

**THE ATTITUDE OF TEACHERS IN REGULAR PRIMARY SCHOOLS
TOWARDS THE EDUCATION FOR THE PHYSICALLY HANDICAPPED:
A CASE STUDY OF TURBO DIVISION VASIN GISHU DISTRICT.**

BY

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DECLARATION

I sincerely declare that this paper is my own and has never been presented by anybody to any educational institution for the purposes of certification.

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Dedication

I dedicate this research paper to my lovely wife Susan and daughter Bevin.

Acknowledgement

I wish to acknowledge the professional and technical assistance of my supervisor Mr. Derrick Ssekajugo whose guidance enabled me to successfully write this paper. a lot of thanks also goes to my colleagues student, Mr. Martin Kinyua and Mr. Jimmy Siryo who assisted me in one way or the other during this research writing.

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Abstract

The major purpose of the study was to investigate the attitudes of teachers towards the education of the physically handicapped children in turbo division. A quantitative research approach, using questionnaires was employed to collect the data for the study. Twenty primary school teachers and five schools were sampled for the study. Findings of the study show that the teachers, parents and children have several misconceptions and wrong beliefs about the nature and conditions of physical disabilities and about children with such problems. The implication of the study is that teachers should focus on raising their own awareness about physical disabilities through training in special needs education and other programmes.

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CHAPTER ONE

1.1 Background Information.

The concept of disability has undergone significant changes from time immemorial. Today the world perceives the disabled as capable of benefiting from education, vocational training, self-reliance and other societal norms. However, there are still places where the physically different learners are perceived as incapable of engaging in meaningful education and gainful employment.

Environment largely determines the effects of impairment or a disability on the person's daily life. A person is handicapped when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living.

It is clear that learners who are physically different in Turbo Division have not gained greater acceptance as members of the school community. Limited expectations of their ability to benefit from the normal school system are perpetuated by the teachers. The responsibility for coping with their needs are frequently abdicated to someone else, a peripatetic teacher or a special school. The few trained teacher or a special school. The few trained teachers in special needs education often work in enforced isolation other teachers'

exception of their professional competence often being on par with their prejudices about these children.

The most radical features will require injecting a new attitude to the teachers towards the physically handicapped children. It is important that in order to achieve and sustain effective changes, it will be necessary to persuade teachers to behave differently from the way in which they have acted in the past towards the physically handicapped children. Remember that unless attitude changes nothing changes. This will require that teachers are given in- service training in order to give such teachers a level of qualification appropriate to their responsibilities.

It is the right of every pupil of school going age to access education. The principle that those with special needs should share this common entitlement with their peers has taken many years to gain acceptance in Turbo Division. Achieving maximum access to the education for these children and securing their subsequent progress will require a change in attitude and support from the teachers. The ways in which parents, teachers, classmates and others react to a child with physical disabilities are not at least as important as the disability itself. Many disabled children suffer from excessive pity, sympathy and over protection whereas others are cruelly rejected, stared at, teased and

excluded from participation in activities with non-disabled children. All children, disabled are not need to develop respect for themselves and to feel that they have a rightful place in their family, school and community.

The researcher intends to provide a mirror to the readers of this paper for the kind of attitude primary school teachers in Turbo Division have towards the physically different learners. The researcher's recommendation and conclusion shall also be included. This research paper will be of great help to the teachers, parents, education officers and other scholars who have interest in this vast filed of attitude towards the physically handicapped learners.

Statement of the Problem.

This study is a survey to establish the attitude of regular primary school teachers in Turbo Division towards the physically handicapped learners. This survey therefore is a prerequisite if the physically different learners are to gain greater acceptance and benefit from the normal school system. There is a need to create a barrier free environment that will help the children with physical disabilities enjoy life just like other children in schools. This will require among other aspects a change in attitude towards the physically handicapped children so that the teachers look at them as capable members of the school.

1.2. Purpose of the Study

The purpose of this research is to investigate and establish the attitudes of teachers in regular primary schools in Turbo division towards the physically handicapped children. Suitable recommendation and suggestions that will help in the adjustment of the environment to accommodate children with physical disabilities shall be extensively addressed by this paper. This paper therefore gives a head start to key stakeholders of education to provide a conducive learning environment to the physically different learners.

1.3. Objectives of the Study.

This research paper is guided by the following objectives:

- To establish the types of physical disabilities found among children in Turbo division.
- To establish the attitude of teachers towards the physically handicapped children.
- To investigate the problems encountered by children with physical disabilities in regular primary schools in Turbo Division.
- **To make** recommendations that should be put in primary schools in Turbo Division to accommodate children with physical disabilities.

1.4. Research Questions.

This research paper will seek to answer the following key research questions:

- What kind of physical disabilities are found among learners in regular primary schools in Turbo Division
- What is the attitude of teachers towards the physically handicapped children in regular primary schools in Turbo Division?
- What are the problems encountered by children in regular primary schools in Turbo Division?
- What can be adjusted in regular schools in Turbo Division to accommodate children with physical disabilities?

1.5. Significance of the Study.

This study paper will accrue a number of benefits for both teachers and parents. The research paper will provide a mirror to the teacher and help develop a positive attitude towards the physically different learners. This will go along way in making the physically handicapped child access education and subsequent progress in education. As the attitude changes the teachers shall accept these children as worthwhile individuals, rather than disability cases. This will make the physically handicapped children to develop a positive, a realistic view of themselves and their physical conditions.

The suggestions and recommendations that will be given on how to structure the environment in order to accommodate the learners with physical disabilities shall be of great importance to schools and the community as a whole.

The problems encountered by the physically different learners shall be highlighted by this paper. This will help the education officers and significant others to plan and carryout sensitization on special need education and other necessary allocations that shall benefit the physically different learners.

1.6. Definition of Terms.

- **Disability** - loss or reduction of functional ability.
- **Impairment** - disturbance of or interference with normal structure and functioning of the body.
- **Handicap** - a disadvantage imposed on an individual due to societies attitude towards disability.
- **Peripatetic teacher** - a teacher moving from one place to another gives itinerant services.

1.7. Limitations.

The researcher oversees the following limitations that might be out of his control. These limitations are:-

- **Time** - because of the tight schedule of the researcher due to school schedule.
- It would have been the wish of the researcher to collect the study from as many respondents as possible but this shall be limited by unavailability of money to facilitate transport.

1.8. Delimitations.

This research shall be carried out in my home district. The researcher has taught a number of primary schools and hence will be able to gather information easily from the teachers. The researcher also is

acquainted with native language and this will give him an added advantage.

1.9. Scope and time Frame.

This study will be carried out in Turbo Division. Five schools have been chosen as sample population. The respondents will be teachers in regular primary schools in Turbo Division.

Null Hypothesis

There is no significant relationship between the attitude of teachers towards the physically handicapped and the causes of physical handicap.

CHAPTER TWO

LITERATURE REVIEW.

2.1.1. Introduction.

Historically children with perceived physical impairment were socialized into low expectations of success in education and work. Their educational provisions have been dominated by an ideology of "segregated education system". However, this has come under mounting scrutiny from a variety of sources including disabled people's organization, parents, educationists and sociologists.

History is full of instances in which disabled people were cast into institutions and other forms of residential centres far from major population centres - only to be forgotten. The most central consideration in the provision of education of the physically handicapped learners is the attitude of the teachers towards the individuals.

The role of education in the development of modern nations involves changing individual's behaviour, attitudes and values. Education programs designed to perpetuate the traditional beliefs and attitudes in traditional societies are not likely to produce a modern society.

Children with physical handicaps are creative and have special talents and hence require the services of teachers. Teachers should be clearly focused on the needs of learners who are physically handicapped.

The researcher reviewed related literature about what other authors have said about attitude of teachers, physical disabilities dwelling on who is a physically disabled child, categories of physical disabilities causes and problems encountered by the physically handicapped.

2.1.2 Theory

This research is based on Erickson and Erickson theory of motivation which states that the education for the physically handicapped depends on the kind of motivation and treatment the teachers and the society provide them.

2.1.3 . Definition of physical handicaps

Ndurumo M.M. (1993) refers to physically handicapped children as those with orthopaedic and health problems, Ndurumo (1993) further suggest that:-

"Orthopaedically impaired means a severe orthopaedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly, impairment from other causes such as fractures, burns that can cause contractors. Other health impairments means limited strength, vitality or alertness



due to chronic or acute health problems which adversely affects a child's educational performance"

Kennedy (1990) cited in Ndurumo defines physically handicapped children as those:

"with physically, neurologically and chronic health impairments. They have problems performing one or more motor activities due to muscular-skeletal disorders, neurological and chronic health impairment"

Hallahan et al (1992) defines physical handicapped children as those children whose non-sensory physical limitations or health problems interfere with school attendance or learning to such an extent that special services, training, equipment, materials or facilities are required"

According to Gearheart (1980), "physically handicapped" refers to a conglomerate of individuals with many different types of impairment; their commonality is that their unique educational needs result from physically or health impairments, and in many cases they have multiple disabilities. Geerheart therefore refers to physically handicapped children as those with non-sensory physical disabilities or health impairments that require the use of modified or adapted physical settings, curriculum presentation, or other specialized

materials or equipment to permit maximal social and educational development.

The researcher views physical handicaps as occurring when one has physical, neurological and chronic health impairments. The writer thus supports the definitions of Gearheart, Ndurumo and Hallahan for they based their argument on observable terms. However available literature shows that children with physical disabilities are heterogeneous group. They have varying and unique problems that is impossible to describe with one term.

2.2. Causes of Physical Disabilities.

Bleck, (1985) states that the causes of physical disabilities are either hereditary or environmental. Bleck (1985) gives the following as the possible causes of physical disabilities.

- Medication and toxication factors
- Accidents/trauma
- Rhesus factor incompatibility
- Genetic factors
- Child abuse and neglect
- Adolescent pregnancy
- Child illness.

- Labour difficulty
- Health of the mother.

Medication and toxication factors.

Bleck (1985) suggest that drugs that are taken by the mother and poisonous substances to which the mother is exposed to during pregnancy can lead to a deformed foetus. The first trimester is the most crucial age of the foetus development. The reason being that it is during this time that most internal organs of the body are developing. Teratogen is the chemical substance found in some drugs that are known to cause damage to the chromosomes.

The most teratogenic drug is called thalidomides, a drug used by expectant mothers to suppress discomforts common during pregnancy. It was used in the late 1950 and early 1960, which resulted in birth of babies with extremely deformed limbs and other unusual anomalies such as phocomelia and a limb. Alcohol and cigarette smoking have an equally devastating effect as cited by Smith, (1983).

Accidents/Trauma

Accidents cause fractures to the spine and the brain causing damage to the sensory and motor nerves. This may result to paralysis and amputations. After limbs have healed, they leave the victims with

scarring tissues, which bring constrictions resulting to deformities that consequently lead to physical disability.

Child abuse and neglect

This is unexplained skeletal trauma or severe bruising or both. A child who has been abused may have permanent neurological damage, skeletal deformity or facial disfigurement. Humans have four basic blood groups A, B, O and AB. If the mother's blood is Rhesus negative and father's blood is rhesus positive and the baby happens to inherit the father's blood, which in this case is rhesus positive, the mother's blood, which is rhesus negative, destroys that of the child. The child eventually becomes anemic which may lead to brain damage. This can result to neurological conditions such as cerebral palsy that may lead to physical disability.

Genetic factors.

A number of handicapping conditions are transmitted from one generation to the other through genetic inheritance a process through which characteristics are passed on from parents to offspring. A human being **has** 46 chromosomes that make up 23 pairs. 22 of these pairs are autosomal while one pair is sex chromosome. The chromosomes contain genes or hereditary

Kirk (1972) states that muscular dystrophy is one of the conditions that is hereditary. It results in the degeneration of the musculo-skeletal system. The disorder is a family one with the mother being the carrier, although unaffected, transmitting the disorder more frequently to the male child. Muscle dystrophy therefore leads to physical disability.

Adolescent pregnancy.

Teenage mothers undergo many changes in their bodies and may not be able to cope with the pregnancy. They are likely to give birth to premature babies who have high chances of sustaining physical disabilities. They are also likely to experience pain when baby is too big to be accommodated during the birth process. In such cases, the birth attendants may decide to use forceps which may damage the brain. Klindworth (1990) cited in Ndurumo (1993) states that anoxia can consequently lead to conditions that cause physical disability.

Child illness.

The mother should feed well especially when she is expecting a baby. She should keep herself healthy and any ailment that occurs should be attended by a qualified medical personnel. If it is not observed the

foetus may sustain brain damage that may lead to congenitally acquired conditions that may lead to physical disability.

Labour difficulty.

The normal delivery of a baby is head first. A situation where the legs appear first may lead to delayed delivery that expose the child to anoxia which may lead to brain damage, asphyxia and hypoxia may have similar effects to the baby leading to sustenance of conditions that cause physical disabilities such as cerebral palsy.

Cruickshank, (1967) suggest that crippling conditions manifest themselves in various ways and result from various factors such as:

- Congenital abnormalities
- Infection
- Metabolic disturbance
- Traumatic conditions
- Unknown or miscellaneous causes.

Cruickshank (1967) explains that congenital abnormalities are due to prenatal and immediate postnatal conditions. Infection and metabolic disturbances generally develop over relatively long periods of time during infancy and childhood; while traumatic conditions result from

sudden accident or shock. Crippling which result from unknown or miscellaneous causes may be the most difficult to diagnose.

2.3. Classification of Physical Disabilities

Ndurumo (1993) suggests that it is difficult to study physically handicapped children as a homogeneous group. He therefore classifies the physically handicapped into three main groups as follows:-

- Orthopaedically impaired
- Neurologically impaired
- Health impaired.
- Orthopaedic disabilities.
- Poliomyelitis
- Amputations
- Arthrogryposis imperfecta
- Congenital dislocation of the hips
- Scoliosis or curvature of the spine
- Legg-calves perthes
- Leprosy.

Neurological disabilities.

- Cerebral palsy
- Spina bifida
- Spinal cord injury
- Muscular dystrophy
- Childhood muscular atrophy

Health disabilities.

- Epilepsy
- Juvenile diabetes mellitus
- Haemophilia
- Sickle cell anemia
- Asthma
- Burns
- Juvenile rheumatoid arthritis
- Heart diseases
- Tuberculosis
- Schistosomiasis
- Guinea worms

2.4. Causes of Orthopaedic Disabilities.

Poliomyelitis

According to Bleck (1975), poliomyelitis is caused by a virus which infects the motor cells in the spinal cord. The virus enters the body through the intestinal tract and the blood stream until it settles in the motor cells of the spinal cord. When the virus reaches its destination, the child has painful muscular spasms, becomes unable to move the affected area, and eventually becomes paralysed in the area under attack.

Amputation

Amputation means the absence of a limb. The amputation may be congenital or acquired. When we talk about congenital amputation, we mean that a child was born without an arm or leg. The limb may be partially or completely absent. Bleck (1975), cited in Ndurumo that congenital amputation is caused by a failure in foetal development during the first three months of pregnancy.

In the case of acquired amputation, the child was born with normal limbs but later lost a limb as the result of accident some limbs are removed by surgery when the bone is affected by cancer.

Arthrogryposis multiplex congenital.

Arthrogryposis multiplex congenital is a condition, which results from stiffness and deformity of the limbs and trunk. Groves (1976) cited in Ndurumo states that:- "the limb muscles are absent at much smaller and weaker than normal so that there is little or no joint motion".

The condition results in the skin of the limbs being tight and smooth. The joints of the knee, hip, foot, hand, shoulder, elbow and trunk are all affected. The causes of orthrogryposis are still under investigation.

Clubfoot

Clubfoot is a congenital deformity of the foot. It may sometimes be hereditary. The deformity causes the forefoot to be turned in with the toes pointing downwards. The heels are also turned towards the center of the body so that the feet seem to be facing each other.

Bettmann (1978) cites in Ndurumo that the deformity is becoming rare due to improved prenatal and postnatal care.

Osteogenesis Imperfecta

Osteogenesis Imperfecta is an hereditary condition known also as brittle bones in which the bones are not properly formed and break

easily. Meyem (1978) and Goldensen (1978) suggest in Ndurumo that the bones are so fragile that fractures even occur with trivial activity.

Congenital dislocation of the hips.

This condition involves an abnormally formed joint. The ball shaped joint at the top of the leg bone, or thigh is dislocated.

Scoliosis or Curvature of Spine.

Scoliosis or curvature of the spine is a term used to refer to a curved spine according to Ndurumo (1993), congenital curvatures occur in the uterus when muscular development is weak,

Legg-Calve-Perthes

Groves (1976) cited in Ndurumo that legg-calve-perthes is:

"One of many names for a condition of unknown cause whereby there is death of the tissue at the end of a growing bone due to loss of blood supply"

A child's bones increase in length as the child grows this includes the ends of the bones too. However, when there is no blood supply at the end of the bones, particularly the hipbones, the bone growth is diminished.

Leprosy.

Hasselbled (1978), states in Ndurumo that leprosy is caused by a bacterium known as mycobacterium leprae-leprosy is a communicable disease and can be transmitted to another person either through continuous contact or by inhaling the nasal discharge of the affected person.

Hasselbled (1978), further states that the disease affects the nerves just below the skin. Motor muscles served by the affected nerves become paralyzed. This results in deformities such as drop foot, claw hand, lagophthalmos, and paralysis of the face. However, leprosy can be used, but this depends on early diagnosis.

2.5. Causes of Neurological Disabilities Cerebral palsy

Groves (1976) defines cerebral palsy as: "a disorder of movement or posture due to a deficiency or abnormality which become evident in childhood. The abnormality of the brain responsible for the condition does not change and does not become more severe. The pattern of the movement disorder does change with time".

Causes of cerebral palsy

The causes of cerebral palsy are divided into three main groups according to time of occurring. These causes are:

- Prenatal (before birth)
- Peri-natal (during birth)
- Post-natal (after birth)

Pre-natal causes

- Inherited causes such as familial paraplegia
- Infection of the mother during pregnancy like German measles (rubella) and toxoplasmosis
- Lack of oxygen to the foetal brain.
- Shock that lead to loss of mother's blood as a result of accidents.
- The rhesus factor incompatibility
- Premature birth where the child is born less than forty weeks in the womb.
- Metabolic disorders, diabetic mothers have high chances of getting babies who have brain damage Bleck (1975), observes that nearly 86% of the cases of cerebral palsy is evident at birth.

Peri-natal causes.

- Birth injury that may be caused by compression of the brain during birth.
- Mechanical anoxia such as the one that may be caused by respiratory obstruction

Post-natal causes.

- Trauma to the head which causes head injuries.
- Brain infections that are caused by diseases such as meningitis, encephalitis and cerebral malaria.
- Brain hemorrhages that cause blood clot in the brain.
- Lack of oxygen leading to cerebral anoxia
- Brain tumors that cause defect to the brain usually after birth.

Types of cerebral palsy

There are different types of cerebral palsy. Bleck (1975), states that the different types are determined by the type of posture and movement the child exhibits and the limb involved.

Posture and movement.

Kirk (1972) provided three major types of cerebral palsy in this category but cautions that there are other types that exist, particularly those that are not caused by brain damage. The three major types in this category are:-

- Spasticity
- Athetosis
- Atoxia

Spasticity

The spastics are those who exhibit movement that is characterized by fight muscles with sudden stretchy movement. This group is the largest one of the cerebral palsy family.

Athetosis.

Athetoid are characterized by constant uncontrollable, unpredictable and involuntary purposeless movement.

Atoxia

Atoxics are characterized by a reduced sense of balance resulting in frequent falls and uncoordinated lurching steps. They walk with feet

and wearing of the trunk with arms a kimbo to balance.

Limb involvement

Groves (1976) states that cerebral palsy may affect one limb or all limbs. He provides seven terms to describe the limbs affected. These terms are:

- Monoplegia - one limb is affected which may be a leg or arm.
Hemiplegia - one arm and leg of the same side are affected and might be either on the left or right side.
- Paraplegia - only one leg are affected.
- Quadriplegia - all four limbs are affected.
- Triplegia - three limbs are affected which might be both legs and arms or two arms and one leg.
- Diplegia - This means the leg are more affected than arms.
- Double Hemiplegia - this means that all the four limbs are affected although are more affected than legs.

Spina Bifida.

Howell (1978) states in Ndurumo that Spina Bifida is a condition which occurs in the first trimester due to the inability of the vertebral canal to close normally around the spinal cord.

Spinal Cord Injury.

Groves (1876) states that spinal cord injury results from accidents, which injure the spinal cord. However, diseases such as cancer tumour, infections arthritis, and abscesses of the spine, multiple sclerosis and poliomyelitis also cause spinal injury.

Muscular dystrophy.

Kirk (1972) states that muscular dystrophy is: "a progressive disease of the voluntary muscles such as the arm, thigh, and calf muscles" the disease does not affect the internal muscles of the diaphragm. The disorder manifests itself when the muscle fibres are replaced by fatty tissues.

2.6. Causes of Chronic Health Disabilities

Epilepsy

Langley (1975) cited in Ndurumo (1993) that Epilepsy is a convulsive disorder, which is caused by excess firing of electric discharge in the brain cells and is manifested in seizures, loss of control over specific muscles in the body.

Haemophilia

Longley (1979) cited in Ndurumo (1993), described haemophilia as an hereditary disorder in which blood clots very slowly or not at all. The inability of the blood to clot causes the child to bleed excessively when a mild injury occurs.

Asthma.

Harvey (1975). Cited in Ndurumo (1993), states that Asthma is a disease that manifests itself in difficulty in breathing, which is caused by problems with the flow of air to and from the lungs. Asthma is caused by an allergy the child exhibits towards some substances.

2.7. Attitudes

Atkinson et al (1983), defines attitudes as likes and dislikes, affinities for and aversions to situations, objects, persons, groups and any other identifiable aspects of the environment including abstract ideas and social policies.

Viachou (1997), describes attitude as a social entity that encompasses ways of thinking, ways of feeling and experiences that are developed in a specific interdependent cultural context.

Negative attitudes.

According to Ngugi (2002), many African communities believe that disabilities come about as a result of curses, possession by the spirits and even punishment by God. Other negative attitudes include stereotyped beliefs such as that a mother who gets a baby with albinism has been adulterous, if a pregnant woman looks at a crippled person she will get a crippled baby.

Parents may:

- Consider taking non-handicapped to school and only take the handicapped if funds are available.
- Refuse to have their non-handicapped learners learning together with those with special needs in education in fear of having their children affected.
- Be over protective towards the child with special needs in education thus preventing them from participating in daily activities.

Educators may:

- Object having learners with special needs in education in their class or school fearing that the child may lower the mean score for their class or school.



- Think that working with a child with disability or other special needs calls for technical training.
- Feel that it is improper to "waste" scarce resources on learners with special needs while the "normal" one do not have enough.
- Have low expectation from the learner with special needs in education and may not give them challenging work.
- Mystify special needs education by the beliefs that it is very special and only for special teachers trained in special institutions. These is according to Ngungi (2002)

Cruickshank et al (1967) explains that in the seventieth and eightieth centuries, and in some instances today the handicapped person was neglected to a most difficult position in society. Notions regarding disability were closely un kind with mysticism, spirits and the occult.

Karaglannis (1988), cited in Viacho (1997), that labeling in peers and teachers attitude affects disabled children have been stereotyped by non-conforming, withdrawn, requiring supervision and opposing peers.

According to Kariuki (1988), the society has regarded the handicapped as:

- Sinful people who were receiving a just punishment from God.
- Different class of people with definite stereotype behaviour.
- People who were a living deed or worse.

- Unfortunate and miserable lot of human beings.

Kariuki (1988), states that surprising that even such knowledgeable specialist as doctors and nurses do not give parents of the handicapped enough hope about the future of their child. While diagnosing the problem of a handicapped child some specialist make parents feel that they have been stricken by a misfortune. They make feel as if the child is going to be a terrible liability.

2.8. Problems Encountered by the Physically Handicapped

Faukner (1981) explains that many public buildings are still inaccessible to people in wheelchairs. Libraries, adults education centers, community centers and swimming pools may have entrances that defy all attempts to admit a wheelchair and may present obstacles to people with walking difficulties.

Other place such as post offices, small shops and ordinary houses are even worse, for as well as difficulties of access, they may also be so small that there is no room to form the chair around if one manages to get in. in order words, disabled people find it very hard to go to clubs, attend meetings and classes, bookshops or even visit their friends. The world was build for the able bodied and disabled are often excluded from everyday affairs.

Problems of employment and income also set the disabled a part from their able-bodied counterparts. There are few jobs or work that the severely handicapped can do.

Faukner (1981), further explains that disability in itself is a source of much expense. Clothes wear out faster on people who have to wear calipers or use crutches and other appliances.

Recreation activities are valued both for themselves and for the opportunity they give to meet people and to make new friends. Difficulties of access make it hard for the disabled to join in the work of clubs and societies. Lack of friends and lack of interest reinforce each other, for we make friends through our interest, we also pursue new interest in the company of friends.

Thus, the presence of a handicapping condition can in itself cut off the disabled person from the company of other people.

Other researchers classify the effects of physical impairments as health impairments as follows:

Motor functioning.

According to Ndurumo (1993), motor functioning is perhaps the most obvious result of disability found in physically handicapped children. This is due to the fact that the physical status of the child is affected and may include both legs and arms. Gross motor and fine motor abilities can be greatly impaired thereby limiting not only movement of the arms and legs but also their functional use such as walking, jumping, writing, holding, eating etc. other physical involvements include partial or complete paralysis of the affected body parts. This greatly reduces sensation, and causes contractors and stiffness to develop.

According to Suran and Rizzo (1979), the physically handicapped are of normal

Intellectual functioning.

intelligence. However the cerebral palsied some of who have brain damage and when assessed are frequently found to be performing in the mental retardation range.

Leuvandowsk and Cruickshank et al (1980) states that some of the physically handicapped have no hands and some have paralysed

hands, while others have deformed fingers or none at all. Thus their ability to manipulate objects in the intelligence tests is greatly impaired.

Psychosocial Development.

It is not easy to be disabled and pretend that the disability is not self-evident when it is obvious to anyone. Perhaps it is because of this that the label ascribed to the disabled in Kiswahili was originally "Wasiojiweza" which means "those incapable of doing anything" thus an attitude was immediately applied to the disabled even before their competence was taken into account. Thus social interaction between the disabled and non-disabled person is usually strained. Pless and Roghman (1971) reviewed the literature on the physiological aspects of disability and came to several conclusions.

- The more severe the physical disability, the greater the risk of psychological and social maladjustment.
- Children with permanent disorders tend to have frequent psychological
- Maladjustment compared to children whose impairment is transitory or short term.
- Children who are chronically ill tend to be more maladjusted compared to those who are healthy.

- Children who are chronically ill tend to have more school related social problems, are more isolated and tend to be more truant.

Intervention Measures

Medical Intervention.

Children with physical, neurological and particularly those with health impairments need supervision from time to time. According to Ndurumo (1993) those who have health impairments may need to be given drugs at a specified rate per day. While others may require rest periods. Their educational programmes, especially daily schedules, need to be structured.

Physiotherapy.

According to Goldensen (1978), the physiotherapist evaluates on individual motor functioning capabilities and their limitations. After that physiotherapy exercise are designed to alleviate pain, correct or minimize muscular deformities, increase strength and mobility and improve general health.

Physiotherapists further train teachers and parents in the ambulation and elevation skills, use offerees, crutches, prostheses and other associative and supportive devices Goldensen (1978).

Occupational Therapy.

According to Langley (1979), the occupational therapists role is to facilitate arm, head, hand and mouth movements based on the evaluation of the child's functional development level. Thus the work of the occupational therapist is aimed at maintenance of independent functioning. Goldensen (1978) notes that the child's inability to function is the primary concern of the occupational therapist.

Communication skills

Children with physical disabilities have communication problems especially the cerebral palsied children. Bigge et al. (1978) state that appropriate mode of communication such as communicating verbally, communication boards, gestures and pointing should be used after the child's ability to communicate is investigated.

Barrier-free Access

Mobility is one of the major difficulties physically handicapped children encounter. Barrier-free access means that the building must be accessible to the physically handicapped who use wheel chair, crutches and calipers. A part from the buildings must be accessible, pavements and other physical or structural environments also need to be accessible.

Longley (1979) observes that psychologically, architectural barriers cause emotional problems. Architectural barriers make children dependent, limit opportunities for experience and lower self-esteem. For an active and curious child, an architectural barrier may be extremely frustrating.

Therefore care must be taken that programme accessibility and building accessibility go hand in hand.

Adaptive and Assertive Devices.

In order for severely handicapped children to cope with the expectations of classroom work, it is essential that their needs for adaptive and assertive services be taken into accounts. These devices may include, standing tables, mobile boards, head pointers, book turners, line readers, incontinence aids, adapted games, and special scissors. These aids assist children to work; otherwise they would remain passive or wait until the teacher comes around to perform a task for them.

Summary

Intervention procedures include medical invention where administration of the drugs for some children is necessary. Immunization, appropriate nutrition and other primary health care measures greatly reduce the possibility of a disability occurring.

An important strategy that should be part and parcel of intervention in the school setting on a continuous basis is the psychological counseling to assist children adjust to their handicap and society Ndurumo (1993)

CHAPTER THREE –

METHODOLOGY

The methodology of this research is a deliberate attempt to highlight the procedure that the researcher used so as to realize the objectives of the survey. It is an explanation on how the research instruments/tools were used during the intended investigation.

The researcher used questionnaires as the tools of data collection. Both primary and secondary data collection procedures were used for data collection and in the reviews of the related literature.

3.1. Research Approach

The researcher used quantitative approach, which involved exploring the situation from which numerical data were got and used to come up with the situation on the ground.

3.2. Research Design/Strategy.

The researcher used survey research. In survey research the researcher used collected various information from five regular primary schools on the attitude of teachers towards the physically handicapped children in Turbo division. The design enabled the researcher to get a broad and reasonably accurate view of the

respondents and is the reason why it is commonly used in educational research.

The researcher prepared twenty questionnaires. The researcher then distributed the questionnaires to the teachers in the five regular primary schools in z. The selected schools were:-

- Osorongai primary school.
- Labuiywet Primary School
- Murgusi Primary School
- Lower Kipkarren Primary School
- St. Joseph Emgoin Primary School

The researcher identified the respondents by way of conducting a simple random sampling procedure.

3.3. Population.

The researcher intended to carry out a survey on the attitude of teachers towards the physically handicapped children in Turbo division. The target populations were the teachers teaching regular primary schools in Turbo division. The researcher therefore singled out five primary schools to represent the others in the district. The researcher thereafter established a sample population that is the representative of the larger population through random sampling techniques. The

researcher identified twenty teachers from the five schools who become the respondents of the research.

3.4. Sample Population.

Due to limited time and lack of finance to use to travel to all parts of the district, the researcher selected a smaller group to represent the larger one. It was necessary for the researcher to identify a smaller group whose views would represent the larger population. The smaller group became the sample population that was to respond to the questionnaires.

3.4.1. Sampling Procedure.

The researcher chose random sampling techniques. In this technique, a group is drawn from the population with every member of the population having an equal chance of being selected.

The researcher had twenty questionnaires for five primary schools. The allocation of the questionnaires was based on the size of the particular school in terms of enrollment and the total number of teachers in the school. In each school, the researcher wrote "Yes" and "No" on papers, which the researcher folded and put in a basket making sure that the number of

Papers with "Yes" correspond with the required numbers of respondents. The basket was later shaken to ensure that the papers were well mixed so as to give each member of staff equal chances for participation.

The teachers were later asked to dip their hands in the basket and pick only one paper. Those who picked the "Yes" papers became the respondents of the research. The questionnaires were given out during the first week of January 2005.

3.5. Instruments/Tools

The researcher used one instrument to collect the data. This was a questionnaire. This procedure was found to be the best since it was not easy to interview the entire population. The questions used were open and closed ended. The researcher opted to use these tools because the respondents were literate and could save time, which was limited.

The questionnaire developed was based on the objectives and research questions of the research. The researcher came up with eighteen questions. It was set in simple clear language and ensured that each question targeted to answer one thing at a time. The researcher also avoided questions directed to respondent's private life.

CHAPTER FOUR

4.1 Introduction.

In this chapter the researcher analyzes the data collected from the study. The researcher sent questionnaires to five sampled schools in Turbo Division regular primary schools. These schools were:

- Osorongai Primary
- labuiywet Primary
- MurgusiPrimary
- St. Joseph Emgoin
- Chebaiywa

The sampled teachers in each school then filled in the questionnaires.

4.2 PRESENTATION AND DATA ANALYSIS

4.2.1. Children with physical disabilities

Response	Frequency	Percentages
Yes	20	100
No	-	-
Total	20	100

As depicted in the table above 100% of the respondents indicated that there are children with physical disabilities in their schools. It was

therefore evident that children with physical disabilities are present in almost all the regular primary schools in Turbo Division..

4.2.2. Enrollment of the physically handicapped learners

Category	Frequency	Percentages
Std 4 – 8	26	56
Std 1 – 3	16	35
Pre-school	4	9
Total	46	100

Table 4.2. Indicates that majority of the physically handicapped children (56%) are enrolled in upper primary and 35% of them are between classes one to three while only 9% of the physically handicapped learners are in pre-school.

4.2.3. Integration of the physically handicapped learners with the non-handicapped learners.

Response	Frequency	Percentages
Yes	20	100
No	-	-
Total	20	100

100% of the teachers indicated that the physically handicapped children learn together with the non-handicapped children in the same classes.

4.2.4. Categories of the Physically handicapped children

Category	Frequency	Percentages
Orthopedic	16	67
Neurological Impairment	6	25
Health Impairment	2	8
All the above	-	-
Total	20	100

Majority of the teachers 67% indicated that physically handicapped children are orhopedically impaired and 25% of them suffer from neurological impairment while a minimal 9% of the physically handicapped children suffer from chronic health.

4.2.5. Influence of physical disabilities in appointment to leadership position by the teachers.

Response	Frequency	Percentages
Yes	20	100
No	-	-
Total	20	100

The table above reveals that 100% of the teachers felt that the presence of a physical disability influences teachers in the appointment of learners with physical disabilities to leadership position.

4.2.6. Category of learner's teachers prefers to teach.

Category	Frequency	Percentages
Both 'Normal' & Physically	16	80
Normal children	4	20
Physically handicapped	-	-
Total	20	100

As per the table above 80% of the teachers prefer to teach both normal and physically handicapped children in the same class as opposed to 20% of the teachers whom would rather prefer to teach children without any physical disabilities. None of the respondent indicated that he/she would like to teach the physically handicapped learners alone.

4.2.7. Whether the physically handicapped learners require special treatment.

Response	Frequency	Percentages
Yes	14	70
No	-	30
Total	20	100

Table 4.2.7. Indicates that 70% of teachers feel that the physically handicapped learners require special treatment whereas 30% of the teachers view that the physically handicapped do not require any special treatment. 4.2.8. Attitude of children towards the physically handicapped,

R	Frequency	Percentages
Negative	14	70
Positive	6	30
Total	20	100

Majority of the respondents 70% said that children have a negative attitude towards the physically handicapped learners while 30% of the teachers indicated that children have a positive attitude towards the physically handicapped learners.

4.2.9. Training of teachers on special needs education.

Response	Frequency	Percentages
No	16	80
Yes	4	20
Total	20	100

It is clearly evident from the table above that 80% of the teachers, which represented the sampled population, have no training in special

needs education while a minimal 20% have some basic training in special needs education.

4.2.10. Level of training of teachers in special needs education.

Category	Frequency	Percentages
Months	3	10
3 – months	2	15
Diploma	-	-
Degree	-	-
Total	5	100

The results from the table above indicate that only 15% of the respondents have received induction courses in special needs education while 10% of them have three month certificate course in special needs education.

4.2.11. Performance of the physically handicapped children in national examination.

Category	Frequency	Percentages
Good	10	50
Fair	8	40
Excellent	2	10
Poor	-	-
Total	20	100

Table 4.11 indicates that 50% of the teachers observed that the physically handicapped children have good performance in national examination and 40% indicated that they perform fairly while 10% of the teachers felt that physically handicapped learners perform excellently in national examinations. None of the respondent admitted that the physically handicapped learners perform poorly in national examinations.

4.2.12. Participation of the physically handicapped children in extra curricular activities.

Response	Frequency	Percentages
Yes	20	100
No	-	-
Total	20	100

All the teachers that represented the sampled population unanimously agreed that the physically handicapped learners should participate in extra curricular activities as indicated in the table above.

4.2.13. Causes of physical disabilities.

Category	Frequency	Percentages
Inheritance	4	18
Curse	3	17
Diseases	3	15
Accidents	3	13
Bad Omen	3	13
Witchcraft	2	13
Bums	2	11
Total	20	100

It is evident from the table above that 18% of the teachers perceive that it is the communities feeling that physical disabilities are caused by inheritance and 17% feel that most of the community members cite curses as the main cause of physical disabilities while 13% of the respondents indicate accidents, witchcraft and bad omen as the causes of the physical disabilities. There are those teachers 11%, who felt that the community perceives that bums are the melt causes of physical disabilities.

4.14. Availability of facilities for teaching the physically handicapped children.

Response	Frequency	Percentages
No	20	20
Yes	-	-
Total	20	100

100% of the respondents agreed that there are no facilities for teaching the physically handicapped learners.

4.15. Problems encountered by the physically handicapped children.

Response	Frequency	Percentage s
Architectural barriers	6	32
Lack of learning resources	5	25.
Sitting positive difficulty	4	18
Walking from one place independently	3	16
Absenteeism due hospitalization	2	9
Cannot talk or produce intelliabie speech	-	-
Total	20	100

Table 4.1.5 indicates that 32% of the respondents cited architectural barriers as the main problem encountered by the physically handicapped learners and lack of learning resources was cited by 25% of the teachers to be a barrier to the education of the physically handicapped learners. 18% of the teachers said that learners with

physical disabilities experience sitting posture difficulty while walking from place to place independently was mentioned by 16% of the respondents to be the main problem facing the physically handicapped learners. A minimal 9% of the teachers saw absenteeism due to hospitalization as a problem hampering the education of the physically handicapped learners. None of the teachers indicated difficult in speech to be a problem facing the physically handicapped learners.

CHAPTER FIVE

SUMMARY DISCUSSION CONCLUSION

RECOMMENDATION

This chapter will include the following parts:

5.1 Summary

This study was designed in four chapters in chapter one the researcher analyzed the background information of the study. The study was based on the attitudes of primary school teachers towards the physically handicapped children in Turbo Division. Majority of the teachers in the division have limited expectations of the ability of the physically handicapped learners in academic circles. The physically handicapped learners are rarely given a humble environment to pursue their education.

In chapter two, the researcher made a review on various related literature to find out what other authors have noted about the physical disabilities and attitude of teachers towards them. Chapter three contained the methodology of collecting the data. The area of study was Turbo Division Five regular primary schools in the district were covered in the study. The sample population was composed of teachers in regular primary schools. The researcher used quantitative

approach and questionnaires were used as tools for collecting data for the study.

In chapter four, the researcher presented and analyzed the data collected. Presentation of the data is in tabular form

52 DISCUSSION

The philosophy of equal opportunities entails that every person shall have the right to basic education and equal access to Education Institutions in an environment of his or her own choice.

The results of this study indicate that there is very low enrollment of the physically handicapped children in regular primary schools in Turbo Division Table 4.2 in chapter four indicates that only 9% of the physically handicapped children are in pre-school while another small percentage of (35%) are in lower primary school. This is so because majority of the parents have a poor attitude towards the physically handicapped children and hence might not take them to school like other non- handicapped learners.

According to the United Nations convention on the rights of the child, (1989) Article 2, States that parties shall respect and ensure the right set forth in the present convention to each child within their

jurisdiction without discrimination of any kind, irrespective of the child's or his or her parents or legal guardians race, colour, sex, language, religion, political or other option, national ethnic or social origin, property, disability, birth or other status and shall take all appropriate measures to ensure that the child is protected against all forms of discrimination. The study revealed that 70% of the children have a negative attitude towards the physically handicapped learners. From the study, it can be inferred that teachers, parents and pupils have contributed to the stigmatization of these children with physical disabilities. This is because the explanations given by them hold the assumption that they totally lack knowledge on the nature and conditions of the physically handicapped child

The study revealed that most of the regular schools have no features of barrier free environment such as ramps and widen doors as it is evident in table 4.14 which could help the children with physical disabilities to access the learning environment.

According to Langley, (1973) architectural barriers makes children dependent, limit opportunities for experiences and lower self-esteem for an active and curious child. Architectural barriers may be extremely frustrating.

The researcher observes that most of the regular primary schools in Turbo Division lack funds to adjust and modify the existing structures to suit the needs of these children with physical disabilities.

According to the study, table 4.6 Indicate that teachers do not prefer to teach the physically handicapped children but would rather prefer (80%) to teach both the normal and physically handicapped children.

According to Ngugi, (2067, teachers in on inclusive setting may object to have learners who are physically handicapped in their class or school fearing that the said children may lower the means core for their class or school. In addition teachers think that working with a child with physical disabilities calls for technical education.

Generally, it can be said from this study that among teachers, there are still myths and misconception about the nature of the physically handicapped children. Their beliefs and feelings are a reflection of the culture, religion as well as beliefs of the society a round them about the possibility of improving the education of these children.

According to the study as evident in table 4.4 in chapter four, orthopaedically impaired children were found from the research to be more prevalent than neurological and health impairment. These findings appear to contradict the findings of other researchers like Ndurumo (1993), who found out those neurologically impaired children to be more frequent than other categories of physical disabilities. This

can be attributed to the lack of awareness by the teachers towards the various aspects and categories of physical disabilities. There is clear evidence that teachers have no knowledge on special needs education. Table 4.10 in chapter four indicates that only 10% of the teachers in the district have some basic knowledge in special needs education. The majority (90%) is not specially trained to handle children with special needs in education.

Finally the study revealed that there are no resources and services available in regular schools in Turbo division as evident in table 4.15 in chapter four..

5.3 CONCLUSION

After a very careful study and analysis, the researcher established a number of aspects from the research. The physically handicapped learners are found in all the regular primary schools in Turbo Division. Majority of these children are enrolled in upper primary and learn together with the non-handicapped children. It was further revealed from the study that this children experience a number of problems ranging from poor attitude from their peers to architectural barriers. Despite the fact that the physically handicapped learners encounter many problems in these primary schools which most of them lack educational resources to meet the education of the physically

handicapped learners, they continue to perform well in national exterminations.

Nearly all the regular primary school teachers in Turbo Division have no basic training in Special Needs Education. It was established from the research that majority of these teachers would not like to teach the physically handicapped learners but would rather prefer to teach in a mixed class of the physically handicapped and non-handicapped children. The same teachers feel that the presence of physical disability may influence them when it comes to the appointment of the physically handicapped children to leadership position and hence will accord the said learners "special treatment". Contrary to the appointment of the physically handicapped children to leadership position, the teachers unanimously agreed that the physically handicapped children should too participate in co-curricular activities like drama and music.

The causes of physical disabilities are still not clearly understood by the teachers and the community. Curses, bad omen and witchcraft are still seen as the main causes of these disabilities.

5.4 RECOMMENDATIONS

The researcher has made the following recommendations which are based on the findings from the study.

- The regular schools should be re-structured so as to adapt their environment in order to cater for the needs of the children with physical disability.
- The physically disabled children need to be provided with adequate mobility aids, materials and equipment to improve their academic performance.
- The community should be sensitized so as to drop some of the cultural beliefs that mislead about the causes of physical disability.
- The teachers should be given training in Special Needs Education
- The local educational assessment and resource services (EARS). should intensify their services so as to ensure that teachers, parents and children get knowledge on nature and conditions of the physically handicapped children
- Press for legislation on the rights of the handicapped
- Remove any programmes that make the physically handicapped appear dependent
- The community to be sensitized through chief's barazas so as to take the physically handicapped children to school and provide support for their education

- Education officers should give moral support and encouragement of the teachers of the physically handicapped children in primary schools in Turbo Division

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REF: C:\Documents and Settings\RAUM\My Documents\letters\research referral.doc

August 22, 2007

TO WHOM IT MAY CONCERN

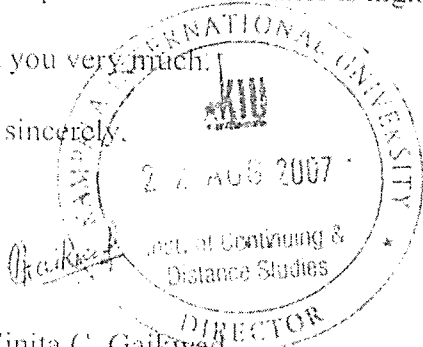
This letter serves to request your permission for our student

to conduct a student research in your school. This research is done on student basis as part of the learning process, and no information learned about the school shall be used for any other purpose.

Your cooperation in this matter is highly appreciated.

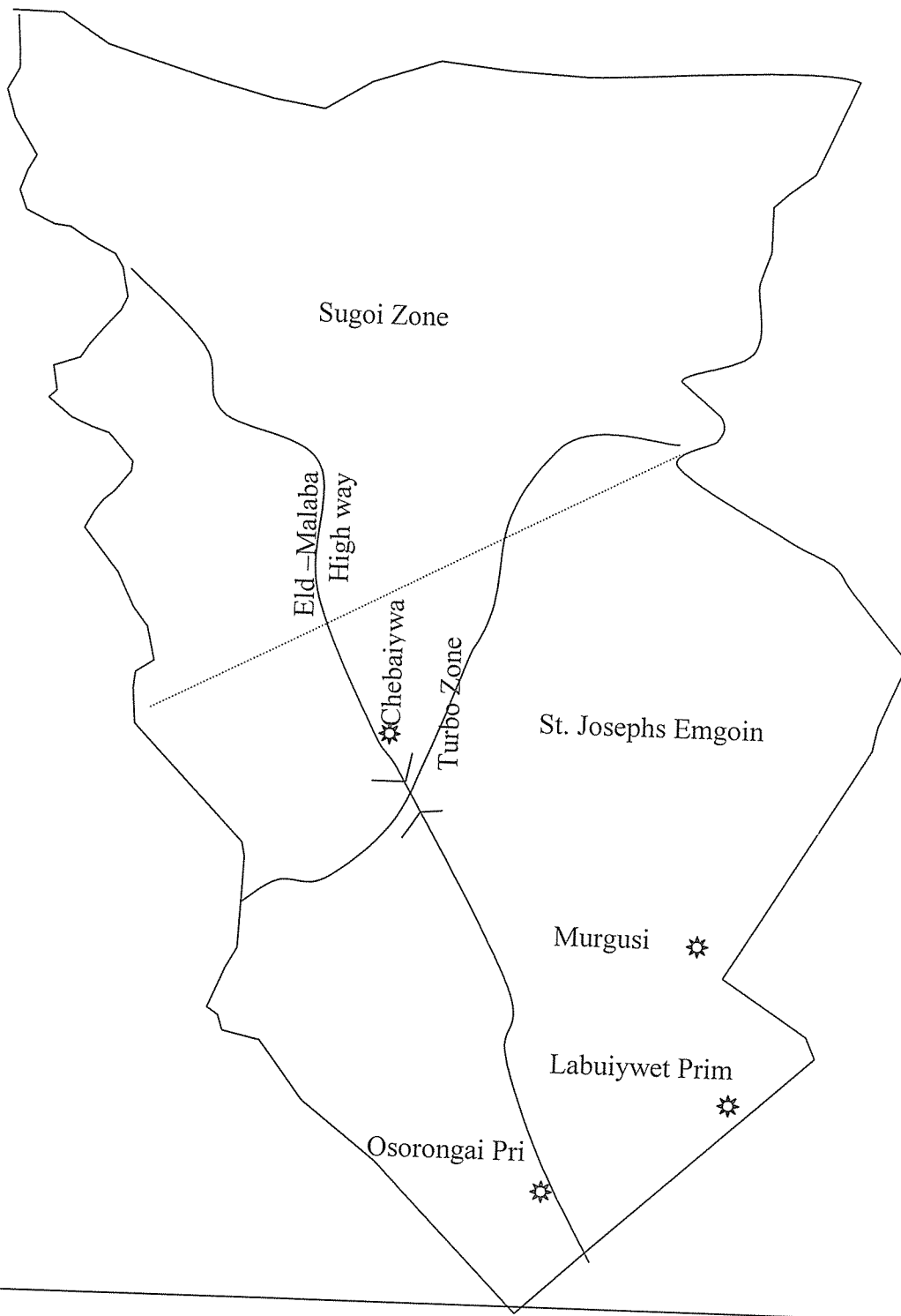
Thank you very much.

Yours sincerely,



Mrs. Vinita C. Gaikwad
Deputy Director, ICDS

TURBO DIVISION



QUESTIONNAIRE FOR TEACHERS TO FIND OUT THE ATTITUDES OF TEACHERS TOWARDS THE EDUCATION OF THE PHYSICALLY HANDICAPPED CHILDREN

PART A

INSTRUCTIONS

- Kindly answer all questions
- Your response will be treated as confidential information used for
- Research purpose only.
- Tick the appropriate response or give an explanation
- Do not write your name.

1. Sex : Male ☐ Female ☐

2. Professional qualification

P1 ☐

Dip ☐

Graduate ☐

3. Age

Between 18-25 years ☐

Between 26-30 years ☐

Between 31-40 years ☐

Over 40 years ☐

PART B

1. Do you have children with physical disabilities in your school?

Yes ☐ No ☐

If yes, how many?

Pre-school ☐ STD 1-3 ☐ 4-8 ☐

If no, why don't you have learners with physical disabilities in your School?

They do not attend school ☐ Not aware of learners with physical disabilities ☐

2 Do they learn in the same classes with non-handicapped children?

Yes ☐ No ☐

If no, where do they learn? Special unit ☐ left alone ☐

3. What type of physical disabilities is found in your school?

a) Those that affect the child's bones, joints, limbs and muscles or missing limbs ☐

b) Those that affect the child's ability to use, feel or control certain parts of the body due to damage of brain or nervous system ☐

c) Those conditions that affect child's health permanently, ☐
temporarily or intermittently (at regular intervals) that he/she must seek medical treatment

d) All disabilities mentioned above

4. Do you think that a physically handicapped pupil may influence teacher's decision to appoint him/her for leadership positioning school

Yes ☐ No ☐

5 As a teacher which category of children could you prefer to teach?

- a) Normal children ☐
b) Physically handicapped children ☐
c) Both normal and physically handicapped learners ☐

6. Do you feel physically handicapped children really need special treatment? Yes ☐ No ☐

if no explain

why.....
.....

7. What are the attitudes of the non-disabled children towards the physically handicapped children? Negative ☐ Positive ☐

8. Are you specially trained teacher to handle children with special needs in education?

Yes ☐ No ☐

9. If yes to which level of training?

3 months ☐ Diploma ☐ Degree ☐ Seminars ☐

10. What is your opinion towards the education of teachers in the district?

(a) Should be given training in special needs education ☐

(b) Should be in serviced ☐

a) All of the above ☐

11. Should the physically handicapped children be treated the same as the non-handicapped children in the national examinations?

Yes ☐ No ☐

If yes, please explain why.....

.....
.....
12. How is the performance of the disabled children in the national examinations? Poor ☐ Fair ☐ Good ☐ Excellent ☐

13. Should the physically handicapped children be involved in extra curricular activities like music, athletics etc
Yes ☐ No ☐

If no, please explain why.....
.....

14. Rate the reason for the negative attitude of teachers towards the physically handicapped.

- a. Due to traditional and cultural beliefs ☐
- b. Lack of training in special needs education ☐
- c. Lack of support from parents ☐

15. That is the community saying about the cause of physical handicaps in the district?

- (i) Accident ☐
- (ii) Curse ☐
- (iii) Diseases ☐
- (iv) Bad omen ☐
- (v) Witchcraft ☐
- (vi) Inheritance ☐
- (vii) Burns ☐

16. In what ways would you help the society to disregard some of the negative beliefs?

- a. Through Barazas to explain causes of disabilities ☐

- b. Showing role models of successful persons with disabilities ☐
- c. Having children with disabilities learn in regular schools ☐

17. Does the school have facilities for teaching the physically handicapped learners?

Yes ☐ No ☐

If yes, what kind of facilities?

- | | | | |
|---------------------------|------------------------------|-----------------------------|--|
| a) Typewriters | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b) Communication boards | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c) Bookstands | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d) Grips for holding pens | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

e) Pointers e.g head and mouth pointers Yes ☐ No ☐

18. What problems do learners with physical disabilities face/encounter while at school/in class?

- a) Walking from place to place independently Yes ☐ No ☐
- b) Sitting posture difficulty (lacks balance and stability)
Yes ☐ No ☐
- c) Cannot talk or produce intelligible speech Yes ☐ No ☐
- d) Architectural barriers i.e. classrooms and other buildings are not easily accessible Yes ☐ No ☐
- e) Absenteeism from school due to hospitalization? Yes ☐ No ☐
- f) Lack of learning resources Yes ☐ No ☐

