

**FACTORS THAT HINDER EFFECTIVE INCLUSION OF LEARNERS
WITH EPILEPSY IN REGULAR PRIMARY SCHOOLS IN MUTITHI
ZONE IN KIRINYAGA DISTRICT**

PRESENTED BY:

KARANI RODAH

BED/SNE/14940/62/DF

**A RESEARCH REPORT TO INSTITUTE OF OPEN AND DISTANCE
LEARNING SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR AWARD OF B.ED. DEGREE IN SPECIAL NEEDS
EDUCATION.**

KAMPALA INTERNATIONAL UNIVERSITY

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DECLARATION

I **KARANI RODAH ADM NO:BED/SNE/14940/62IDF** hereby declare that, this special study paper is my own original work and not a duplication of similarly published work of any scholar for academic purpose as partial or 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.

KARANI RODAH:.....

BED/SNE/14940/62/DF

Signed.....

Date.....11/12/2008.....

This work has been supervised by Mr. Laaki. It is now ready for submission to Kampala International University.

NAME OF SUPERVISOR: MR LAAKI

Sign.......... Date.....15/12/08.....

DEDICATION

I would like to dedicate this work to my entire family who have been of great help during my research.

I would also wish to dedicate this work to my loving son Douglas who has been very co-operative.

ACKNOWLEDGEMENT

I wish to acknowledge with great appreciation the contributions of individuals made towards compiling this special study paper.

Thanks to Kampala International University Institute of Open and distance Learning (IODL) staff for the way they guided and advised me on research proposal and also in how to gather literature materials.

My gratitude also go to Mr Laaki who advised me on how to organize and produce a good special study paper.

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ABSTRACT

The research was on the factors that hinder proper inclusion of learners with epilepsy in her regular school in Mutithi Zone and Mwea Division in Kirinyaga District.

The researcher found that many people agree that there is no proper inclusion of these learners. This is due to different factors just like Randiki 2002 stated that Uganda doesn't have enough trained personnel to handle these learners, so is Kenya. The teachers who handle these children are not conscious of their needs in order to provide for them. This was quoted by Awol and Simiyu 2000.

There is a general societal of the learners with epilepsy. Just as Pickering a 1996 quoted that people with epilepsy were classed with those who were mad or who had leprosy of T.B.

This is added weight by Randiki 2002 who said that many people still believe that a child with disability is a bad omen. (This includes learners with epilepsy) investing in these children's education is considered useless.

Magugu and Wang'ombe 1991 put it that for effective integration there should be class size reduction to ensure that teachers have a manageable class.

The research was analyzed in form tables, which showed that the teachers and the pupils are not aware that there are learners with epilepsy in their schools. Their performance is usually below average. Since there is scarcity of trained personnel to handle these learners their handling is always considered difficult.

Due to negative attitude towards learners with epilepsy, their class work is negatively affected and their interaction with the "ordinary learners" reduced. This also makes them not to be fully involved in schools non-academic activities. This means that their learning environment is not appropriate making most of them unhappy.

This expected considering that the primary curriculum has not fully catered for the learners with epilepsy.

The researcher concluded that the research touched on the major factors that the researcher intended to find out from the teachers and pupils.

There are many learners with epilepsy who don't get proper handling to lack of knowledge of how to handle their needs to train more teachers and the society to change its negative attitude towards these learners. The researcher also recommends that the learning environment should be improved and appropriate policies be put in place at all these learners are to be recognized in schools and in the community. This will ensure that their lives are happy/ complete.

CHAPTER ONE

1.0 INTRODUCTION

The word epilepsy comes from Greek. It means to be taken sized or attacked. It's characterized by repeated seizures due to a disorder of the brain cells.

Epilepsy is a life long tendency, though the seizures may start any time during life and occur frequently.

Epilepsy can either be symptomatic also referred to as secondary epilepsy develops after a particular identifiable event e.g asphyxia, head injury or meningitis, idiopathic also known as primary epilepsy or chryptogenic has no identifiable cause.

1.1 BACKGROUND INFORMATION

Naturally as the general population increases so do does the population of people with special needs such as epilepsy. Indeed according to World Health Organization (WHO)

10% of any population is handicapped in one way or another epilepsy persons being one of them.

Figures from surveys done in Europe show prevalence rates between 3-8 per 1000

Zielinsky, 1982 and a survey done in Gyländ in 1960 found prevalence rate of 6.2 per 1000 according to Pond 1960. In a survey in Kibwezi District during which 1674 children under 15 years were screened, the epilepsy prevalence rate was found to be 10.2 per 1000 according to AMREF 1990.

In view of the above information it's clear that the society must learn to live with the fact of people with epilepsy. Unfortunately the situation is made worse by the fact that some Kenyan communities associate epilepsy with witchcraft. Some called it "devil disease," "head disease" and others "little death".

The person affected was believed to have been cursed or as a punishment to the ancestral error, bewitching because of a grudge against the family.

Epilepsy was greatly feared because it was viewed as supernatural happening and naturally enough everyone reacted strongly against the epileptic sufferer and his family. This is to some extent still exist today in Kenya. The victims family is regarded unfortunate and unlucky and social life is restricted for the members of that family resulting to isolation. This in turn leads to keeping the disease or situation secret. Since epilepsy "means" shame to everyone in the family. Some parents hide their suffering

children in their houses denying them their rightful social atmosphere for growth and development.

The society must cultivate all ways and means to ensure that the children with epilepsy develop their full potential through taking care of their situation. All that there is to bear in mind is that epilepsy is not a tragedy but a manageable problem if we look at in a calm and knowledgeable manner.

There is need therefore to address this issue which should be done by everyone i.e individuals and the institutions dealing directly or indirectly with the problem of epilepsy.

1.2 STATEMENT OF THE PROBLEM

There is little attention given to children with epilepsy. Some families with children with epilepsy do not know how to handle these children and they barely get the attention they need. Some don't get access to the ordinary schools since there are hardly any teacher trained with the basics of how to handle children with epilepsy.

Lack of clear policies in Kenya in relation to children with epilepsy is also a major problem. People in general view these children negatively and making them feel out of place. This leads to desperation and hopelessness among the neglected children because they are deprived of their love.

The above makes the researcher set to find out the problems that hinder proper inclusion of children with epilepsy in regular schools in Mwea division Kirinyaga district and look for the way forward.

1.3 PURPOSE OF THE STUDY

The purpose of the study is to identify the factors that adversely affect successful inclusion of children with epilepsy in regular primary school with emphasis on Mutithi zone in Mwea division, Kirinyaga District.

1.4 OBJECTIVES OF THE STUDY

Specific objectives of the study include:

1. To find out whether there are enough trained teachers to handle learners with epilepsy.
2. To find out whether appropriate teaching methods are applied in handling learners with epilepsy.
3. To find out whether the attitude of the people towards learners with epilepsy affects their performance.
4. To find out whether the learners with epilepsy are given the appropriate learning environment.
5. To find out whether appropriate policies of handling children with epilepsy are put in place.

1.5 RESEARCH QUESTIONS:

2. Are there enough trained teachers in regular schools to handle children with epilepsy?
3. Do the teaching methods applied in handling children with epilepsy appropriate?
4. Is the performance of the children with epilepsy affected by the societal attitude?
5. Is the learning environment accorded to these learners appropriate?
6. Are appropriate policies for handling children with epilepsy put in place?

1.6 SIGNIFICANCE OF THE STUDY

- i. The researcher intended to establish the factors that negatively affect the proper or successful inclusion of children with epilepsy in regular schools.
- ii. This information would be very crucial to all those involved in handling learners with epilepsy. It would be of great help to teachers and the ministry of education in general in its endeavour to provide adequate education for all.
- iii. The study gathered information, which will also be of great help to bodies such as K.I.E, K.I.SE. KNEC etc. through the appropriate

ministries, the government will formulate appropriate policies regarding epilepsy.

- iv. It will also help the learners with epilepsy in education i.e in improving their academic performance. This will ensure a better future for them.

1.7 LIMITATIONS OF THE STUDY

The problem affecting learners with epilepsy is widespread in Kenya. This suggests a comprehensive study on these learners be conducted countrywide. This was not possible for the researcher because of several limitations.

Considering that the study was conducted when the researcher was in full time job, it meant that the researcher was highly limited in terms of time. This made it impossible to carry out a wide research.

Limited resources such as means of transport were also a factor, which made the research difficult. It was difficult for the researcher to involve the under society besides some specific schools' societies which would have been desirable especially in the area of attitude.

The researcher was also faced by limitation in terms of financé given that the researcher was personally sponsoring the study. There was hardly any

library in the rural area where the researcher was conducting the study.

This made the researcher to be faced by limited literature review.

Due to the above limitations the researcher confined the study to Mutithi Zone Mwea division of Kirinyaga district and more specifically to three schools.

1.8 DELIMITATIONS

Since there is no cloud without a silver lining the researcher along side encountering some limitations experienced some delimitations. The first one being that the research was conducted in the school where the researcher is stationed.

Another delimitation was that the other two schools were neighbouring the researcher's school and is in good terms with the teachers handling these two schools. So those teachers were willing and ready to assist.

The researcher made use of the upper primary pupils. This was because the upper pupils could read and understand the questionnaire. The research was carried out when the schools were in session. This ensured that there was no problem in reaching the intended subjects.

1.9 OPERATIONAL DEFINITION OF TERMS

Certain terms and concepts used in this study require to be given operational definitions.

1. Attitude

The researcher intended to mean the regard and the view accorded to the children with epilepsy and the whole concept of epilepsy in the society in general.

2. Performance

The researcher referred to the learners' level of achievement in their academic work and in National exams.

3. Learning Environment

This refers to the social atmosphere circumstances, condition and situation that the learners with epilepsy are exposed and subjected to in the process of learning.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Lack of adequate technical personnel

Lack of adequate technical personnel is a major problem in inclusion of learners with epilepsy. The Ominde report recommended that all trained teachers should be given skills, which would enable them to teach learners with diversities. This has not been achieved so far.

The number of teachers who have graduated from KISE who have acquired the necessary basic skills to handle these learners is too few to make any meaningful impact.

Commencing on factors that hinder the effective implementation of inclusive education in Uganda, Randiki (2002) states that:-

“Uganda like any developing country does not have enough trained specialist personnel. This sometimes leaves many deserving learners without the necessary qualified personnel”.

Olwol and Simiyu (2000) commented on the need and relevant of qualified teaching and paramedic personnel. Olwol and Simiyu 2000 states that:-

"It is necessary that their teachers and paramedical staff such as physiotherapists are conscious of their needs in order to provide for them".
These specialists especially of epilepsy are not enough to cater for services in hospitals and in special school.

2.2 NEGATIVE ATTITUDE TOWARDS LEARNERS WITH EPILEPSY.

Negative attitude is still rampant in the society.

According to Caroline A. Pickering 1996.

"In many areas people with epilepsy were classed with those who were mad, or who had leprosy or Tuberculosis.

The negative attitude leads to discrimination against the children with epilepsy. This explains why parents hide their children with epilepsy and educate their "normal" children.

According to Randiki 2003

"Many people still believe that a child with disability is a bad omen investing in their education is considered useless".

The parents expect to get some direct materials benefits from the children they educate and they don't see the possibility of the children with epilepsy

being in a position to provide these materials e.g they expect dowry as their “normal “daughters marry.

2.3 UNFAVOURABLE POLICIES AND INADEQUATE IMPLEMENTATION.

Some of the existing policies are unfavourable to children with special needs in education e.g epilepsy. The restructuring of the 8-4-4 system with the emphasis to sciences of self-employment did not take care of the learners with epilepsy.

As Randiki states:

“This disadvantaged learners with disabilities that could not handle practical subjects”.

Learners with epilepsy may get a seizure during practical lessons, which may be dangerous.

2.4 LACK OF APPROPRIATE LEARNING ENVIRONMENT

Most of the regular schools are congested.

This highly disadvantaged the learners with epilepsy in the senses that such learners may at times need more personal special attention, which the teacher may be unable to give. Since there are learners who are at times

out of school to attend clinics and other times they are in seizures, so they miss what the other learn in their absence. For them to be in line with the others, they need some remedial work. The increasing number of learners in schools due to free primary education (FPE) make teachers who are willing to remedy these learners with epilepsy have no time to carry out their wishes.

As Magayu and Wang'ombe 1991 put it,

"For effective integration, there should be reduction in class size in ordinary schools to ensure that teachers are left with a manageable class size which they can handle effectively".

The learner with epilepsy therefore feels left out and feels uncomfortable in his class.

The teacher and the other learners need arrange the class in such a way that when the learner had seizure there is no objects to harm him/her. The environment should be free from any harmful object, which may hurt a child with epilepsy during seizure.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

In this chapter the researcher gave a brief outline of the methodology used in the research. The outline includes the research approach, research design/strategy, population sample, sampling procedure, instrument tools and the procedure of the study. The study was done among teachers and pupils.

3.1 RESEARCH APPROACH

The researcher used quantitative approach where the researcher obtained numerical data. This ensured that every member of the group of upper primary had an equal chance of being selected as a member of the sample. The upper primary could read and understand the questionnaire.

3.2.1 RESEARCH DESIGN

The researcher used survey whereby the researcher collected information in a standardized manner from groups of upper primary pupils. The researcher employed questionnaire to collect data in question.

3.3 POPULATION

The research was carried out among primary school teachers and pupils. There were more than twenty public schools in the zone and the researcher

collected a few of them. The researcher selected a few teachers and a few pupils.

3.4 SAMPLE

The researcher picked on three schools from Mutithi Zone in Mwea Division, Kirinyaga District. The schools included Kirwara primary, Mutithi Primary and Kaminji Primary.

The sample from which the data was collected included ten pupils from every school drawn from upper primary classes. The sample also included three teachers from every school, two teaching upper primary and one from lower primary classes.

3.5 SAMPLING PROCEDURE

The researcher used simple random sampling to get the population and the required number of persons for the sample.

The schools included:

Mutithi Primary school

Kirwara Primary school

Kaminji primary school

3.6 INSTRUMENTS / TOOLS

The researcher used questionnaire method to obtain the data from the subjects. The researcher used two questionnaires, one for the teachers and the other for the selected pupils. The questionnaires comprised of written questions, which were answered in writing by the participants.

3.7 DATA COLLECTION

The researcher administered questionnaires to teachers and pupils and collected for teachers after a week. The researcher collected for pupils after they filled them.

3.8 PROCEDURE OF THE STUDY

The researcher visited the three selected schools in person and asked for permission from the head teachers, the researcher proceeded to administer the questionnaire to the three selected teachers and requested them to administer the pupils' questionnaire to the learners. This was after the researcher instructed the said teachers accordingly.

CHAPTER FOUR.

4.0 DATA PRESENTATION AND ANALYSIS

Table 1: Pupils response to whether are learners with epilepsy in their school.

VIEW	FREQUENCY	PERCENTAGE
Yes	30	100
No	0	0
Total	30	100

According to the above table, the respondent said there are learners with epilepsy in their schools.

Table 2: Teachers rating as far as the learners with epilepsy is concerned in their schools.

MEASURE	FREQUENCY	PERCENTAGE
Few	3	30
Very few	7	70
Many	0	0
Very many	0	0
Total	10	100

In this table 30% of the respondents said that few learners are epileptic while 70% said they are very few. None said that they are either many or very few or very many. It is clear that according to table 2, majority of the teachers are not trained in handling learners with epilepsy and therefore, may not be able to identify all the learners with epilepsy. This is because some epilepsy attacks are not very evident and to some teachers, who are not trained, may go unnoticed.

Table 3: How learners with epilepsy perform to academic work according to teachers.

RATING	FREQUENCY	PERCENTAGE
Below average	6	60
Average	3	30
Above average	1	10
Excellent	0	0
Total	10	100

Over the years the performance of learners with epilepsy in regular schools has been poor. According to the above table 60% of the respondents said that the performance of the learners with epilepsy is below average. 30% said it is average while 10% said that it's above average and no one said that it's excellent.

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Are there trained teachers to handle learners with epilepsy?

Table 4: Response of teachers on whether they are trained to handle learners with epilepsy.

CATEGORY	FREQUENCY	PERCENTAGE
Untrained	8	80
Trained	2	20
Total	10	100

The researcher was carrying out this question and wanted to find out how many teachers are trained to handle learners with epilepsy in their regular schools. Of the teachers involved 8 said that they were professionally

trained but only 20% who were trained in special needs education and therefore able to handle learners with epilepsy.

This is a clear indication that most of the teachers teaching learners with epilepsy are professionally incompetent to do so because they lack even the most basic skills required for effective teaching of learners with epilepsy. This means that they mishandle these learners unknowingly either by denying them necessary services e.g remedial teaching, or by unnecessary special treatment.

There is therefore need to train teachers to handle learners with epilepsy if at all good results are expected from these learners. If not so, lack of trained teachers will frustrate both the teacher and the learner, though the learner is the one who will suffer most.

This may make the learner drop out of school due to frustration and if he is to remain in school he may end up performing far below his potential even in his national examinations.

Are appropriate teaching methods being applied in teaching learners with epilepsy?

Table 5: How is handling of learners with epilepsy according to the teachers?

MEASURE	FREQUENCY	PERCENTAGE
Difficult	6	60
Very difficult	2	20
Easy	1	10
Very easy	1	10
Total	10	100

Appropriate teaching methods need to be applied if at good results are expected.

According to table 4 , 80% of teachers are not trained to handle learners with epilepsy, this can be interpreted to mean that a big majority of teachers lack the technical skills to do so which means that they are not aware of the appropriate methodology. This is the reason why most of the teachers' i.e 60% finds it difficult to handle learners with epilepsy while 20% find it very difficult.

This is because these learners as it was indicated in table 3 , perform below average.

As it is, the teachers have a tendency of referring learners who perform below average, as difficult. No wonder then, only 10% finds it easy and 10% very easy to handle these learners.

Does the attitude of the society towards learners with epilepsy affect their performance negatively?

Table 6: Attitude of ordinary pupils towards learners with epilepsy according to pupils.

VIEW	FREQUENCY	PERCENTAGE
Positive	19	63
Negative	11	37
Total	30	100

The society as earlier seen in the literature review, regard the children with epilepsy as bad omen, mad or as a result of curses.

This negative attitude as indicated in the table above is extended to the school bearing in mind that schools are part and parcel of the community.

Though 63% of the respondents said that the attitude is positive, the 37% of respondents who said that the attitude is negative need to be ignored.

Table 7: How is the level of interaction and socialization between the pupils with epilepsy and the other learners according to pupils?

RATING	FREQUENCY	PERCENTAGE
Full	12	40
Little	8	27
Fair	4	13
Very little	6	20
Total	30	100

According to the above table 40% of the respondents said that the level of interaction and socialization is full. 13% said it's fair, while 27% said little, 20% said it is very little. This indicated that the level of interaction is quite low. This is as a result of the negative attitude towards these learners, which hinder these learners to interact and socialize.

Table 8: Pupils response on whether learners with epilepsy are involved in school non-academic activities such as sports, cleaning etc.

VIEW	FREQUENCY	PERCENTAGE
Yes	10	33
No	20	67
Total	30	100

As indicated in table 8 whether learners with epilepsy are involved in non-academic activities 67% said they were not while 33% said they were. This can be interpreted to mean that learners with epilepsy are seen as lesser beings who are unable to perform normal duties. This coupled with negative attitude they are regarded with, make them have a poor self-image and have a low self-esteem. This in turn affects their examinations performances.

TABLE 9: How is the school atmosphere in relation to the learners with epilepsy according to teachers?

RATING	FREQUENCY	PERCENTAGE
Harsh	6	60
Very harsh	2	20
Favourable	2	20

Very favourable	0	0
Total	10	100

Considering that proper leaning takes place only when there is an appropriate learning atmosphere, it's clear that learners with epilepsy are not accorded the right environment. 60% of the teachers said atmosphere was harsh, 20% very harsh 20% said the atmosphere was favourable while none said it was very favourable.

It's harsh in the sense that due to free primary education each teacher handles a large class and has no extra time to remedy the learners with epilepsy. They need remedial work considering that they are at times out of schools to attend clinic and other times they are in seizure.

Table 10: How is the state of learners with epilepsy in schools according to pupils?

CONDITION	FREQUENCY	PERCENTAGE
Happy	73	60
Unhappy	6	20
Very unhappy	2	7
Very happy	0	0
Total	30	100

Although according to the table, only 7% of the pupils said learners with epilepsy are very unhappy, that can't be ignored. 20% is unhappy and none is very happy. The majority are the happy ones. This can be interpreted to mean that 27% of the learners with epilepsy in schools are unhappy.

This could be due to negative attitude they are given plus the unfavourable environment. Having none who is very happy means that they also consider themselves as lacking or objects of pity who at times depend on others.

Are there appropriate policies of dealing with learners with epilepsy?

Table 11: Has the Kenya primary curriculum catered for learners with epilepsy according to teachers?

VIEW	FREQUENCY	PERCENTAGE
Yes	8	80
No	2	20
Total	10	100

The above table shows that 80% of the teachers think that the government has not put in place appropriate policies and if it has, the effect is very minimal. 20% said that the curriculum has taken good care of the children with epilepsy.

But just as in literature review, the policies makers have not considered these learners especially in science practical lessons where there is a possibility of getting seizures during the session. The government not being in a position to train its teachers to handle learners with epilepsy shows that it has no learners with epilepsy welfare at heart.

CHAPTER FIVE

5.0 SUMMARY

The researcher set to find out the factors that hinder effective inclusion of learners with epilepsy in regular primary schools in Mutithi Zone in Kirinyaga District. There was able to find out these factors although the research was done in three schools only. The researcher took it that these findings done in other schools since most regular schools have similar environments and conditions.

5.1 DISCUSSION OF TABLES

It's with a lot of concern that researcher found out that there are inadequate trained personnel to handle learners with epilepsy.

All the teachers sampled were trained but only a few who were trained in handling learners with epilepsy . This is a major barrier to effective learning of learners with epilepsy. Just as it is reviewed in the literature, that there are no enough trained personnel and therefore the learners with epilepsy don't get the full attention they need. This really hinders proper inclusion of the learners with epilepsy in the regular schools.

Inadequate trained personnel have contributed to teaching methods, which are inappropriate and mishandling of learners with epilepsy. Since most of them are untrained, they are not aware of the right methodology to use. This lead to the fact that most of the teacher sampled said that it was difficult handling learners with epilepsy.

The researcher also wanted to find out whether learners with epilepsy inclusion effected by negative societal attitude. Although a number above half said that the pupils take the learners with epilepsy positively, quite a number regard them negatively. This is a reflection of the society in general since schools are part of the society.

The conforms to the literature review where some interested parties said that children with epilepsy were regarded as a result of curses from God, mad or as a bad omen. The negative attitude is still rampant in Kenya today, considering that some parents don't take their children with epilepsy to school because they don't predict any material gain from them in future e.g dowry.

The researcher also set out to find if the learning environment the learners with epilepsy are exposed to is conclusive. The findings that the environment according to the sampled teachers is harsh coupled with the learners' response of low level of interaction of learners with epilepsy is a

clear indication that these learners are not comfortable. Also the state of these learners, which according to the ordinary pupils shows that some learners with epilepsy are unhappy and very unhappy, shows that the environment is not conducive.

As in literature review in which others have suggested that the class number of pupils to be decreased so that a class can be manageable. The researcher found out that the number of pupils per class was very high.

On the issue of appropriate policies, the government has not fully been able to achieve this. Most of the sampled teachers said that the Kenya primary schools curriculum has not taken care of the learners with epilepsy. Though there is free primary Education, which has seen many children with epilepsy join school, the government is yet to put in place and implement policies to make it achievable.

The introduction of practical subjects such as science didn't take care of the learners with epilepsy who can get an attack during the practical sessions. And this agrees with what has been observed by other interested parties as in literature review.

6.0 CONCLUSION

The researcher reached a conclusion that the research was able to address some of the factors that hinder effective inclusion of learners with epilepsy in regular schools.

Most of the findings of the research are in line with most respondents.

Most of the teachers (sampling) 80% said that there are no enough trained personnel to handle learners with epilepsy. Although 73% of the pupils sampled said that the learners with epilepsy are happy we can't ignore the fact that 60% of the samples teachers said that it was difficult dealing with learners with epilepsy. No wonder then the same teachers 60% out of all said that these learners perform below average.

The researcher's findings also agree with the others in literature review that the school-learning environment is not conducive . Being the opportunity to perform non-academic activities, which is evidently shown by 67% makes their interaction and socialization very minimal. This leads to high dropout and poor performance in National exams of these learners.

7.0 RECOMMENDATIONS

1. The researcher recommended that there is need to train more teachers in basic skills of handling learners with epilepsy. The government needs to train teachers if at all effective inclusion of learners with epilepsy is to be achieved. This can be done by introducing special needs education in Primary Certificate Colleges whereby all trained teachers can get basic knowledge on how to handle learners with epilepsy. The government can also organize seminars and workshop for the already trained teachers who are in the field and be equipped with proper teaching methods.
2. The society in general should be trained on how to handle children with epilepsy. The government should enlighten the schools, the churches and the society in general on the implications of regarding learners with epilepsy negatively. The government can do this through barazas churches, schools when there are parents meetings in school, media or in any gathering.
3. The researcher recommends that the learning environment be improved to accommodate the learners with epilepsy more comfortably. The trained teachers can do this by holding seminars and making other teachers aware of how to keep the environment

appropriate examples by removing any barrier, which can be harmful to a learner who has seizure. Also be sanitizing other teachers on the situations than can trigger seizure and therefore avoid them.

4. It's also in the researcher's view that appropriate policies of handling learners with epilepsy be put in place. When the government's put is making the curriculum, it should have chapters, which take care of learners with epilepsy. It can also have some time set aside known as remedial work within the timetable. This is to be utilized by the teachers handling learners with epilepsy by remedying them on what they missed as they attended clinics and when in seizures.

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TIME FRAME

This shows the timing of the researcher's activities in the course of researching. It shows the period a specific activity was carried out to help the researcher to be in step.

TIME FRAME	ACTIVITY
March 2008	Proposal writing
May 2008	Prepare the instrument to use
June 2008	Pre-testing of the instrument
July 2008	Collecting data
September 2008	Analyzing data
October 2008	Write research report
December 2008	Submit final report

TEACHERS QUESTIONNAIRE

1. Are there learners with epilepsy in this school?
 - A Yes
 - B No

2. If yes how many?
 - A Less than 5
 - B 6-10
 - C 11-19
 - D 20 and above

3. How do learners with epilepsy perform in academic work?
 - A Below average
 - B Average
 - C Above average
 - D Excellent

4. How would you describe the learning environment in relation to the learners with epilepsy?
 - A Harsh
 - B Very harsh
 - C Favourable
 - D Very favourable

How many teachers in your school are trained to handle learners with epilepsy?

- A None
- B 1-2
- C Above 3
- D All

How is the attitude of teachers towards learners with epilepsy?

- A Positive
- B Negative
- C Neutral

How is the rate of level of interaction and socialization between the learners with epilepsy with other ordinary learners?

- A Full
- B Little
- C Fair
- D Very little

How often do you involve the learners with epilepsy in non-academic activities such as sports?

- A Always
- B Rarely
- C Very rarely

9. Does the Kenya Primary School curriculum adequately take care of these learners with epilepsy?

A Very adequately

B Adequately

C Not at all

10. Where do you think these learners can learn best?

A Regular class

B Special Unit

C Special school

PUPILS QUESTIONNAIRE

1. Are there learners with epilepsy in your school?
 - A Yes
 - B No
 - C I don't know

2. If yes how many?
 - A Below 5
 - B 6-10
 - C 11-20
 - D 21 and above

3. What number do they hold at the end of the term?
 - A 1-10
 - B 11-20
 - C last

4. Do you play together with learners with epilepsy during break time?
 - A Yes
 - B No
 - C Some play others don't

5. Where do learners with epilepsy sit in your class?
- A Infront
 - B Centre
 - C Behind
6. Are the learners with epilepsy involved in cleaning of classes and compounds?
- A Yes
 - B No
 - C A few
7. How are the learners with epilepsy handled/regarded by the other ordinary learners?
- A Positively
 - B Negatively
 - C Neutral
8. How are the learners with epilepsy in schools?
- A Happy
 - B Unhappy
 - C Very unhappy
 - D Very happy
9. Are learners with epilepsy given other fake names?
- A Yes
 - B No