IMPACT OF LATE IDENTIFICATION OF THE MENTALLY HANDICAPPED CHILDREN ON QUALITY LEARNING: A CASE STUDY OF CENTRAL DIVISION, EMBU DISTRICT, KENYA

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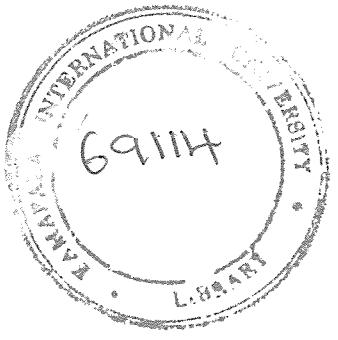

AUGUST, 2008.

DECLARATION

I hereby declare that this research work is my own original work and not duplication of similarly published work of any scholar for academic purpose as partial requirement of any college or otherwise. It has therefore never been submitted to any other institution of higher learning for the award of a certificate, diploma or degree in Special Needs Education.

I further declare that, all materials cited in this paper which are not my own, have been duly acknowledged.

SIGNED: .....

NAMES: LEONARD M. KIURA

DATE: 20/8/2008

APPROVAL

This work has been done under my supervision as a University Supervisor, and submitted with my approval.

Sign _____

OKETCH CHRISOSTOM

Date: _____

DEDICATION

This entire work is dedicated to my wife Mrs. E.W Murithi and my two sons Muthoni and Munene whose efforts, courage and prayers got me through my studies.

I also dedicate it to my sisters and older brother; Jane, Muthoni, Lucy, Ruguru, Rose Wangari, David Kathuri who have been inspirational towards my academic endeavors.

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Utmost appreciation goes to the Almighty God who has enabled me to reach this far in the field of academia.

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From a humble background, I am greatly mad to mention the courage, assurance, coupled with prayers that I got from my family members especially Dad and Mum who worked tirelessly to make me what I am today. Sisters; Jane, Lucy, Rose, and Brother David cannot be forgotten at this moment.

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LIST OF ACRONYMS

KISE	KENYA INSTITUTE OF SPECIAL NEEDS EDUCATION
EARS	Education Assessment Resource Service
AAMD	American Association on Mental Deficiency
AAMR	America Association on Mental Retardation.
I Q	Intelligent Quotient.
EWMH	England and Wales the Mental Health
DSM	Diagnostic and Statistical Manual of mental disorders.

DEFINITION OF TERMS

Mentally handicapped- significant sub-average general intellectual functioning associated with impairment in adaptive behaviour

Quality –Good standard of education skills.

ABSTRACT

The study carried out a critical analysis and investigation on the impact of late identification of the mentally handicapped children on their quality learning as well as their academic performance in regular school settings. The researcher carried out this study from Central Division, in Embu District.

Previous studies indicate that the impact of late identification of the mentally retarded learners has an effect on their intellectual functioning, educational functioning, affects their physical growth and above all, hindering their personality and social adjustment.

The researcher applied a purely quantitative research design in presenting and interpreting the research findings. The technique of data collection used was mainly the use of questionnaires with some key informant interviews to the district officials. Selection of the samples was based on a purposive sampling procedure so as to be able to locate the respondents who are in position of giving information relevant to the study.

Research findings revealed that the impact of late identification among the mentally retarded learners results into their having problems with; low class participation, poor concept perception, and above all, the inability to acquire adaptive learning skills.

A number of measures have been drawn up basing on the researchers observation and conclusions of the research findings. These include among others: effecting EARS sensitization in the communities, medical attention by doctors, active observation and analysis by teachers, active role of parents among others.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

The mentally handicapped children/learners are a special group of pupils whose thinking abilities and capacities are limited by the fact that their conscience does not function properly as compared to their counterparts. The failure to identify such mental deficiencies in such learners can have an adverse effect on their learning environment especially when it is not done in time and this renders such a special group of learners almost incapable of contemplating issues in class as well as in the general school activities and settings.

1.1 Background to the study

Mentally handicapped children were treated very differently all over the world. This date back as early as the 17th century. They were called dehumanizing names like idiot, Mongoloid, dumb heads, dumb, stupid, defective, subnormal, underdeveloped, deficient (Ingall 1986).

In many African communities the mentally retarded children were viewed as a bad omen from God. Many of these children were killed or let to die or thrown away into forest and eaten by wild animals as a way of cleansing the family and the community of such curses. This was so because disability was considered contagious and if these children were not terminally killed, the family was considered outcasts.

Around the 18th century, the need to study these "sub-humans" was rampant. In Germany, GH Hard offer (1607-1658) developed some tablets as writing materials for visually handicapped in 1651. Other pioneers include J. Bernonilli (1654-1707) from Switzerland, H. Baker (1698-1774) from UK. The efforts of these individuals resulted in establishment of special schools. The first schools were for hearing impaired persons in France in 1960, in UK 1770, Germany 1778, Sweden 1809 and others.

Kenya's Ministry of Education (1976-1981) states that special schools were pioneered by churches, voluntary and charitable organizations. The churches included Catholics, PCEA, AIC and others. These churches worked in conjunction with Kenya society for mentally handicapped. Civic organizations such as lions club, Rotary international, Round tables also contributed to building of special schools (Ndurumo 1993).

However many parents after the inception of these schools felt that their children were being taken away from them. This negative aspect of special schools was felt within the social aspect that children need not be far from their families. This raised concern of stigma, discrimination and abuse to which persons with intellectual disabilities are subjected. Some are hidden at home under dehumanizing living condition, thrown out or abandoned (Kibaki, 2007).

The above scenario, not withstanding the incidence of persons with mental disability the world over is a more serious health, social and legal challenge than in often supposed. In Kenya, for example the World Health Organization (WHO) estimates that 15% of the total population which is equivalent to 4.5 million comprises of persons with disabilities and out of these 2.7 millions are persons with intellectual disabilities and this number is increasing due to malnutrition, poverty, pre-natal care and diseases (Kibaki, 2007).

Mental health is as important as physical health to the overall well-being of individuals, societies and countries. The government of Kenya in an endeavor to actualize this phenomenon, there are seven hundred (700) special schools and units that cater for educational needs for persons with mental disabilities. These special units cater for twenty three thousand (23000) children with mental disabilities in Kenya.

In Embu district, only one school offers educational facilities for the mentally handicapped children. This school, St. Monica School for the mentally handicapped serves the whole District including the central Division. As much as EARS is next to the school many students are assessed and later not attend any school. However the center is currently circumventing this phenomenon by having mobile assessment programmes.

1.2 Statement of the problem

The Government of Kenya has supported education of learners with special needs by budgetary allocation to cater for special education programes.

This amount however, is never enough to adequately cater for these programmes in all corners of the country.

In Embu District there is only one school which caters for the mentally handicapped. This leads to many who may be assessed lacking accessibility to this school due to lack of awareness of the parents and the community. This leads to late intervention and subsequently late enrollment in special units or schools.

The late intervention and enrollment poses a challenge to the teachers while teaching and training the mentally handicapped learners and at the same time the learners take a longer time to adjust to the learning environment.

1.3 Purpose of the study

The main purpose of this study was to investigate on the impact of late identification on quality learning among learners who are mentally handicapped in St. Monica School for the mentally challenged learners.

1.4 Objectives of the study

The study was guided by the following objectives:

- To establish the profile of the respondents in terms of: age, gender, marital status, education level and working experience
- To find out the challenges faced by the teachers while training and educating the late identified mentally handicapped learners.
- To examine the factors/persons responsible for the late identification of learners with mental handicap
- To find out ways through which the community (ies) can be educated on early identification and intervention measures on mentally handicapped learners.

1.5 Research Questions

The study was guided by the following research questions;

- What is the profile of the respondents in terms of: age, gender, marital status, education level and working experience
- What challenges do teachers face while teaching the late identified mentally impaired learners?
- What are the factors responsible for the late identification of the mentally handicapped learners?
- Are there measures that the community can use to help them identify mentally retarded learners as early as possible?

1.6 Significance of the study

The results of this study findings is of a great significance to the learners with mental retardation since it puts in place early identification strategies to help the community bring them out for assistance as early as possible.

Research findings are useful to the nation as a whole basing on the survey that put the researcher in a state of recommending appropriate intervention measures in helping learners with mental problems realize their potential to the full.

The findings of the study draws the attention of the ministry of education with collaboration with other policy makers the need to design workable yet achievable tasks in school settings that subsequently benefits and suits the needs of the mentally retarded learners.

The findings of the study are in position of calling upon government of the need to allocate sufficient budgetary allocations towards areas that shall improve the performance of learners with special needs especially through the provision of adequate learning aids more specifically those that cater for the needs and interests of the mentally retarded children.

The parents stand to benefit from the study findings because the study highlights benefits of early identification and intervention of mentally retarded

children-a strategy that shall eliminate parents staying with their children at home without knowing their problems and needs.

1.7 Scope of the study

The research intended to carry out an investigation on the impact of late identification of learners with mental problems and its effect on their quality education in terms of class performance. This was carried out from St. Monica, Embu Special School for the mentally retarded learners in Central Zone of Embu District.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter explored the available literature that the researcher managed to secure on what other researchers as well as other authors examined on the subject of investigation.

2.1 Definition of mental retardation

Mental retardation is a controversial term for a pattern of persistently slow learning of basic motor and language skills during childhood and significantly below normal global intellectual capacity as an adult. People with mental retardation may be described as having developmental disability, global developmental delay or learning difficulties (AAMD 1973).

The term mental retardation has acquired ejective and shameful connotation over the last few years and is now used exclusively in technical or scientific concept. Developmental delay has become an increasingly preferred synonym by many parents and direct support professionals. Developmental disability is preferred by most physicians but can also refer to any other physical or psychiatric delay such as delayed poverty (AAMR 2006).

Intellectual disability is increasing being used as synonym for people with significantly below average intelligent Quotient (I Q). These terms are sometimes used as a means of separating general intellectual limitation from specific limited deficits as well as indicating that it is not an emotional or psychological disability.

Intellectual disability is also used to describe the outcome of traumatic brain injury or lead poisoning or dementing conditions such as Alzheimer's disease (Dorrel, 1995)

Mental retardation should refer to significantly sub-average general intellectual functioning existing concurrently with deficit in adaptative behaviour and manifested during the development period (Grossman 1973). Heber (1959) defined mental retardation as sub-average general intellectual functioning associated with impairment in adaptive behaviour.

EWMH Act (1983) defined mental impairment and severe mental impairment as a state of arrested or incomplete development of mind which includes significant functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the reason concerned according to Perry (1974).

2.2 Causes and signs

There are many signs that children with development disability may learn to sit up, to crawl or to walk later than other children or they may learn to talk later. Both adult and children with intellectual disabilities may also have trouble in speaking, find it hard to remember things, have trouble in understanding social rules, have trouble in solving problems and have trouble in thinking logically.

Intelligent Scale 2001

In early childhood mild disability (1Q 60-70) may not be obvious and may not be diagnosed until they begin school. Even when poor academic performance is recognized, it may take experts assessment to distinguish mild mental disability from learning disability or behaviour problem. As they become adults many people can live independently and may be considered by others in their community as slow rather than retarded group (www.en.wikipedia org/wiki/mental retardation).

Moderate disability (1Q, 50-60) is nearly always obvious within the first years of life. These people will encounter difficulties. In many cases they will need to join special usually separate classes in school, but they can still progress to become functionally members of the society.

As adults they may live with parents in a supportive group at home or semi-independent significant supportive services to help them, for example, manage

their finances. Among people with intellectual disabilities, only a bout ½ (one eighth will score below 50 on I.Q test. A person with a more severe disability will need more intensive support and supervision on his or her entire life (Diagnostic and statistical manual of mental disorder Vol 4, 2000).

The limitation of cognitive function will cause a child to learn and develop more slowly than atypical child. Mentally retarded children they may take longer to learn, to speak, walk and care of their personal needs, such as dressing or eating. Leaning will take them longer as they require more repetition to learn taught things. The extent of the limits of learning is a function of the severity of the disability. Never the less, virtually all children are able to learn, develop and grow to some extent (DSM Vol 4, 2000).

2.3 Causes of Mental Retardation

Infections and intoxication can cause mental retardation whether post-natal or pre-natal. An infection occurring during its first trimester of pregnancy due to rubella (German measles) causes abnormalities in 50% of developing fetus. Syphilis may cause also mental retardation although it is curable by administering penicillin (Surana and Rizzo 1979). Mothers who drink alcohol or smoke have a higher risk of having mentally retarded children not with understanding still birth.

Trauma or physical agent is self produced or caused by factors outside the control of difficult delivery, breach delivery or wrapping of the umbilical cord round the baby's neck cause mental retardation. Anoxia that is; starving of brain off fresh oxygen causes most disability and associated with other disabilities such as cerebral palsy. Trauma that is felt during the child's first year may cause brain damage hence mental retardation (Ndurumo, 1993).

Gross brain disease includes hereditary disorders that are not yet well understood (Suran and Rizzo 1979). These are associated with Seizures spasmodic movements, progressive retardation and deaths. However these do not mean retardation will occur during the developmental stage.

Unknown pre-natal influence are abnormalities which occur prior to birth or during pregnancy. These include cerebral malformation of head structure, crania-facial abnormalities which may also include macrocephely, microcepholy and craniostenosis.

Mental retardation can also result from metabolic nutritional endocrine or growth dysfunction. These include neuronal lipid storage diseases such as tay-such diseases, amino acid disorders such as phenylketonuria and mineral disorder. However these problems resulting from hereditary factors accounts for only small number of mental retardation cases (Suran and Rizzo 1979).

Chromosomal abnormality are causes of chromosomal aberration which may take the form of imitation radiation drugs and other chemicals auto-immune mechanisms and a group of conditions involving terms geographic temporal and perhaps economic function, (Grossman 1973). Down syndrome is one of the best known causes of mental retardation. Children with this abnormality are also known as mongoloids because of clinical characteristics which include brachycepholyic head, speckling of the iris.

The signs of mental retardation include; thickened and furrowed tongue, wide space between first and second toe, short broad neck, stubby fingers, thick eyelids and flat broad face and nose. Other syndrome include turners syndrome whose feature include webbed neck, broad chest, small stature sexual infantilism (Grossman 1973).

Retardation would be categorized as following psychiatry disorder where there is no evidence of cerebral pathology. The relationship between severe childhood psychiatry and mental retardation remains vague (Suran and Rizzo 1979). However, prolonged emotional disturbance despairs children of normal intellectual, psychological and social development.

Lastly, environmental influences which are advanced may cause mental retardation. These are classified as psychosocial disadvantages and sensory deprivation. Such retardation is rampant amongst children from impoverished

surroundings with poor housing, inadequate medial care and nutritional imbalance.

Sensory deprivation leads to lack of opportunity to interact, play, talk or laugh. Prolonged separation from other humans may cause mental retardation but also severe emotional disorder may be as a result of this because interaction with other people is one of the cordial requirements for emotional growth and development.

2.4 Effects of Mental Retardation.

Intellectual functioning:

Robinson and Robinson (1976) stated that mildly retarded children have a "rate of intellectual development which is commonly one half to one third that of average children,: It should be noted that a child may have a mental age for below that of his counter parts of the same chromo logical age.

The mildly retarded adult for instance, has a mental age a child between 8 ½ years and 10 years and 10 months. What this means is that a mentally retarded adult of 25 years of age can think. The moderately retarded adult has a mental age of a child aged between 6 years and 1 month and 8 years 5 months. While the severally mentally retarded adult has a mental age of a normal children between 3 years 9 months. Knowing the mental age of a mentally retarded

person helps professional to gauge their expected level of performance and in designing appropriate interaction programs.

Education Functioning:

The reduced capacity of the mentally retarded to retain and recall information both in short term and in the long term memory is pronounced especially with regard to abstract material compounded with this is the fact that the mentally retarded learn slowly and hence they have significant educational problems.

According to Robinson and Robinson (1976) the educable mentally retarded are expected to manage academic work up to the third grade and sometimes even to the sixth grade by the time they reach school learning age. These children are able to read, write and do basic computations.

Kirk (1972) observed that educable mentally retarded children when they enter school at the age of six are not ready for writing, spelling or arithmetic. He stated that these children do not even acquire these academic skills until they are between 8 and 11 years of age.

The trainable mentally retarded constitute 0.13% of the mentally retarded in the AAM 1973 definition. These children are moderately retarded with I.Qs ranging from 36-51 or 40 to 54. They can read and write to some extent and can be expected to achieve pre-primary education up to the third grade (Suran and

Rizzo, 1979). According to Robinson (1976), these children do no benefit from the regular school instruction except in special cases and because of their frequent physical problems especially Seizers cerebral palsy and toileting difficulties, many have been totally excluded from school especially those living in small towns and residential areas and those presenting management problems. Many times the only solutions have been care at home or admission to residential facility.

Physical Growth

Kirk (1972) and Meyen (1978) stated that physical growth in the educable mentally retarded approximates that of average children. This is because such children come from sub-standard home where environmental factors rather than organic factors have a more significant effect. This one can expect only little decimation from the normal physical growth in these children. Kirk (1972) however, observes that educable mentally retarded children have visual, hearing and motor co-ordination problems.

Personality and social adjustment.

Researchers agree that the mentally retarded have behavior and social adjustment problems, so behavior adequately is one of the co-current criteria in designating a child as mentally retarded.

Kirk, (1972) states that; the mentally retarded have a "low frustration tolerance and short attention span". Their law frustration tolerance makes them give up tasks easily. Low frustration tolerance and short attention span also causes the child to have not only educational problems but also personality and social development problems.

2.5 Intervention Measures

Intervention procedures for the mentally retarded are diverse. Suran and Rizzo (1979) catalogued medical, psychological, parental counseling, psychotherapy, behavior modification social and educational intervention.

Some form of mental retardation have a physiological origin such as those which result from injections and intoxications, metabolic and chromosomal abnormalities and those which are a result of gestational disorders. This doesn't mean that mental retardation is susceptible to medical treatment thus, the implication that retardation can be prevented once the disability has occurred. Suran and Rizzo (1979) state that " there are surgical procedures or miracle drugs known to be effective in actually increasing intellectual ability or adaptive behavior".

Thus it is imperative that expectant mothers understand the consequences of taking any drugs without a prescription from their doctors. Smoking and taking alcohol should also be discouraged since mental retardation can be caused by

viral infections such as German measles, especially during the first 3 months of pregnancy , a close co-operation with the doctor is absolutely essential.
This co-operation is also vital where gestational disorders, disorders related to blood incompatibility between mother and child, iron deficiency and poor diet are concerned.

Kirk (1972) stated that educable mentally retarded children are not ready to do basic writing, reading or arithmetic when they enter school at the age of 6. Those skills remain undeveloped until the age of 8 or 11 years. By the time children complete formal schooling; their academic achievement is between the second and sixth grade levels. Robinson and Robinson (1976) agree with the observation that the educable mentally retarded can be expected to reach the third grade, and some will ever reach the sixth grade. However, purely academic achievement is in appropriate for these children. They stress that the curriculum should emphasize social competence, occupational skills and self care. This would enable children to acquire minimum skills for social and occupational independence before leaving school.

The trainable mentally retarded are not expected to do the same academic work as their non retarded counterparts. The vocational oriented curriculum, self-management and social adjustment skills are designed to assist the trainable mentally retarded to be independent or semi-independent.

The custodial retarded group has no academic potential and very minimal potential for achieving sufficient basic self care skills (Klein et al 1979). Thus they require nearby custodial or residential care and supervision throughout their lifetime. Besides this efforts are being made to keep them busy to enable them to communicate their needs or take minimal care of themselves.

Behavior modification has been found to be an effective and popular technique not only for teaching but also for managing mentally retarded children and individuals made this observation the place of behavior modification education.
There are several behavior modifications which are applied to the mentally retarded. They include programmed instruction, contingency contracting and token economies (Payle and Thomas 1978; Payle et al 1977). While trying to modifying behavior the teacher has to follow a procedure.

Teachers should use the extinction technique i.e. remove the reinforcer for a behavior which they want to decrease. The un reinforced behavior will decrease in strength and eventually cease. The behavior can also be reinforced with the appropriate response. The environment can be arranged to reduce predisposition to maladaptive behavior.
The teacher should reward approximately the acquisition of complex behavior requires repeated trials and the teacher should be quick to recognize and reward small improvement. The teacher should reinforce appropriate behavior immediately.

Programmed instruction involves presenting materials at different levels of difficulty. It involves assigning children work on which they monitor their progress. Programmed instruction allows the child to work at his own pace, check his progress , check when the answer he has provided is correct or incorrect and repeat the task if the answer he gave was incorrect. This requires machines and computers Wallace (1973).

Another intervention measures is environmental enrichment. These are a myth that mental retardation is fixed and cannot be altered. Research has shown that when individuals are moved from the unstimulating environment of an institution to a more stimulating one, they alter their behavior as a result of the changes. The more natural environment has its standards of what is acceptable behavior, mannerism, interpersonal relationships and so on. Unlike the institutional environment which is regulated to point where an individual is dehumanized and does not have its own personality or personhood, the environment allows a child to experience great changes and develop emotionally, socially, and intellectually.

Educational Programming

Kenya's policy paper (1981) states that educable mentally retarded should be educated in regular classes with some special education provisions. On the other hand moderately retarded and profound mentally retarded were to be in special units. The Ministry of Education also emphasized that social contact both at

home and community be arranged for severely and profoundly retarded who needs instruction in hospitals on a short- term or long-term basis.

The ministry recommended the age- groups of the children thus:

1. Home - 0-2 years
2. Nursery - 2-6 years
3. Pre primary - 6-9 years
4. Primary - 9-13 years
5. Intermediate - 13-16 years
6. Vocational - Over 16 years

Table 1. The Ministry of education recommends.

Category	Retardation class	No. in a class
Nursery	Severely retarded	4
Pre-primary	Mildly retarded	8
Primary	Severely retarded	6
Intermediate	Severely retarded	6
Primary	Mildly retarded	10
intermediate	Mildly retarded	15

Source: Ministry of Education

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter dealt with research methodology that was employed in carrying out the study. The chapter is divided in to six major sub-sections, i.e. the research design, sampling procedure, the research instruments, pre-testing of the instruments data collection and data analysis.

3.1 Research Design

The design that was used during the study is the descriptive research design in investigate the impact of late identification of mentally handicapped children on their quality learning. Descriptive survey designs are used in preliminary and exploratory studies to allow researcher to gather information.

3.2 The target population

The target population for the study was parents and teachers of St. Monica School for mentally handicapped in central division of Embu District. Single (1993) noted that the ideal setting for any study should be easily accessible to the researcher and should be that which permits instant rapport with the informant. St. Monica was chosen because it is easily accessible to the researcher.

3.3 Sampling and sampling procedure.

From the target population stated above, the researcher randomly selected a representative sample that took part in the study. The researcher then used a simple random sampling technique to select the teachers, and parents who participated in the study including the head teacher of St. Monica Primary school.

3.4 Research Instruments

The study mainly employed two sets of questionnaires for data collection. There was a questionnaire for the head teacher, and teachers and interview schedule for parents. The researcher chose to use questionnaires because through them one can collect the required information from a large sample in a very short time.

Gay (1976) maintains that questionnaires give respondents freedom to express their views or opinions to make suggestions. It is also anonymous. Anonymity helps to produce more conidial answers than in an interview.

An interview schedule was used to guide interviewing the parents. The interview schedule is considered appropriate when the sample is small since the researcher is able to get more information from the respondents than would be using a questionnaire (kiss and Bloomquist 1988).

3.5 Validity of instrument.

Validity is defined as the accuracy and meaningfulness of inferences, which are based on the research results (Mugenda and Mugenda 1999). Validity is the degree to which results obtained from the analysis of the data actually represents the phenomena under study. According to Borg and Gall (1989), it is the degree to which a test measures what it is supposed to measure.

3.6 Reliability

Mugenda and Mugenda (1999) defined reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trial. To enhance reliability of the instruments, a pilot study will be conducted in two schools in the division.

3.7 Data Collection Procedure

The researcher got an introduction letter from Kampala International University. The researcher was then cleared by the area education officer (AEO) to visit school, and collect the data. After this the researcher booked an appointment with the sample school through the head teacher to visit and administer questionnaires. The researcher visited respondents who were given questionnaires and assured of confidentiality after which they were given time to fill the questionnaire.

3.8 Data Analysis procedure

After all data was collected, they were coded and entered for analysis. Descriptive statistics such as percentages and frequencies were used to report the data. Data was then summarized using tables with the aid of frequencies and percentages.

3.9 Encountered Limitations to the Study

- Some respondents expected to be paid for their time spent when being interviewed and filling in the questionnaire thus, some respondents deliberately refused to deliver the information relevant to the study.
- The research was time consuming and very tiresome since it required lots of movement from place to place to obtain relevant information to the research.
- Due to other responsibilities the researcher experienced time constrains in carrying out the study.
- Besides, the findings of the study can only be generalized to St. Monica where the study was carried out. Thus, the findings, conclusions and recommendations drawn cannot be fully considered as true situations that affect the other districts and the country at large.

CHAPTER FOUR

DATA PRESDENTATION AND ANALYSIS

In this chapter, the researcher presents the findings of the study following the study objectives as well as the set research questions.

4.1 Profile of respondents

Table 4.1: Profile of the Respondents

Category	Frequency	Percentage (%)
AGE		
36-40+	10	33.3
30-35	10	33.3
25-29	5	16.6
20-24	5	16.6
Total	**30**	**100**
GENDER		
Male	19	63.3
Female	11	36.6
Total	**30**	**100**
MARITAL STATUS		
Single	5	16.6
Married	25	83.3
Divorced	None	0
Widowed	None	0
Total	**30**	**100**
EDUCATIONAL QUALIFICATION		
Masters	None	0
Bachelor	5	16.6
Diploma	12	40
certificate	13	43.3
Total	**30**	**100**
YEARS OF SERVICE		
1-4	6	20
5-8	14	46.6
9-12	10	33.3
Total	**30**	**100**

Source: Primary Data

Table 4.1 above gives a generalization about the profile of respondents who participated in the study. These include the following:

4.1.1 Age

The findings of the study revealed out that the respondents who participated in the study divided themselves into two as far as their age distribution was concerned. Accordingly, respondents in the age bracket of 20-24 and those in 25-29 had similar percentages of 16.6%. Similarly, those within the age bracket of 30-35 and 36-40+ constituted 33.3% each. Thus, the age distribution of the respondents shows that there are no much variations in their age distribution.

4.1.2 Gender of the Respondents

According to the research findings as illustrated in table 1 above, female respondents/teachers who participated in the study constituted 36.6%of the total respondents. Likewise, the male respondents constituted the biggest percentage of 63.3% of the entire respondents who participated in the study. Though there were some big differences between the percentag4es of both the female and male workers, it quite common to find such a phenomenon in most organizations whereby the male workers tend to dominate over the female workers.

4.1.3 Marital status of the respondents

Study findings revealed that the respondents to the study were either single or married spouses having different activities and responsibilities of both teaching as well as taking other responsibilities outside school settings. Thus, there were

neither widowers nor divorced respondents in the study.16.6% of the respondents were singles who were both men and women not yet married. 83.3% of the respondents were married spouses in the teaching profession.

4.1.4 Education level of the Respondents

Study findings revealed out that the respondents who participated in the study had diverse academic qualifications in the different fields as far as education/teaching is concerned. 43.3% of the teachers had certificates in teaching as compared to 40% who had attained diploma level qualification. Research findings revealed that respondents who had Bachelors degrees were 16.6% of the total percentage of respondents who participated in the study. An addition, it was discovered that no respondent had the academic qualification of masters degree.

4.1.5 Working Experience of the Respondents

According to study findings as indicated in table 4.1 above, 20% of the respondents have a working experience of 1-4 years. These according to the research findings were the respondents whose marital status was singles. 46.6% of the respondents had a working experience of close to 5-8 years and these according to the research findings were the respondents who were in the age bracket of 30-35 years of age. In addition, 33.3% of the respondents constituted those with a working experience of about 9-12 years in the teaching profession.

4.2 Challenges faced by teachers

Table 4.2: Challenges facing teachers when teaching late identified mentally handicapped learners.

challenges	frequency	Percentage
Low class participation	13	43.3
Poor concept perception	5	16.6
Unsupportive parents	6	20
Slow in acquiring adaptive learning skills	2	6.6
Others	4	13.3
Total	**30**	**100**

Source: Primary data

The study findings as indicated in table 4.2 above reveals that there are several challenges faced by teachers while handling mentally handicapped children. 43% of the respondents revealed that such late identified learners have a low participation rate while in class activities right from contributing to assignments that are administered by teachers.

In addition, 20% of the respondents indicated that such learners do pose a big challenge to their teachers due to the fact that their parents always do not support teachers in upbringing such late identified mentally retarded learners as far as academic issues are concerned.

Poor concept perception by the late identified mentally retarded learners was indicated as another challenge by 16.6% of the total percentage of the interviewed respondents. 6.6% of the respondents also revealed that such learners are slow in acquiring adaptive learning skills that is crucial in enabling them have a mastery of what is passed from the teacher directly to the learners.

However, other respondents constituting 13.3% mentioned the lack of appropriate learning resources, lack of skills in special needs education, large number of pupils in the classes, negative attitude from other teachers who have no knowledge in special needs education as other factors faced by the teachers. Furthermore, there was the issue of absenteeism of learners due to various domestic problems that makes it hard for the teachers to have control over the learning of such late identified learners on a regular basis since what is taught today does not reach to those learners who are absent.

4.3 Reasons responsible for late identification of learners with mental retardation

Study findings as revealed from the respondents interviewed indicated that parents can only get information through on the welfare and state of their children from Education Assessment Resource Services (EARS) officers who often go to communities to create awareness about the general well-being of children in the communities. However, it was discovered that such a service is not effectively

administered to the immediate beneficiaries of the programme a scenario that has made it hard if not impossible to identify mentally retarded learners early enough so as to put them through appropriate school programme and centres capable of offering them facilities that address their social welfare.

Study findings from the respondents interviewed by the researcher also revealed out that some parents are to be blamed for the late identification of their mentally retarded children with the argument that when the concerned authorities visit their homes to assess and examine the state of affair of their children, they do hide them away so as not to be examined. Thus, making it hard for the mentally retarded children to be assisted as early as possible by the government.

Some of the parents to the mentally retarded learners always do not accept the fact that their children do have mental problems and as such, require special assistance if they are to acquire basic education given their mental disabilities in comprehending a number of issues.

Some respondents especially the parents this time also blamed the aspect of late identification of the mentally retarded learners on the part of medical doctors who fail to give mental advice about these children whenever they are taken for medical treatments as well as other associated consultation.

4.4 Ways of educating community on early identification of mentally handicapped learners

From the responses obtained from the interviewed respondents, the following were suggested:

Table 4.3. Intervention measures for early identification

Identification measures	Frequency	Percentage
Effecting EARS sensitization in communities	10	33.3
Medical attention from Doctors	5	16.6
Active observation and analysis of teachers	5	16.6
Active role of parents	6	20
Others	4	13.3
Total	**30**	**100**

Source: Primary data

Study findings in table 4.3 above gives a number of intervention measures to help with early identification of learners with mental retardation by the various stakeholders. Accordingly, much emphasis was put on the effective and immediate role of EARS officers in helping the communities (parents) with knowledge about their children's health and medical conditions as suggested by 33.3% of the respondents.

In addition, study findings indicate that the role of medical doctors is just as paramount as the role of the teachers who bring up and nurture these children in schools. This was indicated by equal percentages of 16.6% of the respondents. Thus, there ought to be in place an active and thorough cross examination of children by the medical departments to facilitate early identification. Furthermore, teachers should have a critical analysis and knowledge about their learner's social and mental development in classes and outside class activities so as to be able to identify existing mental gaps in them and seek necessary and relevant assistance as early as possible.

Above all, study findings revealed that parents need to have a critical and yet analytical thorough understanding of their children's general development as a mechanism of having knowledge as to whether they have some developmental disabilities as far as their mental well-being in concerned. In case of any irregularity identified, they need to seek for an immediate response to help such learners be assisted accordingly as far as their education needs and interests are concerned.

CHAPTER FIVE

DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction.

This chapter covers the discussion of the results of the study and gives conclusion based on the findings of the study and offers recommendations capable of addressing the problem under study as well as offering suggestions for further research.

5.1. Discussions.

The late identification of children who are mentally handicapped still remains a major problem in St. Monica School for mentally Handicapped. Its important to note that parents and communities need a lot of awareness for early identification to reduce the magnitude of the problem that has seen quite a number of learners helplessly in homes or staggering with studies mat a time when their mental ability cannot accommodate and comprehend what is being taught at school while at the same time fulfilling class assignments as required by their teachers.

The teachers to the mentally handicapped learners do face it hard in enabling such learners cope up with class assignments as well as other activities outside the class such as extra curricula work that has an important bearing towards their education as a whole.

Besides the above mentioned, research findings revealed that such learners while in class participate minimally as compared to other learners a phenomenon that makes it impossible on the part of the teachers to have a uniform class that participates fully in all the assignments as such a group are under achievers due to their mental disabilities.

Teachers are also challenged with the way they have to teach these late identified learners since in most cases they do possess a poor concept perception and a low acquisition of adaptive skills that would enable them to fully comprehend what is taught to them by the teachers/instructors. This leaves teachers to be blamed in case of poor performance of such learners by both parents as well as other stakeholders.

It looks quite uncertain basing on the study findings that despite the many education needs of the late identified mentally retarded children, their parents inmost cases have not been supportive in helping or joining hands with teachers in making sure that such learners identified late are accorded all the support within their reach. Instead, they leave the teachers to do everything at school and while these learners are away to their respective homes. Parents do not supplement on the efforts of teachers.

The EARs who operate at the District headquarters have major role in assessment of mentally handicapped children and community awareness on the way forward of these learners. However, their efforts have not been fe4lt effectively at the local grass root levels where a number of children are not attended too due to the ignorance of their parents. Thus, if these assessment centers can devote efforts in carrying out their duties and activities as a core value, the current trend can be seen to change significantly.

The study found out that there are several causes of late identification of the mentally handicapped children within the communities. Therefore, the lack of awareness programmes was found out to be the major factors behind such a trend. In addition, parents who have mentally challenged children have mixed attitude towards their mentally handicapped children, on early identification and placement on special schools.

5.2. Conclusion

Late identification of mentally handicapped children has affected their learning needs and goals in St. Monica Special School for the mentally handicapped learners. . Late identified learners have difficulties in adjusting into a special education program and adapting to the environment compared to early identified learners (children).

5.3 Recommendations to the study

Based on the findings of the study, the researcher is moved to make the following recommendations.

There is need for parents and the community at large to be educated and sensitized on the importance of early identification. This will lead to right placement of mentally handicapped children in special education institutions to effect quality learning that bin turn shall enable them to have a bright future than the case would be if they are identified late.

The government should increase the funds allocated to special education institutions dealing with mentally challenged children as a mechanism of facilitating such schools/institutions with the much needed funds for buying learning aids and equipment to supplement on the academic needs of the mentally handicapped learners.

Assessment programmes and personnel should be extended from district based centres to the divisional level to bring their services closer to the community. This will help come up with informed decision by the parents and the general community in as far as the social and psychological development needs and trends of their children is concerned.

Above all, the Kenya Institute of Special Education needs to make sure that they train and equip teachers with relevant knowledge and skills as far as handling learners with special needs are concerned. Such skills would be very instrumental towards helping the teachers have analytical knowledge on children while at school/class in order that they can identify those with learning difficulties and this will help in suggesting to their parents appropriate measures fit in facilitating the education of such learners.

The researcher is fully convinced that an intervention measure where medical doctors do visit homes or school to examine pupil's abilities and disabilities would be quite instrumental as far as early identification of the mentally handicapped learners is concerned. This should be done in such a way that communities and schools are made aware about medical programmes on specific days of the month so as that they inform all learners to be available for the medical checkup.

5.4. Suggestion for further studies.

Since the study was carried out in one school in Embu District, there is therefore need for other researchers to look into the very subject of investigation in other parts of Kenya to find out whether or not the findings of the study are reliable and consistent.

There is need for further research to be done to find out the attitude of the community towards skilled individuals in adjusting themselves in community and

using the knowledge gained from the different colleges in addressing the learning needs of the mentally handicapped learners.

Lastly but not least, there is need to research and establish whether the teachers remuneration in special education institutions effects motivation and service delivery to the immediate beneficiaries in special needs.

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Appendix i

Questionnaire Form to the Respondents

Dear respondent. I am, a student of Kampala International University pursuing a Bachelors Degree of Education in Special needs. The purpose of this study is to seek information on the impact of late identification of the mentally handicapped learners on quality education in regular school as a partial fulfillment for the above mentioned degree.

Feel free therefore to give your views and opinions on this investigation since all the information given shall be treated confidential without passing them to any third party.

Your cooperation on the same within a period of two weeks shall be highly appreciated.

Demographic characteristics of the respondents:

Age

18- 22 [ ]
23-27 [ ]
28-32 [ ]
33-37 [ ]
38-42 [ ]
43-47 [ ]
48+ [ ]

Marital status:

Single [ ]
Married [ ]
Divorced [ ]
Widowed [ ]

Education level

'O' Level [ ]

'A' Level [ ]

Certificate [ ]

Diploma [ ]

Degree [ ]

Masters [ ]

Working experience

2-5 yrs [ ]

6-10 yrs [ ]

11-15 yrs [ ]

16-20 yrs [ ]

21= yrs [ ]

1. Are there incidences of late identification of children with mentally handicapped?
   Yes ☐ No ☐

   If yes, briefly explain the causes of late identification.

_____

_____

_____

_____

2. Do you think there is any relationship between early identification and late identification?.
   Yes ☐ No. ☐

   If yes briefly explain

_____

_____

_____

_____

_____

3. Given below are challenges faced by teachers handling children with mental handicap who were identified late:
   Low participation ☐ Unsupportive parents ☐
   Poor concept perception ☐ Slow in acquiring ADL skills ☐

4. Suggest ways to reduce late identification of children with M.H.

_____
_____
_____
_____

5. Do you think teachers handling M.H children in your school have adequate skills?
   yes ☐ No. ☐

   If no suggest what can be done to equip them with necessary skills.

_____
_____
_____
_____

6. Are teachers well motivated to handle M.H children comfortably?
   Yes ☐ No. ☐

   If No, explain how teachers can be further motivated.

_____
_____
_____
_____

7. What support does the government of Kenya offer on M.H. children?

_____
_____
_____

8. What is the attitude of parents towards the mentally handicapped?

_____
_____
_____
_____

9. **Who should be blamed for late identification?** parents ☐

   Medical doctor ☐ Teacher ☐ Ears. ☐

10. Briefly explain the role of Ears on special education

_____
_____
_____
_____

Appendix ii
Interview Guide to the Respondents

1. What do you think causes Mental Retardation.....
.....
.....
.....

2. According to you do you think early identification of M.H. can affect learning?
_____
_____
_____
_____

3. What benefits can be acquired when there is early identification?
_____
_____
_____

4. What are the dangers of late identification?
_____
_____
_____

5. Do you think parents with M.H. children are aware of where to get help for their children? _____
_____
_____

6. What problem do parents with MH children experience as they bring up their children?
_____
_____
_____

7. What is the society's attitude towards parents with M.H. children?
_____
_____
_____
_____

8. Do you think teachers handling M.H. children offer maximum teaching to children with Mental problems?

_____

_____

_____

_____

9. Do you think the government of Kenya is giving full support to M.H. children in public institution`?

Yes ☐ No. ☐

Suggest what should be done. _____

_____

_____

_____

Appendix iii
Introduction Letter from the University

Office of the Director

24th April 2008

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR ~~MS/MRS~~/MR. LEONARD M. KIURA

REG. # BED/10794/61/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:

Impact of late identification of the mentally handicapped children on quality learning. A Case Study of Central Division, Embu 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

KAMPALA INTERNATIONAL UNIVERSITY
69111H