

**REGULAR TEACHERS' PERCEPTIONS OF LEARNERS WITH  
EPILEPSY IN AN INCLUSIVE EDUCATIONAL  
SETTING IN KAMUKUNJI DIVISION,  
NAIROBI, KENYA.**

**BY  
HASSAN M. TALA  
BED/10055/52/DF**



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## DECLARATION

I Hassan M. Tala, the undersigned declares that this research has been produced based on my knowledge and ability and has not been presented to any university for the award of academic purpose.

Signed ..........

Hassan M. Tala

Date.....AUGUST 19<sup>TH</sup>, 2008.....

## APPROVAL

This research is submitted for examination with my approval as the supervisor.

Sign. Nabuseeta

NABUSETA DEBORAH TALIGoola

SUPERVISOR:

Date. 19/08/08

## **DEDICATION**

I would like to dedicate this report to my beloved daughter who showed a lot of patience by giving me ample time during my research work.

I would also like to declare my special dedication to my beloved wife for her patience and encouragement during the research work and its analysis.

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## DEFINITION OF TERMS

**Epilepsy** - a condition characterized by repeated seizure due to disorder of the brain cells.

**Seizure** - a sudden abnormal function of the body, often with loss of consciousness.

**Treatment** - what is carried out in hospital to arrest or cure the diseases.

**Anoxia** - lack of oxygen reaching the tissues of the body.

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

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

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

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

## **ABSTRACT**

Teacher's have a great influence on learners' development. The role of the teacher is to facilitate the learning process as the learner interacts freely with the environment. As a facilitator, a teacher provides a conducive learning environment and simplifies the most challenging tasks to the learner to enable him/her master and understand the concepts. The teacher is also expected to prepare adequately and provide a relevant teaching/learning resource which enables the learning process become real and meaningful.

A questionnaire was developed for the respondents. This tool contained the level of teachers attitude (perception) in areas namely; personal information, qualification, knowledge about epilepsy, knowledge about inclusive education and teachers attitude. After the collection of data the researcher calculated the frequency and the percentage to determine the profile of the teachers as to age, gender, experience, marital status and academic qualifications. The weighed mean was used to determine the level of teacher's attitudes in the four areas mentioned above. The obtained data was expressed in numerical values.

The study found out that the level of teacher's attitude towards people with epilepsy was generally poor and that this was due to lack of enough information about epilepsy. The study recommended that the government should sensitize its population about epilepsy and come up with clear policies which will protect the rights of the people with epilepsy.

# **CHAPTER 1**

## **1.0 Introduction**

Epilepsy is a disease which has been there since time immemorial. However, in the third world countries especially in Africa, not much research work has been done as are as epilepsy is concerned. Ro a very long time there has been very little literature on epilepsy. Children suffering from epilepsy have either been taken to special units, integrated or so o the have been neglected or left to suffer. In Africa, especially Kenya, epilepsy has been most profoundly associated with devils, witchcraft or curses from the ancestors.

Following the introduction of Universal Primary Education (UPE), there has been a lot o advocacy or those with hearing impairments, physically challenged, visually impaired and those with mental retardation. However, the persons with epilepsy have not had enough advocates. Therefore there are very minimal campaigns to sensitize the society about them.

## **1.1 Background to the Study**

For a very long time, epilepsy has been a major public health problem in the whole world especially in the developing countries.

In Africa and other third world countries, the people suffering from epilepsy have been subjected to a lot of discrimination and neglect. In Kenya, where people are still deeply rooted to their strong cultures and superstitions, epilepsy is a stigmatizing disease and despite of all effort to create awareness in the whole o Nairobi Province by the government and several non-governmental organizations, Kamukunji division is still

experiencing a high drop out rate of the learners with epilepsy especially from regular schools.

Some of the victims of this disease are not taken to school at all and therefore nature is left to decide their fate.

### **1.2 Statement of the Problem**

The number of school drop outs among the learners suffering from epilepsy has increased steadily though unnoticed by the majority of the academicians because very little attention has been given to the learners with epilepsy. Very little effort has been made to improve their health condition, social welfare and the researches carried out have not been adequate to address their needs.

The education policies have suffered some limitations because very little protection has been given to the people suffering from epilepsy.

A very big population in the country not, exempting medical practitioners do not have enough information about the causes and how to manage epilepsy. As a result there are very few medical centres which can handle epileptic cases.

Ignorance which is still blanketing most of the African communities as far as epilepsy is concerned has left the learner with epilepsy in the state of confusion and double stress.

### **1.3 Objectives of the Study**

- ❖ To find out regular teachers' knowledge and understanding about epilepsy.
- ❖ To find out regular teachers knowledge and understanding on education provision of the learners with epilepsy.

- ❖ To find out the regular teachers' attitude on inclusion of the learners with special needs i.e. epilepsy into regular schools.

#### **1.4 Significancy of the Study**

- ❖ To equip teachers in regular schools in Kamukunji Division with the knowledge on how to et the challenges of the learners with epilepsy as far as their education is concerned.
- ❖ To help and enhance the retention of learners with epilepsy in regular schools up to the completion of primary education and even beyond.
- ❖ To create awareness about epilepsy among regular teachers and the entire Kamukunji Division.
- ❖ To enable the policy makers come up with clear policies which will protect the rights of the persons suffering fro epilepsy.
- ❖ The researcher will also widen his scope of understanding about epilepsy i.e. causes, management and learn what other researchers have discovered about epilepsy.

#### **1.5 Research Hypothesis**

There is no significant relationship between teacher's perception and development of learners' with epilepsy.

#### **1.6 Research Questions**

1. How much information do the teachers in regular schools have on epilepsy?
2. Do teachers in regular schools have the required skill on how to meet educational challenges of the learners with epilepsy?

- 
3. What is the attitude of the teachers in regular schools towards the inclusion of the learners with epilepsy in regular schools?

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

Epilepsy is a disease whose history is as old as the history of man since the time of creation.

Although most of the people don't know exactly what epilepsy is, there is clear evidence which proves that all the countries have had people who are epileptic.

Most communities have different names of the disease. For example "Indulume" among the Abaluhya people of western Kenya.

"Kibaba" among the Kikuyu of Central province in Kenya.

"Kifafa" among the Swahili people of Coast Province, Kenya.

Besides having different names, each community had its traditional beliefs as far as the causes and treatment is concerned. However most of the traditional healing/treatments have not yielded any good fruits at all. It is because of this that we must use the scientific approach when dealing with epilepsy.

#### **2.1 Meaning of epilepsy**

Different scientists and researchers have come up with different definitions of epilepsy.

According to Dekker (1994), *Epilepsy, A Manual for Medical and Clinical Officers*, Kenya Association for the Welfare of Epileptics (K.A.W.E.), epilepsy is a condition characterized by repeated seizures due to a disorder of the brain cells.

Ndurumo, (1993), *Exceptional Children Developmental Consequences And Interventions*, Longman quoted Langley, 1979, who said "epilepsy is a convulsion



disorder which is caused by excess firing of electrical discharges in the brain cells and is manifested in seizures, loss of control over specific muscles in the body.”

Ndurumo, (1993), Exceptional children quoted Berg, 1975, who defined epilepsy as “it is not a specific disease but rather a symptom of some deficit in the function of the brain”.

## **2.2 Causes of Epilepsy**

The research has it that there are many causes of epilepsy. Causes may occur during pre-natal, perinatal and postnatal stages.

### **2.2.1 Pre-natal stage**

The most common cause at this stage is heredity. An offspring can acquire this disease from the parents.

### **2.2.2 Perinatal Causes**

During birth, prolonged labour may cause lack of supply of oxygen to the baby. As a result, the baby is likely to contract epilepsy. Lack of oxygen in the body is called anoxia.

### **2.2.3 Postnatal causes**

Causes which are likely to result into epilepsy may include:-

- ❖ cerebral malaria
- ❖ infectious diseases
- ❖ accidents

- ❖ neurocysticercosis
- ❖ onchocerciasis

## 2.3 Types of epilepsy (classifications)

I. According to Kirk, (1972), epilepsy is divided into four classes:

- ❖ Grandmal
- ❖ Petitmal
- ❖ Jacksonian
- ❖ Psychomotor seizures

ii. Berg, 1975, Classified epilepsy as follows:

- ❖ Grandmal
- ❖ Petitmal
- ❖ Focal epilepsy
- ❖ Infactile spasms
- ❖ Automic epilepsy and
- ❖ Mixed epilepsy

iii. The International League Against Epilepsy (I.L.E.A.) 1970, put epilepsy in three classes as follows:

- ❖ Generalized seizure
- ❖ Partial seizure and
- ❖ Miscellaneous seizures

Iv. Kilei, 2002, Anatomy, Physiology and Pathology of the nervous and muscular skeletal systems (module 17) Nairobi had three classes of epilepsy as follows:-

- a. Grandmal
- b. Petitmal
- c. Psychomotor Seizures

### **I. Grandmal**

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

### **II. Petitmal**

This is a mild condition of seizures which may last for 5-10 seconds. Individuals who suffer from this condition may stop what they were doing briefly and for a short while have a short and empty blank look. They also fail to hear or see for some time and drop things which may be on their hands such as pencils, books, cups, spoons or plates.

### **III. Psychomotor**

This condition is most commonly confused with mental illness because it affects the mental process and the motor systems. It is characterised 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 child may not remember what was happening before the seizure and they sometimes become violent.

The researcher would prefer to take clays classification because it is very easily understood.

## **2.4 Inclusion of the children with epilepsy**

All effort of any given society should be channeled here towards achieving this goal.

In most countries, Kenya included, education of the learners with special needs has been provided in the special units.

In these units not much has been done to prepare learners with special needs to meet the real life in there lives after there school life

However several bodies and organizations which kept on advocating for human rights and equal rights have revolutionlised many things. The best of all is education of those learners with special needs. the most pronounced movement was The World Conference On Special Needs Education of 1994 held in Salamanca, Spain. This conference appealed for equality and the need for quality Education for all.

The relevant organizations and conference saw the sense Of having all children with diverse special needs be educated together with their peers in regular educational settings.

They believed that if the system of education is adopted then, regular and special education as separate systems of education will disappear. There will be

a single system of education that will include a wide range of learners known as inclusion.

#### **2.4.1 Meaning of Inclusion**

Inclusion refers to the adjustment of homes, the schools and society at large so that all individuals can have the opportunity to interact, learn, experience the feelings of belonging and develop in accordance with their potentials and difficulties within their environment.

#### **2.5 Kenya policy on inclusion**

Kenya has had a number of educational commissions which in one way or another have advocated for inclusion.

According to Draft Policy Report 1981: The report emphasized that "a child has a right to access to ordinary schools and other programs in which the necessary personnel and other support services are made available".

Gathathi Report, (1976), Report on the National Committee on education objectives and policies advocated the inclusion of learners with special needs in society.

Kenya Development Plan, 1984-1988, emphasized the need to intensify the inclusion of children with disabilities in regular school system participatory services and community based programmes with greater parental involvement.

Republic of Kenya Education for all, 1991 and beyond, 1992 "Education of Special Groups" recommended education for all.



The Salamanca Statement, (1994), on Special Needs Education (S.N.E) Organized by U.N. E. S. C. O adopted by acclamation of the Salamanca statement on inclusion.

Some of the working documents were as follows:

Every child has unique characteristics, interests, abilities and learning needs.

Education systems should be designed and educational programs implemented to take into account the wide diversity of characteristics and needs .

The White Paper, 1992 , states that the government is committed to providing Primary Education to all irrespective of the origin , social groups and sex . The Government particularly includes among other things "Integration of persons with disabilities into ordinary schools".

Universal Primary Education ( U .P. E. ) 1990 advocated for equality in the provision of education Some of its policies include :

Ensuring that education is affordable by majority of Ugandans.

Making education equitable in order to eliminate disparities and inequalities .

According to Okot , Evon and Kutosi, 2000 , Distance Learning, Introduction to Special Needs Education Module 1 , "Inclusion refers to and focuses on adjusting the home, the school and society at large so that all individuals can have the opportunity to interact, play, learn, experience the feeling of belonging and develop in accordance with their potentials and difficulties".

The researcher has chosen to go as per this definition because inclusion should be seen as an instrument which covers all areas of the child . These areas include the home, the school and the society as a whole . Following the above definition of the word inclusion, the society will work with people of different races, religions, aspirations and disabilities . Through this, children of all ages and diverse special needs will learn and grow in environment which they will eventually work in .

According to Uganda National Institute of Special Education ( U. N .I. S .E. ) AND Kenya Institute of Special -Education (K. I .S E ) ,2000, Introduction to Special Needs Education Module 1 " Inclusive education is the process of addressing learners needs within education, all available resources must be used". In this type of education schools and systems ( curriculum ) are adjusted rather than trying to change learners.

### **Objectives of Inclusion**

Any given institute have their well spelled out objectives . These objectives are the ones that guide them.

Therefore, inclusion enable educational planners to modify the curriculum and educational institutions so that all the learners with special needs education benefits from education . Because of this , they will become productive members in their respective societies .

- ❖ Equal opportunities are given to all children to share knowledge and socialize
- ❖ To come up with diverse teaching methods and approaches which can accommodate all children in regular schools and classes despite of their difference
- ❖ To change the attitude of the parents peers and the community at large towards the less fortunate of the society

### **Principles of Inclusion and teachers awareness**

Inclusion advocates for equality. It stipulates that persons with disabilities have a right to respect and human dignity . Therefore one of the principles of inclusion is to restore the respect and dignity of the less fortunate ones in the society.

Inclusion aims at overcoming barriers to learning and development

It ensures that the provision of education benefits all despite of the individual differences .

### **Knowledge of Inclusion of persons with epilepsy**

Some of the factors which can hinder the success of inclusion range from social economical and cultural.



## **Social factors**

Negative attitude of the parents, peers, teachers and the community at large towards the learners with special needs may cause the learners concerned to drop out from school .This is because they are subjected to discrimination.

## **Economical factors**

For inclusion to be success the environment should be adjusted so that it can accommodate all the learners with diverse needs . This may demand for big finance expenses

Educational facilities for instance teaching / learning resources may demand for financial support . Lack of qualified teachers and other support services.

## **Cultural factors**

Some communities are deeply rooted to their cultures and traditions . Sometimes it might not be easy to change them especially when it concerns to the causes of some of the special needs like Epilepsy.

## **How to Prevent and Minimize Barriers**

- ❖ The community has to be sensitized so that it understands the benefit which can be achieved through inclusion. This will help it change the attitude towards the learners with special needs.

- ❖ All the stake holders should be actively involved towards overcoming some of these barriers.
- ❖ The government should ensure that teachers in all regular school are equipped with the knowledge on how to go about with inclusion.
- ❖ The relevant bodies of any given learning institution should be able to identify some of the barriers that can be addressed immediately.
- ❖ The curriculum has to be adopted and it should be able to address all the sectors which affect the education of the learners.

However, to achieve successful “inclusion”, the most important area to be addressed is change of attitude. Once the attitude of the community, peers, teachers and parents towards the learner with special needs has been change to positive, other requirements may just fall in without a major struggle.

## **2.6 Meaning of Attitude**

This is a very common term used referring to one’s feelings or response towards another person, situation and ideas. If a person accepts another person’s idea or his/her feelings go well with the feelings of others then he/she is said to be having a positive attitude. But when his/her ideas differ completely and does not agree with others or does not support their ideas and feelings, then he/she is said to be having a negative attitude.

Triandis, (1971), defined attitude as an idea charged with a motion which activates some particular actions to a particular class of social situations. Therefore from this definition attitude refers to one's idea, knowledge or perception of a given object.

According to Allport, (1954), he stated an attitude as a mental and neural states or readiness, organized through experience, exerting a directive or dynamic influence, upon the individual's response to all objects and situations with which it is related.

The researcher decided to go with the later definition because in most cases attitude is very easily detected following one's immediate reaction towards any given idea. It is through this response that the attitude can be said positive or negative.

### **2.6.1 Component of Attitude**

Triandis, (1971), put attitude into three categories namely:

1. cognitive
2. affective
3. behavioral

#### **Cognitive**

The word "cognitive" refers to all that affect brain as attitude and cognitive are concerned, the mind or brain of a person may sometimes be conditioned to think and come up with a strong thought or belief. However the cognitive attitude can only be detected by another person depending on one's response or reaction towards the idea

given or the prevailing circumstance. For example one's mind may be forced to believe in some of the causes of the epilepsy as witchcraft, curse of the ancestors or jumping over the urine of a person with epilepsy. This belief will automatically make a person to develop a negative attitude towards a person with epilepsy. But if sensitized and made to understand the actual causes of epilepsy then his /her positive towards people with epilepsy will be cultivated. It is therefore very important to note that most of those people affected with epilepsy suffer because of cognitive attitude.

### **Affective Attitude**

This focuses on one's feelings towards something or any given situation. Affective attitude mostly concerns the emotion, feelings and the moods which are experienced in relation to an object. This attitude derives one towards likely something hence "good feelings" or makes one hate something there "bad feelings".

Therefore from the above it can be said that good feelings towards an idea results in this positive attitude while bad feelings results in a negative attitude.

### **Behavioral Attitude**

Actions which are displayed by an individual as a reaction towards an idea or situation results into behavior. Behavioral responses range from extremely negative or sometimes positive. These actions or response in most cases carry very meaningful message.

According to Barns, (1991), "How we perceive the information about an idea or objects of our attention and our reaction or response results into behavioral attitude.

Therefore it is important to note that if a teacher believes that a child with epilepsy cannot learn in the main stream school then his/her behavior towards the learners with epilepsy will always remain negative.

In the study the researcher is going to use Triandi's definition of the word attitude because the three classes of attitude cognitive, affective and behavioral are intertwined and carry the actual meanings of the word. Attitude is first shaped by ones thoughts, then feelings are activated towards liking or rejecting eventually the two are put in to action or behavior.

### **2.6.2 Teachers attitude towards person /learners with epilepsy**

There are a number of disabilities, they include; hearing impairment, visual impairment, mentally handicapped, physically hand capped epilepsy among others disabilities. An impairment refers to lack of function of any given part of the body

The history has it that many communities both in Europe and Africa subjected a person with epilepsy to discrimination and isolation.

According to Randiki, (2002), Historical development of S.N.E, Kenya Institute of Special Education (KISE)," from time immemorial cultural practices in the world over have been unkind to persons with disabilities. Persons with disabilities were vied as objects of bad omen and were either killed, abandoned or offered as sacrifice to appease the gods".

The researcher's experience has it that both the Luhya, Luo and the Kamba communities believed that epilepsy was as a result of the curse of the spirits. They also believed that crossing over the urine or stool of a person with epilepsy could result into contracting the disease. The Kamba and Kikuyu communities advised people to run away whenever they saw a person with epilepsy experiencing the seizure. They believed that the wind passed by this person could make them contract the disease. As a result of this, a person suffering from epilepsy was isolated and the entire family was discriminated against. Therefore, a person with epilepsy was very poorly socialized.

These days a person with epilepsy is still stigmatized in his/her community. The societies feel that it is a shame to suffer from that kind of a disease. Therefore, in a family, a person suffering from epilepsy is in most cases hidden and secluded in a special room where visitors cannot see him/her.

The world has not fully addressed the problems which affect people suffering from epilepsy and how it affects the lives of the concerned in various societies. There are very few literature materials which talk about epilepsy while others impairment (disabilities) are well pronounced and at least catered for, not much has been done on epilepsy.

## **2.7 Knowledge of teachers on Epilepsy**

Social interaction is a very important component of human development. It is through this that language, motor and cognitive skills are acquired.

According to Dekker, (1994), Epilepsy, Kenya Association for the Welfare of Epilepsy (K.A.W.E.), Nairobi," Epilepsy is often believed to be a contagious disease, and that anyone who touches the patient, or his/her excreta will acquire the disease. These traditional and cultural beliefs make the patient and his/her family very unpopular and isolated.

According to Bonjo, (2003), Psychosocial Effects of Disability on an Individual, Kenya Institute of Special Education (K.I.S.E) Nairobi, states that "People with developmental disabilities are also feared in some communities. It is believed that they have demons. Such beliefs make persons with disabilities miserable and often lead to isolation".

Since different communities have treated a person with epilepsy as an outcast, this makes him/her to experience difficulties in accepting and adjusting to his/her condition.

### **Implication of Epilepsy on Learning (Education)**

It should be known that children suffering from epilepsy have normal intelligence and can learn well in a regular schools or classroom settings with good support from classmates, teachers, parents and the community.

However people who suffer from epilepsy may experience problems which may affect their learning. Some of these problems may include;-

Negative perception by the society who may view them as being abnormal and as persons suffering from mental illness.

Discrimination by members of the society who think that epilepsy is contagious.

The learner may become disoriented due to frequent attacks and may fail to cope with academic work.

Each seizure causes some irreparable brain damage which lowers the learner's mental capacity thus affecting learning.

The learner may need drugs to control the fits for life. This may lower his/her self worth.

This is an extra financial burden on the parents or guardians who may not afford it.

If unmanaged, the fits may occur frequently, leading to hospitalization and Frequent absence from the class .The learner may end up losing what is learnt in his/her absence and he/she may drop out of school.



According to Dekker, (1994 a), states that, "a child with epilepsy has normal intelligence and can attend regular school. However, teachers and heads of institutions have to be reassured that the condition is not dangerous to the staff and other pupils. Teachers should be counseled to believe that epilepsy is not a disabling condition but one that can usually be controlled and lived with".

However Dekker, 1994 a, Epilepsy, Nairobi states that "For a child with severe or profound mental retardation, institutional care may be necessary, especially if there is also a physical handicap. However there are no sufficient institutions to accommodate all these children in Kenya. More so institution are very few and very few parents can afford them".

## **2.9 Conclusion**

A brief overview of this literature shows the teachers' perception of learners with epilepsy in an inclusive educational setting. Many writers have come up with different views about teachers' attitude on learners with disability which include the problems and their solutions. Though solutions are laid down in many writers' books and some taught in school, problems have persisted.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter provides the means that were used to address research objectives and especially what the researcher intended to do. It includes 5 sections like the study design; are and population study; sample selection and size; research instruments, research procedure; data analysis and limitations of study.

#### **3.1 Research Design**

This study employed both a descriptive and cross sectoral research design in collection and analysis of data. Two research designs were used because they enabled the researcher to systematically collect data and give clear picture of teachers' perception on learners with epilepsy in an inclusive education, spot out gaps so that solution to the problem can be found.

#### **3.2 Geographical Scope.**

Kamukunji Division is located in Nairobi Province, Kenya. There was clear evidence that some of the children were epileptic. Most of those learners rarely completed their basic education. There was a high drop out rate of these learners from their schools.

The division has 18 public primary schools and several non-formal primary schools. It is estimated that there are 27,000 people in the Division, both adults and children.

Each public school has an average of 26 teachers, most of them are female.

The researcher therefore targeted 15 schools since most of them are within his reach.

Since the Division is at the heart of the city, there are good roads and a good percentage of the population is literate semi-illiterate.

It is a cosmopolitan division where almost all tribes of Kenya and some from neighboring countries form its population.

### **3.3 Target Population**

In this study, the researcher targeted all regular teachers teaching in regular schools within Kamukunji Division in Nairobi Province.

#### **3.3.1 Sample Size**

The researcher targeted 15 schools in the division which are within reach. The researcher worked with two teachers from each school so as to come up with 30 respondents.

#### **3.3.2 Sampling Techniques**

The researcher chose to use simple random procedure or method. Each person in any given school had an equal chance of being taken.

As far as choosing the schools the researcher opted to use convenient sampling. The researcher chose this method because if random sampling was used then reaching some schools would involve spending extra money on transport and time as some schools were very far.

### **3.4 Data Collection methods**

The study was conducted using both qualitative and quantitative methods which included techniques of use of questionnaires and focus group discussions.

### **3.4.1 Instrumentation**

There were several ways I used in collecting data. These ways include: - interviews, observation, individual tests, group tests and questionnaires.

In this research study the researcher used the questionnaire with close and open ended questions.

The researcher developed the questionnaire under five themes (subtopics).

After designing and developing the questionnaire, the researcher pre-tested it within his school and in the immediate neighboring school.

### **3.5 Data Analysis**

The frequency and percentage distribution shall be used to determine the perception of the regular teachers towards the education of learners with epilepsy in Kamukunji Division, Nairobi Province, Kenya.

#### **Formulae**

$$\frac{F}{N} \times 100$$

Where

F= Frequency

N= total Number of respondents

100= Constant

## CHAPTER 4

### PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

#### 4.0 Introduction

The main purpose of this study was to investigate the altitude of regular teacher in regular school towards the inclusion of the learners with epilepsy in Kamukunji Division, Nairobi.

In order to investigate the teacher's altitude, the study on the following themes:- Knowledge and understanding of epilepsy, Provision of education for learners with epilepsy, Knowledge on inclusion, Views concerning inclusion of learners with epilepsy into regular schools and factors to be considered before including learners with epilepsy in regular schools.

#### 4.1 Background characteristics of respondents

In his research, the researcher targeted regular teachers in regular schools in Kamukunji Division, Nairobi. The researcher analysed the data questions, tabulated with a brief discussion on each table.

#### 4.2 Personal Information

**Table 1: Age of respondents**

AGE.	FREQUENCY	PERCENTAGE.
18-25.	0	0%.
26-35.	10	50%.
36-45.	10	50%.
46 and above.	0	0%.
TOTAL.	20	100%.

Table one shows that most of the respondents were between the age of 26 and 45 with 26-35 50% and 36-45 with 50%.This shows that the respondents are both the youth and those aged.

**Table 2: Gender of respondents**

GENDER.	FREQUENCY.	PERCENTAGE.
Female	16	80%
Male	4	20%
Total	20	100%

Table 2 shows that majority of the respondents are female with 80%.There are fewer male teachers with 20%.This could be because most female teacher's live with their husband's in urban areas while most male teachers prefer teaching in the rural areas.

**Table 3: Highest Level of Education before Training**

LEVEL	FREQUENCY.	PERCENTAGE.
K.J.S.E	-	-
'O' Level	18	90%
'A' Level	2	10%
Others	-	
Total	20	100%

Table 3 shows that majority of the teacher's reached 'O' levels in their education with 90%.The minority reached 'A' level with 10%.This shows that the teaching staff in Kamukunji Division has acquired at least the most required level of education.

**Table 4: Current Professional Qualifications**

PROFFESIONAL QUALIFICATION	FREQUENCY.	PERCENTAGE.
P2	-	-
P1	18	90%
ATS	2	10%
Others	-	-
Total	20	100%

Table 4 shows that there are many P1 teachers with 90%.

**Table 5: Average Numbers of Pupils in the Class**

NO. OF PUPILS	FREQUENCY.	PERCENTAGE.
Below 30	2	10%
30 - 40		
41 - 59	14	80%
60 and above	4	10%
Total	20	100%

Table 5 shows that the percentage of teachers handling below 30 Pupils is 10 %, 41-59 pupils is 80% And above 60 in 10%.This shows that there are many children who go to school in the division, most probably done to the introductions of the education in primary schools.

#### 4.2.1 Conclusion

The research shows that majority of the regular teachers in Kamukuni Division are female and that almost all of them have attained a reasonable level of academics. This shows that most of them are professionally qualified teachers.

#### 4.3 Teachers Knowledge on Epilepsy and Understanding

The researcher found out that teachers have different perceptions on the knowledge and understanding epilepsy.

**Table 6: Showing the distribution of responses about knowledge of epilepsy**

RESPONSE	FREQUENCY.	PERCENTAGE.
yes	16	80%
NO	4	20%
Total	20	100%

This table shows that majority of the respondents have come across a person with epilepsy. This is a proof indicator that epilepsy is a common disease.

**Table 7: How you came to know that he/she is epileptic**

REASON	FREQUENCY.	PERCENTAGE.
Self experience	10	62.5%
Given information	6	37.5%
Total	16	100%

According to the table shown those who had an experience of a person with epilepsy make 62.5%, however 37.5% were just informed by others and shown a person with epilepsy, therefore majority of the teachers can tell when one is attacked by the seizure



#### 4.3.1 Causes of epilepsy

The researcher discovered that some of the possible causes of epilepsy are; prolonged labour, inheritance, cerebral malaria, accidents among others.

**Table 8: Shows the distribution of responses about causes of epilepsy**

RESPONSE	FREQUENCY.	PERCENTAGE.
Diseases	5	25%
Inheritance	2	10%
Effect on the brain	5	25%
Don't know	8	40%
Total	20	100%

The table shows that those with clues on the possible causes of epilepsy add up to 60%. This is evident by those who said that epilepsy is caused by sickness 25%, inheritance 10%, effect on brain 25%. However the data also shows that 40% of the respondents do not know the causes of epilepsy.

**Table 9: The traditional beliefs on epilepsy**

RESPONSE	FREQUENCY.	PERCENTAGE.
Witch craft	8	40%
Curses `	12	60%
Breaking taboo	-	0%
total	20	100%

The table shows that most of the traditional communities believe that epilepsy is a curse. Some believe that it is due to witchcraft. This is shown by 60% and 40% respectively. This was a prove indicator that a person with epilepsy was stigmatized.

#### 4.3.2 First Aid on the person experiencing seizure

On administering seizure, one should loosen the clothes around the neck. Remove dangerous objects and the victim and that no objects should be inserted in the mouth or between the upper and lower teeth

**Table 10: Shows the distribution of responses about the first aid on the person experiencing seizure**

RESPONSE	FREQUENCY.	PERCENTAGE.
yes	12	60%
no	8	40%
Total	20	100%

The table shows that majority who make 60% ever administered first aid to a person with epilepsy.

**Table 11: Shows responses on how first aid was applied**

	FREQUENCY.	PERCENTAGE.
Correct application	5	41.6%
Wrong application	7	58.6%
Total	12	100%

The table shows that those who claimed to have administered first aid add up to a total of 12 out of 20 respondents. However only 58.6% were able to administer the first aid to a person experiencing seizure correctly.

### 4.3.3 Conclusion

The above findings shows that although majority of the respondents have come across a person with epilepsy, most of them do not know its causes and they don't know how to administer first aid to a person who is experiencing the seizure.

### 4.4 Teachers' Attitude towards the learners with epilepsy

The researcher found out that teachers have positive attitude towards the learners with epilepsy. Respondents were of the view that to avoid isolation, they should all be included in the regular schools.

**Table 12: Teachers response on whether they have ever handled children with epilepsy in their classes**

RESPONSE	FREQUENCY.	PERCENTAGE.
Yes	8	40%
No	12	60%
total	20	100%

60% of the respondents have never handled a child with epilepsy in their classes.40% have taught children with epilepsy. This shows that at least there is need to sensitize a bigger percentage on epilepsy.

**Table 13: Teachers response on whether children with epilepsy be educated**

Response	FREQUENCY.	PERCENTAGE.
Yes	20	100%
No	0	0%
total	20	100%

All the respondents support the education of the child with epilepsy. This is very encouraging.

**Table 14: Teachers response on where children with epilepsy should be educated from**

Response	FREQUENCY.	PERCENTAGE.
Special schools	6	30%
Regular schools	14	70%
Units	0	0%
Total	20	100%

The table shows that 30% of the respondents feel that learners with epilepsy should be taken to special schools while 70% feel that they should be educated in the regular schools. This is a positive deviation of inclusion.

#### **4.4.1 Knowledge on Inclusion**

The researcher found out that most teachers had knowledge about inclusion of children with epilepsy in the regular schools. However some teachers did not know the meaning of the word inclusion which became difficult for them to know what it meant to include or not.

**Table 15: Teachers response on the knowledge of the word inclusion**

Response	FREQUENCY.	PERCENTAGE.
YES	14	70%
No	6	30%
Total	20	100%

The table shows tat 70% teachers have heard of or know the meaning of inclusion. 30% percent has never come across the term inclusion.

**Table 16: Teachers that can give the right definition of inclusion.**

Response	FREQUENCY.	PERCENTAGE.
Correct	16	80%
Wrong	4	20%
Total	20	100%

According to the table at least most of the respondents know the meaning of the word inclusion. 80% of the population gave the correct definition. 20% of the respondents gave the meaning of the word incorrectly. It could be because most of them come from the schools with diverse units or have enrolled in some courses which deal with disability (S.N.E)

#### **4.5 Possible Recommendations**

Teachers came up with many recommendations as regards inclusion of children with epilepsy in regular schools. Most of the teachers so it fit to accept students with epilepsy in their classes though they came up with different ideas on special attention and other things.

**Table 17: willingness to accept children with epilepsy in their regular classes**

Response	FREQUENCY.	PERCENTAGE.
Yes	18	90%
NO	2	10%ss
Total	20	100%

The table shows that majority of the respondents are willing to accept learner's with epilepsy. Those who are not ready make 10%. This shows that those are not ready to

admit learners' with epilepsy may be still influenced by their cultural beliefs on the disease.

**Table 18: Whether learners with epilepsy should do different examination from the normal children**

Response	FREQUENCY.	PERCENTAGE.
Yes.	6	30%
NO	14	70%
Total	20	100%

According to the table, majority of the respondents feel that learners with epilepsy can still do the same examinations with other learners. Those who support this idea are 70%.20% feel that these learners should be given a different examination. This could be because the 20% who chose "yes" do not understand that the only time when a person is affected is during seizure.

**Table 19: Recommendation to the Kenya National Examination Council (KNEC) concerning the examinations.**

RESPONSE	FREQUENCY.	PERCENTAGE.
More time allocation During examination	10	50%
Others	10	50%
Total	20	100%

According to the table 50% of the respondents feel that the most important measure was more time to be added during examination.50% didn't know exactly which areas of the examination needed adjustment.

**Table 20: What can be done so as to improve the education of the learners with epilepsy in the normal schools?**

Response	FREQUENCY.	PERCENTAGE.
First aid tools	8	40%
Qualified special teachers	12	60%
Total	20	100%

The table shows tat 40% felt that if first aid equipment were put in place then learners with epilepsy will benefit from inclusion.60% felt that in order for inclusion to be successful then there was need to go for more qualified special teachers.

## **CHAPTER 5**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.0 Introduction**

The purpose of this study was to find out the attitude of regular primary school teachers towards inclusion of learners with epilepsy into regular schools in Kamukunji division.

The researcher was guided by the main research questions:-

- How much information do the teachers in regular schools have on epilepsy?
- Do the teachers in regular schools have the required skills on how to meet educational challenges of the learners with epilepsy?
- Do the teachers understand the meaning of the word inclusive education?
- What is the attitude of teachers in regular schools towards the inclusion of learners with epilepsy in regular schools?
- What should be done so as to improve the education of the learners with epilepsy in regular schools?

#### **5.1 Summary of findings**

##### **5.1.1 Knowledge and understanding of epilepsy**

The findings show that 80% of the teachers have had learners with epilepsy in their regular schools. The remaining 20% do not have knowledge of the causes of epilepsy.



Most of them had interacted with the learners with epilepsy. This encouraged interactions and enabled teachers to have at least basic knowledge on the problem. This was really a promotion on effort towards inclusion.

Causes of epilepsy ranges from diseases or brain damage. From the study, the researcher found out that most of the respondents had at least background knowledge of the causes of epilepsy.

Epilepsy is a disease which is characterized by seizure or fits. During this time a person may look frightening. It is because of this that the person is stigmatized by the community.

World conference on Education for all (E.F.A), 1990, stated "Education is a right for every child regardless of social, cultural background, economic status, ability or special needs".

The result also shows that 80% of the respondents had a feeling that learners with epilepsy have a right to education. They also felt that they can also learn better or benefit if they are in regular schools.

The result revealed that 60% of the respondents felt that for effective inclusion of the learners with epilepsy in regular schools, the major adjustment was the provision of qualified special teachers. 40% sighted time allocation during exams is the most

important. Only 20% of the respondents had a feeling that learners with epilepsy should be placed in the units for their education. 80% sighted that a learner with epilepsy cannot benefit from learning only during seizure.

### **5.1.2 Knowledge and Understanding of the Concept Inclusion and Inclusive Education**

The term inclusive education refers to the adjustment of the environment so as it can cater for all the individuals with diverse special needs.

The result of the study shows that most of the respondents have at least a rough idea about inclusive Education.

However their real interpretation of the word did not come out correctly. 80% of the respondents gave the correct meaning but did not mention accurately the meaning of the word. 20% of the respondents did not support the idea of inclusion of the learners with epilepsy, saying that they cannot benefit much in the regular school.

### **5.1.3 Factors to Consider Before Including Learners with Epilepsy into Regular Schools**

Although children with disability have been separated from their peers who are believed to be 'normal' by being placed into special units and special schools, they can still attend regular schools which are near their homes and still benefit from education being offered in the regular schools and even better.

60% of the respondents felt that for the success of inclusion of the learners with epilepsy there is a need to provide first aid equipment, the curriculum should allow more time so as to cater for the needs of all in the learning set up.

60% felt that there is need to provide qualified special teachers who can be able to handle cases which are related to epilepsy more effectively.

As far as academic performance is concerned, 80% of the respondent felt that following the inclusion of the learners with epilepsy in the regular schools, the schools performance will go down therefore affecting the mean score. However 20% felt that the performance will not be affected since seizure is a condition which does not attack through out the day and that this learner can only be affected during that time of seizure.

## **5.2 Conclusion**

The researcher found out that most (majority) of the regular teachers In Kamukunji division have at least the basic knowledge or epilepsy.

The research study showed that teachers have no skill on how to administer first aid to person wit epilepsy during seizure.

The curricular should be adjusted in terms of time allocation so that it can accommodate all the learners with diverse special needs.

Lack of in-service courses made the regular teacher not to handle the learners with epilepsy accordingly during the learning process.

7. In-service courses be conducted at the zonal and divisional levels so as to empower the regular trained teachers with the knowledge on how to promote the education of the learners with epilepsy

### **5.3 Areas for Further study**

The curricular should be adjusted in terms of time allocation so that it can accommodate all the learners with diverse special needs.

Lack of in-service courses made the regular teacher not to handle the learners with epilepsy accordingly during the learning process.

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## APPENDICES

### Appendix I: Questionnaire

You are kindly requested to put a tick ☒ or give short statements appropriately. The information given shall be treated with a lot of confidentiality.

#### PERSONAL INFORMATION

**1. Age**

18-25 ☐ 26-35 ☐ 36-45 ☐ 46 and above ☐

**2. Gender** male ☐ female ☐

**3. Highest level of education before professional training:**

K.J.S.E. ☐ 'O' Level ☐ Others ☐ \_\_\_\_\_

**4. Current professional qualifications (Grade)** \_\_\_\_\_

**5. Average number of pupils in the class.**

Below 30 ☐ 30-40 ☐ 41-59 ☐ 60 and above ☐

#### PART B

#### TEACHERS' KNOWLEDGE ABOUT EPILEPSY.

**6. (I) have you ever met a person with epilepsy**

Yes ☐ No ☐

**(ii) If you answer to the above question is "yes", how you come to learn that he/she is epileptic (explain briefly).**

**12. What does the word 'inclusion' mean? (Explain briefly)**

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**POSSIBLE RECOMMENDATION**

**13. (I) in your opinion, would you be willing to accept a child with epilepsy in your regular class? Yes ☐ No ☐**

**(II) If your answer is 'no' briefly give an explanation.**

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**14. Should the learners with epilepsy do a different examination from the 'normal' learners? Yes ☐ No ☐**

**15. What recommendations do you think should be put to the Kenya national examination council (K.N.E.C.) concerning the examination? (Briefly explain)**

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**16. What do you think can be done so as to improve the education of the learners with epilepsy in the in the regular schools?**

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## MAP OF RESEARCH ENVIRONMENT

