

**CHALLENGES FACED BY PHYSICALLY HANDICAPPED CHILDREN
AMONG SELECTED PRIMARY SCHOOLS IN MATUNGU
DIVISION, MUMIAS DISTRICT**

BY

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**A RESEARCH PROJECT SUBMITTED TO INSTITUTE OF OPEN AND DISTANCE
LEARNING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF DEGREE OF BACHELOR OF EDUCATION
IN EARLY CHILDHOOD AND PRIMARY
EDUCATION OF KAMPALA
INTERNATIONAL
UNIVERSITY**

NOVEMBER, 2008

DECLARATION

I hereby declare that apart from where reference was made to published literature the work presented in this research report for the award of a Degree in Bachelor of Education In Early Childhood and Primary Education is my own original work and has never been submitted to any institution of learning for any award.

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APPROVAL

This research report has been submitted for examination with my approval as the university supervisor.

Sign: 

KAIZERI DOROTHY

Date 08/04/2008

DEDICATION

This research project is dedicated to my beloved husband Stephen Okoth and my son Dalton Odhiambo for their financial and moral support, my parents Mr. and Mrs. Wanzala, my brother Matthews and sisters Zubeda and Betty for their support. It is also dedicated to my uncles Rasmo and Martin and to all special education teachers in Mumias District.

ACKNOWLEDGEMENT

I thank God almighty for my life and for having enabled me to write this report. My sincere thanks go to all lecturers in the faculty of Education of Kampala International University and special thanks to my indebted supervisor madam Dorothy for the contribution and guidance she gave me during the time of writing this report. Finally thanks go to my dear parents for their financial and moral support throughout my education. May God bless you all.

Credit and appreciations are also due to Georgia Thorn's and Ank Groot's (Volunteer Services Overseer (VSO) materials preserved at Lung'anyiro Small Home for Physically handicapped; Martha Odhiambo's (Mumias - EARC Co-ordinator) Consultation and permission to use information preserved at the EARC.

Finally, special thanks go to W.W. Khaoya of Alupe Hospital Busia and Francis P. Simiyu, the national Vice Chairman of Kenya School's for the Physically handicapped Sports Association (KSPHSA) for their suggestions. Inclusive also is Fridah and Beatrice of Pyronic Systems who worked tirelessly to print the document. May God bless you all.

ABSTRACT

This document was meant to carry out an investigation on challenges faced by physically disabled learners among selected primary schools.

The researcher used quantitative approach where numerical data to explore traits and situations was of great help to the intended research objectives. Since the research is based on education, the researcher used a survey technique in gathering the information about the academic and co-curricular performance; Environmental status; teachers', community, government and non-governmental organizations support; types of physical impairment; and the general attitudes of the community towards the children and their implications to learning.

The researcher formulated questionnaires which were sent to randomly selected respondents to fill. This enabled the researcher cover a large area. Twenty schools were used in collecting raw data for tabulation. The time for data collection was four weeks.

Teachers needed to ensure that they use appropriate approaches and resources with much patience when teaching these learners. They encouraged them prevent the use of labeled names. Teachers needed go for refresher courses and be knowledgeable about the supportive services for special needs children.

Special needs learners could be competitive enough in learning as any other child. Indeed physically impaired children are generally intellectually upright. They need support from all the stakeholders.

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LIST OF ACRONYMS

H.	Physically handicapped
SO	Volunteer Services Overseas
NISE	Uganda National Institute of Special Education
PE	Free Primary Education
FA	Education for All
IE	Kenya Institute of Education
GO	Non Governmental Organisation
HO	World Health Organisation
ARCS	Education Assessment Resource Centres
SPHSA	Kenya Schools for the Physically Handicapped Sports Association
P	Cerebral Palsy
NE	Special Needs Education
C	Sickle Cell
NICEF	United Nations International Children Education Fund

CHAPTER ONE

BACKGROUND OF THE STUDY.

1 Introduction

Ignorance, negligence, superstition and fear are social factors that throughout the history of humanity have isolated persons with disabilities and delayed their development.

There are disabled persons in all parts of the world and at all levels in every society. The number of disabled is large and growing. In the world over, disabled people experience a much lower standard of living than others and are often isolated and segregated from society. The disabled are poor, receive little or no education; are two to three times more likely to be unemployed and live below the poverty line.

Disabled people experience discrimination in all areas of life including transport, housing, relationships, family life, social support, social and political participation.

Research made by United Nations on Disability Awareness adapted in 1993 (Resolution 48/96) reveals that ninety eight percent of disabled people in the third world countries have no habilitation. 20 million physically handicapped persons who need wheelchairs are without them. In some countries, over 50% of physical impairments are due to disease or war, while 10 million people have impairments caused by malnutrition.

No country has all its transport system accessible for physically challenged persons. In some countries, 90% of disabled children will not survive beyond the age of 5 years. In some countries, disabled people are unable to vote or stand for political office because of inaccessibility or are barred from doing so.

In Zimbabwe, 2% of children get no education. In Kenya, approximately 90% of disabled children have not had education, while less than 1% of disabled people actively contributes to the country's economy.

In 1997, only about 12,000 disabled children's educational needs were catered for in special institutions of Kenya, as cited by volunteer service overseas, 1997 research Report. According

the Report, the majority of the handicapped were either at home due to parents' ignorance, negative attitudes, or lack of financial resources.

Others were in regular school where facilities were not adapted to the needs of the disabled, more so for the physically handicapped. There were also inadequate numbers of trained personnel, teacher training, materials and facilities. The absence of an integrated curriculum, which could be used to facilitate a helpful response to special needs in ordinary schools, is not yet put in place. Lack of statistics on the number of handicapped children also hinders focused planning and implementation of strategies. Thus the physically handicapped children remain challenged in many spheres and operate in their own world.

The intention of this research is to put in place the process of changing teachers, parental and general society's attitudes and support to physically disabled children so that they can also realize and enjoy the independence fruits attained from our colonial masters far back in 1963. This can only be achieved through workshops and outreach activities, influencing policy makers, initiating active commitment to change you through consultative sessions with government officers and curriculum planners; introducing special training and supporting institutional resource development. It is important at this juncture to remember that disability is not an inability: Disabled persons are important human resources to a country if carefully planned and well utilized. They need to be reclaimed just as much as land reclamation is done in the Netherlands.

Background information

Before 17th century people with disabilities all over the world were considered socially, physically and mentally less capable. They were not easily accepted and regarded as part and parcel of the community and the family. Some great philosophers like Plato and Socrates looked at them as not capable of reasoning, therefore could not learn.

However, other people such as Jacob Bermonilli (1654 - 1705) from Switzerland, Henry Baker (1698 - 1774) from United Kingdom, Johann Conrad Amman (1699 -1730) from Holland, Job Rodiriques Segiu (1812) and Jean Mare-Hard (1798) all from France proved through teaching activities that it was possible to educate children with disabilities.

According to the 1983 United Nations World Programme of Action concerning disabled people, an estimated population of 500 million people in the world over are disabled as a consequence of mental, physical or sensory impairment. About 80% of these people live in less developed nations. Globally, the incidence of disability is estimated to be 10%, but it is slightly higher in developing nations where figures 15% - 20% are recorded. Anjere B. {Personal communication) 2004)} argues that 15% of Kenya's population are physically disabled. The major setback on getting the right figures is lack of accurate compounded with independent specialized personnel.

A study carried out in Kenya by Volunteer Services Overseas (VSO) in 1991 found that there were only eighty-two primary schools catering for the needs of disabled children. Of these, thirty-eight schools were for children with learning difficulties, ten for the visually impaired, eight for the physically challenged, twenty-five for the deaf and one school for the blind. By then, the enrolment in the institutions was only 7,683. At Secondary level there were three schools for the physically handicapped among six secondary schools of the disabled matters globally, Kenya has taken such a slow pace even as compared to neighbouring countries like Uganda, where disability has become a national affair. This is evident from Uganda National Institute of Special Education (UNISE), which is considered as a National Institute. Out of four disabled children in a family, one is supported by the state educationally in Uganda.

At present, no secondary school for the physically challenged students exists in the whole of Western province of Kenya easily. A special secondary school for physically handicapped would still equally be important. It would cater for students who are severely or profoundly affected. Could the education planners have failed in these areas? Possibly yes. It is true that majority of the physically impaired children do not proceed on higher profile of learning institutions. Further more, no accurate data exists on the population of the children, including the physically disabled in Kenya. An attempt was made during the 1989 census, but the outcome of the census was quite embarrassing and ambiguous on this sector, as highlighted by the VSO second lift of Special Needs children Support project (1997). From the report, the Census indicated that only 2% of Kenya's 23 million people were disabled. This is probably an underestimated figure given that global average for disability is 10% as cited in the Equalization of Opportunities for Persons with Disabilities (1995). In the absence of reliable data however, the

0% global average should be noted. From the census (1989), an estimate would indicate that a total of 2.3 million Kenyans are disabled.

Some physically challenged children could be integrated in regular schools; however the lack of facilities and the impaired mobility of children makes this impossible. Integrated units currently cater for approximately 25,000 disabled children, but these units are always adapted to the needs of the specific disabilities. This means certain opportunities in learning are barred for certain learners leading to a discriminative environment. This is compounded in effect, that disabled children are barred from having any meaningful educational or employment opportunities since education makes employment accessible and employment is the main source of income generation in a country like Kenya with limited exploitation of natural resources. Denial of relevant education therefore means denial of job opportunities which ultimately leads to increased dependence, poverty and deprivation among the physically disabled persons.

Rarely are disabled persons found in public meetings. They are scarcely covered by media unless they show prominence which is seldom for them.

Although the physically challenged people are entitled to the same rights and equality of opportunities as other citizens, their lives are handicapped by physical barriers in a society which hampers their full participation and integration into society. Negligence and negative attitudes among the public in general, family members in particular, and lack of active commitment by the government are additional obstacles faced by the physically handicapped persons. Traditionally, disabled children were hidden; their existence often denied to all but some family members. This attitude still prevails and it could be a major stumbling block to the Free Primary Education (FPE) programme and Education for All (EFA) if serious sensitization has not accurately been done to cover the disabled children. Other parents are overprotective to their physically disabled children. This hinders them to have exposure to environment stimuli and may have development milestones as compared to the other children. This leads to rejection or isolation of these children from experiences that are part of normal development during critical years when children's personalities and self image are developing. This may have a great impact on the learning of the children.

Previous observations made by researchers reveal that about 93% of the world populations have at least a physical disability of some kind. The emphasis has therefore to be confined on the degree of physical disability of an individual.

3 Statement of the problem

Physical disability as an area of study in children with special needs may be quite challenging. This category has probably the widest scope of the disabled and this implies that they are the most likely affected. Not being able to turn your head, move your hand or grasp properly or moving your leg to a different location with an ease, or having a stiff mouth, organs or miss a limb are all difficult experiences encountered by children with physical challenges.

4 Purpose of study

To establish the statistics of learners who are physically handicapped in Mumias District and enable them attain their educational objectives.

5 Objectives of the study

General;

To identify the challenges facing physically handicapped learners in Matungu division primary schools in Mumias District.

Specific;

- To identify the challenges facing physically handicapped learners among selected Primary schools, Matungu division, Mumias District.
- To establish the major types of physical disabilities and their implications to learning of the physically disabled children among selected Primary schools, Matungu division, Mumias District.
- To determine environmental barriers that affect learning of children with physical difficulties in Matungu division primary schools Mumias District.
- To examine the attitude of the community towards children with physical handicappedness among selected Primary schools, Matungu division, Mumias District.

- To determine the level of physically challenged learners' academic performance and their involvement in the co-curriculum activity in primary schools, Matungu Division, Mumias District.

Research questions

What are the challenges facing physically handicapped children in primary schools, Matungu division, Mumias district?

What are the major types of physical disabilities and which implications do they cause on learning of the physically disabled children in primary schools of Matungu Division?

Which related environmental factors have hindered the learning of physically disabled children in Matungu division primary schools?

How is the attitude of the community towards learners with physical handicappedness in primary schools of Matungu division?

What is the level of academic performance of the physically challenged children and how are they involved in co-curricula activities in primary schools of Matungu division?

Significance of the study

The research was intended to help the government to come up with proper policies including accurate data on prevalence and enrolment of special needs children and making a progressive record of their schooling. This would be in an important sector in Free Primary Education (F.P E) programme implementation. The ministry of Education through the Kenya Institute of Education (K.I.E) would enhance a differentiated curriculum to benefit learners with physical difficulties.

The Kenya national Examination council would also put in place plans in considering time allocation for special needs children in regular schools during final examinations.

The document would be an important facility for the government when budgeting for special needs children in regular schools. Areas of concern would be health, modified environment, appropriate learning resources, mobility and adapted assistive facilities for the physically handicapped learners. It would also help the government to train more teachers in special needs education.

4. The report would be of importance to the Ministry of Health in order to plan for providing medical care for the physically challenged learners in the areas of foot and hand surgery; shunting for hydrocephalus and spina bifida, and plaster surgery for burns. The Ministry would also plan and train therapists' personnel who would deal with management of other disabling neuromuscular conditions. The ministry of Gender, Sports, culture and Social Services would plan for provisions of social workers for rehabilitation services to benefit the physically challenged children.

CHAPTER TWO

2.0 LITERATURE REVIEW

1 Introduction

All the disabilities were looked into critically; then probably it will be realized that they revolve around the physical dysfunctioning of the physiological aspects of an individual. However, for better understanding of the various pathologies that affect the body functioning, disabilities are distinctively categorized at certain diminished levels as mentally challenged, physically challenged, visually impaired, hearing impaired, multiple handicapped and epileptic. For instance, a retinal disease like retinal detachment where there is a separation of the visual layer of the retina from the underlying layer to which it is attached, affects the normal physiological structure of an eye leading to visual impairment. An anisometropia is an anatomical defect whereby the eye may develop physically well but to a hearing impairment. The two impairments only revolve on senses.

It thus remains that physical impairment may confine itself to the dysfunctioning of fine and gross muscles of the body to achieve the desired goal. According to the persons with disabilities Act (2003), "Disability" means a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, academic or environmental participation. Sally Wehmier (2000) defines physical disability as the state in which there is dysfunctioning of the body or body parts such that the persons affected are unable to use their body properly. According to Paul. K. (2002), adapted, physical disability is the limitation or restriction and disadvantages caused to the individual ordered may be reading, writing, orientation and mobility, vision and even hearing.

Every community has physically disabled persons. World Health Organization (1996) statistics indicate that in any occupied environment; about 10% of the human population is disabled in some way.

The percentage has however increased in the recent time due to political unrest, land clashes, such use of drugs and environmental pollutants resulting from global industrialization.

Wionia Holland (2000), we have had increased civil wars in certain non-democratic countries around the world over. The end result is physical disabilities on persons.

United Nations and other world organizations have a task in ensuring global peace, conserving our environment maintaining proper nutrition and road safety and staying health in order to prevent or minimize physical disabilities.

Statistics show that unless the section of the physically disabled population is accorded due recognition, there shall be no just claim total concern for the entire citizenry in whatever provisions that may be geared towards the people. Several questions have been raised concerning the place and position with the handicaps the world over. There are surprising country similarities pertaining to handicaps. But one thing that seems to stand out vividly is the question of negative societal attitudes, Rhoda K. (1996). Thus, to develop positive attitudes and support for the physically handicapped, much efforts and collaboration of stakeholders need to be put in place.

2 Attitudes of the society towards physical disabled

Attitudinal bias against disabled persons have always stood in the way of objective considerations when issues relating to physical disability are at stake. According to J.S. Bonjo (2003), an attitude may be a negative or positive way one thinks or behaves towards other persons. Some persons without disabilities may not like interacting with those who have disabilities due to their physical nature, inability to communicate with them, fear or cultural beliefs and ignorance

Although physically disabled people are entitled to the same rights and equality of opportunities as other citizens, their lives are handicapped by physical barriers in a society which hampers their full participation and integration into society. Some parents are overprotective to their children, hindering them from being exposed to the same experiences as other children, VSO (1997). This leads to rejection or isolation and hence paranoia of the physically challenged children from experiences that are part of normal development during critical years when children's personalities and self-image are developing. These aspects create great impact on learning of the children.

The Government has a challenge in expanding special needs education facilities to train more teachers in this sector to cope up with increasing demand of special children. Unless the Government implements the policies made on paper, the physically challenged children in school will remain discouraged compounded with increased rates of drop-outs.

D. Ojwando suggests that the physically disabled persons should be involved in whatever activities there is in the society and not be discriminated. The physically handicapped persons should not be seen as passive beings that do not have freedom of choice or action. Their affairs should not be confined to specific Government ministries as if they do not qualify for services from other (ministries). If this was done then diversified services would be spread to cover all the special needs of the disabled (physically handicapped), inclusive.

Enrolment of physically handicapped children

In the early 20th century up to 1960's, there was a need to have special needs children to learn separately for they could not learn together with non-disabled children. They were therefore placed in special programmes including special schools, units for children with disabilities, orphan homes, small homes, approved schools, yet some children were hidden in a room by their family, Randiki, (2002)

Muganyizi M.W. (2002) points out that, special schools are often far from the learner's home, separates the learners from the family and age-mates. They may also be limited to learner's interaction with the real world as the learners spend most of the time with others of the same difficulties (disability). Later, integrated programmes became famous in the early 1990s.

Barasa E. (1999) strongly advocates that, twenty six districts/ municipalities countrywide had a total of 400 schools with integration programmes. There were only 1,338 primary and high school handicapped students receiving the services. The senior education officer in special education defines integration as; *"The principle of educating the handicapped the non-handicapped together, interacting and sharing the facilities educational institutions have to offer"*. Barasa E. (1999)

the provision is implemented by the policy makers as it is in Uganda, much of benefit for the physically handicapped children is expected in terms of enrolment. At present, statistics indicate that very few physically challenged children have been assessed through the Education Assessment Resource Centres (EARCS) for placements. The majority, as already mentioned, are still hidden at home. According to data collected, Wekulo S. (1998) on prevalence on disability in three sampled districts (Kakamega, Lugari and Mumias) in Western Province between 1984 to 1997, surprising results were observed. Out of the total of 3,081 children assessed over the period, 900 (29.21%) were physically handicapped; 874 (28.37%) hearing impaired; 790 (25.65%) mentally challenged; 235 (7.63%) multiple handicapped; 187 (6.07%) visually impaired and 95 (3.08%) epileptic.

4 Academic aspects on physically challenged children

Guided learning to help a child understanding for meeting needs is called 'education'. For nearly all children, education begins in the home. For some it continues in school; on the river bank, or in the streets, Werner D (1996) this indicates that for a child, learning can take place anywhere.

Arasa E. (1999) suggests that, while educationists advocate the integration of children with impairment into normal schools, making resources for this program available remains a major challenge. This is the trend advocated by the Ministry of Education in Kenya. However, integrated programmes may not cater for all the special need cases, hence in order for the physically challenged children to be well incorporated in learning and reach a large number; exclusive setting should be advocated for to replace integration.

5 Co-curricula activities with physically handicapped

Werner D. points out that, physical skills, both fine and gross motor are important aspects of education with learning disabilities. Some of the children may 'have additional physical handicaps which hamper their ability in this area or brain damage which affects their physical functioning'. Even for a child with no obvious physical disability, there are many benefits derived from participating in physical activities such as sports and exercises. As well as achieving co-ordination and maintaining fitness, these can be a means to develop other skills.

akui W.M. (2003) spells out the main roles of adapted physical Education for children with special needs in education as therapeutic (treatment designed to relieve or cure a disability); corrective-science therapy medication meant to improve the quality of life and health ; and medical-physical education related to its use in relieving pain or discomfort and rectifying existing physical deformity learners. It is however unfortunate that those children with physical problems are never involved in this important area that is even more appropriate for them. They are the sector in learning that should never miss to have exercises in their bodies to develop both fine and gross motor. Most teachers are passive and inadequately skilled in adapted games and sports for the physically handicapped children. Thus they fail to exercise their bodies, a factor that is likely to generate more contractures According to J Simiyu, the Kenya Schools for the physically handicapped sports association (KSPHSA) vice national chairman (Personal communication, 2004), the association organizes for Annual National Games and Athletics championships only once in a year and at national level.

Only those children in special units (Homes) and special schools for small home for physically handicapped on 19/ 3/ 2004 for the first time at provincial level. Very few people turned up to watch the games. It is quite clear that the majority of the physically challenged children never get access to these games.

Children who are in regular schools are neglected and not the whole province is sensitized for participation. For instance, Busia, Teso, Vihiga, Lugari and Mt. Elgon districts in Western province were not considered for the physically handicapped 10 games held at Joytown High school, Thika (2004). Much ought to be done in this area to have all the physically handicapped children in the games and if possible, they should be developed from the grassroots.

The community, especially teachers to get exposed to the Standard Rule II, A Fletcher (1995) states will take measures to ensure that persons with disabilities have equal opportunities for recreation and sports"

To minimize discrimination and make the games more interesting able bodied children should be incorporated in adaptive manner with the disabled.

2.6 Types, causes and implications of physical disabilities

S. Mwaura and S. Wanyera points out that physical disabilities are generally categorized into two viz, orthopedic and neurological difficulties.

Children with orthopedic impairments

The term orthopaedic impairment refers to pathology of muscular or skeletal and sometimes to physical disabling conditions of nervous system. Kirk and Gallagher (1986) notes that the term includes impairment caused by congenital anomalies (a condition child born with) for example club foot (the absence of some toes or webbed toes), impairments caused by diseases such as polio or bone tuberculosis and others arising from cerebral palsy, amputation osteogenesis imperfecta (brittle bones), pressure sores and fractures or burns as a result of accidents.

Orthopaedic impairments because difficulties related to bone disease is characterized by a defective development in the quantity and quality of bones (bones fail to grow into normal length and width). It is an inherited disease. S. Mwaura (2002) gives the symptoms of disease as instances where bones break easily, difficulty or inability to walk. The child has stunted growth, with a broad forehead and blue colour in white part of the eye.

Implications of brittle bone, disease learning

He mentions implications as the child keeping on getting fracture from time, missing class regularly due to fractures and hospitalization; having mobility problems and not being able to participate in strenuous learning exercise such as physical education, games and athletics.

Muscular Dystrophy

This is a condition where the muscle of the body of a child becomes progressively weak and wasted without there being any disease in central nervous system. It is an idiopathic condition, that is, its cause is not known; it is characterized by muscles beginning with wearing and weakening from the shoulders, then hips and other voluntary muscles, S. Mwaura and Wanyera (2002). The condition is however believed to be hereditary where a mother is usually the carrier and that it frequently affects boys than girls.

According to Dr. Werner (1966) a child with muscular dystrophy has problems in movement's awkwardness and difficulty in walking or running and frequently falls. He may support himself against the floor or the knees walking or climbing using his legs.

mplications on learning

. Mwaura argue that, a child with muscular dystrophy may have learning difficulties including communication problems due to weakness in the speech organs and may not be able to attend to some academic subjects.

hildren with Neurological Difficulties

hese are children with motor problems associated with the nervous system (brain, spinal cord and peripheral nerves). Any interference with the nervous system will cause handicapping conditions. Neurological difficulties include cerebral palsy, poliomyelitis, spinal bifida, hydrocephalus and epilepsy, S. Mwaura (2002). Sickl  cell is another condition, D. Werner (2003).

erebral Palsy (C.P)

.M Kilei (2002) notes that, cerebral palsy means the paralysis of the brain. It is a non progressive disorder which occurs as a result of brain damage. The damage. The damage of the brain may take place at prenatal stage (during pregnancy), at prenatal stage (at birth) or at postnatal (after birth). The whole brain may not be damaged, but damage may also be caused by prolonged labour, viral meningitis, measles or mumps.
. Ekesa (1999) describes the symptoms of children with cerebral play as having poor or no control of muscles in the head; body movement are jerky; usually have good understanding of what they are told, but are unable to speak clearly and epilepsy often occurs with cerebral palsy.

mplications of Cerebral palsy to learning

.M.Kilei describes a learner with cerebral palsy as having communication difficulties due to weakness of muscles of speech organs; low intelligence as a result of delayed milestones; learning and sight problems that may affect learning activities, movement and balance problems which may prevent him from participating in practical activities and poor eye - hand coordination that may affect writing and reading

Poliomyelitis (Infantile paralysis)

World Health organization (WHO) defines Polio patient as any person with an acute flaccid paralysis (including any child under 15 years of age diagnosed to have Guillain - Barre syndrome) for whom no other cause can be identified. The pathology shows no cure once it occurs, patients are advised to have long hours of bed rest to control activation of the virus which attacks the spinal cord and peripheral nerves which control movement. E. Ekesa (2000) points out that polio is a virus which damages nerves that control movement and gives the symptoms as paralysis, most to the lower part of the body which can last for life.

Werner says that Poliomyelitis is leading cause of physical disability in children. He argues that this is due to unnecessary injections imposed on children each year and which sickens, kills or disables millions of children. He continues to observe that the overuse by doctors and midwives of injectable hormones to speed up child - birth and give force to the mother has become a major cause of babies born with brain damage, cerebral palsy and fits in many countries. Polio affects boys, a little more than girls, unvaccinated children much more often than vaccinated children, and young children who are given unnecessary injections are paralyzed by polio more often than those not. In places where vaccination is not available or not effective, families and communities can help lower the chance of paralysis from polio by breast feeding their children as long as long as possible. Breast fed milk contains antibodies that help against infections, or not letting their children have unnecessary injections, D, Werner (1996).

Implications of Poliomyelitis on learning

M. Kilei (2002) points out the difficulties experienced by learners with polio as mobility problems which prevent them from moving about in the School compound; weakness in fine and gross motor muscles; slowness in accomplishing academic tasks and physical exercises, and frequent absenteeism from class due to medication and other related services such as surgical operations to correct deformities, physiotherapy and occupational therapy sessions. These could make the learners lag behind and thus they need so much of teachers and peers support.

Hydrocephalus

Werner, describe, this as commonly known as "Water in the brain". It is a pathology caused by abnormal accumulation of fluids (cerebrofluid), which expands the bones of the skull, and if untreated can cause damage to brain and nerve cells. There are two types of hydrocephalus; congenital hydrocephalus and acquired hydrocephalus. The former is caused due to malformation of the brain leading to blockage in the flow of fluid and separation of the joint of skull. This causes enlargement of the skull. Acquired hydrocephalus may occur at any age as a result of head injury, cerebral hemorrhage or meningitis. The cause of the fluid is not known, but is often associated with spinal bifida. Children with hydrocephalus have symptoms related to gradual enlargement of the baby's head and veins on the head due to too much fluid in the brain, eyes looking down, drowsiness, vomiting and frequent crying spells, and stiffening of the limbs and fits.

Implications of the hydrocephalus condition on learning

B.K Kilei (2002) spells out difficulties of learners with hydrocephalus as low intelligence as compared with an average child, communication difficulties, poor visual and hearing perception, poor body balance due to the big head and tendency to verbalize too much but with very little understanding.

These learners require remedial and other well planned activities to enable them achieve in academics.

Spina Bifida

This is a congenital condition. A baby is born with it. There is a defect on the spinal cord where the spinal cord may not be completely closed. The membrane (meninges) that cover the spinal fail during early pregnancy to completely cover the cord, leaving a defect in spine. It may occur anywhere between the head and the lower end of the spine. It may occur anywhere between the head and the lower end of the spine, Mwaura and Wanyera (2002). The backbone is not joined properly, bump along the spine, usually in the lower back. Leg and feet muscles are weak and walking becomes difficult. Child has paralysis of the lower limbs and other lower parts of the body leading to poor bladder and bowel control, D Werner (1996)

mplications of Spina Bifida on learning

A. Kilei point out that, this condition is associated with difficulties in lower limbs which have analysis the result in mobility problems; loss of sensation in the paralyzed parts of the body; club feet resulting to mobility problems and inability to use limbs; poor bladder and bowel control leading to lowering self esteem; hydrocephalus which may lead to brain damage, hence affecting learning and poor visual perception. A child with spina bifida may miss class tasks due to shunting operation. A straw penetrated in the brain and passes through the chest to drain cerebrofluid. This may be very expensive and quite involving, where a poor family may not range unless supported by well - wishers.

epilepsy

In Swahili epilepsy, is called "Kifafa" the term epilepsy" is a Greek word meaning " to take hold of "to seize" other terms are first and convulsions" it is a brain pathology which causes repeated seizures. Epilepsy may also be caused by inadequate care for pregnant women in labour. These are secondary epilepsy.

Epilepsy resolves around the brain. A lack of oxygen due to long and difficult birth can lead to brain damage resulting in epilepsy. Other causes are cerebral malaria, encephalitis and also diseases during pregnancy which may cause brain damage, a brain tumour, a head injury, and strokes, inherited or degenerative central nervous system disorders and idiopathic, that is, cause not known, A. C. Pickering (1987). Children with epilepsy are characterized by characterized by strange physical actions which also include sudden fits causing the child to fall or move uncontrollably and sometimes foam at the mouth, T. Ekesa (1999).

mplications of epilepsy on learning

These may include negative perception by the society assuming the child to be suffering from mental illness; discrimination by community considering epilepsy to be contagious, a learner may become disoriented due to frequent attacks and may fail to cope with academic work; each seizure causes some irreparable brain damage which lowers the learner's mental capacity and the learner may require drugs (like phenobarbitone , phenytom, carbamazipne and sodium valproate) to control the fits.

. M. Kilei, point out that, the drugs taken may cause dizziness which may make the child become absent minded and may influence his or her learning. Both teachers and peers need understand the period of epilepsy to help the child cope with learning.

sickle cell

Some children are born with a "weakness of the blood" even though neither mother nor father may be aware of it. They carry the sickle cell tendency or 'trait' in their own blood. There is no way to change the weakness in the blood cells but the child can be protected from those things that make trouble, and there should be regular visits to health worker for check -up. The child experiences attacks of fever and crying. He or she becomes paler and may show some yellow colour in the eyes (jaundice). The feet and fingers show swellings which may last for short time. The belly may become bigger and feel hard at the top due to an enlarged spleen and liver. The child becomes delicate with frequent malaria attacks, coughing, and diarrhea, accompanied with other infections. NOW and again the child has 'sickle cell crisis, D Werner, (2003).

Implications of Sickle cell on learning

Children with sickle cell experience health problems that make them absent from school. They become anaemic and may spend much of their time in hospital, hence lag behind in academics. They also stay in paranoiac state that may then become isolated and may not relate well socially with the peers. Parents of such children need guidance and counseling to understand the conditions of their children.

CHAPTER THREE

1) RESEARCH METHODOLOGY

1.1 Research Design.

The researcher selected a survey method as her strategy. This will be conducive since the information was obtained from a large population. The researcher collected information from her own population (teachers) and will employ questionnaire to collect the necessary data.

1.2 The sample population

Reaching the whole teacher population would be very expensive and time consuming within the time-frame of the research. Thus the researchers choose twenty schools out of sixty - three. One teacher was selected from each school making the number to be twenty respondents. These could be reached within the time-frame.

1.3 Instruments/ Tools

The researcher formulated questionnaire to be used in data collection since it was the most readily and convenient instrument for the large population covered. The respondents would have more freedom by simply filling in than if they were interviewed directly or otherwise. The researcher then sends the questionnaires to the selected schools.

1.4 Validity and Reliability of Research Instruments

The researcher wrote appointment letters to the appointed schools within the time frame of five days scheduled to cover four schools per day to discuss about the topic.

1.5 Data Collection Procedures

The researcher used random procedure. Each teacher among the selected stood an equal chance to be randomly picked.

1.6 Data analysis

The researcher analyzed data by use of frequency tables and graphs.

CHAPTER FOUR

4.0 PRESENTATION, INTERPRETATION AND DATA ANALYSIS

4.1 Introduction

The questionnaires were all brought back after three weeks ready for analyzing. The findings of this document were sorted out according to two themes, that is, general information and main body information. Each theme is further categorized into specific questions, the first having six questions while the second one has ten items. The information was tabulated in terms of frequency, percentage, and figures (histogram).

The content analysis reflected both positive and negative aspects of the topic

TABLE 4.1 Teacher's gender

GENDER	FREQUENCY	PERCENTAGE
MALE	13	65%
FEMALE	7	35%
TOTAL	20	100%

Source: Primary data

The table above depicts majority of the respondents being males with 65%. Female respondents were less by 30%, showing a percentage of 35. This could be because the majority of teachers in Matungu division primary schools are males and also prefer teaching in deep rural areas. Female teachers could be teaching in urban areas where their husbands work.

able 4.2 Teacher’s age

AGE/YEARS	FREQUENCY	PERCENTAGE
0 - 29	9	45%
0 - 3 9	7	35%
0 and above	4	20%
TOTAL	20	100%

ource: Primary data

ne above table shows that most respondents were between the ages 20 - 29, depicting 45% followed
those aged 30 -39 (35%). The minority of the respondents are of 40 and above depicting only 20%.
s a whole, the majority of the teachers, accruing 80% are in a better

acket to train in special needs education to cater for special needs children. They are likely to
ive the willingness of studying to help the children.

ABLE 4.3 Teacher’s marital status

MARITAL	FREQUENCY	PERCENTAGE
MARRIED	20	100%
NGLE	0	0%
TOTAL	20	100%

ource: Primary data

ne table above depicts that all the respondents that is, 100%, are married. This indicates that most
achers in regular schools are married; hence they might offer parental care to special needs
ildren while at school.

TABLE 4.4 Teacher' s academic qualifications

ACADEMIC	FREQUENCY	PERCENTAGE
O' LEVEL	15	75%
A' LEVEL	5	25%
PRIMARY	0	0%
TOTAL	20	100%

Source: Primary data

The table above reveals that the majority of the teachers in regular schools hold ordinary level certificates. A quarter (25%) of the respondents with Advanced level certificate could imply a good effort having been done by the teachers in academics. The 'O' Level certificate holders (75%) could take a leaf from them by furthering their studies, especially in special needs-education.

TABLE 4.5 Teacher's professional qualifications

PROFESSIONAL	FREQUENCY	PERCENTAGE
PI	16	80%
ATS	4	20%
2	0	0%
DIPLOMA	0	0%
DEGREE	0	0%
TOTAL	20	100%

Source: Primary data

The table above depicts that there is a very large number of PI teachers in regular schools, indicated by 80% compared to a minority of those with ATS, 20% only. There is need for the long serving teachers in the same grade to be induced by being promoted.

TABLE 4.6 Teachers trained in special education

SPECIAL EDUCATION	FREQUENCY	PERCENTAGE
NOT TRAINED	13	65%
DIPLOMA	5	25%
CERTIFICATE	2	10%
FREE	0	0%
TOTAL	20	100%

Source: Primary data

The table above depicts that the majority of teachers in regular schools are not trained in special needs education. This is indicated by 65%. Those being trained or have already been trained in both diploma and certificate constitute 35%. This is slightly more than half of those not trained, showing a good attempt of teachers developing interest in training in the sector (special education) more so in diploma. With this trend, the goal of every school having a special teacher by 2015 might be achieved.

TABLE 4.7 Teaching experience

EXPERIENCE (YEARS)	FREQUENCY	PERCENTAGE
16 and above	7	35%
10-15	6	30%
1-5	5	25%
5	5	10%
TOTAL	20	100%

Source: Primary data

The table above depicts that the majority of the teachers in regular schools have an experience of 16 and above years, that is, 35%. These are closely followed by those with experience of between 6 to 10 years, that is, 30% as those with between 11 to 15 years (25%) follow.

The minority are the teaching staff with experience of 1 to 5 years. This pattern could be due to the government freezing employment in the sector. The last bracket ought to be the majority.

3LE 4.8 Presence of physically disabled (ph) learners

LEARNERS	FREQUENCY	PERCENTAGE
3	16	80%
	4	20%
TOTAL	20	100%

Source: Primary data

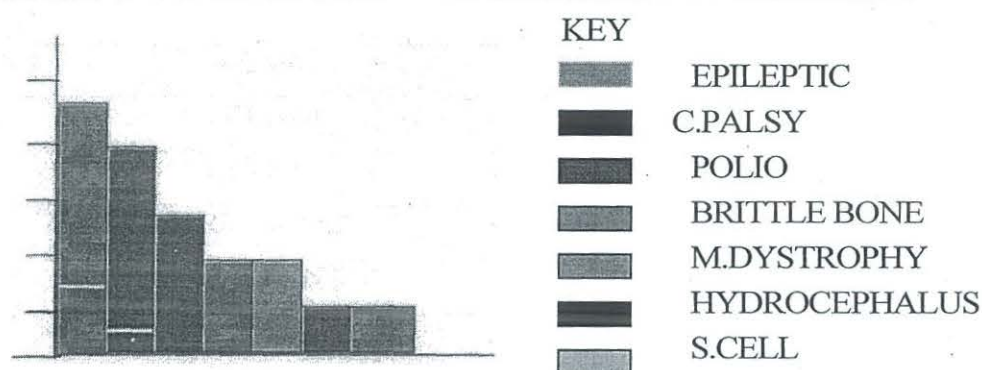
The above table indicates that the majority of the regular schools have learners with Physical disabilities, that is, 80%. Only a small number (20%) of schools do not have them. This shows a positive attitude developed into parents towards taking children with special needs to school. This could also be attributed to the government providing free primary education and also administration accepting the SNE. Learners as an emerging issue. A number of teachers could also be skilled in identifying the learners.

BLE 4.9 Types of physical disabilities

TYPE	EPILEPTIC	CEREBRAL PALSYP	POLIO	BRITTLE BONES	MUSCULAR DYSTROPHY	HYDRO CEPHALUS	SICKLE CELL
FREQUENCY	9	8	5	3	3	2	2
	32						

Source: Primary data

FIGURE 1 TYPES OF PHYSICAL DISABILITIES FROM TABLE 9



Types of Physical disabilities

The above tabulations reveal that the majority of the physically handicapped learners are those with epilepsy. This could be due to frequent use of forceps and complicated pregnancies that lead to prolonged child labour. Cerebral palsy, a related physical disability to epilepsy, follows, then poliomyelitis. Smaller prevalence appear in brittle bones and muscular dystrophy, as the minority prevalence picked by hydrocephalus, an associate of spinal bifida, and sickle cell which are on the same level. However, this is a good mixture of the physically challenged learners in regular schools.

TABLE 4.10 Drop-out rates of the P.H Learners

DROP-OUTS	FREQUENCY	PERCENTAGE
YES	13	65%
NO	7	35%
TOTAL	20	100%

Source: Primary data

The above table reveals that more of the physically challenged children that join regular primary schools drop-out than those who are retained. This is indicated by 65% and 35% respectively. This depicts that these learners rarely proceed to higher learning and it could mainly be caused by negative attitudes of the school community towards the children. This pattern could also be attributed to the learners being forced to repeat classes due to school mean score syndrome and non-stimulating (inappropriate) learning resources.

ABLE 4.11: The physically handicapped children's general academic performance

ACADEMIC PERFORMANCE	FREQUENCY	PERCENTAGE
WEAK	10	50%
AVERAGE	8	40%
GOOD	2	10%
VERY GOOD	0	0%
EXCELLENT	0	0%
TOTAL	20	100%

Source: Primary data

The above table reveals that the majority of the physically challenged learners in regular schools are weak in academic. These are indicated by 50%. Another bigger category of average learners, that is 40%, follows then ultimately a minority who are good in academic performance represented by 10%. No child with physical impairment performs excellently nor appear to be very good. This pattern shows how these children are adversely affected in academics. This could be attributed to un-adapted curriculum, negligence, and discrimination that is compounded with ignorance of regular teachers in handling learners with special needs.

TABLE 4.12: Recommended educational programme of the learners

EDUCATIONAL PROVISION	FREQUENCY	PERCENTAGE
REGULAR SCHOOL	9	45%
INTEGRATED PROVISION	6	30%
SPECIAL SCHOOL	5	25%
TOTAL	20	100%

Source: Primary data

It is realized from the above table that the respondents who would wish learners with physical impairment to learn in regular school provision surpass by a reasonable margin those who would wish them to learn in special schools or integrated programmes, having: 25% and 30% respectively. A combination of the latter recommended provisions would reflect the school of thought where impaired children were previously separated to have their own classes or schools, while the former school of thought would have in mind that special needs children should learn within their own community, in an inclusive setting. However, severe and profound cases ought to learn in separation.

TABLE 4.13: Consideration in learning for the children

ATTENTION APPROACHES	FREQUENCY	PERCENTAGE
SPECIAL ATTENTION	17	85%
NORMAL ATTENTION	2	10%
LITTLE ATTENTION	1	5%
ALL THE ABOVE	0	
TOTAL	20	100%

Source: Primary data

The above table reveals that in order for the learners with physical impairment to benefit in learning, they need special attention. This is indicated by 85%, greatly surpassed by those respondents who would attend to the learners normally (10%) and a minority of 5% that would pay little attention to them. This shows a general positive attitude in teaching.

TABLE 4.14: Participation in adapted co-curricular activities

CURRICULAR PARTICIPATION	FREQUENCY	PERCENTAGE
Not involved	13	65%
Involved	7	35%
TOTAL	20	100%

Source: Primary data

The above table shows that the majority of the physically impaired children are not involved in co-curricular activities, leave alone adapted. This is indicated by 65%. Slightly more than half of these, that is 35%, are given an opportunity to participate in the activities. This pattern could be attributed to some teachers sympathizing with the learners or fearing to allow them participate. Certain conditions (severity) of the learners may hinder them from participating in the activities.

TABLE 4.15 Environment barriers

Barrier - Free	FREQUENCY	PERCENTAGE
Not free	14	70%
Free	6	30%
TOTAL	20	100%

Source: Primary data

The above table shows that most of the learning environment for the physically challenged children has not been adapted or adjusted for their use. This creates a great impact on the learning of the children's mobility. The aspect could be attributed to negligence or ignorance of special needs of the children by the community.

TABLE 4.16 Attitude of the community towards the children

TITUDE	FREQUENCY	PERCENTAGE
NEGATIVE	16	80%
POSITIVE	4	20%
VERY NEGATIVE	0	0%
VERY POSITIVE	0	0%
TOTAL	20	100%

Source: Primary data

The above table indicates a great deal of negative attitudes of the community towards children who are physically challenged. This is indicated by 80%, four times more than the positive attitudes portrayed to them by the community as indicated by only 20%. This pattern could be attributed by the cultural, superstition or lack of sensitization of the community on special needs children.

TABLE 4.17 Effects of the attitudes on the learners

ATTITUDINAL EFFECTS	FREQUENCY	PERCENTAGE
UNACCEPTABLE FEELING	9	45%
DISCOURAGES LEARNING	7	35%
ENCOURAGES LEARNING	4	20%
ALL THE ABOVE	0	0%
TOTAL	20	100%

Source: Primary data

The above reveals that children with physical impairment generally feel they are not accepted by the peers, teachers and the community. This is indicated by 45%. Those discouraged in learning by the community's attitudes towards them are represented by 35%. The paranoia resulting from this would affect their academic performance. A small percentage of 20 would accept the learners and thus encourage them in learning.

TABLE 4.18: Community awareness campaigns (sensitization)

PERIOD	FREQUENCY	PERCENTAGE
RARELY	10	50%
OCCASIONALLY	5	25%
NOT AT ALL	4	20%
REGULARLY	1	5%
TOTAL	20	100%

Source: Primary data

The above table shows a general rare community sensitization on disability. This is indicated by 50%. Occasional sensitization follows by 25%, then not at all with 20%. The minority of 5% shows regular sensitization of the community on special needs. As a whole, most of the community is in much 'darkness' to matters pertaining to disability. This could be attributed to lack of skilled personnel and funding in this sector.

TABLE 4.19 Services that support health and education

GOVERNMENT SUPPORT	FREQUENCY	PERFORMANCE
YES	10	50%
NO	10	50%
TOTAL	20	100%

Source: Primary data

The above table shows that the regular schools generally do not receive services in health and education from the community in supporting special needs. This is indicated by 75%. A few integrated programmes do receive the support, as indicated by 25%. This pattern could be attributed by ignorance, negligence (superstition), poverty or lack of sensitization of the community.

ABLE 4.20 Financial support from the government

NEGOTIATION	FREQUENCY	PERCENTAGE
DO	12	60%
YES	8	40%
TOTAL	20	100%

Source: Primary data

The above table reveals a balanced response in regular schools having received support for learners with special needs. This is indicated by 50% for those that realised the receipt and 50% for those that did not realise the same. In general, the regular teachers could be lacking the information of the funding by the government and being unable to identify the children concerned. In any case, some respondents claimed they did not have special needs children in their school.

ABLE 4.21 Support services from nongovernmental

NGO'S SUPPORT	FREQUENCY	PERCENTAGE
DO	12	60%
YES	8	40%
TOTAL	20	100%

Source: Primary data

The above table shows that the majority of the regular schools do not receive any non-governmental organization services. This is indicated by 60%. However, there is still a good number of schools that receive services from the organizations as depicted by 40%. This reveals that the NGOs are getting interested in supporting learners with special needs.

CHAPTER FIVE

5.0 SUMMARY, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to find out the challenges encountered by the physically handicapped learners in primary schools of Matungu division, Mumias District. The research was guided by the main research objectives as:

- To determine the level of academic performance and involvement of the physically challenged learners in co-curricular activities in Matungu division primary schools.
- To establish the major types of physical disabilities and their implications to the learning of the children in primary schools of Matungu division.
- To determine the environmental factors that may be barriers to learning of children with physical difficulties in Matungu division primary schools.
- To examine the attitudes of the community towards children with physical handicapped-ness in primary schools of Matungu.

5.2 The level of academic and involvement of co-curricular activities by p. h. learners

Learners with physical impairment are generally negatively affected in academic performance in regular schools. This is attributed by lack of skilled teaching staff in special needs education, compounded with undifferentiated (non-adapted) curriculum whose teaching approaches and resources are inappropriate to the learners. The teachers' negligence evidenced by a general 'weak' performance of 50% could create a paranoid aspect in the children making learning non stimulating and not interesting, hence leading to their dropping out of school, as evidenced by 65%.

Physically challenged children are found in the majority of the regular schools. The number is likely to greatly increase due to FPE impact. For these learners to benefit, they need special attention as evidenced by 85%. This would call upon the teachers to be patient and

be dedicated to handle them. Teachers also need to be skilful in adapting physical exercises for the learners so that they don't develop secondary deformities, and also socialise with others. They should not sympathise or fear for the children during co-curricular activities.

5.3 Major Types of Physical Disabilities and Implications to Learning

Both orthopaedic and neurological physical disabilities exist in the majority of regular primary schools. Most children are affected by epilepsy, followed by cerebral palsy, poliomyelitis, then oostegenesis imperfecta (brittle bones) and muscular dystrophy picking the same prevalence, and finally sickle cell and hydrocephalus at the base. All these cases require medication. Some of the learners need physiotherapy or operations for correction. During the period, the concerned learners miss classes, a factor that may lead to their lagging behind. If teachers fail to regard the learners for the missed time, cumulatively, they may permanently remain to be underachievers in academics. Certain operations may be very expensive and may not be met by poor families unless supportive sources be found. Certain disabilities cause misunderstanding among couples. They need to be guided and counselled. Teachers (special) need to identify the children in good time for early intervention.

5.4 Environmental factors that may be barriers to learning

Learning environmental factor may be in form of a human resource, landscape, building structures, learning material, seats and seating arrangements, culture and social relationships.

To benefit a physically handicapped child, these aspects should be well coordinated and keenly observed. Most of the environment has not been adopted and this has greatly hindered the mobility of the physically challenged children. This is evidenced by 70% as compared to 30% that may be partially adapted.

This situation leaves the children in disarray, making their learning difficult. Some of the conditions lead to other deformities developing in the children. For instance, some learners stay seated in wheelchairs without changing leading to more contractures, scoliosis (sway backs) and hip problems. Most learning materials are non-stimulating compounded with

inappropriate teaching approaches by the teachers. The language used is usually harsh and abusive accompanied with labelling of the learners. These aspects limit socialization of the children. Some administrations deny the learners a chance of learning in their institutions because of culture.

Good school management will influence good learning and acceptance of children with diversity. Where this is contrary with non-acceptance of learners with special needs, such children may find learning quite difficult, not coping up and hence may drop out of school. It is thus important to adjust the environment to accommodate diversified children.

5.5. Attitudes of the community towards physically challenged children

Attitudinal bias against disabled persons always stand in the way of the objective considerations and deliberations when issues related to disability are at stake. The physically challenged children have been mostly caught unawares and yet victims of circumstances when they are supposed to receive the rightful education, parental and community care which should be sustained.

The negative attitudes towards the children as evidenced by 80% puts them in their own world of operation. This makes the children feel isolated, paranoid and unpleasant before the 'able bodied community'. The situation becomes worse if the children left for a school environment where they meet harsh and unwelcoming conditions from the peers and the teachers. The learners are compelled to repeat classes. Rarely do they proceed with higher learning. Since education is the main tool to acquire a job, most of these children remain jobless and may be beggars in the streets or may move from place to place seeking for assistance from able bodied persons. The majority are still hidden in homes. Some are over protected and everything done for them. This spoils their daily living activities. The policy makers are duty bound to interpret what is on paper and sensitise the community. This would help the society change its biased attitudes and also enable the disabled know their rights, hence helping them to know their positions in the society. They would as such, contribute to the country's economy other than being considered as 'liabilities'.

5.6 The community awareness and participation on supporting (p. h.) children

A community is a group of people living together and sharing available resources within a geographical boundary. This may be in terms of regional or international community. The succession of children with special needs in learning is greatly determined by the community's awareness and support to them. Lack of sensitization of the community on disability as evidenced 'rare campaigns' of 50% and 'not at all' by 20% may lead to multiplied problems encountered by the physically challenged children. These may include superstitions imposed on the children, negligence, lack of support with a notion that the children are not productive and even other sufferings resulting from breaking of families due to the children's disability.

It is a common thing for able bodied persons to disassociate themselves from the disabled and this may lead to their low life expectancy resulting from paranoid. The same may extend inaccessibility to the education of the children. Up to date, most families with physically disabled children would wish to pass their responsibility to 'somebody' else in the sense of sponsorship. These are mostly non-governmental organisations (NGOs) like Lillian Fond, *International Child Support* (IC'S) fund. SNESP and UNICEF, whose supportive services attribute to 40%, as revealed from the data.

It is clear that teachers in regular schools are not keen in identifying support sources to learners with special needs. This is revealed by 50% of the respondents. It is thus important for all stake holders to be sensitized on special needs in the community.

5.7 Discussions

If a close diagnosis was done on each one of us, then probably very few people, meaning almost none, would escape from being termed 'disabled'. We could then avoid the **statement** to save many by saying that disability of an individual depends on the degree and type of disability.

As cited by S. Mwaura and S. Wanyera (2002) physical disabilities can generally be categorised into two main classes, Viz; Orthopaedic and neurological impairment. Kirk and Cjallagher (1986) describe orthopaedic impairment as pathology of the muscular or skeletal

system and sometimes to physical disabling conditions of the nervous system. This covers conditions like oostegenesis imperfecta and muscular dystrophy. Wanyera (2002) describes neurological difficulties as motor problems associated with the nervous system where the brain, spinal cord and peripheral nerves may be damaged. This category covers conditions including cerebral palsy, poliomyelitis, hydrocephalus, spina bifida and epilepsy.

From the data analysis, the most prevailing condition in physical disabled children in Matungu Division primary schools is epilepsy, as identified in nine cases. These are closely followed in cerebral palsy evidenced by eight cases and slightly above half by poliomyelitis. These conditions are closely associated in their causes, except that epilepsy and cerebral palsy are linked to faulty functioning of the brain. With the present careless handling of babies by nurses and midwives, this could be the probable cause to the increased cases. Papers have reported stolen babies in hospitals. Brittle bones and muscular dystrophy cases are also notable as the minority appears among the hydrocephalus and sickle cell.

Due to these conditions, the children miss classes during the time they may require operations (for correction and healing) and medication. A condition like epilepsy may require phenobarbitone to suppress seizures. This may have side effects to the user. As such, the children lag behind and without proper care and remediation by the teachers, they may drop out of school as evidenced by 65%. The children probably get frustrated and feel withdrawn from the unwelcoming learning environment. A small percentage (35%) that remains at school may not probably make for secondary schooling since such learners are scarcely found in higher institutions of learning.

In general, physically handicapped children experience very many academic implications as cited by Mwaura (2002). These include hospitalisation, having mobility problems: communication problems due to weakness in speech organs or contractures that make articulation and manipulation of the organs difficult; slowness in accomplishing academic tasks: visual and hearing perception and poor body balance (hydrocephalus); loss of sensation and difficulties in physical exercises. Due to these implications, the learners may not be able to cope up with academic tasks, as evidenced by data analysis. The bracket of weak (50%) shows that majority of the learners are underachievers, 40% shows an average

performance and a mere 10% indicating those that are above average. With the kind of learning conditions in regular schools due to Free Primary Education program, the children will continue to be disadvantaged in academic, unless if intervention measures are taken. The whole lot may be ruined considering that education is the main measuring yard for employment in Kenya.

As cited by Werger M. and Groot A. (VSO 2000), it is important for teachers to understand the learners individual differences; priorities; possibilities and limitations; be flexible in teaching approaches and being patient to allow completion of class tasks. A teacher also needs to have positive encouragement. However, this is only evidenced in 20% on effects of attitudes, especially for children who suffer from low self-esteem, he or she should be tolerant, sensitive and open minded. Teachers need to be creative and innovative, committed and enthusiastic to stimulate and develop interest in learners by using suitable resources.

As educators of special needs children, our major goal should be to equip the learners with life competencies that may enable them to work and within the context of an acceptable system of values consistent with abilities of each individual, as cited by A. Bradley (1999). The existence of a centralised curriculum and competitive examination system causes real dilemmas for teachers dealing with physically challenged children.

It is agreeable for the learners to be placed in regular school provision as evidenced by 45% in the data analysis, but still teachers have to develop positive attitudes show commitment and enthusiastic towards the learners if they have to benefit in academics. Integrated programmes as indicated by 30% could benefit certain challenges as the special schools provisions indicated by 25% could really suit those that are severely or profoundly affected. However, those learners that would be placed in regular schools would require special attention as evidenced by 85% from the data analysis as opposed to normal attention of 10% and then little attention of 5%.

Due to the conditions of the learners, teachers may be reluctant to involve them in physical exercise as they would for the able bodied children. The teachers could also be probably

sympathetic to the learners or lack adapted skills to involve them in the tasks. From the data analysis, the majority of the learners, 65%, do not participate in co-curricular activities, except for only 35% that are involved. The Kenya Physically Handicapped Games and Spoils officials need to organise for tournaments from grassroots like at divisional levels other than as the case is at National level, rotationally in provinces as cited by Kakui (2003). As such, the regular teachers would create interest and as they prepare and officiate the games at a wider range they may gain the skills for involvement of the learners. Physical exercises are vital for relieving pain or numbness; corrects deformities and prevent further disability; may stimulate stiff joints and improve posture; develop or improve skills and restore maximal functioning capacities which involve training the learners to perform independent living skills, as cited In Kakui M.W. (2003).

If environment is not adjusted to suit learners with physical impairment, they may be handicapped in their mobility. This may hinder learning. Accessibility is an area of consideration for the children. As cited from Equalisation of opportunities for persons with Disability (Rule No. 5), each state should recognise the overall importance of accessibility by introducing programmes of action to make the physical environment accessible and undertaking measures to provide access to information and communication. This is a vital document that had it been implemented, the physically impaired children would be learning in an enjoyable environment. However, from the data analysis, it is evident that 70% of the learning environment is not modified as compared to only 30%) which is probably partially adapted.

The school committee needs to have representatives for special needs children who could agitate their needs. As cited by Barkley and Trimmer (1993), the main entrances should have clear access and signage, using ramps for wheelchairs and steps where a change of level occurs. Where turnstiles are provided, there should be a by pass gate of 800mm, preferably 900mm wide to allow wheelchairs and buggies, and doors should be at least 850 mm. which would allow access for most makes of double buggy. Thus, the Government in collaboration of the community should modify the environment in line with Building Regulations and Standards to facilitate mobility of the physically challenged children.

As aforesaid, attitudinal bias against disabled persons has always stood in the way of consideration and deliberations in issues related to them. From the data analysis, 80 % of negative attitudes towards the children by the community would indicate a general rejection as compared to only 20% of positive attitudes indicating acceptance. To be rejected causes deep hurt to the learners. It causes a sense of failure and other emotions such as resentments. Those mostly affected would be from different ethnic background, socio- circumstances and outcasts. The realised pattern is likely to arise from superstition, negligence and ignorance resulting from cultural and social aspects of community as cited by F. Randiki (2002). The Gospel of John highlights disability to have been caused by sin as believed by Jews. This notion and belief has prevailed over the years to date in most communities.

The Second Draft comments (1997) denotes some disabled children being hidden in homes and denied education, yet some families have broken due to "undesirable and unexpected children acquired as cited by Bonjo,J.(2003). The physically disabled children especially severe and profound cases would be wished probably to be sold had slave trade existed. These children need to be accepted. They should be taken for assessment for placement, considerably in school depending on age, or referral. While in school, (hey should be encouraged as evidenced by 20% on effects of altitudes on learning of the children and given the same opportunities and priorities as cited by Ank Groot (2000). But they should be given special attention as evidenced by 85% in the data analysis other than 10% normal attention and 5% little attention. The learners may not be able to learn at (he pace of the peers due to hospitalisation and contractures that some have.

As such the community needs to be sensitized on the causes, implications, attitudes and beliefs, intervention strategies and possible prevention measures to disability. From the data analysis, the community has generally not been sensitised on issues relating to disability as revealed. In 50% (rarely), 25% (occasionally) 20%) (not at all) and a mere 5% (regularly). It is important for the community to be aware of the existing disabilities in the society and seek ways to support those affected. If this is not realised, then the disabled children may look discriminated and left to operate in isolation. As cited by M. Ngugi (2002), a community should develop a positive and welcoming climate to the learner with SNE by sensitizing other learners to work with and support peers wild special needs.

It is however surprising from the data analysis that a larger percentage (75%) of the physically challenged learners in regular schools are not supported in health and educational services in comparison of 25% that receive them. Probably this could be one of the reasons for their increased rate of drop out as evidenced by 65%. The community needs to change its attitude of special needs children receiving both health and education support from 'sponsors' or non-governmental organisations (NGOs) as evidenced by 40% support from this sector. It would be better if the community would take the remaining 60%, yet this is not the case.

The government on its part should be appreciated for the initiative that it is putting in place support learners with special needs. From the data analysis, 50% of the respondents realised the receipt of the government financial support in comparison of 50% that did not realise it. Probably these teachers were not exposed to the circular sent by the Director of Education (2004) to all regular primary schools notifying school administration of the disbursement Wangai N. (2004) cites in the circular that, under FP inclusion of the special needs children in regular primary schools is mandatory. Teachers, School Management Committee, parents require sensitisation, training, counselling etc on this challenge. Unfortunately this important document did not get access to all for interpretation and implementation. Most likely the teachers could not identify the special needs due to lack of skills. A better approach needs to be taken such that the specialists should be involved otherwise the rightful children might not be reached, yet they are present in schools.

5.8 Conclusion

It should be the concern of all the stakeholders to get sensitized about special needs children in the society and formulate affordable policies, and provide the necessary support for their learning. This would help the physically challenged children in regular primary schools of Matungu Division to receive appropriate and adequate education for life benefit. A society without special needs children can not be complete. All the children require is positive attitudes towards them and support from the community for 'Disability is not inability'.

5.9 Recommendations

From the study carried out, the researcher recommends the following areas to be observed for the physically challenged children to benefit for life:

- Appropriate methods and facilities of identifying children with special needs should be put in place and early intervention measures taken.
- Parents should be guided and counselled through workshops, public meetings and baras to accept the conditions of their impaired children and how to handle them. They should be sensitized to continue supporting positive school cultures with positive attitudes towards the children.
- The community should be sensitised to support the physically handicapped children, about their health, education and mobility appliances, with minimal support from NGO's. Media should take the front line on sensitizing the community about disability and explain policies affecting them.
- The community should modify the environment for mobility, communication and information accessibility. Reasonable provision for access should be made for disabled people to enter new buildings; inside suitable toilets and seating accommodation. Suitable seating should be available at all prices.
- In old buildings, attempts should be made to improve access and facilities where possible. If a fully accessible building can not be achieved, then accessible parts and routes should be aimed for. Doors should be at least 850mm to accommodate wheelchairs.
- The various ministries' policy makers should provide facilities geared to helping the children's health and other operations involved.
- The ministry of Education needs to involve specialists in special needs in budgeting and disbursing funds to support the learners, with proper specifications.
- More teachers should be trained in the sector of special education with involvement of teacher training colleges in order to attain the target goal of every school having a special teacher by 2015. All levels of learning should be considered in the program.
- Citing Wekulo's Report (page 7), in-service courses based on special needs should be frequently planned for, to equip teachers with emerging issues,

- Campaigns should be made for standardisation of curricula for special needs children through consultative session with policy makers and government officials using formation from parents, professionals and other stakeholder as a point of reference
- The teacher needs to have an understanding of the learners priorities, possibilities and limitations, and should consider it a challenge to adapt his teaching as much as possible to the child's needs and possibilities. A longer time, flexibility, patience, positive encouragement; innovation and much improvisation should be involved in teaching.
- School administration should have systems in place to sensitize parents on their role in monitoring and evaluating the physically challenged children's progress. It should establish effective guidance and counselling committees and programmes in school.
- More sub-centres and mobile clinics need to be put in place to facilitate further operations into the interior in visiting children so that they can be accessed from nearby stations. This would be cost effective and many clients reached for service provision.

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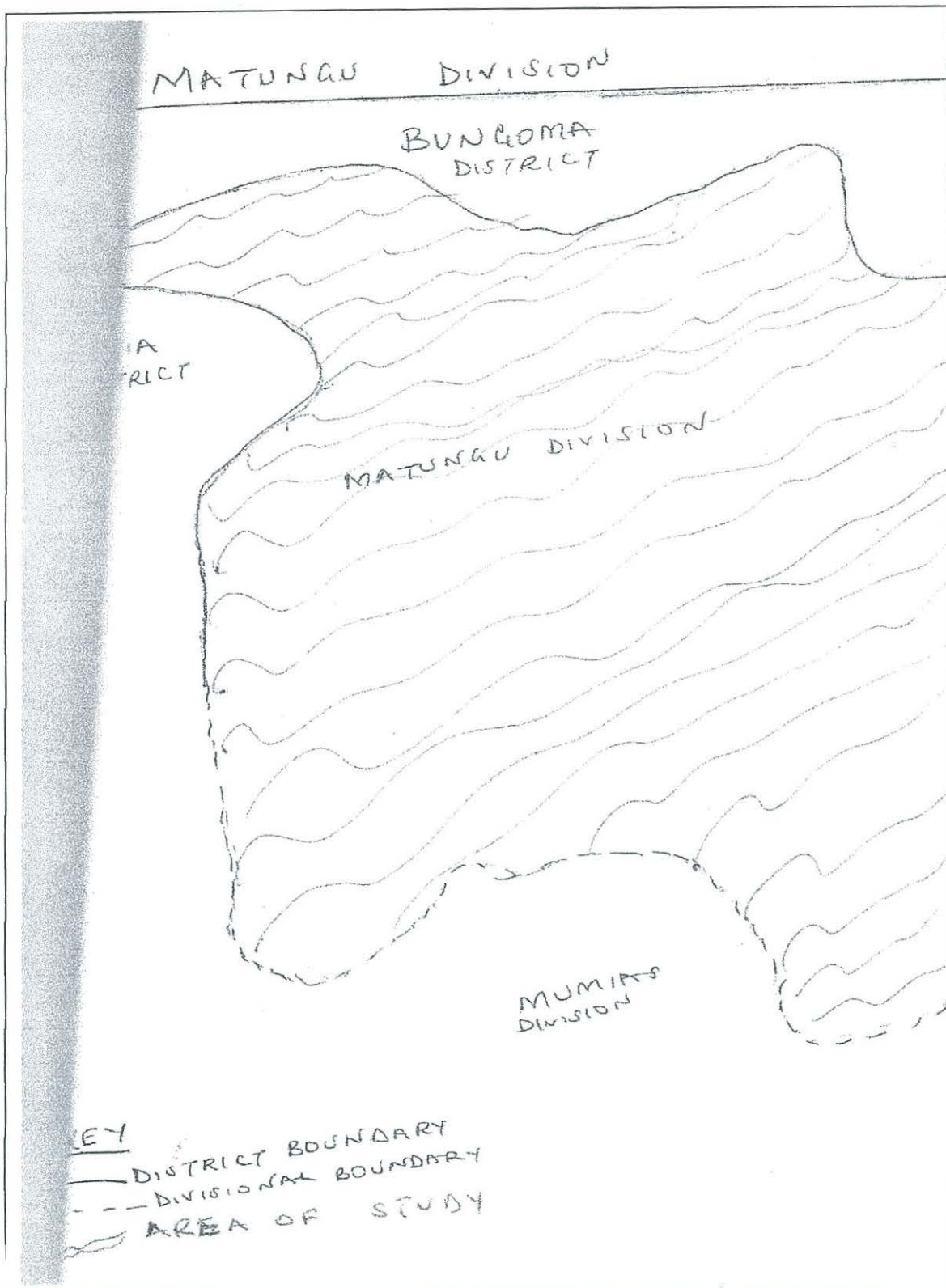
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APPENDIX A:



APENDIX B: QUESTIONNAIRE FOR TEACHERS

Dear respondent,

Below are some questions addressed to you. You are kindly requested to respond to them genuinely as possible. Your cooperation will be greatly appreciated. Note that the information given will be kept confidential and will be used for the purposes of research only. Do not indicate your name anywhere on this form.

Regards

Wanzala C. Wesonga.

Instructions for questionnaire

Tick where appropriate or answer as required by each question.

SECTION A. GENERAL INFORMATION. (TICK THE APPROPRIATE ONE)

AGE

1. Below 25 years
2. 25-30 years
3. 31-35 years
4. 36-40 years

GENDER

1. Male
2. Female

MARITAL STATUS

- 1 Single
- 2 Married

WORKING EXPERIENCE

1. Less than 5 years
2. 6-10 years
3. 11-15 years
4. 16-20 years
5. Over 20 years

PROFESSIONAL QUALIFICATION

1. P1 ☐
2. P2 ☐
3. Diploma ☐
4. Degree ☐
5. Others specify _____

LEVEL OF EDUCATION ATTAINED

1. Primary ☐
2. 'O' Level ☐
3. 'A' Level ☐
4. University ☐
5. Others specify _____

SECTION B

(a) Are there learners who are physically handicapped in your school?

Yes ☐ No ☐

(b) If yes how many are they in total

(i) Less than ☐ (ii) 21-40 ☐ (iii) 41-60 ☐ (iv) Over 60 ☐

What is the academic performance of physically handicapped learners in your school?

(i) Poor ☐ (ii) Good ☐ (iii) Average ☐ (iv) Other- specify _____

Do learners who are physically handicapped drop out of school?

Yes ☐ No ☐

If yes, what are the reasons for the dropout?

What is the attitude of other learners towards the physically handicapped learners in schools?

Positive ☐ Negative ☐

Are there any support services offered by the community towards physically handicapped learners?

Guidance and counseling

☐

Providing basic needs

☐

Buying clothes

☐

Paying fees

☐

How does the government assist physically handicapped learners?

Free primary education

☐

Free medical services

☐

Do physically handicapped learners have learning difficulties?

(a) True

☐

(b) False

☐

Are there any infected physically handicapped learners in your school who excelled in academic up to university

(a) Yes

☐

(b) No

☐

If yes how many?

(a) 5 ☐ (b) 10 ☐ (c) More than 15 ☐

There is a labeling and stigmatization of physically handicapped learners in your school.

(a) True

☐

(b) False

☐

What are the causes of physical handicappedness.

Hereditary

☐

Mother to child

☐

Sexual behaviour

☐

STI'S

☐

Others specify _____



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Office of the Director

25th April 2008

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR WATZALA C. WESONGA

REG. # BED/7027/51/DF

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

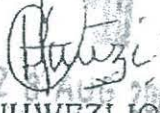
He/she wishes to carry out a research in your Organization on:

CHALLENGES FACED BY PHYSICALLY HANDICAPPED
CHILDREN IN SELECTED PRIMARY SCHOOLS OF
MATANYI DIVISION, MUMIAS DISTRICT

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

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

Yours Faithfully,


MUHWEZI JOSEPH
HEAD, IN-SERVICE

DIRECTOR