they cooperate with the teachers. This cooperation, however, cannot be there unless the parents have positive attitudes towards their disabled children and the type of education given to them. If the positive attitude is not present the parents will not be involved with the education of their disabled children and this will seriously handicap the child and the teacher in helping the child to learn and develop cognitively.

This study therefore has tried to investigate the parents' attitudes towards their disabled children's education in Wundanyi Division in

Taita/Taveta District. Consequently, the study has aimed at seeking answers to the following questions.

1.2 RESEARCH QUESTIONS

1. What is the general attitude of parents towards their disabled children?
2. What are the attitudes of the parents towards educating the disabled children in Wundanyi Division.?
3. What are the aspirations of parents as regards education in general?
4. Does the type of education offered to the disabled children measure to what the parents expect?
5. What are some of the reasons given by parents for their disabled children not being in School?

1: 3 OBJECTIVES OF THE STUDY

1. To investigate the parents' attitudes towards educating their disabled children.
2. To identify cases of disabled children who are not in school and find out the reasons why they are not taken to school or (going to school).

3. To identify parental involvement in providing education for their disabled children.

1.4 SIGNIFICANCE OF THE STUDY

This is the first study of its kind in the area (Wundanyi) consequently, the researcher hopes that the results of the study will be of great use.

to:

1. The educational policy makers and the field executors of government policy regarding special education.
2. Other researchers who may wish to use the perspectives of this study in other areas which have not yet been studied.
3. The parents, by drawing their attention to the importance of early identification of their disabled children and assisting in their disabled children's education.

1.5 ASSUMPTIONS OF THE STUDY

The researcher made the following assumptions while carrying out this study.

1. All the respondents would be sincere in responding to the questionnaire.

2. The attitudes which would be expressed by parents when asked about their disabled children's education, would be their true feelings towards their disabled children's education.
3. The attitudes which the parents would express could be evaluated by using their responses to the interview schedule statements.
4. The attitudes of the parents could be measured along a five-point linear continuum of the Likert Scale.

1.6 LIMITATIONS AND SCOPE OF THE STUDY

1. The presence of a stranger (researcher) seeking information about a disabled child is something which can result to some strong negative emotional feelings from a parent of a disabled child. Due to this factor, the researcher found that some parents during this study did not feel at ease to answer certain questions about their disabled children. The researcher was therefore left to deduce from the expressed feelings about the intended response.

2. Changeability of human dispositions was another limitation to this study. It was possible that the very attempt to assess the parents attitudes towards the education of their disabled children, might have made them think about that attitude for the first time and in the process modified it. Thus it was possible that the original attitude which had been modified was not discovered by this study.
3. The attitude scale which was used by the researcher was not a standardized one. Thus the results of this study should not be generalized to a large extent but should be interpreted in view of this limitation.
4. The parents of disabled children are sometimes not sure what feelings they should have towards their children. As a result of this, their attitudes may not be the same throughout, thus cannot be adequately measured on a continuum attitude scale at one particular time and be generalized to be the same throughout day by day.

5. The data for this study was drawn only from the parents whose disabled children have been assessed. It is most likely that in the process of attending the assessment service these parents have been informed of the need to send their disabled children to school. Hence a greater percentage of the subjects had positive attitudes which might not be a true reflection of the population of parents with disabled children in Wundanyi division.

1.7 DEFINITION OF TERMS

Attitude

Attitudes of parents in this study refer to their predispositions to evaluate certain statements regarding the education of their disabled children as being favourable or unfavourable. A response to an attitude item was taken in this study as an attitude towards what was expressed in the statement.

Disability:

This is a defect which results in some malfunction or a restriction to perform an activity in the manner considered normal for a human beings but which may not necessarily affect the individual's normal life.

Disabled Child:

This is that child who cannot effectively interact with his environment like a non-disabled child because of the impairment he has.

Education:

In this study this term is defined as a process of one becoming aware of his environment and acting upon it to be self-reliant and independent.

Handicap:

This is a disability which retards, distorts and adversely affects normal growth, development or adjustment to life for a substantial period or permanently.

Hearing Impaired:

This refers to disorders in hearing that might result to limitation on the perception of speech and this results in inability to acquire language by natural means. Thus the hearing handicapped child is not able to understand what is being said, read and written unless he is trained in a special way.

Integration:

This principle refers to the inclusion of handicapped persons in as many cultural activities as possible which the non-handicapped children participate while being educated in normal schools.

Mentally Retardation:

This refers to a sub-average general intellectual function existing concurrently with deficits in adaptive behaviour and manifested during developmental period.

Physically Handicapped

There are several kinds of physical handicaps, most of which can be clearly seen on the persons having them.

The most common are polio and cerebral palsy. Cerebral palsy is a term used to describe a group of non-progressive disorders occurring in young children in which impairment of motor function is caused by damage above the brain stem. People suffering from this condition have difficulty in motor control, and may have other problems associated with this condition e.g. mental retardation

epilepsy or hearing impairment.

Rehabilitation:

This word refers to the rebuilding of the remaining abilities of a disabled person by medical measures and vocational training so that they can lead a full productive life again despite the disability.

Special Education

This is individually designed instructional services to meet the unique educational needs of disabled or handicapped persons.

Visually Handicapped:

This is a condition when one has no perception of light or has a defective vision.

CHAPTER 2

2.0 LITERATURE REVIEW:

In the course of exploring the subject of this study the researcher reviewed literature related to:

- 2.1 Attitude formation.
- 2.2 Disability and handicap.
- 2.3. Attitude to the disabled persons
- 2.4. Special education and the role of parents.
in the education of their disabled children.

2.1. LITERATURE RELATED TO ATTITUDE FORMATION

Cook and Selltiz (1964) as quoted by Encyclopedia of Educational Research, (1969) defined attitude as an underlying disposition that enters along with with many other influences into the determination of a variety of behaviours toward the attitude object, or class of objects. This includes statements of belief and feeling about the attitude object and approach avoidance actions to it⁴. They, Cook and Selltiz (1964) recognized the effective , cognitive and behavioral intention aspects

of attitude but considered the effective component to be the central aspect. Writing about the effective component Engelhart (1972) had the following to say.

The effective component is the emotion which changes the idea, whether a person feels good or bad when he thinks about the category, we say he has a positive or a negative effect toward the members of this category. For example when we say a person is characterised by a scientific attitude or is interested in art, we may in each case be referring to a class of behaviours - the person's typical behaviour or to the corresponding construct.⁵ (P. 168)

Green. B.F. (1954) as quoted by Engelhart is of the opinion that:

An attitude like many psychological variables is hypothetical or a latent variable rather than an immediately observable variable. The concept of attitude does not refer to any one specific act or response of an individual, but is an abstraction from a large number of related acts of responses.⁶ (P. 169).

From the above statements it means that the attitude of somebody cannot be observed at one specific moment but must be inferred from the behaviour the individual shows.

Engelhart confirms by stating that "behaviour has to be observed and measured in a variety

of situations so that we may be able to infer that a person is characterised by a certain attitude". (P.169).

The process of measuring attitudes as explained in the Encyclopedia of Educational Research is one which can be conceptualized as consisting of three stages.

- (a) First the identification of the types of behaviour samples that are acceptable as a basis for making inferences.
- (b) Collection of the sample of behaviour.
- (c) Treatment of the behaviour samples so as to convert findings about them into a quantitative variable.⁸ (P.180).

This is the approach I followed to design this study on the parents' attitudes towards the education of their disabled children in Wundanyi Division of Taita/Taveta District.

2.2 LITERATURE RELATED TO DISABILITY AND HANDICAP

In most literature reviewed terms like impairment, disability and handicap have been used interchangeably, especially disability and handicap.

This is because one leads to another as explained by UNICEF (1982) that "Most disabilities start as impairments, which if ~~not~~ treated become more serious and eventually become a handicap"⁹ (P. 32).

Furthermore a report on Special Education in Tanzania by the Institute of Education (1984) contends that,

"Any defect or disability can become a handicap if for instance, its presence becomes a source of major concern to the person, that is, when the affected individual fails to interact or adapt adequately to the environment"¹⁰ (P. 1).

The most commonly known disabilities which have been considered in this study, are blindness, deafness, mental retardation and physical handicap. These are referred to as disabilities because they restrict the person affected from interacting well with his environment, as it would be expected under normal circumstances. For example a blind person cannot read an ink print, a deaf person cannot listen to the radio and a physically handicapped person cannot go up or down the stairs. On the other hand a

mentally retarded person cannot think and reason normally but intellectually he functions at a sub-average level.

This study therefore intends to study the attitudes of the parents with children who have the above mentioned disabilities. Most research has shown that disabled persons are segregated by other members of the society because of lack of public awareness.

Lack of public awareness and concern for the disabled persons by members of the public has been claimed also to be one of the factors which handicaps the disabled persons. This is because the treatment given to the disabled persons is one which can not improve their disabilities but leads to making them handicaps. For example in some communities disabled persons are treated like they are sick and, as such, they are given the treatment given to sick people like not being allowed to do anything. In such cases the disabled people have

been kept indoors, over-protected and this has deprived them to a wide range of experiences from the environment.

It is therefore important to note that the attitude the society adapts about a disabled person is crucial in determining whether his disability will become a handicap or not. The attitude of the disabled person has also been found to be crucial too, in determining whether a disability will become a handicap or not. This is explained by UNICEF in the following way.

A child with a slight deformity may experience rejection by relatives or by other children. This will inturn affect his attitude to life and the way he interacts with people. His handicap may even become worse if, for instance he becomes withdrawn or resentful. On the other hand unconditional acceptance and positive attitude can help a child with disability to improve".¹¹ (P. 32).

The above statement is very important especially to people who have, among them, disabled persons. They have to be careful about the attitude they protrait to the disabled persons

because if their attitudes are negative they can be very damaging while if they are positive they can improve the condition of the disabled persons.

2.3. LITERATURE RELATED TO ATTITUDE TOWARDS
DISABLED PERSONS:

The literature reviewed on attitude towards the disabled persons provided some widely accepted views that the attitude has been 'unfavourable' though there is a trend of improvement to a 'favourable' one.

Quoted by Kirk, S.A. (1974) Frampton and Gall (1955) contend that;

Though a lot of changes have taken place in society's attitude toward the exceptional persons (disabled persons included) there are three stages in the development of attitudes toward the handicapped child.

- a) During the pre-Christian era the handicapped were persecuted and pitied neglected and mistreated.
- b) During the spread of Christianity they were protected and pitied.
- c) In the very recent years (from the 1950's there has been a movement toward accepting the handicapped and integrating them into society to the fullest extent possible¹².
(p 5-6)

The above three stages reported by Frampton and Gall (1955) have not developed very uniformly in all parts of the world, because even now there could be communities or individuals who are practising the first stage while others are on the third stage. It is also possible to see in one society a practice of the three stages at the same time. This is happening because, while governments and voluntary organizations are making a lot of effort to practise the third stage, there are individuals, who have been indicated by research, to have a mixture of feelings and attitudes towards the disabled persons. The treatment such people give to the disabled persons is a clear indication of their attitudes towards them.

Tororei (1984) writing about the education of the visually disabled in Kenya expressed the view that unfavourable attitudes are still found among some Kenyans. He stated that,

The birth of a blind child is regarded as a punishment not only by the parents but also by the community. The blind child is thus received with much uncertainty and fear. Parents may thus show two extreme reactions.

They may neglect the blind child and in such a case the child will be hidden from public sight and given little attention or they may feel obliged to over protect the blind child in an effort to appease the supernatural ¹³ (P.19).

Tororei (1984) however, feels that both these attitudes have negative outcomes. This is because in the case of a neglected child there will be lack of stimulation, and therefore the child does not develop motor skills. In the case of an overprotected child, the child is discouraged to explore and this leads to lack of development in social skills like language.

The views above do not only apply to blind children, but to all children who have one kind of disability or another. Though this claim has

been made, it is not totally true to say that most people in Kenya have unfavourable attitudes towards the disabled persons.

This is because while the government is trying to make the public more and more aware of the plight of the handicapped children, the society is also becoming more concerned about this problem. In a case study carried out by UNESCO (1974) it was found out that "This concern has been demonstrated by the general public's willingness to donate funds and other material to organizations operating schools or homes for handicapped children"¹⁴ (P. 13).

Research done in other parts of the world has also shown that there is a change of attitude towards the disabled persons from negative to positive. Taylor (1981) writing about the societies in the 'Western World' comments that,

It has become fashionable today that parents are greatly involved in the education of their handicapped children yet there were generations of parents who were counselled to hand over their children to educators¹⁵. (P. 448)

This shows that such parents are no longer ashamed of their disabled children but they are prepared to help them with their education. It is necessary that this change of attitude has to start with the parents of the disabled children before it can be extended to the larger society. In any case, it is the same parents of the disabled children who form part of the society so the attitudes they have towards their disabled children will be the societal attitudes towards disabled persons in general.

Walker (1981) who carried out a study in Ghana and Nigeria found out that the attitudes of the people (who were the subject of research) towards the disabled persons in both countries were quite favourable¹⁶. This was unlike what the researcher found out in her earlier work (Walker, 1978).

These findings indicate a change of attitude from negative to positive but as it has already been stated above it is not uniform. This is why the designer of this study felt it necessary to carry

out a study of this kind to find out what attitudes the parents of the disabled children in Wundanyi division have towards their disabled children and their education.

2.4 LITERATURE RELATED TO PROVISION OF SPECIAL EDUCATION.

As it has already been mentioned above, it is only through providing special education that disabled persons can be made to live independent lives.

The provision of special education is very essential because the handicap which a disabled child faces makes it impossible for him to benefit sufficiently from a regular programme. Karugu (1984) however, cautions that "The need for special education is dictated by the degree of impairment which causes the individual not to benefit from the regular school practices"¹⁷.

Providing special education to the disabled persons is an issue which has recently been debated on whether it is worth-while or not.

Writing about the situation in Tanzania, (the Institute of Education,) the following arguments were brought forth against and for providing special education to the disabled in Tanzania.

Though everyone including a handicapped person has a right to education, the main reason for not educating the disabled is that their education is more expensive than that of the normal child. It is further argued that since not all normal children have had this basic right due to insufficient resources, our efforts should be directed first to educating these children who form the majority. However, it would be more useful to educate the handicapped in order to reduce their handicaps and enable them to play a positive role in the development of their society.¹⁸
(.P. (P. 12).

In the introduction part of UNESCO (1981) commenting on the reasons for providing special education to the disabled persons was of the view that, it is more on humanitarian grounds rather than on economic reasons that the disabled persons are provided with special education. "This is so because the principle of equal opportunity and universal right to optimal personality development are more basic to special education than any possible economic gains from special education programmes"¹⁹.

The merits and demerits of providing special education therefore depend on the type of society giving that type of education. The arguments presented above can therefore be summarized by the following statement of Kachinwe (1983):

In egalitarian societies the concept of human development entails the diffusion of goods, services and human rights to all members of the society regardless of their condition. On the other hand in market economies the role of the individual is that of a producer and consumer. The individual in the market society is thus expected to produce what he consumes²⁰.

Provision of special education in the market society aims at making a person self reliant. In the majority of cases, this is the main aim of providing special education to the disabled persons so that they may no longer depend on their family members to provide for them or on the society at large.

Thus educational programmes such as vocational rehabilitation and special instructional programmes are provided to the disabled persons

so as to enable them to overcome their difficulties, to learn to live with their disabilities and integrate them in the society. To achieve all this it requires co-operative efforts from all members of the society. This is clearly stated by Karugu (1984) in the following statement.

It must be noted that to assist a handicapped person to reach independence, requires great co-ordination of efforts by all the people that come into contact with such a person. It is not pity that will solve the problem, but the positive approach and the right attitude. The greatest contribution a person can make in the life of a handicapped person is to assist him/her in acquiring skills for independent living²¹.

The 'right attitude' mentioned above is the positive attitude toward the disabled persons and it has to start from home with the parents of the disabled child. This is important because the parents are the first people a disabled child comes in contact with, and they are the ones who introduce the child to the society. A disabled child therefore like any other child, who is not disabled has parents to whom the child belongs and is therefore entitled to the fundamental right of equal opportunity and treatment like the other children.

"The child must, therefore, be properly cared for, loved by his parents because he too is a child"²²

Proper development of the potentialities a disabled child has, which will later enhance his education, has to start from home with the parents of such a child. The important role the parents play in the early education of their children has already been mentioned above. However it is also important to add here that there is still a lot the parents can do in terms of their attitudes to the child, especially when the child is a disabled one. Owsley (1980) stated that;

The role of the family in the education of their child who is handicapped is to help him to learn to be human, to learn to love, to build his unique personality, develop his self image and to relate with and to the changing society of which and to which he is born²³.

He also (Owsley 1980) adds that;

Parents have to play a crucial role in the education of their disabled child by first and foremost accepting their child, in the first place and only one

who has a handicap. They should also realize that the disabled child can be made a contributing member of the family if provided with a conducive environment. If they do this they will have made a first step in their child's education.²⁴

If the parents do what Owsley (1980) claims above the handicapped child will then be in a position to bring the link of a desirable home and school into clear focus. It is necessary to maintain this link between class work and out of school activities especially in cases of severely handicapped children. This is because the time a handicapped child spends at school may not be enough for his needs, and he requires a consistent programme of developmental experiences from waking hours to sleeping hours. The home has therefore to continue where the school leaves and vice versa. It is however necessary for such a link to be forged early in the child's life, possibly at pre-school age. For this to be successful, also, there is need to educate the parents so that they may be able to accept, understand

and serve their handicapped child well before the child starts school and while the child is in school.

The involvement of the parents of disabled children with the education of their children is not only necessary at pre-school age, and at school going age but is even important after a rehabilitation programme is over. To emphasise the need for this Kachingwe (1981) stated that "It would be a fruitless effort to rehabilitate people and plunge them in an attitudinally 'disabled' environment where they are pitied. This is is a kind of attitude which keeps disabled people feeling a sense of guilt and deprived of self-esteem".²⁵

The National Council of Disabled Persons of Zimbabwe has therefore undertaken a public education campaign in order to reach the general public, officials and organizations. The Council aims at educating the rural people to change some traditional beliefs and practices regarding the disabled persons and to make them aware of their responsibilities

towards them. Karugu 1984, also writing about the situation in Kenya is in support of massive public education which will bring about a change of attitude toward the handicapped persons.

In view of what has been stated above, regarding the role the parents and the society can play in the education of the disabled persons, special education teachers, who have been trained cannot boast that they are the only people suited for caring for handicapped children. The parents' involvement is equally important and to some extent the society at large, in order for a disabled person to succeed in life. Taylor (1981) is of the opinion that, "These teachers should realize that dangers of inadequate stimulation and learning opportunities in the home can be lessened by the early involvement of parents in the education of their children".²⁶

Taylor states that attitudes are best influenced while children are young. Thus when children start school after having been exposed to the right attitudes they adjust well to school life and start well in their education.

Since provision of special education appears to be the best way of helping handicapped persons, this type of education has to be provided in the best possible way so as to be of much benefit to them. The traditional practice of providing special education, which is still widely used today, is that of segregating the handicapped children from the non-handicapped. The handicapped children are put in separate institutions and taught alone. This practice of separation is most likely to cultivate negative attitudes towards the handicapped persons. The trend is however now changing to that of integration whereby the handicapped persons participate together with the non-handicapped persons in as many cultural activities as possible and possibly go to the same school. This is viewed as an

improved form of special education in which many more teachers and fellow students are involved with the handicapped persons.

There have been arguments though in favour of the principle of integration and against it. The points raised in favour of this principle are that; a disabled child is prepared by education to live in society, then he should not be separated from this same society. Furthermore, non-handicapped persons especially children can only be made aware of the conditions of the handicapped children if they live with them. It is also expected that by living with them they will learn to accept them more and thus develop favourable attitudes towards the disabled persons.

A study carried out on the integration of the visually handicapped in Kenya by Kabue (1984) revealed that many parents and members of the public did not understand why the trend should shift from providing education to the

visually handicapped in residential schools of their own to having them attend regular schools. The refusal of the idea of integration was further confirmed by the fact that, the residential separated schools had long waiting lists while integrated schools were not facing any demand.

Chege (1984) gave the reason for parents not being in favour of the principle of integration as not wanting their children to be exposed to failure, especially the mentally handicapped children.

From the study of Kabue (1984) cited above, teachers expressed uncertainties as to whether they could cope with disabled children in an ordinary class which is made up of a large number of pupils who are not disabled.

The teacher requires more time and attention with a handicapped child, thus instead of having a teacher devote most of his time and

attention to a handicapped child in an ordinary class it is better to have handicapped children separated. It is also logical to have handicapped children given instructions or taught separately, because depending on the type of the handicap, the children might require special equipment which cannot be used and stored in an ordinary classroom.

The trend in Kenya now is to have a special class for handicapped in an ordinary school known as a unit. This is a better alternative, rather than having handicapped children separated from the other children or mixed with them in one class. In this way the handicapped children get a chance to interact with the non-handicapped children in school and at the same time they receive special instruction in a separate classroom. This is however not the case with most special schools in Kenya but the situation is heading for more and more integration.

CHAPTER 3

3.0 INTRODUCTION

This study was designed to study the attitudes of parents toward their disabled children's education in Wundanyi Division in Taita/Taveta District. At the time of this study there were, 115 disabled children of different disabilities in Wundanyi Division who had been identified by the assessment centre in Wundanyi Division. This number could even be higher than this if all the disabled children had been assessed. However, despite the publicity which has been made about this service, some parents have not taken their children for assessment so that their disabilities can be identified. Furthermore, the disabled children who have been assessed do not all go to school because provision of special education is still not enough. As mentioned earlier, in Wundanyi Division there are only two units of special education which cater for the mentally handicapped children. Children with other disabilities like physical handicap, blind, and deaf attend special schools outside the district

when a vacancy is found. Though chances of disabled children receiving special education are very scarce, it was still possible for the researcher to get parents (the main subjects of this study) who had disabled children attending schools. However, the majority of children are those who have not been sent to school. The total population in Wundanyi Division is estimated at 110,000 people.

3.1 SAMPLING

In order to explore the issues outlined above, the researcher interviewed 30 parents with disabled children in Wundanyi Division. Twelve of these parents were those whose children were receiving special education at the time of this study and eighteen were whose children were not in school.

Two sampling techniques were utilized in selecting the sample of this study, i.e. random sampling and stratified quota sampling. Using the list of names of disabled children who have assessed from the assessment centre, a stratified quota sampling procedure was employed in selecting 30 individual respondents. Using this procedure, individual respondents were selected on the basis of whether their children were in

school or not and on the different types of disabilities so that to ensure that views of each type of disability were represented in this study. For this study the researcher studied the attitudes of parents with mentally retarded children, blind, deaf and physically handicapped. A specified number of each category, was assigned (26% of each category) to be interviewed though the actual subjects were selected randomly from each category. Under this random sampling procedure all potential respondents in each category had an equal chance of being selected for the interview. Hence this method assured that the proportion of parents with disabled children included in the sample had the same characteristics as that of the parents with disabled children in Wundanyi Division.

To verify the information gathered from parents whose disabled children were receiving special education during the time of this study, the researcher interviewed 10 children. These children were selected randomly from the two units of special education for the mentally retarded children in Wundanyi Division. Two teachers, one teaching in each of these units, were also given a questionnaire of which the

responses were to verify the information given by the parents of the disabled children.

3.2 RESEARCH INSTRUMENTS

The researcher did not use any standardized tool because one was not identified but constructed one. The tool constructed for the parents of the disabled children was in the form of dichotomous questions which required Yes or No responses and attitude items which were rated on an attitude scale based on the Likert five-point method. This tool was constructed to be used as an interview schedule as presented in appendix A. Another tool is a questionnaire for special education teachers presented in appendix B. An informal interview was also conducted with the disabled children.

3.2.1 INTERVIEW SCHEDULE FOR PARENTS

This research instrument which was administered to the parents of the disabled children was divided into the following sections.

SECTION 1

This section had statements which sought information about the parent on age, sex, religion, marital status, level of education, occupation and number of children. Background information

about the disabled child was also sought for in this section on age, sex, position of child, type of disability and the general development of the disabled child.

SECTION 11

This section was divided into part A and B Part A had statements which were to be answered Yes or No and sought general information on how the disabled child was treated at home by the parents and the general behaviour of the disabled child. Responses to these statements also indicated, to a general level, the attitude of the parent to the disabled child.

Part B had statements which were scored using the Likert type of scale. Some of the items were presented to imply favourable or positive attitude and others to imply unfavourable or negative attitude. The subjects responses agreeing with positive statements or disagreeing with negative statements indicated a positive attitude. Equally, those responses which did not agree with positive statements or agreed with negative statements were regarded as indicating a negative attitude.

3.3 PRE-TEST

Before the actual study a pilot study was carried out with a sample of five parents of the disabled children from the same division. These subjects were however, excluded from the sampling of the subjects for the actual study. The tool used in the pilot study had 30 attitude items which had positive, negative and uncertain statements. After the pilot study the responses were studied and then a change was introduced in the wording of certain statements and the uncertain statements were removed. The final questionnaire had 26 attitude items, half of which were favourable statements and the other half unfavourable.

3.4 ADMINISTRATION OF RESEARCH TOOLS

The researcher visited and interviewed all the 30 parents of the disabled children personally, with the help of the assessment teacher, in Wundanyi Division who assisted in identifying the parents. During those visits the assessment teacher, who was quite familiar to most parents, (having met him during the assessment) did the introduction, explained the purpose of the

researcher's visit and requested, the parent to respond appropriately to the interview. After this initial introduction the assessment teacher left and the interview was conducted by the researcher following the interview schedule. Though the interview schedule was written in English the researcher conducted the interview in the language of the subjects (Kitaita) as most of the subjects could only understand their mother-tongue language. During the interview the researcher tried as much as possible to retain the meaning of the interpreted statements. Where the statements were not understood, short explanations were offered but care was taken so as not to affect the attitude of the subjects.

The questionnaire of the special education teachers was also delivered personally by the researcher so that the purpose of the study could be explained and the need to fill the questionnaire correctly.

3.6 SCORING AND ANALYSIS OF THE RESULTS

The responses for part A of section II of the interview schedule to parents were reported in frequencies and percentages in distribution

tables followed by a discussion of the information presented in the tables.

For the attitude items in part B of section II, which were of the Likert type of scale, the scoring was as follows:

For positive items the responses were valued as follows:- Strongly Agree (S.A) = 5 Agree (A) = 4, Uncertain (U) = 3, Disagree (D) = 2 and Strongly Disagree (S.D) = 1, For negative statements the values were as follows: Strongly Agree (S.A) = 1, Agree (A) = 2 Uncertain (U) = 3 Disagree (D) = 4 and Strongly Disagree (S.D) = 5.

This scoring method was used to score each attitude item every subject responded to. The total score for every subject was found by adding the values of each item.

There were 26 attitude items for this study and for each item the highest score that any subject could score was 5 and the lowest.

1. Thus the highest possible score for all the items was: $26 \times 5 = 130$ and the lowest was $26 \times 1 = 26$ for every subject. This means that the expected total mean score for every subject was $\frac{130 - 26}{2} = 78$. To get the mean for every

item this expected total mean score was divided by 26 since there were 26 items.

$\frac{78}{26} = 3$. This same mean was also arrived at by adding the highest possible score in each item which was 5 to the lowest possible score in each item which was 1 and then divided by 2, $\frac{5+1}{2} = 3$.

This mean of 3 was thus used to categorize the respondents as either positive or negative, those whose mean 3 and above those were regarded as positive and those whose mean was below 3 were regarded as negative. This same reasoning was also used to categorize each item as being responded to positively or negatively, and to decide whether the group was positive or negative towards the education of the disabled children. The group mean was arrived at by adding up all the means of all the respondents and then divided by 30 or by adding up all the means of all the items and divided by 26.

CHAPTER 4

4.0 INTRODUCTION

This chapter contains the findings of the research, their analysis and interpretations.

The chapter is divided into four sections.

1. Discussion on the background information of the parents and their disabled children.
2. Analysis and interpretation of part A of section II of the interview schedule.
3. Analysis and interpretation of part B of section II of the interview schedule.
4. Discussion of the teachers' questionnaire and disabled children's informal interview.

4.1 DISCUSSION ON THE BACKGROUNDS OF THE PARENTS AND DISABLED CHILDREN.

Tables 1 and 2 shows the background information of the parents who took part in the study and their disabled children respectively.

TABLE I
BACKGROUND INFORMATION OF PARENTS

<u>DIFFERENT ASPECTS OF BACKGROUND</u> <u>INFORMATION.</u>	<u>NO.</u>	<u>%</u>
<u>AGE:</u>		
21-30 years	6	20
31-40 years	7	23.3
41-50 years	11	36.7
51-60 years	6	20
<u>SEX</u>		
Male	3	10
Female	27	90
<u>MARITAL STATUS</u>		
Married	25	80.3
Divorced	1	3.3
Windowed	3	10
Unmarried Lady	1	3.3
<u>LEVEL OF EDUCATION</u>		
Illiterate	12	40
Primary standard 1-7	15	50
Post Primary	3	10

<u>DIFFERENT ASPECTS OF BACKGROUND</u>	<u>NO.</u>	<u>%</u>
<u>INFORMATION</u>		
<u>OCCUPATION</u>		
Peasant farming	25	80.3
Unskilled labourer	1	3.3
Business	1	3.3
Teacher	2	6.7
Clerical	1	3.3
<u>RELIGION</u>		
Catholic	13	43.3
Protestant	16	53.3
Muslim	1	3.3
<u>NUMBER OF CHILDREN</u>		
1-2	3	10
3-5	7	23.3
6-8	10	33.3
9-11	10	33.3

As it can be seen from table 1, all the parents who took part in the study were above 21 years old and less than 60 years old. This indicates that the parents were not too young neither too old to remember certain aspects about their disabled children. However, the higher proportion of the sample was made up of parents who were between the age range 30-50 years old (60%).

On the aspect of the sex of the subjects the table shows that there were more female subjects than males 90% against 10%. This was because the researcher interviewed the parent who was available at the time of the visit to the home. Since in the majority of cases the mothers were the only ones at home at the time of the visit, they automatically became the subjects of the study. However, the views expressed by mothers should not be considered to be those of a single parent but for both because 80.3% of these parents were married with their spouses still alive. Thus it is possible that the attitude of one parent towards their disabled child is likely to be influenced by the other parent too.

Another important aspect about the parents interviewed is their level of education. 40% of the parents interviewed were illiterate while 50% had received elementary type of education and only 10% had had post-primary type of education. The education of the parent was an important aspect for this study because a parent who is not educated might not see much value in education especially that of a disabled child. This is in fact reflected in the willingness of such parents to take to school their disabled children as it is shown in table 3. Furthermore an illiterate parent will not be in position to assist the child with any type of learning which could be a continuation of what has been learnt at school.

From table 1 above it shows that the subjects (parents) had large numbers of children. 90% of the parents had more than 3 children and those who had more than 9 were making up 33.3% of

the sample. This is a reflection that most of the disabled children came from large families and possibly the size of the family had something to do with the cause of the disability. Furthermore given that 83.3% of the parents had no employed jobs, but practised peasant farming, it implies that they did not get enough income to support such large numbers of children.

Thus it is possible that the causes of disabilities were related to the economic status of the parents i.e. the poorer families tended to have more cases of disabled children, and the most common type of disability in such families was mental retardation (63.3%).

Table 2 shows different aspects of the background information of the disabled children whose parents took part in the study. From this table it can be seen that most of the disabled children whose parents were involved in the study were of school going age, in fact 43.3% were of age range 7-12 years.

TABLE 2

BACKGROUND INFORMATION OF DISABLED CHILDREN

DIFFERENT ASPECTS OF BACKGROUND INFORMATION	NO	%
<u>AGE IN YEARS</u>		
0-6 Yrs.	9	30
7-12 Yrs.	13	43.3
13-18 Yrs.	8	26.7
<u>SEX</u>		
Male	15	50
Female	15	50
<u>TYPE OF DISABILITY</u>		
Mentally Disabled	19	63.3
Physically Disabled	5	16.7
Hearing Impaired	5	16.7
Blind	1	3.3
<u>BIRTH POSITION OF CHILD</u>		
1-3	10	33.3
4-6	11	36.7
7-9	5	16.7
10-12	4	13.3

DIFFERENT ASPECTS OF BACKGROUND
INFORMATION

	NO	%
<u>CAUSES OF DISABILITIES AS GIVEN</u>		
<u>BY PARENTS</u>		
Inborn (Congenital Defects)	10	33.3
Unspecified Diseases	4	13.3
Malaria (causing epilepsy)	3	10.0
Medical negligence	3	10.0
Withcraft	3	10.0
Measles	1	3.3
Don't know	6	20.0
<u>AGE AT WHICH PARENT DISCOVERED</u>		
<u>DISABILITY</u>		
At Birth	5	16.7
At 1 Year	11	36.7
At 1-3 Years	9	30.0
After 3 Years	4	13.3
Don't know	1	3.3
<u>AGE THE CHILD WAS WEANED</u>		
Before 1 Year	8	26.7
1-2 Years	18	60
After 2 Years	3	10
Not known	1	3.3
<u>AGE AT WHICH CHILD TALKED</u>		
0-2 Years	12	40.0
3-4 Years	2	6.6
5-6 Years	3	10.0
After 6 Years	5	16.7
Not Yet	8	26.7

DIFFERENT ASPECTS OF BACKGROUND

INFORMATION	NO	%
<u>AGE AT WHICH CHILD WALKED</u>		
0-2 Years	4	13.3
3-4 Years	13	43.3
5-6 Years	3	10.0
After 6 Years	5	16.7
Not yet	5	16.7

It can also be seen from the same table (table 2) that the main type of disability in Wundanyi Division is mental retardation (63.3%) and the main cause of disabilities is congenital defects (33.3%) resulting to Down's Syndrome. As it has been shown by research in other countries that the occurrence of Down's Syndrome is related to the age of the mother being over 35 years, by the time the child is born, this study also noted that relationship though it was not the main objective of the study. Of the 19 cases of the mentally disabled children used in this study, 9 of them were of Down's Syndrome type and they were born of mothers who were above 35 years old.

From table 2 above it can be seen that 66.7% of the parents were aware of the various causes of the disabilities in their children, 13.3% could not specify the disease and 20% did not know the cause. From the same table it can also be seen that 53.4% had discovered that their children were disabled by the time the children were 1 year of age. The causes of the various types of disabilities as

explained by the parents and the age at which the disabilities were discovered in children was an important information for this study. This is because knowledge of the cause of disability and the age at which the disability was discovered is necessary in facilitating the possibility of taking appropriate measures to prevent the disability and to reduce the handicapping condition of the disability. Infact, since 83.4% of the parents had indicated that they discovered that their children were disabled before 3 years of age, it indicates that such parents could be counselled early enough on how to help their children to develop talking and walking skills.

From table 2, above 40% of the parents reported that their disabled children had talked by 2 years of age, though, this would depend on the type of disability. However, when age at which most disabled children talked is compared with age at which they walked, there was more delay in walking than in taking. Only 13.3% disabled children had

walked by the age of 2 years as compared to 40% who had talked by the same age. Though the age at which a disabled walks depends on the type of disability, there were cases of the mentally disabled children, who had not walked by the age of 5 years. Such are the cases whereby the parents could be advised on how to assist the disabled child to walk earlier, though this depends on the attitude the parent has towards the disabled child.

From tables 1 and 2 above it has been shown that 40% of the parents involved in the study were illiterate and that the majority of the children whose parents were involved in the study were of school going age (43.3%). However as mentioned earlier, the level of education of the parent might have had some influence in deciding whether a disabled child should be in school or not because all the 43.3% of school going age children were not in school. Table 3 shows the number of children in school or not against each level of education of parents

TABLE 3

EDUCATIONAL LEVEL OF PARENTS AND WHETHER THE DISABLED CHILD IS IN SCHOOL OR NOT.

LEVEL OF EDUCATION OF PARENT	CHILD IN SCHOOL		OR NOT	
	YES	%	NO	%
Illiterate	3	10	9	30
Standard 1-4	-	-	4	13.3
Standard 5-8	6	20	5	16.7
Post-Primary	3	10	-	-
TOTAL	12	40	18	60

As presented in table 3 it can be seen that the highest percentage of the disabled children who were not in school was from illiterate parents (30%) and the lowest percentage of those who were in school (10%) was from the same parents. It can also be seen that all the parents who had post-primary level of education had taken their disabled children to school.

Apart from the educational level of the parents, the age of the child is another important factor which can determine whether a disabled child

should be in school or not. As mentioned earlier most of the disabled children whose parents participated in this study were of school going age, with 43.3% being of age range 7-12 years. Table 4 shows the disabled children who were in school and those who were not in school against their ages.

TABLE 4

AGE OF DISABLED CHILDREN AND WHETHER CHILD IS IN SCHOOL OR NOT.

AGE IN YEARS	CHILD IN SCHOOL OR NOT				TOTAL	%
	Yes	%	NO	%		
0-6YRS	3	10	4	13.33	7	23.33
7-12YRS	6	20	7	23.33	13	43.33
13-18YRS	3	10	7	23.33	10	33.33

As it can be seen from table 4 of the 40% of the disabled children who were in school half of these were aged 7-12 years old (20%). At the same time it can be seen that 23.3% disabled children of the same age range were not in school, which is more than those who are in school. However,

when compared to other age groups 0-6 years and 13-18 years, there are more children in these age groups who were not in school than those who were in school. Possibly this is because those who were 0-6 years old were too young to start school and those who are 13-18 years old were also too old to start school.

Another important information for this study presented in table 2 above, and mentioned earlier is that disabled children were born from large families. It is therefore possible that the birth position of the disabled child was an important factor in influencing the occurrence of a disability. Table 5 shows the birth position of the disabled child and type of disability.

TABLE 5

BIRTH POSITION OF DISABLED CHILD AND TYPE OF DISABILITY

TYPE OF DISABILITY	BIRTH POSITION OF CHILD									
	1-3	%	4-6	%	7-9	%	10-12	%	TOTAL	%
Mentally Disabled	4	13.33	8	26.66	4	13.33	3	10	19	63.33
Physically Disabled	3	10	-	-	1	3.33	+	3.33	5	16.66
Hearing Impaired	3	10	2	6.66	-	-	-	-	5	16.66
Blind	-	-	1	3.33	-	-	-	-	1	3.33
TOTAL	10	33.30	11	36.75	5	16.70	4	13.30	30	100
		33.3		36.7		16.7		13.3		

As presented in table 5 it can be seen that 66.7% of the disabled children were born between position 4-12, with the mentally disabled having the highest percentage of those born after 4th position (50%). This when compared with disabled children having other types of disabilities, as it is shown on the table, the mentally retarded children were more likely to have been affected by the birth position than disabled children of other types of disabilities, though the blind is also shown to have been after 4th position. Since this was only one case, it cannot be generalized to be the case for most blind children though in this study it implies so because it was a random sample.

4.2 ANALYSIS AND INTERPRETATION OF PART A OF SECTION II OF THE INTERVIEW SCHEDULE

The distribution of the responses per item for part A of section II of the interview schedule to parents are presented in table 6.

TABLE 6

PARENTS RESPONSES TO SECTION II PART A (20 ITEMS OF YES/NO. RESPONSES).

	<u>ITEM STATEMENT</u>	<u>YES</u>		<u>NO.</u>	
		NO.	%	NO.	%
1.	Do you have any other disabled child?	4	13.3	26	86.7
2.	Have you sent your disabled child to school?	12	40	18	60
3.	Does your disabled child demand alot of attention?	13	43.3	17	56.7
4.	Do members of the family show any dislike for the disable child?	13	43.3	17	56.7
5.	Does your disabled child complain unnecessarily ?	14	46.7	16	53.3
6.	Do you give your disabled child more things than you give the other children?	6	20	24	80

7.	Have you ever been visited by any government official asking you about the condition of your child?	21	70	9	30
8.	Have you ever made known the condition of your disabled child to any government official?	20	66.7	10	33.3
9.	Does your disabled child play with other children in the home?	29	96.7	1	3.3
10.	Do you encourage the child to play?	30	100	0	0
11.	Do/would you give your disabled child any duty to do in the home?	23	76.7	7	23.3
12.	Does/Would your disabled child follow instructions well about the work he /she is supposed to do?	25	83.3	5	16.7
13.	Do you apply any forms of punishment to your disabled				

	child when she/he does wrong things?	18	60	12	40
14.	Do you praise your disabled child when she/he has completed some work well?	26	86.7	4	13.3
15.	Do you think people show a lot of sympathy to the disabled children?	22	73.3	8	26.3
16.	Do you like telling people that you have a disabled child?	24	80	6	20
17.	Does/would your disabled child cope with school work.	17	56.7	13	43.3

18.	Do/Would you help your disabled child in any way with her/his school work?	17	56.7	13	43.3
19.	Do/Would you go to school to find out how your disabled child is doing at school?	22	73.3	8	26.7
20.	Have you ever attended any meeting/ seminar/course, regarding the education of your disabled child?	12	40	18	60

From the responses in the above table 6, which sought general information from the parents with disabled children, of the 30 parents interviewed 4 reported that they had another disabled child. The 4 parents who reported so were parents with mentally disabled children and the other disabled child had the same type of disability. In such a case mental disability is likely to have been an inherited condition from the parents.

Regarding the general behaviour of the disabled children, most parents were of the view that their disabled children did not demand a lot of attention (56.7%), did not complain unnecessarily (53.3%) and they played well with other children in the home (96.7). All the parents in the study admitted that they encouraged their disabled children to play because they appreciated its developmental role in their disabled children's growth process. This was a reflection of the awareness these parents had acquired after the assessment of their children.

On the question of whether a disabled child in a family was disliked by members of the family and relatives, 43.3% reported that the child was disliked though a lot of sympathy was shown to the disabled children. Because of the dislike shown to the disabled child by family members 20% of the parents felt that they needed to treat their disabled children in a special way by giving their disabled children more things than they gave the other children. Furthermore on the same basis 40% of the parents accepted that they did not punish their disabled children when they did something wrong.

From the responses in the above table 6 it can also be seen that some parents thought that their disabled children were not capable of doing anything. Thus 43.3% of the parents were of the view that their disabled children could not cope with school work. All the parents who made up this percentage were parents with mentally disabled children. This means that mental retardation was regarded to be a more serious disability by the parents, and children who

had this disability were regarded as not being capable of learning anything. Thus 11 parents out of the 13 parents who had this view had not taken their disabled children to school neither had they thought of doing so. The other 2 parents out of these 13, one, hoped to take the disabled child to school on condition that it would be a special school not attached to the ordinary school, and the other one had the disabled child in school, but was convinced that the child would never learn anything. Thus the unwillingness of parents to take to school their mentally retarded children is due to the fact that they were convinced that their disabled children would not benefit much from education.

However in this study 40% of the parents had taken their disabled children to school and 60% had not. Asked why the 60% had not taken their disabled children to school, the following reasons were given:

1. There was no special school nearby and since the ordinary schools could not cope with the behaviour of the disabled children i.e. running away from school, needing individual

instructions and epileptic attacks, the disabled children were not accepted in the ordinary schools.

2. The disabled children could not walk to school alone but needed to be escorted to school and back, and the parents of such children were too busy for that kind of work.
3. Some parents were not able to raise money to take their disabled children to a special school, especially one which was far from home.
4. There were no vacancies in special schools especially Port Reitz for the physically disabled and Ziwani for the deaf, both of which are found in Mombasa.
5. Parents were convinced that the disabled child could not learn.

The above reasons for not taking disabled children to school are presented in table 7 below which indicates the number of parents and the percentage for each reason.

TABLE 7

REASONS FOR NOT TAKING A DISABLED CHILD TO SCHOOL
AS GIVEN BY PARENTS.

REASONS	NO.OF PARNETS	%
No special school nearby	6	33.3
Parent not willing to escort child to and from school.	3	16.7
Parent not able to raise money	1	5.6
No vacancy in special school	2	11.1
The child cannot learn	6	33.3
TOTAL	18	100

As it can be seen from table 7 most of the parents (33.3% in Wundanyi Division have not taken their disabled children to school because of lack of special shools and the ordinary schools could not cope with the conditions of their disabled children. This reasoning to some extent indicates that these parents were willing to take their disabled children to school if special schools were available, unlike the 33.3% who were convinced that their disabled

children could not learn anything. It implies that this second group would not take their disabled children to school even if a special school was available. The 16.7% who gave the reason of lack of time to escort the disabled child to and from school do not, also, seem to be very much convinced that education is ^{not} of much value to their disabled children, otherwise if they were, they would have sacrificed their time of work for that.

The five reasons given above, therefore explain why some of the disabled children in Wundanyi Division are not in school or could have dropped out of school, thus not receiving any education at all.

4.3 ANALYSIS AND INTERPRETATION OF PART B OF SECTION II OF THE INTERVIEW SCHEDULE.

Table C in the Appendix shows the number of parents who responded to every alternative in every attitude statement and the percentages of the respondents. From table C, table 8 has been derived which shows the mean scores of every attitude statement. There were 26 attitude statements used in the study.

TABLE 8

MEAN SCORES OF EVERY ATTITUDE STATEMENT

ATTITUDE

<u>ITEM NO.</u>	<u>MEAN SCORE (X)</u>
1	4.7
2	4.4
3	2.6
4	4.2
5	4.6
6	4.6
7	3.9
8	4.2
9	4.3
10	4.3
11	3.4
12	4.3
13	3.3
14	2.3
15	4.5
16	3.4
17	4.6
18	3.3

19	2.6
20	2.1
21	4.5
22	3.3
23	3.8
24	4.6
25	2.3
26	4.4

TOTAL 98.54

MEAN FOR ITEMS = 3.8.

From table 8 it can be seen that the respondents were positive in certain attitude items and negative in a few others, of the attitude items in which the respondents were positive, some have a high mean, indicating a high positive attitude towards that attitude statement and others with a mean value below 3 which indicates a negative attitude towards that attitude statement. The highest mean value is 4.7 which is for attitude statement number 1 and the lowest is 2.1 which is for attitude statement number 20. Attitude items in which the subjects responded to positively have mean values which range from 3.3. to 4.7 but with more attitude items having mean values above 4. The attitude items in which the respondents responded to negatively, have mean values which range from 2.1 to 2.6. Table 8.1 show the number of attitude items responded to postively and negatively.

TABLE 8.1 NUMBER OF ITEMS WHICH WERE RESPONDED
TO POSITIVELY OR NEGATIVELY.

ATTITUDE	NO. OF ITEMS	%
POSTIVE	21	80.77
NEGATIVE	5	19.23
TOTAL	26	100

Though table 8.1 shows that there were more items which were responded to positively (80.77%) than those which were responded to negatively (19.23%) the general impression one gets from the data presented at table 8 is that these responses can be categorized into three ranges. There are those with a high mean (above 4), those with a mean which is close to the mean value (about 3) and those which are negative. From table C in the Appendix it can be seen that items which had a mean of above 4 tended to be one-sided with either responses for strongly agree and agree with favourable statements or Strongly disagree and disagree with unfavourable statements. The one-sided statements had responses with percentages ranging from 80% to 96.7% There were 14 attitude items out of the 26 attitude items which tended to be responded to in this manner. Of these 14 items, 11 were favourable statements and only 3 were unfavourable statements. This indicates that the subjects tended to agree more with positive statements than they disagreed with negative statements.

The responses which are spread around the mean value i.e. with a mean ranging from 3.3-3.9 are those items which in table C in the Appendix are shown that almost every alternative was selected by some respondents, but with a higher percentage of respondents being for one of the five alternatives. These items had percentage responses ranging from 3.3% - 63.3% and there were 7 items which were responded to in this manner. Of the 7 items 5 were unfavourable statements and 2 were favourable statements. This implies that the responses for unfavourable statements did not determine extreme attitudes either very positive or very negative.

The third types of responses are those which indicate a negative attitude i.e below the mean value of 3. From table 8.1 it can be seen that there are 5 items which indicate a negative attitude and these have a mean value ranging from 2.1-2.6. As it can be seen from table C. in the Appendix all the five statements which were responded to negatively were unfavourable statements. This also implies that the respondents tended to be more negatively

inclined in their attitudes towards the education of the disabled children in unfavourable statements than they were in favourable statements.

Another aspect about the items which were responded to negatively is that 2 of the items were on financing of the education of the disabled children and 2 were an integration whereas the other one was on the type of education which should be offered to disabled children. These attitudes items which were responded to negatively are of great interest in this study, because whereas the mean score for the attitude items was 3.8 indicating very oostive attitude, only these items had negative responses. Table 8.2 below shows these attitude items and their mean schores.

8.2. ITEMS WITH NEGATIVE RESPONSES AND THEIR MEAN SCORES

NEGATIVE ITEMS	MEAN SCORES
3. Disabled children should not attend school with non-disabled children.	2.6
20. Disabled children learn better when they are put in boarding schools far from home.	2.1
19. Educating a disabled child is more expensive than educating a non-disabled child.	2.6
23. Since it is not the fault of anybody to have a disabled child, the government should be totally responsible for all the educational needs of these children.	2.3
14. The only education suitable for a disabled child is vocational training	2.3

From table 8.2 above the mean scores of the above items being below the mean value, is clearly indicative of the negative attitudes the parents had on these attitude items. Parents therefore did not favour the idea of integration as it is indicated by the negative responses to items 3 and 2. This could have been the reason why some parents had not taken their mentally disabled children to the two units for the mentally disabled children mentioned earlier in Wundanyi division. This also explains why the mean score for item 1 was the highest (4.7) because it was on building more schools for disabled children.

On items 19 and 23 which were on the educational expenses of the education of disabled children, parents were also negative on having to meet the educational expenses of their disabled children. Though from the mean value of the item it implies that parents were highly positive towards the education of their disabled children, when it came to having to meet the expenses, the parents were of the view that the education of disabled children is expensive thus the government should

help. This attitude explains why some parents gave one of their reasons for not taking their disabled children to school as being lack of money. Thus such parents never made any effort to look for that money. Another reason behind this attitude could be due to the fact that most of the parents involved in this study were not *well* to do people but only peasant farmers, thus had low incomes.

On item 14 the reason for a negative response could be explained on the fact that most of the parents interviewed had mentally disabled children, and actually that is the only suitable type of education for such children.

Table D in the Appendix presents a summarised data on the parents who participated in the study. From table D, table 9 has been derived, which shows the mean scores of the 26 attitude statements for every parent.

TABLE 9

MEAN SCORES FOR EVERY PARENT.

<u>PARENT</u>	<u>MEAN SCORE</u>
1	3.0
2	3.3
3	3.7
4	3.8
5	2.4
6	4.0
7	3.9
8	4.3
9	4.2
10	3.2
11	4.6
12	4.8
13	4.3
14	4.0
15	4.0
16	4.0
17	4.2
18	4.2
19	3.3
20	4.4
21	4.6
22	2.4

<u>PARENT</u>	<u>MEAN SCORE</u>
23.	2.8
24	4.2
25	3.3
26	3.4
27	3.6
28	3.7
29	3.7
30	3.6
TOTAL	112.8

MEAN FOR ALL PARENTS

= 3.8

Table 9 above shows that only 3 parents out of 30 parents had mean scores below 3, thus indicating that they had negative attitudes towards the education of their disabled children. This in turn indicates that 27 parents (90%) who had mean scores of 3 and above 3 had positive attitudes towards the education of their disabled children and only 10% had negative attitudes.

From table 9 it can also be seen that 14 parents (46.7%) had mean scores of 4-4.8 and 13 parents (43.3%) had mean scores of 3-3.9, making up the 90% who had positive attitudes. Though it is not the objective of this study, it can be seen from table D in the Appendix that all the parents who had negative attitudes were illiterate, they were above 55 years old and their disabled children were mentally retarded of a Down's Syndrome type.

When mean scores for parents are compared with mean scores for the attitude statements, it can be seen that the highest mean score for the parents is 4.8 unlike 4.7 for the attitude statements, and the

lowest is 2.4 unlike 2.1 for the attitude statements. The mean value for the group is 3.8 like the mean value for the attitude statements, indicating a fairly high positive attitude towards the education of the disabled children in Wundanyi Division.

4.4 DISCUSSION OF TEACHERS' QUESTIONNAIRE AND DISABLED CHILDREN'S INTERVIEW.

The two special education teachers who responded to the questionnaire were both trained in special education in the area of mentally handicapped. They also taught children with the same type of disability in the two units mentioned earlier in this study. One of the teachers has taught in special schools for twelve years after training and the other one for two months after training.

On the education of the disabled children the two teachers were of the view that there is need for more special schools in the division because currently there, are only two units for the mentally handicapped. They also expressed the

the fact that most parents would wish to take their disabled children to school and after that the parents do not care what their disabled children do at school. So most likely some parents sent their disabled children to school so that they could free themselves from being bothered by them. Thus according to the responses from these two teachers most parents preferred boarding social schools to day special schools attached to ordinary schools because their disabled children would stay away from them for a longer period when they go to boarding schools.

The teachers also expressed the view that parents saw the use of education in enabling a child get a job. As a result of this view held by parents of the disabled children, the same parents felt that they would rather spend a lot of money educating a non-disabled child to spend even enough on a disabled child. This was because according to the teachers, the parents had more hope for a non-disabled child getting a job than a disabled one, given that they both compete for few job opportunities available.

On the question of whether parents taught their disabled children basic habits before they started school, like dressing, toilet habits and washing, the teachers agreed that they did though there were a few who considered a disabled child as not being capable of learning these habits thus such parents did all that for their disabled children.

Though frequent meetings between parents of the disabled children and the teachers who teach disabled children is essential, both teachers agreed that their schools never arranged for such meetings. In such meetings teachers and parents of the disabled children could discuss how the parents can assist their disabled children in their education and being self reliant.

The general impression from the responses of these teachers is that most parents though illiterate would like to have their disabled children in school. However, the parents were not very much willing to be very much involved or bothered with the education of their disabled children. Some of the parents had even requested the special education

teachers to take their disabled children and live with them. This shows how much some of the parents would wish to have somebody take care of their disabled children. This lack of cooperation from parents adds to the problems special education teachers face like escorting epileptic children home and having to cope and teach each disabled child at an individual level.

Though parents considered the value of education to a disabled child as that of assisting the child get employment, the special education teachers reported that the most significant use is to make a child self reliant and learn social skills.

4.4.2

Regarding the interview with disabled children who were in school (mentally disabled) 7 out of 10 agreed that their parents willingly allowed them to come to school everyday and supported them by buying them whatever was required at school. The same number (7) however agreed that their parents never assisted them with any school work or teach them anything related to what they learnt at

school. This could be due to the fact that most of parents of these children were illiterate.

All the children interviewed (10) agreed that they were given work to do at home, like fetching water, and looking after cattle. A few strong ones did some farm work too, though generally most of these children were physically weak.

These children expressed the view that they were discriminated at home by other siblings and even at school by other children. As a result of this only 3 out of 10 agreed that they played with other children at school.

CHAPTER 5

5.0 INTRODUCTION

This chapter presents a summary of the discussion from the findings and recommendations based on the study.

5.1. DISCUSSION

This study was guided by the research questions and the objectives given in chapter one of this report. In trying to answer the research questions and achieve the objectives of the study, this study has come up with the following findings.

The parents who participated in this study had a general positive attitude towards their disabled children. This is reflected in the fact that, the same parents had taken their children for assessment, 40% had taken their disabled children to school and 90 had a positive attitude towards the education of their disabled children. This high percentage of parents with positive attitudes could, however,

be attributed to the following factors.

1. All the parents who participated in this study were those whose disabled children had been assessed and their disabilities identified. Possibly in the process of assessment these parents might have been told the use of the assessment and the usefulness of educating their disabled children. Furthermore, the fact that these parents were willing to take their disabled children for assessment shows that they were out to look for ways of helping their children. These parents were not embarrassed of the disabilities in their children unlike those who had not made use of this essential service and are still hiding their children.
2. Parents have noticed the use of education of the disabled children by observing the positive changes in the lives of those children in their community.

3. Parents have realized that education is the only hope of helping a disabled child, who because of the impairment, cannot venture into any type of work so as to earn a living, like a non-disabled child.

4. The value of education has been expressed by government officials in various public meetings, because of the value the government attaches to it. Infact 60% of the parents interviewed in this study admitted, that they had attended a meeting seminar/course to that effect. This is a large enough proportion to have also influenced the other parents.

Despite the large percentage of parents with positive attitudes towards the education of their disabled children, the study observed that there were some among these, who had not done anything to see that their disabled children went to school. Some of these were those who were convinced that their disabled children would not learn anything at school (43.3%)

This is enough to suggest that having a certain attitude and doing what is implied by the attitude are two different things.

Reasons for disabled children not being taken to school have however been mentioned above. It is important to note that the most significant of them all, is lack of special schools. In the study the parents expressed the need for building more schools for the disabled children and 83.3% agreed that they would assist in the building of such schools. However, 30% of the parents felt that educational needs of such children should be met by our government since it is not the fault of anybody to have a disabled child.

This study observed that 10% of the parents who had negative attitudes towards the education of their disabled children were these parents who were illiterate and had children who were mentally retarded. Thus reasons for parents having negative attitudes towards the education of their disabled children could be attributed to:

1. Level of education of the parent. An illiterate parent might not see much value in education, having not experienced it. She/he therefore lacks the initiative of looking for ways of helping the disabled child to be educated or even help the child learn anything.

2. Parents of mentally retarded children feel that there isn't much such a child can learn at school, or even do at home. As a result of this such children are ignored and not stimulated in any developmental skills such as talking and walking. This may be why the study revealed that the mentally retarded children delayed in walking even though they were physically well.

3. Job opportunities are scarce for even the non-disabled children, then how can the disabled children, who can only learn very little, compete with the non-disabled children.

4. The fact that most of the parents used in the study had scarce means of earning a living, 80.3%, being peasant farmers, and they had many children to take care of, then they did not see why they should spend so much on one disabled child when the other nondisabled children needed the money. This may be the reason why parents had negative attitudes towards financing of the education of their disabled children because they could not afford it.

5. The negative attitudes towards integration could be attributed to the fact that, parents have realized that the ordinary schools cannot cope with the conditions of their disabled children. Furthermore, parents feel that their disabled children would be less bothersome if they were kept in boarding schools far from home. This is why 66.7% preferred their disabled children going to boarding schools.

~~100~~

5.2. CONCLUSIONS

This study found that generally parents of the disabled children had positive attitudes towards the education of their disabled children. It is however, possible that in trying to assess the attitudes of parents, this made them think of the attitude and modified it. Thus the original attitude which had been modified could not be discovered and studied. This is reflected by the fact that even those parents who had never bothered about the education of their disabled children responded very positively in this study. Thus it is possible that one can express a positive attitude towards something but is not committed to achieving the objectives spelt out by that attitude.

However, since all the parents who were involved in this study were those who had taken their disabled children for assessment, it shows that they were positively inclined towards helping their disabled children right from the beginning.

5.3. GENERAL RECOMMENDATIONS

1. Since this study has established that most parents have positive attitudes towards the education of their disabled children, what remains to be done is to exploit this attitude by encouraging parents to construct more special schools through the spirit of Harambee , so as to send their disabled children to school.

2. Disabled children in Wundanyi Division are scattered all over in the division. Building one large boarding school in the division would solve the problem of the long distances disabled child have to walk to the two units which are there now. Alternatively each ordinary school could have a special class in a central area covering three schools, where disabled children in that area can go.

3. Having more special classes would require more specially trained teachers to deal with different types of disabilities. Since

it is very expensive to embark on a large training programme, the inspectorate could arrange to utilize the already trained teachers to organize workshops and seminars during the holidays, whereby other teachers can be taught how to deal with disabled children in ordinary schools. This will facilitate the process of integration because at least every ordinary school would be able to cope with cases of disability, thus disabled children would be able to attend schools which are nearby.

4. For the education of the disabled children to succeed there is need to have a continuity of what has been learnt at school to be encouraged at home. This would however require exposing the parents of such children to this value by organizing seminars and meetings for them.

This needs to be done by the schools where children of such parents go to. Special education teachers in such schools can identify specific skills in every child and advise the respective

parents on how to assist their disabled children in developing such skills. The schools should however organize follow-up activities to see whether the parents are achieving the aims set for them.

5. There would be need to establish peripatetic services to assist such parents.

6. Since the main aim of special education is to make a disabled child self-reliant, this does not need to be realised only through employed job but in learning a skill which can be self-supporting. It would therefore, be useful for special schools in Wundanyi Division to initiate some self-supporting projects for the disabled children, especially for the mentally handicapped like rabbit keeping and small vegetable gardens. The children could carry out these projects while attending school and be assisted by the Ministry of Agriculture in providing the technical knowledge.

7. Causes of Down's Syndrome, which was the highest form of mental retardation reported in the study are well known i.e. the age of the mother being over 35 years by the time the child is born. There is need, therefore, for the Ministry of Health to educate parents on this and to caution parents on the high risks they take by getting children at an old age.

5.4. RECOMMENDATION FOR FURTHER RESEARCH

1. This study found out that the highest percentage of all disabilities was mental retardation. There is need therefore to study the causes of mental retardation more in this division and come up with appropriate preventive measures.
2. This study covered a small area - Wundanyi Division in Taita Taveta District and only used a small sample. This same kind of study could be replicated at a district or national level so as to see whether the findings of this study could be generalized.

3. Since the study found out that most of the disabled, children came from parents of very low-income and with large families there is need to carry out a study to find out whether these two factors could be responsible for causing the various types of disabilities in this division.

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APPENDIX A

INTERVIEW SCHEDULE FOR PARENTS

SECTION 1

BACKGROUND INFORMATION ABOUT THE PARENTS

1. Age _____ years

2. Sex Male Female

3. Marital status

Married Divorced

Windowed Unmarried
Lady

4. Level of Education

Illiterate

Primary (Std 1-7)

Post Primary

5. Occupation of

Mother

Father

6. Religion _____
7. Number of children _____
8. Average age of weaning children _____

BACKGROUND INFORMATION ABOUT THE DISABLED CHILD

1. Age _____ years
2. Sex male _____ Female _____

3. Birth position _____
4. Type of disability _____
5. Cause of disability _____
6. Age at which disability discovered _____
7. Age the child was weaned _____
8. Age at which the child talked _____
9. Age at which the child walked _____

SECTION II

PART A

To be answered Yes or No.

1. Do you have any other disabled child?

Yes

No

2. Is your disabled child in School?

Yes

No

2(i) If not why? _____

3. Does your disabled child demand a lot of attention?

Yes

No

4. Do members of the family/relatives show any dislike to the disabled child?

Yes

No

5. Does your disabled child complain unnecessarily?

Yes

No

6. Do you give your disabled child, more things than you give the other children?

Yes No

7. Have you ever been visited by any government official (e.g. social work, medical officer, or assessor) asking you about the condition of your disabled child?

Yes No

8. Have you ever made known the condition of your disabled child to any of the above people?

Yes No

9. Does your disabled child play with other children in the home?

Yes No

10. Do you encourage the child to play?

Yes No

11. Do/would your disabled child follow instructions well about the work she/he is supposed to do?

Yes

No

12. Do/would you give your disabled child any duty to do in the home?

Yes

No

13. Do you apply any forms of punishment to your disabled child when she/he does wrong things.

Yes

No

14. Do you praise your disabled child when she/he has completed some work well?

Yes

No

15. Do you think people show alot of sympathy to the disabled children?

Yes

No

16. Do you like telling people that you have a disabled child?

Yes

No

17. Does/would your disabled child cope with school work?

Yes

No

18. Do/would you help your disabled child in anyway with her/his school work?

Yes

No

19. Do/would you go to school to find out how your disabled child is doing at school?

Yes

No

20. Have you ever attended any meeting/seminar/course regarding the education of your disabled child?

Yes

No

PART B

The following statements will be scored using the Likert Scale method. S.A. will stand for strongly Agree, A for Agree, U for Uncertain D for Disagree and S.D. for Strongly Disagree. Parents are expected to choose any of the alternatives.

1. More schools should be built for the disabled children so that they can all be sent to school.

S.A. A. U. D. S.D.

2. When a disabled child is born, it is the responsibility of her/his parents to see that she/he is educated.

S.A. A. U. D.. S.D.

3. Disabled children should not attend a school with non-disabled children

S.A. A. U. D. S.D.

4. It is better to have a disabled child learn a skill than depend on the family later.

S.A. A. U.. D. S.D.

5. Disabled children are like other children in most ways and should be treated equally in terms of providing education.

S.A.. A. U. D. S.D.

6. Parents of disabled children are responsible for teaching their children basic skills like, washing, dressing, sweeping etc. before they go to school.

S.A. A. U. D. S.D.

7. It is a waste of money and time to educate disabled children who might not learn anything.

S.A. A. U. D. S..D.

8. I would rather encourage my disabled child to beg than go to school where she/he might not learn anything.

S.A. A. U. D. S.D.

9. It does not matter whether a disabled child goes to school or not because even those who have gone to school can not be employed.

S.A. A. U. D. S.D.

10. If there is any good school somewhere I will pay any amount of money so that my disabled child is well educated.

S.A. A. U. D. S.D.

11. The ordinary schools we have around cannot cope with the educational needs of disabled children.

S.A. A. U. D. S.D.

12. Parents with disabled children should participate actively in the education of their children (in the form of Harambee, P.T.A. etc) just as they do in the education of the non disabled children.

S.A. A. U. D. S.D.

13. Disabled children should learn the same things the non-disabled children learn.

S.A. A. U. D. S.D.

14. The only education suitable for a disabled child is vocational training.

S.A. A. U. D. S.D.

15. My child has/would improved/improve in all aspects by going to school.

S.A. A. U. D. S.D.

16. If asked to choose between taking to school a disabled child it is better to take a non disabled child to school.

S.A. A. U. D. S.D.

17. I don't think education can make a disabled child any better.

S.A. A. U. D. S.D.

18. There is no way a parent with a disabled child can help the child to learn anything before going to school.

S.A. A. U. D. S.D.

19. Educating a disabled child is more expensive than educating a non disabled child.

S.A. A. U. D. S.D.

20. Disabled children learn better when they are put in boarding schools far from home.

S.A. A. U. D. S.A.

21. Education for disabled children is not only for getting employment but to assist them to adjust to their environment.

S.A. A. U. D. S.D.

22. When disabled children go to the same school with non disabled children they can be assisted by them to learn more things.

S.A. A. U. D. S.D.

23. It is better to invest the money I would spend in educating a disabled child so that the investment will help her/him in future.

S.A. A. U. D. S.D.

24. Provision of education to the disabled children gives parents an assurance of a better future for their children than when they are not provided with education.

S.A. A. U. D. S.A.

25. Since it is not the fault of anybody to have a disabled child, the government should be totally responsible for all the educational needs of these children.

S.A. A. U. D. S.D.

26. Teachers who teach disabled children should involve parents more with the education of their children.

S.A. A. U. D. S.D.

APPENDIX B

QUESTIONNAIRE FOR SPECIAL EDUCATION TEACHERS

Answer all the questions/statements accordingly.

PART A:

Background information about the teacher.

1. Sex (a) Male (b) Female

2. What is your professional qualification at present.
 - (a) P₃
 - (b) P₂
 - (c) P₁

 - (d) S₁
 - (e) S₁ Special Ed

 - (f) any other (specify) _____

3. Number of years you have taught as:
 - (a) Ordinary teacher _____ years.
 - (b) Special Education Teacher _____ years.

PART B

Answer Yes or No (indicate by a tick) in the following statements.

1. Most parents of disabled children do not care what their children do at school. (a) Yes
(b) No

2. Parents with disabled children are very willing to bring their children to school these days because they have realized the value of educating them.

(a) Yes

3. Most parents prefer their children to go to day schools.

(b) No

3. School places for disabled children in Wundanyi division are not enough: (a) Yes

(b) No

4. Most disabled children in this school started school when they had learnt basic habits at home (e.g. dressing well, toilet habits etc.) (a) No

(b) Yes

5. Disabled children are well taken care of by their parents just like the non-disabled children. (a) No

(b) Yes

6. The school often arranges meetings with the parents of disabled children to discuss how they (parents) can help their children with their education. (a) No

(b) Yes

7. Some parents feel that taking a disabled child to school is like getting rid of a bother.

(a) No

(b) Yes

8. Most parents prefer their disabled children to be in day schools.

(a) No

(b) Yes

9. Having a disabled child is still considered as a misfortune by most parents.

(a) No

(b) Yes

10. Teachers of Special Education know the disabled children better than most such parents.

(a) Yes

(b) No

11. Most parents are willing to have their disabled children learn together with the non disabled children:

(a) Yes

(b) No

12. Parents would rather spend more money on educating a non-disabled child than spend even enough on a disabled one.

(a) Yes

(b) No

13. Parents often complain about the education offered to their disabled children.

(a) No

(b) Yes

14. School (or units) for the disabled children do not get any support (material & moral) from the parents of such children.

(a) No

(b) Yes

15. One of the main causes of disabled children dropping from school is lack of support from parents.

(a) No

(b) Yes

16. Parents of disabled children see the only use of education as being that of helping their children get employment in future.

(a) Yes

(b) No

17. Parents are satisfied with the type of education given to their disabled children. (a) Yes

(b) No

18. Illiterate parents give more problems in the education of disabled children. (a) Yes

(b) No

(a) Explain your answer briefly. _____

19. Parents fear that their disabled children will not get employment after completing their education. (a) Yes

(b) No

20. The contribution special education makes to the life of a disabled child is (in order of most significant to least significant)

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

21. Name problems teachers of special education experience:

APPENDIX C

PARENTS RESPONSES TO 26 ATTITUDE ITEMS ON THEIR
DISABLED CHILDREN'S EDUCATION.

	ITEM STATEMENT	SA	%	A	%	U		D	%	SD	%
1.	More schools should be built for the disabled children so that they can all be sent to school	23	76.7	6	20					1	3.3
2.	When a disabled child is born, it is the parents responsibility to see that she/he is educated.	20	66.7	6	20	2	6.7			2	6.7
3.	Disabled child should not attend school with non-disabled children	19	63.3	2	6.7					9	30
4.	It is better to have a disabled child learn a skill than depend on the family later.	24	80	5	16.7	1	3.3				

	ITEM STATEMENT	SA	%	A	%	U	%	D	%	SD	%
5.	Disabled children are like other children in most ways and should be treated equally in terms of providing education.	22	73.3	7	3.3					1	3.3
6.	Parents of disabled children are responsible for teaching their children basic skills like washing, dressing, sweeping etc before they go to school.	23	76.7	5	16.7			1	3.3	1	3.3
7.	It is a waste of money and time to educate disabled children who might not learn anything.	7	23.3	1	3.3.			3	10	19	63.3
8.	I would rather encourage my disabled child to beg than go to school where he/she might not learn anything .	6	20					1	3.3	23	76.7

ITEM STATEMENT	SA	%	A	%	U	%	D	%	SD	%
9. It does not matter whether a disabled child goes to school or not because even those who have gone to school can not be employed.	4	13.3	1	3.3			3	10	22	73.3
10. If there is any good school somewhere I will pay any amount of money so that my disabled child is well educated.	18	60	7	23.3	1	3.3	3	10	1	3.3
11. The ordinary schools we have around can not cope with the educational needs of disabled children.	1	3.3	4	13.3	15	50	2	6.7	8	26.7
12. Parents with disabled children should participate actively in the education of their children (in the form of Harambee-PTA, etc) just as they do in the education of the non disabled children.	19	68.3	6	20	2	6.7			3	10

	ITEM STATEMENT	SA	%	A	%	U	%	D	%	SD	%
13.	Disabled children should learn the same things the non disabled children learn.	10	33.3	6	20	4	13.3	3	10	7	23.3
14.	The only education suitable for a disabled child is vocational training.	17	56.7	1	3.3	4	13.3	2	6.7	6	20
15.	My child has/would improved/improve in all aspects by going to school.	20	66.7	6	20	3	10	1	3.3		
16.	If asked to choose between taking to school a disabled child and a non disabled child to school.	4	13.3			16	53.3	1	3.3	9	30
17.	I don't think education can make a disabled child any better.			3	10	1	3.3	2	6.7	24	80

	ITEM STATEMENT	SA	%	A	%	U	%	D	%	SD	%
18.	There is no way a parent with a disabled child can help the child to learn anything before going to school.	5	16.7	6	20	4	13.3	5	16.7	10	13.3
19.	Educating a disabled child is more expensive than educating a non disabled child.	8	26.7	6	20	10	33.3	2	6.7	4	13.3
20.	Disabled children learn better when they are put in boarding schools far from home.	20	66.7			2	6.7	3	10	5	16.7
21.	Education for the disabled children is not only for getting employment but to assist them to adjust to environment.	17	56.7	8	26.7	2	6.7	1	3.3	2	6.7
22.	When disabled children go to the same school with non-disabled children they can be assisted by them to learn more things.	10	33.3	10	33.3	2	6.7	2	6.7	6	20

	ITEM STATEMENT.	BA	%	A	%	U	%	D	%	SD	%
23.	It is better to invest the money I would spend in educating a disabled child so that the investment will help her/him in future.	7	23.3	1	3.3	2	6.7	1	3.3	19	63.3
24.	Provision of education to the disabled children gives parents an assurance of a better future for their disabled children than when they are not provided with education.	21	70	7	23.3	2	6.7				
25.	Since it is not the fault of anybody to have a disabled child the government should be totally responsible for all the educational needs of these children.	18	60	3	10			1	3.3	8	26.7
26.	Teachers who teach disabled children should involve parents more with the education of their children.	19	63.3	8	26.7	1	3.3	1	3.3	1	3.3

APPENDIX D

A TABLE OF SUMMARISED DATA ON PARENTS AND DISABLED CHILDREN.

	TOTAL SUM OF SCORES	MEAN SCORES	AGE OF PARENT	LEVEL OF EDUCATION OF PARENT	NO OF CHILDREN	BIRTH POSITION OF CHILD	CHILD IN SCHOOL	DISABILITY OF CHILD
1.	78	3	52Yrs.	Illiterate	6	6th	No	M.R. Down's Syndrome
2.	86	3.3	28Yrs	Std. 7	5	2nd	No	M.R.
3.	95	3.7	47Yrs.	Illiterate	11	10th	No	Physically handicapped.
4.	100	3.8	48Yrs.	Illiterate	7	5th	No	M.R. (Epilepsy)
5.	63	2.4	55Yrs.	Illiterate	9	9th	No	M.R. (Down's Syndrome)
6.	105	4.0	52Yrs.	Illiterate	9	8th	No	Physically handicapped
7.	101	3.9	37Yrs.	Std. 7	7	3rd	No	M.R. Epilepsy
8.	112	4.3	21Yrs.	Std. 7	2	1st.	No	Physically handicapped
9.	110	4.2	47Yrs.	Illiterate	10	10th	No	M.R. (Down's Syndrome)
10.	84	3.2	50Yrs.	Std.2	9	9th	No	M.R. Epileptic

	TOTAL SUM OF SCORES	MEAN SCORES	AGE OF PARENT	LEVEL OF EDUCATION OF PARENT	NO.OF CHILDREN	BIRTH POSITION CHILD	CHILD IN SCHOOL	DISABILITY OF CHILD
11.	119	4.6	58Yrs.	Illiterate	6	6th	Yes	Hearing impaired
12.	124	4.8	24Yrs	Std,.7	3	1st	Yes	Hearing impaired
13.	111	4.3	42Yrs.	Illiterate	8	5th	No	M.R. Epilepsy
14.	103	4.0	49Yrs.	P.3	11	11th	Yes	Hearing impaired
15.	105	4.0	44Yrs.	Std.5	6	5th	Yes	M.R
16.	104	4.0	45Yrs.	Std.5	5th	5th	Yes	M.R. Down's Syndrome
17.	109	4.2	30Yrs.	Std. 5	3	3rd	Yes	M.R. Epilepsy
18.	110	4.2	35Yrs.	Std. 7	6	4th	Yes	Hearing impaired
19.	86	3.3	60Yrs.	P.3	9	7th	Yes	M.R. Down's Syndrome
20.	115	4.4	30Yrs.	Std.7	5	2nd	Yes	Physically handicapped
21.	120	4.6	26Yrs.	Form 4	1	2nd	Yes	Physically handicapped

	TOTAL SUM OF SCORES	MEAN SCORES	AGE OF PARENT	LEVEL OF EDUCATION OF PARENT	NO.OF CHILDREN	BIRTH POSITION CHILD	CHILD IN SCHOOL	DISABILITY OF CHILD "
22.	63	2.4	50Yrs.	Illiterate	6	6th	No	M.R. Down's Syndrome
23.	73	2.8	54Yrs.	Illiterate	9	9th	No	M.R. Down's Syndrome
24.	110	4.2	42Yrs.	Illiterate	5	3rd	No.	Hearing
25.	86	3.3	27Yrs.	Std.5	2	1st	No	M.R.
26.	88	3.4	34Yrs	Std.3	4	2nd	No	M.R. Down's Syndrome
27.	94	3.6	37Yrs.	Std.7	7	5th	No	M.R.
28.	96	3.7	46Yrs.	Illiterate	6	4th	Yes	M.R.
29.	97	3.7	39Yrs	Illiterate	9	6th	Yes	Partially blind
30.	94	3.6	49Yrs	Std. 4	10	10th	No	M.R. Down's Syndrome