ACADEMIC PERFORMANCE AND EPILEPTIC LEARNERS IN INCLUSIVE SETTING IN MIGORI ZONE, MIGORI DISTRICT KENYA

BY

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A RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF OPEN AND DISTANCE LEARNING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF EDUCATION DEGREE IN KAMPALA INTERANTIONAL UNIVERSITY

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DEDICATION

This research work is dedicated to Dan, my friend and brother, my son Martin, to my husband Felix, Caro, to my father J.M.Amolo and to my daughter Joyce Nyakamolo.

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Lastly, I wish to thank M/S Information Technology for type setting and printing services and for their commitments in typing and binding this report.

DECLARATION

I Priscah Akinyi Amolo do hereby declare that the content of this project is solely my original work and initiative and has never been presented/submitted to any other institution of learning for any academic award.

The literature and citations from other people's work have been duly referred to and acknowledged in the text and bibliography.

Signed: .....

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ABSTRACT

This research was designed to investigate the academic performance of learners with epilepsy in inclusive setting in Migori Zone – Migori District – Kenya. The research was done in sampled schools across the zone.

The finding of the research was as below;

i. That children with epilepsy had children with epilepsy can learn alongside their peer with no epilepsy, most schools visited had children with epilepsy, which indicated that children with epilepsy get access to regular schools.

ii. Most teachers have handled learners with epilepsy but with a lot of challenges.

iii. Learners with epilepsy need a lot of care. That learners with epilepsy are capable and have the ability to learn given appropriate support and guidance.

iv. Even though learners with epilepsy do not compete favourably with their peers with no epilepsy, they should be allowed opportunity to participate in curricular and co-curricular activities within the school and community so that they too realize their potentials as useful members of the society and to prepare them for future adult roles.

v. There is need to train teachers on how to handle, manage and teach learners with epilepsy successfully. Teachers would then see the need to remediate lessons, vary teaching methods and even develop individualized education programme (I.E.P).

vi. Epilepsy is mainly caused by brain damage due to trauma, accidents and a few cases through heredity and diseases such as meningitis and cerebral malaria.

vii. Teachers should handle challenging issues regarding causes prevention and management of epilepsy.

viii. Teachers should be encouraged to accommodate learners with epilepsy in their classrooms to avoid learners being over-dependent on others, be tolerant to the learners and allow more time to learners to complete activity.

CHAPTER ONE
INTRODUCTION

1.0 INTRODUCTION

Epilepsy is a convulsive disorder of certain nerve cells in the brain. It is usually manifested in form of an attack called seizures, loss of control of certain body muscles and sudden unconsciousness. It occurs when the nerve cells suddenly release a large burst of electrical energy.

People have varied views on epilepsy ranging from misfortune, curse, disability, mental illness to a contagious disease. As such most sufferers are often not given a chance in education, they are not attended or interacted to freely for fear that it is contagious.

The government has however made efforts to enhance education of such children along with their peers in an inclusive setting. It is therefore appropriate to find out through investigation the academic performance of learners with epilepsy in regular schools.

1.1 BACKGROUND INFORMATION

Epilepsy is not a specific disease but a symptom of some functional deficit in the brain; abnormal discharge of certain neurons may cause excessive electrical; activity that interfere with the normal functioning of the brain resulting into seizures. Epilepsy is classified by doctors as either generalized or partial. General seizure affects the whole brain at the same time and is further divided as grand mal and petit mal.

Partial seizure affects one area of the brain and sometimes spreads over other areas; an example is the psychomotor epilepsy.

Seizures can occur at any time of the day or night; some patients have frequent attacks while others rarely have them.

Most fits may not be painful even during the attack. Repeated attacks may lead to mental retardation leading to low intelligence, delayed developmental milestones and generally low acquisition of knowledge and skills. Frequent attacks may lead to the learner being disoriented and fail to cope academically. Epilepsy affects learners in various ways; for example. Missing school due to medical appointment/hospitalization hence learner(s) loose immensely and may end up dropping out of school.

Those who manage to continue schooling may develop specific learning difficulty. Each seizure causes irreversible brain damage due to infection, injury or tumor which lowers learner's mental capacity and self esteem thus greatly affects learning.

African society view epilepsy with a lot of suspicion and to be contagious being spread by body contact, social relation aspects among others. People with epilepsy suffer discrimination and stigmatization.

1.2 STATEMENT OF THE PROBLEM

In Migori zone learners with epilepsy are many; most of whom attend regular schools. They are capable of performing better; however, due to certain circumstances they lag behind hence poor performance in the Kenya Certificate of Primary Education (K.C.P.E). For this reason, the researcher is compelled to investigate through research to find out their academic performance of such learners in an inclusive setting.

1.3 PURPOSE OF THE STUDY

Academic performance and learners with epilepsy in inclusive setting in Migori Zone, Migori District – Kenya.

1.4.0 OBJECTIVES OF THE STUDY

The research is designed to;

1.4.1 Find out the attitude of teachers towards learners with epilepsy.

1.4.2 Find out whether children with epilepsy get access to regular schools.

1.4.3 Establish the intervention measures for the control of epilepsy.

1.5.0 RESEARCH QUESTIONS

1.5.1 What problems do learners with epilepsy face in an inclusive setting?

1.5.2 Do learners with epilepsy get access to regular schools?

1.5.3 Are there intervention measures for the control of epilepsy?

1.6. SCOPE TO THE STUDY

Migori zone is geographically hilly, located in the center of Migori District in Migori town in Suba East Division. It is bordered to the West by Suba East Division. To the East is God Jope Zones, to the North and South by Anjego zone and Wasio Zone respectively.

1.7. 0 SIGNIFICANCE OF THE STUDY

The study will:-

1.7.1 Encourage support and provision of support services to children with epilepsy in the society.

1.7.2 Help to show and bring about change of attitude towards education of children with epilepsy

1.7.3 Highlight intervention measures for the control of the condition and its effect through support, traditional and modern measures.

1.7.4 Show the need to educate children with epilepsy alongside their peers in an inclusive setting.

1.8 OPERATIONAL DEFINITION OF TERMS

Epilepsy- A convulsive disorder characterized by fits, seizure and caused by abnormal storm of electrical discharge in the human brain.

Neurons- Live currents that flow in the nerves and translate in the brain as impulses of different messages.

Seizure- To take hold of and to make one fall.

Contagious- Of a disease communicable or passed by means of contact, wind, food or water from one person to another.

Trauma- Irreparable damage/ injury to one's life may be caused by accident, epileptic seizure or fear.

Electroencephalograph- (EEG) Instrument used to measure and record the electric voltages produced by neurons (nerve cells) in the brain.

Electroencephalograph (EEG) - Recording of electrical activity from Electroencephalograph.

Idiopathic – Epileptic condition whose cause is not known/ identifiable.

Complex partial seizures- A type of seizures that occurs in clusters without any intervening return of consciousness.

1.9 THEORETICAL FRAME WORK

Twenty years ago, education of exceptional children was quite different from what it is today. Slavin (1986).

Those who did get special services usually attended separate schools or institutions for the retarded, emotionally disturbed, deaf among others. The federal legislation is now critical in setting standards for special education services administered by states and local District.

In the late 1960s the special education system came under attack. Critics argued that the seriously handicapped were too often being shut away in state institutions with inadequate or no educational services or left at home with no services at all.

Slavin continues to state that in 1975 congress passed Public Law US 94-142, the education For All Handicapped Act PL94-142, as it is commonly called, has had and continues to have a profound impact on the practice of special and regular education throughout the United States. The basic component of PL94-142 is that every handicapped child is entitled to special education appropriate to the child's needs at Public expense. This means for example that school districts or states must provide special education to the severely retarded and handicapped.

A number of special education option include the least restrictive environment which gives a legal basic for the practice of mainstreaming , or placing handicapped students with no handicapped peers for as much of their instructional program as possible ; individualized Education Programs (IEPs) which describes a student's problems and delineates a specific course of action to address these problems; regular classroom placement – this involves meeting the needs of many handicapped students in the regular classroom with little or no outside assistance for example students with mild vision may simply be seated near the front of the room; Itinerant services which involves providing special services to students a few times a week by traveling teachers Resources room placement involves assigning students to regular classes by participate in resource programs to students at other times.

Here the special education teachers gives learners instruction adapted to their unique needs; special class placement with part-time streaming; self contained special education special day or residential school; homebound and hospital instruction; other special services such as physiotherapy, occupational therapy, speech therapy.

Randiki (2002) noted that education of the disabled has gone through six historical eras.

The first era was the neglect period which was before the 17th century. It was characterized by neglect and rejection, isolation and throwing of disabled children in the bush, for example, the people in Sparta in Greece killed babies with distinct deformities.

The second era was the private tuition period in the 18th century where some individual and families who saw the potentials of people with disabilities started teaching them at family level; for instance St. John of Beverly who was a Bishop taught a person with hearing impairment how to articulate and talk.

The third era was institutionalization period in the 19th century. It was marked by service provision whereby a residential facility was put in place to house children with special needs to protect them from neglect, provide a higher level of care and corrective rehabilitation with the aim of returning them to the society after improvement. In Kenya, sessional paper No. 5 of 1968, focused on care and rehabilitation of children with special needs.

The fourth era was the separation period which fell on the 20th century up to 1960s. It was realized that children with special needs in education could not learn alongside the non- disabled. As a result they were segregated and placed in special programmes such as special schools, special units and juvenile homes.

The fifth era was the normalization period, which started as early as 1960's in Scandinavia. It aimed at creation of learning and social environment as normal as possible for children with special needs.

The last era was the period of inclusion, which evolved early in this century and climaxed with the Salamanca statement during the World Conference on Special Needs Education held in Salamanca Spain in 1994. This is a move to address learners' needs by removing barriers in the family, schools and community to enable children with special needs to realize their full potentials.

All these confirm the widespread misunderstanding, superstitions, myths, ignorance of the traditional understanding based on lack of knowledge and negative attitudes as observed by Ndurumo (1993)- it is for this reason that the researcher felt it appropriate to establish through research the academic performance of learners with epilepsy in Migori zone Migori District-Kenya.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 INTRODUCTION

This chapter gives an overview of works done by other authors on the topics of study. In this study, this chapter will review literatures on epilepsy and its effects on learning in regular schools. This was done through grouping readings under specific headings.

2.1 DEFINITION OF EPILEPSY

Camfield (2004) defines epilepsy as a surge of electrical activity in the brain that usually affects how people feels or act for a short time. That epilepsy is not a disease but a condition affecting the nervous system; hence the definition epilepsy is a neurological condition diagnosed after a person has had at least two seizures not caused by some known medical conditions like withdrawal or extremely low blood sugar.

Slavin (1986) defines epilepsy as an abnormal discharge of cerebral neurons and that epileptic fit consists of abnormal brain waves cerebral dysrhythmia. Further to this Slavin (1986) further notes that the pattern of fits depend on the cause and site of the abnormal discharge. For instance;

i. Epilepsy originating in the sensory cortex causes crude sensation of tingling, coldness or pain in the opposite side of the body beginning locally and spreading.
ii. Focal fits from the occipital cortex cause unformed visual hallucination of extraordinary complexity.

Woolfork (1998) quoted Hallahan and Kauffman's (1997:405) defines of epilepsy as an abnormal discharge of electrical energy in certain brain cells.

Werner (1996) defines seizures (fits) as sudden usually brief periods of unconsciousness or changes in mental state often with strange jerking movements. Werner (1996) continues to say that repeated fits over a long period of time is a condition known as epilepsy.

In view of the above definitions, the researcher is of the opinion that epilepsy is not necessarily a disease and strongly agree that it is a medical condition that can be controlled and dismiss the traditional view that epilepsy is contagious. Some kind of epilepsy are idiopathic but most of them are symptomatic ie. have known causes.

Camfield (2004) outlines causes of epilepsy as infections such as meningitis, encephalitic, cerebral malaria, brain abscess, trauma and withdrawal from drugs or brain infections.

Werner (1996) outlines common causes of epilepsy as injury to the brain may be before or after birth such as damage that result in cerebral palsy may cause epilepsy, meningitis, malaria of the brain, poisoning brain tumor (or hydrocephalus). Fits caused by a tumor usually affect one side of the body more that the other, hereditary especially where there is a family history of fits and unknown (idiopathic) causes where no family history or history of brain damage can be found.

2.2 HISTORY OF EPILEPSY

According to the World Health Organization (WHO) review by Camfield (2004), a seizure disorders is epilepsy. Camfield sites that some people fear the world 'epilepsy' hence referred to as seizures.

The past century has brought an explosion of knowledge about the function of the brain and about the functions of the brain and about epilepsy. Epilepsy research continues at a vigorous pace with investigation leading to development of new seizure medicine and to better understanding of how epilepsy affects social and intellectual development.

Camfield (2004) define epilepsy as a Greek word which literally means to seize or to get hold of. Greeks believed that evil spirits seized people and made them fall.

The Greek physician Hippocrates (400BC) in his book " On the sacred Disease" recognized epilepsy as a brain disorder, and spoke strongly against the idea that epilepsy was a curse from gods and that people with epilepsy held the power of prophesy.

According to Werner (1996) several drugs are used to control the occurrence of seizures such as Phenobarbital which is often very effective, phenytoin is another medicine , Zarontin, Troxidone, just to mention a few. In many patients treatment must be life long.

According to the World Health Organization (WHO) as reviewed by Camfied (2004), resistant temporal lobe epilepsy can sometimes be treated by amputation of the temporal lobe after elaborate electroencephalograph (EEG) studies to identify the side and the exact site of origin of the abnormal electrical activity. Camfield continues to state that 80% of people with epilepsy treated with seizure medicines remain seizure free for at leas two years. The chances of being completely-seizure-free are best if there is no known brain injury or abnormality, and if the person has a normal examination and electocephalography. Camfield further states that people with intractable seizures do eventually become seizure free. Other kinds of treatment such as Vagus Nerve Stimulation (V.N.S) or epilepsy surgery are very helpful to some people who continue having seizures while on drugs.

Camfield (2004) gives a belief overview of people's perception on epilepsy. She states that:-

People with epilepsy are not necessarily violent but injury to specific brain areas or sensitivity to certain medications can contribute to aggressive and confused behaviors.

Seizures do not cause brain and damage; although tonic clonic (grand mal) seizures lasting longer than 30-60 minutes can injure the brain. Prolonged or repetitive complex partial seizures can potentially cause long lasting impairment of the brain function such as memory problems and difficulty in intellectual functions after the seizures due to after effects of the seizure on the brain, effects of medicine or both, but that does not indicate brain damage.

Epilepsy is not necessarily inherited, although some are genetically transmitted through the family and most of these types are easily controlled by seizure medicines.

Epilepsy is not a life–long disorder and can be controlled it seizure medicines for a small portion of their lives. Most childhood forms of epilepsy are outgrown by adulthood.

Epilepsy is not a curse. It has nothing to do with curse, possessions, or other supernatural process such as punishment for past sins-like asthma, diabetes, high blood pressure, it is a medical problem.

Epilepsy should not be a barrier to success. It is compatible to a normal, happy and full life. However, the quality of life may be affected by the frequency and severity of the

seizures, the effect of medications, reactions of on lookers to seizures and other disorders associated or caused by epilepsy.

Living successfully with epilepsy requires positive outlook; a supportive environment and good medical care as well as instilling a strong sense of self-esteem.

The researcher agrees with Camfield's views on epilepsy since the above raised issues have been misunderstood by many people hence the fear of people with epilepsy and the negativity involved there with. There a rises the need to change people's way of thinking through sensitization.

2.3 TRADITIONAL VIEWS OF EPILEPSY

According toe the World health Organization (WHO) (2000) as reviewed by Bazil (2004) epilepsy has afflicted man since the dawn of our species and has been recognized since the earliest medical writings. Throughout history o f people with epilepsy and their families have suffered unfairly due to ignorance of others. The stigma and fears generated by the words "seizure" and "epilepsy" have however decreased during the past century and most people with epilepsy now lead normal lives.

Bazil (2004) continues to quote that Hippocrates in his book "On the Sacred Disease" - 400 B.C wrote that epilepsy was recognized as a brain disorder, and he spoke out against the ideas that people with epilepsy held the power of prophecy.

For centuries epilepsy was considered a curse of the gods or worse; for instance a 1494 handbook on witch hunting (Malleus Maleficarum) written by two Dominican friars under papal authority said that one of the ways of identifying a witch was by the presence of seizures. This led to a wave of persecution and torture, which caused the deaths of more than 200,000 women thought to be witches.

In the 19th century, people with severe epilepsy and those with psychiatric disorders were cared for in asylums. They were however kept separately because seizures were thought to be contagious. In the early 1900's some U.S states had laws forbidding people with epilepsy to marry or become parents and some states permitted sterilization.

According to Bazil (2004) the modern medical era under the leadership of three English neurologists- Russel Reynolds, John Hughlings Jackson and Sir. William Richard Gowers. Still in use today is Jackson's definition of seizures as "an occasional an

excessive and a disorderly discharge of nerve tissue on muscles". Hughlings Jackson also pointed that seizures could alter consciousness, sensation and behaviors.

Epilepsy was intensively feared since it was reviewed as supernatural. According to Bonjo's(2003) these fears were based on superstitions, myths, common beliefs thus possessions, curses, witchcraft or punishment which were thought as primary causes. Persons with epilepsy were not welcomed were viewed as unfortunate and isolated. People with epilepsy were classified as mad, lepers and tuberculosis suffers and were not accepted as leaders. They faced a lot of rejection by parents as well as teachers hence were not educated.

Traditionally to rid epilepsy, cleansing was done by leaders and herbalists using various herbs and charms for instance certain roots of trees/shrubs was smashed in powder form and put in the nose depending on whether the moon was sighted. However, there was a strong belief that if one was cured of epilepsy, the disease would transfer itself to a relative and persons who came into contact with epilepsy sufferers would be affected.

2.4.0 CHALLENGES FACING TEACHERS IN DEALING WITH LEARNERS WITH EPILEPSY

Teachers are faced with various challenges in dealing with learners with epilepsy according to the researcher, such challenges are due to lack of information on epilepsy, lack of sensitization since the teacher training course does not offer any elementary knowledge on learning difficulties that would lead to the understanding of epilepsy or any other difficulties so experienced in the teaching of children regular schools. This has led to several misconceptions about epilepsy- common to all persons including teachers, people with epilepsy, and physicians: The WHO review by Weiner (2004) outlines ten (10) challenges between people with epilepsy, doctors, teachers and persons dealing with epilepsy as:-

2..4.1 Failure to understand cause of epilepsy. Those doctors wrongly assume patients understand the causes of epilepsy.

Patients on the other hand, have difficulty in understanding why they have this disorder. Similarity teachers do not understand the underlying causes of epilepsy.

According to the researcher, if even physicians do not know the causes of epilepsy as a result of inadequate knowledge and training then teachers who do not learn about medicine must be experiencing a greater challenge in dealing with children with epilepsy.

2.4.2 Failure to understand seizures and how to deal with them. That many people with epilepsy are frightened with their seizures and lack information on seizure medicine and other treatments. Weiner however points that education is the key to understanding the many types of epilepsy and how to deal with seizures when they occur.

2..4.3 Failure to understand how epilepsy affects daily life. That most people with epilepsy lead normal lives. Most of them benefit significantly from drugs.

According to the researcher, most teachers assumes that people with epilepsy have brain damage so they fail to involve them in the learning process and do not encourage them to go to hospital for medication, and further classify them as mentally challenged hence they are often wrongly placed in schools for the mentally challenged.

Woolfork (1998) states that not all seizures are dramatic.

That student sometimes just loses contact briefly. The student may stare, fail to respond to questions, drop objects and miss what has been happening for 1 to 30 seconds. Such seizures (absence seizures) can easily go undetected. Woolfork (1998) continues to state that in classroom situation learners with absence seizures often miss the continuity of the class interaction hence they find the lessons confusing. In such a case the teacher should continually question these learners to be sure they are understanding and following the lesson and also be prepared to repeat him/her self periodically.

2.4.4 Failure to understand treatment strategies hence teachers do not remind learners to take medications.

The teachers fail to understand why a particular treatment has been prescribed.

2.4.5 Failure to ask questions so teachers fail to understand about epilepsy and its consequences hence failure to provide better care during seizures attacks.

2.4.6 Failure to help children understand epilepsy most teachers do not understand the basic of epilepsy hence do not treat such victims with honesty and respect using the language they understand. Teachers should take time to understand the situation.

2.4.7 Failure to understand special risks associated with epilepsy such as risk for injuries and accidents as a result of seizures.

The researcher is of the opinion that there is need for teachers to learn the safety precautions to be applied to avoid the risk of accidents and injuries associated with epilepsy.

2.4.8 Failure to understand about diets. Weiner (2004) points out clearly that studies indicates that taking diets rich in fats and low in carbohydrates (Katogenic diet) may reduce the occurrence of seizures.

2.4.9 Failure to ask about resources to help people with epilepsy, their families and peers to understand epilepsy, how it affects their lives and how to cope with it.

2.4.10 Failure to understand how epilepsy can affect pregnancies hence the thought that epilepsy is hereditary. Weiner (2004) also points that failure to understand risk of factors that may cause epilepsy. For instance drug and alcohol withdrawal are also a misleading factors about epilepsy.

Camfield (2004) states that most patients remain mentally normal throughout their lives-meaning epilepsy is not necessarily a mental disorder; however most chronic wards of mental hospitals contain many people with epilepsy. That the occurrence of urine is the main cause of misconceptions; since some patients urinate while others do not.

According to Ndurumo (1893) attitude problem made Romans and Greeks to kill new born with disability. From this point of view, if teachers have a negative attitude towards learners with epilepsy then they are faced with yet another challenge in dealing with such learners.

Camfield (2004) cites that due to traditional beliefs such as identifying a witch by the presence of seizures led to wrongful labeling, persecution and torture. If teachers hold this belief they have a challenge in handling learners with epilepsy. Camfield (2004) continues that traditional beliefs based on myths, superstitions ignorance and misunderstanding as major source of misconceptions. If teachers cling to these beliefs they have still greater challenge in handling such learners.

2.5 EFFECTS OF EPILEPSY ON AN INDIVIDUAL

Epilepsy impacts negatively on an individual and more so if other people view or react negatively to such as individual.

According to the World Health Organization (WHO) review by Devinsky (2004) negative attitude cause the individual with epilepsy to:-

i. Have long lasting mood changes, which may develop into feelings of anxiety and depression.
ii. Have problems of attitude such as unhelpful reaction to stressful life events.
iii. Lack of social support may lead to marital problem or trouble with friends and family members.
iv. Change in quality of life that is ability to perform everyday activities in a way that shown physical, psychological and social well being and satisfaction with one's own level of functioning.
v. Emotional impairment and less developed coping skills such as loneliness, adjustment problems, psychological distress and perception of stigma resulting in less enjoyment of life.
vi. Tragedy- attitude cause people with epilepsy to end up playing the "sick-role" hence being over monitored which may cause family problems and tension.
vii. Lack of job satisfaction so people with epilepsy opt for unskilled jobs.
viii. Poor self-esteem and depression over their condition.

According to Kilei (2002) people with epilepsy were viewed as abnormal and suffering from mental illness. This led to greater heights of discrimination against people with epilepsy. This concurs with the WHO findings reviewed by Camfield (2004) who states that in the 19th century, people who had severe epilepsy and those psychiatric problems were cared for in asylums, but the two groups were separated for seizures were thought to be contagious. In the early 1900's some U.S states had laws forbidding people with epilepsy to marry or become parents and some sates permitted sterilization.

Randiki (2002) states that an adverse effect of negative attitude is the use of KI-VI class in Kiswahili which is an object class rather than human beings to refer to persons with disability such as "kifafa" to refer to people with epilepsy.

Slavin (1986) states that witnessing a seizure can be a frightening experience for an unknowledgeable observer.

Woolfork (1998) on the other hand states that the major problems for students with absence seizures are that they miss the continuity of class interaction. If their seizures are frequent, they will find the lessons confusing.

The researcher is of the opinion that if these negative views on epilepsy and people with epilepsy can be changed through sensitization and awareness campaigns, people with epilepsy can lead fulfilling lives. This change of attitude and negative perception can successfully be brought about by teachers and parents through accepting people with epilepsy and recognizing their potentials in various fields of life.

2.6 ATTITUDE TOWARDS DISABILITY IN GENERAL

From time immemorial persons with disabilities have faced hard times in the society. Before 17th century, persons with disabilities all over the world were considered socially and physically less capable hence were not easily accepted, regarded and incorporated in community activities.

Randiki (2002) noted that many different words are used all over the world to describe people with disability. He further notes that most terms used to refer to people with disabilities have negative connotation.

Ndurumo (1993) observed that negative attitudes are mainly based on disability or impairment , traditional beliefs, deep rooted misunderstanding as well as fear of the unknown- such beliefs and negativity often lead to rejection, isolation, individuals may appears miserable , withdrawn, rude or indiscipline.

Bonjo (2003) concurs with Ndurumo (1993) that the negative attitude and beliefs lead to withdrawal, isolation and indiscipline. The researcher concurs with Ndurumo (1993) and Bonjo(2003) observation since most people do not understand facts about disabilities and often behave negatively towards people with disabilities at family level and society; and in particular to people with epilepsy who for a long time have often been referred to as "epileptics".

According to the World Health Organization (WHO) review by Camfield (2004) the terms "epileptics" should not be used to describe people with epilepsy as it defines them by one trait. The researcher concurs with Camfield (2004) since it is a powerful label that

can create a limiting and negative stereotype. They should better be referred to as a 'person with epilepsy' or 'people with epilepsy' for someone or to a group respectively.

Muchiri (1982) cited by Ndurumo (1993) states that in East Africa the disabled were perceived as incapable of engaging in useful employment and were thus trained for lesser jobs such as shoe making, shoe polishing, tailoring among others.

This according to Ndurumo (1993) is embedded on the original Kiswahili word "wasiojiweza" which directly translates as "those who cannot perform" is largely used in East Africa in reference to the disabled.

The researcher concurs with Ndurumo's (1993) observation since in Kenya, various labels are used in reference to the disabled for instance; the hearing impaired persons are referred to as " bubu" (deaf/dumb), people with epilepsy "kifafa", those who are physically impaired are often referred to as "kiwete"/"viwete" the mentally handicapped as " wajinga"/idiots/fools). The ki-vi class which in Kiswahili is a class of objects rather than human beings is used to describe the disabled.

Devlieger (1989) cited by Ndurumo (1993) observed that the fate of disabled in African countries was dependent on cultural practices and beliefs of various ethnic communities. An analysis of the Songye (a Zaireans ethnic group) on their views on causes of disability.

i. Disability was attributed to father's inability to pay dowry for his wife. This was seen as the cause of misfortune, hence a disabled child.
ii. Disability was attributed to witchcraft.
iii. Disability was caused by ancestral wrath, vengeance and curse.
iv. Disability was due to taboos and abominations.
v. Disability was seen to be sent by God hence children with disability were killed as a means of "returning them back to God" so that he could send another one with no disability.

Camfield (2004) notes that some people fear the word ''epilepsy'', and use the term ''seizure disorder'' in an attempt to separate themselves from any association with it.

The people with epilepsy are seldom brain-damaged.

Brain function can be temporary disturbed by many things such as extreme fatigue, the use of sleeping pills sedatives or general anesthesia; or high fever or serious illness.

Injuries to the brain are the cause of seizures in some people with epilepsy, but by no means all of them. Epilepsy, like brain damage, carries a stigma and some people may unjustly consider people with epilepsy as brain injured and therefore ''incompetent.''

Camfield continue that many people mistakenly believe that people with epilepsy are also mentally handicapped.

In the majority of cases, this is not true. Like any other group of people, people with epilepsy have different intellectual abilities. Some are brilliant and some score below average on intelligence test, bur most are somewhere in the middle. They have normal intelligence and lead productive lives. With only very rare exceptions seizures do not cause mental handicap.

2.7 CRITERIA FOR CHANGE OF ATTITUDE

The Researcher is of the opinion that attitude change can only be realized if teachers, families, parents and other people working closely with people with epilepsy are made to understand facts about the common misconceptions about epilepsy and be educated well to better equip them with appropriate management procedures on how to handle the varied seizures situations.

This can be achieved through awareness campaigns in various forums such as seminars, barazas, induction courses through Educational Assessment and Resource services and itinerant teachers in the district.

The society should have a positive outlook a supportive environment and good medical care to help people with epilepsy to cope with the disorders the many challenges it may bring and live successfully with epilepsy.

Teachers and parents should regulate dependency level so that learners with epilepsy do not become overly dependent on others and in turn hold positive feelings about school and their personal worth. People working with children with epilepsy should project a positive attitude to avoid becoming "terrified observers" Teachers should have reliable information about learners, his/her seizures and treatment strategies. Epilepsy is not a barrier to success and fulfilled living.

Teachers should understand what learners with epilepsy undergo before the attack, during and after the attack. For instance, whether they were sick recently, lack of sleep or

unusual stress: in case there is a warning (Aura), loss of control of bladder or bowel, biting of tongue, and muscular ache headache among other.

Parents and family members should help with some important question about medical history of learners with epilepsy.

2.8 MANAGEMENT AND INTERVENTION STRATEGIES DURING THE ATTACK AT HOME, SCHOOL, WORK PLACE AND SOCIETY

Weiner (2004) suggested possible management and intervention strategies during the attack to those working with learners with epilepsy as follows;

i. Stay calm to assist the learners (patient) appropriately.
ii. Prevent injury by clearing the area, for example by removing patient from open fire, water, traffic, sharp objects or not objects.
iii. Pay attention to the length of seizure to check prolonged seizure and act appropriately. Be sensitive, supportive and encourage others to do the same by removing barriers or any objects that may cause injury.
iv. Make the patient comfortable by cushioning the head with a soft material(s) and turning him/her to the side to open/clear the airway and to avoid swallowing of the excess saliva which may choke the patient and for quick recovery.
v. Do not hold the patient down in an effort to stop the jerking movement of the body.
vi. Keep away on lookers who may overcrowd the patient.
vii. Do not put anything in the patient's mouth. Do not give water, pills, food or anything until fully alert.
viii. If seizures continue for longer those five (5) minutes, refer the learner to the doctor for prescription of drugs to control the condition.
ix. Slavin (1986) states that if the child seems to pass away one seizure to another without gaining consciousness, call the doctor for instructions and notify the parents.
x. If you know that a child in your class is prone to having seizures it is a good idea to discuss this with the class so that they won't be surprised. The researcher is in agreement with this suggestion since turning it in a learning situation helps teachers, other learners as well as community to understand that epilepsy is not contagious and to encourage support and assistance without fear.

xi. Reassure individual, gently guide them from hazards, and stay with him/her until fully recovered.

xii. Understand the medical history so as to remind the learner of medical appointment and when to take drugs.

xiii. Loosen any tight clothing around the neck and waist to check suffocation.

xiv. The researcher agrees with the above citations and strongly feel that if observed there would be changed in the quality of life of children with epilepsy and they would have a fulfilled living throughout their lives.

xv. Loosen any tight clothings around the neck and waist to check suffocation.

The researcher agrees with the above citations and strongly feels that if observed there would be change in the quality of life of children with epilepsy and they would have a fulfilled living throughout their lives.

CHAPTER THREE

METHODOLOGIES

3.0 INTRODUCTION

This chapter gives an overview of the methods the researcher used in an effort to collect, investigate and explore the research problem in question.

3.1 RESEARCH APPROACH

To investigate and explore the academic performance of learners with epilepsy in regular schools, the researcher used qualitative approach to collect data, organize, interpret and analyze data before presenting it in a descriptive, narrative and explanatory form.

3.2 RESEARCH DESIGN

The researcher intended to establish facts about academic performance of learners with epilepsy which could only be possible through interviews across the questionnaire. To expose the academic performance of such children, the researcher used survey method to do this satisfactorily.

3.3 TARGET POPULATION

The researcher targeted the regular primary school teachers and Head teachers in Migori Zone-Migori District.

3.4 SAMPLE POPULATION

In this research the sample population was drawn from the target population by simple random sampling. The zone had 16 public schools and 10 private schools, the researcher therefore randomly sampled 13 schools. From every institution, only three teachers were interviewed.

Therefore the sample population for this research was 39 teachers across the zone.

3.5 SAMPLING PROCEDURE

The researcher used random sampling procedure to arrive at school in the zone , then used systematic sampling technique by assigning the schools in a given order of number from smallest to the greatest say 1,2,3,4,5..... then picked every 2nd number in a row, for instance 1 (2) 3 (4) 5 (6).....

3.6 RESEARCH TOOLS/INSTRUMENTS

The researcher used questionnaires to collect primary data from respondents in a sample population. Open ended and closed ended questions were used according to their suitability.

A few interviews were conducted with some respondents based on the interview guide whose content reflected the questionnaire.

3.7 PROCEDURE OF THE STUDY

i. The researcher reviewed literatures related to the study.
ii. The researcher developed a research proposal.
iii. The researcher developed questionnaires and interview guide relevant for collecting data in simple understandable terms.
iv. The researcher visited various institutions to seek permission to conduct research in such institutions.
v. The researcher sent out questionnaires to the institution and gave them averagely two (2) to four (4) days to complete the questionnaire.
vi. The researcher made follow –up to retrieve the questionnaires.
vii. The researcher organized, summarized and interpreted the raw data so collected.
viii. The researcher analyzed the raw data from respondent and presented the data in appropriate forms before discussing and drawing conclusion.
ix. Finally the researcher wrote a report based on the research findings.

3.8 DATA ANALYSIS

The researcher used tables to present data and analyze them qualitatively using descriptive narrative and explanatory form.

3.9 LIMITATIONS AND DELIMITATIONS OF THE STUDY

During the research, the researcher was faced with various factors which hindered the study. For instance;

i. Financial hitch.
ii. Poor weather conditions that made some places difficult to access.
iii. Wide area of study even though this was reduced by sampling.
iv. Limited time to carry out the research effectively.

The researcher however had some delimitations such as;

i. Being known in the area of study.
ii. Language favoured the researcher

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF DATA

4.0 INTRODUCTION

This study investigated the academic performance and learners with epilepsy in inclusive and thereafter aimed at improving the lives of such learners. Most learners with epilepsy are considered incapable of attaining reasonable marks in national exams and are considered to be of low intelligence. This chapter presents the results of the data collected using descriptive and explanatory form

4.1 PRESENTATION

The researcher intends to use tables to present the data before analysis and discussion to help draw conclusion.

4.1.1 Table 1 Categories and number of respondents

RESPONDENTS	NO. EXPECTED	NO. RESPONDED	PERCENTAGE
Teachers	26	21	80
Head teachers	13	9	69
Total	**39**	**30**	**76**

4.1.2 Table II Q1. Challenges faces by teachers in handling learners with epilepsy in a classroom situation.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGI
Disruption of learning	12	7	19	63
slow acquisition of knowledge and skills	14	2	16	53
Lack of knowledge and skills in handling them	10	4	14	47
Lack of awareness of treatment And intervention strategies	13	6	19	63
Lack of knowledge on causes of epilepsy	10	8	18	60
Poor retention and application of knowledge	16	4	20	67
Memory deficit	11	7	18	60

4.1.3 Table III Q.2 Sought to know whether the needs of learners are meet in the classroom.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	17	7	24	80
NO	4	2	6	20
TOTAL	**21**	**9**	**30**	**100**

4.1.4 Table IV Q.3 Sought to establish whether teachers are comfortable with learners with epilepsy in their classrooms.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	14	6	20	67
NO	7	3	10	33
TOTAL	**21**	**9**	**30**	**100**

4.1.5 Table V Q.4. Performance of learners with epilepsy in curricular and Co-curricular activities.

	CURRICULAR TASKS				CO-CURRICULAR TASKS			
LEVEL OF PERFORMANCE	TRS	H/TRS	TOTAL	PERCENTAGE	TRS	H/TRS	TOTAL	%
Satisfactory	0	0	0	0	0	0	0	0
Average	9	4	13	43	12	6	61	60
Poorly	10	5	15	50	8	2	60	33
Very poorly	2	0	2	7	1	1	9	7
TOTAL	**21**	**9**	**30**	**100**	**21**	**9**	**130**	**100**

4.1.6 Table VI Q 5. Sought to establish the modifications teachers make for learners with epilepsy to benefit from instruction.

MODIFICATION	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
Adopt curriculum	4	15	19	30
Allow more time for carrying out tasks	19	9	28	93
Repeat concepts	15	2	17	57
Make no adaptations at all	6	4	10	33
Modify activities	8	7	15	50

4.1.7 Table VII Sought to establish the level of interaction of learners with epilepsy with their peers.

LEVEL OF INTERACTION	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE-%
Normal	18	7	25	84
Below average	2	2	4	13
Not at all	1	0	1	3
TOTAL	**21**	**9**	**30**	**100**

4.1.8 Table VIII Are there any adaptations that can be made in activities for learners with epilepsy?

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	6	5	11	36.7
NO	5	3	8	25.8
Not sure	10	1	11	35.5
TOTAL	**21**	**9**	**30**	**100**

4.1.9 Table IX Sought to know whether teachers offer remedial lessons for learners with epilepsy.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	9	4	13	43
NO	12	5	17	57
TOTAL	**21**	**9**	**30**	**100**

4.1.10 Table X Sought to establish whether epilepsy affects academic performance of learners with epilepsy.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	10	5	15	50
NO	5	2	7	23
PARTLY	6	2	8	27
TOTAL	**21**	**9**	**30**	**100**

4.1.11 Table XI Sought teachers' views on cases of epilepsy.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
Brain damage	16	7	23	77
Diseases e.g. Meningitis	17	8	25	83
Hereditary factor	9	5	14	47
Poor child care at per natal	11	6	17	57
Curse/demonic causes	7	4	11	37

4.1.12 Table XII Sought to establish teachers' views on whether epilepsy can be controlled.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCENTAGE
YES	13	7	20	67
NO	6	2	8	27
NOT SURE	2	0	2	6
TOTAL	**21**	**9**	**30**	**100**

4.1.13 Table XII Sought to establish the possible intervention measures to control epilepsy.

RESPONSES	TEACHERS	HEAD TEACHERS	TOTAL	PERCE
Medication	16	8	24	8
Training on onset & management of seizure	13	7	20	6
Guidance and counseling	5	2	7	2
Remediation of academic work	14	5	19	6
Training on Activities of Daily Living (ADL) Skills	4	3	7	2

4.2.0 ANALYSIS AND DISCUSSION OF DATA

4.2.1 Table I shows the categories and number of respondents.

From the table, 39 respondents were expected, out of which 30 responded. This could be an indication that they might have had negative opinion towards the research, or they had no knowledge about epilepsy or still might have been so committed to respond to the questionnaires.

4.2.2 Table II Views on challenges faced by teachers in handling learners with epilepsy in a classroom situation in an inclusive setting.

From the table 19 out of 30 respondents were of the opinion that teachers have a challenge due to disruption of learning during the attack since the teachers have to stop teaching in order to attend to the learner with epilepsy – 11 out of 30 respondents did not see this as a challenge. I6 out of 30 felt challenged by learners' slow acquisition of knowledge and skills due to epilepsy while 14 out of 30 respondents didn't view this as a challenge.

Some 14 out of 30 respondents were challenged by lack of knowledge and skills in handling learners with epilepsy; while 16 of them did not view this as a challenge; an indication that most teachers know what to do in the event of an attach during the learning process. 19 out of 30 respondents were of the opinion that lack of awareness on treatment strategies was there major challenge while 11 of them did not view this as a challenge. An implication that most teachers are not aware of the treatment and intervention strategies to apply in the event of an epileptic attack.

18 out of 30 respondents had the opinion that lack of knowledge on causes of epilepsy posed a challenge to them, while 12 respondents did not see this as a challenge. 20 out of 30 respondents were of the view that learners with epilepsy have poor retention and application of knowledge; on the other hand 10 teachers did not see this as a challenge. 18 out of 30 respondents were of the opinion tat learners with epilepsy have memory deficit while 12 of them did not see this as a challenge. This implies that learners with epilepsy have a short memory span which adversely affects their academic performance.

From the researcher's view of the above findings, the greatest challenges teachers face are based on disruption of learning – due to occurrence of seizures the learning process may be interrupted for some time therefore teachers feel threatened as the learners don't complete tasks in time. The researcher however is of the opinion that this should not be a reason for disruption since the teacher can use this as an appropriate learning experience to create awareness about epilepsy to the rest of the class so that they develop positivity in supporting learners with epilepsy.

Secondly, poor retention and application of knowledge and skills as well as learners with epilepsy being slow at acquiring knowledge and skills; in deed they may be slow at acquiring knowledge and have poor retention of knowledge but this is not necessarily because of their being epileptic. Teachers can remediate work or alternatively develop

and use Individualized Education Programme (I.E.P) to assist learners with epilepsy so that they realize full potential. In view of these, there are people who lived successfully with epilepsy such as Julius Caesar (famous writer) and Alexander the Great, just to mention a few. Epilepsy should not be a barrier to success.

4.2.3 Table III sought to know whether the needs of learners with epilepsy are met in the classroom.

From the table,24 out of 30 respondents agreed that the need of learners with epilepsy are not met in the classroom; while 6 out of 30 felt that the needs of such learners were not adequately met in the classroom. This therefore shows most teachers respond positively to the learners with epilepsy.

4.2.4 Table IV Sought to establish whether teachers are comfortable with learners with epilepsy in their classroom. From the table, 20 out of 30 respondents were comfortable with learners with epilepsy in their classroom while 10 of them were not comfortable with the learners with epilepsy in their classroom.

This is an indication that in as much as teachers are aware of the condition some of them still hold negative attitude towards learners with epilepsy and therefore are not comfortable with them in their classroom. Still much has to be done in form of sensitization and creation of awareness to curb the negative attitude which may result into stigmatization of learners with epilepsy and sub sequent academic lag.

4.2.5 Table V Sought to establish the level of performance of learners with epilepsy in curricular and co-curricular activities.

From the table, all respondents were of the opinion that learners with epilepsy do not perform satisfactorily in curricular and co-curricular tasks. 13 out of 30 respondents felt that learners with epilepsy perform averagely in curricular tasks while a greater percentage of 60 % that is 18 out of 30 respondents felt that such learners perform averagely in co-curricular activities. 15 out of 30 –that is 50% of the respondents felt that learners with epilepsy perform poorly in curricular tasks while 10 other respondents felt that such learners were of the opinion that learners with epilepsy perform very poorly in curricular tasks while another 7% - 2 respondents felt that they perform very poorly in co-curricular tasks.

The researcher however disagree with the findings since from other authors in the previously reviewed literatures, people with epilepsy have made greater personalities such as previously mentioned Julius Caesar and Alexander the Great to mention but a few. In addition to this, epilepsy can strike anyone at any age therefore with early intervention; people with epilepsy can lead full lives, with support and realize their potentials to be useful members of the society.

4.2.6. Table VI. Sought to establish the modifications teachers make for learners with epilepsy to benefit from classroom instructions. From the table 9 out of 30 respondents – a fraction of 30% felt that adaptation of the curriculum could be applied as a means of modification in order to make learners with epilepsy benefit from classroom instruction. 93% - 28 out of 30 respondents felt that allowing more time to learners to carry out curricular and co-curricular tasks is an appropriate modification that could be applied for learners with epilepsy benefit from classroom interaction, while another 10 respondents felt that no adaptation is necessary for learners with epilepsy. Another 15 out of 30 respondents were of the opinion that could be used for learners with epilepsy to benefit from instruction.

In view of the above, the findings of the research is in agreement with the researcher's views since when learners have seizure attacks – during the progress of the lesson, they miss out; this calls for the need to repeat concepts and allowing more time since the learners take considerable time to regain consciousness and thus begin their work again.

4.2.7. Table VII. Sought to establish the level of interaction of learners with epilepsy with their peer.

From the Table, 25 out of 30 respondents (84%) were of the opinion that the level of interaction of such learners is within the normal range; 4 respondents felt that their level of interaction is below average; while another 3% (1 respondent) felt that learners with epilepsy do not interact at all.

The researcher is of the opinion that epilepsy should not affect the level of interaction to some extend.

The quality of life may however be affected by the frequency and severity of the seizure, reaction of onlookers to seizure and the disorder associated or caused by epilepsy.

4.2.8 Sought to establish whether there are any adaptations that can be made in the activities for learners with epilepsy.

From the table, 11 out of 30 respondents were of the opinion that adaptations can be made in activities for learners with epilepsy; 8 respondents did not consent to the need to adapt activities for learners with epilepsy.11 respondents were not sure of whether adaptations can be made an activities for such learners.

The researcher is of the opinion that there are adaptations that can be made in activities for learners with epilepsy since every seizure causes an irreversible brain damage' learners with epilepsy may eventually be slow learners.

4.2.9. Table IX. Sought to establish whether teachers offer remedial lessons for learners with epilepsy.

From the table, 13 out of 30 respondents offer remedial lessons for learners with epilepsy; other 17 respondents were of the opinion that remedial lessons for learners with epilepsy were not possible.

The researcher is of the opinion that learners with epilepsy should receive remedial lessons since they often miss out due to hospitalization as a result of frequent attacks; and also miss the continuity of class interaction hence find the lessons confusing. This would help them gain and complete favorably with their peers in academic tasks; and hence perform better in national examinations.

4.2.10 Table X. Sought to establish whether epilepsy affects academic performance of learners with epilepsy.

From the table, 15 out of 30 respondents – 50% felt that epilepsy affects academic performance of learners with epilepsy, 23% that is 7 respondents were of the opinion that epilepsy does not affect academic performance of such learners while another 27%-8 respondent felt that epilepsy partly affects academic performance of learners with epilepsy.

The researcher is of the opinion that since learners lose consciousness during the attack and thereafter fail to remember what happened before and during the attack, they may even forget whatever they were learning. This eventually translates into significant loss (academic lag) hence reduced performance level in academic tasks. This is also in agreement with the research findings.

4.2.11 Table XI. Sought to know teachers views on access of epilepsy. From the table, out of 30 respondents a fraction of 77% which translates to 23 respondents felt that brain damage causes epilepsy; 83% - 25 respondents were of the opinion that diseases such as meningitis could also cause epilepsy. 47% - 14 respondents felt that hereditary factors could cause epilepsy; 57% of the respondents felt that poor childcare during prenatal could be another cause of epilepsy; a small percentage of 37% were of the opinion that epilepsy could be caused by curse or demonic causes.

The researcher agrees with the above findings but only questions the truth behind curse / demonic causes of epilepsy since there are no documentation in support of such causes; except for Greeks who believed that evil spirits seized people and made them fall. The Greek physician Hippocrates (400 BC) in his book ''On the Sacred Disease'' recognized epilepsy as a brain disorder and spoke strongly against the idea that the epilepsy was a curse from God's.

4.2.12 Table XII. Sought to establish teachers' views on whether epilepsy can be controlled. From the table, out of 30 respondents, 20 were of the opinion that epilepsy can be controlled: 8 were of view that epilepsy cannot be controlled while two others were not sure whether epilepsy can be controlled or not.

The researcher concurs with the findings since there are several medicines that can be used to suppress epilepsy thus control its occurrence.

4.2.13 Table XIII. Sought to establish the intervention measures to control epilepsy.

From the table, out of the 30 respondents, 80% - a total of 24 respondents were of the opinion that medication is the best intervention measure to control epilepsy, 67% of the respondents (20) felt that training on outset and management of seizures is another strategy demands the control of epilepsy. 23 of the respondents translating to 7, sure of the opinion that guidance and counseling could also be an intervention measures towards the control of

epilepsy. 19 out of 30 respondents (63%) felt that remediation of academic work could be an intervention measure towards the control of epilepsy and it effect on academic performance, while another 23% - 7 respondents felt that training on activities of daily living (ADL).

The researcher is in agreement with above findings. Medication is the best intervention measure for the control of epilepsy. Other intervention measures discussed above are secondary to medication and if practiced together, persons with epilepsy can lead normal happy and full life since epilepsy should not be a barrier to success. Guidance and counseling is a vital aspect of intervention measure since it helps learners with epilepsy to boost their self-esteem since they would accept their condition

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 OVERVIEW

This chapter gives the summary of findings, conclusion and recommendations of the research study about the academic performance and learners with epilepsy in inclusive setting in Migori Zone, Migori District – Kenya.

The results that the researcher has come up with in this study papers could pave way for future research work to help better the lives of learners with epilepsy in our society.

5.1 SUMMARY

From the research, it is noted that there are children with epilepsy in most regular schools. It is however saddening that most teachers do not know what measures to take in the event of an attack as most teachers felt that the occurrence of seizures disrupt learning.

Although most teachers support education of learners with epilepsy in regular schools along with their peers, the problem of attitude (negative) hampers the kind of support such learners receive since some teachers still hold traditional views on courses of epilepsy such as curses / demonic causes . Some teachers still do see the role of guidance and counseling in controlling epilepsy and its effects in life.

From the research, the greatest challenge faced by teachers in dealing with children with epilepsy is due to lack of relevant information, knowledge and skills of how to handle the condition and the learner. This in turn leads to fear, a feeling of disturbance and unwillingness to help such learners even during attacks.

Teachers are aware of control and intervention measures to take to control epilepsy and its effects in life, there are however doubts as to whether they are practiced.

There is still need to furnish children with epilepsy perform poorly in academic and non-academic tasks.

Seemingly this is due to lack of adequate support from the society, teachers as well as parents.

5.3 CONCLUSION

Having read through several scholars contributions on epilepsy and research on academic performance of learners with epilepsy, the researcher came up with the following conclusions.

a. Out of 13 schools visited most of them had children with epilepsy.
b. That most teachers have handled learners with epilepsy but with lot of challenges, an indication that learners with epilepsy have access to regular schools.
c. It was general feeling that children with epilepsy can be taught alongside their peers with no epilepsy but a lot of care and awareness to counter the challenges such as what to do incase of a seizure attack. That children with epilepsy are capable and have the ability to learn given appropriate support and guidance.
d. That even though some children with epilepsy do not complete favorability, they should be allowed opportunity to participate in curricular and as- curricular activities within the school and community so that they too realize their potentials as useful members of the society, and to prepare them for future adult roles.
e. That for teachers to handle, manage teach epilepsy learners successfully with theirs need to train on how to manage epilepsy in learning situation during seizure attacks and how to cope with them.
f. That epilepsy is mainly caused by brain damage due to trauma, accidents and a few cases through heredity.
g. Teachers should be encouraged to be accommodative to learners with epilepsy in their classrooms to avoid over dependence on others, be tolerant and allow more time to learners to do activity.
h. The ministry of Education Science and Technology in collaboration with magazines to schools to educate the public on epilepsy since education is the key to understanding the many types of epilepsy lead normal lives.
i. Teachers should provide a positive outlook, supportive environment and instill a strong since of self-esteem to learners with epilepsy, this would in turn boost their morale and hence seek proper guidance on academic tasks fearing the teachers and eventually improve on their performance.

j. That epilepsy is not necessarily an indication of mental retardation. Like any other group of people, people with epilepsy have different intellectual abilities – they have normal intelligence and lead productive lives. Only very rare exceptions does epilepsy accompany mental handicapped.

5.4 RECOMMENDATIONS

The researcher came up with the following recommendations after comprehensively going through works of various and addition of her own views.

a. There is need for the Government to include an aspect of Special Education in the teacher training courses so that teachers are taught how to handle such cases as children with epilepsy with ease.

b. Teachers should be patient, humble, friendly and tolerant to learners with epilepsy so that they participate and gain maximum from learning.

c. Teachers should develop and implement Individualized Education Programme (I.E.P) for children with epilepsy in an effort to cater for the needs of learners with epilepsy because they may develop specific learning difficulties.

d. Teachers should vary teaching methods, use questions from time to time to draw learners' attention; this is to enable the teacher to organize for remediation. This classroom environment should be modified and adjusted so as to clear off all objects that may cause injuries / accidents.

e. The ministry of Education Science and Technology together with other curriculum developers and stakeholders in education should endeared to adjust the curriculum such that learners with epilepsy are given more time to complete academic tasks.

f. The society should be sensitized on how to help children with epilepsy rather than isolate them. This can be achieved through public gatherings, seminars and chiefs barazas. Teachers. Parents and those working closely with the learners should encourage early medical intervention of children with epilepsy soon as signs are detected.

BIBLIOGRAPHY

Bazil W. Carl (2004) **WHO Epilepsy Research Review Epilepsy .Com Editorial Board New** England.

Bonjo J. S (2003) **Psychosocial Effects of Disability Kenya Institute of Special Education** Nairobi.

Camfield Carol (2004) **WHO Epilepsy Research Review Epilepsy. Com Editorial Board New** England.

Devinsky Orrin (2004) **Revised Epilepsy Articles html Epilepsy. Com Editorial Board New** England.

Kilei Benedict (2002) **Anatomy physiology and Pathology of the Nervous and Muscular-skeletal systems Kenya Institute of Special Education** Nairobi.

Ndurumo M.M (1993) **Exceptional children Development consequences and Intervention Longman Kenya Limited** Nairobi.

Randiki Fanuel (2002) **Historical Development of Special Needs Education Kenya Institute of Special Education** Nairobi.

Slavin E. Robert (1986) **Educational Psychology Theory into practice prentice hall Eaglemood Cliffs** New Jersey.

Weiner Howard L (2004) **WHO Epilepsy Research Review Barnabas Epilepsy centre** New Jersey.

Werner David (1996) **Disabled Village Children A guide to community Health Workers, Rehabilitation Workers and families The Hesperian Foundation Palo Alto** USA.

Woolfork E. Anita (1998) **Educational Psychology 7th Edition A Viacom company Needham Heights** USA.

APPENDIX (A)

QUESTIONNAIRE FOR TEACHERS

1. What challenges do you as a teacher face in handling learners with epilepsy in a classroom situation?

i. Disruption of learning

ii. Slow acquisition of knowledge and skills

iii. Lack of knowledge and skills in handling them Lack of awareness on treatment and intervention strategies

iv. Lack of knowledge on causes of epilepsy

v. Poor retention of knowledge and application

vi. Any other (specify) (vii) memory deficit.\

2. Are the needs of learners with epilepsy met in the classroom?

YES ☐ NO ☐ NOT SURE ☐ PARTLY ☐

3. Are you comfortable with learners with epilepsy in your class?

YES ☐ NO ☐

4. how do learners with epilepsy perform in curricular and co-curricular activities? (Tick one)

Average ☐

Poorly ☐

Very poor ☐

5. What modifications do you make for learners with epilepsy to benefit from instruction?

Adapt curricular

Allow more time for carrying out tasks.

Repeat concepts

Make no adaptations at all

6. What is the level of interaction of learners with epilepsy with their peers?

   a.Normal ☐ b.Below average ☐ c. Not at all ☐

7. In your view are there any possible adaptations you can make in the activities for learners with epilepsy?

   YES ☐ NO ☐ NOT SURE ☐

8. Do you offer any remedial lessons for learners with epilepsy?

   YES ☐ NO ☐

9. Does epilepsy affect academic performance of learners with epilepsy?

   YES ☐ NO ☐ PARTLY ☐

10. In your view what are the causes of epilepsy?

    (Tick any)

    Brain damage ☐

    Disease e.g Meningitis ☐

    Hereditary factor ☐

    Poor child care during perinatal ☐

    Demonic/curse causes ☐

11. Can epilepsy be controlled?

    YES ☐ NO ☐ NOT SURE ☐

12. What are the intervention measures to overcome epilepsy?

    (Tick any)

    Medication ☐

    Training on onset and management of seizures ☐

    Guidance and counseling ☐

    Training on activities of Daily Skills ☐

    Remediation of academic work ☐

INTRODUCTORY LETTER

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.....

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR... PRISCAH AKINYI AMOLO

REG. # BED/14774/62/DF

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

He/she wishes to carry out a research in your Organization on:

ACADEMIC PERFORMANCE AND EPILEPTIC LEARNERS IN INCLUSIVE SETTING IN MIGORI ZONE MIGORI DISTRICT - KENYA -

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

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

Yours Faithfully,

MUHWEZI JOSEPH
HEAD, IN-SERVICE