

**CHALLENGES FACED BY MENTALLY RETARDED IN AN
INCLUSIVE SETTING IN LAMURIA DIVISION OF
LAIKIPIA DISTRICT, KENYA**

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**A RESEARCH PROPOSAL PRESENTED TO THE INSTITUTE OF OPEN
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DECLARATION

I, declare that this project is my original work and been presented to any other university for award of any academic certificate or anything similar to such. I solemnly bear and stand to correct any inconsistency.

Signature

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APPROVAL

This research report is submitted for examination with my approval as a University Supervisor.

Signed

.....


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DATE:

.....
23/08/2009.

DEDICATION

This work is affectionately dedicated to my beloved husband and children for their support patience and understanding during the period of study.

ACKNOWLEDGMENT

First of all I give thanks to the almighty God for his mercy and grace granted to me during this time of my degree course and through this research project

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I would also like to thank the respondents who returned the questionnaires and those who were cooperative to me.

May God bless you all

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The intellectually retarded who are also referred to as mentally retarded, cognitively disabled and developmental disabled have been major targets of social prejudice and discrimination in western societies. Forced segregation, community sanctioned abuse and dehumanization, status degradation and public mortification, involuntary sterilization and denial of fundamental human rights.

In the last few years there has been an increase in mental challenges in Kenya. Actually a large section of new patients with disabilities are mentally challenged. Mental Retardation however is related to childhood development.

In developing countries where formal tests are neither developed nor widespread used to access intelligence in Nairobi. Mental retardation can be identified by a lack of age-appropriate skills in learning and in caring for themselves. The developed countries created intelligence tests, assigned numbers to indicate how mild or severe the retardation was. A child might be only mildly retarded and able to learn in a regular classroom, or severely retarded and unable to make any useful benefit from that setting.

Inclusion has a long, continuous developing history where parents of children with disabilities have had to fight for the right to have their children educated in public schools for many years.(Ainscow, M. 1997), the first federal law to address challenged, was adopted in 1958, and it provided for funding to train teachers to work with mentally retarded children. In 1965, the elementary and secondary education Act passed, and it provided more funding to improve the education of a variety of disadvantaged children. Discrimination against the disabled in any federally funded program was barred in 1973. In 1975, Congress passed the Education for all handicapped children Act, which was renamed as the individuals with disabilities education Act, (IDEA, 1990).

According to UNESCO (2005), inclusion refers to the diversity of needs of all learners through increased curriculum content, approaches, structures and strategies, with a common vision, which covers all children of the appropriate age range and a conviction

that it is the responsibility of the regular system to educate all children. It is a process of reforming schools and attitudes, which ensures that every child receives quality and appropriate education within the regular schools. In this way, inclusion is more complex than mere physical placement of children with special needs in the regular classrooms.

Globally it is estimated that 70% of children with disabilities, including those with mild Mental retardation, can attend regular schools provided the environment is designed to be accessible and the institution is willing to accommodate them. However such children are faced with challenges like negative perceptions. According to author Wolf Wolfensberger, mentally retarded people have been viewed variously as "less than human," "a burden upon society," "a menace to society," "sick/medically ill," "objects of pity," and "eternal children/holy innocents" throughout the long course of Western history. Some of these perceptions have lead to direct persecution of mentally retarded individuals; others have lead to what might be charitably called "benign neglect." Even though some of these enforced social roles have resulted in better treatment for mentally retarded individuals than others, none of them has allowed for the possibility that mentally retarded individuals are, in their own ways, capable of learning, achieving, and becoming productive members of society. It is upon this background that the study was undertaken.

1.2 Statement of the problem

Inclusive learning is important for children who are mentally retarded however their condition does not permit them to study as fast as the normal children and therefore need to be taught slowly to understand. The challenges they face in regular schools do not permit them to do so and hence need for the study.

1.3 Objectives of the study

General: Determine the Challenges Faced By Mentally Retarded in an Inclusive Setting in Lamuria Division of Laikipia District, Kenya.

Specific: This study seeks to

1. Investigate the challenges faced by children with mental retardation in an inclusive setting in Lamuria division of Laikipia district Kenya.
2. Determine the causes of mental retardation in Lamuria division of Laikipia district Kenya.
3. Identify the advantages of inclusive learning for children with mental retardation in Lamuria division of Laikipia district Kenya.

1.4 Research Questions

- 1 What are the challenges faced by children with mental retardation in an inclusive setting in Lamuria division of Laikipia district Kenya?
- 2 What are the causes of mental retardation in Lamuria division of Laikipia district Kenya?
- 3 What are the advantages of inclusive learning for children with mental retardation in Lamuria division of Laikipia district Kenya?

1.5 Scope of the study

The study was carried in Lamuria Division of Laikipia District, Kenya. The study investigated the challenges faced by mentally challenged learners in an inclusive setting; identify the causes of mental retardation and the advantages of inclusive learning for the mentally retarded. The study was conducted in April 2009 to August 2009.

1.6 Significance of the study

This study will benefit the following disciplines:

The policy makers make policies that will help learners who are mentally retarded to overcome the barriers they face in regular schools.

The ministry of education designs a curriculum that includes children who are mentally retarded and also provide learning resources.

The teachers will be able to change the negative attitudes they have towards inclusive education and hence teach all children without discrimination.

The study is intended to change the negative attitudes the normal children and the community members have towards mentally retarded children.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter reviews literature as an account of the knowledge and ideas that have been established by accredited scholars and experts in mental retardation. It is guided by the objectives of the study outlined in chapter one.

2.1. Challenges Faced By Mentally Retarded Learners in an Inclusive Setting.

Pupils are not free with each other due to the physical gap which creates a situation of a negative attitude from normal pupils toward their impaired counterparts. (Mwaura and Wanyera 2002).

Although a section of physical-impaired students (especially the post-lingually deaf, slow learners and lame) can be educated with their normal counterparts in public schools, Anita & “Stinson (1999) have empirically documented that the outcomes of the academic and social integration are not satisfactory. It has been pointed out that there are some challenges that are inherent in inclusive practices such as the regular classroom teachers who possess negative attitude towards inclusion. Dada, O. C. (2006)

Disability brings with it physical or communication issues that make a child with disability not able to adapt normal class environment. (UNESCO 2005). The schools are not built to cater for any disability. To provide education for the children with any special needs there must be adjustments which have to be financed by someone to enable free access. (Mary. W. Ngugi (2002) the schools are required to adjust to accommodate various needs according to the special disabilities of the children in the local community. Currently, there is no law that guides this adjustment, making most schools at no obligation to provide disability friendly education. Many have therefore missed school all together (S. Arbeiter and S. Hartley, 2002).

2.2. Causes of Mental Retardation

The various factors associated with incidences of mental retardation in Kenya as well as most other countries are pre-, peri-, and postnatal, and environmental. Although research (e.g., McDermott, 1994) indicates that a majority of incidences of mental retardation are attributed to environmental factors, environmental factors need to be viewed as interacting with psychosocial and genetic or biological factors (Office of Special education Programs, 2000 & Schettler, Stein, Reich, Valenti, & Wallinga, 2000). Hence, such factors as lack of early exposure to intellectually stimulating experiences, inadequate health care, adverse living conditions, and nutritional problems when, associated with mental retardation can not be said to cause the condition but individuals who are exposed to these factors are at a greater risk for demonstrating low cognitive abilities.

Prenatal factors include disorders associated with chromosomes, metabolic disorders, and infections of the mother during the period of pregnancy. An initial infection of cytomegalovirus (CMV), for example, can be potentially very dangerous to the unborn child posing risks for brain damage, hearing impairments, and mental retardation. Toxoplasmosis, (Centers for Disease Control & Prevention, 2003), another maternal infection, may be contracted through consumption of undercooked or raw meat and eggs or exposure to cat feces. Initial infection during pregnancy puts the unborn baby at risk for very serious complications including blindness, jaundice, cerebral palsy, enlarged liver and spleen, microcephaly, and mental retardation. Sexually transmitted diseases such as gonorrhea, syphilis, and the acquired immune deficiency syndrome (AIDS) are other causes of mental retardation and other problems. These viruses are able to cross the placenta and attack the fetus's central nervous system. Along with attacking the central nervous system of the developing fetus, the AIDS virus also damages the fetus's immune system leaving it at risk for opportunistic infections. Research indicates that pediatric AIDS is both the fastest growing infectious cause of mental retardation (Baumeister, Kupstas, & Klindworth, 1990) and the single most preventable type of infectious mental retardation (Cohen, 1991).

German Measles (Rubella) is another infection that has been linked to mental retardation and other birth complications such as low birth weight, heart defects, and vision and hearing problems especially if infection occurs during the first trimester of pregnancy. The Rhesus factor, a disease caused by blood group incompatibility between a mother and her unborn child (Beirne-Smith, Ittenbach, & Patton, 1998 & March of Dimes, 1997d), often leads to serious complications for the unborn fetus. These include mental retardation, cerebral palsy, and epilepsy.

Mental retardation may also result from unsafe behaviors of mothers during pregnancy. Consumption of alcohol before or during pregnancy can lead to severe effects on the baby, a condition referred to as Fetal alcohol syndrome (Bauer, 1999 & Jones, Smith, Ulleland, & Streissguth, 1973). Infants with fetal alcohol syndrome (FAS), now a leading cause of mental retardation in the United States could have a damaged central nervous system and brain damage. These infants have mild to moderate mental retardation, attention deficits, behavior problems, physical deformities, heart defects, low birth weight, and motor dysfunctions. Fetal alcohol effects (FAE) are milder forms of the effects of a mother's alcohol consumption during pregnancy on the infant.

Among the perinatal factors associated with mental retardation are low birth weight, prematurity, and other neonatal complications. Low birth weight (less than 5 pounds, 8 ounces) and premature birth (birth prior to 37 weeks of gestation) are two gestational disorders associated with mild to severe mental retardation. Other perinatal events include neonatal complications neonatal complications which can result from prolonged and difficult deliveries or damaged umbilical cord. These events can result in a fetus being completely or partially cut off from oxygen. Indeed, anoxia has been implicated in as many as one out of every five births that result in mental retardation (McLaren & Bryson, 1987).

Mental retardation may also result from factors occurring postnatally. These include infections, such as meningitis and encephalitis, intoxicants, environmental factors. Lead poisoning (Centers for Disease Control & Prevention, 2003), which results from ingesting lead, can affect the central nervous system and cause seizures and mental

retardation. Meningitis is a viral infection that causes damage to the meninges or tissues covering the brain. Meningitis can result from typical childhood complications such as mumps and measles. This infection causes seizures, damages the brain, and has a possibility of resulting in mental retardation. Encephalitis, on the other hand, is an inflammation of the brain tissue and may also result from complications of infections associated with childhood. This infection can cause brain damage and has the possibility of leading to varying degrees of mental retardation.

According to (Dyken, Hodapp & Finucane, 2000) Mental Retardation is caused by genetic factors and brain damage. Various other cultural factors can cause mental retardation in developing countries. Mental Retardation in Africa is said to be also caused by bad spirits which may have been communicated or transferred by other person due to one reason or another. Your child can be affected by some cultural practice that you did or some person who did something to you and it affected your child.

2.3. Advantages of Inclusive Learning

There are real advantages to be had by mainstreaming mentally retarded children into regular schools where they can interact with non-disabled peers. Among these advantages is the opportunity to better socialize retarded students. Students who have disorders such as Prader-Willie syndrome, Fragile X syndrome, and Down syndrome can be very social with an excellent capability for social imitation. These students truly benefit from being included in a classroom with children who are developing normally.

Still other mentally retarded students gain an opportunity to excel in a mainstream classroom. Fragile X syndrome students, for example, often achieve greater academic success than would be expected from their IQ score. Teachers can help Fragile X children learn in a mainstreamed environment by keeping their classrooms well-organized. Visual aids are very useful in helping special needs students understand information. These students can learn a lot from their peers.

In studies comparing student performance between inclusive and segregated settings, students with severe disabilities in general education classrooms have shown similar or

even better achievement in skill development and curriculum content than those in special education settings (Fisher & Meyer, 2002; Hunt, Staub, et al., 1994; Miles, Cole, Jenkins, & Dale, 1998; Ryndak, et al., 1999). The student's academic success in inclusive settings was recognized by parents and was measured in research studies. Parents of students with severe disabilities who were learning in general education classrooms perceived that those students showed better performance in academics compared to their previous achievement in segregated settings (Susie miles 2002)

Proponents such as Staub and Peck (1995) see the potential benefits for inclusion to be very encouraging. Placing students in an environment with role models and high expectations can have a positive academic effect, even if these students are not required to meet the higher curricular standards. Classroom activities, assignments, and assessments can be modified to reflect the student's capabilities or assist the student with their disability. For example, students with a writing disability might be asked to answer a question by typing instead of writing the answer.

There are also numerous socialization advantages of inclusion. Parents report that when their children are seen in the community, they are recognized, and treated better, because people know them. (Jensen, J. R. Pious, C.G, & Jewell, M. (1990) Children with disabilities are also more aware of community events because of their contact with other students with models appropriate behavior. As a special education teacher in Thika district 2004, Cindi Dalsing reports that her inclusion students would raise their hand when they want to participate in the science classroom. This is an expectation of the science teacher, and it is the behaviour that everyone in the classroom displays. These pupils do not want attention drawn to them and hence, they behave the same way as their peers (Sue Stubbs / Atlas Alliance, 2002).

Theoretical Framework

The study is based on the Social Constructionist view on Disability by Vygotsky (1993). Vygotsky considered disability as a “**social aberration**” (1993:66), without refusing the primacy of biology. According to Vygotsky, “social aberration” springs from children’s changing social, environmental relations – causing disturbances in social behaviour. As a consequence of Vygotsky’s concept of *a complex structure of disability* in the understanding of “abnormal development”, it is necessary to distinguish between *primary* disability (organic impairment), *secondary* and *tertiary* disability (cultural distortions of socially conditioned, higher mental functions). Focusing exclusively on *primary* reasons for disability implies ignoring the developmental processes. Vygotsky suggests that distinct symptoms may be observed in the complexly interrelated *primary* reasons.

Vygotsky presents a dynamic assessment of disability. The structure of disability is too complex in order to be studied by simply summing up symptoms. *Primary* disorders (i.e. visual and hearing, language and speech-related, motor and CNS-related impairment) lead to the child’s “*exclusion*” from the socio-cultural, traditional and educational environment – in turn causing *secondary* (socio-cultural) disability. Due to *primary* disorders, the child displays a distorted connection to culture as a source for development of higher mental functions (Vygotsky 1993). According to Vygotsky (1993), children with disabilities tend to have a special need for “*detours*”, i.e. in other special educational environments (adapted educational *milieu*). This *milieu* may provide necessary conditions for the “*cultural introduction of children with disabilities and realization of mankind’s inherent socio-cultural experience*”.

Thus, the Vygotskian stress on the structural complexity of functional disability has considerable impact on special education. Vygotsky stresses the importance of a distinction between *primary* and succeeding symptoms in the study of upbringing, teaching and education of children with different disabilities. The elementary functions – being *primary* deficient, resulting from the very nucleus of directly interconnected deficiency – are *less* subject to remediation. The theory is useful to the study because

Vygotsky stressed the importance of the dynamic, socio-cultural nature of disability for the methodology of inclusive education. He also stressed the importance of social learning in the upbringing and education of children with disabilities. As far as Vygotsky is concerned, “disorder” is not a tragedy

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter details the methods the researcher used to collect data

3.1 Research Design

The research was presented in both qualitative and quantitative design. Qualitative design helped the researcher get a deeper meaning of the study while quantitative helped in analyzing the numbers that were involved in the study.

3.2 Environment / Area and population of study

This study was conducted in Lamuria Division of Laikipia District, Kenya, Kenya. The case study was selected because that is where the researcher lives and therefore it was easy to get information from the respondents. The costs of research were also reduced that is in terms of transport.

3.3 Sample selection

The respondents included learners both mentally challenged and normal children, teachers and community members. The teachers and parents were selected randomly while with the help of teachers the learners were selected purposively.

3.4 Data Collection

The instruments of the study included questionnaires to teachers, and focus group discussions with the community members and pupils both disabled and normal.

3.4.1 Research instruments

Questionnaires were used to extract information from teachers and this so because they helped obtain data within a short time and Focus group discussion were used to get information from learners and community members. The discussions were held in languages that the respondents understand.

3.5. Data Collection Procedures

A letter of introduction from the institute of continuing education was sent to facilitate in the data collection exercise. The letter was handed to the head teacher before Questionnaires were distributed to teachers and focus group discussions carried on with the teachers. The data collected was sorted and categorized after which it was analyzed. The conclusions and recommendations were made.

3.6. Methods of data analysis

Data analysis was done using SPSS (Statistical Package For The Social Scientists)- for the Quantitative data. Quantitative data was analyzed to generate information got from the study. Data was tabulated using frequency counts and percentages.

Qualitative data was analyzed basing on the items derived from the objectives of the study. The information got was used to supplement and complement what was derived from quantitative data.

3.7 Statistical Treatment of Data

The mean score of the number of individuals that gave a particular response were obtained. The following formula was used to obtain the mean score.

$$\overline{X} = \frac{X_1 + X_2 + \dots + X_n}{\Sigma N \Sigma n}$$

Where

\overline{X} = the mean score

Σ = summation

n = sample size

X_1 = Sample

CHAPTER FOUR

DATA, ANALYSIS, INTERPRETATION AND PRESENTATION

4.0 Introduction

This chapter is a presentation, interpretation and discussion of the field results. The results are presented in tables and in form of frequency counts and percentages. It focuses on the challenges Faced by Mentally Retarded in an Inclusive Setting in Lamuria Division of Laikipia District, Kenya. The specific objectives of the study were; to investigate the challenges faced by children with mental retardation in an inclusive setting, to determine the causes of mental retardation and to identify the advantages of inclusive learning for children with mental retardation in Lamuria Division of Laikipia District, Kenya.

4.1. Profile of the respondents

Seventy questionnaires (70) were distributed to the teachers but only 65 were filled and returned back which represents 93% of the number of teachers who participated in the study. 50 pupils were selected to participate in the interviews. 15 community members were expected to participate in focus group discussions.

4.1.1 Gender of the respondents

The table below shows the gender of the respondents that is the community members, teachers and pupils.

Table 4.1 Gender of the respondents

	Teachers		Pupils		Community Members	
GENDER	Frequency	%Age	Frequency	%Age	Frequency	%Age
MALE	30	46	28	56	8	53
FEMALE	35	54	22	44	7	47
TOTAL	65	100	50	100	15	100

Source: Primary data 2009

The table above shows that 46% of the teachers who participated in the study were male and 54% were female, 56% of the pupils who participated in the study were male and 44% were female, 53% of the community members who participated in the study were male and 47% were female.

4.1.2. Educational level of the respondents

Table 4.2 Educational level of the respondents

Educational Level	TEACHERS		PUPILS		COMMUNITY MEMBERS	
	Frequency	%Age	Frequency	%Age	Frequency	%Age
Standard 5			8	16		
Standard 6			14	28		
Standard 7			17	34		
Standard 8			11	22		
None					2	13
Primary					4	27
Secondary					5	33
Certificate	11	17			1	7
Diploma	24	37			1	7
Degree	30	46			2	13
Total	65	100	50	100	15	100

Source: Primary data 2009

According to table 4.2 the academic level of the teachers was divided in three categories that are certificate, diploma and degree. 17% of the teachers had certificates, 37% had diplomas and 46% had degrees.

The educational level of the pupils was divided into four categories that is standard 5, standard 6, standard 7 and standard 8. 16% of the pupils were in standard 5, 28% were in standard 6, 34 were in standard 7 and 22% were in standard 8.

4.1.3. Age of the respondents

Table 4.3 Age of the respondents

Age	TEACHERS		pupils		COMMUNITY MEMBERS	
	Frequency	%Age	Frequency	%Age	Frequency	%Age
13 and below			17	34		
14-17			20	40		
18-25	10	15	13	26	4	27
26-35	23	35			6	40
36 and above	32	49			5	33
Total	65	100	50	100	15	100

Source: Primary data 2009

According to table 4.3 the age category of teachers was divided three categories. 15% of the teachers were between 18-25 years, 35% were between 26-35 years and 49% were of 36 years and above. 34% of the pupils were 13 years and below, 40% were between 14 to 17 years and 26% were between 18 to 25 years. 27% of the community members were between 18-25, 40% were between 26-35 years and 33% were 36 years and above.

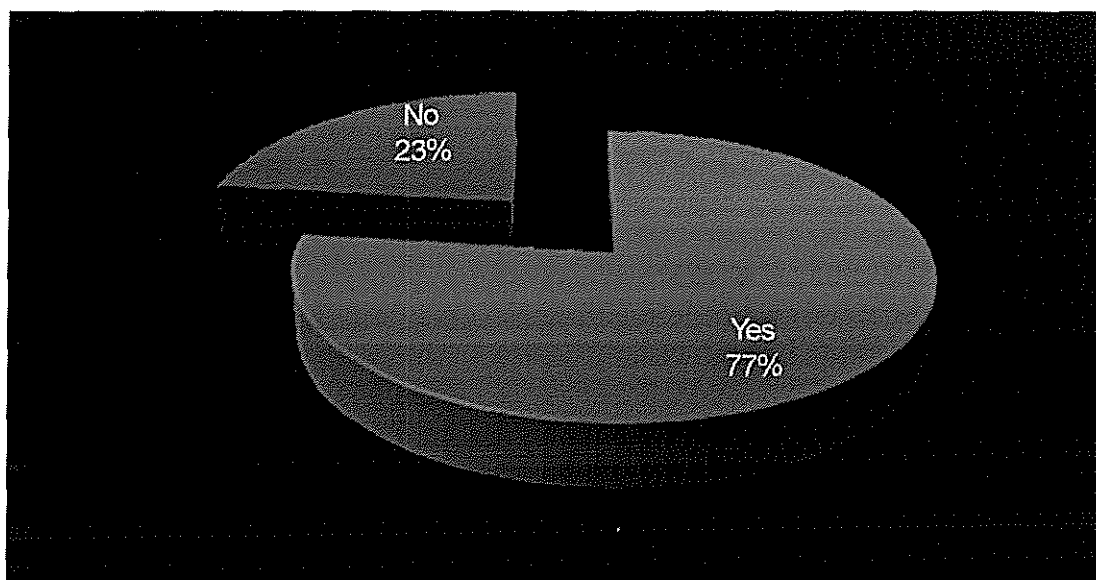
The respondents were asked whether they have mentally challenged children in their schools and this was their response

Table 4.4: opinion on whether there are mentally challenged children in the school

Do you have mentally challenged children in the school?	Yes	No	Total
Frequency (fo)	50	15	65
Percentage (%)	77	23	100

Source: Primary data 2009

Chart 1: opinion on whether there are mentally challenged children in the school



The table and chart above indicates that 77% of the respondents agreed that they have mentally challenged children in their school. This means that in most schools there are children who are mentally retarded in one way or the others. The pupils also established that they have mentally challenged children in the school for example the deaf, dumb, slow learners, lame among others

The respondents were asked how they identify children who are mentally retarded and they said that they identify them through their physical appearance, the way they do things and the extent to how they understand what they are taught. Fore example children who are slow learners are identified on their inability to understand quickly, the deaf and dumb are identified on their inability to hear and talk among others.

The respondents were asked whether they like teaching children who are mentally retarded and below was their response

Table 4.5: opinion on whether like teaching children who are mentally retarded

As a teacher do you like teaching mentally retarded children?	Yes	No	Total
Frequency (fo)	30	35	65
Percentage (%)	46	54	100

Source: Primary data 2009

According to table 4.5, 30(46%) of the respondents agreed that they like teaching pupils with mental retardation while 35(54%) of the respondents disagreed. Most teachers disagreed because they are not qualified in teaching pupils who are mentally retarded and since they disturb, teachers feel disgusted with them and hence hate teaching them. While those teachers who like teaching these children are qualified in teaching pupils with mental retardation. There fore even if they disturb them they know how to handle and deal with them.

Challenges Faced By Mentally Retarded Learners in an Inclusive Setting.

The first objective of the study was to determine the challenges faced by mentally retarded learners in an inclusive setting. To achieve this, respondents were asked questions related to the study. Data collected was analyzed under the question: what are the challenges faced by mentally retarded learners in an inclusive setting? The results are presented in the subsections below;

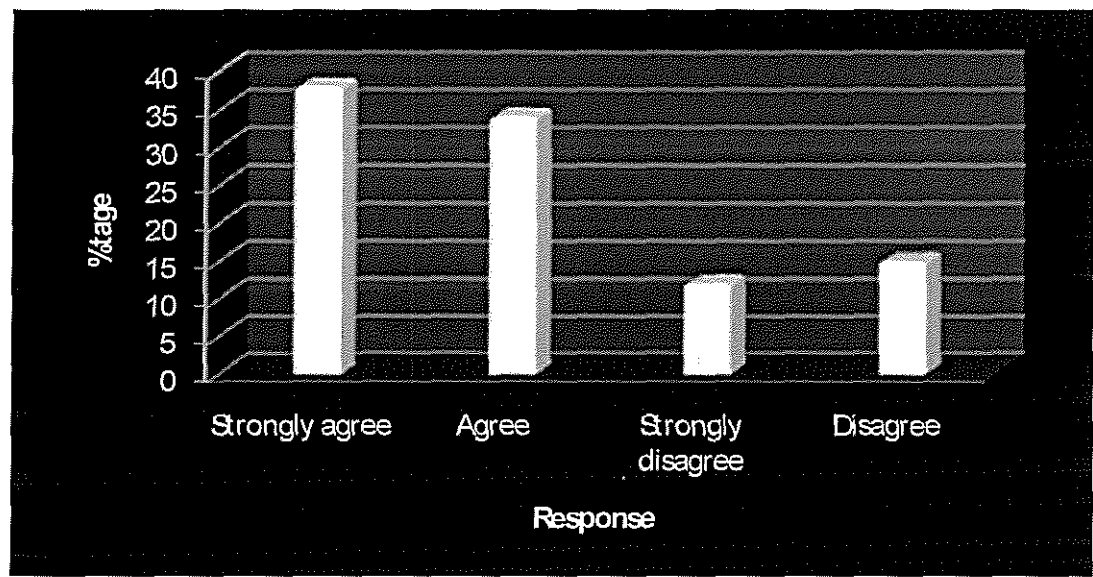
Respondents were asked whether mentally regarded children face negative attitudes in an inclusive setting and their responses was

Table 4.6: Opinion on whether mentally regarded children face negative attitudes in an inclusive setting

Mentally regarded children face negative attitudes in an inclusive setting	Strongly agree	Agree	Strongly disagree	Disagree	Total
Frequency (fo)	25	22	8	10	65
Percentage (%)	38	34	12	15	100

Source: Primary Data

Chart 2: Opinion on whether mentally regarded children face negative attitudes in an inclusive setting



Source: Primary Data

The table and chart above shows that 25(38%) of the respondents strongly agreed that mentally regarded children face negative attitudes in an inclusive setting, 22(34%) disagreed while 8(12%) strongly disagreed and 10(15%) of the respondents disagreed. This implies that mentally retarded children face a challenge of negative attitudes from the teachers and normal pupils at school and this discourages them so much.

According to the mentally retarded children they face a problem of negative attitude from the normal pupils and the teachers. They beat them, they nick name them, they reject them as in sitting g and playing with them, imitate them among others. One of the disabled participants lamented.

“.....the normal pupils treat us in a negative way and also nick name and call us funny names which makes it difficult to cope in the school.....”
(Disabled pupil interview participant)

During focused group discussion with the community members, they revealed that the attitudes of teachers are often negative and many of them have not been trained on strategies to include children with disabilities which can affect the performance of all pupils.

According to Anita & “Stinson (1999), although a section of physical-impaired students (especially the post-lingually deaf, slow learners and lame) can be educated with their normal counterparts in public schools, have empirically documented that the outcomes of the academic and social integration are not satisfactory. It has been pointed out that there are some challenges that are inherent in inclusive practices such as the regular classroom teachers who possess negative attitude towards inclusion. Dada, O. C. (2006)’. The researcher concurs with these findings very often it has been reported that some teachers show disabled children that they are not worthy and hence this has discouraged learners with mental retardation.

The respondents were asked whether mentally retarded children are not free in an inclusive setting and below were their response

Table 4.7: Opinion on whether mentally retarded learners are not free in an inclusive setting

Mentally retarded learners are not free in an inclusive setting	Strongly agree	Agree	Strongly disagree	Disagree	Total
Frequency (fo)	40	20	1	4	65
Percentage (%)	62	31	1	6	100

Source: Primary Data

Table 4.7 show that 40(62%) of the respondents strongly agreed that mentally retarded learners are not free in an inclusive setting, 20(31%) agreed while 1(1%) strongly disagreed and 4(6%) of the respondents disagreed.

During the interview with the pupils, they revealed that they are not free at all in an inclusive setting because of a number of challenges they face. The community members established that so many mentally challenged children in an inclusive setting are dropping out of school. This is because they are not free at school as they face challenges from the normal children.

According to (Mwaura and Wanyera 2002), Pupils are not free with each other due to the physical gap which creates a situation of a negative attitude from normal pupils toward their impaired counterparts. The researcher agrees with this view because learners with mental retardation in Viwanda slums isolate themselves from the rest because they feel out of place.

The respondents were asked whether mentally retarded learners lack learning materials and this was their response

Table 4.8: Opinion on whether mentally retarded learners lack learning materials

Mentally retarded learners lack learning materials	Strongly agree	Agree	Strongly disagree	Disagree	Total
Frequency (fo)	30	27	3	5	65
Percentage (%)	46	41	5	8	100

Source: Primary Data

The table indicates that 30(46%) of the respondents strongly agreed that mentally retarded learners lack learning materials, 27(41%) agreed while 3(5%) strongly disagreed

and 5(8%) of the respondents disagreed. The teachers revealed that in an inclusive setting, children with mental retardation tend to lack learning materials and resources

The study established from the pupils that the government and school mostly provide learning materials for normal pupils.

The community members too revealed in the discussion that in an inclusive setting; mentally retarded children are not catered for in terms of learning resources. It is the parents who some times provide their children with these learning materials since they need them to study and understand.

The researcher has noted that most of the parents in Viwanda slums are very poor and therefore cannot afford buying learning materials for their children and yet the government has also not provided enough learning materials for the disabled (UNESCO 2005).

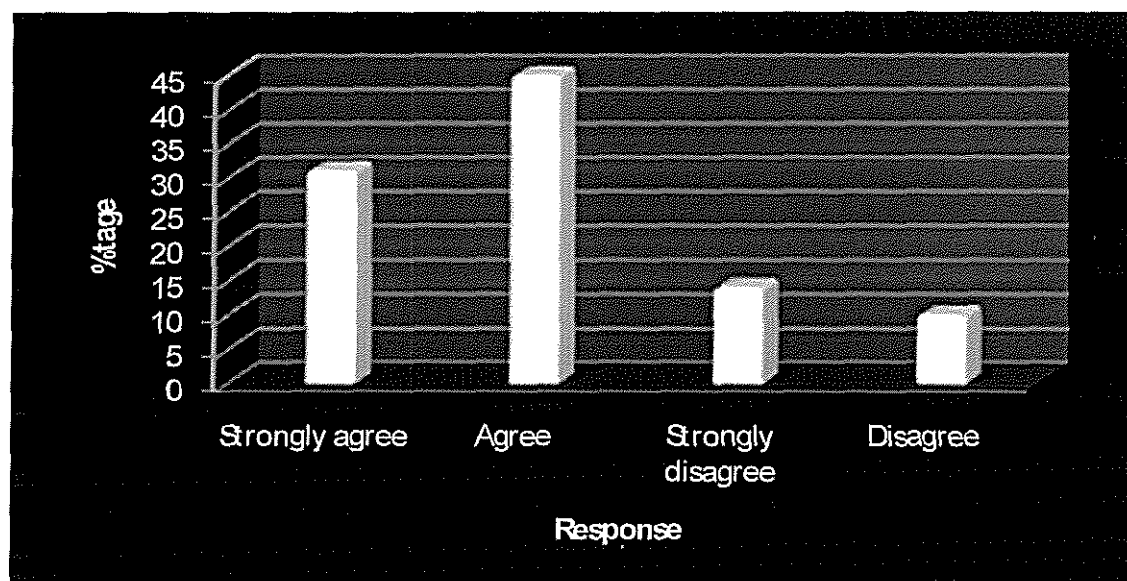
The respondents were asked whether mentally challenged children are faced with a big class size and this was their response

Table 4.9: Opinion on whether mentally retarded learners are faced with a big class size

Mentally retarded learners are faced with a big class size	Strongly agree	Agree	Strongly disagree	Disagree	Total
Frequency (fo)	20	29	9	7	65
Percentage (%)	31	45	14	10	100

Source: Primary Data

Chart 3: Opinion on whether mentally retarded learners are faced with a big class size



Source: Primary Data

The table indicates that 20(31%) of the respondents strongly agreed that mentally retarded learners are faced with a big class size, 29(45%) agreed while 9(14%) strongly disagreed and 7(10%) of the respondents disagreed.

The pupils revealed that in large and over crowded classes teachers do not reorganize pupils with mental retardation. Even if teachers reorganize pupils with mental retardation, they do not have time to meet all the individuals' needs since the class is too big.

Class sizes have also been identified as determinants of academic performance. Studies have indicated that schools with smaller class sizes perform better academically than schools with larger class sizes. Kraft (1994) and in an inclusive setting, it is easy for the teacher to identify children who are mentally retarded in a small class size than a big class size. In his study of the ideal class size and its effects on effective teaching and learning in Ghana concluded that class sizes above 40 have negative effects on students' achievement. Since children have differences in motivation, interests and abilities and that they also differ in health, personal and social adjustment and creativity generally

good teaching is best done in classes with smaller numbers that allow for individual attention (Kraft, R. J. 1994).

The respondents were asked whether the curriculum does not favor mentally retarded learners and this was their response

Table 4.10: Opinion on whether the curriculum does not favor mentally retarded learners

The curriculum does not favor mentally retarded learners	Strongly agree	Agree	Strongly disagree	Disagree	Total
Frequency (fo)	20	20	15	10	65
Percentage (%)	31	31	23	15	100

Source: Primary Data

The table indicates that 20(31%) of the respondents strongly agreed that the curriculum does not favor mentally retarded learners, 20(31%) agreed while 15(23%) strongly disagreed and 10(15%) of the respondents disagreed.

The pupils established that the curriculum only favor the normal pupils. The curriculum is rigid, children are taught too much work and this frustrates them and since some of them take long to understand what they are being taught they need teachers who are patient with them and also teach them repeatedly for them to understand.

The community members said that some children need to be taught for few hours and rest, they need too much attention as compared to others, they need to be handled with care, they need jokes and to be played around among others but since the curriculum is designed for the normal pupils, the disabled are not catered for.

Causes of mental retardation

The respondents were asked the causes of mental retardation and they categorized them into groups as indicated in the table below

Table 4.11: Causes of mental retardation

1	Environmental factors	lack of early exposure to intellectually stimulating experiences inadequate health care adverse living conditions nutritional problems
2	Prenatal factors	disorders associated with chromosomes metabolic disorders infections of the mother during the period of pregnancy consumption of undercooked or raw meat and eggs Sexually transmitted diseases German Measles unsafe behaviors of mothers during pregnancy
3	perinatal factors	low birth weight prematurity neonatal complications
4	postnatal factors	Infections
5	genetic factors and brain damage	
6	cultural factors & bad spirits	

Source: Primary Data

The respondents identified and categorized the causes of mental retardation in six categories as discussed below;

The first category was of environmental factors and according to the office of Special education Programs, 2000 & Schettler, Stein, Reich, Valenti, & Wallinga, 2000), these are viewed as interacting with psychosocial and genetic or biological factors. They included lack of early exposure to intellectually stimulating experiences, inadequate health care, adverse living conditions and nutritional problems. the study established that children who are exposed to these factors are at a greater risk for demonstrating low cognitive abilities.

Prenatal factors are also attributed to the cause's mental retardation. These include initial infection during pregnancy. In this case, they put the unborn baby at risk for very serious complications including blindness, jaundice, cerebral palsy, enlarged liver and spleen, microcephaly, and mental retardation. Sexually transmitted diseases such as gonorrhea, syphilis, and the acquired immune deficiency syndrome (AIDS) are other causes of mental retardation and other problems. According to (Baumeister, Kupstas, & Klindworth, 1990), AIDS virus also damages the fetus's immune system leaving it at risk for opportunistic infections. Research indicates that pediatric AIDS is both the fastest growing infectious cause of mental retardation.

Other factors that cause mental retardation are perinatal factors. These include low birth weight, prematurity, and other neonatal complications. In this case women birth when it is not yet time to deliver and in this case the born child tend to have low birth weight. Other perinatal events include neonatal complications neonatal complications which can result from prolonged and difficult deliveries or damaged umbilical cord. (McLaren & Bryson, 1987).

Mental retardation may also result from factors occurring postnatal. These include infections, such as meningitis and encephalitis, intoxicants. Meningitis is a viral infection that causes damage to the meninges or tissues covering the brain. Meningitis can result from typical childhood complications such as mumps and measles. This infection causes seizures, damages the brain, and has a possibility of resulting in mental retardation. Encephalitis, on the other hand, is an inflammation of the brain tissue and may also result

from complications of infections associated with childhood. This infection can cause brain damage and has the possibility of leading to varying degrees of mental retardation.

According to (Dykens, Hodapp & Finucane, 2000) Mental Retardation is caused by genetic factors and brain damage. Various other cultural factors can cause mental retardation in developing countries. Mental Retardation in Africa is said to be also caused by bad spirits which may have been communicated or transferred by other person due to one reason or another. Your child can be affected by some cultural practice that you did or some person who did something to you and it affected your child.

Advantages of Inclusive Learning

The respondents were asked the advantages of inclusive learning to mentally retarded children and they identified the following

Table 4.12: Advantages of Inclusive Learning

1	opportunity to better socialize
2	opportunity to excel in a mainstream classroom
3	Encouraging
4	They learn to behave in the same way as normal pupils
5	have shown similar or even better achievement in skill development and curriculum content than those in special education settings
6	interact with non-disabled peers

Source: Primary Data

The teachers revealed that in an inclusive setting; mentally retarded children have an opportunity to interact and socialize with the normal pupils. They also learn a lot of things and new events from their peers (normal pupils).

In an inclusive setting, pupils learn how to behave in the same way as normal pupils. They also somehow get encouraged that they can make it as normal pupils since they all sit in the same class.

The teachers also established that pupils with severe disabilities in general education classrooms have shown similar or even better achievement in skill development and curriculum content than those in special education settings (Fisher & Meyer, 2002; Hunt, Staub, et al., 1994; Miles, Cole, Jenkins, & Dale, 1998; Ryndak, et al., 1999). The student's academic success in inclusive settings was recognized by parents and was measured in research studies.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter focuses on the discussions of the findings, conclusions and recommendations. Finally the chapter ends with suggestions for further research. The purpose of the study was to determine the challenges Faced by Mentally Retarded in an Inclusive Setting in Lamuria Division of Laikipia District, Kenya. The specific objectives of the study were; to investigate the challenges faced by children with mental retardation in an inclusive setting, to determine the causes of mental retardation and to identify the advantages of inclusive learning for children with mental retardation

5.1. Discussions

The first research objective was to determine whether mentally retarded children in an inclusive setting face negative attitudes. The study revealed that mentally retarded children they face a problem of negative attitude from the normal pupils and the teachers, they are not free in an inclusive setting, they lack learning materials, they are faced with a big class size and the curriculum does not favor mentally retarded learners.

According to Anita & “Stinson (1999), although a section of physical-impaired students (especially the post-lingually deaf, slow learners and lame) can be educated with their normal counterparts in public schools, have empirically documented that the outcomes of the academic and social integration are not satisfactory. It has been pointed out that there are some challenges that are inherent in inclusive practices such as the regular classroom teachers who posses negative attitude towards inclusion. Dada, O. C. (2006)’.The researcher concurs with these findings very often it has been reported that some teachers show disabled children that they are not worthy and hence this has discouraged learners with mental retardation.

The second research objective was to determine the causes of mental retardation. The study revealed that environmental factors like lack of early exposure to intellectually

stimulating experiences, inadequate health care, adverse living conditions and nutritional problems cause mental retardation.

It was also revealed that prenatal factors cause's mental retardation. These include initial infection during pregnancy. In this case, they put the unborn baby at risk for very serious complications including blindness, jaundice, cerebral palsy, enlarged liver and spleen, microcephaly, and mental retardation. Sexually transmitted diseases such as gonorrhea, syphilis, and the acquired immune deficiency syndrome (AIDS)

The study established that perinatal factors also cause mental retardation. These include low birth weight, prematurity, and other neonatal complications. In this case women birth when it is not yet time to deliver and in this case the born child tend to have low birth weight.

It was also revealed that mental retardation may also result from factors occurring postnatal. These include infections, such as meningitis and encephalitis, intoxicants.

The study revealed that mental retardation may be caused by genetic factors and brain damage, cultural factors and bad spirits.

The third research objective was to identify the advantages of inclusive learning for children with mental retardation. The study revealed that revealed that in an inclusive setting; mentally retarded children have an opportunity to interact and socialize with the normal pupils. They also learn a lot of things and new events from their peers (normal pupils).

The study revealed that in an inclusive setting, pupils learn how to behave in the same way as normal pupils. They also some how get encouraged that they can make it as normal pupils since they all sit in the same class.

It was also established that pupils with severe disabilities in general education classrooms have shown similar or even better achievement in skill development and curriculum

5.2. Conclusion.

The purpose of the study was to determine the challenges Faced by Mentally Retarded in an Inclusive Setting in Lamuria Division of Laikipia District, Kenya.

The study revealed that mentally retarded children they face a problem of negative attitude from the normal pupils and the teachers, they are not free in an inclusive setting, they lack learning materials, they are faced with a big class size and the curriculum does not favor mentally retarded learners

The study revealed that environmental factors like lack of early exposure to intellectually stimulating experiences, inadequate health care, adverse living conditions and nutritional problems cause mental retardation.

It was also revealed that prenatal factors cause's mental retardation. These include initial infection during pregnancy.

It was also revealed that mental retardation may also result from factors occurring postnatal. These include infections, such as meningitis and encephalitis, intoxicants.

The study revealed that mental retardation may be caused by genetic factors and brain damage, cultural factors and bad spirits.

The study revealed that revealed that in an inclusive setting; mentally retarded children have an opportunity to interact and socialize with the normal pupils. They also learn a lot of things and new events from their peers (normal pupils).

The study revealed that in an inclusive setting, pupils learn how to behave in the same way as normal pupils. They also some how get encouraged that they can make it as normal pupils since they all sit in the same class.

5.3. Recommendations.

1. The government should build infrastructure that is conducive for pupils with disabilities so that they fit in an inclusive setting
2. More teachers should be trained in the areas of special needs education so that they gain necessary knowledge and skills to handle and care for children with disabilities.
3. A curriculum should be adopted to suit the special needs of learners.
4. Teachers should be sensitized about the special needs education more especially those in integrated schools

Suggestions for further research

Future research is needed in relation to the Challenges Faced by the Mentally Retarded Children in an Inclusive Setting.

REFERENCES

Antia, S., & Stinson M (1999). *Some conclusions on the education of students in inclusive settings*. Journal of Deaf Studies and Deaf Education, 4, 246-248. Deaf and hard of hearing.

Bauer, C.R. (1999). *Perinatal effects of prenatal drug exposure: Neonatal aspects*. Clinics in Perinatology,

Baumeister, A., Kupstas, F., & Klindworth, L.(1990). *New morbidity: Implications for prevention of children's disabilities*. Exceptionality, 1(1), 1-16.

Beirne-Smith, M., Ittenbach, R., & Patton, J. (1998). mental Retardation (5th ed.). Upper Saddle River, N.J: Prentice Hall.

Centers for Disease Control & Prevention. (n.d). *What is attention deficit hyperactivity disorder?*. Retrieved from www.cdc.gov/ncbddd/adhd/what.htm.

Dada, O. C. (2006): *Attitude of Classroom Teachers towards the Inclusion of Persons With Special Needs in regular Classrooms in Ibadan Metropolis*. A Publication of University of Jos, Jos, Nigeria (Unpublished)

Fisher, D., & Frey, N. (2001). *Access to the core curriculum: Critical ingredients for student success*. Remedial and Special Education 22(3), 148-157.

Jensen, J. R. Pious, C.G, & Jewell, M. (1990). *Special and the regular education initiative: Basic assumptions*. Exceptional children, 56, 479-491.

John Santrock (2004) *Educational psychology* McGraw Hill

Mary. W. Ngugi (2002) *introduction to inclusive education* Nairobi Kenya institute of special education.

McDermott, S. (1994). *Explanatory model to describe school district prevalence rates for mental Retardation and learning disabilities. American Journal on mental Retardation*, 99(2), 175-185.

McLaren, J., & Bryson, S. (1987). *Review of recent epidemiological studies of mental retardation: Prevalence, associated disorders, and etiology. American Journal on mental retardation*,

Mwaura and Wanyera(2002) *introduction to children with special needs in education*. Nairobi: Kenya institute of special education.

Office of Special Education Programs. (2000, December). *Prenatal exposure to alcohol and nicotine: Implications for special education. Twenty-second annual report to congress on the implementation of the Individuals with Disabilities Education Act*. (pp.1-34). Washington, DC: U.S. Department of Education.

Schettler, R., Stein, J., Reich, F., Valenti, M., & Wallinga, D. (2000). *In harm's way: toxic threats to child development*. Cambridge, MA: Greater Boston Physicians for Social Responsibility. Retrieved from www.igc.org/psr.

Susie miles (2002). *Family action for inclusion in education Manchester enabling education network (EEENET)*

Tammi Reynolds, BA & Mark Dombeck *Mental Retardation: Educational and Treatment Settings*.http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=10367&c

UNESCO (2005). *Guidelines for inclusion: Ensuring Access to Education for All*.

Vygotsky, L. (1929) *The cultural development of the child. Journal of Genetic Psychology*

Vygotsky, L. (1931/1993). *The collective as a factor in the development of the abnormal child*". In: Vygotsky 1993, 191-209.

Vygotsky, L. (1998) *The Collected Works of L.S. Vygotsky*. NY: Plenum Press.

APPENDIX I: TRANSMITAL LETTER



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OFFICE OF THE DIRECTOR
INSTITUTE OF OPEN AND DISTANCE LEARNING (IODL)

DATE:

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR

The above named is our student in Institute of Open and Distance Learning (IODL), pursuing a Diploma/Bachelors degree in Education.

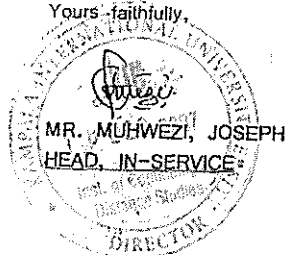
He/She wishes to carry out a research in your Organization on:

Case Study:

The research is a requirement for the award of a Diploma/Bachelors degree in Education.

Any assistance accorded to her regarding research will be highly appreciated.

Yours faithfully,



APPENDIX II: QUESTIONNAIRE FOR TEACHERS

Dear respondent,

I am a student of Kampala International University carrying out an academic research on the topic “Challenges Faced by Mentally Retarded in an Inclusive Setting in Lamuria Division of Laikipia District, Kenya. You have been randomly selected to participate in the study and are therefore kindly requested to provide an appropriate answer by either ticking the best option or give explanation where applicable. The answers provided will only be used for academic purposes and will be treated with utmost confidentiality.

NB: do not write your name anywhere on this paper.

A) Personal Information

1. GENDER

Male ☐ Female ☐

2. AGE

18-25 ☐ 26-35 ☐

35 and above ☐

2. ACADEMIC LEVEL

a) CERTIFICATE ☐ b) DIPLOMA ☐

c) DEGREE ☐

4. Do you have mentally challenged children in your school

Yes ☐

No ☐

5. If yes how do you identify them

.....

.....

.....

6. As a teacher do you like teaching mentally retarded children?

Yes []

No []

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
4	3	2	1

. Evaluate the following statements by indicating the number on the one you most agree with.

7. Mentally retarded learners are faced with negative attitudes in an inclusive setting

8. Mentally retarded learners are not free in an inclusive setting

9. Mentally retarded learners lack learning materials.

10. Mentally retarded learners are faced with a big class size.

11. The curriculum does not favor mentally retarded learners.

12. What are the causes of mental retardation in your area?

.....

.....

.....

.....

13. What are the advantages of inclusive education to mentally retarded learners?

.....

.....

.....

APPENDIX III: TIME FRAME OF THE STUDY

Activity	Time In Months			
	1	2	3	4
Proposal writing				
Data collection				
Data analysis				
Submission				