

THE EFFECTIVENESS OF INTEGRATION OF MENTALLY  
HANDICAPPED PUPILS IN REGULAR PRIMARY  
SCHOOLS: A CASE STUDY OF KIRINYAGA DISTRICT

BY:

PAULINE W | NJOGU

REG. NO: C/50/P/7793/02

A PROJECT PAPER SUBMITTED IN PARTIAL  
FULFILMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF ARTS  
UNIVERSITY OF NAIROBI

UNIVERSITY OF NAIROBI  
EAST AFRICANA COLLECTION

AUGUST, 2007

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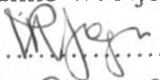
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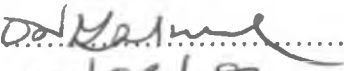
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## DECLARATION

This is my original work and has not been submitted for a degree qualification in any other university or institution of higher learning.

Student: Pauline W. Njogu  
Signature:   
Date : 29-08-2007  
Reg. No: C/50/P/7793/02

The research project has been submitted for examination to the Department of Sociology and Social Work, Faculty of Arts, College of Humanities, University of Nairobi, with our approval as supervisors.

Supervisors: Prof. O.N. Gakuru  
Signature:   
Date : 14/09/07

Supervisors: Dr. P. Mutie  
Signature:   
Date : 19/9/07

## **DEDICATION**

This study is dedicated to my family without whom

I could not have completed this project

and

To all the Children with Mental Handicap in Kirinyaga District

## ACKNOWLEDGEMENT

I sincerely thank my supervisors Prof. Gakuru and Dr. Mutie who provided valuable insights into this area of study. My appreciation goes to all the Kirinyaga teachers who agreed to participate in this study and willingly undertook to complete the questionnaires and participate in the interviews. I am immensely grateful to the head-teachers and respondents from the following primary schools, for their active participation in this study; Kabonge, St. Joseph, Kaitheri, St. Pauls, Raimu, Kiburia, Thiba and Ngurubani.

I cannot forget the Kirinyaga District Education Office and Kirinyaga E.A.R.C. I most sincerely thank Mr. Gakuo who sacrificed his time to assist in the data collection for this study and Njoki who assisted me at various stages and in typing this project paper. I owe special gratitude to Mr. P.D. Mwangi who gave me access to his home library and to Dr. Krisno who served as a non-academic advisor. Special acknowledgement to Brenda, Ruthia, and Sophie for their encouragement, which, helped me to refocus my thoughts, at various stages of this research work. I cannot forget Gladys, Pam and Frida my former colleagues for their support, throughout the course of study.

## ABSTRACT

This study examined the effectiveness of the integration of mentally handicapped pupils in regular primary schools within Kirinyaga District. The need for the study arose from the realization that opportunities for children with disabilities have been extremely limited in Kenya just like in other developing countries. Relatively few children with mental handicap have had access to education, due to inadequate special education facilities and other forms of rehabilitation services.

However, since the introduction of free primary education in 2003, many pupils with special needs have been enrolled in regular primary schools in response to the inclusive education approach. It is estimated that a high number of pupils with mental handicap are integrated in regular primary schools, because the existing special education programmes cannot accommodate all the identified children. The study set out to establish the enrolment of mentally handicapped pupils who were integrated in primary schools, to establish preferred school placement options and to find out the challenges which were being encountered as a result of integration.

Kirinyaga District which is in Central Province, Kenya, was purposively selected for the study. The study employed stratified random sampling to select four primary schools from the four divisions in the district. Another four primary schools hosting the oldest special units for mentally handicapped pupils were also purposively selected, from the four divisions. The respondents were 109 primary school teachers, while the fifteen key informants consisted of primary school head-teachers and assessment officers. Additional data was collected through observation and also from secondary sources.

The Statistical Package for Social Science (SPSS) was used to analyse the data. During the study, approximately half of the respondents confirmed that there were mentally handicapped pupils in their classes while others cited that poor academic performance was a key identification characteristic. Other characteristics were strange behaviors, withdrawal and

aggressiveness. lack of concentration. communication problems and 'queer' facial appearances.

The study revealed that majority of the respondents felt that special institutions were the best placement option for mentally handicapped pupils because teachers with special education training were better equipped to teach them. Only a minority of the respondents had attended in-service courses in special education and therefore, the majority did not feel competent enough to teach the mentally handicapped children.

Some respondents, who supported integration of mentally handicapped pupils' indicated that some of the academic benefits which they gained were acquisition of basic academic skills, learning from other pupils, while social benefits included socialization and interaction, improvement of communication skills and 'normal' pupils would learn how to live with them.

The challenges which were cited included negative attitudes from teachers and pupils, others cited inadequate special education teachers, poor performance and inadequate facilities. Most of the respondents indicated that the mentally handicapped pupils were more vulnerable and at high risk of being abused, because they could not make informed decisions.

Several key recommendations were made to improve the effectiveness of the integration of mentally handicapped pupils in regular primary schools; which include introduction of new innovations in the education system to increase the competence of primary school teachers, through district in-service courses on special education and early intervention through comprehensive early childhood education programmes.

The Ministry of Education should also formulate clear guidelines on inclusive education for children with special needs. The School Based Teachers Development programme (SbTD), should recruit a Key Resource Teacher (KRT), in every primary school to specialize in special education. Sensitization and creation of awareness in the schools and community should be enhanced in order to address the negative attitudes towards pupils with mental handicap in regular primary schools within the district. Further research should be carried out on the

integration of pupils with other types of disabilities in the district and on parents' perceptions on the integration of children with mental handicap.

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## ACRONYM

AAMD	:	American Association for Mental Deficiency.
CRC	:	Convention on the Rights of the Child.
EARC	:	Educational Assessment and Resource Centre.
EARS	:	Educational Assessment and Resource Services
EMR	:	Educable Mentally Retarded
IDF	:	International Disability Foundation
IQ	:	Intelligence Quotient
GoK	:	Government of Kenya
MOE	:	Ministry of Education
TMR	:	Trainable Mentally Retarded
UNESCO	:	United Nations, Scientific and Cultural Organization.
UNICEF	:	United Nations
VSO	:	Volunteer Service Overseas
WHO	:	World Health Organization

## CHAPTER ONE: INTRODUCTION

### 1.1 Background Information

The right of every child to an education is proclaimed in the Universal Declaration of Human Rights and was forcefully reaffirmed by the World Declaration on Education for All (EFA), UNESCO. (1990). In the Convention on the Rights of the Child (CRC), which was adopted by the United Nations in 1989, and ratified by Kenya in 1990, article 23 states that a child with disabilities has the right to special care, education and training to help him or her to enjoy a full and decent life with dignity and to achieve the greatest degree of self reliance and social integration possible. The trend in social policy during the past three decades has been to promote integration and participation and to combat exclusion, which are essential aspects to human dignity and to the enjoyment and exercise of human rights. According to UNESCO (1994), the reform of social institutions, depends upon the conviction, commitment and good will of individuals who constitute society.

The World Health Organization (WHO) estimates that about one person out of every ten in the world is born with or acquires a disability (MOE 2000; IDF 1999; UNICEF 1981, Thornburn and Marfo, 1994). The majority of disabled people who have physical, sensory or mental disabilities live in developing countries and one-third of them consist of children. Each year, over three million children become disabled although an estimated two-thirds of them have disabilities that are preventable. Disability has therefore emerged as one of the major health and social problems worldwide, common to all countries with wide ranging levels of socio-economic development (Peat, 1997).

The first global estimate of the prevalence of disability was produced after a major WHO survey in the 1970s (IDF, 1999). Although it estimated that one person in ten had a disability, results from various studies in different countries show a great variation in the prevalence of disability, which makes international comparisons and generalisation of results difficult. Statistics from Britain, Canada, China and Mali estimated the prevalence as between 14.6% and 4.8% (IDF, 1999), while three SIDA funded projects were found to range from 2.2% to 10.2% (Ooppelstrup and Lagerwall, 1997). The Government of Kenya (GOK) conducted the first disabled peoples' census in 1989 and a total of 251, 713 were found, amounting to 1.1% of the total population, which is far below the WHO estimate.

Holander (1984) observes that national census from many countries give underestimates, resulting in few reliable demographic studies in less developed countries.

Over the centuries, approaches to people with disabilities have undergone an evolutionary process. Disabled people in many societies were socially ostracised and regarded as virtually untouchable (Ndurumo, 1993). The treatment of disabled people has gone through five historical stages. The first was the stage of extermination whereby the Greeks and Romans killed newly born disabled infants. The physically and mentally handicapped were made court clowns and used for entertainment during the second phase. During the middle ages, the church placed the disabled people in asylums and accorded them charitable care (Kauffman & Payne, 1975), while in Sweden the mentally handicapped people were sterilised without consent. The final eras of education and vocational adequacy, extend to the present.

In Africa, there seems to be a widespread belief across ancient and modern cultures that the birth of a child with disability is linked to evil spirits or parental misconduct (Zinkin and Mc Conachie, 1995). Within East Africa, some communities viewed disabled children as being useless and unable to lead a full life (Rajan, 2003). In Kenya, the term "*Wasiojiweza*" which means "those incapable of doing anything" (Ndurumo, 1993), has a stigmatising and negative connotation.

Increased scientific understanding and the adoption of principles of human rights have helped to change practices and perceptions towards people with disabilities, from outcasts in society to people with contributions to make and rights like anyone else. For example, efforts to confront the problem of disability have been underscored by the international community through a variety of programmes and declarations. Some of the most remarkable instruments produced by the UN assemblies include the Declaration on the Rights of Mentally Retarded Persons, which emphasised that, the mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings (UN, 1971). Others are the Declaration on the Rights of Disabled People (UN, 1975) and the UN Standard Rules on Equalisation of Opportunities for Disabled Persons (UN, 1994). A number of other declarations and documents have emphasised the rights to education and protection of children with disabilities. The UN Convention on the Rights

of the Child (CRC). was ratified by Kenya in 1990. The Persons with Disabilities Act (Republic of Kenya, 2003) emphasised that, people with disabilities should not be denied admission to any course of study.

Generally, the rehabilitation of children with disabilities involves the provision of medical, social and educational services. Special education was the first childhood disability service to be initiated outside hospitals (Thornburn and Marfo, 1994) and its historical roots are found primarily in the early 1800s and the techniques pioneered during that era (Hallahan and Kauffman, 1991). Within the field of education, this is reflected in the development of strategies that seek to bring about a genuine equalisation of opportunities.

The development of special education in Kenya is relatively new as compared to the developed countries of Europe and North America. Special education was introduced in Kenya in the second half of the 1940's (MOE, 2000) with the opening of the first special school for mentally handicapped pupils in 1946 at St. Nicholas (Jacaranda) in Nairobi. The school was opened to cater for children of the European immigrants living in the country at that time. Other special schools were opened in the late 1950s and early 1960s through the same voluntary efforts without direct government involvement (Ndurumo, 1993). Before Kenya became independent in 1963, only a handful of special schools and units existed.

In 1964, the Kenya Education Commission report, in addition to other issues recommended special education and training for disabled children. This placed Kenya in the forefront in the provision of special education in Africa. However in the 1970s, the development and expansion of special education remained relatively slow. It was not until 1976, that the Kenya government took a keen interest in special education (Ndurumo, 1993), which resulted in the rapid growth of special education programmes in the 1980s and the 1990s.

In 1987, the MOE altered its goals for special education to focus more on children rather than on expansion of physical facilities. As a result, in 1984, the Kenya government set up a national programme, the Educational Assessment and Resource Services (EARS) to provide early assessment, identification and intervention services for handicapped children. The EARS programme was later expanded to all the other districts in the country by 1988, and currently there are 73 centres in the country, three of which are in Nairobi. Kirinyaga district was among the seventeen districts where the programme was piloted.

The establishment of EARS in 1984 as a national programme promoted the identification and assessment of children with disabilities in the districts, so that they could be offered the most suitable training and education (MOE, 2000). The main objectives of EARS were to identify and assess handicapped children as early as possible. As a result, children with handicaps would be able to function as productively and as independently as possible in their communities and families through integration (Kristensen, 1992).

In Kirinyaga district, the first school for children with disabilities was initiated by the Catholic Church in 1976, when Kerugoya School for the Deaf was started. Thereafter, an integrated programme for children with Physical Impairments was established in Kianyaga Children's Home by the Kirinyaga County Council. It was not until 1987, eleven years later, when the first two units for mentally handicapped pupils were opened at Kerugoya and Kanjuu primary schools respectively. There are currently thirty special units in the district.

## **1.2. Problem Statement**

For a long time, the problems of children with disabilities have been compounded by a disabling society that has focused upon their impairments rather than their potential. In the past, relatively fewer children with disabilities have had access to education, especially in the developing regions in the world. It is estimated that, less than 1 percent of children with special educational needs are included in existing provisions.

Kristensen (1992) had observed that there were an estimated 7,000 places in special education institutions in comparison to about 1,000,000 disabled children in Kenya at the



time. One reason for the low enrolment of disabled children in schools was that the needs outnumbered the services in the country as noted by Ooppelstrup and Lagerwall (1997).

Despite the recognition of the importance of special education programmes, education opportunities for children with disabilities have been extremely limited in Kenya like in many developing countries and thousands of children with disabilities do not have the privilege to benefit from these services. According to WHO. (IDF, 1999), children with mental retardation comprise approximately 3% of all disabled children, making it the largest category. Indeed it was noted in a Special Needs Workshop held in Kenya by Volunteer Services Overseas (V.S.O), that there appears to be a lack of understanding in the area of special education, which impacted negatively on the provision of education to children with special needs resulting in children being placed in inappropriate institutions.

It is estimated that, a high number of pupils with mental handicap are integrated in regular schools since the introduction of F.P.E in 2003, because the existing special education programmes cannot accommodate all the identified children. These pupils have educational, physical and social needs which differ from their non-handicapped peers, which may hamper or restrict delivery of educational instruction to them. The teachers' knowledge and attitudes can determine how effectively they teach children with mental handicap in the regular classes. Children with disabilities have traditionally received charity and sympathy rather than opportunity, as is their right.

The Ministry of Education does not have a specific policy to govern special education as such and has been using several commissions' recommendations to run and manage special education programmes. The programmes and services for special education have to compete, usually unsuccessfully with other human services, which makes the nature of educational services rendered to be far from adequate in comparison with the magnitude of the prevailing problem in the country.

### **1.3. Research Questions**

The study was guided by the following questions.

1. Do teachers have mentally handicapped pupils and how do they identify them in regular primary schools?

2. What is the best school placement options and their benefits for mentally handicapped pupils?
3. What challenges does integration of mentally handicapped pupils in regular primary schools encounter?

#### **1.4. Objectives of the Study**

The main objective of this study was to generate information on the effectiveness of integration of mentally handicapped pupils within regular primary schools in Kirinyaga District. The study sought:-

- ❖ To establish the enrolment of mentally handicapped pupils in regular schools.
- ❖ To establish preferred school placement options and their benefits for mentally handicapped children.
- ❖ To find out what challenges integration of mentally handicapped pupils encounter. in regular schools.

#### **1.5. Scope and Limitations**

Kirinyaga District was purposively selected because assessment and identification of children with disabilities had been carried out since 1984, and the number of mentally handicapped children was very high in comparison to other disabilities. The researcher also had prior working experience in the district.

This study only focused on the integration of mentally handicapped pupils, although pupils with other disabilities were integrated within primary schools in the district. The researcher sought views only from primary school teachers, head-teachers and district assessment officers.

#### **1.6. Justification of the Study**

The philosophy of educational placement of children with disabilities advocates the right of all children to be accepted and included within the regular school programmes, regardless of how much they may deviate from the norm in appearance, performance or behaviour (Gilbert and Hart, 1990). It is within this context that children with special needs can achieve the fullest educational progress and social integration.

Since the introduction of Free Primary Education (FPE) in 2003, many pupils with special needs have been enrolled in regular primary schools, in response to the Inclusive Education approach. The Ministry of Education (2004) emphasised that regular schools with inclusive orientation, were the most effective means of combating discriminatory attitudes and creating welcoming communities.

Taking into account the magnitude of the population of children with mental handicap and the inadequate special education facilities and other forms of rehabilitation services, it is critical to address the educational services they are receiving in regular schools. Out of the 2132 mentally handicapped children who had been identified in Kirinyaga district, only 321 pupils were enrolled in the special units within the district. While the precise numbers could be debated, it is clear that without services, disabled children will live unhappy, dependent lives and become a burden to themselves and to society.

The prevalence of children with disabilities and their status of education in the country is not yet fully known and analysed for effective education and rehabilitation service delivery. The major constraint to the development of special education is lack of up-to-date data and information about children with disabilities. No comprehensive survey has been carried out in Kenya on the number of children with disabilities, although the statistics from EARS give a variable indication of the prevalence.

This exploratory study will provide and generate useful information on the enrolment and the effectiveness of integration of mentally handicapped pupils in regular schools, which will enhance the quality and extent to which their educational needs are being met. The findings will promote awareness and sensitisation towards mentally handicapped pupils in regular schools. A proper understanding of the situation will help promote the well being and education provision to children with mental handicap in Kirinyaga district.

## 1.7. Definition of Terms

- Chronological age:** The life age or actual age of an individual
- Disability:** Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.
- Children with Special Needs:** Children who have physical, mental, behavioural or sensory characteristics that differ from the majority of children, such that they require special education and related services, to develop their potential to the maximum.
- Integration:** Placement of a handicapped child in the regular classroom. Also referred to as mainstreaming.
- Intelligence Quotient (IQ):** A numerical expression of intelligence based upon an intelligence test.
- Mental age:** Level of intellectual development compared in terms of chronological age.
- Mental Handicap:** A delay or slowness in mental development, which is manifested in immature reactions to environmental input, and below average intellectual and social performance. Also called mental retardation.
- Special Education:** A specially designed form of instruction aimed at meeting the unique educational needs of a child with disability.

## CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

### 2.1. Introduction

This chapter presents a review of the relevant literature deemed necessary to help in understanding the subject under review. It is presented under the following subtopics: the concept of special education, classification of mentally handicapped children, learning abilities of mentally handicapped children, early identification, assessment and intervention services, educational placement options, integration, theoretical framework and research questions.

### 2.2 The Concept of Special Education

Special Education is the branch of education designed to respond to the unique characteristics of children who have needs that cannot be met by the standard school curriculum. The category includes children with communication disorders, hearing disorders, visual impairments, physical disabilities, learning disabilities, behaviour disorders, multiple handicaps and mental retardation among others. Special education grew from the proposition that all children can reach higher levels of their potential if they are given the opportunity, effective teaching and proper resources (Berdine & Blackhurst, 1985). Children with disabilities are educated, mainly in the four traditional main classifications, namely those with hearing impairments, visual impairments, physical handicaps and mental retardation. Witt et al (1988) observes that pupils whose abilities or behaviours seem to differ significantly from those of 'normal peers' are often targeted by teachers or parents for consideration for placement in special education programmes.

Different people have defined mental handicap in various ways. In the past, the terms idiot, moron, imbecile and feeble-mindedness were used to refer to mentally handicapped persons. Mental handicap has also been referred to as deviant behaviour or incompetence (Ngina, 1995). Nevertheless, the most common definition is the one advocated by the American Association on Mental Deficiency (AAMD, 1973). Mental retardation is defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period

(Hallahan and Kauffman 1994). WHO estimated that 3% of the world population may be classified as being mentally retarded by meeting the dual criteria of sub-average intellectual functioning and deficits in adaptive behaviour (IDF, 1999).

Ingalls (1986) notes that, mental handicap is on a continuum with normalcy and the line that separates the retarded from the non-retarded is entirely arbitrary. It is viewed as a continuum from profound to mild retardation. He further observes that, most retarded people do not differ qualitatively from non-retarded people. However, the reduced capacity of the mentally retarded children to retain and recall information both in the short term and in the long-term memory is pronounced, especially with regard to abstract material (Ndurumo, 1993). Compounded with this, is the fact that the mentally handicapped pupils learn slowly, leading to significant educational problems.

### **2.3 Classification of Mentally Handicapped Children**

To be classified as mentally handicapped, a child must be unable to demonstrate behaviour based on intellectual functioning that is appropriate for the child's age group and social situation (Berdine and Blackhurst, 1980). It is generally considered a child's inadequacy in performing certain behaviours that society values. For administrative and placement purposes, mentally handicapped pupils have been classified into several groups or levels.

The American Association of Mental Deficiency (AAMD, 1973) classified the mentally handicapped according to Intelligence Quotient (IQ). The first standardised test of intelligence was published in 1908 by Alfred Binet, to identify mentally handicapped pupils, and IQ has been used ever since to identify persons with retarded or advanced intellectual development. Unfortunately, IQ tests have been subjected to much abuse, which have led to placement of children in special education programmes solely on the basis of an intelligence test (Berdine and Blackhurst, 1980). Binet warned that, the results of IQ tests were not to be trusted without taking into account, other information about a child's performance. Hallahan and Kauffman (1991), observed that IQ tests are culturally biased to a certain extent and the younger the child, the less reliable the results are. The relevance of IQ has been seriously questioned in the development of not only retarded children but, all children generally. IQ is not static but can be affected by

environmental factors, maturation, education and training. UNICEF (2001), notes that the Kenyan education system does not use IQ tests as a basis of classification of children with mental retardation.

A different classification system has been developed in education. This system gives the specific skills levels and educational needs. According to Ndurumo (1993), Suran and Rizzo (1979), the mentally retarded are classified into three groups. The Educable Mentally Retarded (EMR), which constitutes between 75%-80%, makes it the largest group. The Trainable Mentally Retarded (TMR), encompasses the moderate and severely handicapped children, while the profoundly mentally retarded have intellectual functioning, which is so low that they are referred to as custodially retarded.

The most commonly accepted approach to classification is to consider mentally retarded people along a continuum of degree of severity. The AAMR classification system uses the terms mild, moderate, severe and profound which helps to minimise negative stereotyping. It has been argued that placing children in categories helps in the effective delivery of instruction.

It is extremely important that decisions about the classification of mentally handicapped pupils should be made cautiously. It should be done only when it leads to the development of an appropriate educational programme that will meet the needs of the child involved. On the other hand, classification is necessary because mentally handicapped pupils are an extremely heterogeneous group and it is assumed that it leads to appropriate placement. Although a classification decision is a very serious action intended to help pupils to obtain needed services, it can have adverse effects if improperly used which can lead to labelling (Wit et al 1988).

Labelling is the process of assigning a child, a diagnostic category as a result of assessment. Labels have been used for many years to categorise handicapped children after they have been identified and diagnosed. A child may be labelled as being mentally handicapped after undergoing a psychological evaluation. Ingalls (1986) notes that some children who are in special education classes for the mentally handicapped function better intellectually, academically and socially than some children in regular classes who have

never been labelled mentally retarded. Although useful for obtaining services, labelling may have negative psychological consequences. It has been found that some teachers have lower expectations from children who were labelled than for children with identical behaviour who were not labelled because the label rather than the disability defines the individual (Ngina, 1995).

#### **2.4. Learning Abilities of the Mentally Handicapped Children**

Optimism concerning the learning potential of mentally handicapped pupils has increased throughout the twentieth century. Mentally handicapped children often have educational characteristics similar to those of normally developing children, although they may differ in their rate of skill acquisition, ability to attend to task, memory, generalisation and transfer of recently acquired skills and language development (Berdine and Blackhurst, 1980). They process information at a shallower level than non-retarded people (Hallahan & Kauffman, 1991).

Blodget (1971) states that, mentally retarded children exhibit a slower than average rate of mental development, which has other implications for the learning situation and the final level of skill mastery, may not be as refined. At early school ages they are less mature and less proficient in motor skills of all kinds. Thornburn and Marfo (1994), note that the severe ones may need special training in self-help skills such as toileting, feeding, dressing and bathing. This can be done by analysing, teaching the process step-by-step, using reinforcement and other teaching techniques such as behaviour modification

Suzan and Rizzo (1979) observed that educational expectations of Educable Mentally handicapped pupils can be expected to be between 3<sup>rd</sup> and 6<sup>th</sup> grade and they can be able to read, write and use basic arithmetic. Kirk (1972) on the other hand notes that, by the time these children enter school at the age of six, they are not ready for writing, spelling or arithmetic. He stated that they do not even acquire these academic skills until they are between eight and eleven years of age. Robinson and Robinson (1976) stated that mildly retarded children have a rate of intellectual development which is commonly one-half to one-third that of average children.



## 2.5 Early Identification and Intervention

Early identification is the procedure of pinpointing children who can be considered disabled, exceptional or with special needs before their life is affected further. It is the process of establishing an awareness that a problem exists. Certain kinds of problems or potential problems can be identified at birth or very early in life. However, many young children have handicapping conditions that go unnoticed. Hallahan and Kauffman (1991), emphasise the identification of exceptionalities as early in the child's life as possible, and providing effective programmes of education or other services designed to maximise the child's potential and minimise any disability.

Kristensen (1992) observed that there was a great need in Kenya for programmes, which could provide services for early identification and intervention of handicapped children. Many children who could benefit from early identification were not receiving the services they needed. The majority of children, however, had mild to moderate disabilities that went unnoticed until they were in school where regular classroom teachers identified them. Hangrove and Poteet (1984), note that, early identification of mentally handicapped pupils is necessary because their condition can improve through remedial education and is less expensive.

There has been increasing appreciation (Thornburn and Marfo, 1994) for the special needs and problems that children with disabilities have during their early years. As a result, much emphasis has been placed upon the first few years of life, as a critical period for development and learning. Early intervention services may be provided to support the child, in interaction and communication or during the pre-academic and academic stages. The Standard Rules (UN, 1994) emphasise in Rule 6 that special attention should be given to very young and pre-school children with disabilities.

The goal of special education, when it is applied in the early childhood years, is to provide instruction during the early development stage from birth to six years in order to prevent or minimise the handicapping effect of a disability. The best time to attack a child's mental, physical or emotional handicap is in the years from birth through early childhood (Thornburn and Marfo, 1994). Early childhood special education then may be defined as either direct or indirect instruction designed to respond to the unique

characteristics of young children who have needs that cannot be met by the curriculum for the non-disabled. The instruction may be provided directly to the infant or young children involved, or to parents who in turn, teach their children.

Early learning can correct or reduce environmental or developmental deficits. Failure to provide appropriate opportunities for early learning can lead to cumulative deficits that are much more costly to remedy at a later time in cases of disabled children. Lacrose (1976) observed that sending mentally handicapped pupils to nursery school can encourage them to enter into group activities at a time when differences from the normal group are not very distinctive or severe and when society is more willing to accept them. Parent-child relationships are likely to improve as young mentally handicapped pupils become less dependent, less fearful and less burdensome. Disabled children can benefit from educational intervention if it begins as soon as the problem is diagnosed.

## **2.6. Assessment**

Gearheart and Gearheart (1990) define assessment as a process that involves the systematic collection and interpretation of a wide variety of information on which to base instruction or intervention decisions and when appropriate, classification and placement. The assessment of children's abilities (Sattler, 1982) is a complex activity that requires technical skills as well as interpersonal skills. Information derived from assessment is used to enhance an appropriate description of the problem, estimate its severity, identify factors related to it, suggest areas of improvement and help develop treatment or remediation suggestion and strategies.

Assessment is intended to detect deficits which may be a disability such as deafness, learning disability, gross motor inco-ordination, developmental delay or mental handicap. Assessment of the mentally handicapped child implies an evaluation of the nature and the extent of his intellectual, emotional, social and sensory assets and deficits. The deficits may be educational where a child is seen to experience problems either globally or in a specific area (Ndurumo, 1993). The main goal when carrying out assessment is to find out what a child can and cannot do, and how he learns best, in order for appropriate intervention measures to be taken. Other purposes of assessment are referral and placement.

## 2.7. Educational Placement Options

Special education can be delivered in a variety of settings, depending on the needs of a particular child. Some require placement in a full-time education classes while others need to be placed in residential school programmes. Some children can also be enrolled in regular classes. Placement of children in different programmes is a very vital step taken after identification and assessment. Children should be referred to the most appropriate educational programmes in the least restrictive environment that meets their needs. UNESCO (1994) points out that parents have an inherent right to be consulted on the form of education, best suitable to the needs, circumstances and aspirations of the their children. The education of children with disabilities is a shared task of parents and professionals.

A residential special school has boarding facilities for children with disabilities. It provides a wide range of specialised facilities, materials and teachers specialised in teaching and managing such children. Residential care, apart from being costly and inappropriate can cause emotional problems in parents and the children because of long separation. The child can also develop problems in social adjustment because he has not been exposed to 'normal' behaviour (Menya, 1980). The segregation presents a totally unrealistic picture of the world and eliminates any advantages that could be gained through modelling. However, the main advantage is in providing complete control over the child's curriculum and daily life. It also allows for the manipulation of all variables within the learning environment to benefit the mentally handicapped child.

Some mentally handicapped pupils attend special day schools while living in their communities. The school provides specialist personnel, equipment, facilities and materials. The aim of the day school is also to assist children develop an adequate self-concept and a proper view of society. They are segregated for only part of the day while spending the rest of the day in the community with their non-handicapped contemporaries. Children also retain the family bond, which may otherwise be absent in a residential school placement. The special day school arrangement is accepted easily in the urban communities where there is adequate means of transport. In rural communities, however, the approach is rather impractical due to long travelling distances and inaccessibility for the majority of children.

A special unit is a class within a regular school which provides education services for children with a specific handicap. For example, mentally handicapped pupils who are unable to cope in the regular classes are placed in a special unit. A full time, special class placement gives the special education teacher complete academic responsibility for the pupils who are enrolled. The special class is often allowed to operate virtually autonomously from the rest of the school with minimal integration with non-handicapped counterparts in selected subjects and activities (Rusalem and Rusalem, 1980).

## **2.8. Integration**

In Kenya, there has been a conscious move towards integration of children with disabilities. Howarth (1987) holds the opinion that the primary goal of integration is to facilitate contact between pupils with disabilities and their non-handicapped peers. This calls for a thorough and detailed assessment of the child's needs and a clear understanding of what the benefits of such placement is likely to be. Although special education formerly emphasised special schools and units for children with disabilities, Hegarty (1993) supports inclusion, because it enables children with disabilities to receive educational opportunities with their non-handicapped peers.

Brennan (1985) points out that in some circumstances, pupils who could benefit from education in an ordinary school cannot be so placed, because the support they would need is not available in the school. In support of this view, Baker and Boviar (1989) remarks that alternatives to special school placement are restricted and this poses a major difficulty in placement of an increasing number of children with special needs. In many cases the mildly mentally handicapped child can function effectively in the regular class if the teacher is supported by special materials, consultation, diagnostic and prescriptive services (Polloway and Payne, 1977).

One of the problems faced by pupils with special needs in regular schools has been the issue of attitudes. Teachers who do not have the confidence of their own instructional skills or non-disabled peers seem to be the factors affecting integration. Other factors include prejudice against persons with disabilities as well as superstitious beliefs about them (UNISE, 1996). Although advocates of human rights argue that any practice that restricts a person's equal access to an opportunity is detrimental to equal rights, UNISE

(1996) argues that while special needs education is a human rights issue, it is not so much the right to be in the same school, but rather, a right to education that values all as individuals.

UNESCO (1994) emphasises that schools should accommodate all children with special needs. Although their conditions create a range of different challenges to school systems, schools, should find ways of successfully educating all children, including those who have serious disadvantages and disability. The merit of such schools is that, their establishment is a crucial step in helping to change discriminating attitudes, creating welcoming communities and developing an inclusive society. The success of integration depends considerably on early identification, assessment and stimulation of the very young child with disability. This results in a major economic value for the individual, the family and the society in preventing the aggravation of disabling conditions.

Teachers in mainstream classes should work closely with teachers experienced in special education to identify the pupils' educational, physical and social needs according to Hallahan and Kauffman (1994). This kind of preparation is particularly helpful when pupils with disabilities are to be placed in fulltime mainstream classes. In 1988, the Ministry of Education pointed out that full inclusion and optimal awareness would not be claimed to have been achieved, until every child with special needs had been placed in regular schools. Education for all, effectively means **FOR ALL**, particularly those who are more vulnerable and most in need (UNESCO, 1994).

## **2.9 Theoretical Framework**

Singleton et al (1988) asserts that all empirical studies should be grounded on theory. A theory is a hypothetical deduction that states deductive relationship among hypothesis. It specifies the relationship between variables with the purpose of explaining the problem in question. A theoretical framework is essential in the understanding of factors that may influence the integration of mentally handicapped children in regular classes.

### **2.9.1. Developmental Theory**

A conceptualisation of mentally handicapped pupils from a developmental viewpoint is essential. A developmental theory postulates that a retarded person goes through the same

developmental stages that a normal person does, but more slowly, and does not reach the same final level (Ingalls, 1986). The best example of such a theory is that of Piaget. His theory of cognitive development is the most popular of the theories on the child's mental maturation process. It has also become the cornerstone in understanding the child's reasoning and intellectual levels (Ndurumo, 1993). The theory is divided into stages and Piaget believes that all children follow these stages. When the child significantly deviates from the pattern of intellectual development, professionals become concerned.

Piaget's theory can be used in understanding the learning of the mentally handicapped children. According to Payne et al (1977), Piaget views all individuals as progressing through stages of development with each stage representing both quantitative as well as qualitative changes in cognitive skills. The developmental stages have been identified as Sensori-motor, pre-operational, concrete operations and formal thought.

The Sensori-motor stage (0-2 years) is concerned with perceptual organization, the origins of intelligence, and the infants' methods of dealing with simple behaviour. In the pre-operational stage, (2-7 years), the child begins to develop the ability to use symbols, first as objects in his world and later to use words and numbers. The stage of concrete operations (7-11 years) furthers the child's ability to order and classify things, but it is generally limited to learning of a concrete, non-abstract nature. The stage of formal thought (11 years and over), encompasses the ability needed to deal with the abstract and hypothetical thought.

Piaget observes that children develop in the same sequence and the imperfections experienced by children at certain levels of development are alike (Roger, 1965). Assessment of the mentally handicapped child according to developmental consequences will help to determine readiness for certain tasks. The theory will help to pinpoint where deviation takes place and the effects of the deviation on the child.

### **2.9.2. Deviance Theory**

Handicapped people are often perceived as deviants (Nirjee 1972) and are stigmatised. However, people with mental retardation are regarded as the most deviant of all the groups of people with disabilities (Thornburn and Marfo, 1994). The degree to which

such people are regarded as deviant varies with, and is dependent on the way in which they are perceived as different in the attributes on which the society places greatest value.

A person can be said to be deviant if he is perceived as being significantly different from others in some aspects that are considered of relative importance and if this is negatively valued. An overt and negatively valued characteristic which is associated with deviance is called 'stigma' (Nirjee, 1972). This is attributed to individuals who do not conform to normative behaviour in society. People with visual and physical impairments tend to be accepted more readily because they can articulate their feelings, needs and rights more effectively than those with communication and intellectual impairments (Thornburn and Marfo, 1994). The theory will help to pinpoint where deviation takes place and the effects of the deviation on the child in school and how teachers' attitude influence the way they perceive mentally handicapped children.

### **2.9.3. Social Learning Theory**

The social Learning Theory stresses the development of social behaviours. It is also known as observational learning, modelling or learning by example (Ndurumo, 1993). It is based on the premise that a person's interaction with his meaningful environment, establishes a wide region with wide potential for investigation.

Albert Bandura who has been associated most often with research on this topic noted that the four underlying processes involved in imitation are attention, retention, motoric reproduction and incentive or motivation (Polloway and Payne, 1977). It has been closely tied with the concepts of identification and internalisation that involves learning through the observation of the behaviour of others. In imitating the behaviour of another person, cognitive processes are involved. The person consciously and deliberately tries to learn or perform similar behaviours without token reinforcements.

According to Bandura, learning by modelling is rampant and if the characteristics of the model are similar to those of the learners, the possibility that the model's behaviour will be imitated is strong. However, as children grow older, they imitate the behaviour of peers and persons they consider important or whom they idolise.

The widely accepted definition of mental retardation states that deficits in adaptive behaviour are salient features. Mentally handicapped pupils exhibit lower general expectation for success and a higher avoidance tendency. The social learning theory will provide information, which will facilitate the development of programmes that can minimise social adaptation problems among mentally handicapped children. It will assist in establishing the influence and benefits mentally handicapped pupils acquired through integration in regular schools.



## CHAPTER THREE: RESEACH METHODOLOGY

### 3.1. Introduction

This chapter presents the research design that was used in this study. It included the following: Site selection and description, sampling, methods of data collection, unit of analysis and observation and data analysis.

### 3.2 Site Selection

The study was carried out in Kirinyaga District in the Central Province of Kenya. Kirinyaga District is one of the seven districts in Central Province and it covers a total of 1,478 Square hectares which is 11.2% of the province and 0.03% of Kenya's total area. It borders Nyeri and Murang'a to the West, Mberere to the South and Embu to the East. The district has four administrative divisions which are Ndia, Gichugu, Mwea and Central. The divisions are divided into 21 locations and 80 sub-locations. The population is 457,102 people out of which 5% males and 3% females are disabled (Kirinyaga District Development Plan 2002-2007).

By 2006, the district had 365 pre-schools with a total of 18,423 children; the primary schools were 185 with 94,795 pupils while the secondary schools were 94 with an enrolment of 21,694 students (MOE, Kirinyaga, 2006). Special education programmes consisted of one school for the Deaf at Kerugoya, one integrated programme for the physically handicapped at Kianyaga and thirty special units for mentally handicapped pupils spread over all the four divisions.

The area was purposively selected for this study because a district assessment and identification programme of disabled children was established in 1984, resulting in the introduction of education programmes for mentally handicapped children. However, the special education programmes could not accommodate all the children who had been identified as mentally handicapped and therefore some were enrolled in regular primary schools. Very few studies have been done on integration for mentally handicapped pupils in regular schools in Kirinyaga district.

### 3.3. Sample Selection

Sampling design refers to that part of the research plan that indicates how cases are to be selected for observation (Singleton et al. 1988). Kerlinger (1964) observed that sampling involves taking part of a portion of the population as a representative of the population. Sampling serves the main purpose of avoiding biases in the selection of the sample and to help achieve a maximum accuracy for a given outlay of resources (Bailey, 1987).

There are two types of sampling designs; probability and non-probability sampling. In probability sampling, cases in the study population have a known or equal chance of being selected while in non-probability sampling, cases do not have any known chance of selection. Principles of non-probability and probability sampling will be employed.

In this study, a combination of stratified random sampling, and simple random sampling methods were applied in the selection of both the schools and teachers. Stratified random sampling utilizes the principle of first sub-dividing a population into two or more mutually exclusive groups or strata.

The study utilized schools within the four administrative divisions of Kirinyaga. They comprise Ndia, Gichugu, Mwea and Central Divisions. Guided by a sampling frame of the public primary schools within the divisions of Kirinyaga District, the primary schools in each division were stratified into schools without special units which comprises of one hundred and sixty five (165) schools and schools with special units which are thirty (30) schools. Simple random sampling was then done to select a school without special unit from each stratum. That means one school without a special unit from each division was selected, making a total of four (4) schools.

Another four (4) public primary schools hosting the oldest special units for mentally handicapped pupils in each of the selected divisions were also purposively selected. In this case, purposive sampling technique was used. The researcher relied on her expert judgement to select schools which would be representative or typical of the population.

Probability sampling design was used to select the study population of teachers from the four schools through stratified random sampling. In this design, the population was

subdivided into two or more exclusive segments, based on a combination of relevant variables. Simple random samples were drawn from each strata and the sub-samples were combined to form the complete stratified sample. Systematic random sampling was carefully done to ensure that the various classes, comprising of both lower and upper primary classes were covered. In every school a total of fifteen [15] teachers were selected to whom the questionnaires were administered. In total the number of teachers interviewed in schools were: (fifteen [15] teachers per school x eight [8] schools, totalling to 120 teachers. The questionnaires returned were 109. The key informants were fifteen of whom thirteen were headteachers and two were district assessment officers.

### **3.4 Data Collection Procedures**

The study utilised both primary and secondary data collection procedures. The primary data was both qualitative and quantitative. Information was collected from the key informants using semi-structured interviews. All the interviewing was done by the researcher.

Standardised questionnaires were used to collect data from the respondents. The questionnaires contained both open and close-ended questions. Before the data collection, the respondents were briefed on the purpose of the study and assured them that their responses would be treated confidentially.

### **3.5. Units of Analysis and Observation**

According to Singleton et al (1988), a unit of analysis refers to the level of social life on which research questions focus on. Units of analysis are those units or things we examine in order to create a summary description of all such units and to explain differences among them (Babbie, 1995). Units of analysis can thus be individual people, social roles, positions and relationships. In this study, the unit of analysis was the integration of mentally handicapped pupils in Kirinyaga district. A unit of observation is the subject, object or item from which we measure the characteristics or obtain the data required in the research study (Mugenda et. al., 1999). In this study the teachers, assessment officers and headteachers were the units of observation.

### **3.6. Data Analysis**

The collected data was analyzed and interpreted. Closed-ended questions were coded to enable all the responses to be keyed into the computer. Data was analyzed using the Statistical Package for Social Scientists (SPSS). Descriptive statistical procedures were used to describe the distribution and derive patterns from the data. These were percentages, frequency distribution tables, graphs and pie charts. Part of the qualitative data was analyzed as it was collected. It was in the form of field notes. Analysis involved reducing, selecting and transforming it into relevant themes.

## CHAPTER FOUR: PRESENTATION AND ANALYSIS OF DATA

### 4.1. Introduction

The focus of this chapter was to present the results of the effectiveness of integration of mentally handicapped pupils in regular primary schools and the views of teachers, headteachers and assessment teachers in Kirinyaga District.

### 4.2. Demographic Data

The researcher administered 120 questionnaires out of which 109 questionnaires were returned. This indicates 90.8% of the target population. The 109 (100%) respondents were taken as the study population. During the study, 15 key informants who comprised of 13 headteachers and 2 assessment officers were interviewed.

The respondents were asked to indicate their gender, age, marital status, professional qualifications and teaching experience in years. This is shown in table 1, 2, 3, 4 and 5.

#### Gender

The respondents were asked to state their gender, and this is shown in table 1.

**Table 1: Respondents by Gender**

Female	83	76.1
Male	26	23.8
<b>Total</b>	<b>109</b>	<b>100.0</b>

*Source: Field Data*

Table 1 show that a total of 109 teachers responded to the questionnaires. Out of the 109 teachers, 83 were female and 26 were male. The indication is that 76.1% of the respondents were female while 23.8% were male. It is evident that there was a significantly higher number of female teachers in the primary schools which were sampled.

## Marital Status

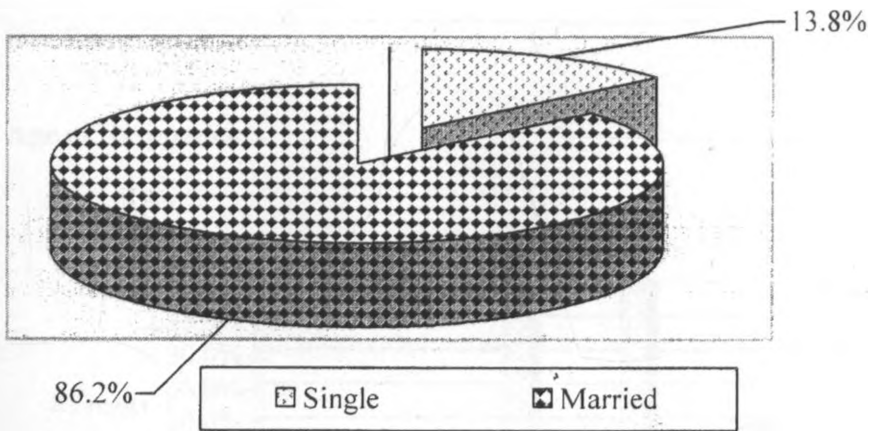
The respondents were asked to indicate their marital status and this is shown in table 2.

**Table 2: Respondents' Marital Status**

Respondent	Frequency	Percent
Single	15	13.8
Married	94	86.2
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 1: Marital Status**



Source: Field Data

Out of 109 teachers who responded, 13.8% of them were single and 86.2% were married.

This indicates that majority of the teachers were married.

## Age

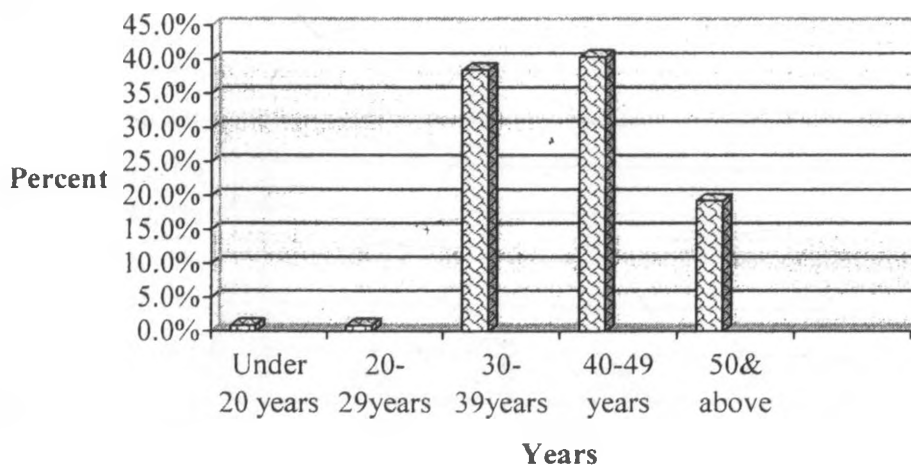
The respondents were asked to indicate their ages. The results are as shown in table 3 below.

**Table 3: Age of Respondents**

Age	Frequency	Percent
Under 20	1	0.9
20-29	1	0.9
30-39	42	38.5
40-49	44	40.4
50-55	21	19.3
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 2: Age of Respondents**



Source: Field Data

Majority of the respondents (78.9%) indicated that they were aged between 30-49 years, while 19.3% ranged from 50-55 years of age and only 1.8% of the respondents were aged between 20-29 years. This shows that majority of the respondents were middle aged

### Professional Qualifications

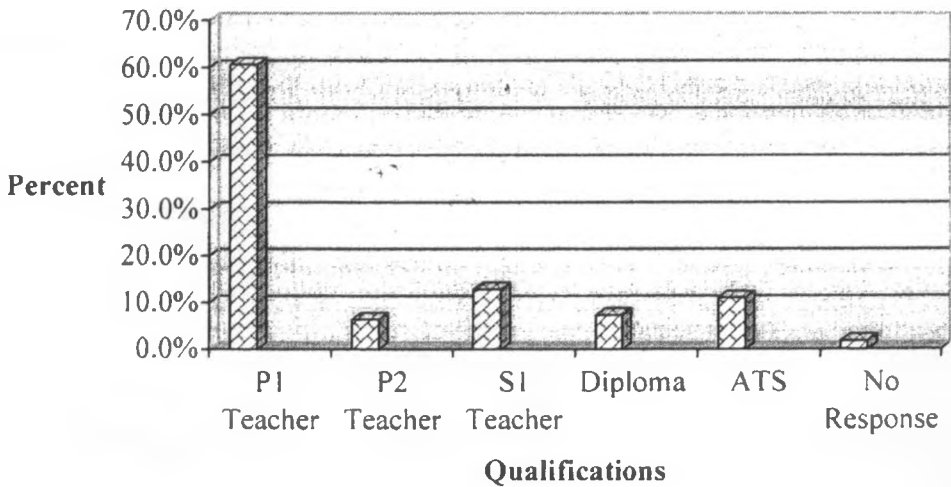
The researcher sought to know the respondents' professional qualifications and their results are as shown in table 4 below.

**Table 4: Professional Qualifications**

Qualifications	Frequency	Percent
P1 Teacher	66	60.6
P2 Teacher	7	6.4
S1 Teacher	14	12.8
Diploma	8	7.3
ATS	12	11.0
No Response	2	1.8
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 3: Professional Qualifications**



Source: Field Data

Most of the respondents (60.6%) were qualified P1 teachers, 6.4% were P2 teachers while 12.8% of them were S1 teachers. Some respondents (7.3%) indicated they had diplomas and 11.0% had Approved Teacher Status (ATS). This indicates that the respondents had



acquired the basic two year primary teacher training qualifications hence, they were competent to teach in primary schools. About 23.8% of the respondents indicated that they had been promoted from their previous grades to higher grades which were either SI or ATS.

**Teaching Experience**

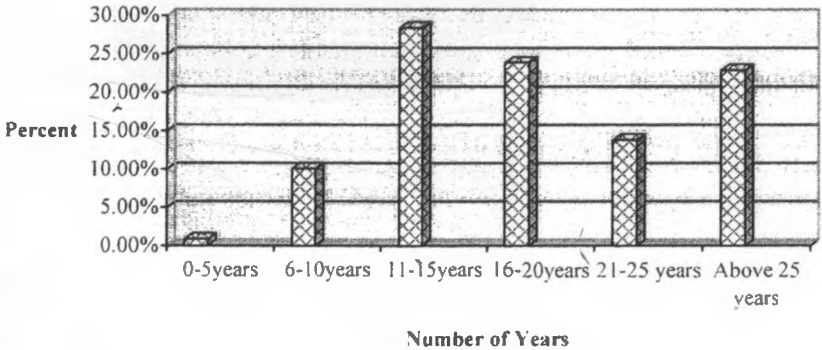
The respondents were asked to indicate their teaching experience in years. The results are as shown in table 5 below.

**Table 5: Teaching Experience**

Experience in years	Frequency	Percent
0-5	1	0.9
6-10	11	10.1
11-15	31	28.4
16-20	26	23.9
21-25	15	13.8
Above 25	25	22.9
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 4: Experience in Years**



Source: Field Data

In table 5 and figure 4 above. 28.4% of the respondents had taught for 11-15 years while 23.9% of them had taught for between 16-20 years. 22.9% of them had taught for over 25 years. 13.8% of them had taught for between 21-25 years while 10.1% had an experience of 6-10 years and only 0.9% of them had taught for 0-5 years. This indicates that 97 (89.0%) of the respondents had a teaching experience of over ten years and hence they were more competent in their work.

### Attendance of In-service Training Courses in Special Education

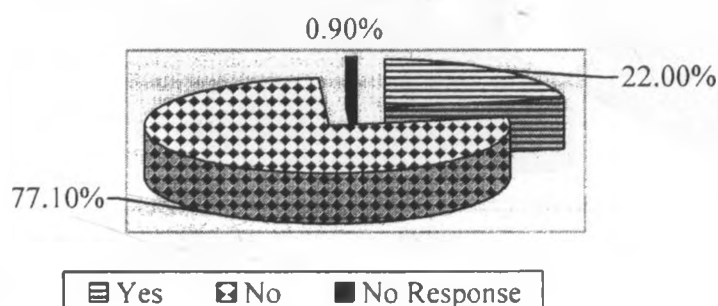
The researcher wanted to know whether the respondents had attended any in-service training courses in special education. The results as shown in table 6 below.

**Table 6: In-Service Courses in Special Education**

In-service Courses	Frequency	Percent
Yes	24	22.0
No	84	77.1
No Response	1	0.9
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 5: In-Service Courses in Special Education**



Source: Field Data

In table 6 above, 22.0% of the respondents had been in-serviced in special education and 77.1% had not. The finding indicates that only very few teachers had been sensitised in

special education. resulting with most of the respondents feeling unequipped to teach mentally handicapped pupils in regular classes.

#### 4.2.1. To establish the enrolment of Mentally Handicapped Pupils in Regular Classes

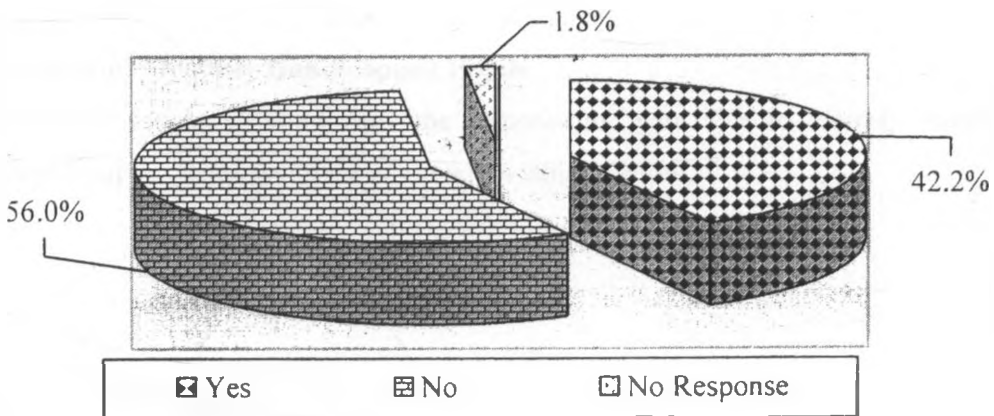
The researcher sought to determine whether there were mentally handicapped pupils in the regular classes. how teachers had identified them and whether integration had been successful. The results are as shown in tables 7-9 indicate.

**Table 7: Mentally handicapped pupils in classes**

Mentally handicapped pupils	Frequency	Percent
Yes	46	42.2
No	61	56.0
No Response	2	1.8
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 6: Mentally Handicapped Pupils in Class**



Source: Field Data

In table 7 and figure 5 above, respondents were asked whether they had mentally handicapped pupils in their classes. Out of the 109 respondents, 42.2% of the teachers indicated that they had mentally handicapped pupils in their classes while 56.0% had none. This shows that teachers were able to identify mentally handicapped pupils

although only 22.2% had attended in-service training courses in special education. As emphasised in the Salamanca statement, children with special educational needs should be taught in mainstream education, which in Kenya would be primarily in regular classrooms and schools UNESCO. (1994).

According to the 2006 District Education Assessment Records, 3,999 children had been assessed and identified to have had disabilities in the district. Out of 3,999, the majority (2,132) of them had been identified as being mentally handicapped. This was a very high number in comparison to the hearing impaired, visually impaired and physically handicapped who totalled to 1867 children. Majority of the mentally handicapped children had lacked placement in special units within the districts since there were only 321 pupils who had been placed in the thirty special units within the district. A sizeable number had been absorbed in regular schools while others were not enrolled in any programmes. The researcher observed that there were no records showing the number of integrated mentally handicapped pupils within the schools in the district. However, it was noted that teachers in each school could have been referring to the same mentally handicapped pupils since they taught in more than one class because there is no specialization of teaching subjects in primary schools.

### **Identification of Mentally Handicapped Pupils**

The researcher sought to know how the respondents were able to identify mentally handicapped pupils. The results are as shown in table 8 below.

**Table 8: Identification of Mentally Handicapped Pupils**

	Frequency	Percent
Poor performance	64	58.7
Withdrawal from activities	8	7.3
Aggressiveness	8	7.3
Strange Behaviour	8	7.3
Lack of Concentration	7	6.4
Speech/Communication problems	7	6.4
'Queer' facial appearance	7	6.4
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

Majority of the respondents (58.7%) indicated that poor performance was an indicator of mental handicap. 7.3% cited strange behaviours, aggressiveness and withdrawal from participating in activities, 6.4% had identified the pupils because they had 'queer' facial appearance which was different from the other pupils, while 6.4% said that some of them had speech or communication problems or lacked concentration.

It can be observed that teachers had identified mentally handicapped pupils through different characteristics. This agrees with Kristensen (1992) that children who had mild disabilities went unnoticed until they were in school where regular classroom teachers identified them. Although, majority of the respondents cited poor performance as the major indicator of mental handicap, this contrasts with the reality because there are other factors which can cause poor performance among pupils such as poor teaching, ill health, absenteeism, social economic conditions (example poverty) and emotional problems.

### **Success of Integration**

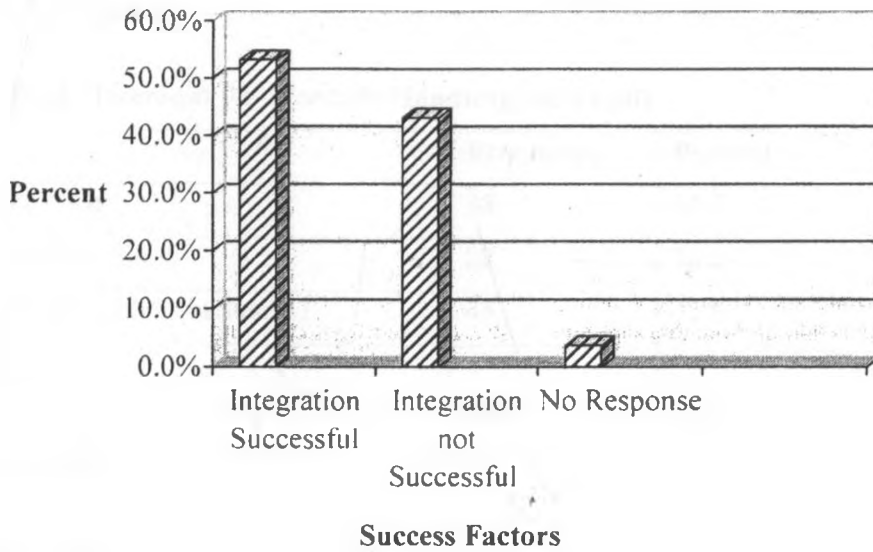
The researcher sought to know whether integration had been successfully carried out and the results are as shown in table 9.

**Table 9: Success of Integration of Mentally Handicapped Pupils**

	Frequency	Percent
Yes	58	53.2
No	47	43.1
No Response	4	3.7
Total	109	100.0

Source: Field Data

**Fig. 7: Success of Integration of Mentally Handicapped Pupils**



Source: Field Data

In table 9, 53.2% of the respondents indicated that integration had been successfully carried out while 43.1% said that it had not worked. Slightly more than half of the respondents and headteachers advocated integration by saying that it should be supported for pupils who were not 'very' mentally handicapped. This concurs with Polloway and Payne (1977) who pose that in many cases, the mildly mentally handicapped child can function effectively in the regular class if the teacher is supported with materials and prescriptive services. However, a few respondents and key informants felt that integration would lower the general school academic performance and therefore affect the schools' examination mean score. Another half of the key informants (headteachers) who

had headed schools with special units supported integration because this brought educational services closer to the mentally handicapped pupils.

#### 4.2.2. To Establish best school placement option for Mentally Handicapped Pupils

The researcher sought to know, the best school placement options for mentally handicapped children and the results are as shown in tables 10-15.

#### Best School Placement Option

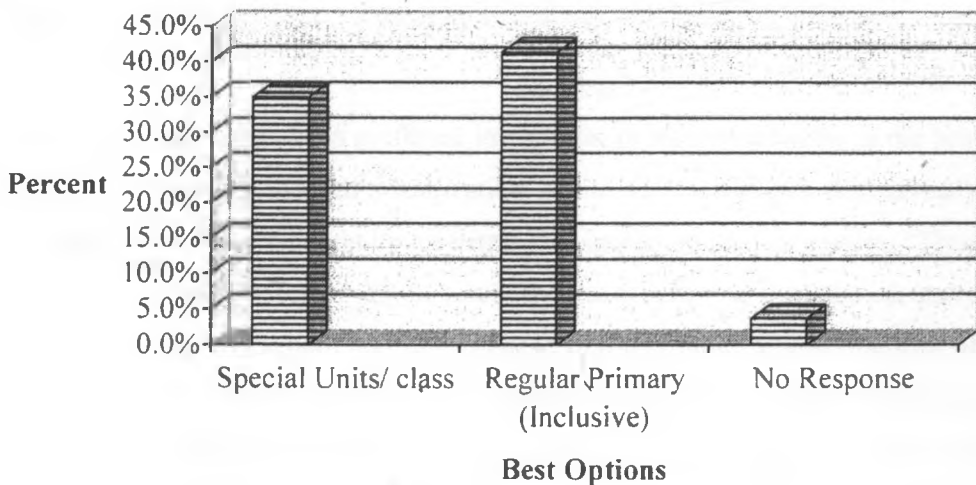
The respondents were asked to indicate the best school placement option for mentally handicapped pupils.

**Table 10: Best Placement for Mentally Handicapped Pupils**

	Frequency	Percent
Special units/class	38	34.9
Boarding special school	22	20.2
Regular Primary school (inclusive)	45	41.3
No Response	4	3.7
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 8: Best Placement Option for Mentally Handicapped Pupils**



Source: Field Data

In table 10 and figure 6 above. 41.3% of the respondents indicated that regular schools were the best option. 34.9% felt that the best school placement was in special units or classes, while 20.4% felt that boarding schools were the best option. Most respondents indicated that placement of mentally handicapped pupils in regular primary schools was the best option because they could get an opportunity to learn from the other non-handicapped pupils in school. This contrasts with the response given by the respondents stating that they were not competent enough to teach mentally handicapped pupils. Majority of the key informants supported that regular school placement of mentally handicapped pupils and added that placement should be done 'as early as possible' or 'once a teacher notes that a pupil was showing no improvement' in class.

**Reasons for Preferred Placements**

The researcher sought to know why the respondents preferred specific placement options for the mentally handicapped pupils. The responses are as shown in table 11 below.

**Table 11: Reasons for Preferred Placements**

	Frequency	Percent
To be taught by teachers with special education training	60	55.1
To enhance socialization and integration	45	41.3
No Response	4	3.7
<b>Total</b>	<b>109</b>	<b>100.0</b>

*Source: Field Data*

In table 11, 41.3% of the respondents preferred integration in regular schools, as the best placement option because it enhanced socialization, while 55.1% felt that the mentally handicapped pupils needed to be taught by teachers with special education training. They added that special education teachers could teach and take better care of the mentally handicapped pupils in special school and units. These findings indicate that majority of the respondents preferred special school/units placement although a sizeable number of respondents pointed out that socialisation in regular schools was an important aspect of schooling for mentally handicapped pupils. The researcher also observed that regular teachers in school where special units were hosted did not support integration since there were special education teachers who could handle the pupils better, in the units.



## Referral Procedures

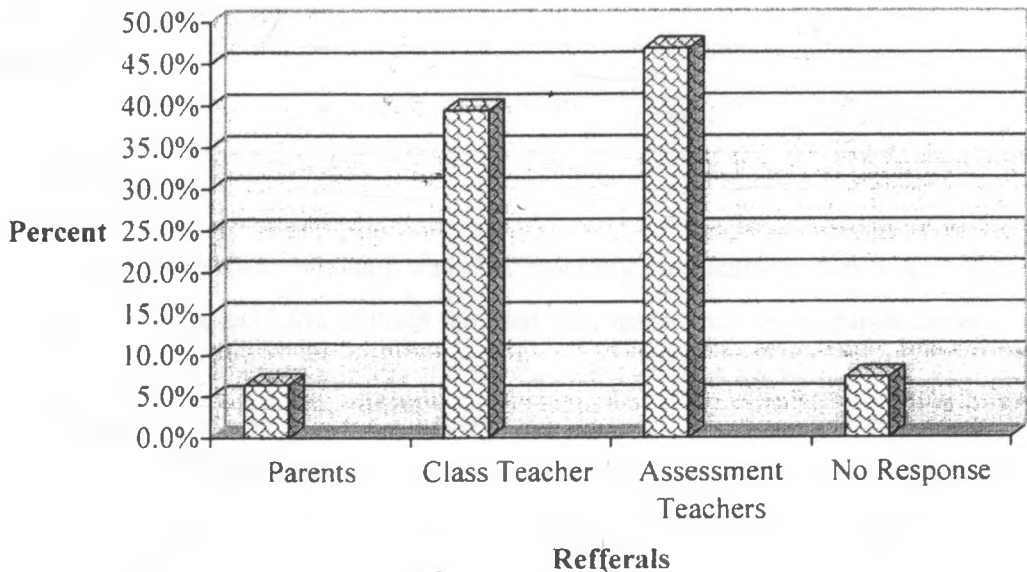
The researcher sought to know about the preferred referral procedure of mentally handicapped pupils for placement in schools and the results are as shown in table 12 below.

**Table 12: Referral Procedure for Placement**

	Frequency	Percent
Assessment Teachers	51	46.8
Class Teacher	43	39.4
Parents	7	6.4
No Response	8	7.3
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 9: Referral Procedure for Placement**



Source: Field Data

In table 12 and figure 7 above, 46.8% of the respondents felt that assessment teachers were better placed to make referrals, 39.4% indicated that class teachers should make the

referrals, while 6.4% of the respondents thought that parents should identify and refer their children for placement. From the table, it can be seen that the assessment and regular class teachers had a greater role to play in the identification of children with mental handicap than the parents. However, according to UNESCO (1994), parents have an inherent right to be consulted on the form of education best suited to the needs, circumstances and aspirations of their children.

**Academic Benefits of Integration**

The researcher sought to know the academic benefits of integration and the results are as shown in table 13 below.

**Table 13: Academic Benefits of Integration**

	Frequency	Percent
Basic academic skills	47	43.1
Learn from others	14	12.8
Learn at own pace	13	11.9
Improvement self expression is improved	12	11.0
Mental and Physical development	3	2.8
No Response	20	18.3
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

Most of the respondents (43.1%), indicated that mentally handicapped pupils acquired basic academic skills while 12.8% of them said that they learnt from other pupils through peer tutoring, 11.9% of pointed out that the pupils learnt at their own pace and 11.0% indicated that self expression improved while 2.8% of them indicated that mental and physical development was enhanced. It can be observed that most respondents felt that the most important academic benefit was the acquisition of functional academic skills such as basic reading and computation skills in regular schools. However, some key informants were sceptical about the academic potential of mentally handicapped pupils, and doubted whether they could progress to class 8 and seat for the Kenya certificate of Primary Education

## Social Benefits

The researcher sought to know the social benefits which the mentally handicapped pupils got from integration.

**Table 14: Social Benefits of Integration**

	<b>Frequency</b>	<b>Percent</b>
Socialisation and interaction	66	60.6
Improvement of Communication skills	8	7.3
'Normal' children learn about them	13	11.9
Feel part of the community	2	1.8
No Response	20	18.3
<b>Total</b>	<b>109</b>	<b>100.0</b>

*Source: Field Data*

When the respondents were asked about the social benefits of integration, 60.6% of them indicated socialization and interaction as the most important social aspects, 11.9% said that the 'normal' children would learn more about mentally handicapped pupils and how to live with them, while 7.3% felt that their communication skills improved and 1.8% indicated that the pupils would feel accepted as part of the community. From table 14, it can be observed that the respondents rated socialization and interaction as the most important social benefits, if mentally handicapped pupils learn within regular schools. A headteacher in the study indicated that 'integration assisted mentally handicapped pupils to fit in society.'

### Competence to Effectively Teach Mentally Handicapped Pupils

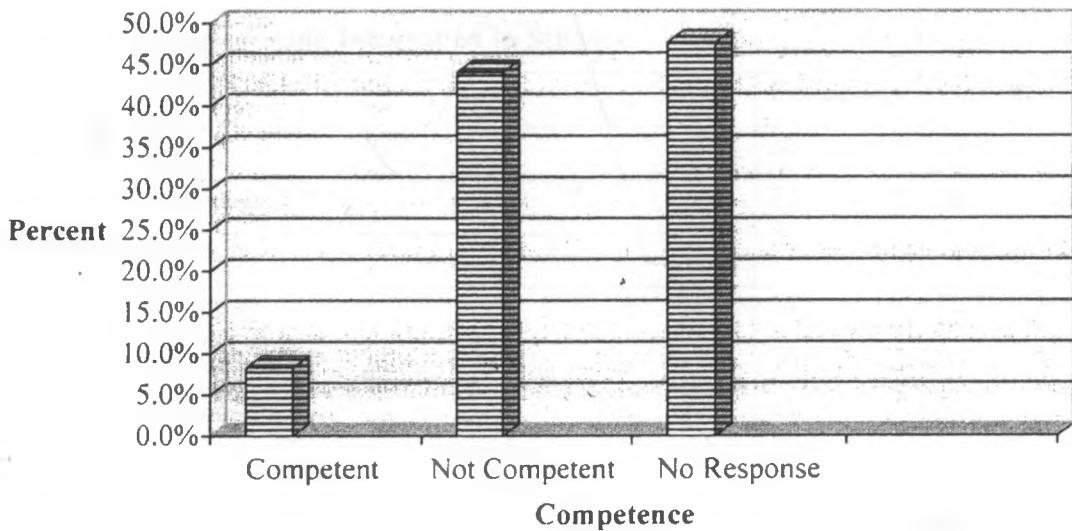
The researcher wanted to find out whether the respondents felt competent enough to teach mentally handicapped pupils in their classes. The results are as shown in table 15 below.

**Table 15: Competence to Effectively Teach Mentally Handicapped Pupils**

	Frequency	Percent
Competent and learn at own pace	9	8.3
Not competent	48	44.1
No Response	52	47.7
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

**Fig. 10: Competence to Effectively Teach Mentally Handicapped Pupils**



Source: Field Data

Only 9 (8.3%) respondents indicated that they felt competent enough to teach mentally handicapped pupils. They explained that the mentally handicapped pupils should be allowed to learn at their own pace. While 48(44.1%) respondents indicated that they did not feel competent enough, they added that mentally handicapped pupils were slow, needed special education teachers and that the pupils should be referred to special units. This finding shows that the few teachers who felt competent to teach the mentally

handicapped pupils had attended in-service courses in special education. Other respondents felt that they lacked specialised skills and training, hence they could not keep up with the slow pace of mentally handicapped pupils. This agrees with Ndurumo (1993) that mentally handicapped pupils learnt slowly which leads to significant educational problems. The key informants supported inservice training for regular teachers because they lacked the expertise and 'know-how' to teach pupils with mental handicap in large regular classes.

#### 4.2.3. Challenges facing Integration of Mentally Handicapped Pupils in Regular Schools

The researcher sought to know which challenges faced integration. The results are as shown in table 16 below.

**Table 16: Challenges Facing Integration in School**

	Frequency	Percent
Negative attitudes	36	33.0
Inadequate trained teachers	22	20.2
Poor Performance	17	15.6
Rejected by other pupils	14	12.8
Inadequate facilities	10	9.2
Communication problems	4	3.7
No Response	6	5.5
<b>Total</b>	<b>109</b>	<b>100.0</b>

*Source: Field Data*

From table 16 above, it can be seen that 33% of the respondents indicated that negative attitudes in schools were the biggest challenge, 20.2% felt that there lacked adequate trained special education teachers, while 15.6% felt that the mentally handicapped pupils lowered the 'means score' in the classes after examinations because of their poor academic performance. Another 12.8%, respondents indicated that the mentally handicapped pupils were rejected, ridiculed, segregated and stigmatised by other pupils,

9.2% of the respondents cited inadequate facilities in schools while and 3.7% of the respondents felt that there were communication problems between the mentally handicapped pupils and the regular teachers. It can be observed that negative attitudes towards pupils with mental handicap posed the biggest challenge in school followed by lack of adequate trained personnel. The researcher noted that majority of the mentally handicapped pupils were denied an opportunity to sit for examinations since their performance was expected to be poor. This shows that negative attitudes can lead to lack of acceptance and negative behaviour towards pupils with mental handicap in the society. The district assessment officers noted that most parents of mentally handicapped pupils faced economic hardships, resulting in them giving priority to their non-handicapped children. They also indicated that the thirty (30) special units in the district were 'too few' to accommodate the high numbers of mentally handicapped children who need educational services in the district.

### **Vulnerability**

The researcher sought to know whether mentally handicapped pupils were more vulnerable than other pupils. The results are as shown in table 17 below.

**Table 17: Vulnerability of Mentally handicapped pupils**

	<b>Frequency</b>	<b>Percent</b>
Yes	74	67.8
No	35	32.1
<b>Total</b>	<b>109</b>	<b>100.0</b>

*Source: Field Data*

In table 17 above, 67.8% of the respondents indicated that mentally handicapped pupils were more vulnerable than other pupils and were prone to mishaps and could endanger their lives and those of other pupils in the schools. Most of the respondents felt that mentally handicapped pupils could easily abuse or be physically, sexually, mentally abused and were more prone and at higher risks during emergencies and disasters since they could not make informed decisions. UNESCO (1994), emphasises that Education For All should particularly address those who are more vulnerable and most in need.

According to the key informants, more teachers should be trained in special education incorporated with counselling, safety precautions and emergency response skills which would enhance the security and survival of the pupils. They added that it was also vital to create awareness about children with mental handicap in schools and the community.

### Measures to Improve Integration of Mentally Handicapped Pupils in Schools

The respondents were asked to suggest measures that could be put in place to improve integration of mentally handicapped pupils in regular primary schools. The results as shown in table 18 below.

**Table 18: Measures to Improve Integration**

	Frequency	Percent
Additional trained specialised teachers	47	43.1
More facilities and resources	21	19.3
More special schools	20	18.3
Sensitization and awareness	6	5.5
No Response	15	13.8
<b>Total</b>	<b>109</b>	<b>100.0</b>

Source: Field Data

Majority of the respondents, (43.1%) stated that additional trained special education teachers were required, 19% said that more resources and facilities should be provided to regular primary schools by the Ministry of Education to enhance effective teaching and learning for mentally handicapped pupils. Other respondents, (18.3%) and key informants (assessors) felt that more special schools and units should be initiated and 5.5% of the respondents indicated that sensitization and awareness on mentally handicapped pupils within the schools and the community should be enhanced, to change negative attitude towards them.

The district assessment officers suggested the establishment of more special units, building a boarding school in the district for severe and profound mentally handicapped pupils and inclusive education for pupils with mild mental handicap. They also suggested

that they would increase the frequency of in-service courses for regular primary school teachers at district level.

More than half of the headteachers also supported the idea of starting more special units in other primary school, because the poor performance in regular classes would be transferred to the units to be taught by special education teachers



## CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 5.1. Introduction.

This chapter provides the summary, findings and recommendations of the study. The main objective of this study was to establish the effectiveness of integration of mentally handicapped pupils in regular schools in Kirinyaga District.

### 5.2. Summary of Findings

The study established that there were pupils who were mentally handicapped enrolled within the regular primary schools and most teachers were able to identify them because of their different characteristics. This is supported by Kristensen (1992) when he observed that some children with mild disabilities grew up unnoticed until they were in school where regular classroom teachers identified them. According to WHO (IDF, 1999) approximately 3% of the world population may be identified as having mental handicap. Records from Kirinyaga Education Assessment Centre (2006) indicated that out of the 3,999 children who had been assessed, 2132 of them were children with mental handicap. The researcher however noted that there were records from the district assessment centre showing the number of integrated mentally handicapped pupils.

Another finding was that slightly more than half of the respondents (53.2%) advocated for integration of mentally handicapped pupils in regular schools, although, only 8.3% of them felt that they were competent enough to teach them. The rest of the respondents felt that special education teachers were better equipped to handle the mentally pupils. Majority of the key informants also supported integration because it brought educational services closer to the mentally handicapped pupils.

The study also explored opinions on the best school placement options and the academic and social benefits of education for mentally handicapped pupils. More than half of the respondents (65.1%) preferred special day units and special boarding schools. One of the academic benefits cited was acquisition of basic academic skills (43.1%) while socially, interaction and socialisation skills were enhanced (60.6%). Majority of the key informants supported early identification and intervention through integration. This concurs with Polloway and Payne (1997) that in many cases, mildly mentally

handicapped pupils can function effectively in regular classes if their teachers are given support. It also agrees with Brennan (1985) that pupils who could benefit from education in ordinary schools cannot be so placed, because the support they need is not available in regular schools.

The study further sought to establish the challenges that mentally handicapped pupils encountered in regular schools. The findings revealed that negative attitudes towards mentally handicapped pupils from the teachers and other pupils, were a major challenge, while some respondents cited poor performance in academic subjects as a big challenge. Nirjee (1972) supports this by stating that handicapped people are often perceived as deviant and are stigmatised. The district assessment officers indicated that most parents faced economic hardships resulting in them giving priority to their non-handicapped children. These findings concur with Ngina (1995) that some teachers and parents have lower expectations from children who were labelled mentally handicapped than from children with identical behaviour who had not been labelled.

The vulnerability of mentally handicapped pupils was overwhelmingly emphasised as a challenge. Over three quarters of the respondents (80.0%) indicated that mentally handicapped pupils were more vulnerable and at higher risk of being physically, sexually and emotionally abused, and were also more prone and at higher risk during emergencies and disasters, since they were not capable of making informed decisions. This was supported by Hallahan & Kauffman (1991) that they process information at a shallower level than non-retarded people.

When asked how education for mentally handicapped pupils could be improved, 43.1% of the respondents indicated that additional specially trained teachers, more facilities such as boarding special school for mentally handicapped and more special units were required. Creation of awareness, counselling, safety precautions and emergency response skills were recommended to enhance the security and survival of the pupils in the schools and community. Polloway and Payne (1977) support this by stating that mildly mentally handicapped pupils can function effectively in the regular class if the teacher is supported by special materials, consultation, diagnostic and prescriptive services.

### 5.3. Conclusions

Human differences are normal and learning must accordingly be adapted to the needs of the child rather than the child fitted to pre-ordained assumptions regarding the pace and nature of the learning process. Therefore this calls for a change in social perspective which is imperative.

Child centred pedagogy can help to stem the wastage of resources and the shattering of hopes that is all too frequently a consequence of poor quality instruction and 'a one size fits all' mentality towards education. Child centred schools are the training ground for a people oriented society that respects both the differences and the dignity of all human beings. This requires a concerted effort, not only by the teachers and school staff, but also by peers, parents, families and volunteers.

Children with special needs should enjoy equal fundamental rights with their fellow citizens without discrimination. The education of mentally handicapped children is a necessary component of a comprehensive human development care system and if there is an absence of educational services for these children, many are likely to suffer a degree of social incompetence, inadequacy and live well below their potential.

The wisdom in spending money and resources on the education for the mentally handicapped children has been questioned given the challenges facing the government in providing educational services for non-handicapped children. However, there are valid arguments to be made for considering it as significant as any other service. One of the reasons is the economic advantage of providing resources during the early years rather than providing large sums of money later in life. This has practical results because the mentally handicapped person can become more self-competent and may be able to live independently and even work in the community.

Inclusion in the community is the ultimate goal of integration. The child should finally be integrated in the community where he belongs and this can only be accomplished successfully when parents, the school and community support the idea. When pupils with disabilities go to the same schools as other children, they grow up together, and it

becomes natural to expect the children with disabilities to be integrated in the community life and activities when they get older.

#### **5.4. Policy Recommendations**

A proper understanding of integration will help promote the education of children with mental handicap in regular primary schools. It is important to introduce new innovations in the educational system to increase the competence of teachers in order to promote the learning potential of children with mental handicap.

There should be investment in early identification and intervention strategies. Early childhood education programmes to children with special needs, should be developed in a comprehensive way by combining pre-school activities and early childhood health care. Pupils with mild mental handicap should have access to regular schools which should accommodate them within a child centred pedagogy capable of meeting their needs.

Teacher training curriculum should incorporate and emphasise, the teaching of children with special needs so that all teachers feel competent enough. Both pre-service and in-service should address the provision of special needs education skills.

School based Teacher Development (SbTD) programmes in primary schools should recruit Key Resource Teachers (KRT) in special needs in every public school as is the case with Maths, English, Science, Kiswahili and Guidance and Counselling. This will mobilise the support of the teaching profession and enhance teacher education as regards provision of quality education for pupils with mental handicap.

All teachers should be equipped with basic skills to observe children in their classes closely and refer pupils suspected of having some special problems to the EARS officers or other available services for assessment and screening. This means that children with special needs will be detected and helped as early as possible. Regular workshops should be held at district level for all teachers to equip them with skills to teach mentally handicapped pupils in regular classes.

The educational system should take into account the programmes that would suit pupils who deviate from the average and who cannot profit substantially from the regular programme without additional help. Encourage and facilitate the participation of parents, communities and organizations of persons with disabilities in planning and decision making processes concerning provision of support to special education needs initiatives. Sensitisation and creation of awareness about children with mental handicap should be enhanced in order to get support from headteachers and parents to retain them regular primary schools.

The assessment office team and other special education teachers in the district should give more professional support to the teachers who are teaching mentally handicapped children within the regular primary classes.

The Ministry of Education should formulate policy guidelines on inclusive education for children with special needs within regular primary schools in the country. There is need for the establishment of regional data collection centres on children with special needs, for information and documentation at district, province and national levels.

#### **5.5. Recommendation for Further Research**

Further research should be carried out on integration of other children with different disabilities such as hearing impaired, visually impaired and physically handicapped in Kirinyaga District to establish whether they are facing similar challenges. There is also a great need to investigate the perceptions of parents on the integration of children with mental handicap in regular primary schools within the district.

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**APPENDICES**  
**APPENDIX I: QUESTIONNAIRE FOR TEACHERS**

I am Pauline Njogu an M.A. Student at the University of Nairobi Department of Sociology. collecting information on Integration Mentally handicapped pupils within regular primary schools in Kirinyaga District. Please note that the information given here will be kept in strict confidence. You are **not** required to indicate your name or any other form of identification. However, the usefulness of the information will depend solely on your honesty.

**PART A**

Please put a tick  $\checkmark$  in the appropriate boxes

Name ..... School .....

1. Gender?

Male  Female

2. Marital Status

Single  Married  others specify .....

3. Age in years

(i). Under 20  (ii). 20-29  (iii) 30-39   
(iv). 40- 49  (v). 50 – 59  (vi). 60 and over

4. Professional qualifications

(a). P<sub>1</sub> Teacher  (b). P<sub>2</sub> Teacher   
(c). P<sub>3</sub> Teacher  (d). S<sub>1</sub> Teacher   
(e). Diploma  (f). Degree

5. Teaching Experience in Years

(a). 0-5years  (b). 6-10years   
(c). 11-15years  (d). 16-20 years   
(e). 21-25  (f). Above 25 years

6. Have you ever attended any in-service course in Special Education during your teaching career?

Yes [ ]

No [ ]

7. Do you have any pupils who are mentally handicapped in your class?

Yes [ ]

No [ ]

(b). If yes how do you identify them

.....  
.....  
.....

8. In your opinion which do you think is the best Educational Placement for the mentally handicapped children?

(i). Special Unit/ class [ ]

(ii). Residential Special School [ ]

(iii). Regular Primary School [ ]

(b). Explain your answers

.....  
.....

9. Who do you think should identify and refer mentally handicapped pupils for education placement?

Parent [ ]

Assessment Teachers [ ]

Class Teacher [ ]

Others Specify .....

10. How does integration benefit Mentally Handicapped Children?

(i). Academically

.....  
.....

(ii). Socially

.....  
.....

11. In your opinion, do you think integration of mentally handicapped pupils in regular schools has been successful?

Yes [ ]

No [ ]

12. What challenges does integration of mentally handicapped pupils encounter in regular schools?

.....  
.....  
.....  
.....  
.....  
.....

13. In your opinion, do you think mentally handicapped pupils in regular schools are more vulnerable than other children?

Yes [ ]

No [ ]

(b). If yes, please explain

.....  
.....  
.....  
.....

14. What measures should be taken to improve integration of mentally handicapped children in your regular school?

.....  
.....  
.....  
.....

## APPENDIX II: INTERVIEW GUIDE FOR HEADTEACHERS

Name .....

School .....

1. Comment on integration of mentally handicapped pupils in your school
  
  
  
  
  
  
  
  
  
  
2. What are the benefits of integration of mentally handicapped pupils in regular primary schools
  
  
  
  
  
  
  
  
  
  
3. What challenges does your school face concerning integration of mentally handicapped children?
  
  
  
  
  
  
  
  
  
  
4. How can integration of mentally handicapped pupils be improved?

### APPENDIX III: INTERVIEW GUIDE FOR ASSESSORS

Name (Optional) .....

1. How many children have been identified in the district?

2. How many mentally handicapped pupils have you referred for placement to:-

(i). Special education programmes .....

(ii). Regular Primary Schools,.....

3. What challenges do you encounter in placement of mentally handicapped children?

4. What measures can be taken to improve provision of education for mentally handicapped pupils in regular schools?

**APPENDIX IV:  
ASSESSMENT DATA AS FROM YEAR 1984-2006**

<b>Year</b>	<b>Mentally Handicapped</b>	<b>Hearing impaired</b>	<b>Visually impaired</b>	<b>Physical Handicapped</b>	<b>Other Impairments</b>	<b>Total</b>
1984	4	17	0	6	7	34
1985	63	35	1	10	24	133
1986	229	90	30	53	61	463
1987	192	52	5	21	44	314
1988	87	48	4	17	14	170
1989	68	21	0	11	17	127
1990	132	29	12	11	17	201
1991	124	36	11	18	4	193
1992	85	24	4	20	10	143
1993	84	37	13	24	22	180
1994	116	48	22	29	55	270
1995	61	12	6	16	25	120
1996	51	19	7	3	25	105
1997	42	17	9	3	21	92
1998	22	7	0	4	4	37
1999	50	11	9	16	32	118
2000	16	14	2	6	11	49
2001	45	30	31	10	12	128
2002	64	8	7	8	9	96
2003	117	15	8	15	7	162
2004	158	12	19	26	55	270
2005	105	14	16	30	49	214
2006	217	63	27	35	48	380
<b>Total</b>	<b>2132</b>	<b>659</b>	<b>243</b>	<b>392</b>	<b>573</b>	<b>3999</b>

*Source : Kirinyaga EARC*

APPENDIX V

ENROLMENT IN SPECIAL SCHOOLS/ UNITS

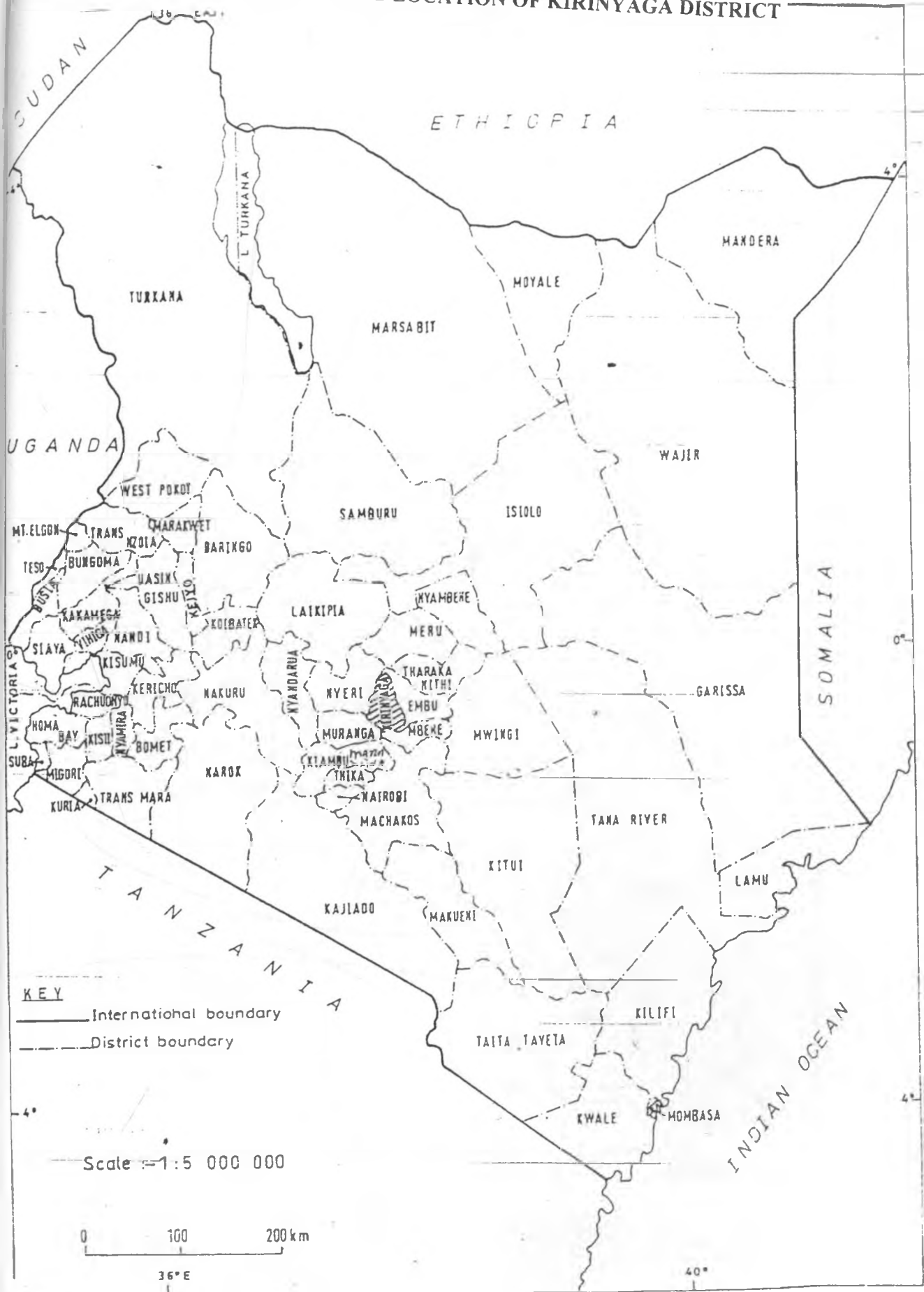
Types of Schools	Boys	Girls	Total
Hearing Impaired	89	71	160
Physically Handicapped	8	2	10
Mentally Handicapped	211	110	321
<b>Total</b>	<b>308</b>	<b>183</b>	<b>491</b>

*Source: Kirinyaga EARC*



APPENDIX VI

MAP OF KENYA SHOWING LOCATION OF KIRINYAGA DISTRICT



MAP OF KIRINYAGA DISTRICT (ADMINISTRATIVE BOUNDARIES)

