

**EFFECT OF MENTAL RETARDATION ON ACADEMIC
PERFOMACNCE OF LEARNERS IN KAKUYU ZONE.
KYUSO DISTRICT - KENYA.**

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DECLARATION

I **KASYOKA MUSILI BED/18212/71/DF**, hereby declare that this research report is my own original work and has never been presented to any institution of higher learning for academic purpose as partial requirement for the award of Degree.

I further declare that all materials cited in this study which are not my own have been dully acknowledged.



20 August 2009

APPROVAL

The research report is submitted for examination with my approval as a university supervisor.

NAME: WOMUZUMBU MOSES

Signed.....

Date.....

DEDICATION

I wish to dedicate this document to my beloved son Mutuku and Brother –in- law Tom. My Brother gave moral support and made sure that I had all the materials I need for this exercise.

My son and consoled and cheered me up by counting down the number of trimesters left before completing my course.

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ABBREVIATIONS

MR..... Mentally Retarded

IEP..... Individualized Educational Programme

MH..... Mentally Handicapped

KIU..... Kampala International University

ABSTRACT

The study was found at finding out the effects of mental retardation on academic performance of learners in Kaundu primary school Kakuyu zone Kyuso district. This was done through setting objectives and research questions which were to be presented to teachers and learners for data collection. This data was to be analyzed and presented to come out with a clear pictures of the problems faced by mentally retarded learners. The researcher had also to read widely and thoroughly together information on the contributions made by other people in addressing problems related to mental retardation. The researcher tried to identify the causes of mental retardation and its effects on academic performance and challenges faced by learners with mental retardation in Kaundu primary school, Kakunyu zone Kyuso district. She also had to find out the number of teachers trained on this area of disability and the teaching methods and approaches used in teaching learners with mental retardation. After analyzing the data, the researcher found out that there is a large number of mentally retarded learners in Kaundu primary school. It was also noted that teaching/ learning of the mentally retarded is faced with many barriers due to lack of enough trained personal and resources in this area of special need. In recommendation, the researcher tells that there is need for training and in – serving teachers in order to enable them acquire the new skills and knowledge needed to support the learners with mental retardation. The government should also provide for all the necessary resources required.

CHAPTER ONE; INTRODUCTION

1.0 Background Information

Mental retardation is the sub-average intellectual functioning before 18 years due to inheritant causes, diseases or injury which results into poor adaptive behaviour. It is a condition with substantial limitations in present functioning. They are characterized by significant sub-average intellectual functioning existing concurrently with related limitations in applicable adaptive skills areas. Mental retardation is also defined as cognitive impairment, limited adaptive behaviour, need for support and initial occurrence before age of 18 years.

In many African societies mental retardation is through to as punishment or curse and people talk about it negatively a situation that makes the mentally retarded persons live more difficult conditions and feel withdrawn. Due to this psychosocial effect on the disability, persons with mental retardation usually experience some problems as they interact with people without this disability, they may be unable to communicate and express themselves and their disability may be seen as a nuisance. The unique cultural beliefs on mental retardation in most African societies hold most people's feelings that, a person with metal retardation is hopeless or useless, and may not involve the mentally retarded persons in their community social activities and a family with a mentally person is feared. Bonjo (2003) puts across that when the parents learn that it is true the child has a disability and can longer deny the situation, they become very sad. They experience silent guilt, fear, doubt and anxiety. The sadness may extend to other members of thee family. This often makes the growth of the child in the family very difficult. It can also lead to non-acceptance of the child with the disability a situation that makes them to live in more difficult conditions and felt withdrawn.

Different terminologies and terms are used to refer to persons with mental handicap like morons, Mjinga and many others. Relative consider the child with mental retardation as different, also extend the same to its family members and consequently they may place blame on the parents on giving birth to a child with disability, exclude parents of the child with mental retardation from their social activities, avoid visiting them a situation which promotes negative talks in the village/ community about the child with disability and the family hence make parents of the disabled child fear to expose the child to areas of many people like school and other social institution. This has necessitated the researcher into carrying out a research on effects of mental retardation on academic performance of learners.

The researcher has specifically served in find the method used teaching the mentally retarded learners. The researcher intends to find out how effective the teachers handling these learners use educational intervention measures such as individualized educational programme (IEP) and holistic approaches in teaching mentally retarded learners. Both approaches appreciate the child's strengths and use them to overcome the challenges. The strengths become the foundations on which teaching is built.

The researcher also wants to find out the problems faced by teachers when using these approaches. She also wishes to get information and suggestions from teachers and learners on how well teaching of mentally retarded learners can be improved so as to address all categories of the mentally retarded children and understand as well the learning problems that rose as a challenge to learners with mental retardation better. In general holistic approach requires that when planning teaching and learning activities you should take into consideration the child's social aspects, emotional aspects, physical and intellectual aspects, personality and communication skills , where as IEP relates to actual performance as observed by teachers and other professionals as well as test results. Teaching methods and approaches used vary from one category to another, the mildly retarded, the moderately retarded and the severely and

profoundly retarded. It is this mind that made the researcher develop an interest in researching the effectiveness of teaching methods and approaches of the mentally retarded learners in Kaundu School

1.1 Statement of the Problem

The nature of the link between academic performance and mental retardation in Kenya particularly the effects of academic performance on mentally retarded child in the light of education is life.

Many mentally retarded children have not been well attended by the teachers, thus being hindered from attaining their potential in academic performance to the maximum. In this view the researcher in her study was seeking to investigate the effects of mental retardation on academic performance to a mentally retarded child.

The researcher was trying to find the possible intervention measures to be put in place to prevent poor academic performance on mentally retarded learners.

1.2 Purpose of the study

The general objective of this study is to investigate the effects of mental retardation on academic performance of the mentally retarded child.

1.3 Specific objectives

The specific objectives of the study were

- * To identify the causes of mental retardation and its effects on academic performance
- * To determine the problems caused by mental retarded on academic performance and teaching of mentally retarded learner.
- * To investigate the effects of academic performance on a mentally retarded child

- ★ To determine the measures to be put in place to prevent effects of academic performances on mentally retarded learner.

1.4 Research questions

What are the causes of mental retardation

What are challenges of mental retardation on academic performance

What are the effects of academic performance on mentally retarded child?

What intervention measures can put in place to prevent effects of mental retardation on academic performance.

1.5 Scope of the study

The scope was conducted in Kaundu school for the mentally handicapped and Kaundu primary in Kakuyu zone Kyuso district. The study was limited to the objectives of study. Any other aspect of topic apart from that mentioned in the objectives was not investigated because of the resources and time constraints. The area of the study covered one school as the only one in the zone.

1.6 Significant of the study

The researcher intends to lay emphasis on how best educational intervention measures such as individualized education programme can be modified so as to enhance and maximize the potentiality of the mentally retarded learners who are mildly retarded to make it possible for learners with mental retardation to be able to participate in both academic and co-curricular activities. To strike a balance and an effective use of various methods of teaching used by the teachers of mentally impaired and hence avoid the usage of one method at the expense of learners.

The study will not only bring into record, what teachers and learners feel about individualized educational programme (IEP), but will also shed light on how best it can be of benefit to the mentally retarded as far as learning is concerned.

1.7 Limitations and Delimitation

Money

The research exercise demanded one to have adequate funds for typing, photocopying and for moving from one place to another in research for proper literature review. This posed as a big problem since no fund were available for the research.

Time

The allocated time for carrying out the research was not adequate. This was due to the busy schedule in the school since the researcher is both a distance learner and a teacher in the professional field.

Administration

The administration has all along being unco-operative in terms of providing permission now and then for research exercise. This has forced the researcher to sacrifice even the weekends and public holidays to do most of the work expected.

Resources

Inadequate resources and materials on where to gather enough literature review was another noted limitations. The language used favored the researcher since the learners communicated well with the researcher.

CHAPTER TWO; LITERATURE VIEW

Introduction

Education of children with mental retardation is very important since it helps in enhancing them towards all round development to ensure that the child grows into a strong and health adult mentally, physically , emotionally, socially , intellectually and spiritually among others.

When a child has a mental important during developmental years, all other areas of development can be affected significantly. Mental impairment limits the ease of intellectual functioning and adaptive behavior which further influences development of interaction with others, the ability to make sense of the world and ease of acquiring academic skills. Early identification, intervention and stimulation are very necessary as put across by Kimanthi (2003) early childhood education in an inclusive setting. It is this that determines what methods and approaches is to be put into use by the teachers of the mentally retarded having in mind the level of retardation of the learner either mildly, moderately or severely. The choice of teaching approaches must therefore be made on an individual basis taking into the consideration the level of mental retardation of an individual.

2.1 Mental retardation

Mental retardation is characterized by significant limitation both intellectual functioning and in adaptive behaviour. This can be tested using various adapted tests of intellectual functioning, special abilities tests use, of psychologists and trained education assessment teachers

2.2 The American Association on Mentally Deficiency (AAMD, 1973) proposed that mental retardation refers to significantly sub- average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period (Grossman, 1973)

2.2.1 Trauma

Trauma means fall or injury. Mental retardation from trauma is self- produced or caused by the factors outside the control of the mother. This may happen during

child birth due to breech delivery, use of forceps or wrapping of umbilical cord around the baby's neck

2.2.2 Gestational disorders

This is the period of pregnancy and may cause mental retardation due to disorders like pre-maturity, low birth weights and post-maturity birth are mostly delivered before 37 weeks from the last day of the menstrual period

2.3 Classification of Mentally Retarded Children

The mentally retarded children are classified according to intellectual functioning, educational functioning and prevalence

2.3.1 Intellectual Functioning

The most widely classification delineate four levels of retardation namely, *Mild, Moderate, Severe and Profound*. This classification omits the borderline which in 1959 and 1961 AAMD definitions. The classification takes into consideration the results of measured intelligence using intelligence tests with the standard deviation of 15 and 16. The Wechsler intelligence scale have standard of 15, while Stanford Binet and Cate II intelligence scales have standard deviation of 16. The 1973 AAMD classification system accommodates the standard deviation obtained from different scales.

2.3.2 Educational Functioning

Educationally the mentally retarded children are classified into three categories namely, educable mentally retarded (EMR), trainable mentally retarded (TMR) and severely or profoundly retarded. Kleinetal (1979) states that (EMR) children are moderately and severely retarded. The children who were known as dependent retarded fall under the term severely retarded while those who are sometimes called life supported fall under proudly mentally retarded, Robinson and Robinson (1976) states that the children with the lowest IQs were once known as custodial mentally retarded. This term implies that these children do not need education but rather custodial care. In its place the term right to education has emerged although it is an awkward one as reading replacements.

2.3.3 Prevalence

The 3 % prevalence using the 1973 AADM definition of mental retardation is the most accepted since it is lower than 1959 and 1961 AAMD definitions which intended borderline retardation. This definitions requires that for the child to be considered mentally retarded he needs to have measured intelligence of IQ 52 – 62 with adaptive behaviour skills concurrently impaired, using the 3 % prevalence, Ndurumo (1985) estimated that in Kenya there was a mentally retarded population of 551850 of whom 136950 were school age children between 4 and 15 years of age. The Nairobi declaration of the Initiative against Avoidable Displacement (IMPACT) stated that, the total number of mentally retarded children in Kenya is unknown. Payne and Mercer (1975) states that the surveys on prevalence, of mental retardation agree on the following points:-

- * High incidence of mental retardation during school age years and low incidence in the pre-school years and adulthood
- * High incidence of mental retardation among ethnic and ratio minority group.
- * High incidence mental retardation among low socio economic groups.

During pre-school year's children who are mentally retarded, mostly the mildly retarded are difficult to detect. This is due to the fact that whatever developmental retardation is evident is due to the fact that the children are developing and that any developmental logs will disappear by the time children are of school age.

During school years many children are diagnosed as mentally restarted. At this stage children are engrossed in the word of schoolwork and are expected to write, compute, read, tell time, behave and communicate appropriately for their age. A child who deviates from these educational and cultural expectation is suspected of mentally retarded or a slow learner, in adulthood, the world of competitive and comparative schoolwork is left behind. The mildly retarded adults enter the world of work and social responsibility. To a large extent, they become their "own men" and interact with fewer adults. Thus they manage to pass for persons of average intelligence. They also able to do vocational work in their trade areas. Longitudinal studies on past school adjustment of former 'mentally

remanded children shows that many of them are able to hold their own in the community

Causes of Mental Retardation.

There are several reasons, which may lead to mental retardation. These may include

2.4 Infections and intoxication

Infection and intoxication may cause mental retardation whether pre-natal or post-natal. Infections during the first trimester of pregnancy due to diseases like Rubella (German measles) may produce abnormality of 50% of the developing foetus. Rubella causes blindness and deafness. The expectant mother in her first months of exposing her child to Rubella unless she is vaccinated against it. Syphilis a sexually transmitted disease apart from mental retardation. Suran and Rizzo(1979)states that Syphilis is amenable to treatment through administration of Penicillin. An expectant mother and foetus can be success-fully treated using Penicillin if the infection is identified early. Viral, bactenal and parasitic infections can also cause mental retardation in a growing child.

Post –natal infection causes encephalitis or inflammation of the brain where meningitis is one of the most prevalent viral causes of mental retardation due to intoxications occur either pre-n naturally or post-naturally. Pregnant mother who drink alcohol or smoke have a high risk of having mentally retarded children. It is important that expectant mothers take medicine sparingly during the first 3 months of pregnancy or take medicine only under the supervision of a physician. Another cause of mental retardation is led poisoning following in gestation by young children.

2.4.1 Trauma or Physical Agents

Trauma means accident, fall or injury. Mental retardation resulting from trauma or physical agents is self-produced or caused by factors outside the control of the mother. During child birth complications such as difficult delivery, breech delivery, the use of forceps to bring the head out of the birth canal or wrapping of the

umbilical cord around the baby's neck may occur. The later result is anoxia, when the brain is starved of fresh oxygen, therefore causing mental retardation associated with other disabilities such as cerebral palsy.

2.4.2 Gross brain disease

According to Suran and Rizzo (1979) this category includes hereditary disorders that are not well understood. One of these is Huntington Chorea that seldom occurs prior to the age of four. Another disorder in this group is tuberous sclerosis or Opiloria which is characterized by tumours and may cause mild to severe retardation. Brain damage do not necessarily mental retardation will occur during the developmental stage as in AAMD (1973) definition, but it may even occur after developmental stage

2.3.4 Unknown prenatal influences

These ones refers to abnormalities which occur prior to birth or during pregnancy and may include cerebral malformation of the head structure, and cranial – facial abnormalities Suran and Rizzo (1979) other may include macrocephally, microcephally and craniosteriosis, where cranial structures close prematurely and lead to abnormally shaped head.

2.4.3 Metabolism or Nutrition

Mental retardation can also result from metabolic, nutritional, endocrine or growth dysfunction. These may include neuronal lipid, storage diseases for example Taysach's disease, carbohydrate disorders which interfere with brain metabolism, amino acid disorder such as phenylketonurice (PKU) and mineral disorders. Surran and Rizzo (1979) states metabolic problems resulting from hereditary factors account for only a small factor of mental retardation cases. Prevention of (PKU) includes analysis of urine and blood testing at birth and once detected the child is placed in a diet within the first 3 months of life. This may also involve avoiding food containing phenylalanine. Grossman (1973) states that hydrothyroidism, the most common endocrines disorder results in congenital cretinism which may occur due to complete (partial) lack of the thyroid gland at birth. This disorder can be prevented by the injection of thyroid extraction if it is

identified early in life, Surran and Rizzo (1979) If not treated it may result in dysmorphism, coarse skin, mental retardation and large tongue.

2.4.4 Chromosomal Abnormalities

Chromosomal abnormalities may be caused by the following factors:- Imitation, radiation, Drugs, Viruses and Auto-immune mechanism Grossman (1973). Down's syndrome is one of the best known cause of mental retardation. Children with down's Syndrome have for a long time been referred to as mongoloid due to clinical characteristics of the syndrome,. These include brachycephalic head, speckling of the Iris, thickened and furrowed tongue, wide space between the first and the second toe, short broad neck stubby fingers, thick eyelids and flat broad face and nose. Other syndromes include Klinefelter's and Turner's syndrome Grossman (1973). However Turner's syndrome does not usually result in mental retardation but most evidences itself in learning problems.

2.5.1 Gestational Disorders

This is the period of pregnancy and may cause mental retardation due to disorder like pre-maturity, low birth weight and post maturity. Pre mature birth are mostly delivered before 37 week from the last day of the last menstrual period. Post- maturity means that the infants have exceeded the normal gestation period by 7 or more days, thereby necessitating post-natal measures to be instituted.. This possible risk of the infants becoming mentally retarded depends primarily on how long they spent in the uterus after the expiration of the gestation period.

Low birth weight means that the infants weigh 5 pounds 8 ounces or less at birth.. The infants may have completed the gestational period. Their low birth weight does not necessarily lead to mental retardation but causes concern and necessitates post- natal measures such as putting the infant in an incubator in the hospital to be instituted.

2.5.2 Psychiatric Disorders

According to AAMD(1973 manual (p67) this category includes retardation resulting from psychosis or other psychiatric disorders when there is no evidence of cerebral pathology. Surran and Rizzo (1979) states that the

relationship between severe childhood psychiatric. Disorders such as sychizozhena and early infantile autism and mental retardation remains vaghees. They attribute this to three possible reasons. First it is difficult to know whether a psychiatric disorder causes mental retardation or vise versa. The causes of childhood psychoses are not yet clearly known since they may be psychogenic organic in nature or both. Lastly it is difficult to assess the effects of psychiatric impairment on intellectual development, however prolonged emotional disturbance deprives children of normal intellectual, psychological and social development surran and Rizzo (1979)

2.5.3 Environmental influences

The psychosocial disadvantage category was previously described as cultural – familiar mental deficiency “Allen (1985) exogenous mental deficiency” stranss and Lehtine (1933) Grossman(1973) states that in order for a child's retardation to fit into the environmental category one of the parents should have some normal intellectual functioning. Such children usually come from impoverished surroundings where there is poor housing inadequate mental care and nutritional imbalance. Coupled with these may be other factors of pre-maturity, low birth weight infections diseases among others. Another environmental influence is sensory deprivation where children are deprived of stimulation by their parents. Mostly maternal deprivation. They lack the opportunity to interact, play talk or laugh with their mother. This may cause prolonged separation from other human beings during critical years. This may cause mental retardation as well as severe emotional disorder. Interaction with others people is one of the cordial requirements of emotional growth and development.

2.5.4 Effects of Mental retardation

These are several factors that may com as a result of mental retardation.

Intellectual functioning

Robinson and Ribinson (1976) stated that mildly retarded children have a rate of intellectual development which is commonly one – half to one third that of average children. It should be stressed that a child may have a mental age far below that of the counterparts of the same chorological age.

have a more significant effects. KIRK (1972) also observed that educable mentally retarded have visual, hearing and motor coordination have problem.

Bruininks (977) used oseretsky Test of motor proficiency to compare the mildly retarded, the moderately retarded and non retarded. This is because these subjects are readily available, so data on the personality development of the mildly retarded should not be generalized to other groups.

The mentally retarded have frustration which is very low; frustration tolerance makes them give up tasks easily. This not only causes the child to have educational problems but also personality and social development problems Kirk (1972). They manifest temper truntrums as a result of perceiving themselves as being forced to do possible tasks. This leads to their competence being questioned. These children find little pleasure in engaging themselves in non rewarding activities.

Suran and Rizzo (19979) Kirk(1972) noted that the educable (mildly) retarded are capable of independent living. They are able to take care of themselves socially so that after leaving school show no difficult as mentally retarded. In the early stages(from birth to 5 years) The educable mentally retarded are able to develop social and communication skills which make them not to be distinguished fro other children until school end. When these children are employed as adult 80 % of them eventually adjust well to unskilled or semi skilled occupations and only need help under unfavorable, social or economical conditions S ban and Birch (1955). Children in area like running , speed agility balance , strength and bilateral coordination among others. The test showed that the mildly retarded group was below the normal children in those areas. Bunke (1978) stated that moderately to profound retarded children exhibit total motor development problems. She observed that these children have uncoordinated clumsy movement such as walking flat-footed “ with arms held at the side rather than contributing to the movement.” She also observed that they lacked effective control of their movements. These children have a deficient in eye co-condition balance and upper limb coordination, eye foot co-ordination Alberto (1979) Knoblock and Pasanick (1947) provided the rates of development in both mentally retarded children and normal children. They found that in terms of gross

motor development , at 28 weeks the normal child sits. Alone , leaning on his hands for support with his head erect. On the other hand, the mildly retarded sits supported with head steady but set forward.

Personality and social adjustment

Research on personality development is limited and somewhat unhelpful due to the fact that the researcher has tended to concentrate on mildly retarded children and adolescents in schools and institutions Robinson and Robinson (1976).

Associated Disabilities

Donrey and Derr (1971) conducted a survey to determine the additional handicaps found in the mentally challenged. It was discovered that speech disorders were the most common handicaps, emotional and behaviour problems were found to feature prominently. The implications of additional handicaps are outstanding. This shows that intensive and comprehensive remediation programmes will need to be instituted.

Identification of Mentally retarded children

Warren (1968), cited by payne and Mercar, (1975) listed the following signs as possible indicators of mentally retardation in early childhood

- * Delayed speech
- * Delayed motor development
- * Delayed psychomotor development
- * Delayed academic development

Intervention procedures for the mentally retarded children

Invention procedures for the mentally retarded children are diverse. Surran and Rizzo (1979) categorized the following

- * Medical intervention
- * Psychological intervention
- * Parent counseling
- * Psychotherapy intervention
- * Behaviour modification
- * Social and educating intervention

Lel'and (1973) concurs and states that "..... When we talk about the prevention of the mental retardation, we must look at this "different" individual and discover what behaviours and physical aspects make us describe him/her as different. When we determine which of his or her developmental patterns are anomalous we are in better position to determine the origin of defects and we can set up models for prevention"

CHAPTER THREE; METHODOLOGY

3.0 Introduction

The researcher will highlight on how she carried the study from one step to the other in this chapter. The researcher will vividly give clear look for the following areas.

- * Research approach
- * Research design/strategy
- * Population
- * Sample
- * Sampling procedure
- * Instrument /tools

3.1.1 Research Approach

The researcher opted to use quantitative and qualitative research approach. Numerical data was used to explore situations. Responses were also given by giving one own view and ideas. Data was collected using standardized tool, which was a special prepared questionnaire that was directed to selected sample. The data was then tabulated and then analyzed using statistical method to arrive at valid and sound generalizations or finding that meet scientific rules of research.

3.2 Research Design/Strategy

The researcher used the survey methods/ design as it is the one commonly used in education/ research. Questions were asked through the special prepared questionnaire that she had been directed to a research used to collect information from people to determine the status of a problem then this design was the best on this education research.

3.2.1 Target Population

Target population comprises of teachers and learners from Kaundu School for the mentally handicapped and Kaundu primary school. There are 15 teachers and 215 learners, in Kaundu school for MH and 15 teachers and 565 learners in Kaundu primary school.

3.2.2 Sample and Sampling Procedure

The researcher sampled only one school in the zone that is Kaundu School for MH. It is the only primary school catering for integration of the mentally impaired learners in the district and also the researcher is a teacher teaching in this school.

The learners who are mentally impaired and would respond to the questionnaire were sampled through cluster sampling that is in pre- school I 5 learners, pre- primary II 5 learners, pre- primary III 5 learners and those in the vocational section 5 learners and those integrate 5. These would represent learners in the whole school.

The teachers were also sampled in the same procedure i.e. 2 teachers from PPI, 2 from PPII, 2 from PPIII 2, from vocational section 2 and 2 from the mainstream. This represented teachers in the school.

The researcher used random sampling where by she gave the numbers to teachers and pupils then decided to pick old numbers only between 1 to 5.

TABLE SHOWING HOW SAMPLING WAS DONE

CLASS	PUPILS	TEACHERS
Pre – primary 1	5	2
Pre – primary 2	5	2
Pre – Primary 3	5	2
Vocational section	5	2
Mainstream	5	2
Total sampled population	25	10

3.3 Instruments for data collection

The researcher used personally and observing technique during the collection of data from the sampled population.

This proved good as the approach enhanced good relationship between the researcher and respondents. The questionnaires had both open ended and closed form. Closed form type only demanded the respondent to read and check and give choices from the given answers. The questions made it easy fill them hence much of their time were not wasted. The open form questions gave freedom and room for expression to the respondent, especially where detailed information was necessary for research findings. The researcher also gave observation as she had moved round the school to establish some facts in the various sampled classes. There was also good report among the researcher and the respondents

CHAPTER FOUR; PRESENTATION ANALYSIS AND DISCUSSION OF DATA

4.0 Introduction

The presentation of the research analysis on how raw data gathered was done by the use of frequency and percentage tables. The mode followed a system order of research questions whereby some have been presented by the tabular presentation but the researcher has discussed them briefly. There were two forms of questionnaires: A -for the teachers and B for learners.

By the end of the research, the researcher will be able to identify the possible causes of mental retardation.

Table 1

POSSIBLE CAUSES OF MENTAL RETARDATION

Category	Frequency	Percentage
Pre natal and Post natal diseases	6	50%
Malnutrition	1	12.5%
Hereditary factors	3	37.5%
Contagious	-	0%
Witch craft	-	0%
TOTALS	10	100%

As shown on the table 4a respondents who make a total of 50% say that most mental retardation cases are caused possibly by diseases during prenatal and post natal stages.

37.5% of the respondents said that hereditary mental retardation is not contagious thus cannot be transmitted from one individual to another. Also witchcraft does not cause mental retardation.

By the of the research, the researcher will be able to identify the main challenges faced by learners with mental retardation on academic performance.

Table 2

CHALLENGES OF MENTAL RETARDATION ON ACADEMIC PERFORMANCE

Category	Frequency	Percentage
Short concentration span	1	12.5%
Low mental ability	8	75%
Sicknesses	1	12.5%
High Mental ability	-	0%
TOTAL	10	100%

According to the table 4c above most of the responses indicate that, the major challenge of learners with mental retardation in their academic performance is their low mental ability.

Those learners who have mild mental retardation can do some academic activities although their performance is below average.

The curriculum can be modified to assist them

They can be integrated in the mainstream.

They can also carry out some pre-vocational and vocational activities.

These severe and profound mentally retarded learners are unable to perform in academic work.

The teachers trained in special needs Education can assist these learners to attain activities of Daily living skills. These include Toileting, Dressing Grooming, Buttoning, and Mannerism among others.

They can also be trained communication skills because some lack them due to weak speech muscles and poor motor coordination which are as a result of delayed mental development.

The table also indicates that 12.5% of the respondents believe that poor performance in academic work of the learners with mental retardation is caused by short concentration span.

The mentally retarded learners have short concentration span. They are easily distracted thus their attention is withdrawn from what they are learning.

Sickness is another challenge facing the mentally retarded learners. Time to time they are withdrawn from classes for medical intervention. This affects their performance.

Conditions like epilepsy, muscular dystrophy autism, Hydrocephaly and brittle bone are some of the conditions which affect the learners in their academic work.

By the end of the research, the researcher will be able to investigate, the effects of academic performance on a mentally retarded child.

Table 3

EFFECTS OF ACADEMIC PERFORMANCE ON MENTALLY RETARDED CHILD.

Effects	Frequency	* Percentage
Drop out before completing their course	* 10	* 100%
* Complete their course	* 0	* 0%
* TOTAL	* 10	* 100%

As indicated in the table 4b all respondents i.e. 100% agreed that their learners' performance is not good In academic work.

Those learners who are integrated in mainstream do not perform well as their peers in classroom work.

They need much more attention for their needs to be addressed individually.

They also require specialists who can break tasks into smaller chunks for these learners to be able to do the work.

Curriculum adaptation is required.

By the end of the research, the researcher will be able to establish the teaching approaches to be used to improve academic performance of the mentally retarded learners.

Table 4

TEACHING APPROACHES USED IN TEACHING THE MENTALLY RETARDED LEARNERS

Category	Frequency	Percentage
Individualized Educational programme	9	87.5%
Lecture method	0	0%
Diagnostic Prescriptive Teaching	0	0%
Holistic teaching approach	1	12.5%
TOTAL	10	100%

According to the above drawn table most respondents prefer use of individualized Educational programme as the most appropriate teaching strategy to improve their learner's academic performance.

Among the respondents 87.5% agreed that this strategy can assist both the mild and the severe mental retarded learners.

In individualized Educational programme the present level of individuals performance is established, short and long term instructional objectives are set.

Evaluation procedure and criteria are also defined. Related services such as physiotherapy guidance and counseling are also specified.. Special needs in education are also addressed to cater for the individual needs satisfactorily.

The respondents show that lecture method and diagnostic prescriptive teaching are not the appropriate approaches to apply.

Lecture method is teacher centered thus the individual educational needs are not catered for.

This has been realized due to the fact that the teachers are trained personnel in special needs education Learners are found to excel in their learning when the individualized educational programme is put in use, as it is reflected on table 4.

Data Discussions:

Education for the mentally retarded learners has been greatly enhanced by integration of teaching approaches which are child – centered as indicated in the table 4. This various approaches have been found by the researcher to be of great help to learners with mental retardation.

Table 4 also shows that learners performance is adversely affected when teachers apply methods which are teacher centered . These methods do not mind about learners' potentials, level of performance and individual educational needs.

The assumption that mentally retarded learners will affect the other learners academic performance is a barrier to the learning of integrated mentally retarded. The assumption is basically based on the fact that the curriculum is mean score oriented.

Most teachers in Kaundu special school have positive attitude towards the use of teaching approaches which are child centered, as indicated on the table 4d. This has been realized due to the fact that the teachers are trained personnel in special needs education Learners are found to excel in their learning when the individualized educational programme is put in use, as it is reflected on tables 4.

CHAPTER FIVE; SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Summary

From the already analyzed questionnaire A and B that targeted the sample population, which included teachers and learners in Kaundu School, the researcher has come up with this compiled summary. Much of how effective the teaching methods and approaches are used when teaching the mentally impaired has been reflected. However, there is need to the effectiveness if success is to be anticipated in this approach. It is evident from the responses and tribulation analyzed from the questionnaire set for learners that some teachers put this approach into practice. A few teachers prefer lecture and other teacher-centered approaches. Other essential approaches of teaching the Mentally Retarded are such as unit teaching and group teachings are left out. Lack of skilled personnel and finances for purchasing the required teaching materials is another rampant area that contributes to teachers not effectively using the methods and approaches on the learners with mental retardation. It is also evident from the research findings that a few teachers in Kaundu School for the MH do not effectively use the IEP approach for they prefer lecture and other teacher-centered approaches for the expense of the learners. Most of them have not specialized in the area of mentally handicapped as the researcher found out and lacks skills and knowledge of the mental retardation. Some are even in this station have no idea of what IEP is all about.

5.1 CONCLUSION

After analyzing the data the researcher found that the majority of learners in Kaundu school are mentally retarded. According to Mwaura (2002) learners with mild and moderate developmental disability have potentialities for development in social and vocational adjustment. However, they tend to be very slow in learning as they show extreme difficulties in academic subjects. She also found that there was lack of enough facilities and requirements to support learners with mental retardation. Atiati (2002) states that educational resources help to make learning simple and realistic, learners with mental retardation

require adequate support services and specialist equipments for effective learning.

The researcher found that those teachers who were trained years back need to be in- serviced in order to acquire the new skills and knowledge, methods and new approaches of teaching learners with mental retardation. According to Maura and Wanyera (2002) a child with mental retardation has early signs that can be identified. Teachers need to be trained on this area of disability in order to acquire knowledge and skills needed to identify this problem.

5.1 Recommendations

Having gone through the presented and analyzed data, the researcher feels that there are some recommendations which should be brought forward. In this section the researcher wishes to highlight some of the main recommendations which will make teaching approaches effective in the teaching the mentally retarded learners.

- * Without appropriate facilities and equipment suitable for teaching mentally impaired children, they will continue to lag behind in academic and social functioning arrears.
- * The mentally impaired should be taught skills which are appropriate to their levels of cognitive development.
- * Equipment for individual learners mainly, the trainable mentally retarded should be made available and hence ready for use.
- * Adequate funds should be set aside in order to cover the purchase of facilities such as sewing machines for those in the pre-vocational section.
- * More education personnel in special needs education should be trained in order to cater for the increasing number of learners who require individual attention, such person will be equipped with knowledge in the teaching approaches and in future IEP approach would be effective.
- * Funds should also be set aside to implement and evaluate on the effectiveness of this teaching approaches such as seminars, workshop training and in-service courses. Special personnel who were trained in special need education long time ago need education need to be in serviced in order

to acquire the modern skills especially on the teaching methods and approaches and be able to cater for the mentally impaired learners in their situations.

- * Parents, siblings and counselors should be the strong part of the growth and development of the mentally impaired child. They should be urged to develop developmental skills such as language, social and motor skills, so that there will be no stumbling block in the way of full development of the impaired child which will always make them feel to be part of the family.
- * There is need for institutions like Kampala International University and others to meet the country's training needs locally and increase the required manpower in special school for mentally impaired. The government should expand and provide more institutes that would provide more manpower in special schools especially during this inclusive setting.
- * There should be flexible curriculum on syllabus hence incorporate schools especially during this inclusive setting. specialists such physiotherapists, speech therapists, occupational therapists and social workers to learners with mental impairment starting from infant, nursery to secondary level in order to meet the individual needs as well a develop academic performance and social behavior through the effective use of the right teaching methods and approaches.
- * Finally, different approaches and techniques which have been found successful in education of the mentally impaired in other countries should not be ignored if we are to benefit and improve on the effectiveness of the approaches of teaching the mentally impaired learners.

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APPENDIEXES

Appendix i Research Questionnaire

Effects of Mental Retardation On Academic Performance Of Learners In
Kakuyu Zone, Kyuso District – Kenya

Questionnaire for Collecting Data From Teachers Tools/ Instrument of Data
Collection

Name of Researcher: Kasyoka Musili

Respondent: Teachers

Name Of School: Kaundu School For Mentally Handicapped

Province Eastern

Country: Kenya

Questionnaire A

Instructions

1. Kindly answer all questions
2. Your responses will be treated as confidential reports and used for purposes of research only.
3. Tick and give appropriate responses please.

Questions

1. How many learners with mental retardation are found in your class?

2. How many learners have mild mental retardation in your class

3. How many learners have severe and profound mental retardation?

4. What could be the possible causes of mental retardation

(a) Pre- natal and postnatal diseases

(b) Malnutrition

(c) Hereditary factors

(d) Contagious

(e) Witchcraft

5. Do you your learners perform well in academic work

Yes No

6. What are some of the challenges do your learners experience which affect their academic performance?

a. Short concentration span

b. Low mental ability

c. Sicknesses

d. High mental ability

7. What are some of the teaching methods do you use to improve your learner's performance?

(a) individualized educational programme

(b) Lecture approach

(c) Diagnostic prescribed teaching

(d) Holistic teaching approach.

8. How many teachers in your school have specialized in mentally handicapped

2 – 5

6 - 9

10 - 15

None

9. Do you have adequate teaching /learning specialized in mentally handicapped?

Quite adequate

Not adequate

None

**Effects of Mental Retardation on Academic Performance of Learners In
Kakuyu Zone, Kyuso District –Kenya.**

Tools/Instrument of Data Collection

Name of Researcher: Kasyoka Musili

Respondents: Learners

District: Kyuso

Province: Eastern.

Country: Kenya

Questionnaire B

Instructions

1. kindly answer all questions
2. Your response will be treated as confidential reports and used for the research only.
3. Tick and give the appropriate responses please.

Questions

1. What learning techniques do you mostly use when carrying out class work activities?

(a) Demonstration and observation

(b) Note taking

(c) Translation

2. Which of the mentioned methods of teaching would you prefer your teachers to use when teaching you in class?

(a) Method that focus on learners potential & needs

(b) Method that meet individual needs of learners