REGULAR TEACHERS' PERCEPTION TOWARDS LEARNERS WITH EPILEPSY IN INCLUSIVE SETTINGS KAHAWA ZONE, NAIROBI, KENYA.

BY

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DECLARLATION

I, Osore Violet J. Magotsi hereby declare that this Research Paper is my own and not a duplicate of any similar published work of any school for academic purpose as partial requirement of any college or institute. It has never been submitted to any other institute of higher learning for any award of a Certificate, Diploma or Degree in Special Needs Education.

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APPROVAL

This research report has been conducted and carried out under my supervision as the University supervisor. The research report is ready for submission for the award of a Bachelor's Degree in Education from Kampala International University.

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MR. KULE JULIUS WARREN

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DEDICATION

My dedication goes to my beloved husband, Mr. Patrick Osore for he supported me morally and financially. I thank my loving children Cecil, Sheila and Brian for their understanding and support in house cores which they bravely assisted. Lastly, I thank my friends Lydia Taifa and Hellen Ngoya who assisted financially and offered the typing, photocopying and binding respectfully.

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ABSTRACT

The research study was about the "Regular Teachers' Perceptions towards learners with epilepsy in inclusive settings, Kahawa Zone, Nairobi, Kenya. The main objective was to determine the regular teachers perception towards the epileptic learners in inclusive settings in Kahawa Zone, Nairobi, Kenya. The specific objectives were to identify the knowledge of respondents on epilepsy and also identify the knowledge on factors to be considered for a success in implementing of inclusive education.

The researcher used a quantitative approach where the researcher presented the findings in form of tables and numerals. The study adopted a survey research design where information was collected from the four regular schools. These schools had integrated programmes including the epileptic learners other disabilities. Questionnaires given to the regular teachers that were targeted to fill in the information needed. The total sample population was twenty regular teachers, from four regular schools. The research instruments were structured open and closed ended items. Data was analyzed in frequency and percentages.

The investigations proved that the majority of the regular teachers did not have any skills to handle learners with epilepsy in the classes and schools, thus had a negative attitude. Especially during the seizures these regular teachers could disappear as they thought the victim could affect them. When it comes to learning the epileptic learners were ignored hence the regular teachers moved on with the "normals". They received inadequate teaching and the learning resources were not available. Therefore this calls for skilled teachers and provision of equipment and facilities for the epileptic learners and train more teachers to cater for these suffering epilepsy learners.

The study showed that there is need to modify and structure school curriculum and modify national examinations to cater for individuals needs. There should be need to create awareness to the public, school and community in order to avoid stigmatization and labeling of such learners. The parents, teachers, peers and epilepsy learners should know that disability is not inability as some are treated and can excel in different areas in life.

CHAPTER ONE
INTRODUCTION

1:1 BACKGROUND OF THE STUDY

Throughout the world, health problems have contributed to poor performance of children both in schools and in community. Some of the problems are conditions such as cerebral palsy, hydrocephaly, physically handicapped and epilepsy. Epilepsy was a chronic disease with a high number suffering from it and increased in young age groups.

For the last many years epilepsy in Kahawa Zone, Kasarani division Nairobi, Kenya, has been increasing and made families to separate as the children remained alone. Due to the disability, most people believed that these children were a curse from God as well as witchcraft. This made parents to hide their children in homes not to be seen by anybody.

The epileptic children were not able to education with others as they were thought to affect their peers. They were denied their rights like being given land and food. They were malnourished and even died of hunger. They had no right to talk before others as they were counted to be lesser persons. These learners were not attended to in the regular schools as the regular teachers did not have the knowledge and skills to handle them.

During 20^{th} -21^{st} Century children with any disability like epilepsy have been placed in special schools, special units and small homes under the management of churches, individuals and non governmental organizations like Rotary Club and Kenya Red Cross. Ignorance made the epileptic learners to suffer and labeled by funny names by their regular teachers. These learners were not considered in any activities during the learning process. Peers ran away when the seizures were on and the victim could injure himself/ herself unknowingly. Such children were segregated and given dehumiliating names like dump and deaf by their peers. The perception of the regular teachers towards epileptic learners was positive as they later on accepted the condition of the epilepsy learners to learn in inclusive setting and help them fully.

1:2 STATEMENT OF THE PROBLEM

Epilepsy like any other disease affects pupils` performance negatively. It also affects the pupils` concentration especially during the instructions when the attacks begin. The regular teachers and the peers have to stop teaching and attend to the victim when the seizures are on. This is why regular teacher had a negative perception towards these learners because it wastes a lot of time.

According to performance, these epileptic learners still cannot match their counterparts because the regular teachers have no skills and resources to use in teaching the epileptic learners. They need special instructions and give extra time to compensate the lost time when the attacks were on. They also need to remedial their work but the regular teachers have no knowledge and skills to teach them.

The regular teachers do not include them in activities due to fear of the attacks which may cause harm to the epileptic learners. So they are left to stay aside when others are busy in these activities. For example, running, jumping among others. The child might fall during the activity and hurt himself or herself. Epilepsy starts at childhood and can be controlled as soon as possible when steps for treatment are taken.

1:3 OBJECTIVES OF THE STUDY

The researcher was guided by the following objectives to carry out the study

General Objective

To determine the regular teachers` attitude towards educating learners with epilepsy in inclusive settings in Kahawa Zone, Nairobi, Kenya.

Specific Objective

This research study was to:-

1. Determine the profile of the respondents in terms of:-

1:1Gender

1:2 Age

1:3 Academic qualification

1:4 Current professional qualification

1:5 Teaching experience

2. Determine the regular teachers` perception towards learners with epilepsy in terms of:-

2:1 Learners` behaviour

2:2 Learners` cooperation with peers

2:3 Learners` health

2:4 Learners` performance

3. Identify factors put in place for effective inclusion of learners with epilepsy in inclusive settings.

3:1Teaching methods

3:2 Teaching and learning resources

3:3 Physical facilities

1:4 SIGNIFICANCE / JUSTIFICATION OF THE STUDY

This study will benefit the regular teachers to get rid of the stigma of having negative perception towards epileptic learners. These learners are just like any other children and they are God's creation. The regular teachers will regard epileptic learners as other learners in an inclusive setting. They have equal opportunities to learn in the inclusive setting.

The parents will benefit as their children will get to learning in inclusive setting by receiving the instructions under good supervision of the regular teachers. Parents will be proud of their epileptic children to learn freely and not hiding them in homes. The parents will benefit as regular teachers guided and counseled them to consider these children as God's creation and care and love them equally to other "normal" children.

The epileptic learners will benefit as they are educated in inclusive setting with mixed abilities. They will receive some knowledge and feel part of the educated people. Some have talents like in carpentry making excellent items like furniture, so these learners may

make something good that others may learn from them. The ministry of education has trained teachers with skills to handle the epileptic learners, so the performance may rise as all the skills are exercised and the resources are used accordingly.

The epileptic learners were taken to educational assessment resources nearby for further investigations by the professionals. The professionals will give advice to the doctors to give the right drugs to the epileptic learners.

The community was requested to take preventive measures of epilepsy through barazas and seminars. Parents to be free to talk about their epileptic children and the experiences they under go. At age 11-12 years, these learners should be guided on the choice of career or job they can do. In Kahawa zone, the epileptic children have enrolled themselves in polytechnics to attain a type of course to earn them a living by making carpentry work. Therefore disability is not inability.

1:5 DEFINITION OF TERMS

Operationally the following terms were defined according to alphabetical order

1:5.1 Attitudes

Attitudes are negative or positive feelings about children with epilepsy and the teaching of these children in regular classes in our schools.

1:5.2 Convulsions

These are sudden loss of consciousness and the learners make a strange noise and movements, as the action is on.

1:5.3 Education provision

This is the type of education that the epileptic learners receive using the variety methods to let the learners gain from the inclusive settings.

1:5. 4 Epilepsy

Epilepsy is a condition that is brought about by repeated attacks or seizures due to the

disorder of the brain cells, and the person loser consciousness

1:5. 5 Inclusive education

This is the process of addressing all learners' needs within the regular school using all available resources for both the special learners and the "normal children" to create opportunities for them to learn together in preparation for life.

1:5. 6 Inclusive setting

It is a classroom or school that addresses all learners including the special needs like the epileptic children among others and using the available resources despite of their diverse needs.

1:5.7 Knowledge

It is the thinking capacity that can make him or her to perform an activity using the necessary skills acquired.

1:5.8 learning

This is the acquisition of ideas and knowledge to be utilized in the learning process according to ones understanding.

1:5.9 Perception

This is what the regular teachers feel about the epileptic learners to be positive or negative depending on individual feeling.

1:5.10 Regular teachers

They are ordinary trained or untrained teachers who have no skills to handle any learners with special needs in education like the epileptic learners.

1:5.11 Seizures

This is a sudden abnormal function of the body after which a loss of consciousness, when there is an excessive nerve cell discharge in the brain.

1:6 FACTORS THAT AFFECTED RESULTS

The factors that affected the result were as follows:

1:6:1 Pressure of Work

Due to the increase of enrolment in our schools, which has been caused by the free primary education, the amount of work is much to the teachers. The researcher was forced to commit herself by coming early in the morning to teach before she went to other schools for the study.

1:6:2 Finance

The researcher had no adequate funds to use for traveling form one school to another. At times she had to walk to the schools. She had no lunch until she had supper at her home. She went walking to one school which was interior from the main road. The exercise was tiring but she managed at long last. Without commitment one cannot succeed in life.

1:6:3 Time

Lack of time to move from one school to another when taking the questionnaires and to address the teachers on how to fill them. With the inclusion of education the pupils are many to leave them alone. She had to be assisted by the headteacher and co-teachers especially when not there.

1:6:4 Environment

One of the schools, Kahawa Primary had a sympathetic situation especially for the epileptic learners. The school is situated next to the railway where you may find learners are standing along the railway line watching the passengers in and out of the train. This was dangerous for such children. Through the regular teachers the parents had to take their children to other schools for security purposes.

1:6:5 Epileptic learners

The researcher at times found these learners have not come to school because nobody to accompany them to school or an individual was sick. Some came from places where they need to cross-rivers and this was dangerous for them especially during rainy seasons.

1:6:6 Parents

The researcher found out that some epileptic learners were frequent absentees because they have been chased by their fathers to get out of the home. Parents blamed each other especially fathers blaming mothers to have had such children in the society.

Through the regular teachers, the parents were to be advised and encouraged not to have small hearts about their children in this condition. These children are blessings from God thus perseverance is needed in such cases.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2:0 LEARNERS WITH EPILEPSY.

The review of the related literature states that, Epilepsy is a condition characterized by repeated attacks due to the disorder of the brain cells. Seizure is a result of excessive nerve-cell discharges in the brain. It is a sudden abnormal function of the body, often with loss of consciousness and an excess of muscular activity or an abnormal sensation.

According to David Werner (1979), epilepsy is the loss of consciousness and violent movements. The eyes roll back. In mild cases the victim may suddenly "blank out" and make strange movements or behave in a funny way.

Caroline A. Pickering (1987), states that epilepsy is a brain condition which causes repeated seizures or attacks and epilepsy takes hold of P. Plum (1990), says epilepsy is caused by the damage to the bran and it paralyses the brain.

Kerry Redican, Larry Olsen and Charles Baffin (1986), states that epilepsy is a neurological disorder. The term epilepsy is utilized to describe variety of neurological disorder that result from many different causes.

Kenneth D. Gadovv (1990), reveals that epilepsy is a seizure or attack with complete or partial loss of consciousness. It is accompanied by involuntary muscle movement. It is a stoppage of the body movement and function. It is a recurring Seizure.

Haslam (1985) tells us that epilepsy is unusual movements of the tongue, smacking of the lips. It has repetitive motor movements. The seizure interferes with the student's concentration and schools performance which decline. The seizures are also considered major convulsions and are frightening.

Mwaura Stephen and Wanyera S. (2002), say that epilepsy is a brain problem that is a result of a sudden loss of consciousness, convulsions or seizures.

Kilei Benedict, first Edition (2002) describes epilepsy as a condition that occurs in a person due to brain disorders. It is a sudden loss of consciousness followed by the attacks. Hippocrates, (400B.C) a manual for medical and clinical officers in Kenya, says epilepsy was a disorder of the brain and not possession by devils.

Dekker P. A. (1990), states that epilepsy is a condition characterized by repeated attacks or seizures due to the disorder of the brain cells. Seizure is a result of excessive nerve - cell discharges in the brain. It is a sudden abnormal function of the body with a loss of consciousness.

Langley (1979 a) and Berg (1975), state that epilepsy is a symptom of some deficit in the function of the brain. It is believed that epilepsy is more in males than women, where women are carriers.

2:1 TYPES OF EPILEPSY

The types of epilepsy are as follows:

2:1:1 Grandmal

Grandma Seizures are considered as major convulsions and are most common forms of seizure. The symptoms are headache, tiredness. The seizure is a sudden loss of consciousness. The victim may fall, roll upwards.

Respiration slowly ceases and the face becomes pale. The person has uncontrolled muscle spasms in the extremities and face. The sudden and involuntary lightening of the muscles last less than a minute.

The arms and legs become rigid. As the person relaxes, he or she begin to cry and more spontaneously. The person feels drowsy and falls asleep. Take the victim to hospital immediately. It is a rare complication of epilepsy termed as status epileptics (Haslam,, 1985 P. 180)

2: 1: 2 Petitmal

According to Redican et al (1986, page 178), says that petitmal epilepsy may appear in a child as she or he is disinterested in things taking place. The person stares or appears to be daydreaming. Signs of the seizure are the lapses of speech and fluttering of the eyelids. It comes in the areas of safety or learning. It interferes with the learner's concentration and schools performance. (Haslam, 1985, page 180), believes that seizures interfere with memory. The outset is between 5 - 1 0 years of one's lifespan and the learner may experience multiple seizures

2:1:3 psychomotor seizures.

Quoting redican k et al (1986 page 180), states that psychomotor a seizure rarely begins before 2 years of age. It was commonly seen during the elementary school years (Haslam, 1985. page 180). May begin with visual, auditory or gustatory hallucinations, one has abdominal discomfort, headache and the face becomes pale. The learners display unusual movements of the tongue, smacking of the lips or repetitive motor movement, such as buttoning or unbuttoning his or her clothes. They may show signs of perspiration, rapid pulse and the face becomes pales during the seizure it takes a few minutes. The learner needs emergency first Aids, medical treatment (Haslam, 1985, page 184). First Aid is to take away the dangerous objects out of the way of the learner.

2:1:4 New-born seizures

Pickering C.A. (1987), PAGE 14), says the seizures in new borns beginning between 0-2 weeks has sudden limpness or stiffness, brief periods of not breathing and turning blue. There are strange crying eyes roll back, blinking or eye jerking, mouthing or chewing movements, twisting or strange movement of part or all of the body.

2:1:5 Body spasms. (3-19 months)

Picketing C. A. (1987), also say body spasms has a sudden opening of arms and sometimes bending them. It is similar to startle (shock), reflex or repeat pattern of storage movement. Spasms are repeated in groups on walking or falling asleep or when very tired, sick or upset; 90% of the babies having spasms are mentally retarded.

2:1:6 fever seizures {6months- 4 years}.

They happen when a child has fever, when seizure occurs again without fever might become epilepsy. It is generalized and big seizures that happen only when the child has fever from another cause example, sore throat, ear infection and bad cold. The seizures last 15 minutes or longer. Often a history of fever seizures in a family.

2:1:7 Jolt or tightening both seizures (4—7 years)

(I.ennox - Gastant syndrome)

It exhibits sudden, violent spasms of some muscles, without warning, may throw him or her to one side, either forward or backward. It usually does not lose consciousness or only briefly.

2:1:8 Blank spells or absences (3-15 years)

This type of seizure is rare. Their child suddenly stops whatever he or she was doing and passes a brief time starting in the air. The child does not fall or respond during the seizure. The absence usually happens in groups. Eyes flutter or blink or be unconscious. You may breathe rapidly and deeply, after the child gets confused.

2:1:9 Focal seizures or "marching seizures".

(Jackson March)- page 16

Pickering C.A. (pages 16).states that Focal seizures start at any age. Movements begin at one part of the body, then spreads in a certain pattern called Jacksonian March and becomes generalized.

2:1:10 psychomotor seizures (Temporal Lobe)

Pickering C.A. states that this seizure starts with a warning or aura, which occurs at any age. There is a sense of fear, stomach upset, and smells. The person sees and hears imaginary things. Seizures may consist of an employ strange sounds and strange month and tongue movements. It occurs singly and last longer. Most persons with psychomotor seizures also develop generalized seizures.

2:1:11 Generalized or Big Seizures

(Grandma- Page 17), this happens at any age. It is the loss of consciousness, vague warming, feeling or cry. The twisting or evident movements are uncontrollable. The eyes roll backwards and may bite the tongue. Has no urine and bowl control. It is then followed by confusion and sleep, often mixed with or masks other types, of spasms. Always family history of epilepsy, it is contagious and can infect or affect one.

Kilei B, (2002, page 20), says Grandmal Seizure mostly common and severe. It lasts five minutes when convulsing. The warming signs are difficult breathing and restlessness. The person collapses and losses consciousness while convulsing. He or she shouts making gurgling sounds, drooling and experience loss of bladder control. He /she remains disoriented after convulsing for a short time.

2:1:12 Symptomatic Epilepsy.

Dekker P. A. (1990, Page 2). A manual for clinical officer, Kenya, it states that symptomatic epilepsy may develop after a particular cause as head injuries, accidents or disease like meningitis. It is also called secondary or symptomatic epilepsy.

2:1:13 Idiopathic Epilepsy

This type of epilepsy happens without any cause. It is also called primary epilepsy.
The researcher found out that epilepsy can be treated with drugs if early measures are taken. Parents should be sensitized to look for any help.

2:2 CAUSES OF EPILEPSY

According to Dekker P.A. (1990, Page 17), it states that Epilepsy is a chronic disease with a high number of people. Epilepsy is more in the developing counties. She also states that Epilepsy is caused by a malfunction of the brain (Pickering C. A, 1987, Page 21).

Gadow, O.K. (1990), tells us that seizures are caused by a sudden discharge of electrical energy in the brain. The recurring seizures are referred to as epilepsy.

Plum P. (1990), M.D., professor of pediatrics, says epilepsy is caused by the damage of the brain, Example cerebral malaria caused by cerebral palsy of the brain.

Werner D. (1979, page 178), says Epilepsy in very ill persons may be caused by meningitis, malaria of the brain or poisoning. In children epilepsy is caused by high fever and severe dehydration. It may come from brain damage at birth or tapeworm cysts in the brain.

Redican K. et al (1986, Page 178), states that epilepsy is caused by heritor, high fever trauma, infectious diseases and poisoning.

The causes of epilepsy are summarized below:

The causes of epilepsy are summarized below, as lack of oxygen due to long and difficult birth can result to epilepsy in anew born. If one had an accident or was beaten badly on the head it can cause epilepsy as the head was injured. The inflammation of the brain cells or tissues are caused b the infection of diseases such as cerebral malaria, meningitis and encephalitis.

Diseases during pregnancy can lead to brain damage causing Brain tumor which is the growth on the brain and can also cause epilepsy inherited or degenerative central nervous system disorders which the child might have been born with epilepsy probably came from the family. At times one may experience strokes which cause paralysis of the joints. Idiopathic epilepsy which attacks one has no known cause. Therefore uncontrolled fits may damage the brain as epilepsy is centered in the brain.

2:2:1 Causes of Single or Repeated Seizures

According to Dekker P. (1990, Page 3), states that the seizures are caused by meningitis, rabies, tetanus, cerebral malaria, Toxoplasmosis (blood poisoning). All these are infectious. There are other causes of single or repeated seizures. These are as follows:-

2:2:1:1 Trauma

This is a distressing and unforgettable experience that one has seen or witnessed, Examples of these seizures are:-

Birth trauma that leads to prolonged labour where as the baby dies and the mother is left wondering to what has happened.

Head injury caused by being in an accident or being beaten on (the head which causes brain disorder). Cold injury in new borns by being exposed to coldness and not dressed up properly.

2:2:1:2 Anoxia

This is lack of oxygen due to a long and difficult birth which can lead to brain damage and may result to the seizures may be single or repeated severally.

The baby may die ore survive. On survival, the baby may develop seizures frequently leading to epilepsy.

2:21:3 Toxic

It is a poisonous substance. Taking too much alcohol may lead to the seizures due to the bitter substance in the alcohol which changes to be poisonous. Withdrawal from taking alcohol is also poisonous if abruptly done. One should withdraw from taking alcohol systematically and slowly Carbon-monoxide from factories is dangerous. The toxin in carbon-monoxide feels the air and affects human beings. The air we breathe in is poisoned and it affects the lungs which make breathing a problem, as people convulse setting to seizures.

2:2:1: 4 Drugs

They are substances taken when sick as treatment source. Sometimes drugs are taken for leisure and prestige. If a high dose for treatment of any disease is taken it might affect and lead to the seizures. Too much of penicillin makes the head heavy and this shows that the brain is functioning in a disorderly manner.

2:2:1:5 Space occupying lesions

Lesions are tissues of the body organ caused by injury or disease. 'The tissues are harmed by the injury or disease leading to seizures. Examples of the harmful tissues are tumor (growth on the brain) and toxoplasmosis (blood poisoning). which leads to malfunction of the brain. The brain is the centre of all body organs. If it is not functioning well then the body organs will not work.

2:2:1:6 Circulatory Disturbances

The blood flow is not proper. The blood vessels and veins to the brains are not proceeding on well. Examples of victims who are suffering from circulatory disturbances are cerebra-vascular accident (stroke) involved. The vessels and veins carrying blood from other organs to the brain fail and lead to the seizures. The brain cells are under-fed with blood. The sickle-cell crisis is missing adequate blood in the body cells. Therefore the brain cells are not receiving enough blood and this leads to circulatory disturbances.
The blood veins in the brain do not pass the blood correctly. It works slowly, not according to the circulation rate needed.

2:2:1:7 Congenital

The child is born with the malformations of the brain one has the deformation of the brain which may lead to a small or big head. Examples are children with big heads which contain a lot of water and are referred to as hydrocephalous. Those with small heads are called microcephaleus. If one parent has idiopathic epilepsy, then they may have a child having epilepsy at 4-6%. If both parents have idiopathic epilepsy, they may have a child with epilepsy at 12-20%. Therefore epilepsy is another cause of brain malformations generating from a parent or both parents.

Redican K. (1986) et al, in table 12-1, states that the characteristics of epilepsy display a very sad condition. These characteristics of epilepsy are confusing to many people and during the seizures some look as if they are dancing.

2: 3 CHARACTERISTICS OF EPILEPSY

This is what the child does or behaves Benedict Kilei (220), states the characteristics of epilepsy in three stages: before the seizure, the person could stand up, shout or fall.
During the second stage, the person may become stiff and kick legs and hands. Then he or she produces foam from the month. The child or person opens the eyes widely, cry and urinate.
After the attack in the third stage, the victim may be confused and disoriented. At this moment the child cannot remember what happened before the attack the child cannot speak and not able to continue with class work. Lastly he or she falls asleep.

According to Mwaura S (2002), the characteristics of epilepsy have extreme convulsions and seizures during the attack. The child may have loss of saliva control, which foams in the mouth. The child has a loose bladder and bowel control, as the child may urinate during the seizure. He or she may experience difficult breathing, headache and vomiting mildly, and then he or she suddenly stops what he or she was doing and briefly have a strange empty look staring at nothing.
The child drops things if holding any or makes things around her or him to drop or fall. He or she appears to be confused and carry out purposeless activities such as rubbing arms and legs. She experiences fear, anger, abdominal pains, dizziness or ringing ears. I le or she experiences deep sleep after the seizures.

According to Werner D. (1979), the characteristics of epilepsy in very ill persons and small children are high fever and severe dehydration. The eyes roll back and in some mild cases they may suddenly "blank out" making strange movements. The symptoms are headache, feeling tired or decrease of mental alertness. He or she may often fall, roll upwards, respiration slowly seizes and the face becomes pale.

The arms and legs become rigid as he or she has controlled muscle movement in the extremities and face. He or she relaxes and begin to cry and move spontaneously (naturally). He or she feels drowsy and falls asleep.

In Focal seizures or marching seizures (any age, page 16), may have movements in one part of the body spread in certain Pattern called 'Macksoniam march" and then spreads to the whole body.

In psychomotor seizures (temporal lobe) (any age), starts with aura or warning. Then sense of fear, stomach upset odd smell or taste, hears or sees imaginary things. The seizures consist of empty stares, strange sounds and movements of the face, tongue or mouth. The observation of picking at clothes, thus unbuttoning clothes and wan tine to remove them.

In Grandmal (or big seizures any age), the person has uncontrolled twisting or violent movements. The eyes roll backwards as he or she bites the tongue. Has lost of urine and bowl control. The victim is confused and sleeps. The researcher found out from the study that most Authors have similar characteristics about the seizures of epileptic children.

2:4 EFFECTS OF EPILEPSY

According to Mwaura S.N. (2002), Epilepsy has the following side effects; it limits strengths that alert the learner due to chronic and acute health problems. The epileptic withdraws from participation in any activities and withdraws from having friends. Epilepsy leads to stress and depression. It causes frustration and leads to other physical disabilities. The child is isolated as others run away from him or her. One does nit exploit and explore his or her talents. It results to sexual molestation as may be rapped or forced by unknowns to do the act.

The child lack self esteem or respect and leads to school dropouts. It causes anxiety of other classmates as the action is on. It may reduce the child's life span, and causes a deuce atmosphere in the class. This leads to inferiority complex of lacking confidence. It leads to paralysis of the learning child.

Kilei B. (2002, Page 22), states that children with epilepsy have normal intelligence and-

can learn well in regular classroom setting with the support from teachers, parents, the community and classmates. Epileptic children may experience problems, which may affect their learning. These effects are:

The negative perception by the society who thinks they are abnormal and persons to be suffering from mental illness. They are discriminated by members of the society who think epilepsy is contagious.

The learner may become disoriented due to frequent attacks and may fail to cope up with academic work. Every seizure causes the brain damage which cannot be repaired and this lowers the learners" mental capacity, which affects learning. The learner needs drugs to control the fits for life. This may lower the child's self worth. Epilepsy brings an extra financial burden on the parents who may not afford it. The fits may occur frequently, leading to hospitalization and frequent absenteeism from school. The absenteeism from school may lead to the child dropping out of school as to missing many lessons.

Pickering C.A. (1987), states that the epileptic person has problems to with. The problems are; the medical problem which causes the seizure if the drugs are wrongly taken or prescribed. The life spun of different drugs differs as the length of time the drug is effective in the patients bloodstream. The reactions of drowsiness, sleepiness, tiredness, dizziness and poor balance found from over- dose or under-dose of drugs. Allergy such as skin rash, fever due to a certain drug taken should be discontinued and try another type.

Sometimes the drugs work well but irritate the stomach, 'fake drugs with a glass of milk and take medicine after meals. Phamyton may cause gum hypertrophy, if the teeth are not kept clean. The gum hypertrophy may infect the teeth.

A pregnant woman taking anti-convulsant drugs should not take a combination of three or four drugs. The drugs carry a greater risk of congenital deformities. Take only one drug at a given time. The use of anti-convulsant drugs may interfere with the use of other drugs, such as the contraceptive pill is less effective once taken with anti-convulsant drugs. Seek the doctor's advice to change another method of family planning.

The social problem which are caused by their people's reactions to the seizures. The lack of confidence that the seizures can produce, as they can attacked by the seizures any moment and anywhere. This makes own not to be confident. He or she is always worried as the attacks are a shammy.

Educational problems in children with multiple handicaps as he or she may have a visual problem as well as a physical handicapped, one foot which cannot enable the child to walk well and reach the school in time. He or she is unable to see well on the blackboard. The child needs medical care and guiding and counseling.

Keep drugs in a locked cupboard in a cool dry place away from direct and taste. Also don't let children with epilepsy take drugs on their own. They might over swallow not following the instruction. Comparing the study of Kilei B. (2002) and Pickering A.C. (1987) and Mwaura S. (2002), the researcher found out that their points of argument about the effects of epilepsy are similar

2:5 THE TRADITIONAL BELIEFS

Long time age most African communities regarded children with disabilities as disabled persons. As a result of the condition they suffered from neglects. They believed a child with disabilities is a child with limited abilities. Such children include visual impairment, mentally challenged, physically impairment, hearing impairment and epileptic children.

Most communities used to do the following when disabled children were born; the Kisii people smeared the child with animal fat and threw in the forest to be eaten by the wild animals. These disabled were hidden and isolated from others.

Among the Kalenjins, they starved the disabled to death. They were not given food to eat as they were said a bad omen in the family.

In West African countries, example in Ghana they were sacrificed to their ancestors and denied their birth rights for example, inheritance of land from their biological parents.

The Luhyas and Kambas buried the disabled when dead very early in the dawn or at night behind their houses or in the banana plantation, Naming a new born after a disabled was not allowed because this newborn might be disabled also. If mid-wives suspected the child had a disability at birth then it was to be strummed to death.

The disabled were labeled and were counted as less human being in the family because they did not have the potential to work or do any thing constructive. Among the Ndoromos mounted firewood and burnt the disabled to death. The Luos denied the disabled the sexual right. The man could marry but not allowed to play sex with the lady, as someone had to have intercourse with the lady and even have children. These children belonged to the disabled man by right but not by birth.

In most African countries traditional beliefs about having a disabled child were a bad among and a curse in the community. So the mother and the child were chased away from the family and community.

In the modern World there is medicine for treating the epileptic person, if it is discovered at an early stage and it can be controlled.

2:6 AREAS THE CHILD SHOULD BE PROTECTED FROM

Pickering C.A (1987, Page 34), says that the epileptic child should be protected from these areas; for example open fires should be raised or have safety netting or barrier so as the child cannot fall into the fire. The child should be accompanied' by someone when going for swimming incase the seizures begin when in the swimming pool or river he or she can removed.

The child should have shallow bath and don't close the bathrooms door. Riding a bicycle on traffic roads is not good and sage. Climbing trees and ladders is prohibited as the child may fall and hurt oneself. Encourage them to be independent but assist him or her as much as possible. Let the child play football because it reduces the seizures occurring.

The researcher found out that the information put across by the various authors on the management of the epileptic child is clear and worthy.

2:7 INTERVENTION MEASURES OF EPILEPSY LEARNERS

Teachers and other professionals working with children having epilepsy can help them by taking the following precautions. According to Kilei B. (2002), states that refer the epileptic children to hospital for prescription of drugs which will assist them to cope up with the condition. Task to other teacher, learners and the community to understand that epilepsy is not contagious.

Training all the learners to team up to remove any object that could cause injuries to the sick and stop holding them on the ground incase ol; excess, movement during the fit. Training the learners to understand the signs of the onset of the seizures so as to assist him or her to sit or lie down instead of abrupt falling which may cause brain injury or fracture to the limbs.

Counseling other teachers and peers not to make fun and label such learners. The teachers should understand the learner's medical history and reminding him or her of the medical appointments and when to take the drugs given by the doctor. The teacher should monitor the learner's behavior and identify any developing specific learning difficulties for remediation of areas he or she has missed.

Talking to the learner and help hilm or her to overcome psychological traumas caused by the condition through sessions of guidance and counseling. Quoting Mwaura S. (2002, page 79), he says epilepsy cannot be cured but its effects can be minimized through referring the child to hospital for medical treatment with drugs to control the condition. Talking to the teachers, peers and the community that epilepsy is not contagious. The teacher should learn the First Aid Skills and proper nursing care, especially during the attack. Mwaura says making efforts to reduce emotional and psychological stress is by encouraging the child to lead a normal life.

2:8 MANAGEMENT OF THE EPILEPTIC CHILDREN DURING THE SEIZURE.

In dealing with epileptic children you are advised to follow the correct sequence for first Aid in an Inclusive setting.

Quoting Radian et al, (1986), the epileptic children should be helped by keeping him or her calm and ease the person to the floor and loosen his or her clothes. Remove hard, sharp or hot objects that may injure the individual, but do not interfere with his or her movements. Do not force anything between his or her teeth.

Turn the head to one side for release of saliva. Place something soft under the head. If the seizure lasts long call the doctor for instructions, or treatment should be done immediately (central Arizona Regional Epilepsy Society). When the person regains consciousness, let him or her rest or sleep. The teacher should assist the learner with epilepsy in living a normal life.

The teacher should give correct information to the student's physician. Turn the experience for the whole class into a learning experience about the epileptic children. The peers also to learn how to understand the learner with epileptic children. The peers also to learn how to understand the learner with epilepsy and accept the child as their member.

Pickering C. A (1987), states that to manage a child with epilepsy one has to do the following, to have a positive perception towards child with epilepsy. Avoid feeling ashamed and guilty; of the child's condition. Encourage him or her to think of epilepsy as an occasional nuisance not to make him or her a lesser person.

The child should not be over protected; discipline should be maintained as usual. You should not make him or her a centre of interest or attention of interest or attention by others. Don't make the child the post of disagreements. Do not say everything that happens to the child is because of the condition the child he or she has. No rejecting due to the condition. Discuss with the child when necessary and make the child be aware of the epilepsy and understand what it is.

Make sure you don't talk about his or her epilepsy in whispers or behind his or her back. If he or she suspects you are talking about him or her condition he or she will get annoyed. Help the child to develop social skills and how he or she can be liked. Encourage any activity the child has improved in to increase the scope or the child's interest. At age 11-12 years, guide the child to the choice of career or job that one can do. Help the child to live with epilepsy just like any other conditions.
A disability is not an inability. Equal opportunities should be shared at one's choice.

2:9 EDUCATION PROVISION FOR LEARNERS WITH EPILEPSY

Education provision is what is given to learners with epilepsy in terms of teaching and setting appropriate learning aids including the learners with special needs in Educating in a regular classroom.

2:9:1 General overview (World-wide)

Throughout the World the condition of epilepsy has spread its wings in every corner. But it has been discovered that with medication it can be treated. Children with epilepsy should be included in regular schools and provided with adequate education.

According to the Bulletin Issue No.9, (October 1995), Growing and Working together, by Kirsten Kristiansen Program-coordinator E.A.R.S states that the first National workshop on integrated care for and with persons with Disabilities and Epilepsy was held at Pope Paul VI memorial centre from February 27th - March 1st 1995. The meeting included district inspector of schools, District Medical officers, NGO's and Individual working together in the field of disability.

The workshop was organized because pf the growing number of disabilities in Uganda since the United Nations Decade For the disabled from 1980-1989. the increase of persons for and with disabilities needed inter-disciplinary and inter-organization. National Actions in Uganda have been developed for some disabilities and not for others. Therefore the reason of the conference was to; create awareness of the need for action plans at the National and District levels for persons with disabilities and epilepsy.

Equip field workers with tools for inter-disciplinary collaboration and referral. Improve the training in disability related issues of doctors, premedical personnel's teachers and social workers provide policy makers and planners with the necessary scientific information to support for persons with disabilities and epilepsy. Also develop guidelines for a place of action on disability and epilepsy in Uganda. Education for all in relation to persons with disabilities.

Government should initiate legislation for the promotion and protection of the right of people with disabilities. Equalize the opportunities in Education and employment. The International community including the united Nations Agencies, example:- International labour organization (WHO), united Nations Educational scientific and cultural organization (UNESCO) and United Nations children fund (UNICEF), must endorse and support the development of special Needs Educational support programmes.

Non-governmental organizations should be involved in the country's programming collaboration with the official national bodies and to intensify their growing involvement in planning, implementation and evaluation of inclusive provision for special needs in education. UNESCO, as the United Nations agency for education to support teacher education programs to include special Needs (SNE). It should also develop skills, strengthen research, information and documentation on inclusive practice and mobilize funds to develop inclusive schools and community programmes.

The Dakar Framework for Action (2000)

The world conference on Education for All was help in Dakar, Senegal to assess the progress since Joint ion (1990). It concluded that there was little or slow progress in most countries especially in Africa towards achieving the goals set ten years ago.

The factors suggested being the reason for the lack of notable achievement of the E. F. A. (Education for All) goals in African countries were, low quality education found in

African countries which led to illiteracy among children with disabilities. It created low competition rates and education became irrelevant and the curriculum was expensive.
Due to low achievement rates, Education was costly as the demand was high. There were united resources for financing education made the community to have low participation among the learners and disabled.

The Dakar recommendations in enhancing education for all were, to expand education by 2015, all children especially girls, children in difficult circumstances and those from ethnic minority groups have access to complete free compulsory and quality primary education. Expanding and improving early childcare and education especially for the most vulnerable and disadvantaged children.

Ensure that learning needs of all young parole and adults are wet through equitable access to appropriate learning and life skills programs. Improve all aspects of the quality of education and ensuring excellence for all so that recognized and measurable learning outcomes are achieved by all, especially in literacy numeracy and essential life skills.

2:9:2 According to Waruguru M.N. (2002, Page 23)
Introduction to inclusive Education, Nairobi, Kenya, he states his arguments in four major groups as follows:-
The Universal Declaration of Human Rights (1948). It states that everyone has the right to education which shall be free and compulsory.
All children have the right without discrimination of any kind such as race, colour, sex, birth among others. Children can go to school anywhere in the World.

The Article 26 of the declaration of Human Rights says that children have a right to education regardless of the disability.
The Jomtien Declaration on Education for All (EFA)-(1990).
In Jomtien in Thailand the policy on inclusion during the World conference on Education for All recommended that:-
All children have a right to education regardless of the individual differences. All

children should be taken to school. Governments should provide each child with the most suitable education.

The Salamanca Statement of Inclusive Education, (1994)

The statement was formulated by 92 world governments and 25 International organizations they were delegates who were at the word Conference on the special needs, education in Salamanca in Spain The recommendation made in Salamanca stated the right of every child to education that considers the child's abilities and learning needs.

The child with special needs must have access to regular education in a welcoming school in his/her neighborhood school, By going to a neighborhood school, it creates an inclusive society to improve efficiency and coast effectiveness in education system.

All government in the world to give priority to the policy, legal and budgetary to improving their education system to include all children in regular education. To achieve the goal they were to exchange programmes with other countries practicing inclusive education. Establishing decentralized and participatory mechanism for planning education provisions for learners with special needs education was reinforced.

The governments of the world were encouraging community participation in education and improvising teacher education programme to address to special need education in regular schools, as the objectives set all children be access to go to various schools to gel free education as some parents were not in position to pay fees. The researchers study tells that each country and organizations were expected to develop their own specific programme plan in line with their priorities, objectives, legal and policy frameworks.

2:10 HISTORICAL BACKGROUND FOR INCLUSIVE EDUCATION IN KENYA

For many years the Kenya Government has established many education commissions to look in the strength of the education provisional for all children. The education commissions and policies for children with special needs in education are:-

2:10: l The Kenya Education community (1964)-The Ominde Report

The commission advocate for integration of children with special needs in the regular schools. To train regular teachers to cater for children with special need in the education to be included in teaches training colleges

2:10:2 The Kenya committee on educational objective and Policies (1976) Gachathi Report

The committee recommended the integration of children with special needs in the society needs in the society by transferring learners with special needs in Education to regular schools and other centre.

2:10:3 The presidential working party on education and manpower Training the next decades and beyond (1998) the Kamunge Report

The working party recommendation that the media and national programmers to be used more to create public awareness of the people with disabilities (PWDS).

It also suggested inter-sectored collaboration at the distinct level involving medical trained to work with PWDS the community level. The committee stressed on the provision of education for learners with special needs in the education in the regular classrooms.

2:10:4 Totally Integrated Quality and Training (1999) Koech Report

The report emphasized the need for early intervention for children including to those with disabilities and disadvantaged ways and mean so firm proving equity relevance and quality with special attention to gender sensibility the disabled and the disadvantaged group. The content of education at various levels with special attention to early childhood special attention pearly childhood, special and primary education secondary vocationally and university education.

2:10:5 Education for All -Kenya Kenyan (2001)

Education for all advocators for education to be free and available to all Kenyans by 2015

the ministry of education science and technology has made commendable effort to achieve the education for all (E.F.A) goals through the following activities that carried out on educational workshop in the Machakos and Kisuimi in the 1992 they also carried out an educational for all assessment in the country in 2000. It was analyzed that the main subjections of education for the year 2000 and beyond. It was suggested that the necessary steps for them to take to transform our education were necessary in order to meet the education for all goals as recommended by the Dakar, Senegal framework for the action (2000). The ministry key objective to provide basic education for all in Kenya by 2015 was discussed. The education for All (E.F.A) document was lunched in 2001 the children and the disability bill in the year 2002 thus education for all strongly therefore children regular classes and school to share resources available.

2:11 INCLUSIVE EDUCATION

This is the process of addressing all the learners1 needs within the regular school using all available resources to create opportunities for them to learn together –

2:11:1Principles of inclusive Education.

Learners with special needs education and their peers to develop good relationship as they share their experiences in the some class or school the principle of inclusive education should be observed.

According to the waruguru N.M.(2002) principle of inclusive education include the following call for the child centered curriculum and the learners to attend the school that he or she would naturally go to his/her community. If he or she own special needs it was also advocating for accessibility to the learning process and the curriculum by all learners by differentiating the learning assessment process according to the Learners.

This addresses the needs of all learners with visible and invisible learning difficulties like visual hearing, physical Intellectual, Communication, Behavioral and motional bereavements from HIV/AIDS, child abuse, poverty, malnourishment emotional effects of wars, divorce and family separation and children living on streets. It recognized

the individual differences in race, religion, ability, disabilities or circumstances. These differences are seen as challenges it enhances positive learning opportunities with support to learners with special need are planned as integral part of the ordinary schools.

It requires change of attitude, behaviors, teaching method, curriculum and environment to meet the needs of all learners. Hence overcoming barriers to learning and development of special need, education services provision to the work closely with other within the community such ash health and social workers emphasizing prevention and intervention strategies to minimize the accuracy of special needs in the community

Radican K. et al (1986) states that epilepsy affects one million American us 75% of epileptics are initially diagnosed before 18 years of age he says that epileptics are initially diagnosed before 18 year if age he says that epilepsy cab be controlled with medications anti-conversant drugs are given to the learners with epilepsy.

2:11:2 Objective of inclusive education

According to Waruguru N.W. (2002) the objective was; to provide a comprehensive educational plan that modifies the curriculum to give maximum opportunity to children with special needs in order for them to become productive members of the society. To develop positive perception in the parents, teachers, peers and the entire community towards children with special need in education it was to provide equal opportunities to all children to share the knowledge, resources and experiences.

To look for means to suggest approaches to accommodate all children in regular classless regardless of their disabilities or abilities as well as to develop and implement a curriculum that is flexible and accessible to all children, most likely to reach the unreached children and youth with regular education to facilitate inclusion of the learners in all aspects of life again to identity and minimize and maximize harriers to development and learning hence to minimize the effects of disabilities on the child as a result of the objective set all the children should go to various schools to attain free education in the inclusive setting.

2:11:3 The benefits of inclusive education

Most children in our regular school have benefited from free primary education the first beneficiaries were those who unable to pay fees now education is for all regardless of the disabilities.

Quoting Waruguru M.W (2002),says that children learn and grow in the environment that they live in as inclusive education is for all children. The learners who benefit from the inclusive setting are co-operative, patient and have accepted learners with all diverse needs. The learners were considered to learn in an inclusive set-up, are helped by their peers where difficulties arise.

Some children with special needs are gifted and talented, for example in drawing, playing games singing and oral work. So they can show their peers how to make it. Teachers, parents share ideas and knowledge with others as they make education a good and meaningful aspect of life. The teachers work as a team when they address the challenges faced in the regular classes. By doing so it boosts the teachers status in the community as education has created schooling for all to benefit.

2:11:4 Barriers to inclusive Education

Barriers are things that make one not perform what he/she intended to do thus there are some hindrances in an inclusive class as follows: -

2:11:4:1 visual problems

The learners holding the book too close to the face or missing parts of the words when reading this shows the learners has a problem with the eyes which make him/her not to see well.

2:11:4:2 Hearing Problems

The learners turning the head on one side or cupping the ear as to hear well. Either the ears or one ear does not allow the sound to penetrate through.

2:11:4:3 Physical Problems

The learner's posture and motor co-ordination are deformed or had an accident. May be he/she has a missing limb which makes the learners not to work or write without an artificial one.

2:1 1:4:4 learning difficulties

The learners experiencing difficulties in specific subjects like reading, writing and arithmetic. The perception is low, the learner is stammering which cannot allow him/her read properly. When writing he/she skips some letters within the given word .This is poor spelling the learners.

2:11:4:5 Communication difficulties.

The learner stammering or unable to communicate with others. The learner cannot say the words in order, takes long to say a word.

2:11:4:6 Emotional and Behavior

The learner withdraws or has aggressive difficulties .He/She fells unwanted in a certain group and withdraws. At times and she becomes hostile and feels to beat or fight others the regular teachers should learn the behavior of individual children in they classes and how to overcome their behaviors. Don't label the learners as per their disabilities. Help him or her and send them to the assessment centre for more investigation.

The main reason for choosing these regular schools were, the schools were close to reach and convenient for the researcher to easily collect the data. Time for collecting data was short hence it was better for the researcher in terms of time management: on the other hand they are schools with special units that have average learners and epilepsy learners.

3:5 SAMPLING TECHNIQUE

The researcher closes on the four regular schools in Kahawa Zone because they have learners with epilepsy in their inclusive settings. Five regular teachers from each regular school were chosen to represent a large population of teachers.

3:6 RESEARCH INSTRUMENTS

The questionnaires used to collect information from the respondents enabled responses to be received and helped the researcher in terms of time management. The questionnaires were later on collected and calculated into tally marks and into percentages. This information was written in form of tables showing the performance of answering the questionnaires from the highest to the lowest percentages. The instrument made the researcher to analyze and record the information easily.

3:7 DATA ANALYSIS

The researcher used the A.P.A pattern to collect data. The pattern consisted of category, frequency and percentages in columns. The results were drawn on tables as collected from the respondents.

The researcher collected the questionnaires from the schools and analyzed it using the tally marks and changed it into percentages. The percentages were written from the highest to the lowest percentages in their respective columns. The data analysis formula was as follows:-

Profile of the respondents

Gender distribution

Gender	Frequency	Percentage (%)
Female	~~////~~ ~~////~~ ~~////~~ (15)	$\frac{15}{20} \times 100 = 75\%$
Male	~~////~~ (5)	$\frac{5}{20} \times 100 = 25\%$
Total	~~////~~ ~~////~~ ~~////~~ ~~////~~ (20)	$\frac{20}{20} \times 100 = 100\%$

The female represented 75% and male was 25%. Female were more because most women are teachers in this area. Male respondents are working in other parastatals.

3:8 PROCEDURE OF THE STUDY

The researcher started by selecting a title of the study, followed by writing a research proposal concerning the area of the study. This was scrutinized by the supervisor. The researcher did intensive reading of text books, handouts, magazines, newspapers and journals. This was to enable the researcher to learn of what other authors had commended on the topic suggested.

The researcher selected relevant areas to make the study and read more about many authors to come up with comprehensive findings about the topic of the study. The research questionnaires were prepared and pre-tested. The tools were seen by the supervisor and an introductory letter was given to the researcher from the director of the university. It was for approval to conduct the research study in the intended areas.

The researcher conducted her respondents to seek for their approval and assistance, through the director of city education and headteachers. She gave the questionnaires to the respondents and made clarifications to the respondents. On collection of the

questionnaires most respondents had answered them accordingly. For complete accuracy and uniformly of the results the raw data was analyzed in order to establish the relationship between responses and items in the questionnaires.

After analysis was done, summary tables were drawn to show the responses got from the questionnaires. Thus, the researcher drew summary conclusion and recommendations. Also bibliography was written and everything put in order then the report writing to the institute of continuing and studies at Kampala International University for the Award of Degree certificate in special needs education.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4:0 INTRODUCTION

The researcher's aim of the study is to investigate Regular Teachers` Perception towards Learners with Epilepsy in Inclusive Settings in Kahawa zone, Nairobi, Kenya. The researcher discussed, analyzed and presented all the statistical data collected from the respondents in a tabular form. The data was collected calculated into frequencies and finally calculated into percentages.

4:1 PROFILE OF THE RESPONDENTS

Table 1: Gender distribution of the respondents

Gender	Frequency	Percentages (%)
Female	15	75%
Male	5	25%
Total	20	100%

The data presentation was written following the American Psychological Association (A.P.A) format. According to the above table the majority were female which reflected to be 75%. The male were 25% showing that the male work in other parastatal bodies. The female teachers in Kasarani Zone have chosen to stay with their spouses and have a loving aspiration for children at school.

Table 2: Age distribution of the respondents

Age	Frequency	Percentages (%)
40 and above	12	60%
36 - 39	4	20%
31 -35	3	15%
26 - 30	1	5%
20 - 25	0	0
Total	20	100%

The interpretation from the above data indicates that the majority were between 40 and above years which was 60%. Those between 36 – 39 years were four regular teachers which was 20%. This percentage was less compared to twelve regular teachers. Those between 31 – 35 were 15% and 26 – 30 were 5%. Both groups are young teachers whereas the government employs very few although a large number is trained. There were regular teachers between 20 – 25 years.

Table 3: Highest level of Education

Categories	Frequency	Percentages (%)
A level	15	75%
O level	4	20%
K. J. S. E	1	5%
Others	0	0
Total	20	100%

From the data above table 3, it shows that A level were 75% which meant most of the regular teachers are well educated in Kahawa Zone. O` level and K.J.S.E were 20% and 5% respectively. This showed that many respondents had focused ahead by learning to higher levels. Among the 20% and 5% are soon going to join higher education. There were no any other grades.

Table 4: Current professional qualification

Categories	Frequency	Percentages (%)
P1	9	45%
A.T.S	8	40%
Diploma	2	10%
Graduate	1	5%
Total	20	100%

From table 4 the P1 respondents were nine regular teachers which was 45%. Sometimes back teachers who were P1 were highly educated. But through promotions teachers have

moved to other grades like A.T.S. Which had 40%. The diploma regular teachers were 10% and the graduates being 5% which meant that most regular teachers were not highly educated to attain these two grades.

Table 5: Teaching experience.

Categories	Frequency	Percentages (%)
21 – above	7	35%
16 – 20	5	25%
11 – 15	5	25%
6 – 10	3	15%
1 – 5	0	0
Total	20	100%

Most teachers have taught for more than ten years. The Teachers Service Commission does no longer employ new teachers. Those who have served for 21 and above years are many and almost to retire. In fact these teachers are having rough time to teach the big number of pupils well. The 25% for both who have taught for 11 – 20 years are young trained teachers who are going to teach in other countries due to less salary which is counted as peanuts. Those who have the experience of 1 – 10 years are only three which holds 15% and between 1 – 5 years is 0%. Therefore we have many trained teachers who have not yet been employed by the government.

Table 6: Type of school

Categories	Frequency	Percentages (%)
Day school	20	100%
Boarding school	0	0%
Special school	0	%
Total	20	100%

Most regular teachers teach in day schools in Kahawa Zone because they like to operate from their homes. Due to good house allowance they have built good houses.

The regular teachers contributing to 100% are trained in various capacities. Some have the skills to handle the special children like the epileptic learners in inclusive setting. The problem is that the large of pupils that hinders the skilled teachers not to exercise their talents well. Some parents have no money to take their children to boarding schools. On the other hand the special children are hidden in homes.

4:2 LEARNERS' BEHAVIORS

Table 7: Unusual movements

Categories	Frequency	Percentages (%)
Strongly Agreed	14	70%
Agreed	5	25%
Disagreed	1	5%
Strongly disagreed	0	0%
Total	20	100%

The majority of the respondents which was 70% strongly agreed that the learners at times display unusual movements when they are attacked by epilepsy. The learners keeps on having repeated seizures until he/ she cannot concentrate in his/her academics. Those who agreed to witness unusual movements were 25%. Others disagreed about the movements were 5% and none of the respondents strongly disagreed to have seen the unusual movements.

Table 8: Learners low concentration

Categories	Frequency	Percentages (%)
Strongly Agreed	16	80%
Agreed	3	15%
Strongly disagreed	1	5%
Disagreed	0	0%
Total	20	100%

According to table 8, 85% of the respondents strongly agreed that learners with epilepsy

have low concentration during lessons because of the frequent attacks. This makes their performance low. Only 15% agreed and 5% strongly disagreed while 0% disagreed. Due to the seizures that cause convulsions make him/her ashamed hence concentration spun becomes low.

Table 9: Remedial work for the epilepsy learners

Categories	Frequency	Percentages(%)
Agreed	13	65%
Strongly Agreed	5	25%
Strongly disagreed	1	5%
Disagreed	1	5%
Total	20	100%

In table 9, 65% agreed to let the learners with epilepsy have remedial work as time was wasted during the seizures as the lessons are taught. Those who strongly agreed and strongly disagreed were 25 % and 5% respectively. Only 5% disagreed. Some regular teachers have no idea on what to be done to such learners to compensate the lost time. Others ignore and does not want to load themselves with extra work.

Table 10: Incomplete class work for epilepsy learners

Categories	**Frequency**	**Percentages(%)**
Strongly Agreed	10	50%
Agreed	4	20%
Strongly disagreed	3	15%
Disagreed	3	15%
Total	20	100%

In table 10 above, 50% strongly agreed and witnessed that most epileptic learners do not complete their class work. Those who agreed that such learners do not complete their classwork were 20% and those who strongly disagreed and disagreed were 15% and 15% respectively. .

Table 11: learners with epilepsy paying attention in class

Categories	Frequency	Percentages(%)
Strongly Agreed	13	65%
Disagreed	4	20%
Agreed	2	10%
Strongly disagreed	1	5%
Total	20	100%

From table 11, 65% of the respondents strongly agreed that the epileptic learners never pay attention during explanation of the lessons. Other respondents who disagreed and agreed were 20% and 10% respectively. These learners cannot pay attention in class because they expect the attacks to occur any time thus have stress that makes them unhappy.

Table 12: Learners with epilepsy frequently fall

Categories	Frequency	Percentages(%)
Strongly Agreed	10	50%
Agreed	5	25%
Disagreed	3	15%
Strongly disagreed	2	10%
Total	20	100%

From to table 12, the respondents who strongly agreed and agreed were 50% and 25% respectively. The learners frequently fall especially when the seizures are on. They may hurt themselves, thus nearby peers should remove sharp objects and hold them not to fall from high heights. Those who disagreed and strongly disagreed were 15% and 10% respectively. They have no idea about learners with epilepsy and their falling during the attacks.

4.3 LEARNERS COOPERATION WITH PEERS

Table 13: Share his/her personal property with peers

Categories	Frequency	Percentages (%)
Disagreed	10	50%
Strongly agreed	8	40%
Agreed	1	5%
Strongly disagreed	1	5%
Total	20	100%

From table 13, the data indicated that 50% disagreed and 40% strongly agreed. Some peers may not accept to share anything with the epileptic learners as they fear to be affected. Due to epileptic problem the pears may run away from him/her not to be given anything by the victim. Some may fear sharing with him/her as they see the actions made during the attacks. Those who agreed were 5% and who strongly disagreed were 5%. Those who agreed may have witnessed the sharing and who strongly disagreed might have not witnessed.

Table 13: Contributes ideas during group discussions

Categories	Frequency	Percentages (%)
Agreed	12	60%
Strongly agreed	6	30%
Strongly disagreed	2	10%
Disagreed	0	0%
Total	20	100%

From table 14, the data indicated that 60% of the respondents agreed that the epileptic learners contribute ideas during the seizures. They convulse and do not understand what to be done on waking up. Those who strongly agreed and strongly disagreed were 30% and 10% respectively. None of the respondents disagreed to the idea.

Table 15: Able to learn and live in harmony with peers

Categories	Frequency	Percentages (%)
Disagreed	10	50%
Strongly disagreed	6	30%
Agreed	2	10%
Strongly agreed	2	10%
Total	20	100%

In table 15, 50% of the respondents disagreed and 30% strongly disagreed because the peers tend to run away when the seizures are on, and feel they will be affected by the epileptic learners. Those who agreed were 10% and those who strongly agreed were 10%. Learning and living with epilepsy learners is difficult especially during the attacks and general care. The peers fear them greatly.

Table 16: Play roles in turn taking with peers

Categories	Frequency	Percentages (%)
Strongly disagreed	13	65%
Disagreed	4	20%
Strongly agreed	2	10%
Agreed	1	5%
Total	20	100%

The table 16 above proves that 65% of the respondents strongly disagreed in that these learners are unable to play roles in turn taking with peers both in and outside the classroom activities. This is because peers cannot let epileptic learners to have a chance to make any activity. Peers have a low attitude towards these epileptic learners. Those who disagreed were 20% and 10% of the respondents strongly disagreed to the idea. Others who agreed were 5%. Due to their condition they cannot take turn in any activities.

4.4 LEARNERS HEALTH

Table 17: Cerebral Malaria is the cause of epilepsy.

Categories	Frequency	Percentages (%)
Disagreed	10	50%
Agreed	6	30%
Strongly disagreed	3	15%
Strongly agreed	1	5%
Total	20	100%

The table 17 above the data indicated that 50% of the respondents disagreed and 30% agreed. Some believed that the causes of epilepsy were road accidents, curses or witchcraft. The respondents who strongly disagreed that cerebral malaria causes epilepsy were 15% and who strongly agreed were 5%.

Table 18: Eat balanced diet

Categories	Frequency	Percentages (%)
Strongly agreed	11	55%
Agreed	5	25%
Disagreed	2	10%
Strongly agreed	2	10%
Total	20	100%

In table 18 above, 55% strongly agreed that the epileptic learners should eat balanced meals thus proteins, vitamins and carbohydrates in order to build, give strength and repair worn off tissues of the body. Those who agreed were 25%, other respondents who disagreed and strongly disagreed were 10% and 10% respectively. According to the suggestions they may have not come across learners with epilepsy.

Table 19: Teachers and peers apply first aid during seizures

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	3	15%
Strongly disagreed	2	10%
Disagreed	1	5%
Total	20	100%

In this table 19, the respondents who strongly agreed that teachers and peers should apply first aid during seizures because the victim may be hurt beyond recognition were 70% on those who agreed were 15% and those who strongly disagreed and disagreed were 10% and 5% respectively. The peers have to take measures and help the victim in or out of the classroom. Therefore nothing should be put in his/her mouth during the attacks. Comfort him/her during the incident.

Table 20: Treatment for the epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	10	50%
Agreed	7	35%
Disagreed	2	10%
Strongly agreed	1	5%
Total	20	100%

In the above table 20, the majority of the respondents who strongly agreed were 50%. Others who agreed and disagreed were 35% and 10% respectively. This was because there is medicine for treatment if early intervention is taken. Teachers should encourage them and do guidance and counselling for them to feel as part of the community and not isolated. The respondents who strongly disagreed were 5%, that there is no treatment for the epilepsy learners.

4.5 LEARNERS' PERFORMANCE

Table 21: Epilepsy learners' best placed in special schools

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	5	25%
Disagreed	1	5%
Strongly disagreed	0	0%
Total	20	100%

In table 21, majority strongly agreed that learners with epilepsy should be placed in special schools for better teaching because the special schools have trained teachers in special education and is capable of assisting epileptic learners. The 70% who strongly agreed that epilepsy learners are best placed in special schools. Those who agreed, disagreed and strongly disagreed were 25%, 5% and 0% respectively.

Table 22: Epilepsy learners to have separate curriculum

Categories	Frequency	Percentages (%)
Strongly agreed	12	60%
Agreed	4	20%
Disagreed	3	15%
Strongly disagreed	1	5%
Total	20	100%

In table 22 above 60% strongly agreed that epilepsy learners to have separate curriculum because they cannot learn at the same pace with the "normal" or average children. Other respondents who agreed were 20% compared to 60%. They learn the same concept severally in order to know it. Those who disagreed and strongly disagreed were 15% and 5% respectively. The curriculum should be moderated to cater for all needs. They need remedial to capture the diverse skills needed.

Table 23: Learners with epilepsy score good marks

Categories	Frequency	Percentages (%)
Strongly disagreed	14	70%
Agreed	3	15%
Disagreed	2	10%
Strongly agreed	1	5%
Total	20	100%

From the above table 23, 70% of the respondents strongly disagreed that learners with epilepsy score good marks while 15% agreed. This is because some epileptic learners are good before attacks and if the attacks are not frequent. Those who disagreed and strongly agreed were 10% and 5% respectively.

Table 24: Academic performance affected in inclusive class

Categories	Frequency	Percentages (%)
Strongly agreed	16	80%
Agreed	2	10%
Strongly disagreed	1	5%
Disagreed	1	5%
Total	20	100%

From table 24, 80% strongly agreed that academic performance is affected in inclusive class. The respondents who agreed to the idea were 10%. Those who strongly disagreed and disagreed were 5% and 5% respectively.

Table 25: Homework for epilepsy learners not done

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	3	15%
Disagreed	2	10%
Strongly disagreed	1	5%
Total	20	100%

In table 25, 70% strongly agreed that homework for epilepsy learners has not been done. If it was at school might be helped by peers but at home when alone tends to have forgotten. Therefore comes back to school with the same work not touched. The minority who agreed that homework is left hanging was 15% and others who disagreed and strongly disagreed were 10% and 5%. If the work has been done then anything is answered.

4.6 TEACHING METHODS

Table 26: The teacher remedial epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	3	15%
Disagreed	2	10%
Strongly disagreed	1	5%
Total	20	100%

In table 26, it indicates that 70% of the respondents strongly agree that teachers would do remedial work to the epilepsy learners to cover up the missed lessons lost during the attacks. Thos who agreed and disagreed were 15% and 10% respectively. This meant they have low attitude about the learners.

Table 27: Vary the teaching methods for learners

Categories	Frequency	Percentages (%)
Strongly agreed	10	50%
Agreed	8	40%
Disagreed	2	10%
Strongly disagreed	0	0%
Total	20	100%

In table 27, the majority which was 50% strongly agreed that the teachers should use a variety of teaching methods for better capturing and comprehending by different learners. This is because learners have different ways of understanding and comprehending concepts. Thos who opted to agree were 40% and 10% disagreed. None of them strongly disagreed.

Table 28: Learner to be given opportunities in class activities

Categories	Frequency	Percentages (%)
Strongly agreed	13	65%
Agreed	4	20%
Strongly disagreed	2	10%
Disagreed	1	5%
Total	20	100%

In table 28, the respondents who were 65% strongly agreed because the learners should be given opportunities in activities to feel part of the community. Others who agreed were 20% and 10% strongly disagreed that the epilepsy learners should not be given the chance because they will not perform accordingly. Only 5% disagreed on the fact as it is believed that such learners hardly give successful results.

Table 29: Teachers writing legible words on the blackboard

Categories	Frequency	Percentages (%)
Strongly agreed	12	60%
Agreed	3	15%
Disagreed	3	15%
Strongly disagreed	2	10%
Total	20	100%

In table 29, 60% strongly agreed and 15% agreed that teachers to write legible words on the blackboard despite some learners write letters upside down and words are written from right to left. Example, dack for back, B.C.K for K.C.B. More regular teachers who disagreed and strongly disagreed were 15% and 10% respectively. The learners see these words to be correct; maybe the teachers' writes small illegible handwriting or poor spellings.

4.7 Teaching and learning resources

Table 30: Tactile resources for epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	11	55%
Agreed	4	20%
Strongly disagreed	3	15%
Disagreed	2	10%
Total	20	100%

In table 30, the respondents that were 55% strongly agreed and 20% agreed. Learners with epilepsy need to touch and see to remember. The regular teachers should mount charts for example in social studies by modelling a mountain and mount it on a chart. Others who strongly disagreed and disagreed were 15% and 10% respectively.

Table 31: Modification of curriculum to cater for impaired learners

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	4	20%
Disagreed	2	10%
Strongly disagreed	0	0%
Total	20	100%

In table 31, the respondents who strongly agreed were 70% and 20% agreed to the fact above. The modification of curriculum to cater for impaired learners especially the epilepsy ones should be done. Because they loose a lot of learning time as they are attacked by seizures. Thus they have to do an easy related examination and tests. The respondents who disagreed were 10% and nobody strongly disagreed.

Table 32: Epilepsy learners to be given incentives

Categories	Frequency	Percentages (%)
Strongly agreed	10	50%
Agreed	6	30%
Disagreed	3	15%
Strongly disagreed	1	5%
Total	20	100%

In table 32, majority of the respondents which was 50% strongly agreed and 30% agreed in that incentives to be given to encourage epilepsy learners to be sustained in the learning system. Those who disagreed and strongly disagreed were 15% and 5%. The respondents have a low attitude in that such learners cannot be given incentives for no work done were 15% and 10% respectively.

Table 33: Peer tutoring of the epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	12	60%
Agreed	5	25%
Strongly disagreed	2	10%
Disagreed	1	55
Total	20	100%

From table 33 above, 60% of the respondents strongly agreed and 25% agreed that the epilepsy learners can be peer tutored in regular schools or classes. These learners may understand each other than their teachers. The respondents who strongly disagreed and disagreed were 10% and 5%. Peer tutoring of the epilepsy learners will reveal out many things like not able to read, write and speak English.

4.8 PHYSICAL FACILITIES

Table 34: The playground to be flattened

Categories	Frequency	Percentages (%)
Strongly agreed	13	65%
Agreed	4	20%
Disagreed	2	10%
Strongly disagreed	1	5%
Total	20	100%

From table 34, it indicates that 65% of the respondents strongly agreed and 20% agreed that the playground should be flattened for the special learners not to meet.
Pot-holes, rough areas to make it difficult for them when playing. Other respondents that disagreed on the matter were 10% and 5% who strong disagreed. These learners need to play with the help of peer mates.

Table 35: Ramps to be constructed for epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	14	70%
Agreed	4	20%
Strongly disagreed	2	10%
Disagreed	0	0%
Total	20	100%

In table 35, the data indicated that 70% of the respondents strongly agreed and 20% agreed. The building of ramps will help the epilepsy learners because as they climb the stairs some fall and hurt themselves. By using ramps these learners will be helped smoothly even those with wheelchairs are easily to use them. Those who strongly agreed were 10% and none of them disagreed.

Table 36: Enough space created in the class to cater for epilepsy learners

Categories	Frequency	Percentages (%)
Strongly agreed	12	60%
Agreed	5	25%
Disagreed	2	10%
Strongly disagreed	1	5%
Total	20	100%

In table 36, it indicated that the respondents who strongly agreed and agreed were 60% and 25% respectively. The space should cater for the epilepsy learner during the attacks. This learner should sit next to the wall to help him/her not to fall directly in order not to hurt himself/herself. Other respondents who disagreed were 10% and 5% who strongly disagreed. Without experience in looking after such learners, one may not see the difficulties such children have.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

This chapter deals with conclusion and recommendations from the main findings of the research study about the Regular Teachers, Perception towards Learners with Epilepsy in Inclusive Settings in Kahawa zone, Nairobi, Kenya.

5.1 CONCLUSIONS

The researcher found out that the regular teachers had a positive perception towards learners with epilepsy. The regular teachers accepted to have had these learners in their schools but they had little knowledge and no skills to handle them.

The regular teachers showed their interest to learn more about the epilepsy learners in order to assist them. They were sensitized and saw the need of having the epilepsy learners in the inclusive settings.

Due to free primary education, the epilepsy learners have been included in our regular schools. The peers also helped during the seizures. The parents assisted in caring and loving their children. The parents now learnt that children with epilepsy could learn like any other child. They also took their children for medication. Epilepsy was more in developing countries like Kenya, Uganda among others.

The researcher found out that this epilepsy was world wide according to the many authors' writings. It was believed that epileptic children were a curse from God or witchcraft in the African traditions. These children were labelled by peers in the community. Hence, parents hide them in homes. We also learnt that children with epilepsy were not allowed to climb trees and ride bicycles on open roads without any assistance.

5:2 RECOMMENDATIONS

The recommendations suggested were as follows;

The regular teachers in regular schools should identify children with epilepsy and advise their parents to take them to hospitals for treatment lo stop further problems. The regular teachers and parents to show love to these learners and segregate them.

The epileptic learners should learn in an inclusive setting as the ministry of education has trained teachers for special education to assist them. The regular teachers should request parents having epilepsy children in homes to feed them on a balanced diet to minimize malnutrition which makes their life become worse.

The regular teachers may give ample time for epilepsy learners to complete their work as the attack might have disrupted the lesson. The peers should be aware of the signs and symptoms of epilepsy so as to help in cases of considered in all activities done both at home and school in order to feel part and parcel of the others.

The community should learn of it in chiefs Barazas and seminars not to be shocked when they meet such cases. Parents can talk about epilepsy freely and count it to be a normal condition as others. Parents should take advice from doctors accordingly and not take advice from neighbours and friends with bad motives. Parents should not take the ancestral stories hut work hand in hand with the teachers and doctors for the success of the epileptic learners. These learners should be treated with other children of different diseases.

These learners should be disciplined in terms of toileting and be assisted when need be, the parents and community should assist the teachers. Parents should help and encourage the epileptic learners to think of the disease to be an occasional nuisance not to make them lesser persons. Such children should not be over protected as they should be disciplined as their peers.

Let other peers not reject them and create to them a centre of interest.

Encourage them if they have done something good or done well in any activity to increase their interest for that activity. Guide them on the type of job in future at age 11-12 years. The regular teachers and peers to learn the first aid skills especially during the attacks. The peers to be trained to team up and remove objects that may cause injures during the fits. Guide and counsel other peers and teachers not to label them as it may annoy them.

The teachers and parents should remind the learner about the medical appointments and when to take the drugs and monitoring the learners" behaviour. Identify any specific learning difficulty for remediation in areas he/she missed. The learners with disabilities including epilepsy should be taken to assessment centres for further investigations.

These learners to be helped not to be hostile and fight others as they seem to have aggressive difficulties. As they belong to one inclusive setting, the peers should help them to solve problems either internally or externally, share knowledge and experiences. Education boosts the status of life in the community so epileptic children should go to school. Inclusive education addresses all needs of the learners with visible and invisible learning-difficulties like visual learning, communication and epilepsy, thus education is for all regardless of the disabilities.

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APPENDICES

APPENDIX A:-TRANSMITTAL LETTER

KAMPALA INTERNATIONAL UNIVERSITY
EXPLORING THE HEIGHTS

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Tel:+256-41-266813/+256-41-7634
Fax: +256-41-501974
Email:admin@kiu.ac.ug,
Website:www.kiu.ac.ug

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

DATE: 28TH AUGUST 2007

TO WHOM IT MAY CONCERN:

Dear Sir/ Madam,

RE: INTRODUCTION LETTER FOR ~~MS~~/ MRS/~~MR~~ VIOLET M. OSORE.

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

He/ she wishes to carry out a research in your organization on: Regular teachers' perceptions towards learners with epilepsy in Inclusive Setting in Kahawa Zone, Nairobi, Kenya.

Case Study: EPILEPTIC LEARNERS.

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

Any assistance accorded to her regarding research

Yours faithfully, EXPLORING THE HEIGHTS

MR. MUHWEZI, JOSEPH
HEAD, IN SERVICE

KAHAWA GARRISON PRIMARY SCHOOL
28 AUG 2007
P.O. BOX 45530, NAIROBI

Permission granted to conduct research on Epileptic learners

"Exploring the heights"

APPENDIX B: QUESTIONNAIRES

Questionnaires for regular teachers on teachers' perception towards learners with epilepsy in inclusive settings, Kahawa zone, Nairobi, Kenya.

Directions: Please tick the appropriate answer in the boxes provided.

Profile of the respondents

Gender; Male [ ] Female [ ]

Age

20 – 25 years [ ] 26 – 30 years [ ]

31 – 35 years [ ] 36 – 40 years [ ]

40 and above [ ]

Highest level of education

"A" level [ ] "O" level [ ]

K.J.S.E [ ] Others _____

Current professional qualification

P1 [ ] ATS [ ]

Diploma [ ] Graduate [ ]

Teaching experience

1 – 5 years [ ] 16 – 20 years [ ]

6 – 10 years [ ] 21 and above [ ]

11 – 15 years [ ]

Type of school

Day school [ ] Boarding school [ ]

Special school [ ]

Directions: Please write the number preferred on the spaces provided about the regular teachers' perception towards learners with epilepsy in inclusive settings in Kahawa zone, Nairobi, Kenya. Use the rating guideline below: -

4 – Strongly agreed

3 – Agreed

2 – Disagreed

1 – Strongly disagreed

2: 1 Learners' Behaviour

The learners'

_____ 1. Unusual movements

_____ 2. Low concentration

_____ 3. Remedial work for the epilepsy learners

_____ 4. Incomplete classwork for epilepsy learners

_____ 5. With epilepsy not paying attention in class

_____ 6. With epilepsy frequently fall

2: 2 The learners' cooperation with peers

The learners'

_____ 1. Share his/her personal property with peers

_____ 2. Contributes ideas during group discussions

_____ 3. Able to learn and live in harmony with peers.

_____ 4. Play roles in turn taking with pears.

2:3 Learners health

_____ Cerebral Malaria is the cause of epilepsy

_____ Eat balanced diet

_____ Teachers and peers apply First Aid during seizures

_____ Treatment for the epilepsy learners

2: 4 Learners' performance

_____ Epilepsy learners best placed in special schools

_____ Epilepsy learners to have separate curriculum.

_____ Learners with epilepsy score good marks

_____ Academic performance affected in inclusive settings or classes.

_____ Homework for epilepsy learners not done

3: 1 Teaching methods

_____ The teacher to remedial epilepsy learners

_____ Vary the teaching methods for epilepsy learners.

_____ Learner to be given opportunities in class activities.

_____ Teachers writing legible words on the blackboard.

3: 2 Teaching and learning resources

_____ Tactile resources for epilepsy learners.

_____ Modification of curriculum to cater for impaired learners.

_____ Epilepsy learners to be given incentives.

_____ Peer tutoring for the epilepsy learners.

3:3 Physical facilities

_____ The playground to be flattened

_____ Rumps to be constructed for epilepsy learners

_____ Enough space created in class to cater for epilepsy learners

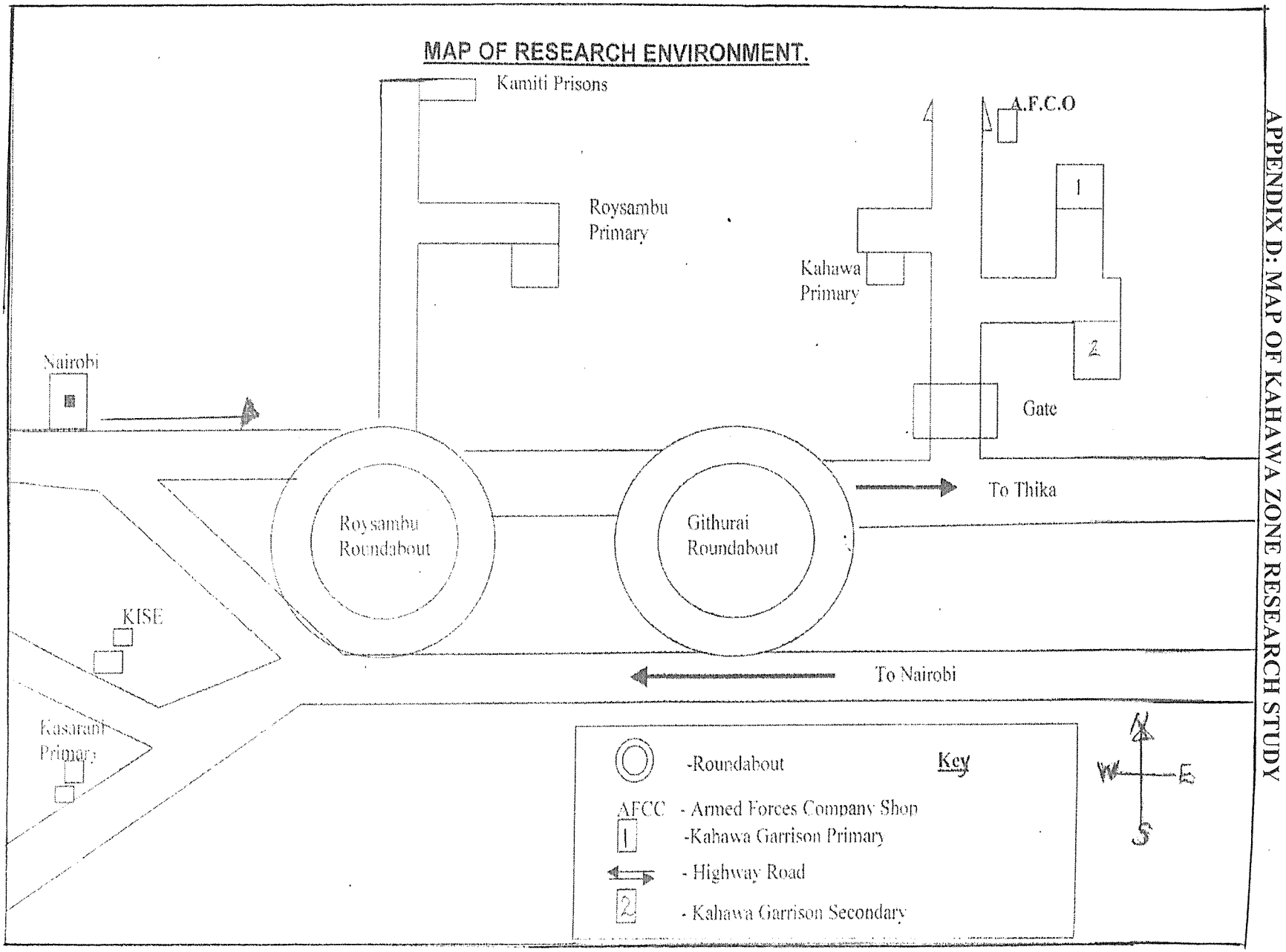
APPENDIX C: TIME FRAME AND BUDGET

TABLE 1: SHOWING THE TIME-FRAME

MONTH	ACTIVITIES
August – 2007	Suggested a working title
September – 2007	Proposal writing
October – 2007	Preparation of the instruments
November – 2007	Pre-testing the instrument
December – 2007 – January – 2008	Data collection
February – 2008	Data analysis
March – April 2008	Report writing
July – 2007	Submission of the final report

TABLE 2: SHOWING THE BUDGET

Items	Quantity	Amount
Duplicating paper	4 reams	1000.00
Type setting, printing, photocopying and binding.	Research proposal and report	8,000.00
Traveling	12 days	4,000.00
Meals	12 days	1,000.00
Miscellaneous	-	2,000.00
Total	-	16,000.00


MAP OF RESEARCH ENVIRONMENT.
Kamiti Prisons
A.F.C.O
1
Roysambu Primary
Kahawa Primary
2
Nairobi
Gate
To Thika
Roysambu Roundabout
Githurai Roundabout
KISE
To Nairobi
Kasarani Primary
-Roundabout
Key
AFCC - Armed Forces Company Shop
1 -Kahawa Garrison Primary
- Highway Road
2 - Kahawa Garrison Secondary
N
W
E
S

APPENDIX E: CURRICULUM VITAE

PERSONAL BACKGROUND

NAME: VIOLET J. MAGOTSI OSORE

REG. NO.: BED/9966/52/DF

GENDER: FEMALE

CIVIL STATUS: MARRIED/TEACHERS

ADDRESS; BOX 48826, NAIROBI – 0721 – 779784

CONTACT NUMBER: 0721 – 779784

EDUCATIONAL BACKGROUND

COLLEGE: KAGUMO TEACHERS TRAINING – KENYA

SECONDARY: HIGHLANDS GIRLS – ELDORET – KENYA

ELEMENTARY: MUSOLI GIRLS BOARDING PRIMARY – KENYA

RESEARCH EXPERIENCE

COURSE: BED/SNE

RESEARCH TITLE: REGULAR TEACHERS' PERCEPTION TOWARDS LEARNERS WITH EPILEPSY IN INCLUSIVE SETTING, KAHAWA ZONE, NAIROBI, KENYA.