

**PARENTS' ATTITUDES TOWARDS CHILDREN WITH SPECIAL
NEEDS IN SELECTED PRIMARY SCHOOLS IN
TRANS MARA DISTRICT
KENYA.**

A Thesis

Presented to the
College of Higher Degrees and Research
Kampala International University
Kampala, Uganda

In Partial Fulfillment of the Requirements for the Degree
Of Masters in Special Needs Education

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September, 2012.

DECLARATION A


"This thesis is my original work and has not been presented for a Degree or any other academic award in any University or Institution of learning"

Name and Signature of Candidate

Date

DECLARATION B

"I/We confirm that the work in this thesis proposal was carried out by the Candidate under our supervision"



Name and signature of supervisor



Date

DEDICATION

I dedicate this thesis firstly to Almighty God, my dear wife Gladys K. Makori, my children Flaxidies, Newton, Barack and Junior for moral and financial support they have given me during the study.

ACKNOWLEDGMENT

The researcher owes his deepest gratitude to the Almighty God for blessing him with good health and courage throughout the study. He is thankful to Dr. Novembrieta R. Sumil DVC, CHDR for her guidance on how to conduct the research and guidance in selecting the research title. The researcher would further like to extend his deepest gratitude to the Supervisor Dr. Sofia Sol Gaité who guided him through his thesis work. Her comments and constructive suggestions gave the researcher a lot of lessons. The researcher acknowledges the panelists for their constructive guidance during the Viva voce. Further the researcher extends thanks to the friends and relatives for their assistance during the time of conducting the research.

Finally, the researcher thanks the school administration, teachers and their children for their cooperation and participation in the study.

ABSTRACT

The study was conducted to determine the parents' attitudes towards their children with special needs. Further sought in the study were the demographic characteristics of the respondents in terms of gender, age, educational level, occupation, number of children in the family and the combined monthly income of mother and father. The other objective was to determine extent of parents' attitudes towards their children with special needs and to establish if there is a significant relationship in the extent of parent attitudes being influenced by educational level. The study was based on the stage theory approach. The beneficiaries of this study are children with special needs, teachers, parents, the ministry of education and the future researchers. The target population included a total of 120 respondents selected from 12 schools in Trans Mara District (Kenya). The study employed descriptive survey design specifically descriptive comparative. Self administered questionnaires were used as means of collecting data which was tabulated frequency tables and percentages to determine demographic characteristics. The mean was used to determine the extent of parents attitudes towards children with special needs. Correlation coefficient was used to determine if there is a significant relationship in the extent of parents attitudes being influenced by educational level. Regression analysis was used to determine the significant relationship between the dependent valuable and independent valuable. The research findings indicated that there was a relationship between the dependent and independent variable. On this basis the researcher therefore was able to conclude that the parents attitudes towards their children for special needs are influenced by their educational level. The researcher made recommendations on change of attitudes towards children with special needs.

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CHAPTER ONE

THE PROBLEM AND ITS SCOPE

Background of the Study

Before the 17th century, people with special needs all over the world were considered socially and physically less capable. They were not easily accepted and regarded as part and parcel of the family and the society at large. Families and societies had negative attitudes towards people with special needs. They regarded any kind of disability to be caused by witchcraft, curses or punishment from God for wrongs done by their parents. Some other people had a wrong notion that disability is contagious consequently isolating persons with disabilities. The people of Sparta in Greece for example used to kill babies with distinct disability features. Some great philosophers such as Plato and Socrates condemned people with disability as not capable of reasoning and therefore could not learn. This led to the exclusion of people with disabilities from the general public. In Africa certain communities used to throw such children in bushes to be eaten by wild animals. They viewed a disability of any kind as a sign of bad omen to the family and the community at large. Women were expected to give birth to healthy babies without any sort of disability. The families with children with special needs were discriminated upon. This kind of attitudes towards persons with disabilities has persisted among the African people, and in some families it resulted to divorce.

However, in the 19th century individuals and parents who saw the potential in children with special needs started teaching the children with special needs at their family level. For instance St. John of Berverly who was a bishop taught a person with hearing impaired how to articulate and talk. In 685, A.D Didymus was reported to have been the first person to devise touch- reading material for the visually impaired in Alexandria in Egypt. In German Juan Pablo Bonnet between (1579-1620) developed a one hand manual alphabet for the visually impaired learners.

In Kenya, the missionaries through churches played a vital role in the provision of services to people with special needs. Since Kenya attained her independence, several commissions have been set up to look into the plight of people with special needs. Examples of those commissions include the Kenya Education Commission of 1964 headed by Ominde, the Gachathi Report of 1976, the Kamunge Report of 1988, the Koech Report of 1999. The Koech Report emphasized on the need for early intervention for children including those with disability, the report advocated for accessibility, equity and quality to children with disabilities.

Despite all the above noble development there is still an uphill task to meet the needs of persons with special needs. This is particularly in the rural settings where the parents are still confining their children with disabilities in homes or houses. This is rampant in Trans-Mara district and it prompted me to carry out this research to determine the attitudes of the parents towards children with special needs in Lolgorian Division.

Statement of the Problem

Parents nearly always react strongly positively or negatively towards the birth of a child with special needs. These reactions happen to every parent regardless of his or her educational back ground or social economic level. Most parents who must cope with a child with special needs undergo two major crises. The first is the "symbolic death" of the child who was to be. When their child is first found to be having serious disability, most parents feel shock and then denial, guilt, anger and sadness before they finally adjust. Other parents react with severe depression and go through grieving process as though their child had died.

Because of the above scenarios the purpose of the study was to investigate the parent attitudes towards the children with special needs in selected primary schools in Lolgorian Division in Trans-Mara District (Kenya).

Purpose of the study

The following were the reasons why the study was proposed:

1. To test the null hypothesis of there is no significant relationship between the extent of parents attitudes and their educational level.
2. To validate the stage theory approach of Drotar et al (1975) that all parents undergo series of stages on learning they have a child with a disability.
3. To bridge the gaps identified in the literature review
4. To generate new data and add to the existing knowledge on the parents' attitudes towards children with special needs

Research Objectives

General Objectives

This study was to determine the parents' attitudes towards their children with special needs in selected primary schools in Lolgorian Division, Trans-Mara District (Kenya).

Specific Objectives

- 1) To determine the demographic characteristics of the respondents as to: gender, age, educational level, occupation, number of children in family and combined monthly income of the father and mother.
- 2) To determine the extent of the parents' attitudes towards their children with special needs.
- 3) To establish if there is significant relationship in the extent of the parents' attitudes being influenced by their educational level.

Research Questions

1. What are the demographic characteristics of the respondents as to: gender, age, educational level, occupation, number of children in the nuclear family and combined monthly income of the father and mother?
2. What is the extent of the parents' attitudes towards their children with special needs?
3. Is there a significant relationship between the extent of parents attitudes towards their children with special needs being influenced by their educational level.

Null Hypothesis

There is no significant relationship between the extent of parents' attitudes towards their children with special needs and their educational level.

Scope

Geographical scope

The study was conducted in selected public primary schools in Lolgorian Division Trans-Mara District(Kenya).Lolgorian Division had twelve (12) registered primary schools.

Content scope

The study intended to explore the parents' attitudes towards children with special needs. Further to be sought in this study was the demographic profile of the respondents as to gender, age, educational level, occupation, number of children in their family and the combined monthly income of father and mother.

Theoretical scope

This study was based on the stage theory approach advanced by Drotar et. al., (1975) that states that parents go through a series of stages after learning they have a child

with disability. As parents go through a series of stages, they develop attitudes towards their children with special needs. The stages they undergo include shock, denial, fear, anger, sadness and finally adaptations.

Significance of the study

The following discipline will benefit from the findings of the study.

The **children with special needs** will be valued and be given equal opportunities as their other siblings. The **parents** will learn on how to treat and care for their children with special needs. The parents also will change their attitudes towards children with special needs. The **teachers** will also learn how to accommodate learners with special needs in school. The **Ministry of Education** will also benefit from the findings to formulate policies on issues pertaining to learners with special needs. The **future researchers** will use the study as a springboard for future related studies.

Operational definitions of Key Terms

For the purpose of this study, the following terms are defined as they are used in this study:

Parents' attitudes are negative or positive feelings that are displayed by parents towards children with special needs.

Children with special needs are children with who are mentally challenged, physically challenged, visually impaired and those who displays unusual characteristics which are not common to other normal individuals.

Demographic characteristics are attributes looked for in this study in terms of gender, age, educational level, occupation and combined monthly income of father and mother.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Concepts, Opinions, Ideas from Authors / Experts

Parental Attitude towards their Children with Special Needs

A great deal has been written about parents' reactions to the birth of a child with disabilities or discovery that their child has a learning problem or a physical disability. Reviewing literature describing parental attitudes towards children with special needs Blucher (1984) found a consistent theme suggesting three stages of adjustment. First the parents are said to experience a period of emotional crisis characterized by shock, denial and disbelief. This initial reaction is followed by a period of emotional disorganization that include alternating feeling of anger, guilt, depression, shame, lowered self-esteem, rejection of the child and overprotective. Finally parents eventually reach a stage in which they accept the child.

Therefore, the birth of the baby with any special needs is an intense and traumatic event to all parents. Subsequent births also affect the dynamics of the family unit, including finances, amount and quality of time parents can devote to specific children, relationship between parents that is husband and wife and future family goals. The birth of a child with disability exacerbates the challenges that such changes bring. For example the almost immediate financial and emotional impact can create major problems to all family members, including parents and siblings. However educated parents usually respond positively by giving support to their children by providing necessary facilities, parental love and care. This also goes to the extended families where parents usually either isolate children with special needs as compared to nuclear families with fewer children.

According to Tom and Polloway (1998) the birth of any child results in changes in the family structure and dynamics. When a child with a disability becomes a

member of the family whether through birth, adoption or later onset of the disability the entire family must make adjustments. The families with children with various disabilities face the following critical problems; Expensive medical treatment, surgery and hospitalization that may occur repeatedly and for extended periods constant fatigue, lack of sleep and little or no time to meet the needs of other family members little or no opportunity for recreational or leisure activities. Jealousy or feeling of rejection among brothers and sisters, who may feel the special child, gets all the family's attention and resources. Continuous day and night demands on parents to provide routine but difficult care giving tasks.

Marital problems arising from finances, fatigues, differences about management of the child's disability or feelings of rejection by husband or wife that he or she is being passed over in favor of the child. Lack of affordable childcare, Time away from jobs to get a child to consultation and treatment appointments, Heavy expenses and financial burden beyond medical costs, incurred by needs such as special food and equipment.

In addition to these problems, a primary difficult is accepting and understanding the child and the disability. Understanding a diagnosis and its implications is critical to a family's' acceptance of the child, Parents with limited understanding of a diagnosis will probably have difficult in developing realistic expectations of the child, possibly creating major problems between the child and other family members. For example parents may not understand the nature of learning disability and therefore accuse the child of being lazy and not trying. Parents who may overlook the potential of students with mental retardation might develop low expectations that will limit the child's' success. For example, parents of adolescents might not support a school work program for the son or daughter because they believe that adults with mental retardation are not capable of holding a job.

Roos (1980) says that the father or mother of a child with mental retardation blames much of parents' hostility and negative attitudes on what he calls "professional mishandling." Many professionals hold negative stereotypes and false assumptions about what parents of children with disabilities face and need (Daniel & Mirenda 1984) these attitudes have often led to poor relationships between parents and professionals.

According to Daniel (2000) on this stage theory approach, traditionally, researchers and clinicians have suggested that parents go through a series of stages after learning they have a child with a disability. Some of the stages parallel the proposed sequence of responses that a company a person's reactions to the death of a loved one. Based on interviews of parents of infants with serious physical disabilities, undergo representative set of stages include shock and disruption, denial, sadness, anxiety and fear, anger and finally adaptation (Drotar, Baskiewicz, Irvin, Kennel & Klaus 1975)

The parents of a child with a disability frequently wrestle with the terrifying feeling that they are in some way responsible for their children. Even though in the vast majority of cases there is absolutely no basis for such thoughts, guilt is one of the most commonly reported feelings of parents of exceptional children. The high prevalence of guilt is probably due to the fact that the primary cause of so many disabilities is unknown. Uncertainty about the cause of the child's disability creates an atmosphere conducive to speculation by the parents that they themselves to blame. Mothers are particularly the most vulnerable. As Featherstone (1980), the mother of a boy who was blind and had hydrocephaly, mental retardation, cerebral palsy and seizures stated; "Our children are wondrous achievements. Their bodies grow inside ours, if their defects originated in our utero, we blame our inadequate bodies or inadequate action. If we accept credit for our children's physical beauty (and most of us do in our hearts) then we inevitably we assume responsibility for their physical defects.

Parents with children with special needs feel they are vulnerable to criticism from others about how they deal with their children's problems. Parents of children with disabilities sometimes sense, however deservedly or not, that others are scrutinizing their decisions about their child's treatment, educational placement and so forth. According to James (2000) the public sometimes can be cruel in their reactions to people with disabilities especially those who have disabilities that are readily observable are inevitably faced with inappropriate reactions from those around them.

Parents with children with disabilities are also faced with the delicate task of talking with their child about his or her disability. The parents do not want to harm the child or make him or her more concerned about the disability than necessary. The child with disability usually has questions about it. How did I get it? , will it go away? , will it get worse? Will I be able to live independently as an adult? If possible parents should wait for the child to ask specific questions to which they can respond, rather than lecturing about generalities. However it is a good idea for parents to talk with the child at an early age as possible.

According to Daniel (2000) although a relatively large body of literature pertains to parental reactions, there is much less information about siblings of persons with disabilities. What is available however indicates that siblings can and frequently do experience the same emotions of fear, anger, and guilt and so forth that the parents do. In fact in some ways, siblings may have even more difficult time than their parents in coping with some of these feelings, especially when they are very younger. Being less mature, they may have trouble putting some of their negative sensations into proper perspective.

When considering basic family responsibilities, it is important to realize the enormous diversity of families. There has been a substantial increase in single parent families. Because many single mothers live in poverty, their children are less likely to

receive good parental and postnatal care, which increases the chances of the children having physical, academic and emotional problems.

Even in two parent families that have a child with disabilities, fathers generally do not come to the aid of mother by increasing their presence, helping around the house, or taking care of the child (Gallagher and Bristol, 1988). The father may get a second job to help pay for the additional expenses and, as a consequence, not be in the home much at all. A mother who thinks that this is an appropriate and loving thing to do accepts it and the mother who sees such actions by the father as a device for avoiding the problem and dodging responsibility may be quite unhappy in that situation.

The perception that each partner is taking responsibility for the family in an acceptable way determines family harmony (Bristol, Gallagher and Schopler, 1988). The important factor for family harmony is whether the mother and father come to an understanding about the roles and responsibilities that each will hold in the family. The specific actions of one or other parent are less important than the understanding that those behaviors have been agreed upon as appropriate at a particular stage in the family life cycle.

Having a child with disabilities often puts stress on the relationship between wife and husband (Frey, Greenberg & Fewell, 1989) particular stress can be as diverse as arguing over whose fault the child's disability is, disagreeing over what expectations should be made for the child's behavior and spending so much time, money and energy on the child with disabilities that little is left for each other (Sohen, Agosta, Cohon & Warren, 1989)

Although the incidence of parental abuse and neglect of children with disabilities is unknown, Kurtz & Kurtz (1987) state that a growing body of evidence establishes a convincing connection between child maltreatment and handicapped children. Zirpoli (1987) found that not only were children with disabilities over

represented in child abuse samples but they also were more likely to be abused for a longer period.

Theoretical Perspective

The study was based on the stage theory approach (Drotar, Baskiewicz, Irvin, kennel and Klaus, 1975) that stated that parents go through a series of stages after learning they have a child with a disability. Some of these stages parallel the proposed sequence of the responses that accompany person's reactions to the death of the loved one. The theory proposed that parents go through a representative set of stages that includes shock, denial, fear, anger, sadness and finally adaptations.

The theoretical frame work has been more popular as considering children with serious disabilities. The stage theory approach is relevant to this study as it involves how the parents develop attitudes towards their children with special needs as they go through the stages as outlined in the stage theory.

Related Studies

Parents attitudes towards children with special needs

In the baseline survey study conducted by Sakaja (1995) found that the number of people with disabilities in Transmara District represented about 10% of the total pculation of 450,870 which translated in 45,087 people. The study found out that even these large number of persons with disabilities can still perform many things which are valuable for the development of the country but this only depends on the environment in which they live. Particularly the study revealed that the attitudes of the society towards disability at large has an adverse effect for the proper development and function of person with disabilities. The study also reveals that for many years superstitions and myths surrounded the disabled persons. Disabilities were seen as innate imprinted before birth by God, nature or devil (Winzer 1987)

moreover the able bodied persons consider persons with disabilities as useless, a burden and disgrace to the family and the society at large.

In another study conducted by Fisseha Zalalem 2002 in Ethiopia which is part of Eastern Africa it noted that the attitudes of parents are perhaps the most important element in the proper development of the child. When the parent realize that their children have disabilities they show different reactions such as shock, denial, anger, bitterness and shame, loss of self esteem, guilt and disappointment of the child. The study found out that parents show a wide range of feelings when they realize that their child loss any kind of disability they always nearly react strongly (either positively or negatively) to the birth of a child with disabilities.

Summary of gaps identified in the literature review

The study on Parents' attitudes towards children with special needs conducted by Fisseha (2002) in Ethiopia the locale of the study was quite different and the culture of the parents might be different to the one in Trans Mara where the study was done.

The issue of time gaps exists from the study. Based on Sakaja (1995) when the study on Parents' attitudes on children with special needs was conducted until (2011-2012) when the researcher carried out the study the time range is wide and many changes might have occurred in terms of parents' attitudes.

The research instrument used by the researcher was self devised questionnaires while the other researcher might have used standardized questionnaires to gather the data.

CHAPTER THREE

METHODOLOGY

Research Design

The study utilized descriptive survey design specifically descriptive, to collect information from the respondents about parents' attitude towards children with special needs.

Target population:

The target population included a total of one hundred and twenty (120) teachers and parents. Sixty (60) teachers from 12 public schools and sixty (60) parents from the community around the schools were used in the study.

The criteria for selection of the respondents were based on gender, age, educational level and the monthly income. The teachers were part of this study because they represented the parents with the highest educational level.

Sample size

The sample size for the study was 120 respondents. Universal sampling technique was used.

Table 1

Respondents of the study

Name of schools	Total Target population		Sample size	
	Teachers	Parents	Teachers	Parents
Mashangwa	5	5	5	5
Ongata	5	5	5	5
Snr.Chief	5	5	5	5
Olosinon	5	5	5	5
Sitet	5	5	5	5
Enkopirrai	5	5	5	5
Elkarian	5	5	5	5
Olemarit	5	5	5	5
Olopkidongoe	5	5	5	5
Olentigual	5	5	5	5
Olomotonyi	5	5	5	5
Olokirolit	5	5	5	5
12	60	60	60	60
12		120		120

Source: primary data

Sampling procedure

The researcher used universal sampling procedure to ensure all the targeted population was included in the study without bias.

Research instruments

The research tools that were utilized in this study included:

- a) The face sheet to gather data on the respondents demographic characteristics as to gender, age, educational level, occupation, number of children in the family and combined monthly income of the father and mother.
- b) The researcher made questionnaire was used self to determine the Parents' attitudes towards children with special needs and the response modes were indicated as strongly agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

Validity and Reliability of the Instrument

The researcher devised questionnaire was subjected to three experts to evaluate the relevance of each item in the instrument. The validity content index was used to determine their validity. The first experts found 10 items were relevant, the second expert found 8 items were relevant while the third found all the 12 items were relevant. When it was computed a coefficient of 0.83 was arrived at which was accepted meaning the instrument was valid.

For reliability the test-retest technique was used where the researcher devised instrument were subjected to the sampled respondents who were not going to be included in the study. In the two occasions the results were found to be consistent meaning the instrument was reliable.

Data Gathering Procedures

Before the Administration of the Questionnaires

The researcher secured an introduction letter from The College of Higher Degrees and Research to solicit approval to conduct the study from the District Education Officer in charge of the area of study and from the respective Head teachers of the public primary schools.

When it was approved the researcher secured a list of the qualified respondents from the school authority in charge and selected through systematic random samplings from the list and arrived at the minimum sample size.

The respondents were explained about the study and were requested to sign the Informed Consent Form (Appendix 3).

More than enough questionnaires were reproduced which were sent to schools for the respondents to fill.

The researcher selected research assistants who were first briefed on how to distribute the questionnaires and to assist the respondents to fill them.

During the Administration of the Questionnaires

The respondents were requested to answer completely and not leave any part of the questionnaire unanswered.

The researcher and the researcher assistants emphasized that retrieval of the questionnaire was to be within five days from the date they received.

On the day of retrieval, all returned questionnaires were checked to ascertain if they were all answered.

After Administration of the Questionnaires

The data gathered were collated, encoded into the computer and was statistically treated using the Statistical Package for Social Sciences.

Data Analysis

The frequency and percentage distribution was used to determine the demographic characteristics of the respondents. Mean was used to determine the extent of parents' attitudes towards children with special needs. An item analysis was used to illustrate the strengths and a weakness, the recommendations was derived.

The following mean range was used to arrive at the mean of individual indicators

For the extent of parents' attitudes towards children with special needs

Mean Range	Response Mode	Interpretation	Rating
3.26-4.00	Strongly agree	Very Good	4
2.51-3.25	Agree	Good	3
1.76-2.50	Disagree	Poor	2
1.00-1.75	Strongly disagree	Very Poor	1

The Pearson Linear correlation coefficient was used to analyze the relationship between the extent of parents' attitudes towards their children with special needs and educational level of parents.

Ethical Considerations

To ensure confidentiality of the information provided by the by the respondent and to ascertain the practice of ethics in this study, the following was taken into accounts by the researcher.

1. The respondents and schools were coded instead of reflecting their names.
2. Sought permission from the authorities concerned that is the District Education Officer and Head teachers of primary schools in the study.
3. Requested the respondents to sign in the Informed Consent Form (Appendix 3).
4. Acknowledged the authors quoted in this study.
5. Presenting the finding were more generalized.
6. Ensured the confidentiality of the information provided by the respondents.

Limitations of the Study

In view of the following threats to validity the researcher allowed (0.05 Level of significance) 5% margin of error. To minimize if not eradicate the threats to the validity of the findings in this study the researcher took the following to consideration.

Extraneous variables which were beyond the researcher's control such as respondents honest, personal bias and uncontrolled setting

CHAPTER FOUR

DATA INTERPRETATION AND ANALYSIS

This chapter contains detailed descriptive results obtained from the data analysis. The tables and figures are used for interpretation.

Table 2
Demographic Characteristics of the respondents

MAIN CATEGORY	SUB-CATEGORY	FREQUENCY	PERCENTAGE
Gender	Male	62	51.66
	Female	58	48.33
	Total	120	100
Age	20-35 years	47	39.16
	36-49 years	45	37.5
	50 and above years	28	23.33
	Total	120	100
Educational level	Uneducated	16	13.33
	Primary level	13	10.83
	Secondary	17	14.16
	Certificate level	44	36.66
	Diploma	20	16.66
	Degree	10	8.33
	Total	120	100
Occupation	Peasant farmer	22	18.33
	Self employed	25	20.83
	Employed	73	60.83
	Total	120	99.99
Number of children in family	1-2 children	37	30.83
	3-5 children	45	37.50
	6-8 children	33	27.50
	Above 9 children	5	4.16
	Total	120	100
Combined monthly income on father and mother	Below Ksh 5000	25	20.83
	Ranging kshs 6000-10000	15	12.50
	Ranging kshs 11000-16000	34	28.33
	Above kshs 20000	46	38.33
	Total	120	99.99

Source: primary data

The table above shows the demographic characteristics of the respondents in terms of gender, age, highest education level, number of children in their family and combined monthly income of the father and mother. Regarding gender, it was realized that (51.66%) were male while 48.33% were female respondents. In terms of ages, (39.16%) were in age ranging 20-35 years. This was followed by respondents aged between 36-49 years with (37.5%) while the minority group was of respondents aged above 50 years with a (23.33%).

Information regarding educational level majority of respondents were at certificate level at (36.66%.) who were followed by those with diploma education (16.66%). Those with secondary level had (14.66%) followed by those who were uneducated at (13.33%), those with primary level education had (10.83%) where as those with degrees were the minority with (8.33%).

On the occupation of the respondents the majority were employed (60.83%), 20.83% were self employed and (18.33%) were peasant farmers.

Concerning the number of children in the family, the majority of the respondents had children ranging 3-5 (37.5%) who were followed with those with children ranging 1-2 (30.83%) those with children ranging 6-8 had (27.5%) and the minority had above 9 children (4.16%)

In terms of combined monthly income of father and mother of the respondents with above kshs 20000 were the leading (38.33%) followed by those with combined income ranging kshs 11000-16000 (28.33%) those with income below kshs 5000 had (20.83%) and the last group of the respondents had an income ranging kshs 6000-10000. (12.5%).

Legend

Mean Range	Response Mode	Interpretation
1.00 – 1.75	Strongly Agree	Very Poor
1.76 – 2.50	Agree	Poor
2.51 – 3.25	Disagree	Good
3.26 – 4.00	Strongly Disagree	Very Good

The second objective was set to determine the extent of parents' attitudes towards their children with special needs in selected primary schools in Trans-Mara District (Kenya). For this study, the parents attitudes was determined using twelve indicators which the respondents were required to indicate the extent to which they preferred. On the indicator of parents view the birth of a child with special needs as a curse from God was very good at mean of 3.33 an equivalent to strongly agree on the Likert Scale. It was followed by parents deny the existence of a disability in their children at a mean of 3.22 which is also very good and an equivalent of strongly agree. Parents view children with special needs as a burden followed at a mean of 3.13 which was very good. In the fourth rank was the indicator parents undergo emotional crisis due to the birth of a child with special needs at a mean of 3.05 which was good and equivalent to agree. Parents confine children with special needs to avoid criticism was at the fifth rank with a mean of 3.00 Good and equivalent to agree. Parents find it hard to accept and understand a child with special needs ranked sixth with a mean of 3.00 good and equivalent of agree. This was followed by parents makes a lot of family adjustments due to birth of a child with special need at the seventh position with a mean of 2.89 which is good. Parents discriminate children with special needs was at the ninth rank with a mean of 2.85 Good. The birth of a child with disability brings disharmony on family was ranked tenth with a mean of 2.67 Good an equivalent to agree. This was followed by parents mistreat children with special needs which was ranked at the eleventh position with a mean of 2.60 which is

good also same as agree. This was followed by parents do not provide basic essentials to children with special needs at rank twelfth with a mean of 2.50 which is good meaning agree on the Likert Scale. The last ranked indicator was parents with a child with special needs undergo different stages of adjustments with a mean of 2.30 which is poor meaning disagree on the Likert Scale.

Generally the extent of parents attitudes towards children with special needs in selected primary schools in Trans Mara District Kenya is good an average mean of 2.88 equivalent to agree on the Likert Scale.

Table 4

Parents' educational level and their attitudes towards children with special needs

INDICATORS	MEAN	INTERPRETATION	RANK
Parents with low educational level mistreat children with special needs.	3.55	Very good	1
Parents with low educational level take children with special needs to School.	3.29	Very good	2
Parents with low educational level view children with special needs as a Burden.	3.11	Good	3
Parents with low educational level confine children with special needs.	2.96	Good	4
Parents with low educational level treat their children with special needs well as other children	2.29	Poor	5
Average Mean	3.04	Good	

Source: Primary data

The third objective was set to establish if there is a significant relationship between the parents’ attitudes and educational level. On the parents with low educational level mistreat children with special needs was leading with a mean of 3.55 an equivalent of very good on the Likert scale. It was followed by parents with low educational level take children with special needs to school with a mean of 3.29 indicating very good which was followed by parents with low educational level view children with special needs as a burden with a mean of 3.11 meaning good on the Likert scale. On the fifth position was parents with low educational level confine children with special needs at a mean of 2.96 an equivalent of good on the Likert scale. Last were parents with low educational level treat children with special needs well as others with a mean of 2.29 an equivalent of poor on the Likert scale.

Generally there is a significant relationship between the parents’ attitudes and their educational level with a mean average of 3.04 an equivalent of good on the Likert scale meaning agree.

Relationship between the extent of parents’ attitudes towards their children with special needs (Level of significance = 0.05)

Table 5

IDICATORS	Mean	Computed R-value	sig	INTERPRETATION	Decision on Ho
rents attitudes	3.18	0.997718	0.000	Significant	Rejected
ucational level	3.04				

Source: primary data

Table 5: correlating the extent of parents’ attitudes towards their children with special needs and the level of education.

The researcher used the Pearson’s Linear Correlation coefficient to get the difference of the means to rule on the null hypothesis.

Results in table 5 indicate that there were positive and significant relationships between the variables correlated and therefore at 0.05 level of no significance the null hypothesis which states that there is no significant relationship between the extent of parents’ attitudes towards their children with special needs and their educational level in selected primary schools in Trans-Mara District (Kenya) was rejected following the analysis which indicated the variable were significantly correlated at (r=0.99 significance 0.00).

Regression Analysis

Table 6

Regression analysis between the dependent and independent variables

Variable regressed	Adjusted R square	Computed F-Value	Sig.	Interpretation	Decision on Ho
Educational level Vs Parents’ attitudes	-.331	0.004	.951	Significant	Rejected

From the table 6 above of regression analysis the F-value is 0.004 and Sig. value is 0.951. This implies that the null hypothesis of there is no significant relationship between the extent of parents’ attitudes towards children special needs and their

educational level was rejected meaning there is a relationship. Also it shows that there is a significant relationship between the dependent variable and independent variable as the results indicate that the significant value (0.951) is greater than the F-value (0.004)

CHAPTER FIVE

FINDINGS, CONCLUSION, RECOMMENDATIONS

FINDINGS

Demographic characteristics

Regarding the demographic characteristics of the respondent it was found that in terms of gender majority were male at a slight difference from female, on age majority of the respondents lied in the early adulthood aged 20 -35 years and being certificate holders and employed with 3 -5 children. Also concerning combined monthly income it was concluded that the majority lied in the scale of above Kshs 20,000.

Extent of parent attitudes towards children with special needs

Concerning the extent of parents' attitudes it was established from the findings that parents display different types of attitudes towards their children with special needs. Majority of the parents' view that the birth of children with special needs comes as a result of a curse from God. Parents do deny their children the existence of disability in their children, they view children with special needs as a burden to them. At the family level, when they realize they have a child with disability they undergo emotional crises as they tend to come to terms as to why it has happened to them. Confinement of children with special needs is common to most parents so as to avoid criticism from the public. Further to note, is that parents do mistreat their children with special needs, they make adjustments when it is too late after realizing that they have a child with special needs. Generally, the extent of parent attitude towards their children with special needs was good at a mean of 2.88 on the Likert Scale.

Parents educational level towards children with special needs

The leading indicator was the parents with low educational level mistreat children with special needs which were followed by parents with low educational level take children with special needs to schools. The indicator on parents with low educational level view children with special needs as a burden was in the third position followed by parents with low educational level confine children with special needs. The least indicator was on parents with low educational level treat children with special needs well as others. At average, it was concluded that parents' educational level towards children with special needs was generally good at an average mean of 3.04.

Relationship between the extent of parents' attitudes towards their children with special needs

In correlating the variable on Parents Attitudes versus educational level the null hypothesis was rejected as there was a significant relationship between the dependent and independent variables. Generally, the two null hypotheses of the study were rejected following the findings and interpretation that there was a positive and significant relationship.

Conclusions

Based on the purpose of the study the null hypothesis of there is no significant relationship between the extent of parents' attitudes towards their children with special needs and their educational level in selected primary school in Trans-Mara District was rejected after correlating the two variables. The stage theory approach Drotar et al (1975) that all parents undergo a series of stages on learning they have a child with a disability was proven as it was found indeed parents undergo through those stages

Recommendations

Based on the findings of the study, the researcher recommends that;

- Massive sensitization of parents needs to be done to help parents to change their attitudes towards their children with special needs.
- The children with special needs need to be incorporated in the family activities so that the parents can realize that they are also useful members of the family.
- The parents are to be educated on the need of loving and accepting their children with special needs the way they are because it is not of their own making.
- Parents need to be provided with a lot of information about children with special needs to change their attitudes regardless of their educational level.
- Guidance of Counseling needs to be done to parents with children with special needs in order for them to accept these children and take care of them.

Suggestions for further studies

To generate new data and add to the existing body of knowledge the researcher recommends further researchers to research on ways parents can love and accept children with special needs as useful members of society.

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APPENDIX 1A
TRANSMITTAL LETTER



**KAMPALA
INTERNATIONAL
UNIVERSITY**

Ggaba Road - Kansanga
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Tel: +256- 41- 266813 / +256- 41-267634
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Website: www.kiu.ac.ug

**OFFICE OF THE CORDINATOR OF EDUCATION
SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)**

August 23, 2011

Dear Sir/Madam,

**RE: REQUEST FOR MOSE CHARLES MORARA MSE/18247/111/DF
TO CONDUCT RESEARCH IN YOUR ORGANIZATION**

The above mentioned is a bonafide student of Kampala International University pursuing a Masters of Education in Special Needs Education.

He is currently conducting a field research of which the title is **"Parents 'Attitudes Towards Children with Special Needs in Selected Primary School in Trans-Mara District, Kenya."**

Your organization has been identified as a valuable source of information pertaining to his research project. The purpose of this letter is to request you to avail him with the pertinent information he may need.

Any information shared with him from your organization shall be treated with utmost confidentiality.

Any assistance rendered to him will be highly appreciated.

Yours truly,

Ms. Kyolaba Sarah
Coordinator Education, (SPGSR)

*Plm 655 w n
Granted*

21/10/2011

For DISTRICT EDUCATION OFFICER,
TRANS-MARA

APPENDIX IB
TRANSMITTAL LETTER FOR THE RESPONDENTS

Dear Sir/Madam,

Greetings!

I am a Masters in Special Needs Education candidate of Kampala International University. Part of the requirement for the award is a thesis. My study is entitled, parents' attitudes towards children with special needs in selected primary schools in Lolgorian Division Trans-Mara District (Kenya). Within this context, may I request you to participate in this study by answering the questionnaires. Kindly do not leave any option unanswered. Any data your will provided shall be for academic purposes only and no information of such kind shall be disclosed to others.

May I retrieve the questionnaire within five days (5)?

Thank you very much in advance.

Yours faithfully,

Mose Charles Morara

APPENDIX II
CLEARANCE FROM ETHICS COMMITTEE

Date _____

Candidate's Data

Name _____

Reg. # _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

- Physical Safety of Human Subjects
- Psychological Safety
- Emotional Security
- Privacy
- Written Request for Author of Standardized Instrument
- Coding of Questionnaires/Anonymity/Confidentiality
- Permission to Conduct the Study
- Informed Consent
- Citations/Authors Recognized

Results of Ethical Review

- Approved
- Conditional (to provide the Ethics Committee with corrections)
- Disapproved/Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson

Members

APPENDIX III
INFORMED CONSENT

I am giving my consent to be part of the study of Mr. Mose Charles Morara that will focus on emotional intelligence and leadership styles.

I shall be assured of privacy, anonymity and Confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials: _____

Date: _____

APPENDIX IVA

FACE SHEET

Code # _____ Date Received by Respondent _____

PART A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Please answer by putting a tick for the most appropriate answer.

Gender

- _____ (1) male
_____ (2) female

Age

- _____ (1) 20-35 years (early adulthood)
_____ (2) 36 -49 years (middle adulthood)
_____ (3) 50 and above years (late adulthood)

Highest educational level

- _____ (1) Uneducated
_____ (2) Primary level
_____ (3) Secondary level
_____ (4) Certificate level
_____ (5) Diploma
_____ (6) Degree

Occupation

- _____ (1) Peasant farmer
_____ (2) Self employed
_____ (3) Employed

Number of children in the nuclear family

- _____ (1) 1 – 2 children
_____ (2) 3 – 5 children
_____ (3) 6 – 8 children
_____ (4) Above 9 children

Combined monthly income of the father and mother

- _____ (1) Below Kshs 5000
- _____ (2) Ranging Kshs 6000-10000
- _____ (3) Ranging Kshs 11000 - 16000
- _____ (4) Above Kshs 20,000

APPENDIX IV B

QUESTIONNAIRE TO DETERMINE THE EXTENT OF PARENTS' ATTITUDES TOWARDS CHILDREN SPECIAL NEEDS.

Direction 1: Please write your rating on the space before each option, which corresponds to your best choice in terms of the extent of parents' attitudes towards children with special needs. Kindly use the scoring system below:

Response Mode	Description	Rating
Strongly agree	you agree with no doubt at all	4
Agree	you agree with some doubt	3
Disagree	you disagree with some doubt	2
Strongly disagree	you disagree with no doubt	1

PARENTS' ATTITUDES TOWARDS CHILDREN WITH SPECIAL NEEDS

- _____ 1. Parents view the birth of a child with special needs as a curse from God
- _____ 2. Parents deny the existence of a disability of their children
- _____ 3. Parents view children with special needs as a burden
- _____ 4. Parents discriminate children with special needs
- _____ 5. Parents do not provide basic essentials to children with special needs
- _____ 6. Parents undergo emotional crisis due to the birth of a child with special needs.
- _____ 7. Parents confine children with special needs to avoid criticism
- _____ 8. Parents make a lot of family adjustments due to birth of child with special needs.
- _____ 9. Parents find it hard to accept and understand a child with special needs
- _____ 10. The birth of a child with disability brings disharmony in the family
- _____ 11. Parents mistreat children with special needs
- _____ 12. Parents with a child with special needs undergo different stages of adjustments.

PARENTS' ATTITUDES TOWARDS CHILDREN WITH SPECIAL NEEDS AND THEIR EDUCATIONAL LEVEL

- _____1. Parents with low educational level mistreat children with special needs.
- _____2. Parents with low educational level treat children with special needs well as other children.
- _____3. Parents with low educational level take children with special needs to school.
- _____4. Parents with low educational level confine children with special needs.
- _____5. Parents with low educational level view children with special needs as a burden.

APPENDIX V
VALIDITY OF THE INSTRUMENTS

$$CVI = \frac{Cv1 + Cv2 + Cv3}{3 \times TQ}$$

$$= \frac{10 + 8 + 12}{3 \times 12}$$

$$= \frac{30}{36}$$

$$= 0.83$$

$$= 0.83$$

$$= 0.83$$

The coefficient of 0.83 is acceptable and valid

Legend

V - validity (content validity)

Cv1 – Content validity index (1-3)

RQ – Relevant questions

APPENDIX VI

COMPUTING MEAN RANGE

Mean Range = $\frac{\text{Highest Rate} - \text{Lowest Rate}}{4}$

$$= \frac{4 - 1}{4}$$

$$= \frac{3}{4}$$

$$= 0.75$$

APPENDIX VII

RESEARCHER'S CURRICULUM VITAE

PERSONAL PROFILE

Name : Mose Charles Morara
Gender : Male
Nationality : Kenyan
Date of birth : 8th July 1974
Age : 37 years
Status : Married
Contact address : 22-40417 Ntimaru, Kenya
Telephone No : +254728337446

EDUCATIONAL BACKGROUND

YEAR	INSTITUTIONS	AWARD
2010- 2012	Kampala International University	Masters in (SNE)student
2007 - 2009	Kampala International University	Bachelor of Bed (SNE)
2003 - 2006	K.I.S.E	Diploma in (SNE)
1995 - 1997	Kaimosi T.T.C	P 1
1990 - 1993	Kisii Progressive High School	C +
1981 - 1988	Mecheo Primary School	350 Marks

WORK EXPERIENCE

YEAR	INSTITUTION	RESPONSIBILITY
1997 - 2000	Mashangwa Primary School	Assistant Teacher
2000 - 2004	Mashangwa Primary School	Senior Teacher
2004 - 2011	Mashangwa Primary School	Head Teacher

HOBBIES

Watching football and athletics

REFEREES

- 1) Dr. Novembrieta R. Sumil, Ph.D.
Deputy Vice Chancellor, SPGSR
- 2) Madam Magret Leesuda
District Educational Officer
P.O.Box 19 Kilgoris.