TEACHERS' ATTITUDES TOWARDS LEARNERS WITH EPILEPSY IN AN INCLUSIVE SETTING IN DAGORETTI DIVISION, NAIROBI.

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BED/9101/51/DF

A RESEARCH PROJECT PRESENTED TO THE INSTITUTE OF CONTINUING AND DISTANCE STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF BACHELOR OF EDUCATION IN SPECIAL NEEDS EDUCATION OF KAMPALA INTERNATIONAL UNIVERSITY.

AUGUST 2007.

DECLARATION

This is my original work and has not been presented for any of the study programme in any university.

DEDICATION

This thesis is dedicated to the creator, the Almighty God, who gave me the physical and mental strength to undertake and accomplish this project.

APPROVAL

The manuscript has been prepared under the supervision of my supervisor who has approved it for submission to the university.

Signed ..... **Date**...24-8-07.....

Supervisor..... **Date**.....01/09/07.....

EDISON KAMAGARA.

ACKNOWLEDGEMENTS

The preparation of this thesis involved several key individuals and institution. It is not possible to mention all but some crediting is inevitable.

First gratitude goes to my dad who has always given me moral support and encouraged me to forge on. My gratitude also goes to my colleagues in Kirigu Primary School and particularly to Mr. Muthungu who helped in the analysis and interpretation of data. I also thank Mr. Njuguna for neat typing of the thesis, not forgetting my husband and my three children for allowing me to be away for studies.

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ABSTRACT

The central problem of this study is that despite the fact that epilepsy is a disease like any other and that an epileptic has normal intelligence, teachers and the society know little or nothing about it and have negative perception towards this problem.

Factors leading to negative perception and discrimination have not been fully investigated and understood. The purpose of this study was to find out the teachers knowledge of epilepsy in an inclusive setting.

This was done in selected primary regular schools in Dagoretti, Nairobi province. The sample of the study was 25 teachers from 5 schools male and female teachers were given equal opportunities. The study sampled schools using convenient sampling techniques. Data was collected using questionnaires Data collected was analyzed using descriptive statistics.

From the findings most school don't have any special needs teachers. Some special needs teachers have not changed their negative perception on these learner remedial classes to cover time lost during attacks and hospitalization. Majority of regular teachers have not trained in special education. Funds allocated to special needs in regular schools are diverted to other uses.

Based on the findings it is recommended that every regular school should at least have one special needs teacher. Offer seminars and in-service courses to the special needs teachers. Train more teachers in special needs. Allocate more funds in special education needs.

Create awareness through seminars, workshops, chief barazas, churches and the media. Teachers should be motivated to concentrate on assisting the special needs learners rather than focusing on the negative impact of their epilepsy or disability.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Good health is the key to good performance all over the world both in school and in the society. Health problems on the other hand, contribute a lot to poor performance. Some of these health problems include Asthma, Leukemia, Sickle cells, Anaemia, HIV/AID, and Epilepsy among others.

Epilepsy is one of the most stigmatizing diseases and is greatly feared. People with this problem go through a lot of trauma caused by the pain, rejection, discrimination, labeling and even abandonment. This problem is viewed as a supernatural happening which makes people react strongly against the sufferer. The deep-rooted fear based on old superstitions still exists.

Before the 17^{th} century people with health problems and disabilities all over the world were considered socially and physically less capable. They were not easily accepted or regarded as part and parcel of the family and community. This was because families and communities had negative attitudes towards disability. They regarded health problems and disabilities to be caused by witchcrafts, curses, or as a punishment from God, for wrongs done. These people were isolated and their needs were not adequately provided for by families and the community. Some communities used to throw such children in the bush because women were expected to give birth to healthy babies. Any weakling was not to be given any chance to live for they were considered a burden to the community.

Families with such children were also discriminated upon. People could not marry from a family with a history of disability in their genealogy.

The negative attitudes of the society towards people with disabilities have persisted throughout the history of special needs education. Due to the society's attitudes, the earliest names of people with special needs had negative connotations. These names were abusive, derogative and dehumanizing.

After the international year for the disabled in 1981, many organizations "of" and "for" persons with disability organized themselves and became vocal on the quality of education to be provided. It was seen that children with disability who went to regular schools got better education than those who went to special schools.

Epilepsy was recognized in ancient times and it was first described by the Egyptians. During the middle ages, the epileptics often were thought of as lunatics or as bewitched. As more was learned about the disease, the fear was reduced. There is no obvious sign to show a person has epilepsy, until they have a seizure. This makes the problem to be complicated and difficult.

Teachers, pupils and the community at large need to be enlightened on this medical condition which causes malfunction in the brain. It is not contagious and with proper medication a patient can lead a normal life. Nobody is immune to epilepsy. It can occur in all races and social classes.

Drastic measures should therefore be taken to sensitize the teachers and the society at large on the need to change their negative attitudes towards learners with epilepsy in an inclusive setting.

1.2 STATEMENT OF THE PROBLEM

Most teachers know little or nothing about Epilepsy. Others have negative attitudes towards this problem and may look at it as mental illness. Knowledge of Epilepsy will make teachers understand it, change their negative attitudes and come to terms with it. Hence, the need for Epilepsy awareness in an inclusive setting.

1.3 PURPOSE OF THE STUDY

The purpose of the study is to find out teachers' knowledge of Epilepsy in an inclusive setting.

1.4 OBJECTIVES OF THE STUDY

a) To determine the profile of the respondent.

b) To find out teachers knowledge about epilepsy.

c) To find out teachers views or opinions about educating learners with epilepsy.

d) To make workable recommendations on effective inclusion of learners with epilepsy.

1.5 SIGNIFICANCE OF THE STUDY

The study will help sensitize the teachers and the community and other learners to change their negative attitudes towards learners with epilepsy and therefore remove the stigma from the learners.

The study will help the teachers have more knowledge and be able to offer relevant help to the learners.

The study will help the society take a positive attitude towards the problem and give good support to these learners.

The study will help the learners suffering from epilepsy and be able to keep their seizures to a minimum by avoiding situations that they know may bring on a seizure.

The study will change the negative perception by the society and peers who think that epilepsy is contagious.

Knowledge of epilepsy will help deal with any concern a person with epilepsy or their family and friends might have. If controlled then the epileptic learner may not stop from leading a full life.

The research will minimize the frustrations in the learners who are epileptic which often leads to dropping out of school.

The study will help the government to formulate and implement education policies on learners with epilepsy.

1.6 DEFINITION OF TERMS

1) Attitudes – Reactions or behaviours of persons towards other people or events.
2) Data – Information collected from a research.
3) Epilepsy – To take hold 'of' or 'to seize'. A physical condition that start in the brain, lack of consciousness.
4) Inclusive – Teach all learners regardless of their disability.
5) Knowledge – Something learnt, range of information gained.
6) Profile – Background information, presentation.
7) Study – To gain knowledge, learn about something.
8) Subject – Participants, a person or thing discussed.
9) Questionnaire – A testing tool for obtaining information.
10) Respondent – One who answers or gives a reply.

1.7 DELIMITATIONS OF THE STUDY

a) Familiar environment makes the research work easier.
b) Easy communication because of familiar language.
c) Easy access to teachers since you are in the same profession.
d) The area is accessible making communication faster.

1.8 LIMITATIONS OF THE STUDY

a) The study limits itself to one division due to financial constrains and time.

b) It is not possible to cover the opinions of parents and the community because tracing them will require considerable time.

c) Not possible to cover all teachers in all schools because of time and also permission from head teachers of those various schools who may not be willing to assist.

d) Large classes due to free primary education limit your research time.

e) Lack of co-operation from fellow colleagues and administration.

As a researcher you need to be patient, honest, co-operative and to work tirelessly. Use good language and work extra hours in order to overcome the above challenges.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

Attitudes are attempts to account for observed regularities in the behaviour of individual persons. The quality of ones attitudes is judged from observable and evaluative responses he tends to make.

Attitudes are predisposition to classify sets of objects or events and to react to them with some degree of evaluative consistency.

Teachers, and in fact the society at large, have negative attitudes and perception towards learners with epilepsy. This is because historically, epilepsy was viewed as a supernatural happening. Everyone reacted strongly against the epileptic sufferer and his family.

Although the negative attitudes are still common, there are positive efforts and changes taking place in the country. Organizations like the Epileptic Society of Kenya are examples of the strides the country is taking. This society gives services to anyone who wants to know more about epilepsy, for example teachers or parents or the epilepsy person. You get information on a wide range of topics, written information and also emotional support.

2.2 HISTORICAL OVERVIEW OF EPILEPSY

The word epilepsy is a Greek word meaning "to take hold of" or "to seize". This is where we get the term "seizure". This word was used because the ancient Greeks believed that evil spirits seized people and made them to fall to the ground.

Since there was no cure and people were superstitious, families with epilepsy were forced to keep the condition a secret.

(Caroline A. 1987)

2.3 TRADITIONAL BELIEFS ABOUT EPILEPSY IN KENYA

Epilepsy was greatly feared because it was always viewed as a supernatural happening. Everyone reacted strongly against the epileptic sufferer and his family. The deep-rooted fear based on old superstitious still exists today in many areas in Kenya.

There were many different attitudes developed concerning epileptic seizures. These attitudes varied from tribe to tribe but there were common beliefs. Beliefs like possession, curses, witchcrafts and punishment were thought to be the primary reasons why a person suffered from epilepsy. It was believed that epilepsy was contagious when a person was having a seizure or sharing the same utensils at mea time.

The family was considered unfortunate and unlucky and social life was restricted. Therefore isolation was a result of epilepsy both for the sufferer and his family. Therefore the person the person with epilepsy had to be hidden physically. The talked about even within the family. Epilepsy meant shame to everyone. This is how isolation and rejection

occurred. When a sufferer died he and his possessions were thrown away. People with epilepsy were classed with those who were mad, who had leprosy or T.B. They were not educated or accepted as leaders and marriage was a problem. Parents hid these children because of rejection.

It might take a long time to eradicate these superstitious because we cannot yet fully explain why some types of epilepsy occur.

2.4 HISTORICAL DEVELOPMENT OF SPECIAL NEEDS EDUCATION IN KENYA

According to Randiki F. (2002) special needs Education in Kenya started during the Second World War. The aim was to rehabilitate army officers who were injured. Education was being managed by churches, voluntary and non-government organizations.

It was out of these homes that earlier special schools grew to cater for learners who were either visually, physically, mentally or hearing impaired.

Later societies and associations "for" and "of" persons with disabilities were formed. They were to supplement government efforts in the provision of services in areas of education, social welfare and health care.

(Randiki F. 2002)

2.5 TEACHER'S KNOWLEDGE AND UNDERSTANDING OF EPILEPSY

2.5.1 Definitions

Caroline A. (1987) defines epilepsy as a brain condition which causes repeated seizures

Mwaura S. (2002) defines epilepsy as a brain problem, which is characterized by a fit or sudden loss of consciousness, convulsions or seizures.

According to the world book encyclopedia epilepsy is a disorder of certain nerve cells in the brain.

Epilepsy occurs in a person due to brain disorder. It is a medical condition which causes malfunction in the brain which in turn leads to fits or seizures. Therefore it is an illness like any other which needs doctors' attention.

2.6 THE BRAIN AND HOW IT WORKS

All our actions originate from the brain. Every mental, physical, emotional, conscious and sub-conscious actions comes from this complex computer called the brain. Epilepsy is centered in the brain.

Specific areas of the brain controls specific areas of the body. When there is a disorder in a particular area of the brain, it will be seen as an abnormal physical reaction in the related part of the body.

Our brains functions through electrical impulses. When there is a malfunction of the brain there is abnormal electrical activity. This abnormal electrical activity produces a seizure in a person with epilepsy.

(Caroline A. 1987).

The brain has tremendous metabolic rate and needs a continuous supply of oxygen and nutrients. Insufficient supply of the two important elements of the brain may cause unconsciousness which may lead to serious brain damage.

2.7 CAUSES OF EPILEPSY

a) Symptomatic epilepsy (known causes)

- Cerebral malaria
- Meningitis
- Encephalitis
- Lack of oxygen at birth
- Head injury
- Diseases during pregnancy
- Brain tumor
- Brain infections
- Trauma
- Strokes
- Abrupt withdrawal of drugs
- Inheritance

- Degenerative central nervous system disorders.

b) ***Idiopathic epilepsy***

The causes are unknown. The epilepsy does not have an inheritance factor. However there are many outside factors involved that it is impossible to be certain of the causes in any individual case. The person usually has no other disabilities.

c) ***Cryptogenic epilepsy***

When it is not clear if epilepsy is symptomatic or idiopathic, a person may be said to have cryptogenic epilepsy. It is suspected that there is a physical reason that has yet to be found.

Physicians do not know the basic causes of epilepsy. Many epileptic patients have some brain damage due to infection, injury or a tumor. An inheritable tendency to develop epilepsy occurs among the families of many of these patients. Other cases involve neither brain damage nor a heredity tendency. Epilepsy cannot be spread from one person to another. About one percent of all the people in the world have epilepsy. Ernst A. Robin (1974)

2.8 EPILEPTIC SEIZURES

According to Mary Ann (2000) seizure disorder results from excessive electrical discharges in the brain. Seizures may either be partial or general. Partial seizures originate from an electrical impulse on only one side of the brain.

General seizures originate simultaneously on both sides of the brain. Epileptic seizures have common features:-

- They are recurrent

- They tend to have a sudden onset
- They have an altered state of consciousness
- They have similar length of time per type of seizure
- They have abnormal movement or postural change.
- They have spontaneous cessation
- They have a lapse of time before returning to the pre-seizure state.

2.9 DIAGNOSIS AND TREATMENT OF EPILEPSY

According to Caroline A. (1987) there is no obvious sign to show that a person has epilepsy unless they are having a seizure. A diagnosis is usually made after a person has had more than one epileptic seizure. When a person has had a seizure he may not remember what happened. It can only be helpful to have information from someone who saw the seizure happening.

Epilepsy is a medical disorder and the main person to help control epilepsy is a doctor. Doctors treat epilepsy with drugs that either reduce the number of seizures or prevent them entirely. The earlier the treatment begins the better the results. In certain cases, where only one area of the brain triggers epileptic attacks, surgical removal of that area can lead to a complete cure. About 80% of those diagnosed with epilepsy, seizures can be controlled with modern medicines called Anti- epileptic drugs (AEDs). While epilepsy cannot be cured currently, it can be treated and for some people it does eventually go away.

2.10 CHARACTERISTICS OF EPILEPSY

An epilepsy person is an ordinary human being with a medical condition. This condition shows itself with strange physical actions which happen unexpectedly. The actions are unrelated to what the person is doing at the time and therefore they are frightening to observers.

The person can have a fit or sudden loss of consciousness, convulsions or seizures.

2.11 TYPES OF EPILEPSY

There are many types of seizures

2.11.1 New born seizures

It occurs from birth to two weeks. This seizures is characterized by sudden stiffness, brief periods of not breathing, turning blues, strange cry, blinking or eye-jerking.

2.11.2 Baby spasms

It occurs between three to nineteen months. It is characterized by:

- Sudden opening of arm then bending them
- Startle reflex

Spasms tend to be repeated in groups on walking up or falling asleep, when very tired, sick or upset. 90% of these children are retarded.

2.11.3 Jolt or "lightening bolt" seizures

It can occur at any age and usually between four to seven years. One may not lose consciousness or may loss just briefly.

It is characterized by sudden violent spasms of some muscles without warning. The child may be thrown to one side, forward or backward.

2.11.4 Petit mal seizures (bank spells)

This type of seizure alone is relatively rare. It requires no medication because the child outgrows it by the age of nine or ten years.

The individual suddenly stops what he is doing and passes a brief moment with an empty stare. He may not fall down but may drop things from their hands.

2.11.5 Focal or "marching" seizures

It can occur at any age. Movement begins at one part of the body. It may spread in a certain pattern and become generalized.

2.11.6 Psychomotor seizures

It can occur at any age. It starts with "aura" or warning, sense of fear; stomach upset odd smells or taste, hearing or seeing imaginary things.

It is characterised by an empty stare, strange sounds, strange movements of face, tongue or mouth, complex movements such as picking at clothes. It does not occur in groups but singly and last longer.

2.11.7 Grand mal seizures (big seizures)

It can occur at any age. Starts with a vague warning feeling or cry. There is loss of consciousness. It is characterized by uncontrolled twisting or violent movements. Eyes roll back, may bite the tongue, loss of urine and bowel control, followed by confusion and sleep. May have a family history of epilepsy.

2.11.8 Status epilepticus

This is when the seizures run into each other continually. This is potentially dangerous and the child should be taken to the nearest hospital.

2.11.9 Indicators of epilepsy

What happens before, during and after the seizure.

- Before the seizure: the child may
  - Stand up
  - Shout
  - Fall
- During the seizure the child may
  - Become stiff
  - Kick with legs and hands
  - Produce foam from the mouth
  - Open the eyes
  - Groan
  - Urinate

- After the seizure: the child may
  - Be confused
  - Be disoriented
  - Not remember what happened before the attack
  - Not speak
  - Cry
  - Not continue with class work
  - Fall asleep
  - Experience fear, anger dizziness.

2.11.10 What to do when a person has a seizure

- Keep clean
- Prevent him from hurting himself
- Remove him from fire, water, traffic or any other danger.
- Cushion his head with something soft
- Loosen tight clothing around his neck
- When the fit stops, turn the child onto his side to help him to breath and recover easily
- Stay with the child to comfort him
- When he feels like it let him continue with what he was doing before the fit.

2.11.11 What not to do when a person has a seizure.

- Do not try to put anything like a spoon in his mouth

- Do not try to stop the jerking or movement.
- Do not give him anything to drink.

2.11.12 Dangerous areas to be protected against

- Open fire should be raised or protected to avoid falling into them
- Swimming alone can be dangerous
- Put a hard hat on the head when riding a horse or bicycle.
- Never ride in traffic
- Do not climb trees or ladders
- Do not drive a car unless a person has been seizure free for at least two years
- Missing of food or over-tiredness should be avoided
- Healthy activities rather than idleness reduces the chances of seizures.

2.11.13 Coping with epilepsy

The first step is to forget about why the epilespsy came or what caused it. It is an illness just like any other and it needs a doctor's attention first and foremost. You should talk to your doctor who will explain about the medicine. It is vital to take the medicines regularly.

Although all types of epilepsy are not yet controllable, with good medication and a good approach, most epilespsies can be controlled and then a patient can lead a normal life. Some children with epilepsy grow out of the condition. Others have epilepsy throughout their lives

The attitudes of parents, family and the community are vital in helping the child lead a normal and productive life. The child should also accept his seizures and get on at school without fuss. This will enable his friends to understand his condition and be tolerant. (Caroline A.1987)

2.12 INTERVENTION MEASURES TO SUPPORT LEARNERS WITH EPILEPSY

- Refer them to hospital for prescription of drugs
- Talk to other learners, teachers and the community to understand that epilepsy is not contagious
- Train other learners to remove any abject that could cause injuries
- Avoid holding the sufferer on the ground in case of excess movement during a fit
- Train other learners to understand the sign of the onset of the seizures so as to assist him to sit or lie down instead of falling
- Counsel other teachers and schoolmates not make fun of such learners
- Understand the medical history of the learner and remind him of medical appointment and when to take drugs
- Talk to the learner and help him overcome psychological traumas caused by the condition through sessions of guidance and counseling
- Monitor the learners' behaviour and identify any developing, specific learning difficulties for remedial of areas he may be lagging behind.

  (Kilei B.2002)

2.13 IMPLICATIONS OF EPILEPSY ON LEARNING

Epileptic children experience problems which may affect their learning. There is negative perception by the members of the society who may see them as being abnormal. They are usually discriminated by members of the society. The child become disoriented due to frequent attacks and may fail to cope with academic work. Each seizure causes some irreparable brain damage which lowers the learners' mental capacity thus affecting learning. If fits occurs frequently the child may be hospitalized.

The learner may lose what is learnt in school and may even drop out. The learner may need drugs to control fits for his or her life time, which lowers his self-worth. It is also an extra burden on parents who may not afford it.

Benedict K. (2002)

2.14 TEACHER'S KNOWLEDGE ABOUT INCLUSIVE EDUCATION.

2.14.1 Definition

According to Ngugi M. (2002), inclusive education refers to the philosophy of ensuring that schools, centers of learning and educational systems are open to all children.

2.14.2 Advantages and disadvantages of inclusive education

According to Otiato C. A. (2002) there are several advantages and disadvantages of inclusive education.

Advantages

a) The learners will learn and grow in an environment he will eventually live and work in.

b) Other learners and teachers gain the virtues of being accommodating, accepting, patient and co-operative.

c) Teachers share ideas and abilities when they work as a team to address the challenges.

d) The self- esteem of the child with special needs in education is improved.

e) It is cost effective.

f) It creates equal opportunities to all children.

Disadvantages

a) Teachers may have many children with varying disabilities in a class making teaching difficult.

b) If resources are not available it may not be practical.

c) If teachers are not appropriately trained it is bound to fail.

d) If attitudes are not changed, the child would still be seen as a problem.

2.15 POLICIES THAT GOVERN SPECIAL NEEDS EDUCATION IN KENYA

2.15.1 Ngala Mwendwa Committee (1964)

Recommendations

1) A committee was appointed to check on care and rehabilitation of the disabled.
2) The first rehabilitation center was built in Nairobi in 1971.
3) Production oriented education for self reliance.

2.15.2 Ominde report (1964)

Recommendations

1) Learners with special needs to learn in regular schools.
2) All Teacher Trainees to be given skills which enable them to teach the children in regular schools.

2.15.3 Kamunge report (1988)

Recommendations

1) Appropriate curriculum to be developed for children with various special needs.
2) Provide facilities which ensure that children move and function safely.
3) Media and National Programmes to be utilized to create awareness on persons with disabilities.

2.15.4 The person with disability bill (1977)

Recommendations

1) Prevent discrimination against persons with disabilities resulting from or arising out of their disability.
2) Encourage and secure the rehabilitation of persons with disabilities within their own communities and social environment.
3) Full participation in school.
4) Equal opportunities provided.
5) Quality education to be provided.

2.15.5 Koech report (1999)

Recommendations

a) Abolish cost sharing for persons with disabilities and offer quality education.
b) Government to establish a special education trust fund to give grants to support education for learners with special needs.
c) The government to increase budgetary allocation to special needs education.
d) No head teacher or teacher should refuse to register a learner with educational needs for National Examinations.

2.15.6 Children's act Bill (2001)

Recommendations

a) The quality of education and the facilities to assess the same must be similar to those of the child's peers.

b) Revoke practices that intend to label the child and exclude him from his natural community.

c) Promote the well being of children by assisting individual families and communities to overcome social problems with which they are confronted.

2.16 INTERNATIONAL POLICES

2.16.1 United Nations Universal Declaration of human rights (1948)

Recommendations

a) Right to education.

b) Right to health.

c) Right to protection.

d) Right to food.

e) Right to recognition.

f) Right to equality.

2.16.2 World Programme Of Action (1983)

Recommendation

a) Prevention of disability.

b) Rehabilitation.

c) Equality.

2.16.3 Convention on the right of the child (1989)

Recommendation

a) Education.

b) Medical.

c) Food.

d) Protection.

2.16.4 World conference on education for all (EFA) (1990)

Recommendations

a) Access to education.

b) Quality education.

c) Equality in education.

2.16.5 United Nations standard rules on equalization of opportunities for persons with disability (1994)

Recommendations

a) Principles of equality.

b) Integrated settings.

c) Provision of support services.

d) Adequate accessibility.

e) Parent's participation.

f) Giving special attention to all learners with disability.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 DESIGN

The study adopted an exploratory approach using descriptive survey design to investigate the attitudes of teachers towards learners with epilepsy and how the same can be improved.

The survey research is intended to produce statistic information about the aspects of education that interest policy makers and educators.

3.2 ENVIRONMENT

The study will be conducted from Kirigu Primary School in Dagoretti Division, Nairobi

3.3 TARGET POPULATION

The study target all regular teachers in Dagoretti Division with 25 schools a total of about 250 teachers.

3.4 SAMPLE SIZE

The sample of the study is 25 teachers from 5 schools in Dagoretti Division in Nairobi. Male and female teachers will be given equal opportunities.

3.5 SAMPLING METHOD

Convenient sampling will be adopted for it enables the researcher to choose the nearest and most convenient person to act as respondent for the study. The process is continued until the required sample size has been reached.

3.6 INSTRUMENTS

The study will use questionnaires which are considered ideal for collecting data. It is the most commonly used method when respondents can be reached and are willing to co-operate. This method can reach a large number of subjects who are able to read and write independently. The respondents have the freedom to say what they want and what they know since their identity is not revealed.

3.7 DATA COLLECTION

The researcher will develop the questionnaire from the objectives of the study. With the introduction letter from Kampala International University, the researcher will obtain permission from the head of the school to go out and carry out the research.

The researcher will again use the introduction letter as proof that he is conducting the study and present it to the heads of the five sampled schools. The researcher will come up with a program on how he will visit the schools at different times.

During th e day of the study, the researcher will sample teachers through the convenient sampling method. The researcher will then distribute questionnaires to the sampled respondents and collect them later.

3.8 STATISTICAL TREATMENT OF DATA

The researcher is going to present the raw data inform of frequency tables.

The researcher will interpret the raw data and arranges this data according to objectives.

The researcher will then convert the data in frequency into percentages for easy presentation and interpretations

CHAPTER FOUR

RESEARCH FINDINGS

4.1 INTRODUCTION

The purpose of the study was to find out the teachers attitudes towards learners with epilepsy.

The researcher recorded the raw data gathered. The data was taken from the questionnaires. The data was then analyzed, tabulated and then interpreted using tables.

Data was gathered from 5 schools in Dagoretti Division in Nairobi, as shown below

4.2 RESPONDENTS' PROFILE

Table 4.2.1

Gender

Category	Frequency	Percentage
Male	11	55%
Female	9	45%
Total	20	100%

Reasons

From the table above the highest respondent were male as compared to the female.

The female teachers tend to be more occupied by domestic activities after classes (school routine)

In our zone because of the distance from the town center, female teachers are fewer than male teachers.

Table 4.2.2

Schools where data was gathered.

Category	Questionnaire given	Questionnaires returned	Percentage
Kirigu	7	7	28%
Dr. Muthiora	8	6	24%
Mutu-ini	5	3	12%
Ruthimitu	3	2	8%
Nembu	2	2	8%
Total	25	20	80%

The questionnaires given out to the 5 schools were all 25. 20 questionnaires were filled and returned. This represents 80%. 5 questionnaires were not returned representing 20%. The response was positive.

Table 4.2.3

Age

Category	Frequency	Percentage
31-40	9	45%
41-50	5	25%
20-30	3	15%
Above 50	3	15%
Total	20	100%

The table shows that the majority of the respondents were between 31-40 years with 45%. Age between 41-50 are 25%. We also have respondents who are 30 years and below with 15%. Respondents were a mixture of the young, the middle and the old.

Table 4.2.4

Level of education

Category	Frequency	Percentage
O- level	17	85%
A- level	3	15%
Total	20	100%

The table shows that most respondents have gone up to O-level with 85%. 15% of the respondents went up to A- level. This is because most colleges for primary schools were enrolling form 4 leavers. Most A-level students were going to institutions of higher learning then teach in secondary schools.

Table 4.2.5

Professional qualifications

Category	Frequency	Percentage
P1	14	70%
ATS	4	20%
Diploma	2	10%
P2	0	0%
Any other	0	0%
Total	20	100%

The table shows most respondents are P1 teachers. This could be because after completing College most teachers don't go for further studies.

Table 4.2.6

Teaching experience

Category	Frequency	Percentage
Above 15 years	10	50
11-15	5	25
6-10	4	20
1-5	1	5
Total	20	100

According to the table most of the respondents have worked for 15 years and over. This Could be because the government does not employ teachers as it used to do. The population of teacher is decreasing.

Table 4.2.7

Average number of pupils per class.

Category	frequency	percentage
41-50	6	30%
61-70	5	25%
31-40	3	15%
51-60	2	10%
71-80	2	10%
81-90	1	5%
20-30	1	5%

Most schools have 41-50 pupils per class according to the table which is 30% other schools experience large classes of 61-70 pupils which is 25%. This could be because of free primary education.

4.3 TEACHER'S KNOWLEDGE AND UNDERSTANDING OF EPILEPSY.

Table 4.3.1

Have you ever come across an epileptic child?

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

Most respondents have come across an epileptic child with 60%. 40% of the respondents have. Some have never come across them because the children could still be neglected and abandoned.

Table 4.3.2

If yes, how did you know the child was suffering from epilepsy?

category	frequency	percentage
Fall down	5	25%
seizures	3	15%
Those who could not explain	2	10%
Fits	1	50%
Collapsing	1	5%
Totals	12	60%

From the previous question, 40% of respondent said they had not come across an epileptic child 60% said they had seen. Most respondent 25% say they saw the child fall down. Therefore epilepsy is associated with falling down by most people.

Table 4.3.3

What do you think could be the cause of epilepsy?

category	Frequency	Percentage
Disease	14	70%
Inheritance	5	25%
Not known	1	5%
Witchcraft	0	0%
Curse	0	0%
Total	20	100%

Most of the respondent 70% says it is a disease. 25% it is inherited and 5% did not know.

This shows most respondent associated with epilepsy with disease like any other.

Table 4.3.4

How do these children conduct their daily activities before the attack?

category	Frequency	Percentage
Normally	11	555
Mad people	7	35%
Abnormally	1	5%
Complains of headache	1	5%
Total	20	100%

The table shows that the child behaves normally with 55% but 35% no idea 5% the child abnormally and 5% said child complains of headache.

This shows most respondent are aware of epilepsy.

Table 4.3.5

How do they conduct themselves during attack?

category	Frequency	Percentage
Unconscious	5	25%
Foaming	4	20%
No idea	4	20%
Seizures	2	10%
Fall down	2	10%
Confusion	1	5%
Wild	1	5%
fainting	1	5%
Total	20	100%

According to the table 25% said that the children become unconscious while 20% had no idea of how they could behave.

This call for awareness campaigns to enlighten the teachers and the community.

4.4 PROVISION FOR EDUCATION FOR LEARNERS WITH EPILEPCY

Table 4.4.1

Do you have an epileptic child in your class?

category	Frequency	Percentage
No	18	90%
Yes	2	10%
	20	100%

Most respondent 90% do not have epileptic children in their classes. This could be because of these children could be hidden at home. 10% said that they have these children.

Table 4.4.2

What action did you take when you learnt about the child's problem?

category	Frequency	Percentage
Reported the matter to the office	2	10%
Total	2	10%

According to the previous table only 10% of the respondents have epileptic children in their classes.

All these respondents 10% reported the matter to the office to seek help.

Table 4.4.3

According to your opinion should these children be educated?

Category	Frequency	Percentage
Yes	20	100%
No	0	0
Total	20	100%

The table shows that all the respondent 100% say yes to the education of these learners.

This shows they are positive towards these children.

Table 4.4.4

Where can they best be educated?

category	Frequency	Percentage
Regular School	14	70%
Special School	5	25%
Non- Committal	1	5%
Separate unit	0	0
	20	100%

The table shows that most respondents think epileptic learners can learn along with others in regular schools with 70%, 25% still think they should be taken to special schools. This shows there is need to sensitize the teachers on the advantage of inclusive education.

Table 4.4.5

According to your feelings, are there subjects that could be dangerous to learners with epilepsy?

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

Most respondents 60% said there are dangerous subject.

The table above shows that P.E with 40% could be most dangerous subject. Since these learners should also participate in P.E lessons, the teachers must be careful and avoid dangerous games and places.'

Table 4.4.6

Do you think these learners could lower the mean score?

category	Frequency	Percentage
Yes	10	50%
No	10	50%
Total	20	100%

This respondents were equally divided 50% said yes white 50% said No.

This shows that epilepsy is still feared and these learners are still discriminated.

4.5 KNOWLEDGE ABOUT INCLUSIVE EDUCATION

Table 4.5.1

Do you understand the term inclusive?

Category	Frequency	Percentage
Yes	18	90%
No	2	10%
Total	20	100%

90% of the respondents know the term inclusive. Some have heard about it, others have read about it. However 10% did not have any idea of this term.

Table 4.5.2

If yes, briefly explain what it means.

category	Frequency	Percentage
Disabled together with able children	12	60%
Integration in normal schools	3	15%
Boys & Girls together	1	5%
To include other lessons e.g. H.I.V	1	5%
To include epileptic learners in education	1	5%
Total	18	90%

Most respondents, 60% said it is putting able and disabled learners together. 15% talked of integration while others did not know who or what was to be included. Some 5%, talked of subjects, others 5%, talked of mixing boys and girls while another 5% talked of including the epileptic in education. These shows there are some teachers with no idea of inclusion.

Table 4.5.3

According to you, should these children with epilepsy learn together with other learners?

category	Frequency	Percentage
Yes	18	90%
No	2	10%
	20	100%

Most respondents 90% said children with epilepsy should learn together with other learners. 10% said No. this shows there are people who still think epilepsy could be contagious.

Table 4.5.4

Would you be willing to accept learners with various disabilities in your class?

category	Frequency	Percentage
Yes	18	90%
No.	2	10%
Total	20	100%

According to the table 90% said they would be willing to accept these learners. This means they have positive attitude towards these learners 10% said No. There could be some fear towards these learners.

Table 4.5.5

Give reasons according to your answer above.

category	Frequency	Percentage
Disability is not inability	6	30
All children are equal in God's eyes	4	20
They should be handled by trained personal	2	20
They can perform like others	2	10
They should accept themselves the way they are	2	10
They should learn together in the same community with their peers and friends	2	10%
Total	20	100%

Most respondents were positive in accepting these learners. However 20% thought they should be handled by experts.

4.6 ATTITUDES OF TEACHERS TOWARDS INCLUSION OF LEARNERS WITH EPILEPSY

Table 4.6.1

Do learners suffering from epilepsy have normal intelligent?

category	Frequency	Percentage
Yes	19	95%
No response	1	5%
No.	0	0%
Total	20	100%

95% of the respondents said these children have normal intelligence. This show the respondents have a positive attitude towards these learners. Only 5% of the respondents were non-committal.

Table 4.6.2

Can learners with epilepsy be accepted by their peers in the regular classroom?

category	Frequency	Percentage
Yes	19	95%
No.	1	5%
Total	20	100%

Most respondent 95% say these learners can be accepted. This means the respondents are ready to have these children together with the others in the classroom. They would also caution peers and guide them on how to help the sufferer. 5% said No. They were not positive.

Table 4.6.3

Can these learners academic performance be affected by this problem?

category	Frequency	Percentage
Yes	11	55%
No.	9	45%
Total	20	100%

55% said their academic performance would be affected. This shows some degree of rejection from the respondent. 45% said their performance would not be affected. They were positive.

Table 4.6.4

Can epilepsy be transferred from one person to another?

category	Frequency	Percentage
No.	20	100%
Yes	0	0%
Total	20	100%

All the respondent 100% know epilepsy is not contagious. This shows a positive attitude.

Table 4.6.5

According to your opinion do you think the idea of teaching children with epilepsy would be accepted by the majority of teachers in regular schools in Kenya?

Category	Frequency	Percentage
Yes	11	55%
No.	8	40%
No comment	1	5
Total	20	100%

According to the table 55% of the respondents think majority of teachers would be willing to teach them. However 45% think teachers would not be willing. This could be that epilepsy is still not understood and it brings confusion. 5% decided not to comment for maybe being not sure about this problem.

Table 4.6.6

In your community how are people with epilepsy treated?

Category	Frequency	Percentage
With caution	5	25
Normally	5	25
With fear	4	20
Isolated	2	10
Said to be abnormal	1	5
Taken to hospital	1	5
Monitored	1	5
No – comment	1	5
Total	20	100

25% said they are treated with caution. This means people are still suspicious and think it could be contagious. Another 25% said they are treated normally. 20% said they are isolated .5% said they are abnormal. Others were non-committal while 5% said they should be monitored.

Table 4.6.7

According to your opinion are there intervention measures that can be taken to assist these learners?

Category	Frequency	Percentage
Yes	19	95%
No.	1	5%
Total	20	100%

Majority of respondents,95%, said intervention measures should be taken. This means they want children to be assisted. 5 % said no. Maybe they did not have any idea of any intervention measures that could be taken to assist them.

Table 4.6.8

If yes give examples (intervention measures)

category	Frequency	Percentage
Medical care	5	25%
Counseling the epileptic learners.	2	10%
Educate the community.	2	10%
Train more teachers in special needs.	2	10%
Organize national epilepsy groups /societies.	2	10%
Train the normal learners on how to help and care for them.	2	10%
Educate the parents	2	10%
Appoint them to leadership	1	10%
Remedial lessons to cover lost time	1	5%
No comment	1	5%
Total	20	100%

Majority of respondents, 25%, said people should seek medical attention. This shows they are aware it is a disease like any other. Other respondents, with 10%, talked of

counseling the learners and the peers, the community and the parents. Others talked of organizations of epileptic people. 5% said there should be remedial lessons to cover the time lost during the attack. Education of parents was 10% while others 5%decided not to comment.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 SUMMARY.

Summary of findings:

Objective two: To find out teachers knowledge about epilepsy.

According to the findings, teachers in regular schools know little about epilepsy. There are no specialists in these schools and therefore they associate the problem with mental illness which brings about negative attitudes towards these learners.

The Ominde Report (1964) had recommended that all teacher trainees be given skills which would enable them to teach children in regular schools. This has not been implemented and teachers in regular schools have not yet been trained.

Objective three: To find out teachers views or opinions about educating learners with epilepsy.

As was found out in the research, teachers are of the opinion that these learners should have education. However, some suggest that they should be taken to special schools where they will be handled by experts. Some fear that the problem could be contagious.

In our traditional beliefs epilepsy was believed to be contagious but as was later found out it is a disease just like any other.

The Ominde Report (1964) recommended that learners with special needs should learn in regular schools but this has not happened.

Objective four: To make workable recommendations of effective inclusion of learners with epilepsy.

Regular teachers, Special Needs Education Teachers, school administrators and the government policy makers should work together with an aim of helping epileptic learners. The community should be sensitized through the media, public gatherings and church meetings .They should be encouraged to bring out these children and seek help in learning institutions and also seek medical care. More teachers should be trained in Special Needs Education in order to handle these learners in their regular schools.

5.2 CONCLUSIONS

Epilepsy is the tendency to have repeated seizures that begin in the brain. Many teachers and the community have all along had negative attitudes towards these learners. The earliest names of people with special needs had negative connotations which were abusive, derogative and dehumanizing.

After the international year for the disabled in 1981, many organizations 'of' and 'for' persons with disabilities organized themselves and became vocal on the quality of education to be provided. It was seen that children

with disabilities who went to regular schools got better education than those who went to special schools.

Negative attitudes are still common but there are positive efforts and changes taking place. Organizations such as the Epileptic Society of Kenya are a service provider for anyone wanting to know more about epilepsy. There are also local support groups in Kenya that give people the opportunity to meet other people who have epilepsy.

Many people know very little about epilepsy. As more is learned about the disease, the fear is removed and epileptics can lead normal lives. Many people are able to keep their seizure to a minimum by avoiding situations that they know may bring on a seizure, sometimes called a trigger. These triggers may include lack of sleep. Emotional upsets, missing medications or too much alcohol.

Other seizures have no direct relationship to the emotional state of the patient.

Taking care of a person overall well being is a vital part of the complete management of their epilepsy. Once epilepsy is diagnosed, it's important to seek treatment as soon as possible. While epilepsy cannot currently be cured, it can be treated and for some people it does eventually go away. Epileptic attacks usually start with a warning called an Aura. The patient

must learn to recognize this to avoid injury. If a person's epilepsy is controlled, then epilepsy may not stop them from leading a full life.

5.3 RECOMMENDATIONS

Epilepsy is a disease like any other. A child with epilepsy has normal intelligence and can learn well in a regular classroom setting with good support from teachers and peers, parents and the community. This problem should be discussed at school, family and community level, to remove it from its hiding place. We must all accept the fact of the condition in a clam and confident way. We should also learn about it through reading and also learn how to manage it.

Emphasis should be put on the person's abilities rather than focusing on negative impact of their epilepsy. Medical care must go hand in hand with the support from the community.

Special needs teachers should practice what they learnt and sensitize their fellow colleagues on the need of these learners.

Train more regular school teachers in special needs education.

Head teachers in regular schools should also be sensitized on the needs of these learners through seminars and workshops. The government should also increase budgetary allocations to special needs education and abolish cost sharing for persons with disabilities.

Teachers already trained in special needs should be given in-service courses regularly to refresh their minds. They should love, guide and support their learners and their peers.

The media should also play a major role in creating awareness to the society so that they can change their negative perception towards this problem. This can be through the radio, newspaper, T.V, video and magazines.

The relevant authorities should monitor and implement inclusive practices at all levels in education reforms, backed by registration. Funds allocated to special needs education in regular schools should be fully utilized and should not be diverted to other uses. Trained special needs teachers should manage these funds and put in proper infrastructures in the schools. There should be sufficient human and material resources in regular schools.

Appropriate curriculum should be put in place and all stakeholders in education should be involved in planning.

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DEAR RESPONDENT,

Please answer the following questions by ticking the most appropriate answer in each case. You may also explain briefly where need be. This will help the researcher to compile and give a comprehensive report on the inclusion of learners with Epilepsy. The information will be treated in absolute confidentially.

A. BACKGROUND INFORMATION.

1. GENDER: Male ☐ Female ☐

2. AGE:
   - 20 - 30 ☐
   - 31 - 40 ☐
   - 41 - 50 ☐
   - 50 and above ☐

3. LEVEL OF EDUCATION:
   - O - Level ☐
   - A - Level ☐
   - Specify any other ☐

1. PROFESSIONAL QUALIFICATION:
   - P2 ☐
   - P1 ☐
   - ATS ☐
   - Diploma ☐
   - Specify any other ☐

5. TEACHING EXPERIENCE:
   - 1 - 5 Years ☐
   - 6 -10 Years ☐
   - 11 - 15 Years ☐
   - 16 and above years ☐

6. AVERAGE NUMBER OF PUPILS PER CLASS. ☐

KNOWLEDGE AND UNDERSTANDING OF EPILEPSY

Have you ever come across an epileptic child?

YES ☐ NO ☐

If yes, how did you know the child was suffering from epilepsy?

What do you think could be the cause of epilepsy?

Witchcraft ☐ Disease ☐

Curse ☐ Inheritance ☐

How do these epileptic children conduct themselves in their daily activities before the attack?

How do they conduct themselves during attack?

PROVISION OF EDUCATION FOR LEARNERS WITH EPILEPSY.

Do you have an epileptic child in your class?

YES ☐ NO ☐

If yes, what action did you take when you learnt about the child's problem?

According to your opinion, should these children be educated?

YES ☑ NO ☐

15. Where can they best be educated?

Special schools ☐ Regular schools ☐

In separate units ☐ None ☐

16. According to your feelings, are there subjects that could be dangerous to learners with epilepsy?

YES ☐ NO ☐

17. If yes, which are these subjects?

_____

8. Do you think these learners can lower the mean score?

YES ☐ NO ☐

. KNOWLEDGE ABOUT INCLUSIVE EDUCATION

9. Do you understand the term 'Inclusive'?

YES ☐ NO ☐

0. If yes briefly explain what it means?

1. According to your opinion should these children with epilepsy learn together with other learners?

YES ☑ NO ☐

2. Would you be willing to accept learners with various disabilities in your class?

YES ☑ NO ☐

3. Give reasons according to your answer above.

E. VIEWS CONCERNING INCLUSION OF LEARNERS WITH EPILEPSY

4. Do learners suffering from epilepsy have normal intelligence?

YES ☐ NO ☐

5. Can learners with epilepsy be accepted by their peers in the regular classroom?

YES ☐ NO ☐

6. Can the learners academic performance be affected by this problem?

YES ☐ NO ☐

7. Can epilepsy be transfered from one person to another?

YES ☐ NO ☐

8. According to your opinion do you think the idea of teaching children with epilepsy would be accepted by the majority of teachers in regular schools in Kenya?

YES ☐ NO ☐

9. In your community how are people with epilepsy treated?

0. According to your opinion are there any intervention measures that can be taken to assist the learners?

YES ☐ NO ☐

1. If yes give examples

hank you very much for your co-operation and taking your valuable time to complete his questionnaire.

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FACULTY OF EDUCATION

December 11, 2006

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

This is to introduce to you ~~Mr.~~ /Ms. MILKA N. MUKURIA Registration No. BED/9101/51/DF who is a student of our University in the Faculty of Education.

He/She is undertaking a resource project which requires your input as part fulfillment for the completion of his/her programme of study.

I kindly request you to avail him/her with all the necessary assistance.

Thank You.

With kind regards,

OKIRIMA MICHAEL
DEAN, Faculty of Education
Kampala International University