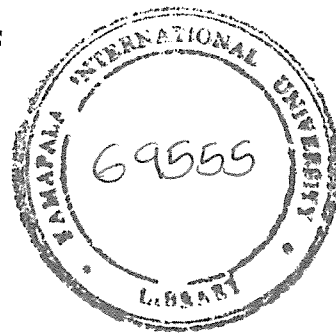


**TEACHERS ATTITUDE AND LEARNERS WITH MENTAL  
RETARDATION IN EASTLEIGH ZONE, KAMUKUNJI  
DIVISION, NAIROBI DISTRICT - KENYA.**

**BY  
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BED/10048/52/DF**



**A RESEARCH REPORT PRESENTED TO THE INSTITUTE OF OPEN  
AND DISTANCE STUDIES IN PARTIAL FULFILLMENT OF THE  
REQUIREMENT FOR THE AWARD OF THE DEGREE OF  
EDUCATION (SPECIAL NEEDS) OF KAMPALA  
INTERNATIONAL UNIVERSITY**

**NOVEMBER 2008**

## DECLARATION

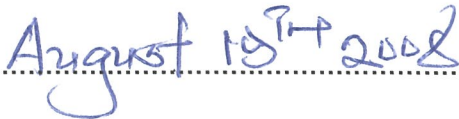
I Henry Oduor, the undersigned declares that this research has been produced based on my knowledge and ability and has not been presented to any University for the award of academic purpose

Signed: .....



HENRY ODUOR

Date: .....



### APPROVAL

This is to acknowledge that this report has been under my supervision as a university supervisor and with my approval is now ready for submission to the academic board of Kampala International University for the award of a bachelor degree of Education (Special needs Education)

Signed  .....

NABUSETA DEBORAH TALIGOOOLA

SUPERVISOR:

DATE: 19/08/08 .....

## **DEDICATION**

This work is dedicated to my parents, the late Mr. Henry Awuor Adino and Mrs. Helida Odero Awuor, who were both an encouragement and an inspiration in my studies.

I also dedicate this work to my brothers and sisters whom I'm so proud of.

A lot of thanks also goes to the Kampala International university lecturers who assisted and saw to it that the work is a success.

## **ACKNOWLEDGEMENT**

I could never have completed this work without the help and prayers of many supportive people. To start with my late parents who started me off and gave me a good foundation that has seen me this far. I can never convey the depth of gratitude I feel towards them.

I'm also grateful to my friends Tonny, Kate and big Robert who were always there for encouragement my sincere thanks go to Chris Adinoh, Agnes Lubalo, Pst. Baraza, Sylvia, Kylene and Dudus for their invaluable assistance that we always extended to me especially during the moments when I felt like giving up.

I also appreciate my supervisor Madame Taligoola Debra for the assistance she has given in seeing to it that the work is finished on time. From the start to the end this would not have been possible, if it was not for the Almighty according to me, the opportunity may the honour and glory be to him.

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## DEFINITION OF TERMS

**Mental Retardation** - is a state of incomplete development of such a kind of degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision control or external support

**Integration** – mixing normal and disabled children in class

**Special schools** – schools where children with disabilities are take care of

**Regular school**- this is a learning institution where learners believed to be “normal” acquire their education

**Inclusion** - adjusting the home, school and the society so that all individuals can have the opportunity to interact, learn and share the feeling.

**Handicap** - this is a disadvantage or restriction of activity, which has come about as a result of society's attitude towards a disability.

**Inclusive Education**- this is the type of education which has been modified or adopted so that all learners of diverse needs are given equal learning opportunities to acquire their education in the same learning environment.

## **ABSTRACT**

Learners with mental retardation have probably been the most misunderstood among all exceptional children, this has resulted in them being denied adequate opportunities to practice and develop their maximum potentials. Several derogatory terms have been used to refer to the learners with mental retardation; idiots, imbeciles, subnormal, feeble, morons and fools among others. This trend has persisted in spite of the many intervention strategies that have been put in place in efforts aimed at alleviating the problem.

The objective of the study was to find out the relationship that exists between teachers attitude and learners with mental retardation in regular schools in eastleigh zone, kamukunji division, Nairobi district Kenya.

The study adopted a descriptive survey method. It involved a total of 15 teachers from Nyunyumu, Daniel Comboni and M..M Chandaria schools being represented by 5 teachers. A questionnaire was developed for the respondents. This instrument covered the following areas; teachers' knowledge and understanding on mental retardation, teachers' knowledge on educational provision of learners with mental retardation, teachers' knowledge and understanding on integration, teachers view about factors that should be put in place for the successful implication of mental retardation on mental schools and finding out teachers view on integration.

A majority of the teachers still hold the idea or belief that mental retardation is a condition caused by witchcraft, showing lack of knowledge as pertains to the causes of mental retardation. This has led to the conclusion that those undergoing the mental retardation should be taught in special schools and not in regular schools and as such showing teachers perception.

The study recommended that there should be more public awareness campaigns through chiefs, barazas, workshops, church services to create awareness both at communal and school levels on mental retardation and other disabilities to help discard cultural and traditional beliefs. The mentally retarded especially the audible and trainable should be taken for vocational training to help them in future; the Teachers Service Commission should also employ more trained teachers to ease the work load enabling teachers to handle few learners and cater for individual differences among learners with special needs, among others.

## **CHAPTER ONE**

### **1.0 Background Information**

People with mental Retardation all over the world are considered socially and physically less capable. They are not easily accepted and regarded as part of the family or community. The public refers to them as people who are dependent on others throughout their lives. These results to neglect and rejection. People believe that the condition of mental handicap is a result of witchcraft curses and at times punishment form God for the wrongs done by parents.

The people of Sparta in Greece used to kill babies born with mental handicap. African communities were no exception to his in that they would throw children born with these conditions, families that gave birth to such children were discriminated upon.

Children manifesting mental retardation have probable been the most misunderstood among all exceptional children in the earlier civilization and up-to-date. Several derogatory terms have been used to refer to mental retardation; idiots, imbeciles, subnormal, feeble minded, mental deficient, morons, fools mental sluggish among others. In East Africa they are referred to as "wajinga" in Kiswahili.

The big challenge in the society is how to enhance teachers' attitudes and learners with mental retardation.

### **1.1 Problem Statement**

The purpose of the study was to investigate teachers' attitude on learners with mental retardation in regular schools. Teachers who are the key curriculum

implementers have ignored this group of learners because of the negative attitude towards them.

Therefore as a teacher of the mentally retarded learners there was need to undertake this study so that the negative attitude towards the mentally retarded learners can change positively so that their performance can improve. Different Schools/researchers have written about the same and after close comparison of their ideas, the researcher felt that there was need to research more about the problem so that more can be discovered and solutions are found for the betterment of the mentally retarded learners.

### **1.2 Purpose of the study**

The researcher wanted to investigate the relationship that exists between teachers' attitude and learners with mental retardation.

Create awareness through guidance and counseling.

### **1.3 Objectives**

1. To find out teachers knowledge and understanding on mental retardation.
2. To find out teachers knowledge on educational provision of learners with mental retardation.
3. To find out teachers knowledge and understanding on integration.
4. to find out teachers view about factors that should be put in place for successful implication of mental retardation in regular schools.

### **1.4 Research Questions**

- i. How knowledgeable are the regular school teachers about Mental Retardation.
- ii. What are the causes of Mental Retardation?
- iii. What are the teachers' attitude towards learners with mental Retardation.
- iv. What factors hinder the investigation of Mental Retardation?

### **1.5 Significance of the Study**

From the research the researcher will create awareness about the education of learners with mental retardation, add more knowledge to teachers and the community at large about children with mental retardation conditions, to encourage teachers to accept learners with mental retardation, to encourage further research on teachers attitude and learners with mental retardation.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

With the confusion and misinterpretation that is associated with the term intelligence in the study of mental retardation the result has been that the label mentally retarded is frequently misunderstood, not only by the general public but also by professionals. For example its commonly assumed that once a person is diagnosed as mentally handicapped that person will always be handicapped.

Mentally handicapped persons are thought to be unable to learn anything at all. This assumption is based on the feeling that intelligence is the only global measure of ability; with this there are occasional disagreement about whom should be labeled as mentally handicapped and who should not. Attempts to define mental retardation can be placed roughly into three categories.

#### **2.1 Who are the mentally retarded?**

##### **Definition based on failure in social adjustments**

Many people prefer to define Retardation in terms of how well the individual adjusts to the environment and culture.

Example "Mental deficiency is a state of incomplete development of such a kind of degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision control or external support Tredgolg (1973).

However it is difficult to retardation as failure to adopt to the environment reliably. Different professionals may have different ideas concerning what constitutes successful adaptation and particularly where legal matters are concerned.

### **Definition based on the essential cause of Mental Retardation.**

Here defining mental Retardation involves definitions on theoretical consideration about the cause or essential nature of retardation.

It is defined as mentally retarded children as those that have suffered from severe brain diseases while in the uterus or in early childhood, and this has disturbed the normal development of the brain and produced serious anomalies in mental development. The mentally retarded child is sharply distinguished from the normal by the character of his perception of reality. Luria A. R (1963)

However such definitions of retardation are not satisfactory in that there are many individual who are functioning at an obviously retarded level but there is no evidence of nay defect in their nervous systems.

### **Definition of the Intelligence Test Score**

Intelligence Test are specifically designed to detect children who would not be able to benefit from the normal School Curriculum; that is the mentally Retarded; and their use has always been for this purpose. Some people have defined mental Retardation solely in terms of performance on such standardized tests, that anyone with an I.Q below a certain usually set at 70, is considered mentally retarded. Among the examples are the Welcher, Sole and Stanford Binet Test. The primary advantage of this test is that it is reliable and objective oriented.

### **The Current Consensus, the AAMD definition**

The most widely accepted definition of mental Retardation today is that adapted by the American Association on Mental Deficiency (AAMD) "Mental Retardation refers to a significantly sub-average general intellectual functioning existing concurrently with deficit in Adaptive behaviour and manifested during the development period" Grossman H J (1973). The individual adjustment to the demand of his/her natural and social environment must be impaired relative to

his/her age mates. Because there are different social expectations at different ages deficits in adaptive behaviour will manifest themselves differently in younger children than they will be in older children or adults.

## **2.2 Causes of Mental Retardation**

### **Postnatal Gross Brain Damage**

This includes a number of disorders that do not begin to manifest themselves until birth. Examples of these syndromes are Tuberous Sclerosis and Von Reckling Housens diseases Neurofibromatosis.

These two syndromes refer to heredity condition that result in development disorder of the skin and nervous system.

### **Tuberous Sclerosis**

This problem is characterized by the formation of numerous hardened (Sclerotic) nodules on the surface of the cerebral cortex. These sclerotic areas result in mental retardation and epileptic Seizures but gradually form during development and as a result the retardation is always often progressive that is that person becomes more impaired as he/she grows older.

Many adults are profocadly retarded in addition to the retardation and Epilepsy. A skin rash on the face that resembles in another of the characteristics symptom except that it is confirmed to a region around the nose, tuberous sclerosis is somewhat unusual in that a dominant gene shows only mild symptoms and no retardation.

### **Biochemical Disorders**

Chemical substances leads carbohydrate, liquids and Amino Acids have been identified as which a number of abnormal genetic conditions can be treated.



## **Infections and Intoxications**

An infection is a condition or a disorder caused by Micro-organisms such as virus or bacteria such as micro-organism can attack the nervous system resulting in Mental Retardation. The time when this is likely is prenatal when the nervous system is just beginning to develop. An example of prenatal infection that can lead to mental Retardation is Rubella also known as German measles. Another virus that can also produce serious congenital defect is syphilis. Fortunately it can be as readily detected and easily cured with penicillin if treated promptly and as a result the incident of infants born with congenital syphilis had declined dramatically from earlier times.

### **Infections after birth**

#### **Intoxications**

Intoxication better known as poison cause mental retardation. This refers to a disorder in which a foreign substance of some sort enters the system of the child either pre-natal or afterbirth causing permanent damages of some sort.

#### **Drugs**

Different drugs that the mother takes during pregnancy can have adverse effects on the developing child and in some cases may cause delayed development. These drugs may have adverse effects on the brain of his foetus and in some leading to mental retardation and other deformities. The most dramatic examples of the adverse effects of the seductive thalidomide which if taken by pregnant women, results in gross deformities of the child such as absence of limbs. Other non-prescribed non-medical drugs that can cause mental retardation if taken by expectant mothers are alcohol, Nicotine and Heroin. There is syndrome of congenital disorder that is common among the children of alcoholic mothers and one of the characteristics of this syndrome is microcephaly and lowered mental abilities.

**Lead Poisoning:**

While most organic mental Retardation can be traced to conditions prior to or during the birth process, one important toxic condition that usually develops sometimes after birth is lead poisoning. The main source of lead, which can eventually cause permanent brain damage.

The symptoms of acute lead poisoning are convulsions, optic atrophy, and perceptual difficulties and sometimes lowered intelligence. Robert Ingall (1978).

**Malnutrition**

Malnutrition is another cause of mental retardation. Severe malnutrition results to diseases such as Kwashiorkor and can cause brain damage and mental Retardation.

**Pre-natal Nutrition**

The nutrition state of the mother during pregnancy is an important determination of the overall physical and mental development of the child. Malnutrition during pregnancy leads to a marked growth retardation accompanied by decreased learning capacity and hyper-emotionality to off-spring. Chow Etal (1971)

**Maternal Antibodies**

There is an unusual set of circumstances in which a mother actually produces antibodies that attack, the blood cells of the developing foetus causing brain damage, mental retardation and frequently death. A great number of the population contains a substance in their blood called the Rh factor. These people are Rh Positive and those without are Rh Negative. It's transmitted genetically by a single gene, with Rh Positive being dominant. If a mother is Rh Negative and the foetus is Rh Positive this causes the mother to produce an antibody to attack the following substance. This antibody can attack the following substance. This antibody can attack the placenta and the entire

circulatory system of the foetus and cause blood to clot and distribute oxygen normally. This results to mental Retardation. (Robert Ingall (1978).

### **Unknown Parental Influence**

This includes numbers of congenital malformation of the brain or skull that are frequently associated with mental retardation.

### **Chromosomal Abnormalities**

This is a situation where there is a presence of an extra chromosome above the normal 46 degree. This usually result in Down syndrome causes commonly referred to as mongolism cases, which are characterized by lowered intelligence. The other chromosomes aberrations that are extremely lower and are those involving the sex chromosome.

### **Sex Chromosomes include:**

1. Syndrome which is caused by non dysfunction. If during the formation of Turner an ovum nondisfunction occurs in a normal female. One daughter cell would have ZX chromosomes and the other non dysfunctions.  
The ovum with sex chromosome may be fertilized either by X – bearing of Y – bearing sperm. If the fertilization sperm has an ZX Chromosome the result is viable. Individual with only 45 Chromosomes and the sex genotype is X0. This condition is referred to as turner syndrome.
2. Another type of chromosome disorder is Kline felter's syndrome. This involves the zygote having 47 chromosomes having gene type of XXX. Both conditions cause mental retardation. Robert Igalls (1978)

### **Prenatal Nutrition**

The nutrition state of the mother during pregnancy is an important determination of the overall physical and mental development of the child. Malnutrition during pregnancy lead to a marked growth retardation accompanied by decreased learning capacity and hyper emotionality to offspring. Chow Etal (1971)

## 2.3 Classification of the Mentally Retarded

The mentally retarded can be classified into four main groups according to AAMD level of mental retardation.

- i) Mild Handicapped
- ii) Moderately Handicapped
- iii) Severely Handicapped
- iv) The profound Handicapped

The classification can be based on communication skill, social skill, independent function, occupation ability and academic performance.

Degree of Mental Retardation	Standard Binet State	Wechsler	Educational
Mild	67-52	69-55	Educable
Moderate	51-36	54-40	Trainable
Severe	35-20	39-24	Trainable
Profound	19 and below	24 and below	Profound

### The mild mentally retarded learner

They are referred to as educable mentally by the school system.

Mild retarded learners have no serious physical problem and their poor school performance can rarely be attributed to as a specific organic cause. Frequently their social skills are not as handicapped as their academic skills and are considered mentally retarded solely on the basis of the result of an IQ test and poor school performance. The mentally retarded students differ only slightly from the educational goal. They must be taught the basic adjustment skills so that they can lead independent productive live. Robert P Ingalls (1978).



### **Moderately Mentally Retarded**

They are referred to by educators as trainable mentally retarded. They do not benefit from school curriculum featuring academic but they require a specialized training programme that concentrate on self-care, communication and social skills.

The moderately mentally retarded children show significance delay in development during their pre-school. As they grow older discrepancies between the moderately retarded and their age-mates who are non-retarded grow wider. Approximately 30% are children. Down syndrome and approximately 50% exhibit. Moderately mentally retarded are identified easily by even untrained individual through observation their physical appearance and also their behaviour.

Those skills emphasized their learning we are self help skill examples feeding, toileting, washing and other aspects of daily living activities. With proper training many achieve independence and live satisfying live. They also learn vocational skills.

### **Severely Mentally Retarded**

They are identified at birth or shortly afterwards most of these children have significant central nervous system damaged and many have other handicapping condition. Training for severe handicapped typically consist of self help skills i.e. toileting, dressing, eating, drinking and language development. They require supervision throughout their life. William L Howard (1980). They are also referred to as dependent group.

### **Profoundly Mentally Retarded**

This is the lowest group. Also referred to as life support some of the individual will be able to communicate through gestures or simple signs. Some able to recognize familiar faces some also able to respond to simple commands and

achieve some self help skill. Other however may be very unaware and irresponsible to the environment. Their life span is shorter than the normal. They are easily identified at birth. They require intensive training and therapy.

## **2.4 Characteristic of Mental Retardation**

This is the group the majority of the mentally retarded talk. This retardation condition can be caused by any of a number of the factors such as cultural or environmental improvement, chromosomal and damage or even brain trauma however for most of the mildly mentally retarded unknown biological factors have been identified.

Mild retarded generally lack pronounced physical abnormalities and look 'normal'. Mild mentally retarded neonates appears completely normal and other not detected until the child is school aged.

Many cases of mild retardation appear to be related to environmental disadvantage. They exhibit a sub-normal and school performance.

Nutritional deficits, lacks of academic orientation in the home suppressed verbal communication and curiosity and inadequate educational facilities all contributes to diminished intellectual functioning.

Language delays and speech detects are often present in mild retardation as are sensory motor delays and impairment.

Attention spans are shorter and memories poor than those of their normal peer. They portray development delay as follows:

- i. – At 28 weeks infants who is mild retarded is functioning at about 16 weeks level. This child is only able to sit supported, with the hand steady but some what flexed forward. By then at 28 weeks infant who is normal sit momentary, learning on hands for support while the head is erect.

- ii. At 36 months the mildly retarded infant functions between an 18 and 18 month level.
- iii. Academic achievement is usually limited to the fourth or fifth grade level. The typical educational placement is in an educable class although a trainable class is also necessary.
- iv. While some individual can learn vocational skills to perform semi skilled and non-skilled occupations, others can handle employment only in a sheltered workshop situation whether a mild retarded can be main streamed vocationally with ultimately depend on such traits as interpersonal skills, punctuality and ability to follow directions, some hold a job and raises families. Its possible for the mildly retarded to be assimilated into the community without requiring special service from mentally retarded system. Lederman E F (1984)

### **Characteristics of Severely Retarded**

- This group with IQs in the range of 20-34. Some of these individual function much like those in the moderate group in severe characteristics.
- Many severely retarded individual have multiple handicaps a medical disorder such as circulatory visual Auditory and Neurological problems seizure and not uncommon.
- A large percentage of the severely retarded manifest distinctive appearance that stem from various syndrome and etiologies. A severely retarded infant of age 28 weeks functions at a sing vowel sounds at the 8 weeks level.
- Gross motor skill includes holding the head control in the prone position. At age three, the severely retarded child generally demonstrates adaptive skills that approximate those of a normal peer at 16 weeks.
- The chills who function at 16 weeks level is limited to laughing as vocalization, a complete lack of self-care skill dependence on sitting and only basic contracting of objects.

- A six years old severely retarded child attain a development status comparable to a normal 2 year old. He is capable of such fine motor skills as building a tower of six to seven cubes, turning pages of a book and even imitating vertical and circular strokes. Self care skill may include adequate handling of a drinking cup, putting on simple garment and indicating toilet needs. The severely retarded adult is able to gain some independence in basic self-care skill.
- Some severely retarded individual manifest motor speech problem and consequently communicates through gestures.

### **Characteristics of Profoundly Retarded**

- These individuals range in the IQ at 19 and below. A variety of prenatal, natal and post natal factors can cause profound retardation. These include chromosomal abnormalities, trauma infection agent and inborn metabolic disorders. Most profoundly retarded are multiply handicapped. Sensory defects skeletal muscular problems neurological abnormalities and health problems involving the cardio pulmonary, genitourinary and gastrointestinal systems are prevalent. Life expectancy is significantly reduced.
- Most of them manifest distinctive physical appearance with stigmata related to the various syndromes. Unique behaviour pattern may be present with self stimulation very common.
- At 28 weeks the profound retarded infant is typically functioning on a neonatal level virtually no head control is present time motor development is limited to holding on objects reflexively without regard vocalization consist of small throat noise self-care is limited to co-operation.



## **2.5 Effects of Mental Retardation**

### **Intellectual functioning**

Robinson and Robinson (1976 pg 371) states that mildly retarded children have a rate of intellectual development is commonly one half to one third that average children. A child may have a mental age for below that of his counterparts of the same chronological age. The moderately retarded adult has a mental age of children between 3 years to 6 years profoundly retarded adult have a mental age of 3 years and 9 months.

### **Educational Function**

As stated previously the mentally retarded as classified in educable mentally retarded who are technically mild retarded. The trainable or moderately retarded, severely and profoundly whose intellectual functioning is so low that they are referred to as custodial retarded.

The educable between 75-80% making them the largest group (Payne et-al 1977) Suran and Rizzo (1979).

According to Chin et.al (1975) the educable mentally retarded have been identified by several.

According to Robinson and Robinson (1976) the educable mentally are expected to manage academic work up to the third grade and even up to six grades.

### **Physical Growth**

Kirk (1972) and Mayen (1978) states that physical growth in educable mentally retarded approximate that of average children. Kirk observes that educated children have visual hearing and motor co-ordinate problems.

Bunkey (1978 pg 182) states that moderately to profoundly children exhibit total motor development problems. She observed that they have uncoordinated

clumsy movement as walking flat – tooted with arm held at the side rather contributing.

According to Bunkey they get tired 30% more quickly and carry 35% more flat. The trainable mentally retarded at 28 weeks exhibits gross motor functioning of 8-12 weeks old normal child. Knoblock and Pasamanick (1974 pg 151) maintain that a profoundly mentally retarded at 28 weeks function at neonatal level makes scarcely and advance over 3 years of time.

### **Personality and Social Adjustment**

Robinson and Robinson (1976) states that research on personality development is limited and some what unhelpful due to the fact that researchers have tended to concentrate on mildly retarded child and adolescents in school, (Kirk 1972) states that the mentally retarded have low frustration, tolerance and short attention span. This therefore gives them easy task.

Robinson and Robinson stated these children find little pleasure in engaging themselves in non-rewarding activities.

Suran and Rizzo (1979) and Kirk (1972) noted that the educable or mildly mentally retarded are capable of independent living, they care for themselves socially.

Sloan and birch (1955) stated that the early stages (from birth to age 5) the educable are to develop social communication skills which makes them indistinguishable from other children unit school age. They observed these children are employed as adults in unskilled or semiskilled occupation.

Kirk (1972 pg 207) cited a longitudinal study conducted by Balter in 1935 on the adjustment of formally mentally retarded children enrolled in special classes in Nebraska USA.

## **2.6 Provision of Education**

### **Historical Background on Special Education in Kenya**

Special education started as early as 1940's by voluntary organizations and missionaries. A class examination of the History of special Education in Kenya.(According to pamphlet bearing a report on case studies in special Education UNESCO PRESS 1974) shows that although the problem of the mentally retarded children has existed for a long time in Kenya. It is only a few years ago it received attention.

#### **2.6.1 Educational Programmes for Mentally Retarded**

Pre-school or Kindergarten programmes that include self-contained, special classes for the educable mentally retarded are not many like special classes. The reason is that these children are not usually identified as mentally retarded at an early age unless the retardation condition is associated either to lack of speech or some physical manifestations such as cerebral palsy. If the child is not initially identified early enough they are admitted to kindergarten (when such exists in the community) with "normal" children. After identification the child is placed in special pre-school programmes for special instruction in language, perception and in adaptation to school material and activities, Robert Igallas (1978).

#### **Special Classrooms**

These are rooms like mildly and severally mentally retarded children are placed. They receive their education from special education methods. Teaching in special classroom for the mentally retarded children is more structured with less emphasis on incidental learning and that the materials need to be simplified.

These children ignored or teased by their "normal" peers as a result there's little social damage done by placing them in special class instead of regular class.

These children also suffer damage to their already low esteem if they are to compete with children of normal intelligence. The mentally retarded children have greater chance to experience winning and success if placed in a class of their own Robert P Ingallas (1978).

### **Peripatetic Services**

- It involves providing regular class teacher with consultative services and instructional services for their retarded pupils. A peripatetic teacher usually operates from a central office and visits the school periodically.
- The teacher always spend much of his time in individualized or small groups instruction with students who have a special need. These services are very limited in scope and can only be provided weekly. The basic responsibility for the education of the retarded children remains with the regular class teacher.

### **Special Residential School**

In many instances retarded children attend residential school if appropriate education services are not available in the local school system. Most residential schools are designed to provide educational programmes for children whose educational and social need cannot be met in regular school settings. In many of the private residential schools, staff, pupils ratio are very low the children receive intensive instructions. Residential schools vary in function they can either serve to remove the retarded person from the society or prepare him or her to the community.

### **Education Integration**

Education integration operates on a number of fundamental premises. First, in spite of his disability, a retarded child is still capable of maintaining a great deal of efficiency to such extent that under adequate condition he can attain in

personal and social life, a close to normal level of functioning. Second while past educational provision for retarded children were based on a classification system which categorized children by type and degree of impairment. The common feature that links impaired children with their non-impaired counter parts constitutes that basis for the implementation of an integrative system (inclusive).

Educational integration is considered to be a most viable approach for preparing disabled persons for normal individual and social environment in various forms of education integrations existing such as:

- Retarded children attending regular classes.
- Retarded learners attending regular class with the help of a consultant, specialized teacher or a team of specialists.
- Mentally retarded handicapped learners attending exclusively special classes.

In a regular school thus integration may be achieved at different levels. The highest degree of integration occurs in regular classes and the lowest in special classes. Its important to point out that, even in integrated institutions degree to integration may be achieved through various means for example the practice of locating special schools in vicinity of regular ones, allow for co-operation between the two types in organizing common learning and recreational activities.

### **Non-School Based Programmes**

These kinds of programmes are mostly temporary for children with severe and profound retardation.

The programmes are divided into two groups.

- Hospital instruction: The hospital instructions is usually offered to person who in recovering from an illness or accidents but it can also be long term plan for children confined to a hospital or convalescent home, the peripatetic or regular teachers usually provide the instruction.

- Home bound instructions: this kind of service is designed for students who are either temporarily confined to their home environment. Peripatetic teacher usually furnish the instruction. Kauttman and Payne (1975).

## **Integration**

According to Hegarty Seamus (1981) as used in special need education. It refers to the education of learners with special need in ordinary school. It provides natural environments where these pupils are along side their peer are freed from isolation that is characteristic of much special school placement.

### **Forms of Integration**

- i) Location Integration
- ii) Social Integration
- iii) Functional academic integration

According to Waruguru M.N 2002 functional Integration is the type of integration where children with special need in education are placed in regular class with support from the teachers and learners.

He also defined Location Integration as where learners with special needs in education are placed in a special unit located in the regular school. They have no interaction with others in the regular school they only meet at break time. He again defined Social Integration as where the child with special need is kept or placed in a special unit for learning purposes but joins the peer in the regular classes for social activities like game physical education.

### **How learners are viewed in integration programme**

According to Waruguru (2002) learners are viewed as they don't respond and cannot learn, cannot get to school, needs special teacher, needs special environment and cannot interact.

### **The Benefits of Integration**

The learners enjoy social integration from peer and relatives, Its less restrictive to the learner as they interact with others without similar special needs in

education, give an opportunity for learners without special need to support those with special needs in various activities.

### **Barriers of Integration**

If not well coordinated learners with special needs in education may be excluded from academic learning while being vocational and socially included.

Labeling and stigmatization of the learners with special need in education may result from the special arrangement to help meet their needs. This may lower learner self-image.

Regular teacher and other learners feel incompetent to deal with "special" learners who they think may only be handled by the teachers.

## **2.7 Attitude of learners with mental retardation**

### **Definition of attitude**

Attitude is a set of predispositions with responses to a specified class of people, possibly taking different terms as elements of the set vary.

### **Components of attitude**

The components of attitudes are

- i) Expressional of the cognitive
  - ii) Affective
  - iii) Cognitive
- 
- The cognitive components are described sometimes as perceptual information or stereotypic.
  - The effective components are feelings of liking or disliking.
  - Cognitive component as behavioural intention or behaviour per second.

---

## **2.8 Conclusion**

Teachers' attitude towards mentally retarded learners has been improving from time to time as they get used to them. All students despite physical differences can develop the knowledge and skills described in the standards, even as some students will go well beyond these levels when resources are available. (Vasquez 1998) Effort and dedication are what all students need from their teachers.



## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

The purpose of this study was to investigate teachers' attitude and learners with mental retardation in regular schools. To be able to get the information on teachers' attitude the study was focused on the following themes based on the research questionnaire.

- Knowledge and understanding on mental retardation
- Provision of education of learners with mental retardation.
- Knowledge and understanding on Integration views on integration.
- Factors that should be put in place for successful implementation of mental retardation in regular schools.

#### **3.1 Research Design**

Experiment survey and case study are the main research design. The researcher used survey method of education research as a technique of gathering information on the research topic.

Survey research methods are used to get information for example on population attitude and behaviour. The researchers choose this method because her topic is on attitude of regular primary teachers towards integration of learners with mental retardation and she is surveying on this particular problem whether it will work on these regular primary school teacher.

Survey method have some good qualities which will make the researcher arrive to some important information, for example it is qualitative, has a questionnaire and collect information from people to determine the status of a problem.

The following sub-topics are discussed

- Research approach
- Research design
- Population
- Sampling
- Sampling procedure
- Instruments/tools
- Delimitations and Limitations

### **3.2 Research Area**

The study was conducted in East Leigh Zone, Kamukunji Division, Nairobi District Kenya

### **3.3 Population**

The target population of this study were the regular primary school teachers in Ruaraka Zone. There are five regular schools in Ruaraka zone and 100 regular teachers.

The factors she considered were the distance of the schools from my school, so she only chose five teachers from three schools, that is Ngunyumu Primary, Daniel Comboni and M. M. Chandaria.

### **3.4 Sample size**

The researcher used regular teachers in Eastleigh Zone. Only three schools were involved Ngunyumu, Daniel Comboni and M M Chandaria. Five teachers from each school were given questionnaires.

### **3.5 Sampling techniques**

There are two main approaches of research, these are qualitative and quantitative. Qualitative research is where description of people or events are done in words rather than in numerical while quantitative involves numerical data collection to explain situation and traits.

The researcher believes that quantitative approach will assist her get the correct attitude of regular primary school teacher on integration of learners who are mentally retarded.

The researcher chose this approach because it is the most accurate on it involves collecting on data using standardized tools for example special prepared questionnaire that are directed to a selected sample. The data is then tabulated and then analyzed using statistical scientific rules of research. Also the interpretation give meaning to the study.

### **3.6 Data collection methods**

#### **3.6.1 Instruments/Tools**

The researcher used questionnaires a tool of gathering information for her research. The reasons for choosing this tool is that it comprises of a number of questions which have to be answered also in writing by respondents, many respondents can be reached.

A total of 15 questionnaires were prepared and distributed to teachers in three schools, e.g. Babadogo, Daniel Combined and Ngunyumu. Luckily all the questionnaires were received back.

The researchers had easy time in distributing respondents. The researchers used closed ended type of questionnaire.

### **3.6.2 Sampling Procedure**

The researcher used simple random method to select the study population where each person had an equal chance of being included in the sample. From the three schools I chose five teachers. The research will give out the five teachers the questions at random.

After choosing the topic of my study the researcher developed the questionnaire under five themes. As stated in the objectives.

After developing the questionnaire the colleague pretested them. The researcher then took a few and gave tow of my staff members for testing before the researcher could use them. They could understand them and answer them well.

So the researcher took the rest of the questionnaires personally to the three sample schools.

The researcher used on day to travel to these schools issuing the questionnaires. In the entire researcher gave out 15 questionnaires and after 4 days each of the schools had sent them back to one. The researcher was lucky all fifteen papers came back safely.

### **3.7 Data analysis**

The results from the questionnaires were analyzed separately. Each was analyzed by making tally marks and drawing of the frequency polygon, from which the conclusions was drawn.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 Introduction

This chapter shows the presentation and analysis of data, tabular layouts are used. The results have been presented as per identified factor and those the researcher intended to discuss. The information which was obtained from the principal or the physical facilities will also be included.

#### 4.1 Profile of respondents

**Table 1: Gender of respondents**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
Female	HHH IIII	9	60%
Male	HHH I	6	40%
Total	15	15	100%

According to the interpretation from the above data a bigger percentage (60%) of the respondents are female teachers and 40% are male teachers. This shows that majority of the teachers in the zone are female.

**Table 2: Age of respondents**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
31 - 40 YRS	HHH II	7	46.63%
41 – 50 YRS	HHH	5	33.33%
20 – 30 YRS	III	3	20%
OVER 50 YRS		0	0
TOTAL		15	100%

A bigger percentage shows that most teachers lay between the age of 31-40 but none is over 50 years and above.

**Table 3: Education level of Respondents (Before Training)**

CATEGORY	FREQUENCY	PERCENTAGE
O Level	14	93.33%
A Level	1	6.66%
Other (Specify)	0	0
Total	15	100%

The information given shows that most respondents highest level of education before training was O-level.

**Table 4: Professional Qualification of respondents**

CATEGORY	FREQUENCY	PERCENTAGE
P1	12	80%
Diploma	1	6.66%
Others	2	13.33%
Total	15	100%

According to the information given above it shows that 80% of the teachers are P1 professionally.

**Table 5: Teaching Experience of respondents**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
11-15 YRS	HHH	5	33.33%
6-10 YRS	HHH	5	33.33%
Over 16 YRS	IIII	4	26.6%
1-5 YRS	I	1	6.66%
TOTAL	15	15	100%

From the information given above, most teachers have taught for between 6-15 years and only one teacher for 1-5 years.

**Table 6: Types of Schools**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
YES	HHH HHH HHH	15	100%
NO	0	0	0
TOTAL	15	15	100%

The above information shows that 100% of the above schools are day schools, no boarding schools in the zone.

## **4.2 Knowledge and Understanding of Mental Retardation**

### **4.2.1 Teachers awareness of the presence of learners with mental retardation**

The researcher found out that most of the teachers are aware of the presence of learners with mental retardation. The researcher found out that the understanding of mental retardation learners is very low which meant that there a lot needed to make them understand in class so that they can become responsible citizens in future.

**Table 7: Teachers awareness of the presence of learners with mental retardation**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
YES	HHH HHH III	13	86.66%
NO	II	2	13%
TOTAL	15	15	100%

According to the information interpreted above, it shows that 86.66% learners with learning difficulties and 13.33% can be regarded as "normal".

**Table 8: Awareness of the children with mental retardation**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
Have Poor Memory	HHH II	7	46.66%
Slow Learners	HHH	5	33.33%
Aggressive	III	3	20%
TOTAL	15	15	100%

According to the answers given it shows that most of the learners 46.66% have poor memory, 33.33% of the learners are slow learners and the smallest percentage which is 20% are Aggressive and like fighting others.

**Table 9: Teachers experience with learner's with mental retardation**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
YES	IIII IIII I	11	73.33%
NO	IIII	4	26.66%
TOTAL	15	15	100%

The information given above shows that 73.33% of the respondents have been in contact with learners with mental retardation. 26.66% of the respondents have not been in contact with learners with mental retardation.

**Table 10: How the teachers came to know the learner's with mental retardation**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
Slow Learners	HHH	5	33.33%
Abnormal behaviour	I	1	6.66%
Unable to do daily skills	I	1	6.66%
Poor Memory	IIII	4	26.66%
Poor Response to Situation	II	2	13.33%
Cannot Ask & Answer Questions	II	2	13.33%
TOTAL	15	15	100%



According to the information interpreted above, it shows that 33.33% which is a bigger percentage are slow learners. 26.66% have poor memory, 13.33% cannot ask and answer questions and the same percentage have post response to situation.

**Table 11: Teachers response on causes of Mental Retardation**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
Diseases	HHH	5	33.33%
Malnutrition	IIII	4	26.66%
Drugs	III	3	20%
Accident	II	2	13.33%
Prolonged Labour	I	1	6.66%
TOTAL	15	15	100%

From the interpretation above, a bigger percentage shows that mental retardation is caused by diseases and a smaller percentage of 6.66% shows that mental retardation is caused by prolonged labour.

**Table 12: Teachers response on socialization of mentally retarded learners**

CATEGORY	TALLY	FREQUENCY	PERCENTAGE
Withdrawal	HHH	5	33.33%
Aggressive	III	3	20%
Friendly	II	2	13.33%
Shy	I	1	6.67%
Destructive	HHH	4	26.67%
TOTAL	15	15	100%

According to the Information given above it shows that 33.33% isolate themselves from others. 26.66% are destructive while a smaller percentage shows that they are shy.

**Table 13: The main problems for Learners with Mental disabilities in their daily lives in school**

CATEGORY	FREQUENCY	PERCENTAGE
They don't participate in various activities.	9	60%
They lag behind in academic	5	33.33%
They are at par with other learners	1	6.66%
TOTAL	15	100%

The information given shows that most of the learners with mental retardation do not participate fully in various activities.

#### **4.3 Provision of Education to Learners with Mental Retardation**

Teaching in special schools and classroom for the mentally retarded children in more structured with less emphasis on incidental learning and that the materials needs to be simplified. Special attention should be given to mentally retarded learners so that they can feel part and puzzle of the learning.

**Table 14: What Action did you take after discovering that the learner was Mentally Retarded**

CATEGORY	FREQUENCY	PERCENTAGE
Referred to Special	5	33.33%
Schools	5	33.33%
Provide special Attention	3	20%
Report to the	2	13.33%
Headteacher		
Call for the Parent		
TOTAL	15	100%

According to the information given, a bigger percentage suggests that they should be referred to special schools and also be provided with special attention.

20% shows that the matter be reported to the Headteacher, while 33.33% shows that the parents should be called for.

**Table 15: How Can you assist a child When Teaching**

CATEGORY	FREQUENCY	PERCENTAGE
Giving Individual Attention	4	26.55%
Be Patient and Tender	3	20%
Refer to Qualified Teacher	3	20%
Appreciating any Little Progress	5	33.33%
TOTAL	15	100%

From the table above, teachers expressed different ways on how to assist the mentally retarded learners. Some teachers stated that they could give individual attention; some said that they would be patient and tender, some said that they would refer them to qualified teachers and others said that they would appreciate any little progress.

**Table 16: In Your Opinion do you think Learners with Mental Disabilities Should Be Educated at all**

CATEGORY	FREQUENCY	PERCENTAGE
YES	15	100%
NO	0	0
TOTAL	15	100%

The research conducted proves that all the teachers responded that all learners with mental retardation should be educated.

**Table 17: Teachers response on where the mentally Retarded learners should be educated best**

CATEGORY	FREQUENCY	PERCENTAGE
In the regular School	3	20%
In Special Schools for the Mentally Retarded	7	46.66%
In all unite within regular Schools	5	33.33%
TOTAL	15	100%

According to the information given, it shows that the mentally retarded should be educated in special schools for the mentally retarded.

#### **4.4 Knowledge of Integration**

Teachers were asked about putting or placing mentally disabled together in regular schools with the able ones.

**Table 18: Do You Understand the Meaning of the Word Integration**

CATEGORY	FREQUENCY	PERCENTAGE
YES	10	66.66%
NO	5	33.33%
TOTAL	15	100%

The information states that 66.66% know the meaning of the word integration.

According to the children's' right, all have a right to be educated. Its fair then to isolate these children in their own special schools away from the normal schools

**Table 19: Teachers response on isolating mentally retarded learners**

CATEGORY	FREQUENCY	PERCENTAGE
YES	3	20%
NO	12	80%
TOTAL	15	100%

From the information given above, only 20% of the mentally retarded agree to be included with others.

**Table 20: In your own opinion would it be possible to include children with disabilities in regular classes.**

CATEGORY	FREQUENCY	PERCENTAGE
YES	10	66.67%
NO	5	33.33%
TOTAL	15	100%

It is possible to include them in regular classes.

- Included but with their own classes.
- Only those with mild disabilities.

**Table 21: In your own opinion would you be willing to accept learners with disabilities in your class?**

CATEGORY	FREQUENCY	PERCENTAGE
YES	10	66.66%
NO	5	33.33%
TOTAL	15	100%

According to the information given above, 66.66% would be willing to accept learners with disabilities in their classes.

**Table 24: As a regular teacher with “normal” learners do you think their academic performance would affect when those children with mental disabilities are included in their normal classes?**

CATEGORY	FREQUENCY	PERCENTAGE
YES	10	66.66%
NO	5	33.33%
TOTAL	15	100%

From the interpretation given above, it shows 66.6% think that when learners with mental retardation are included in the normal classes, they would affect the performance of the learners.

**Table 25: If your answer is YES, do you think it is better to set a different national examination specifically for the mental retarded?**

CATEGORY	FREQUENCY	PERCENTAGE
YES	10	66.66%
NO	5	33.33%
TOTAL	15	100%

A bigger percentage shows that its better to set a different national examination specifically for them.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter shows the conclusion of the whole research study. Further, it's under this chapter that the researcher clearly relates the study objectives, ideas from the different scholars about the topic in question in relation to the findings of the study. Therefore, this gives the researcher room for recommendation such that future readers and users of this piece of work are able to come up with areas of future research.

#### **5.1 Conclusion**

Mentally retarded individuals otherwise referred to as those with low intelligence, feeble mindedness or those with mental subnormality Robert Ingalls (1978) are individuals who need our attention and should not be considered to be a bother in the society. Everybody in the community should understand that mentally retarded are entitled to get the basic needs as well as education the same as others.

Each group of mentally retarded (according to the classification) has a specific programme that can improve his style of living and even improve independence to most of them. It's therefore the duty of everybody to support the integration of learners with mental retardation regular schools. To the teachers, these children can roughly learn the same basic skills that a normal child of the same development at a level is acquiring. What they require to be taught is to be specified in behavioral terms with reinforcements dispensed systematically to maximize learning. Various skills to be taught systematically broken down into sub skill and be taught sequentially.

## **5.2 Recommendations**

There should be seminars and workshops for regular teachers to be launched very often by qualified personnel.

Public awareness campaigns should be done through Chiefs, Baraza, workshops, church services to create awareness in the community on disability and help discard cultural and traditional beliefs on disability.

The curriculum should be adapted and classes modified to meet the needs of special Education.

Teachers and other professional stakeholders should work together as a team to promote these learners education.

Teachers to be motivated by getting promoted, salary increment and have access to better healthcare.

Teachers Service Commission should employ more trained teachers to ease the workload, this will enable teachers to handle few learners so as to cater for individual needs of all learners and thus promote quality education in line with Salamanca Conference that was set within the framework laid down by education for all which focused on it and also equality.

Children should be given a right to choose where to learn.

Parents should be made aware to take their children for assessment incase they notice any abnormality.

The three month in-service course should be expanded to cater for more teachers. They should be taught the daily living skills for independency and be taught personal hygiene.



The mentally retarded especially the audible and trainable should be taken for vocational training to help them in future.

Parents who deny their children basic needs be dealt with.

Parents should be counseled to accept and love the mentally retarded child and treat them as other able children in the family.

## **APPENDICES**

### **APPENDIX 1: QUESTIONNAIRE**

This questionnaire aims at collection data for an educational research. The researcher assures the respondents of total confidentiality. Please note that your view or opinions in picking out certain response may differ significantly with those of others. This is because this is not a test. You are simply telling how you react to various situations by reflecting back to your daily practice as you handle learner. Avoid the temptation of giving responses that seems to be the best yet it is not what you do. Instructions are given at the beginning of each section "A" to "E"

- SEX
- AGE
- HIGHEST LEVEL OF EDUCATION ( BEFORE TRAINING)
- PROFESSIONAL QUALIFICATION

This questionnaire has five (5) section lettered A – D. Each section contains simple question. Your response shall be indicated by ticking either Yes or No.

**GENDER**

Female

☐

Male

☐**AGE.**

31 – 40

☐

41- 50

☐

20 – 30

☐

Over 50 years

☐**HIGHEST LEVEL OF EDUCATION (BEFORE TRAINING).**

O – Level

A – Level

Others Specify .....

**PROFESSIONAL QUALIFICATION**

P1

☐

Diploma

☐

Others

☐**TEACHING EXPERIENCE**

11 – 15

☐

6 -10

☐

Over 16

☐

1 – 5 years

☐

**Do you have mentally retarded learners in your class?**

a. Yes

b. No

If yes how do they conduct themselves in class?

a. Have poor memory

b. Slow learners

c. Aggressive

**Have you ever been aware of learners with Mental Retardation?**

a. Yes

b. No

**What is your experience with mentally retarded learners?**

a. Abnormal behaviour

b. Unable to do daily skills

c. Poor memory

d. Poor response to situation

e. Cannot Ask and answer Questions

**What are the causes of mental Retardation?**

Disease

-

Malnutrition

-

Drugs

-

Accident

-

Prolonged Labour

-

**What is your attitude towards the mentally retarded learners?**

.....

.....

**What is the level of socialization of mentally retarded learners?**

- |                                    |                      |
|------------------------------------|----------------------|
| a. Abnormal behavior               | <input type="text"/> |
| b. Unable to do daily skills       | <input type="text"/> |
| c. Poor memory                     | <input type="text"/> |
| d. Poor response to situation      | <input type="text"/> |
| e. Cannot Ask and answer Questions | <input type="text"/> |

**What do you think are the main problems facing learners with mental disabilities in their daily lives?**

- |                                                 |                      |
|-------------------------------------------------|----------------------|
| a. They don't participate in various activities | <input type="text"/> |
| b. They lag behind in Academics                 | <input type="text"/> |
| c. They are at per with others                  | <input type="text"/> |

**Provision for Education for learners with mental retardation.**

In your experience as a teacher have you ever come across a child with mental disability in your class?

- |        |                      |
|--------|----------------------|
| a. Yes | <input type="text"/> |
| b. No  | <input type="text"/> |

If the answer is yes, how did you know that the child had mental retardation?

- |                             |                      |
|-----------------------------|----------------------|
| a. Aggressive in class      | <input type="text"/> |
| b. Lagging behind           | <input type="text"/> |
| c. Withdrawn                | <input type="text"/> |
| d. Abnormal behaviour       | <input type="text"/> |
| e. Unable to read and write | <input type="text"/> |

**What action did you take after discovering that the learner was mentally retarded?**

- a. Referred to special school.
- b. Provide special attention.
- c. Report to the headteacher.
- d. Call for the parent.

**How can you assist a child when teaching?**

- a. Giving individual attention.
- b. Be patient and tend.
- c. Refer to qualified teacher.
- d. Appreciating any little progress.

**In your opinion do you think learners with mental disabilities should be educated at all?**

- a. Yes
- b. No

**If yes where would you think they would be educated best?**

- a. In regular schools
- b. In special schools for the mentally retarded
- c. In all units within regular schools

**Knowledge of Integration**

1. Do you understand the meaning of integration? If Yes, please explain briefly

2. According to the children's rights, all have a right to be educated. It's unfair then to isolate these children in their own special schools away from the normal schools

- a. Yes
- b. No

3. **In your own opinion would it be possible to include children with disabilities in regular classes?**

a. Yes

b. No

4. **In your own opinion would you be willing to accept learners with disabilities in your class?**

- It is possible to include them in regular classes
- Included but with their own classes
- Only those with mild disabilities

**Views concerning integration of learners with mental disability in regular schools.**

i. Do you think learners with mental disabilities have a right in the same classrooms as the normal learners?

a. Yes

b. No

ii. In your opinion do you think these learners with impairments will accept to learn in the regular schools

a. Yes

b. No

iii. As a regular teacher with " normal learners do you think their academic performance would be affect when those children with mental disabilities are included in their normal classes

a. Yes ☐

b. No ☐

iv. If your answer is yes, do you think it is better to set a different national examination specifically for the mentally retarded?

a. Yes ☐

b. No. ☐

**Factors to consider before including learners with mental retardation into regular schools**

In your opinion what do you think could be considered first before starting integration programme in regular schools for learners with mental retardation?

Explain briefly?

- There should be knowledgeable and skilful teacher to handle them.
- Provision of special facilities
- Let the "normal" students accept the disabled.

After including the learners with mental retardation in regular schools, do you think the teacher's workload will be too much?

a. Yes ☐

b. No ☐

If yes, what are your suggestions?

- Refreshers courses
- Training teachers before integration
- Teachers be freed from other duties

By giving teachers incentives and orientation about special need education

a. Yes ☐

b. No ☐

If yes, how would you like them to be motivated?

.....





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

DATE: 11/01/08 . . . . .

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR HENRY ODIA

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:

Teachers attitude and Learners with mental Retardation  
EASTERN ZONE

Case Study: KANDUKUNJI ZONE DIVISION, JAROB DISTRICT  
KENTA

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

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

Yours faithfully,

MR. MUHWEZI, JOSEPH  
HEAD, IN-SERVICE

