

CHALLENGES FACING LEARNERS WITH EPILEPSY
IN SELECTED PRIMARY SCHOOLS A CASE OF
SHAVIRINGA DIVISION HAMISI DISTRICT

BY

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DECLARATION

I Jane Mildren Adera O Registration No. BED/ SNE/ 18174/ 71/ DF declare that the work presented is my own original work. It is not a duplicate work of any other scholar. It has not been submitted in any other institution of higher learning for the award of diploma or degree in special needs education. I also declare that all materials cited in this paper which are not my own will be duly acknowledged.

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Date.....27/8/09.....

APPROVAL

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

Name Mr. Womuzumba Date 27/08/09

Signature 

DEDICATION

This research report is dedicated to my dear husband Lucas Odhiambo Osunga who supported me financially to see me through the course. It is also dedicated to the children with special needs in education who are the researcher's center of interest.

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LIST OF ABBREVIATIONS

E.A.R.C - Education Assessment Resource Centers.

E.F.A - Education For All

K.A.W.E - Kenya Association for the Welfare of Epilepsy

S.N.E - Special Needs Education

OPERATIONAL DEFINITION OF TERMS

Challenges – Problems

Co-curricular activities – Other activities that are not academic e.g. drama, music, and games.

Contagious – A disease that can be spread from one person to another.

Discrimination – Favoring others and not others.

Epilepsy – A disease characterized by seizures of fits due to disorder of the brain cell.

Participate – Take part in.

Peers – Age mates.

Prevalence – To what extent or how many.

Regular teachers – Teachers who are teaching in regular institutions

Seizure – Convulsions, fits or attacks of an epileptic patient.

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ABSTRACT

This research is about challenges facing learners with epilepsy in primary schools in Shaviringa Division of Hamisi District. The findings were drawn from a population of twenty primary school teachers in Shaviringa Division of Hamisi District .the instrument used to collect data were questionnaires, which were sent to twenty primary schools in Shaviringa Division of Hamisi District. The data was analyzed using frequency tables.

The researcher found out that most primary schools in Shaviringa Division have learners with epilepsy and most of the learners 70% do not attend school regularly. 20% are very irregular in school and only 10% are regular in school

Most of the learners with epilepsy 40% core below average academically 30% are average and 10% are above average. Majority of the teachers 70% would not like to teach learners with epilepsy. The reason being that they lack skills to handle learners with epilepsy.

Only 20% of the teachers have trained in Special needs Education. Many teachers also think that epilepsy is contagious and many teachers would wish to isolate the learners with epilepsy.

In conclusion, many teachers in Shaviringa Division have ignored learners with epilepsy in schools making them lack or loose interest in learning hence dropping out of school. Parents also see no point of taking such learners to school thinking that they cannot gain anything from school. Other learners also isolate themselves from learners with epilepsy making them appear miserable.

Due to the challenges facing learners with epilepsy, teachers and the community as a whole need to be enlightened about the facts of epilepsy so that they may treat learners with epilepsy like any other child. The programme of Special Needs Education needs to be supported by the government so that many teachers can be trained of special Needs Education (SNE). Teacher training colleges should also train teachers on

S.N.E so that they can take care of all learners with special needs in education.

The (E.A.R.C) centers and their services should be made known to the teachers so that they can refer the learners with special needs in education to the centers for assessment and early intervention.

CHAPTER ONE: INTRODUCTION

1.0 BACKGROUND INFORMATION

The trend of education is changing all over the world with a view of accommodating all categories of learners to benefit in education. Many conferences have been held at international and national levels and many countries have been signatories to recommendations. The Universal Declaration of Human Rights (1948) states, "Everyone has the right to education which shall be free and compulsory. All are entitled to all rights without discrimination of any kind such as race, color, sex, birth or any other status" this forms an important basis for education for all (EFA) children in the world regardless of disability.

The Jomtien declaration of education for all (EFA) – (1990) also recommended that all children have a right to education regardless of individual differences, all children should be taken to school and governments should provide each child with the most suitable education. Salamanca statement recommended that the child with special needs must have access to regular education in a welcoming school in his or her neighborhood and the right of every child to education that considers the child's unique and learning needs.

In Kenya, the ominde report (1964) advocated for integration of children with special needs in regular schools. It also advocated for teacher training education for regular teachers to enable the teachers to meet the needs of learners with special needs in the regular classroom.

The Gachathi report recommended the integration of children in special schools to regular schools and other centers as much as education in special schools to regular schools and other centers as much as education. The (EFA) 2001 advocates for education to be free and

available to all Kenya's by 2015. Pilot schemes have been started in Kenya in the Oriang centre in South Nyanza but the progress is slow.

The government of Kenya is trying to train teachers in special needs Education but many children with special needs are still isolated and discriminated. The type of education offered is exam oriented and does not favour learners with special needs.

It is with this view that the researcher has seen it necessary to investigate the challenges of one group of the learners with special needs called the learners with epilepsy. This will be carried out in Tiriki East Division in Hamisi District.

1.1 STATEMENT OF THE PROBLEM.

According to pickering (1987) those with epilepsy were looked at as socially, physically and mentally incapable. They were not easily accepted as part and parcel of the family and the community. Many people with disability suffered neglect and rejection because families and communities had negative attitudes towards them.

Epilepsy is very complicated because it has social implications which are often more difficult to handle. Epilepsy is found all over the world. Epilepsy can bring social problems for example the attitude of the parents and the families are vital in helping a child with epilepsy to lead a normal and productive life within his capabilities. Epilepsy shows itself by strange. Physical actions, which cause fear to the absency. Epilepsy shows itself by strange. Physical actions, which cause fear to the absency. Epilepsy was greatly feared because it was always viewed as a natural happening and naturally enough everyone reacted strongly against the epilepsy suffer and his family.

The deep-rooted fear based on old but firmly superstitions probably still exists in many areas of Kenya. Many different attitudes developed concerning epileptic seizures varying from tribe to tribe possessions, curses witchcraft and punishment were thought to be the primary reasons why a person suffered epilepsy.

After a keen observation, the researcher noticed with much concern that learners with epilepsy have neglected, discriminated and isolated by teachers and other learners. Due to the belief that epilepsy is demonic and contagious many people do not want to assist the learners with epilepsy. When they are attacked by seizure, other learners run away from them. Some teachers also get scared and leave the learner with epilepsy helpless and injuring himself more.

Learners with epilepsy hardly participate in co-curricula activities at school because teachers and other learners fear that they may get a seizure when performing an activity. In most cases such learners are isolated and they become withdrawn. This is why the researcher has decided to carry out a study on the challenges faced by the learners with epilepsy in Shaviringa Division of Hamisi District.

1.2 PURPOSE OF THE STUDY

To find out the challenges faced by the learners with epilepsy in primary schools in Shaviringa Division.

1.3 SPECIFIC OBJECTIVE.

To find how regularly the learners with epilepsy attend school.

To establish the academic progress of learners with epilepsy in Shaviringa Division.

To investigate the attitudes of the teachers towards learners with epilepsy in Shaviringa Division.

To find out the strategies in place to improve on the performance of learners with epilepsy.

1.4 RESEARCH QUESTIONS

1. How regularly do learners with epilepsy in primary schools in east Division attend school?
2. What is the academic progress of learners with epilepsy in Shaviringa Division?
3. What is the attitude of teachers towards learners with epilepsy in primary schools in Shaviringa Division?
4. What are the strategies in place to improve on the performance of learners with epilepsy?

1.5 SIGNIFICANCE OF THE STUDY

Learners with epilepsy will be appreciated and be given opportunities to participate in school and community activities. This will help them improve their interaction with other learners in school.[the peer learners will have a positive attitude towards them hence they will be willing to assist them where possible.

Parents will accept their children with epilepsy the way they are. They were willing to learn skills of handling them. They will be willing to provide for their needs without feeling that they are a burden to them. They will treat them the way they treat other children without discrimination.

Teachers will improve on their teaching methods; approaches, attitudes and they will also modify the learners with epilepsy. They will also willing to involve these learners in school activities like music, games, clubs and drama.

The community will not shun the learners with epilepsy as a group that is called will see them as members of the community just like not neglect, isolate or discriminate them.

The government will be able to plan and support the learners with epilepsy hence achieve its policy with epilepsy of EFC. It can do so by training more teachers in special needs field through the Kenya Association for the welfare of Epileptics (KAWE) it has also helped in reducing the cost of drugs for epilepsy.

Other researchers will get more information from the research hence becoming a reference material. They will also have the interest of researching more about the needs of learners with epilepsy.

The researcher will gain more knowledge and use the knowledge gain in his profession and in daily life and have a feeling of self-satisfaction.

1.6 LIMITATIONS AND DELIMITATIONS OF THE STUDY

LIMITATIONS

The researcher had a problem of lack of enough funds for transport and for buying materials such as foolscaps for writing the research. It is also very expensive for the work to be printed.

The researcher had a limited time to conduct the research because being a regular teacher; the researcher had many duties to attend to at schools and at home.

Due to rains, it was difficult for the researcher to move from one school to another comfortably when conducting the research.

Some teachers were uncooperative hence making it difficult for the researcher to conduct the researcher well. Some teachers withheld information due to the stigma on epilepsy.

The questionnaires that were sent to schools were brought bck immediately hence the researcher had to go looking for them from the schools.

DELIMITATIONS

Availability of reference materials from the nearby libraries e.g Kaimosi Teachers' College Library, Kaimosi Hospital Library hence enhancing the researcher by getting information for literature review.

Availability of means of transport making movement from one place to another easy. Most of the feeders roads are in good state.

The researcher being well known did not face any hostility fro the respondents. Some teachers were ready to be sensitized on matters concerning epilepsy. This will then tend to change their attitude on learners with epilepsy.

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

Dekker (1994) defines epilepsy as a condition characterized by repeated seizure due to disorder of the brain cells.

Mwaura and Wanyera (2002) define epilepsy as a brain sudden loss of consciousness, convulsions or seizures.

Kilei (2002) defines epilepsy as a condition that occurs in a person due to brain disorder and characterized by fits or a sudden loss of consciousness followed by fits or seizures. This can happen in the classroom, even in the church or mosque.

According to Dekker (1994) the word epilepsy means to take hold of or to seize in Greek.

The word was used because the ancient Greeks believed that evil spirits seized people and made them fall to the ground.

Hippocrates, the father of medicine, argued that epilepsy was a disorder of the brain and nothing to do with possessions by devils. But because there was no cure and people were superstitious, families with epilepsy were forced to keep the condition a secret. This attitude is only just beginning to change as the causes of epilepsy are better understood and treatment improves.

The first drug of epilepsy as called bromide. It was introduced in 1861 but it is no longer in use because it has severe side effects. In 1930s the electroencephalograph (EEG) was first introduced to trace and measure the epileptic patterns brain waves.

A great deal of medical research has been carried out on epileptic and continues to be done. The condition which usually starts in childhood should be controlled as quickly as possible in order to prevent later problems from developing.

According to Pickering (1978) modern research on child development, psychology and education has made it clear that parents, families, schools and the immediate society all have a very important role to play in helping a child with epilepsy in what he can do rather than what he is.

2.1 DO LEARNERS WITH EPILEPSY ATTEND SCHOOL REGULARLY?

According to Kilei (2002) there are three common types of epilepsy which are classified according to the duration of convulsions. If fits are unmanaged, they may occur frequently leading to hospitalization and frequent absence from the class. The learner may end up losing what is learnt in his absence and may drop out of school.

Grandmal seizure is the most common and most severe. It is characterized by extreme convulsions, which may last for five minutes. The individual may have or shows pre warning signs such as difficult breathing and restlessness. They collapse and lose consciousness while convulsing, shout making gurgling sounds, drool, experience loss of bladder control and remain disoriented after the convulsions for a short time.

Jacksonian (1980) petitmal start in childhood and adolescence and occasionally persisting into adult life. The patient pauses in conversation, eyelids flicker, drops things and picks up the conversation.

Petitmal is a mild condition of seizures, which may last for 5-10 seconds. The children who suffer from this condition may stop what they are doing briefly and for a short while have a strange empty blank look. They also fail to hear or see for sometime and drop things which may be in their hands such as pencils, books, cups, spoons or plates.

Kilei (2002) psychomotor condition is sometimes confused with mental illness because it affects the mental process and the motor systems. It is characterized by involuntary movements where the children may move about in the classroom or compound and convulsions follow. There is also loss of bladder and bowel control. After the convulsion the children

may not remember what was happening before the seizure and they sometimes become violent.

Kilei (2002) before the seizure the person could stand up, shout and fall during the attack the person may become stiff, kick with legs and hands, produce foam from the mouth, open the eyes, groan and urinate. After the attack the person may be confused, be disoriented, not remember what happened before the attack, not speak, cry and not continue with classroom work. Due to this the child may be hospitalized or remain to rest at home for sometime hence making it difficult for him to attend school regularly.

2.2 WHAT IS THE ACADEMIC PROGRESS OF LEARNERS WITH EPILEPSY IN SHAVIRINGA DIVISION?

Edelberg (2002) cited that learners with epilepsy are intelligent and would also get a degree as long as they are on drugs to control their fits. The learner may need drugs to control the fits for life. This may lower his self worth. It is also an extra financial burden on the parents who may not afford it. If unmanaged, the fits may occur frequently leading to hospitalization and frequent absence from the class. The learner may lead to losing what is learnt in his absence and may drop out of school.

Kilei (2002) states that learners suffering from epilepsy have normal intelligence and can learn well in a regular classroom setting with good support from the classmates, teachers, parents and the community. However, learners with epilepsy may experience problems like frequent seizures which may affect their learning.

Some members of the society also have negative perception about them and view them as being abnormal and as persons suffering from mental illness.

Bickerstaff (1980) states that psychomotor attack causes sudden disturbance of behavior like the person may start running in a circle or

fighting vigorously or rearranging objects. This stops suddenly and there is no knowledge of what has happened.

According to Kilei (2002) epilepsy is sometimes confused with mental illness because it affects the movements where the patient may move about and convulsions follow. There is loss of memory, the person may not remember what was happening before the seizure and they sometimes become violent. The patient may stop what they are doing briefly and have a strange empty blank look. They also fail to hear or see for some time and drop things.

Post traumatic epilepsy causes serious injuries to the brain hence affecting the academic progress of learners with epilepsy.

According to Kilei (2002) and Pickering (1987) causes of epilepsy leads to poor performance of learners with epilepsy. The causes are as follows:

- Lack of oxygen during birth, which can lead to brain damage resulting to epilepsy.
- Injuries on the head as many occur during road accidents, fights or during birth.
- Diseases during pregnancy can lead to brain damage which can result to epilepsy.
- Diseases like cerebral malaria, measles and meningitis.
- Brain tumour
- Trauma
- Drugs like alcohol bhang and cocaine and mercury substance abuse
- Abrupt withdrawal from taking drugs
- Stroke.
- Inherited or degenerative central nervous system disorders.

According to Kilei (2004) a learner with epilepsy can become disoriented due to the frequent attacks thus failing to cope with academic work. Each seizure causes some irreparable brain damage, which lowers the learners' mental capacity, thus affecting learning.

2.3 WHAT IS THE ATTITUDE OF TEACHERS TOWARDS LEARNERS WITH EPILEPSY IN PRIMARY SCHOOLS IN SHAVIRINGA DIVISION?

According to Kilei (2002) children suffering from epilepsy have normal intelligence and can learn well in a regular classroom setting with good support from classmates, teachers, parents and the community. However epileptic children may experience problems which may affect their learning.

Some teachers have a negative perception about learners with epilepsy and may view them as being abnormal and as persons suffering from mental illness.

Some teachers also discriminate learners with epilepsy since they think that epilepsy is contagious.

According to Waruguru (2002) stigmatization and labeling of learners with epilepsy by teachers may lower the learners self image. The regular teachers feel in competed to deal with the special learner who they think may only be handled by the 'special teachers.'

Many teachers think that working with a child with disability or other special needs calls for technical training. Some teachers may object having learners with special needs in education in their class or school fearing that the child will lower the mean score for their class or school.

This is because of the exam-oriented nature of the education system. The teacher may have low expectations from the learner with epilepsy and may not give him challenging work. This may make the learner give up trying as his efforts are not appreciated.

According to Barow and Fabing (1966) as recently as in the 1960's many states prohibited people with epilepsy from even marrying, driving or working in certain kinds of jobs and compulsory sterilizing laws were common. Job discrimination has probably been more widespread for epileptic people than any other handicapped group.

According to Mwaura and Wanyera (2002) the indicators of epilepsy such as loss of saliva control, loss of bladder and bowel controls, having a strange empty look, chewing and smacking of the lips and appearing to be confused and carrying out purposeless activities like rubbing arms and legs makes teachers to have a negative attitude towards learners with epilepsy.

2.4 WHAT ARE THE STRATEGIES IN PLACE TO IMPROVE ON THE PERFORMANCE OF LEARNERS WITH EPILEPSY IN SHAVIRINGA?

According to Kilei (2002) teachers and other professionals working with children with epilepsy can assist them by taking the following measures;

Refereeing them to hospitals for drugs which will assist them to cope with the condition in the various areas the learners will be.

Talking to the learner and helping him to overcome psychological traumas caused by the condition through sessions of guiding and counseling.

Monitoring the learners and identifying and developing specific learning difficulties for remediation of the areas he may be lagging behind.

Talking to other learners, teachers and the community to understand that epilepsy is not contagious. This will ensure support of such learners by all.

Training all learners to team up to remove any object that could cause injuries to the sick one and to avoid holding them to the ground incase of excess movement during a fit.

Counseling other teachers and classmates not to make fun of such learners or putting too much attention on them for this could precipitate more fits or convulsions.

Understanding the medical history of the learner and reminding him of medical appointments and when to take the drugs prescribed by the physicians while in school and also at home.

2.7 FIRST AID IN EPILEPSY

- Do not panic. Keep calm.
- Do not be frightened
- Loosen tight clothing.
- Turn the face to the side to release saliva and to avoid obstructing breathing.
- Do not force to open the clenched jaws.
- Do not give anything to drink.
- Stay with the person and carefully observe the details for reports.
- Prevent him from fire, water, and traffic and take away harmful objects which might harm him.

Cushion his head with something soft.

- Do not stop the jerking movements.
- Do not rush to the hospital unless the patient gets repeated attacks.
- When he feels like it, allow the child to continue with whatever he was doing before the epileptic fit.
- After the fit stops, turn the child onto his side to help him to breathe and recover easily. Ingalls (1986).
- Turn the experience into a learning experience for the class.
- Persons with epilepsy should be discouraged from playing in dangerous locations e.g. near fire, deep waters and swimming pools.

2.8 COPING WITH EPILEPSY

- Try to forget about when the epilepsy comes or what caused it.
- Talk to the doctor about the epilepsy.
- The attitude of parents and family are vital in helping a child with epilepsy to lead a normal and productive life within his capabilities.
- A child who accepts his seizures and gets on at school without a fuss enables his friends to understand his condition and through them brings greater tolerance and acceptance towards other people and with epilepsy.

- It is mainly through the family that social attitudes to epilepsy can be changed and it is by working in conjunction with teachers that a child succeed at school and be accepted by his peers.
- Never make epilepsy an excuse for lowering the expectations of the child's performance.
- The child should be subject to normal discipline and should not be overprotected.
- Do not make the child with epilepsy the centre of attention, blame him for family inconveniences, reject him or attribute everything that happens to him or to the family to the fact that he has epilepsy.

- Encourage any activity that improves his self-image, concentrate on what he can do rather than what he cannot do and help him increase his scope of interest.
- Guide him to a choice of career or job that is realistic for him but do not do it without stressing his limitations.
- Help the child live with his epilepsy and adopt a positive attitude.

Always remember that he may stop having fits. His acceptance by the community will depend on his reliability as a member of the community and live a productive and independent life. Pickering (1987).

2.9 PREVENTION OF EPILEPSY

- Provision of waiting areas for pregnant women near hospitals for timely intervention (caesarian section, vacuum delivery) at the time of delivery to save the mother and prevent life-long disabilities from birth or trauma in the newborn child.
- Early diagnosis and early adequate treatment of bacterial meningitis.
- Adequate malaria treatment in areas where chloroquine resistance has developed. Primary health workers should be informed about the changing resistance pattern.
- Prevention of malaria attacks by using mosquito nets.
- Measles vaccination.
- Prevention of road traffic accidents and other trauma.
- Effective and early treatment of seizures so that further brain damage is prevented.
- Genetic counseling where a hereditary disease is diagnosed. Dekker (1944)
- It is in view of this that the researcher decided to do a research on the challenges facing learners with epilepsy in primary schools in Tiriki East Division and see how best they can be helped in acquiring education.

CHAPTER THREE: METHODOLOGY

3.0. INTRODUCTION

In this chapter the researcher gives the methods used to collect data. The researcher also gives other details like the population used in the research work, the research approach, research designs, samples used to get information, the procedure of sampling and all the instruments used.

3.1 RESEARCH APPROACH

The approach used was qualitative because it involved collection of data, analysis, interpretation and tabulation of data. The data collected may mainly be described in words.

3.2 RESEARCH DESIGN

The researcher used survey design to collect the data. The information collected was done using questionnaire which were directed to the sample schools selected. The data was tabulated and analyzed.

3.3 TARGET POPULATION.

The target population was twenty teachers from primary schools in Shaviringa Division.

3.4 SAMPLE POPULATION.

The sample population was twenty teachers from twenty primary schools in Shaviringa Division.

3.5 SAMPLING PROCEDURE

The researcher used simple random sampling method. This involved selecting at random from a list of the population. Twenty schools were selected at random using numbers 1-20. Twenty teachers were also selected at random. Those who picked number one failed the questionnaires.

3.6 SCOPE.

The research was done in twenty primary schools in Shaviringa Division of Hamisi District. Twenty primary school teachers filled the questionnaires. The research took place between May and August 2009.

3.7 INSTRUMENTS AND TOOLS

The researcher used questionnaires, which were taken to the sample schools.

3.8 DATA ANALYSIS

The data was analyzed in form of frequency tables and brief explanation followed the table of responses.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 INTRODUCTION TO THE CHAPTER

This chapter is about the analysis and interpretation of data collected on challenges facing learners with epilepsy in primary schools in Shaviringa Division of Hamisi District. Twenty primary schools in the division were given questionnaires which had two parts A and B.

Part A had the demographic information about the teachers. Part B had information to be filled about the learners with epilepsy in Shaviringa Division of Hamisi District.

4.1 Discussion and analysis of findings

Part A

This part had the demographic information about the teacher concerning gender, age, academic qualification, professional qualification marital status and teaching experience.

The results were as follows.

Item 1 indicating the sex (gender)

Table 4.2(i) demographic information on gender

Category	Frequency	Percentage
Male	10	50%
Female	10	50%
Total	20	100%

The number of male teachers who filled in the questionnaires balanced with the number of the female teachers. Male were ten teachers and the female ten teachers hence the information collected was not gender biased.

Item 2- indicating age

Table 4.2(ii) information on age

Category	Frequency	Percentage
20-25 years	2	10%
30-35 years	4	20%
40-45 years	7	35%
50 and years	7	35%
	20	100%

Majority of teachers are between 40-45 and 50 and above years represented by 35% each. Those between 20-25 years are only 10% and 30-35 years are 20%. Young teachers are few due to limited chances of employment.

Item 3- indicating academic qualifications

Table 4.2 (iii) demographic information on academic qualification.

Category	Frequency	Percentage
Secondary level	20	100%
Primary level	0	0%
Total	20	100%

All the teachers have secondary level education presented by 100%. All have met the academic requirement.

Item 4- indicating professional qualifications.

Table 4.2(iv) Demographic information on professional qualifications.

Category	Frequency	Percentage
ATS	9	45%
P1	9	45%
DIPLOMA	2	10%
BED	-	-
OTHERS	-	-
TOTAL	20	100%

Most of the primary school teachers have P1 and ATS grades respectively. Those with grade P1 are 45% and those with ATS are 45%. Diploma teachers

are 10%. This is due to the recent promotions of teachers who have taught in P1 grade for fifteen years and above.

Item 5- indicating marital status

Table 4.2(v) demographic information on marital status

Category	Frequency	Percentage
Married	20	100%
Single	-	-
Others	-	-
Total	20	100%

All the teachers who filled in the questionnaires are married and are represented by 100%

Item 6- Indicating Training in special needs education

Table 4.2(vi) Indicating Training in Special Needs Education.

Category	Frequency	Percentage
YES	4	20%
NO	16	80%
Total	20	100%

Most teachers are not trained in special needs education and that is why learners with epilepsy face many challenges in primary schools in Shaviringa Division.

PART B

This part had questions related to learners with epilepsy. It had four questions. The results tabulated as follows:

1. How do learners with epilepsy attend school?

Table 4.2 b (i)

Category	Frequency	Percentage
Irregularly	14	70%
Very irregularly	4	20%
Regularly	2	10%
Total	20	100%

Most learners with epilepsy are irregular in school. This is shown by 70%. 20% are very irregular and those who are regular in school are only 10%.

Q2. WHAT IS THE ACADEMIC PROGRESS OF LEARNERS WITH EPILEPSY IN YOUR SCHOOL?

Table 4.2b(ii)

Category	Frequency	Percentage
No response	4	20%
Below average	8	40%
Average	6	30%
Above average	2	10%

Only 10% of the learners with epilepsy perform above average those performing below average are 40% and those performing average are 30%. The percentage is low because most of the children are not regular in school and after a seizure they become disoriented.

Q3a WOULD YOU LIKE TO TEACH LEARNERS WITH EPILEPSY?

Table 4.2b(ii)

Category	Frequency	Percentage
Yes	6	30%
No	14	70%
Total	20	100%

70 percent of the teachers would not like to teach learners with epilepsy while only 30% would like to teach the learners with epilepsy.

Q3b reasons for not wanting to teach learners with epilepsy.

Table 4.2b(iv)

Category	Frequency	Percentage
Fear	8	40%
Lacking skills to handle learners with epilepsy	12	60%
Total	20	100%

Most teachers lack skills to handle learners with epilepsy in schools as shown. 60% and 40% fear to handle such learners due to the various beliefs about them.

Q3C DO YOU THINK YOU CAN ALSO GET EPILEPSY IF YOU HANLE LEARNERS WITH EPILEPSY

Table 4.2b(v)

Category	Frequency	Percentage
No	8	40%
Yes	12	60%
Total	20	100%

Q4 WHAT ADVICE WOULD YOU GIVE TO OTHER LEARNERS IN YOUR CLASS ABOUT LEARNERS WITH EPILEPSY?

Table 4.2b (vi)

Category	Frequency	Percentage
Work together	8	40%
Isolate them	12	60%
Total	20	100%

40% of all the teachers would like to have other learners work together with learners with epilepsy while 60% would like them separated because of the stereotype beliefs they have about the learners with epilepsy.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION.

5.0 SUMMARY

This research was aimed at investigating challenges facing learners with epilepsy in primary schools in Shaviringa Division of Hamisi District. The researcher found out that most schools in Shaviringa Division have learners suffering from epilepsy.

The number of learners with epilepsy enrolled in the schools is very limited though most of the children with epilepsy are hidden at home due to the stigma of epilepsy and some drop out of school.

Those who attend school are not regular. Only 10% of them attend school regularly. 70% attend school irregularly and 20% are very irregular in schools. This is due to the effect fits and regular visits to the clinics.

Some are also involved in accidents such as burns hence they have to heal before going back to school. Due to their being irregular in school, some teachers do not allow learners with epilepsy to take part in co-curricular activities. This is because they can be absent when they are to perform an activity.

Some teachers fear using them because they can develop a seizure when on stage. Some teachers feel that they are an embarrassment and are not willing to use them. Some of their parents also have instructed the teachers not to involve them in co-curricular activities. Some of the learners with epilepsy have multiple disabilities like being physically handicapped and epileptic hence some teachers feel that they should not take part in co-curricular activities.

As for the academic performance only 10% of them perform above average 30% are average and 40% are below average. This is as a result of their being absent from school most of them loose concentration due to the effect of fits. Some teachers are also not willing to cater for them during extra time so that they can compensate for their loss when they are absent.

Most teachers in Shaviringa Division would not mind teaching learners with epilepsy although 30% of them would not like to teach the learners with

epilepsy. Some fear handling learners with epilepsy and some are ignorant of what to do in case of a fit.

Some teachers know that epilepsy is not contagious but still would not want to handle learners with epilepsy due to the cultural beliefs about epilepsy.

Only 20% of teachers have trained in the area of special needs education. This shows that most teachers should be sensitized on the areas of special needs education.

5.1 CONCLUSION

The researcher discovered that learners with epilepsy in primary schools in Shaviringa Division suffer physically and psychologically. They are isolated because of the stigma of epilepsy. Most of the community, teachers, parents and pupils have not been sensitized on epilepsy hence they believe in the cultural beliefs about epilepsy.

Some teachers do not even want to hear the word epilepsy and feel that it is something that should not even be mentioned.

Many children with epilepsy are not in school. Some parents have a feeling that they do not deserve to go to school because there is nothing they can learn there. Some parents are over protective hence the children are kept at home due to the fear that they can be involved in accidents.

Most of the teachers have no idea of the work of the Educational Assessment Resource Centres (E.A.R.C) and even where the district one is found. This makes them not to be in a position to advise the parents on where to take the learners with epilepsy for assistance.

Learners with epilepsy who are in school are not always involved in co-curricular activities due to fear of stigmatization.

5.2 RECOMMENDATION

1. Parents should be advised not to hide their children with epilepsy at home but to take them to schools and inform the teachers about the condition of the learner.

2. All teachers should be in serviced on how to handle learners with special needs in education, including those suffering from epilepsy.
3. General awareness should be created about epilepsy so that people do not believe in the cultural beliefs about epilepsy. This will make people understand epilepsy and assist learners with epilepsy.
4. Research results should be disseminated by having them in school libraries where teachers and pupils can read them and be aware of epilepsy.
5. Drugs for epilepsy should be made available and cheap so that learners can make use of them and control the fits.
6. The EARC centers should be advertised and attached to a school so that teachers and parents can know the services they offer and their functions.
7. The teachers should change their attitudes towards learners with special needs such as learners with epilepsy. This will reduce the school drop out and enable the learners achieve what they re able to do.
8. The teacher training colleges should have a component of special needs education in their syllabus so that they can develop the knowledge and skills of handling learners with special needs in education.
9. Other learners should be encouraged to assist learners with epilepsy and involve them in their activities rather than isolating them.

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**QUESTIONNAIRE FOR TEACHERS HANDLING LEARNERS WITH
EPILEPSY IN REGULAR SCHOOL OF SHAVIRINGA DIVISION HAMISI
DISTRICT**

The Aim of this study is to find out the challenges facing learners with epilepsy in Primary schools in Shaviringa Division, Hamisi District. The researcher wishes you as a teacher of regular school to provide the information required by ticking or writing in the spaces provided, the correct response.

Be assured that this information will be treated with utmost confidence.
Do not write your name or institute.

PART A.

DEMOGRAPHIC INFORMATION ABOUT THE TEACHER

1. Gender: Female ☐ Male ☐
2. Age: 20-25 years ☐ 30-35 years ☐
 40-45 years ☐ 50 and above years ☐
3. What is your academic qualifications
 Primary ☐ Secondary ☐
4. Indicate your professional qualifications
 P1☐ DIP☐ ATS☐ BED☐ Others☐
5. Marital status: Married ☐ Single ☐ others ☐
6. Are you a trained special needs teacher?
 Yes ☐ No☐

PART B

Questions related to learners with epilepsy

1. How do learners with epilepsy attend school?

Irregularly ☐

Very irregularly ☐

Regularly ☐

2. What is the academic progress of learners with epilepsy in your school?

Below average ☐

Average ☐

Above average ☐

3. a) Would you like to teach learners with epilepsy

Yes ☐

No ☐

b) Reasons for not wanting to teach learners with epilepsy

Fear ☐ Not knowing how to handle them in case of a seizure ☐

c) Do you think you can also get epilepsy if you handle learners with epilepsy?

No ☐ Yes ☐

4. What advice would you give to other learners in your class about learners with epilepsy.

Work together ☐ isolate them ☐



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Office of the Director

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR ~~MR~~/MRS/MR JANE MILDREN ADERA O.

REG. # BED/18/174/71/DE

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 FACING LEARNERS WITH
EPILEPSY IN SELECTED PRIMARY SCHOOLS
A CASE OF SHAVIRINGA DIVISION, HAMISI
DISTRICT

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

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

ours Faithfully,


UHWEZI JOSEPH
EAD. IN-SERVICE