# INVESTIGATION ON TEACHERS ATTITUDE TOWARDS INCLUSION OF MENTALLY HANDICAPPED CHILDREN IN PRIMARY SCHOOL, KITUI DISTRICT, EASTERN PROVINCE KENYA

BY

KITHOME M. NZWILI
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## DECLARATION

I KITHOME MWENDWA NZWILI do hare by declare that this research report is entirely my own original work, except where acknowledged, and that has not been submitted before to any other university or institution of higher learning for the award of any academic qualification.

Signature.....  Date 20-8-09

Kithome Mwenwda Nzwili.

## APPROVAL

This project has been submitted with approval by my university supervisor.

Signature: ..... Date...21/08/2009.

MR. WOMUZUMBU MOSES

# DEDICATION

This report is dedicated with lots of love and appreciation to my dear wife and son. It is also dedicated to my parents, brothers and sisters who have all contributed towards its accomplishment. Your contributions are highly appreciated. Without you, I would not have made it. May the almighty God be gracious upon you.

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# TABLE OF CONTENTS

# LIST OF TABLES

## DEFINITION OF TERMS

### ATTITUDES

According to Macmillan, d.l (1977) definition of the term attitude, usually stress attempts to measure a persons set of predispositions for responding in a particular way to a specified class of objects or people.

### INTEGRATION

In education integration is a trend towards educating the exceptional child with the normal peers to whatever extent is compatible with his fullest potential development KIRK, S. A. (1972).

### LEAST RESTRICTIVE ENVIRONMENT

Least restrictive principle is spect out in the "Federal register" Rules and regulations as follows:-

a) That to the maximum extent appropriate, handicapped children including children in public institutions or other facilities, are educated with children who are not handicapped and

b) Those special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature of severity of the handicapped is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. PL 94-142 (Education for all children Act USA 1975).

### MAINSTREAMING

Mainstreaming refers to the temporal instructional and social integration of eligible exceptional children with normal peers based on an ongoing individually determining processes and requires clarification of responsibility among regular and special education administrative instructional and supportive personnel. Kauffman et al (1975).

**MENTAL RETARDATION**

Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adoptive behaviours and manifested during the developmental periods. AAMD (Grossman 1977).

**NORMALIZATION**

Normalization means utilization of means which are as culturally normative as possible in order to establish or maintain personal behaviours and characteristics which are as culturally normative as possible, Moberg, S. (1987).

**REGULAR/ ORDINARY SCHOOL**

A school for the non-handicapped pupil only. Some times referred to as "Normal" school.

**SPECIAL SCHOOL**

A special school is a school designed to cater for the handicapped children only. Sometimes it includes children with special abilities (gifted and talented) and other special needs.

**INTEGRATION**

Integration and mainstreaming both means the same thing but integration as defined by Hegarty (1984) is Educating pupil with special needs in ordinary schools, says that integration refers to a process of making whole or combining different elements in a unit. In special education integration is education of pupil with special needs in ordinary schools. Integration provides a "Normal" environment where children with special needs learn alongside with their peers and are free from the isolation that is characteristics of many special school placements.

Integration therefore is combining diverse elements into a unit. One way of unifying the diversities of these elements is to understand the society in depth. This calls for a process of making similar or making the handicapped children have to learn to imitate the non-handicapped. Warnock by Hegarty et al, distinguishes three main forms of integration in terms of association.

## LOCATIONAL INTEGRATION

This form involves special units or classes sets up in ordinary schools or where a special school and an ordinary school share the same compound.

## SOCIAL INTEGRATION

This is where the handicapped children attending the special class or unit eat, play with the non-handicapped and may share co-curricular activities.

## FUNCTIONAL INTEGRATION

This is fullest form of integration where handicapped children learn together with the non-handicapped and participate in educational activities part-time or full-time in regular classes.

# ABSTRACT

The purpose of this study was to find out attitude of regular school teachers towards inclusion of learners with mental retardation, in Kulundu zone. The specific objectives of the study were to find out the cause of mental retardation, to find out the qualification level of teachers who are against inclusion, to find out implications of teachers' attitude towards mental retardation and to identify possible intervention strategies to alleviate the problem.

The method used for data collection were questionnaires sent to staff members of the schools who were involved in the study. In chapter four, the findings were presented and interpreted in relation to the study objectives and research questions. While linking to the existing literature, the results included tables and frequency percentages. Based on the findings it was observed that teachers of regular schools aged between 35 years to 55 years never supported the idea of inclusion of learners with mental retardation in regular schools because of old norms and rigidity. In chapter five, development of solutions to the problems, summary of the findings and conclusions were attempted. The findings suggested recommendations on areas pertaining interventions for learners with mental retardation.

# CHAPTER ONE: INTRODUCITON

## 1.0 Introduction

This chapter sets the stage of the study by providing essential information from broad to specific. It covers the following elements.

## 1.1 Background information.

Looking at the world in a broad spectrum, one would see some of the primary school teachers not providing basic needs for children with special needs.

Kenya's goals of education summed up states that her education is geared to prepare and equip the youth to be happy and useful members of the society. To be happy they must learn and accept the national values and to be useful they must actively work towards the maintenance and development of her society.

First and foremost, the teachers should try to expose the children to play materials which enable the child acquire skills of ADL and SHS.

Due to the mentally retarded children being placed in special schools, they are unable to achieve fully the national goals objectives. Causing the nation to produce members who are unable to actively work towards the maintenance and development of the Kenyan society.

Susan stainback and William stainback (1985), notes that; due to the growing national concern for the education of all children experiencing handicaps, in 1975 the congress of the United States of America Passed Law 94- 142, mandating a free and appropriate education for all the students with handicaps in the "least restrictive environment". On the ground that this would enable the handicapped to become friends with the normal children, increase their self confidence and enhance their ability to handle learning.

Our ministry of Education in Kenya has also come up with a similar policy in Special Education. Stating that the mildly and moderately mentally retarded children should receive most of their education in ordinary classes. This involving Special teachers and Programmes modified to suite them.

Educating the handicapped children in the ordinary classroom is what is referred to as inclusion/mainstreaming. This process requires that the handicapped child be educated by regular class teacher. Hallarn and Kauffman (1978), according to Burton and Hirshore noted that the failure of inclusion is to the assumption that regular classroom teachers would be wiling to participate in the process of mainstreaming and that they have the necessary skills.

Kenyans regular classroom teachers have had very little instructional knowledge form their teacher training colleges which can help them teach the mentally handicapped children. Even though these teachers have always handled in their teaching career the slow learners and the disabled children in their classes. With little modification and support these teachers can apply the same methods they have used with the sow learners and assist the mentally retarded children.

Dolald, L. M. (1982), notes that positive teachers' expectations can boost the retarded child's achievement, while negative teachers' expectations can lower achievements. The feeling of the regular teachers becomes very important. This study is carried with the conviction that the regular classroom is for the most ideal learning environment for the mild and moderately mentally handicapped pupils because they learn in a normal way with least restrictive environment. As for placing these children in special institutions will hinder them many experiences. While the normal peers in the regular schools will also lack the experience and opportunity to live with the handicapped in the community and they might overlook them in the future. Learning with the handicap may encourage one to have the vocation to work with them in the future as doctors, teachers, or any other authority related to them.

Peer tutoring and encouragement is also another important aspect when we consider integration. It helps the retarded to learn at real life situations and be able to coup with their peers whom these individuals will have to live with in their adulthood in the society. If the retarded people are secluded and only learn with the fellow retarded, when they leave these institutions they are unable to live comfortably with the fellow normal peer in the community. They feel out of place, helpless and useless individuals.

## 1.2 Statement of the problem

Although the government of Kenya has free sensitization of regular school teachers on the inclusion, teachers in Kalundu zone still continue to consider inclusion of learner with special needs.

If mainstreaming or inclusion can be fully implemented many mentally handicapped children can get a chance for better education, thus becoming useful and independent members of the society. The present system of our education in Kenya that is the 8.4.4 is ideal for such accomplishment. In consideration to its goals and objectives of being self-reliant by the time one completes the first eight years of primary education. This is basically what many of the

mentally handicapped school leavers in gaining access to the job market. The vocational and prevocational skills are taught by the regular classroom teachers.

The regular classroom teachers need some basic knowledge about the mentally handicapped children. This will help the teachers in regular school to know that these children need to learn just like any other children, and they are entitled to be educated just like anybody else. This implying to the teachers that having negative attitudes towards the integration of mentally handicapped in the regular school would be just the same as neglect of ones duty.

Through in service courses and awareness programmes organized by assessment centers which are in all the districts teachers can get to know more about the exceptional child and be able to assist them in their education programmes.

### 1.3 Purpose of the study

The purpose of this study is to establish the present feelings and attitudes of the regular classroom teachers and find out if mainstreaming or integration of the mentally handicapped children in regular schools can be effective in the present day. The study also aims at creating awareness to the regular school teacher on inclusion and find ways and means which can be used to change the negative attitudes for the acceptance of the mentally handicapped children in the inclusion.

The study also aims at creating awareness on the causes and prevention of mental retardation and the education of the mentally handicapped. In general people from all walks of life need to have some knowledge about the mentally handicapped people. The most effective way of this mixed group we get the teachers in future, the doctors, the architects, the engineers and the economists. If these people have had the opportunity to learn or to be close to the mentally handicapped in the integrated society.

### 1.4 Objectives of the study

In order to arrive at the most intended results or purpose of this study effectively, the researcher was guided by the following objectives:

- To establish the major causes of mental retardation.
- To find out the qualification level/age of the teachers who are for / against inclusion.
- To find out the implications/ views of teachers attitude towards mental retardation.
- To identify possible intervention strategies to alleviate the problem

### 1.5 Research questions

Some of the questions that the researcher asked in the study included;

a) What are the major causes of mental retardation in Kalundu zone?
b) What are the qualification levels/age of the regular school teachers who are for/against inclusion?
c) What are the implications of teacher's attitude toward mental retardation?
d) What possible intervention strategies that can alleviate the problem?

### 1.6 Significance of the study.

The study was aimed at finding out some of the major causes of mental retardation in regular schools, also the study was aiming at finding out the extent to which regular classroom teachers support the programme. Having the opinion that little has been done in this subject mainly because most regular teachers who by all means are the executors of the programme are ignorant, and lack information. The researcher's interaction with the regular classroom teachers through data collection and questionnaire on the subject of mental retardation and the concept of mainstreaming as well as changing the negative attitudes through the discussions held.

The targeted results will seek to eradicate negative opinions, sensitize community and teachers on existing factors that contribute to attitude of regular teachers towards inclusion, assist educational policy makers to draw policies that can address the situation, improve the opinions of teachers administrators, educational officers and society as a whole. It is hoped that the data results will prove valuable in planning and implementation of mainstreaming and that most regular teacher will change their attitudes and wish to teach the mentally handicapped in their regular classrooms.

### 1.7 Scope of the study

This study focused particularly on factors that contributed towards mental retardation in Kalundu zone, Central division, Kitui District, Eastern province, Kenya. Kalundu zone is located within Kitui municipality. It consists of seven sub-zones covering both urban and rural setting. It has forty nine primary schools, twenty in the urban set-up and twenty in the outskirts (rural set-up). The schools are mainly public and only seven are private. Among the public schools are three special schools, one for mentally handicapped, one for the deaf and the other for visually impaired learners. The researcher concentrated on ten sampled schools

encompassing all the categories presentation a deliberate choice of both urban and rural set-up schools will be necessary.

## 1.8 Limitations and delimitations of the study

### 1.8.1 Limitations of the study

During the course of the study, the researcher encountered the following problems or draw backs.

a) **Time:** - The researcher, being a practicing teacher, husband as well as a church leader, the work was overloading meaning putting extra effort.

b) **Inadequate Literature:** - Kitui town has neither a public nor a private library and therefore a problem was encountered by the researcher. Though there may be literature available at Kampala International University, the crash programme during face-to-face may not allow enough time for the researcher.

c) **Finance:** - Being a family man as well as self sponsored student it become a real strangle in meeting all expenses in carrying out the research.

d) **Uncooperative Respondents:** - Some subjects or participants, due to their own personal reasons, never supported the researcher fully.

e) **Transport:** - The area under question was a large portion with poor road network, with financial constraints; the researcher was therefore forced to commute on foot to avoid expenses.

f) **Distance:** - The research being done in Kenya and supervision in Uganda- Kampala International University, this affected smooth working environment.

### 1.8.2 Delimitations of the study

These are the positive parts of the study;

a) **Population or Familiarity:** Having worked in Kalundu zone for about three years, the researcher is known to most of the teachers (main respondents). This made the respondents to corporate better with the researcher.

b) **Language:** The researcher is a native of the study area and familiar with their dialect (Kikamba), or native language as well as English and Kiswahili. For those who use their dialect, the researcher was able to translate or interpret to them. Therefore, communication was not a barrier to the study.

c) **Culture:** The researcher being aware and familiar with the belief, taboo customs, traditions and lifestyle of the teachers within the study areas was not a problem dealing with the respondents.

d) **Finance:** The researcher is an experienced teacher and therefore interaction with teachers who are the main respondents was not a problem.

# CHAPTER TWO: LITERATURE REVIEW

## 2.0 Introduction

This chapter reviews the information form other scholars on the subject study. It covers background, historical overview of education, inclusion of learners with mental retardation, reactions of regular school teachers towards inclusion, implication/effects of teachers in inclusion and intervention strategies.

## 2.1 Definition of mental Retardation

There are several definitions on mental retardation. Some of which are based on intelligence test score, failure in social adjustment while others are based on the causes of mental retardation.

According to Grossman (1973), by Ingralls, R.P. (1978), mental retardation refers to as "significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviors and manifested during the developmental period." This is the widely accepted definition of mental retardation today. It was adopted by the American Association for the mentally Deficiency (AAMD) in 1975.

Smith (1971) defines mental retardation as a condition which is characterized by sub-normal mental functioning and manifested as an inability to acquire, or properly use experiences for the solution.

Tregold (1978) as Ingall, et al (1978) defines mental retardation as a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to normal environment of his peers in such away as to maintain existence independently of supervision, control or external support.

## 2.2 Historical overview of education

Looking back into history we find that the mentally retarded persons were treated harshly by most cultures of the world.

Frampton and Gall, according to KIRK,s (1972) came up with three stages in the historical development of attitudes towards the handicapped people.

They said that during the pre-Christian era, that the handicapped in general were persecuted, neglected and mistreated. Then secondly during the spread of Christianity the handicapped

were protected and pitied. Third in the recent years there has been a movement towards accepting the handicapped and integrating them into the society to the fullest extent possible.

In support to Framton and Gall's stages history shows that during the Old Testament times disabilities were regarded as divine punishment for sin. It was believed that contact with a sinner was likely to transmit sin. This made the handicapped people to be thrown outside the city wall.

During the middle ages the mentally handicapped were considered possessed with evil spirits. As a means to get rid of these evil spirits, the mentally handicapped were confined and stoned to death.

In Ancient Greece, over 2,000 years ago Plato according to Kirk et al (1972) advocate that children with superior intellect be selected at an early age and be offered a specialized form of instruction in science, philosophy and metaphysics. The most intelligent and knowledgeable would then become lenders of the state. Plato felt that the survival of Greek democracy was contingent upon its ability to educate the superior citizens for leadership positions in the society. At the same time Plato said that it was good for the state to kill all abnormal people.

In Kenya today there exists no written records to show how the mentally handicapped were treated. However, oral literatures were available form different communities show that children born with disabilities were neglected or even killed.

During the 14$^{th}$ century the first institutions for the mentally handicapped were established in Europe. These institutions were more or less similar to asylum meant to protect the mentally handicapped people form the society. They provided neither medical treatment nor education.

Organized programmes can be traced from the time Jean Merc Itard discovered victor "the wild boy of Everyon," in 1798. but the first school for the mentally handicapped was not established until 1839. When Edward Seguin initiated the programme in france, then migrated to the united states of America.

According to Kirk et al (1972) the burden to build institutions for the mentally handicapped was by the society at the turn of the 19$^{th}$ century in the USA therefore special classes for the mentally handicapped began to be organized in the school system in 1900. this was the first move towards mainstreaming.

Special education did not take form in Kenya until after the end of the Second World War, when religious organizations established institutions to cater for the war victims in the 1940's.

The first school for mentally handicapped was opened in Nairobi by the Agakhan in 1948 at the present sight of the jacaranda special school. Soon after attaining independence, the Kenyan government set a commission under the chairman of Hon. E.N Mwendwa, the then minister for social services.

The commission recommendations generally were on the education, training and placement of the handicapped persons especially in regards to employment. The most important commission in special education came from the Gachathi Report, whose recommendations the government have come up with the present integration policy in special education. This policy for special education, states that wildly and moderately retarded children should receive most of their education in ordinary classes with modified programmes involving specialists teaching.

Today in Kitui District there is one integrated unit for the mentally handicapped, one for the deaf and other for the visually impaired learners.

### 2.3 Causes and prevention of mental retardation.

Some of the common causes and prevention of mental retardation as stated by Ingalls et al (1986) are:

- Infections and intoxications
- Trauma or physical agents
- Disorders of metabolism or nutrition
- Gross brain diseases
- Unknown pre-natal influence
- Chromosomal abnormality
- Gestational disorders.

#### 2.3.1 Infections and intoxicants.

**Pre-natal infections:** These are conditions or disorders which are caused by micro-organisms such as virus and bacteria. They attack the nervous system resulting in mental retardation. The time this can mostly happen is at the prenatal stage. When the nervous system is beginning to develop, the infection may cause either mild symptoms or no symptom at all, when it affects the mother, but as it spreads to the child developing in the uterus, it causes serious and permanent malformation and brain abnormalities.

**Rubella:** Holmes (1972) as by Igallas et al (1986) says that Rubella best known as colloquially as German measles is one of the best known and most serious cause of pre-natal infections leading to mental retardation. In adults and children the disease causes a mild sickness characterized by swollen glands and skin rush. If the virus attacks a pregnant mother the virus can also affect the developing foetus resulting to serious defects.

The primary symptoms of congenital rubella are hearing loss, visual defects, mental retardation and heart defects. Within the last few years a vaccine against rubella was developed. There is hope of the disease to be eliminated as a cause of mental retardation.

**Syphilis:** Holmes (1972) as by Igallas et al (1986) denotes that syphilis is another virus which can result to serious congenital defects. This is sexually transmitted disease which is caused by spirochete bacterium that spreads through sexual contact. In an infected mother the organism crosses the placenta and after the18th week of gestation invades the foetus. Damage involves the developing tissues of the nervous and circulatory systems.

Many children with congenital syphilis die at birth and those who survive chances for recovery are good if promptly treated. In infancy, the syphilitic child may have lesions, a chronic runny nose with nasal hemorrhaging and enlarged liver and spleen. A child's mental retardation becomes apparent and it is frequently accompanied by other abnormal behaviours and seizures. The consequences of the foetus include miscarriage still birth, heart defects, deafness, dental deformities, enlarged liver and spleen.

Once the damage is done it is irreversible. Blood test for syphilis in pre-natal care is advisable so that cases of syphilis can be detected and treated. Early treatment with antibiotics like penicillin cures the infection.

**Toxoplasmosis:** Couvieur and Desmonts (1962) as by Igallas et al (1986) says that this is protozoan parasite infection relatively unfamiliar to the public. It is spread through raw meat and cat feaces.

Maternal infection is mild but the disease is devastating to the foetus, only primary maternal infections contracted during the first trimester of pregnancy are likely to damage the foetus.

Some of the symptoms found on children of the affected mothers are likely blindness hydrocephalic, microcephly, feeding problems damage to the nervous system, cranial abnormalities and eye disorders.

To avoid this disease pregnant mothers should look for their meat thoroughly and avoid contact with the cat feaces. Antibodies studies of maternal blood indicate whether a mother has been exposed to toxoplasmosis.

**Cytomengalic virus:** MCCRACKEN (1969) as by Igallas et al (1986) says that cytomegalic virus causes a disease called cytomegalic inclusion. It is another disease which is known to effect the foetus severely. It produces no demonstratable illness in the mother but the infant suffer severe symptoms.

The disease can cause various birth defects if it infests the developing foetus. Some infants show no symptoms at all, but most show neurological impairment and most are mentally retarded. Occasionally, the virus will cause cranial abnormalities like hydrocephalic (enlarged skull due to the fluid pressure). Microcephally (un usually small head to standard deviations) anemia, enlarged liver and spleen, cerebral calcification (hardening of salts in cerebral) varied degrees of mental retardation, deafness, cataracts or progressive opacity of the eye lenses, convulsive disorders (violet and irregular movement of the limbs and the body).

The disease can be avoided by pregnant mothers by avoiding visiting hospitals and living in the well-ventilated environment.

**Aseptic meningitis:** This is caused before birth of the child. The virus are contacted through the mother to the child. Infectious micro organisms enter the foetus before birth. They may affect the foetus or may not at all.

**Intoxicants:** Another category of causes of mental retardation is intoxicants. They are better known as poisons. This category refers to disorders in which foreign substances of some kind enters the system of the child pre-natally or after birth and causes permanent damage.

**Blood incompatibility:** Gerrer and day (1950) as by Igllas et al (1986) says that it is believed that 85% of general populations are Rh+ve (Rhesus Positive) while 15% have Rh-ve (Rhesus negative). Some times the mother's body produces some antibodies that attack the blood cells of the developing foetus and these results to the foetus brain damage, mental retardation and frequent death. This condition is also called maternal sensitization which involves blood incompatibility, due to Rhesus factor. This Rhesus factor is transmitted through a single dominant gene. This is positive Rhesus factor. When the mother is negative

and the child is positive the mothers blood produce antibodies to fight the Rhesus factor positive as foreign bodies or germs. The production of the antibodies in the mother does not cause problems in the first pregnancy, because the antibodies are few in number. In many cases the problem is severe in subsequent pregnancies. The foetus is either aborted or still birth occurs.

While in less severe cases the child is born with conditions known as erythroblistosis. This is characterized by destruction of the baby's red blood cells.

In cases the baby survives, there may be neurological damage, brain damage leading to mental retardation, specificity due to damage of the brain cortex, nerve hearing loss and hoemorphilic of the new born.

Some of the symptoms which can be seen on the affected are, the child is lethargic and hypotonic which is insufficient mussle tone, juadice a condition called Kernicterus when the kidney fails to remove waste form the body, high fever, sighns of nervours damage and unusual posture and hyperactivity or excessive musle tone or lension.

For treatment the babys blood has to be completely transfused so that he has the same blood as the mothers. The service is effective but the baby may have a low IQ. Mothers with this condition can be injected with, a drug to inhibit their bodies from producing antibodies. This is done after birth of an Rh+ve child. If the case is noticed either before birth the baby can be born earlier and nursed in incubators.

**Toxemia:** A condition during pregnancy characterized by swelling aedema and high blood pressure. Most children of toximia mothers develop normally but the prevalence of mental retardation in these children is increased.

**Radiation:** Plummer (1952) as by Igallas et al. states that these are high energy levels from atomic reactions. If a pregnant mother is exposed to large amount of radiation for therapeutic purposes results into destruction of the foetus developing. The child will have serious birth defects or will not survive damage of central nervous system and microcephally.

**Diabetes:** Davids, Devauits and Talmadge (1961) as by Igllas at al says that this is a condition brought by the pancreas failure to produce enough insulin to control the metabolism of carbohydrates to produce glucose which when it excess is stored in the liver as glycogen. Pregnant mothers who suffer from diabetes high blood pressure or heart diseases are likely to give birth to premature babies and may have birth complications.

**Lead poisoning:** Chisolm & Kaplan (1968) as by Igllas et al, says that the lead poisoning develops sometimes after birth and is a possible cause of mental retardation. The low income groups have a tendency of eating unwanted food substances a condition called pica and if they can suffer permanent brain damage. Some of the symptoms of lead poisoning are neurological traumas, convulsions, optic atrophy, perceptual difficulties and sometimes lowered intelligence.

**Drug abuse:** Jones (1973) as by Igllas et al denotes that anything when taken affects the normal functioning of the body is referred to as a drug. New drugs are coming to the market now and then. Many of them are pain reliever. A pregnant mother should not use any un prescribed drug and drug taking should not be a must if care can be done by other means like rest.

Sedative drugs like thalidomide have made mothers to bear children with gross deformities such as absence of limbs.

Other drugs include alcohol, nicotine and heroine. Children of alcoholic mothers have a syndrome called alcoholic syndrome and they are characterized by microcephaly and low mental abilities.

### 2.3.2 Trauma or physical agents

The second group of causes of mental retardation is trauma and physical injuries. They are likely to occur during the pre-natal periods as the developing foetus is fairly well protected by the mother. Mostly the time when injuries can occur in the peri-natal periods. There are many things which can go wrong during the process like:

**Peri-natal anoxia:** The most crucial aspects of birth process is the transfer of respiration from the mother to the child. During pregnancy the child receive oxygen from the blood of the mother but once the foetus is detached from the mother circulatory system, which is the source of oxygen, is no longer there and the child must breath on its own. If the child stays a few minutes without oxygen the cells begins to die. The brain cells are among the first to die. The condition of luck of oxygen is known as anoxia. There are several ways in which anoxia can occur or develop. If the birth take too long and is complicated, the placenta may become detached from the walls of the uterus before the child is born. It can also occur if the

umbilical cord develops a kind or becomes wrapped around the child's neck and suffocates the child. It can happen if the child does not begin to breath immediately after birth. This can happen if the mother had been heavily sedated during labour.

**Mechanical injury:** During birth process the baby is subjected to a number of physical stresses. In normal birth the infants head is down and opens up the birth canal. The bones of the head are still flexible and frequently the head of a new born is misshapen.

This is a normal condition but when the stress of birth is too great, internal hemorrhaging may occur resulting in brain damage. Particularly it is likely to happen if the labour is very short or if the infant instead of being born head first it presents buttocks first or in breach delivery.

In case of multiple birth, all these pre-natal hazards increase. Because there are two or more foetus developing at the same time.

**Post- natal trauma and child abuse:** These are physical injuries resulting either from an accidents or from deliberate aggression or beating. The two common causes of severe head injuries take a wide variety of forms and there is no precise pattern of symptoms.

The buttered child syndrome which has recently received much attention is another cause of mental retardation. Buttered children who repeatedly suffer severe injury intentionally infected by another person or persons. These injuries are a result of deliberate punishment by the parents or care takers.

The frequency of child abuse is hard to obtain because parents generally deny that they inflicted the wounds and physicians are often reluctant to accuse parents unless child abuse is undeniable. Parents inflict a wide variety of injury to their children everything from burning to beating to bone braking.

### 2.3.3 Disorders of metabolism or nutrition:

This could occur as a result of the child being unable to properly metabolize what is eaten due to an inherited disorder or due to the child not getting proper nutrition. Some of the disorders are:

**Phenylketonuria:** Werner, D. (1987) states that PKU is a problem which the baby can be born with an inherited inability to properly metabolize one or more of the essential amino acids which are the building blocks of protein. PKU is transmitted by a single recessive gene and is a sample of mendelion inheritance.

There are two possible genes which can occupy certain positions on one of the chromosomes. One of which result on normal individual and can be designated the N gene. While the other can result in an individual with PKU and can be designated P gene. Every individual receives two of these genes one from each parent. The combination of the genes that an individual can be designated P gene. Every individual receives two of these genes that an individual has is referred as genotype. So an individual can have two N genes and can have P gene or he can have NP genotype. Individuals with NN genotype are always normal for this trait. While individuals with PP genotype always have PKU and individuals with one gene from each type and NP genotype are always normal. The N gene is called dominant and P gene is called recessive.

The most important symptoms in PKU is low intelligence and majority of these people affected are profoundly retarded. At birth the child's nervous system is intact and development may continue as normal for a short time but brain damage occurs gradually due to the poisoning by excessive phenylalamine which can be traced in the individual's urine.

**Galactosemia:** According to Stainback, S.W. (1995) comments that this is similar to PKU in some way. It is transmitted by a single recessive gene that results in ability to properly metabolize galactose which is a carbohydrate that results from digestion of milk. Several signs can be seen at early stages of childhood.

The children are born with slightly lowered weights, they complain of frequent failure of thrive, they do not gain weight and have frequent vomiting and diarrhea. The poison that accumulates usually lead to liver damage.

When milk is eliminated from their diet most of the signs disappear. This does not eradicate the problem completely. The child experiences lowered intelligence.

**Disorders of lipid metabolism:** According to Ogonda, G. (2002), these are groups of related disorders which results from excessive accumulation of lipids in the body. There is no known cure for this problem and most of those who have it die young. The best known in this group is Tay-sachs disease or infantile amourotic familiar idiology. As the other disorder of inborn

metabolism the child appears normal at birth, but excessive lipid begins to accumulate. This results in mental deterioration, blindness, hypersensitivity to sound convulsion and spasticity.

2.3.4 Unknown pre-natal influences

In this group it includes a number of congenital malformations of the brain or skull whereby they are associated with mental retardation. Most of the causes are unknown although some have possible genetic origin. Good examples are:

**Hydrocephaly:** According to Kaufman, M.J & J. S Payne (1982), it is one among the group of disorders known as the cranial anomalities. It is so called because of the characteristic features it has.

It is characterized by enlarged skulls. In this condition cerebrospinal fluid accumulates in the head creating pressure on the brain and skull. This water normally drains from the central nervous system and is absorbed in various drainage systems. These drainage systems are blocked in this case and are not functioning properly. This pressure in the head develops sores and brain damage. This leading to severe mental retardation.

**Spina bifida:** Wermer D. (1987), this is also another congenital malformation of the cranial anomalities. The malformation is of the nervous system where by spinal column is not properly formed and as a result there is an opening in the bony case protecting the nerves. In other cases nervous system is not impaired only a dimple on the back is visible while the others tissue protrudes through the opening and there is a suck on the back.

If similar conditions occur on the head it is called cranial bifida or encephalocele. In this case there is an opening in the back of the skull with tissue protruding. Retardation and other signs of brain damage accompany cranial bifida.

**2.3.5 Chromosomal abnormality**

This is a biological cause which can cause mental retardation. As by Igallas (1986) et al, chromosomes are thread like structures in the nucleus of every cell and carry the genes. While genes are in those areas in a chromosomes which carry the hereditary information.

There are 46 chromosomes which form 23 pairs. The problem arises when the formation of these pairs does not occur in the normal way by either the 21 chromosome duplicating itself or the chromosomes on the edges having abnormal growths. The results being a down

syndrome child. Whose intellectual functioning range from 30-70(severe to mild mentally retarded). The causes of abnormalities in chromosomes can be due to diseases, drugs, radiation and age.

The abnormalities in chromosomical problem can be detected as early as the first days of pregnancy. Though tests like of Amniocentesis or M.R.I.

Some of the characteristics of the down syndromes are that they have a flat back of the head. Have slanted eye lids. Have short fingers and small finger is curved outwards.

Have a small skin folds at the inner corner of the eyes. The tongue is bigger than the mouth. Have a depressed nasal bridge. Have smaller nose and ears. They have hearing deficits, visual problems and thairoidys function.

## 2.4 Classification of mentally handicapped

According to Ogonda, G. (2002), the mentally handicapped can be divided into four groups. This classification is done using: communication skills, physical skills, social adjustment, independent skills, occupational vocation and academic performance.

The I.Q range lies two standard deviation from the mean which is a hundred. The scale can be Binet or Wechsler.

$$IQ = \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100$$

One standard deviation is 15 in Binet scales while it is 16.

The four major groups of the mentally handicapped are:

**Mild mentally handicapped:** In other words they are referred to as the educable mentally retarded (EMR). This group can live successfully in the community. They can live independently or they can live un supervised. On the side of communication skills, is that they can communicate reasonably well or effectively. They have a good knowledge of receptive and expressive in language. In most cases they are able to participate in meaningful conversation.

They may have some difficulties in understanding abstract concept and may have restricted expressive vocabulary. On the side of physical dimensions, they may not have major physical problems unless accompanied by other physical conditions and these can be assessed using relevant tools, test instruments.

On the side of social adjustment its that they are fairly social and they may have adequate social skills although some deficiencies may be evident.

Their independent functioning is that a good number can be in dependent and may not need assistance. On occupational vocation is that they are good potential for competitive employment. On academic performance is that they can achieve some academic competence and be literate enough to survive through school.

**Moderate:** According to Hegarty (1981) comments that they are referred to as trainable mentally retarded (TMR). This group can adapt to life in the community but in most cases needs supervised setting (at school teachers and at home, parents).

In communication, they can carry on with simple conversation and they may have problems in listening and speaking (receptive and expressive).

On physical dimensions, some have motor and health problems. In social adjustments they can interact with others but may be awkward sometimes. They can make some friendship.

In independent functioning, they can master self-help skills. They can live in a supported setting and they may require financial support.

In academic performance, they can gain or acquire functional skills. Such as measurements and activities of daily living.

**Severe mentally handicapped:** According to Kirk & Gallagher (1983), they are referred to as the sub-trainable custodial. They can be taught survival words like- danger, No and Yes, etc. they may be able to do simple tasks with close supervision. Most of them adapt well in communities and in residential setting or with their families unless they have such a severe handicap to necessitate nursing care.

In communication, they can understand very simple sentences. They have very little verbal skills and they may use in their communication, non verbal skills like gestures.

In their physical dimensions they have very significant motor and health problems. In social adjustment is that their social interactions are very limited.

In independent functioning they need certain amount of assistance in daily activities (you might need to wipe them, clean them and take care of them).

On occupational vocation is that employment is possible for some of them (in the developed countries). They are the typical people found in the sheltered workshops. In academic performance most of the academics are not possible but functional skills can be mastered or taught.

**Profound mentally handicapped:** According to Hlirshon, A. & T. Burton (1979), in another name, they are referred to as custodial. Motor development and self-care including communication skills may improve if appropriate training is provided. Some can perform simple tasks in closely supervised sheltered workshop.

Their communication skills are very limited if they exist. They may have no verbal sounds.

On physical dimension there are very few useful physical motor skills. They may be medically fragile. On social adjustment they are non-existent. They may not exist (they may smile or scream).

On independent functioning, they are totally dependent from birth or death they cannot be independent.

On vocational and occupational is that they cannot be employed. Academic performance, the attendant focuses on attending and positioning.

# CHAPTER THREE: METHODOLOGY

## 3.0 Introduction

This chapter deals with the sample section, tools, methods and procedures of data collection which the researcher used to come up with the attitudes of regular school teachers towards inclusion in Kalundu zone, Kitui district.

## 3.1 Research approach

The design of this study was both qualitative and whereby the researcher used numerals to record data towards teachers attitudes in inclusion of learners with mental retardation, at the same time descriptive method to describe the data collected.

## 3.2 Research design/strategy

Both quantitative and qualitative approaches were adopted. Quantitative method collected data using standardized tools like questionnaire directed to a selected sample. It also used numerical data to explore traits and situations. Quantitative method was used to describe the data collected in words. By using both approaches, the researcher carried out a survey to collect information form the respondents to determine the status of the problem.

## 3.3 Population of the study

The study was carried out in Kitui District Eastern province. Ten sampled schools represented each division, though random sampling method. The choice of the schools was done purposely due to the following reasons. The researcher wanted to cover all four divisions in the division. The schools were well served by murrum road which made them accessible.

The schools are placed in different locations within each division. The schools are placed and established with adequate staff, building and other facilities. The researcher also covered both rural and urban centres with some serving as divisional headquarters. Four teachers were selected randomly from each of the ten schools.

### 3.4 Sampling strategy

Kalundu zone has six-sub zones with forty nine schools; forty six are regular schools while three are special schools. The schools are both public and private. Among the public schools, six are private primary schools. Through random stratified sampling, the researcher selected ten schools constituting of all the categories represented in the area of the study.

### 3.5 Data collection method

With permission or authority, a letter from the institution of learning, that is Kampala International University; it was possible for the researcher to collect raw data from ten sampled primary schools. In Kalundu zone, a prepared questionnaire was sent to three teachers from every ten schools sampled teachers were selected through random sampling and parents through convenience and purpose method. Through both cluster and convenience sampling, all appointments with key informants were arranged face-to face to fill the questionnaires.

### 3.6 Questionnaires.

The researcher delivered questionnaires to the teachers in Kalundu zone which is located in Kitui municipal council of Kitui town. The questionnaires helped in collecting the essential information over a very short period of time.

The tool was more convenient to use because it could be sent to the teachers far away through post office. It was also a time saving tool. Its limitation was that it only needed people who could read and write however this was not a problem since the research involved teachers in regular schools.

### 3.7 Data analysis

The data collected was analyzed qualitatively and quantitatively. Qualitative (descriptive) data was processed through content analysis and quantitative (numbers) data was analyzed to determine frequency distribution and percentage of which was calculated and presented in tabular form.

The table below shows the distribution of questionnaires to respondents per school in Kalundu zone.

**Table 3: The distribution of questionnaires to respondents**

| No. | NAME OF SCHOOL | DIVISION | NO. OF TEACHERS |
|---|---|---|---|
| 1. | Central primary school | Central | 3 |
| 2. | Muslim primary school | Central | 3 |
| 3. | Museve primary school | Central | 3 |
| 4. | Moi primary school | Central | 3 |
| 5. | Kavisi primary school | Central | 3 |
| 6. | Makutano primary school | Central | 3 |
| 7. | Kaveta primary school | Central | 3 |
| 8. | Isaangwa primary school | Central | 3 |
| 9. | Kwa Ngindu primary school | Central | 3 |
| 10. | Syombuku primary school | Central | 3 |
| 10 | | 1 Division | 30 |

# CHAPTER FOUR: PRESENTATION OF DATA, RESULTS AND DISCUSSION

## 4.0 Introduction

In this chapter, the results and discussion of the responses of the teachers in Kalundu zone, central division, Kitui District was analyzed. The chapter discusses how the analysis was done and the subsequent sections giving the presentations and discussions based on the specific research objective and questions.

There were thirty (30) questionnaires filled from the ten schools in Kalundu zone each school was filling only three questionnaires.

The results of the responses of the respondents were presented in each question with a table. The tables show the responses to each of the choices are given and the percentages of the choices are shown.

## 4.1 Responses to the questionnaires

**Table 4: questionnaire responses**

| **Name of school** | **No. of participants** | **No. of questionnaires returned.** |
|---|---|---|
| Central primary school | 03 | 03 |
| Muslim primary school | 03 | 03 |
| Museve primary school | 03 | 02 |
| Moi primary school | 03 | 03 |
| Kavisi primary school | 03 | 03 |
| Makutano primary school | 03 | 01 |
| Kaveta primary school | 03 | 02 |
| Isaangwa primary school | 03 | 03 |
| Kwa Ngindu primary school | 03 | 02 |
| Syombuku primary school | 03 | 01 |
| Total | 30 | 23 |

Out of the thirty questionnaires send, only twenty three respondents returned the forms fully answered.

**Response to the questions**

**Question 1**

**4.2 Major causes of mental retardation**

**Table 3: Major causes of mental retardation**

| RANK | CAUSES OF MENATL RETARDATION | FREQUENCY | PERCENTAGE OF SAMPLE |
|---|---|---|---|
| 1. | Infections and intoxications<br>e.g. - Rubella<br>- Syphilis<br>- Toxoplasmosis<br>- As peptic meningitis | 9 | 30% |
| 2 | Trouma or physical agents<br>e.g. - Peri-natal anoxia<br>- Mechanical injury<br>- Child abuse | 12 | 40% |
| 3 | Disorders of metabolism<br>e.g. - Phenylketonuria<br>- Galasctosemia<br>- Lipid metabolism | 3 | 11% |
| 4 | Gross brain diseases | 2 | 05% |
| 5 | Unknown prenatal influence | 3 | 10% |
| 6 | Chromosomal abnormality | 1 | 03% |
| 7 | Gestational disorders | 0 | 01% |
| | Total | 30 | 100% |

From the above observation the table shows that most of the causes of mental retardation are caused by trauma or physical injuries either during prenatal period as the developing foetus is

fairly well protected by the mother in Kalundu zone in Kitui district. However we cannot put it here as a rule that major cause of mental retardation is entirely caused by trauma, but some unknown factors may be some causes.

**QUESTION 2.**

### 4.3 Qualification Level of Teachers towards Inclusion

**Table 4: Showing qualification level of teachers towards inclusion**

| RESPONSES | FREQUENCY | QUALIFICATION | PERCENTAGE |
|---|---|---|---|
| YES | 8 | DEG-DIP | 27% |
| NO | 22 | P2-P1 | 73% |
| TOTAL | 30 | 30 | 100% |

Out of 30 respondents, 8 respondents pointed out that they are for inclusion who have attained degree and diplomas in special education. From the ten schools singled out, 22 respondents who have attained p2 to p1 certifications were against inclusion of learners with mental retardation. This is because the teachers lack awareness for learners with special needs and it's upon EARC centre officers to hold awareness meetings to sensitize the teachers about the needy pupils. The rigidity which is within teachers with p2 and p1 certificates is due to lack of exposure and old beliefs that needy pupil cannot perform in academic field. The government of Kenya should introduce special education in teacher training colleges so that the graduates who come of colleges could adjust to the changes of the today's world towards inclusion of special children.

### 4.4 The Age Level of Regular School Teachers towards Inclusion of M.R Learners

**Table 5: Age level of regular school teacher towards inclusion of M.R learners**

| RESPONSES | FREQUENCY | AGE | PERCENTAGE |
|---|---|---|---|
| YES | 18 | 35Yrs– 40 Yrs | 60% |
| NO | 12 | 45Yrs _ 55 Rys | 40% |
| TOTAL | 30 | 30 | 100% |

From the above, its evidenced that 18 respondents from the ten singled out primary schools were for inclusion of learners with MR. the respondents were aged between 35 Yrs to 40Yrs and this implies that the young tacks of teachers are ready to change with changes in

integration of special needs learners; while 12 respondents aged 45-55 Yrs were against inclusion of M.R learners.

QUESTION 3.

### 4.5 Views of Regular School Teachers Attitude towards Inclusion of M.R Learners

#### 4.51 Regular teachers view on mainstreaming (negative aspects).

**Table 6: Regular teachers view on mainstreaming (negative aspects)**

| RANK | CAUSES OF MENATL RETARDATION | PERCENTAGE OF SAMPLE |
|---|---|---|
| 1. | Mentally handicapped pupil will retard class progress and lower the standard of the school. | 100% |
| 2. | Much time will be wasted on extra remedial work | 80% |
| 3. | They will be humiliated ridiculed and harassed by normal pupil | 75% |
| 4. | They are difficult to teach | 65% |
| 5. | They can never improve | 65% |
| 6. | They are dangerous to other pupils | 45% |
| 7. | Normal pupils will copy bad behaviors from the mentally handicapped pupils. | 40% |

The most popular opinion (100%) from above table is the feeling that mentally handicapped pupil will retard the class progress and lower the standards of school in general. The observation that the study can get from the above table is that the regular teachers feeling that the mentally handicapped pupils are difficult to teach is the backbone of the most of the fears that the teachers have in record to mainstreaming. 65% of the most respondents said that the mentally handicapped pupils are difficult to teach, a similar number said that they can never improve, 80% of the teachers said that much time would be wasted in remedial work and all the respondents, (100%) said the school standards would be lowered by the presence of the mentally handicapped pupils. In addition teachers also fear that mentally handicapped pupils would cause a physical danger (45%) and influence bad behaviours to the pupils. It should be emphasized here that mental retard ness is not responsible for behaviour disorders.

### 4.5.2 Regular teachers acceptance of mainstreaming

**Table 7: Regular teacher's acceptance of mainstreaming**

| RESPONSES | FREQUENCY | PERCENTAGE |
|---|---|---|
| AGREE | 15 | 50% |
| DISAGREE | 11 | 37% |
| NO RESPONSE | 04 | 13% |
| TOTAL | 30 | 100% |

Majority (50%) of the respondents indicated that the would support inclusion of mentally handicapped pupils. Only 37% of the respondents were against inclusion. 13% did not respond which may have also indicated a negative attitude.

**QUESTION 4.**

### 4.6 Possible Intervention Strategies

**Table 8: Possible intervention strategies**

| RANK | INTERVENTION STRATEGY | PERCENTAGE OF SAMPLE |
|---|---|---|
| 1. | Regular teachers may benefit from in-service training. | 65% |
| 2. | Introduction of special units in regular schools. | 40% |
| 3. | Specialized teaching of Activities of Daily Living (ADL) to regular teachers. | 40% |
| 4. | Specialized teaching of self-help skills to regular teachers | 35% |
| 5. | Sensitization by EARC officers to regular teachers | 20% |
| 6. | Net-working with multi-disciplinary form the field with regular teachers | 10% |
| 7. | Sensitization to regular school pupil to be kind to the mentally handicapped | 5% |
| 8. | Peer-tutoring of normal pupils with M.R learners | 5% |

From the above study, 65% of the regular schoolteachers supported the feeling that the best intervention strategy for teachers is by use in-service training of teachers. Equipping the regular school teachers with modern skills of in-service will greatly support the idea of mainstreaming learners with M.R. only 40% of regular school teachers supported the idea of

introduction of special school units in regular schools. The idea of special units will bring the idea nearer to the regular school teachers, thus gaining experience of handling learners with mental retardation.

40% of regular school teachers out of 30 respondents in 10 schools supported the idea of introducing Activities of Daily Living lessons to regular school teachers.

The concept and knowledge of ADL to regular school teachers will make them to accept the idea of inclusion of learners with mental retardation.

Only 35% of 30 respondents accepted the idea of specialized teaching skills of teachers of regular school teachers in acceptance of learners with mental retardation. 20% of 30 respondents accepted the idea of sensitizing teachers through EARC officers to accept the idea of inclusion.\10% of the 30 respondents accepted the idea of Net-working with multi-disciplinary team to teachers of regular school teachers in accepting the idea of inclusion of learners with M.R.

Only 5% of the total respondents supported the idea of peer tutoring of learners with M.R. 5% of respondents supported the idea of sensitizing regular school learners to acquire best attitudes towards learners with M.R.

# CHAPTER FIVE: SUMMARY OF MAJOR FINDINGS, CONCLUSION /RECOMMENDATIONS

## 5.0 Introduction

This chapter summarizes the findings of the research in relation to the objectives of the study the conclusion and limitations of the study recommendations and suggestions for further research.

## 5.1 Summary of the Findings

The objective of the study was to find out regular school teachers attitude towards inclusion of mentally handicapped children in regular primary schools in Kalundu zone, Central location, Kitui District. The researcher gave his experiences concerning the problems that prompted him to undertake the study.

In chapter two, the researcher made differences on related literature to find out what other writers have written regarding teachers of regular schools and inclusion of learners with mental retardation.

Chapter three has methodology. This shows how the data was collected. Sampled schools were Central primary school, Muslim primary, Museve primary school, Moi primary school, Kavisi primary school, Makutano primary school, Kaveta primary school, Isaangwa primary school, Kwa-Ngindu primary school, and Syombuku primary school. Sampled population composed of three teachers in every school selected. Questionnaires were the research tool used.

In chapter four the researcher presented the data collected in statistical techniques like tables and percentages.

## 5.2 Discussion

This study observed an overall positive attitude of teachers in primary schools towards mainstreaming in regular schools. The teachers' opinion on whether to adopt inclusion or segregation of the mentally handicapped pupils showed a 50% acceptance of inclusion by regular school teachers (see Table 7). Other studies indicated more negative attitudes of regular teachers towards integration. This discussion looked into the factors that influence positive and negative attitudes towards inclusion of mentally handicapped pupils.

Braun and Stephens (1980) and Larrivee and Cook (1979) studies found that teachers willingness to integrate increase with confidence in their abilities to teach exceptional children.

Confidence was observed to increase or through increased contact with the mentally handicapped pupils. This study did not investigate the effects of special education courses on the attitude of teachers. However, the author is in agreement with the study looking into consideration of the informal observation on diplomas.

In the study under review, it was observed that those teachers who had contact with the mentally handicapped pupils readily accepted inclusion and affirmed that they would be comfortable with the mentally handicapped pupil in the regular classes.

The implication in the Larrivee and Cook (1979) and Braun and Stephens (1980) studies that teachers become less accepting of individuals of their pupils as was disapproved by this study. There was no significant difference noted on the acceptance of mentally handicapped pupils by regular class teachers of both lower and upper classes.

A close correction was noted between the Schmelkin described as "Academic costs of inclusion". These costs were described as "Detrimental factors of inclusion", in this study (see Table 6). These factors include time spent on extra remedial progress among others.

This study is in disagreement with Brauns and Stephens (1980) study that the number of years of teaching experience is not related to classroom teachers attitudes towards integrating handicapped children into regular classrooms. The findings of this study agrees with Schemelkin (1981) that the longer the teaching experience the more the willingness to integrate mentally handicapped learners in the regular classroom.

### 5.3 Conclusion

It is evident from the study that there are many different attitudes of regular school teachers inclusion of learners with mental retardation in Kalundu zone, Kitui District.

Some of the attitudes of regular school teachers towards integration are; mentally handicapped pupils will retard class progress and lower the standard of the school, much time will be wasted on extra remedial work that they are difficult to teach, among other negative attitudes.

Some of other positive attitudes of regular school teacher's inclusion are that regular pupils will benefit from specialized teaching, the normal pupils learn to appreciate the problems of the mentally handicapped, and that regular school teachers will benefit from in-service training among other positive factors.

Its researcher's hope that the study will help create awareness on teacher's attitude towards inclusion of learners on with M.R. also it should contribute much on the training of teachers in special needs education and provision of knowledge and training of regular school teachers to alleviate the problems.

The researcher has adequately researched on attitudes of regular school teachers in Kalundu zone, Kitui district. Any commends is here with welcomed.

### 5.2 Recommendations

The researcher does not demand for the transfer of all the pupils form special schools to regular schools, nor does it recommend the abolition of special schools. Rather, the study recommends the implementation of the special education policy, so that more pupils with special needs can be accommodated in regular classes. The study found that regular teachers can be in-serviced with special courses and be able to render satisfactory services to the majority mildly and moderately mentally handicapped groups on the inclusion, while the special schools should continue to cater for severely and profoundly mentally handicapped, who may require more specialized services.

For the success of inclusion to be realized the following recommendations are suggested for implementations and follow up;

(a) The Kenya Institute of Special Education (KISE) to continue and extend in-service courses to cater for teachers from regular schools.

(b) Education Assessment and Resource Centers to conduct courses or seminars for regular

(c) Teacher's educational administrations, parents of handicapped and non-handicapped children and other related parties.

(d) Pupils education to be intensified through radio and television, news papers, magazines, bulletins and public barazas.

(e) Assessment services to be decentralized down to zonal levels.

As already noted very few teachers need training or have the awareness on how to handle learners with M.R, the government should employ more teachers as the ratio of teachers to learners is not corresponding. Teachers are handling big classes as noted in the study and hence they are unable to give individual attention to learners.

The researcher recommends that there is need to guide and counsel the learners with leaning or mental retardation.

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# APPENDICES

## APPENDIX 1: QUESTIONNAIRE

This questionnaire is about attitude of regular school teachers towards inclusion of mentally handicapped children imary schools in Kalundu zone, Kitui District, in eastern province.

Please, give your personal opinion. Your information will be treated with confidentiality and will only be used for the purpose.

Section A: (personal information).

1. School .....

2. Gender (a) Male ☐ Female ☐

3. Age 15-20 ☐ 20-30 ☐

   30-40 ☐ 40-55 ☐

4. indicate whether:
   - regular teacher ☐
   - Depute Head teacher ☐
   - Head teacher ☐

Questions

1. What do you think are the major causes of mental retardation in Kalundu zone
   - .....
   - .....
   - .....
   - .....

2. Kind of training;

- P1 certificate ☐
- Dip in special education ☐
- Degree in special education ☐
- Degree in regular curriculum ☐

3. Are you ; - For inclusion ☐

   Against inclusion ☐

4. What are the major impacts of teachers' attitude towards mental retardation?
   - .....
   - .....
   - .....
   - .....

5. What are some of the possible intervention strategies which can be employed to curb the opinion of regular school teachers towards inclusion?
   - .....
   - .....
   - .....
   - .....
   - .....

## APPENDIX II: LETTER

KAMPALA INTERNATIONAL
UNIVERSITY
P.O.BOX 20000,
KAMPALA,
UGANDA.

20TH May, 2009.

To,
The regular school teachers,

Dear Colleagues,

**ATTITUDE OF REGULAR SCHOOL TEACHERS TOWARDS INCLUSION OF MENTALLY HANDICAPPED CHILDREN IN PRIMARY SCHOOLS IN KALUNDU ZONE, KITUI DISTRICT.**

This study wishes to hear your opinion, on attitude of regular school teachers towards inclusion of mentally retarded learners in regular primary schools, I would like to hear your views concerning this subject.

Attached herewith is a questionnaire. Study each one of the questions appropriately.

Your co-operation will be highly appreciated. All information given will be treated with outmost confidence and only used for the purpose of this study.

Yours faithfully,

Kithome M. Nzwili.
BED.18156/71/DF