

**AN INVESTIGATION OF FACTORS THAT AFFECT INTEGRATION OF
PHYSICALLY HANDICAPPED PUPILS IN PRIMARY SCHOOLS IN
KENYA: A CASE OF UASIN GISHU DISTRICT**

BY

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DECLARATION

Declaration by the student

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DEDICATION

This work is dedicated to my children Mercy Baraka, Shammah Kipyab, Mimshach Imanda and David Tunen. You are great people and I am proud of you.

I also dedicate it to my parents Thomas Katwa and Magrina Katwa for educating me .

I am forever grateful.

I thank my husband Mark kerich for his support and encouragement.

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ABSTRACT

Physically handicapped pupils have been mistaken to be academically unable by many people. They face discrimination from other pupils some teachers, and sometimes parents. There is an urgent need determine ways of enhancing their quality of learning and reducing the problem of discrimination. This study therefore investigated the integration of physically handicapped pupils in primary schools in Uasin Gishu District. The study aimed at specifically establishing: the levels of integration of physically handicapped children in primary schools, attitudes towards integration and the outcome of integration for the pupils, home based factors affecting integration of physically handicapped pupils in primary schools, school based factors affecting integration of physically handicapped pupils.

The entire study was based on the Social Theory of disability, which explains the challenges faced by the physically handicapped as a social construction. This study was conducted by survey design. The study involved conducting structured interviews among a sample size of 44 physically handicapped pupils in primary schools in classes six, seven and eight, 28 teachers and 44 parents. Others were key informants in organizations and government agencies that assisted the physically handicapped. Data were collected from the physically handicapped pupils in upper primary classes (six, seven and eight) using structured questionnaires, personal interviews, observations and content analysis. The teachers were interviewed to provide information on school based factors while the parents filled in questionnaires to provide information on school based factors affecting integration of physically handicapped pupils. Sample selections were done by a combination of stratified and purposive random sampling techniques. Data collected were coded in Statistical Package for Social Sciences (SPSS v. 13.0) and analysed by descriptive statistics, frequency distribution and percentages.

Results indicated that the levels of integration are generally low. Attitudes are positive among pupils, parents and teachers. Home based factors are low while school based factors have a higher influence. This study recommends better implementation of policies that will integrate the physically handicapped pupils in the learning environment. Schools should also set up internal policies to assist them cope with the problem of discrimination against the physically handicapped pupils within the primary schools. In view of this study, Government should formulate a national policy that would provide education for all pupils regardless of the physical handicap of the pupils and that the formulated law should put more severe punishment for any discrimination against physically handicapped.

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LIST OF ACRONYMS

AMREF	African Medical Research Foundation
APDK	Association of the Physically Disabled of Kenya
CSIE	Center for Studies in Inclusive Education
CLARION	Centre for Law and Research International
DAAD	Germany Academic Exchange Programme
DDS	Diocesan Development Services
ENT	Ear, Nose and Throat.
FGD	Focus Group Discussion
ICDIH	International Classifications of Disabilities, Impairments and Handicaps
IE	Inclusive Education
IT	Information Technology
Ksh.	Kenya Shilling
KTA	Kenya Transporters Association
KUB	Kenya Union of the Blind
NCEP	National Civic Education Programme.
NCPD	National Council for Population and Development
NGO	Non Governmental Organization
PSV	Passenger Service Vehicle
ROK	Republic Of Kenya
SEN	Special Education Needs
TBA	Traditional Birth Attendants
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Children
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization.

UNICEF	United Nations Children Education Fund
UPIAS	Union of the Physically Impaired Against Segregation.
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION TO THE STUDY

1.1 Overview

This chapter outlines the introduction to the problems affecting the physically handicapped pupils in primary schools. It begins by providing the background of the study, specifies the problem identified within the study, describes its significance, states the objectives and presents the research questions to be answered. It also concludes by noting the purpose of the study, research questions, assumptions and limitation of the study and theoretical framework underpinning this study.

1.2 Introduction

Physical handicaps include conditions that make it difficult for one to move or to freely manipulate the physical environment, interact freely, and communicate easily (Mwaura & Wanyama, 2002). They may be classified into three major groups, depending on the nature of the handicap, namely orthopaedic, neurological and health disabilities (Owino *et al.*, 2005). Orthopaedic disabilities are motor impairments that result from problems related to the bones and muscles. Some of the leading causes of orthopaedic difficulties include poliomyelitis, amputations and brittle bone disease. Children with amputations have limbs that are greatly reduced in size or missing at birth. Neurological difficulties have motor problems resulting from brain, spinal cord and nerves injury (Moore, 2001). Neurological difficulties may be due to epilepsy, cerebral palsy, spina bifida and spinal injury among others. It creates conditions difficult in using hand and legs, communication difficulties due to weak speech organs, hearing and sight problems, convulsions, fits, difficulty in reading and writing. Children with health disabilities have health problems that are not easily

visible and are associated with chronic illness or have weak body muscles. These conditions last for a long time or at times for life and lead to decreased motor fitness which in turn affects the child's educational performance. Some of the chronic health problems adversely affect children performance of various tasks and require close supervision of medical personnel.

The physically handicapped have been in existence since time immemorial. Different cultures and societies view them differently and deal with them so. Most of the earlier studies point to discriminatory tendencies towards the physically handicapped. For instance, according to Ndurumo (1993, p. 1), during the era of extermination "the Greeks and Romans killed newly born infants who were found to have physical deformity. Many communities saw the physically handicapped as incapable and were thus "made to sit idly on their family farms and watch helplessly" (Ndurumo, 1993 p. 1). The preceding eras consisted of ridicule by the privileged class and confinement in asylums by the church. However, through historical epochs, physically handicapped have been recognized as normal human beings capable of emulating those who are not physically handicapped. Furthermore, the current era has declared that most physically handicapped are capable of gaining education and self-reliance (UNESCO, 2008).

One of the overriding United Nations (UN) Millennium goals is the provision of education among the residence of developing countries by the year 2015 (UNDP, 2007) including among the physically handicapped. To this noble goal, education is continuously becoming an important tool for most of the developing countries among the physically handicapped children (UNESCO, 2003). Many of these countries

continue to invest substantial amount of money in their budgets to enhance attainment of education to all groups of citizen (Kyalo *et al.*, 2006). However, academic ability of the pupils is dependant to a large extent on the relationships between the students and the teachers as well as how they relate with other children in school and at home with their parents as well the society in general (Adeniji *et al.*, 2009). Unfortunately, society as a whole has developed certain inexplicable stigma often associated with the physically handicapped, sometimes arguing that they should not be in the same schooling environment with their “normal children”.

Though some forms of learning for physically handicapped children exist and those with other forms of disability have been used over time, parents of children with special needs provided private tuition where they hired persons to tutor their children at home, which created segregation among the physically handicapped (Ngugi, 2002). These special schools have certain positive characteristics such as smaller classes, greater access to experts, teachers, and therapists. There is also availability of specialized equipment and resources to enable the learners to learn as fast as possible and in the most convenient way. The cost of running a special school are however, highly prohibitive and may not be sustainable (Koech Report, 1999). Thus, integration of these pupils in primary schools should enhance the quality of education in Kenya.

However regular schools have certain disadvantages which include separation from the learner’s family and age mates, limited interaction with the real world; limited teachers in special programs. Special schools are run on charity. The Ministry of Education has been trying to implement integration programmes of physically handicapped children in formal schools in order to foster their participation in formal

education, with the main objective of enabling learners with disability to realize their full potential and full participation in all spheres of life (MOEST, 2003). To achieve this objective, the Ministry of Education in the Government of Kenya sessional paper number 6, of 1988 recommended that physically handicapped children be integrated with normal children in schools.

Integration is a means by which education to handicapped children is made accessible in a regular school environment. Children are provided with age appropriate models for communication and other forms of learning. The system of education is made more conducive, resourceful and humane to physically handicapped children where they receive education in the nearby local schools. The conditions for physically handicapped children in regular school need close supervision by administrators, supervisors and those in authority in order to positively affect the handicapped child. Therefore, thorough preparation and support is needed from all especially the Ministry of Education, parents and teachers so as to work towards a successful achievement of education by the exceptional child.

The children with special needs should be equipped with life skills to enable them to not only live a fruitful life in society but also develop self-confidence and the ability to cope in all life situations (Winter, 1996). Socializing with other children gives physically handicapped children a boost in their self-esteem which is crucial to life adjustment as well as academic performance. Due to physical disability, learners may not be able to fit well in regular schools (Kaniaru, 2004). They therefore require modified curricula; specialized intervention procedures, equipment, facilities and materials, trained teachers who are knowledgeable in specialized teaching techniques,

intervention procedures, child development and assessment are required (Ndurumo, 1993). These teachers can assist the learners with physical disabilities to do the best they can in the prevailing circumstances.

Integrating physically handicapped children into regular schools programs is cost effective and labeling is minimal (Sitienei, 2004). Research shows that physically handicapped children benefit socially and educationally from being in class with non physically handicapped children (Cordesco and Laus, 1993). The integration of physically handicapped children in a regular school serves to provide role models to other physically handicapped children. Those who have adjusted despite the obstacles give comfort to those peers who may still find it difficult to adjust (Lewis and Doorleg 1991). The physically handicapped pupils, with time, cease to focus mainly on their handicap. They develop a positive self concept when they realize they can out do some of their classmates despite the disability (Ingule, Ronoh and Ndambuki, 1996).

Thus the ultimate goal of integration is to make the physically handicapped pupil enriched, resourceful and self sufficient in as many ways as possible. They require support materially and emotionally from all quarters in order to do well in regular schools. It is against this background that the researcher set to investigate the integration of physically handicapped pupils in regular primary schools in Uasin Gishu District.

1.2 Statement of the problem

The physically handicapped in Kenya face many challenges in their everyday lives. They are discriminated against from birth and are not recognized as fully-fledged citizens.

Kenya has only until recently (2004), acquired a physically handicapped Law that is likely to guarantee the physically handicapped of their rights. However, its implementation has not yet taken root. The physically handicapped are limited in their participation on issues that affect their lives due to lack of legal provisions to mandate their representation to participate in policy-making. In education, which is a basic foundation of life, there is no provision for preparatory schools for the physically handicapped in the education system and the policy for their inclusion into mainstream education has not been fully implemented. Education for the physically handicapped is provided for in centralized residential Special schools that charge high fees.

Although the Special schools have teachers trained in disabilities, the pupils do not benefit from the social environment that reflects the diversity of the real world. The physically handicapped children are sheltered in Special Schools and are not adequately exposed to the daily realities and to out-door activities. Learning far away from their families can cause the children and their parents emotional stress and psychological deprivation.

In Uasin district, the facilities and institutions available for the physically handicapped children are limited, poorly equipped and inadequate to address the basic needs and rights of the physically handicapped children. In addition, there are few adequately trained teachers in disabilities. The only government institution for the physically handicapped children is the Eldoret School for the Deaf, which has a low enrolment. The other institution is the Catholic Church based Diocesan Development Services that has established Small homes for the physically handicapped children in ordinary schools. Just like the Eldoret Special School, the Small homes have low capacities and lack trained teachers and sustainable funding resource base. In addition, the Inclusive learning in

regular schools, close contacts and sharing between the able-bodied and the physically handicapped children, enhances sharing, socialization, competition and provides the physically handicapped children opportunities to receive wide ranging assistance from their able-bodied colleagues. Despite there being over 10,000 physically handicapped children according to unpublished reports by the Association of the Physically handicapped of Kenya (APDK, 1999) and the Diocesan Development Services (DDS, 1996), who are too many to be all managed in special schools, only integration into the regular school system will enhance their educational advancements.

It is clear from the above that the physically handicapped pupils are marginalized and they encounter barriers in their every day lives that hinder their integration into the mainstream life in the society. They encounter barriers in accessing education, basic health care services, information, employment, transport and are not readily accepted due to negative traditional beliefs. There is need for comprehensive improvements in the delivery of their services. A research is needed into this area in order to enhance the weak body of information and data and to highlight their life situations and generate proposals for enhancing their inclusion and welfare in regular education system. In the area of education, there is need to enhance the understanding of integration by analyzing education provision of the integrated pupil in regular primary schools.

1.3 Purpose of the study

The purpose of this study is to find out the integration of the physically handicapped pupils in primary schools in Uasin Gishu Kenya, and how their integration can be fostered in schools and their welfare enhanced. The school and the family are key determinants in the integration process. This is because some families, due to ignorance, keep their physically handicapped children away from non-handicapped

children with the assumption that they are better off that way. The school, on the other hand plays a key role in creating the right atmosphere socially and academically, for the handicapped child.

1.4 Objectives of the study

The objectives of the study are to determine:

1. The levels of integration of physically handicapped children in regular primary schools in Uasin Gishu District.
2. Attitudes towards integration for the pupils in regular primary schools in Uasin Gishu District.
3. Home based factors affecting integration of physically handicapped pupils in primary schools in Uasin Gishu District.
4. The School based factors affecting integration of physically handicapped children in the schools in Uasin Gishu District.

1.5 Research questions

The questions asked during the interviews were designed to generate data on the above key themes. The study endeavored to answer the following questions in an attempt to establish the factors, which affect the integration of physically handicapped children in regular primary schools.

1. What are the levels of integration of physically handicapped children in regular primary schools in Uasin District?
2. What are the attitudes towards integration for the pupils in regular primary schools in Uasin District?

3. What are the home based factors affecting integration of physically handicapped pupils in primary schools in Uasin Gishu District?
4. What are some of the school based factors affecting integration of physically handicapped children in the schools in Uasin Gishu District?

1.6 Justification of the study

A study into the area of physical disabilities is critical in order to address these discrepancies, to highlight the best integrative approach and to highlight their marginalization. For instance, although the government's provision of centralized long-term education care for the physically handicapped in Special schools, with special teachers and special facilities seems ideal, the centralized nature disrupts family life and causes emotional and psychological deprivation of the children and their parents. Children in Special schools do not achieve their maximum capacity and potential because of the deprived environment in the special schools where the interaction between the physically handicapped pupils with able-bodied children is absent and not reinforced. Although many shortfalls exist in the inclusive school programme, the school approach has some advantages over the Special schools. Inclusive schools enable the physically handicapped children to promote and attain the goals of education of equality and fellowship. The interactive learning in the regular schools where the physically handicapped learn together with the able-bodied has been mutually beneficial for both the physically handicapped and the able-bodied children. The coexistence of the physically handicapped children and their able-bodied children enables the physically handicapped children to develop valuable social, emotional and personal perspectives. It enhances their skills and ways of

communicating and enables them to access good care and support to build self independent skills from their caretakers.

1.7 Significance of the study

Physically handicapped children face a variety of problems in everyday life and especially so in the acquisition of formal education. It may appear to be out of reach for many children due to a number of factors, which need to be taken into consideration. Researchers on the physically handicapped especially in Kenya, are few (Sitienei, 2006; Kaniaru, 2004). Many other studies done in the field of disability are based on information outside Kenya and Africa much information is therefore not readily available on the situation in Kenya. Since the inception of free primary education gives an opportunity to every Kenyan child to learn freely, there is need to find out whether the physically handicapped can benefit from the same services especially through integration in regular schools. There is need, therefore, to find out what factors can affect the integration process and possibly come up with ways, in which the negative effects can be minimized. Kennedy (1990, in Ndurumo, 1993) states that majority of mildly handicapped children should be integrated in schools. It is therefore evident that integration is an inevitable exercise and there is need to find out a factor that affects its effectiveness.

Physically handicapped children are affected in their gross and fine motor, communication, intellectual functioning, academic achievement and psychosocial development (Ndurumo, 1993) This study is hoped to generate knowledge that will assist the teachers and parents to embrace the physically handicapped in regular schools and provide them with as much support as they need educationally. It is also

hoped that curriculum developers, educational planners and policy was enlightened on how best to make the curriculum friendly to the physically handicapped to enable them achieve their best in all spheres of school life.

Finally, it is hoped that the findings will encourage the physically handicapped learners to attain the best; in as far as education is concerned, and not feel disadvantaged and segregated by others in school and at home.

1.8 Assumptions of the study

This research study was based on the following assumption:

1. Respondents give the required information through the questionnaires and interviews.

1.9 Scope and limitations of the study

The study was done in Uasin Gishu district and covered physically handicapped children of classes six, seven and eight who are integrated in primary schools in the district. The study looked at the type of school, the population, location and the type of facilities available for the physically handicapped, length of integration, severity of the handicap, curricula as well as family background. Time of this study was limited to three months from June to September 2008.

1.10 Theoretical framework

There are two theories that try to describe the integration of the physically handicapped. They are the Social and the Medical theories. In this study, Hunts (1966) social theory of disability, which helps in understanding physically handicapped as a social construction

was important in advancing this study and will be discussed in this section. Further, details of the relevance of the model to this study are provided.

The Social theory (Hunt, 1966) of physically handicapped is an approach to physically handicapped that sees the problem physically handicapped people face as a result of societies barriers rather than the person's medical conditions. It recognizes the solution as to rid the society of these barriers, rather than relying on curing all people who have impairments, which in most cases is not possible. The Social theory of physically handicapped started from the physically handicapped people themselves and its origins can be traced to an essay by a physically handicapped Briton: *A critical condition, written by Paul Hunt and published in 1966.*

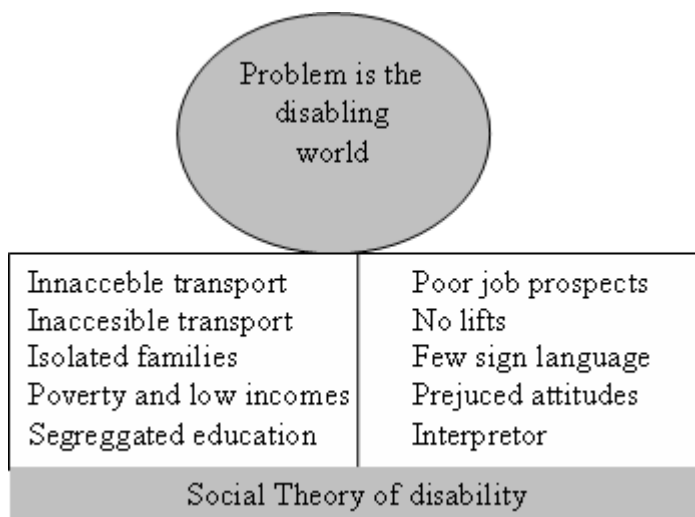
Hunt (1966) argued that because people with impairments are viewed as “unfortunate, useless, different, oppressed and sick”, they posed direct challenge to the commonly held western values. According to Hunt, they were viewed as “unfortunate” because they are unable to “enjoy” material and social benefits of modern society. They are viewed as “useless” because they are considered unable to contribute to the economic good of the community and marked as “minority group” members because, like the black people and homosexuals, they are perceived as “abnormal” and “different”. This analysis led Hunt to the view that physically handicapped people encountered “prejudice” which expresses itself in discrimination and oppression.

Ten years later in 1976, the Union of the Physically Impaired Against Segregation (UPIAS) developed Paul Hunt's work further, leading to the UPIAS assertion in 1976 that, physically handicapped was the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have

physical impairments and thus excludes them from participation in the mainstream social activities. As such, a vital feature of the UPIAS statement and that of Hunt in 1966 is that for the first time, physically handicapped was described in terms of restrictions imposed on physically handicapped people by social organization.

The Social theory of physically handicapped by the UPIAS definition of physically handicapped people as “people who have physical disabilities” faces criticism for its failure to include other types of impairments. This has led some scholars like Oliver (1983) to claim that the Social theory only applies to wheel chair users. This criticism led to the further development of the Social theory by Oliver in 1983. Oliver, who is a physically handicapped academician, described the ideas in the UPIAS definition together with other academics like Vic Finkelstein, Colin Barnes, and Gerben Dejong to include all physically handicapped people. So whilst people with impairments may have developed the original formulation of the Social theory, the insight that offered was quickly seen as having value to all physically handicapped people. In the 1970’s, physically handicapped people used their personal experiences of physically handicapped and institutional life to show that it wasn’t their impairments, which caused the problem, but the way in which society failed to make allowances for their differences and shut them away instead. This way of thinking, analyzing and discussing physically handicapped became known as “the Social theory of physically handicapped”. The Social theory of physically handicapped explains disablement as the result of any behaviour or barriers that prevent people with impairments from choosing to take part in the life of the society. The driving force to the Social theory is an inclusive view of the physically handicapped community.

According to Oliver (1983), the Social theory of physically handicapped is not limited to narrow descriptions of impairments. It instead takes the wider view that the ability to undertake such activities is dependent upon social interventions. As such, the limitation of activity is not caused by impairment but it is a consequence of social organization. To Oliver, the Social theory of physically handicapped does not wish to deny the existence of impairment and physiological differences, but rather, it addresses them without attaching value judgments such as “normality” and shifts the emphasis towards those aspects of our world that can be changed. In this study, the Social theory of physically handicapped can be used to explain disablement of physically handicapped children in Kenya as arising from the negative traditional beliefs and attitudes towards them by the society and the failure by the society and the Kenyan government to provide support services and adapted environment for them to lead normal lives.



In the Social theory, the society is shown to disable people from taking part in their every day lives. If the physically handicapped people are to join and be integrated into the mainstream society, the way the society is organized must be changed. Removing the barriers, which exclude physically handicapped people such as prejudice, bias and stereotypes towards the physically handicapped, the inflexible organisational procedures

and practices, in-accessible information, inaccessible buildings and in-accessible transport are depicted by environmental modification.

The Social theory of physically handicapped is important to the study of physically handicapped children in Kenya because it provides the intellectual and methodological tools needed to create physically handicapped research. This theory can be applied to real issues in the law, in community inclusion interventions such as an inclusive education approach for the physically handicapped children. In this study, the Social theory is being used to expand the understanding and examination of the social, economic and political forces that for years have served to marginalize and oppress the physically handicapped children in Uasin Gishu Kenya. It is an important theory due to its relevance to people's lives primarily because it still has the power to dramatically change the way physically handicapped people think about themselves and their place in the world. The Social theory's focus on the idea that physically handicapped are a minority group, who have been discriminated against, can be used to describe the situation of the physically handicapped children in Kenya as a minority group who are being marginalized by the wider able-bodied bigger society.

In addition, the Social theory of physically handicapped can be used to enable people to understand and discover that being physically handicapped does not have to be viewed negatively as some failure or weakness with the physically handicapped people. This positive perception can enable the physically handicapped and the non-physically handicapped alike to view physically handicapped in a way that does not put the "blame" for physically handicapped on the physically handicapped person and therefore lead to an increased understanding and acceptance of the physically handicapped in the society.

This theory has the potential to provide an opportunity for the physically handicapped to think about physically handicapped as caused by the negative attitudinal beliefs, physical and communication barriers, imposed on the physically handicapped rather than the effects of their impairments. This shared experience of external barriers can allow the physically handicapped people, irrespective of their impairments, to feel a sense of self-worth and dignity. Its focus on physically handicapped as caused by social barriers, rather than the person's conditions, can allow physically handicapped people to "lift the blame from their shoulders" and place it squarely onto society. Consequently, organizations for the physically handicapped, lobby groups can challenge and pressurize the government and the society to remove the barriers.

1.11 Operational definition of key terms

In this study, the following are used as working definitions of the given terms.

Integration: This is the placement of primary school children into a regular educational programme. It involves the physical, social intellectual and social areas. It requires planning and availability of various educational options and support services. In this study, integration is the physical placement of children with physical handicaps in regular primary schools so that these children can benefit from their non physically handicapped peers and in so doing excel in all areas of life.

Physically handicapped: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

School: This is an institution that offers educational facilities and services to children. A regular school is that which is feared at

meeting the needs of non-physically handicapped children but it can be tailored to meet the needs of the physically handicapped children as well.

Family: This is the basic unit of society in this study it refers to parents or guardians, siblings and the other relatives that constitute the extended family.

Environment: Environment is the complete structure within which a learner operates such as a school. Environment refers to school structure in this study.

Modeling: Modeling is learning based on observation of behaviour of another person. Model is a person from whom behaviour is imitated by observation. In this study the model is the teacher from whom students model.

Special education: Education in any form or environment, which is specially designed to meet the unique needs and requirements of learners with, other than ordinary abilities and includes education designed for exceptionally gifted and talented children.

Counseling: In this study, this will refer to assisting the students discover alternative ways of resolving conflicts and solving problems in given situations.

Drop Out: Those students who leave school before the completion of the secondary cycle.

Guidance: Refer to assisting the students to realize who they are i.e. to discover their potentials and weaknesses in their personality as they interact with the environment.

- Home Factors:** Has been operationalized to mean parental attitude towards the girls and parental level of education.
- School Factors:** Has been operationalized to mean the distance from school, rules and regulations in regard to drop outs and the viability of guidance and counseling.
- Handicap:** The loss or limitation of opportunities to take part in the life of the person with a physically handicapped and shortcomings in the environment and in many organized activities in the society.
- Inclusive Education:** The practice whereby physically handicapped children and non-physically handicapped children learn together in ordinary mainstream school provisions with appropriate networks and support services.
- Deformed:** Lacking something.
- Mainstreaming:** The term used to define the process of bringing children with disabilities into a mainstream school.
- Marginalization:** Marginalization is a term that means being outside the margin or exclusion from the mainstream.
- Special School:** A school that is not ordinary but for a particular group of pupils.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

In this chapter, literature on pupils education relating to the study was discussed. The debate on physically handicapped and education that affect physically handicapped pupil's participation in primary education was presented to help analyze the multiple factors that explain the situation physically challenged pupils in Kenya. In an attempt to review related studies on factors affecting integration of physically handicapped pupils in primary schools, the researcher will discuss: definition and classification of physically handicapped,

2.2 Definition and classification of physically handicapped children

Physically handicapped persons have been in existence since time immemorial. Different cultures and societies view them differently and deal with them so. According to Ndurumo (1993, p. 1), during the era of extermination "the Greeks and Romans killed newly born infants who were found to have physical deformity. The preceding eras consisted of ridicule by the privileged class, confinement in asylums by the church and finally the era of education and vocational adequacy. In the current era, persons with handicaps are seen as capable of gaining education and self-reliance.

In Africa, and other developing countries, much is not recorded about the treatment of the physically handicapped. Many communities saw the physically handicapped as incapable and were thus "made to sit idly on their family farms and watch helplessly" (Ndurumo, 1993 p. 1).

Physical handicapp include conditions that make it difficult for a child to move or to freely manipulate the physical environment, interact freely, and communicate easily (Mwaura and Wanyama, 2002). They may be classified into three major groups, depending on the nature of the handicap, namely orthopaedic, neurological and health disabilities. Orthopaedic disabilities are motor impairments that result from problems related to the bones and muscles. Some of the leading causes of orthopedic difficulties include poliomyelitis, amputations and brittle bone disease. Children with amputations have limbs that are greatly reduced in size or missing at birth. Limbs could have been lost or severed in the cause of one's life due to accidents or wars.

Children with neurological difficulties have motor problems resulting from brain, spinal cord and nerves injury. Neurological difficulties may be due to epilepsy, cerebral palsy, spina bifida and spinal injury among others. These children have difficulty using the hands and legs, communication difficulties due to weak speech organs, hearing and sight problems, convulsions, fits, difficulty in reading and writing. Children with health disabilities have health problems that are not easily visible and are associated with chronic illness or have weak body muscles. These conditions last for a long time or at times for life and lead to decreased motor fitness, which in turn affects the child's educational performance. Some of the chronic health problems are asthma, burns, heart disease and haemophilia, which adversely affect children performance of various tasks and require close supervision of medical personnel and teachers.

Various forms of learning for physically handicapped children and those with other forms of physically handicapped have been used over time. Parents of children with

special needs provided private tuition where they hired persons to tutor their children at home. This is when it was realized that children with special needs could learn. Special day or residential education became the oldest form of formal provision of education for learners with special needs (Ngugi, 2002, p.11). These special schools have certain positive characteristics such as smaller classes, greater access to experts, teachers, and therapists. The environment is also modified to suit them. Pavements are cemented, ramps are provided and toilets are lowered to make it easier for them. There is also availability of specialized equipment and resources to enable the learners to learn as fast as possible and in the most convenient way.

However residential schools also have certain disadvantages which include separation from the learner's family and age mates, limited interaction with the real world; limited preparation for the real world and teachers in special programs have limited interaction with those in regular schools. The cost of running a special school is also prohibitive and may not be sustainable (Koech Report, 1999). Special schools are run on charity. The Ministry of Education has been trying to implement integration programmes of physically handicapped children in regular formal schools in order to foster their participation in formal education, with the main objective of enabling learners with physically handicapped to realize their full potential and full participation in all spheres of life (MOEST, 2003, p.19). In the long run, such children would become productive members of society and not dependants. To achieve this objective, the Ministry of Education in the Government of Kenya sessional paper number 6, of 1988 recommended that physically handicapped children be integrated with normal children in regular schools.

Integration is a means by which education to handicapped children is made accessible in a natural school environment. Children are provided with age appropriate models for communication and other forms of learning. The system of education is made more conducive, resourceful and humane to physically handicapped children where they receive education in the nearby local schools. The conditions for physically handicapped children in regular school need close supervision by administrators, supervisors and those in authority in order to positively affect the handicapped child. Therefore, thorough preparation and support is needed from all especially the Ministry of Education, parents and teachers so as to work towards a successful achievement of education by the exceptional child.

The children with special needs should be equipped with life skills to enable them to not only live a fruitful life in society but also develop self-confidence and the ability to cope in all life situations (Winter, 1996). Socializing with other children gives physically handicapped children a boost in their self-esteem, which is crucial to life adjustment as well as academic performance. Outside school, physically handicapped children may lack the opportunity to socialize since the family tends to be over protective towards them. This negatively impacts on their physical growth intellection and personality development. They may also suffer rejection from friends and siblings because of being different.

Due to physical physically handicapped, learners may not be able to fit well in regular schools (Kaniaru, 2004). This is because they may not be able to access some facilities. They therefore require modified curricula; specialized intervention procedures, equipment, facilities and materials, trained teachers who are

knowledgeable in specialized teaching techniques, intervention procedures, child development and assessment are required (Ndurumo, 1993). These teachers can assist the learners with physical disabilities to do the best they can in the prevailing circumstances. Many teachers may not be well versed with the current trends in education of exceptional persons, which is still a draw back in the area of education of exceptional children.

Integrating physically handicapped children into inclusive schools programs is cost effective and labeling is minimal (Sitienei, 2004). These children are all able to focus on being the best they can be. Research shows that physically handicapped children benefit socially and educationally from being in class with non physically handicapped children (Cordesco & Laus, 1993). The integration of physically handicapped children in a regular school serves to provide role models to other physically handicapped children. Those who have adjusted despite the obstacles give comfort to those peers who may still find it difficult to adjust (Lewis & Doorleg 1991). The physically handicapped children, with time, cease to focus mainly on their handicap. They develop a positive self-concept when they realize they can out do some of their classmates despite the physically handicapped. They realize they can be great people in life (Ingule, Ronoh & Ndambuki, 1996). The ultimate goal of integration is to make the physically handicapped child enriched, resourceful and self sufficient in as many ways as possible. They require support materially and emotionally from all quarters in order to do well in regular schools. It is against this background that the researcher set to investigate the factors that affect integration of physically handicapped pupils in regular primary schools in Kenya effects of attitudes

of academically talented secondary students towards their teachers on their academic performance in physically handicapped.

There have been various imprecise ways of describing children with physical and health impairments. These definitions include the crippled, the physically handicapped, the physically handicapped, the orthopaedically impaired and the neurologically impaired being used (Ndurumo, 1993). Kennedy (1990) in Ndurumo (1993, p.104) defines physically handicapped children as those “with physical, neurological and chronic health impairments. They have problems performing one or more motor activities due to muscular skeletal disorders, neurological, and /or chronic health impairments. The motor activities affected may include movement, writing and speed. In general these children are the children who require aids, wheelchairs, prosthesis, helmets, and book readers, page turners, writing aids, rest equipment special tables and desks.”

Generally, physically handicapped children have muscular – skeletal disorders, neurological and chronic health impairments. Physically handicapped children are hindered from adequately performing in one or more motor activities such as sitting, turning, walking, writing, posture and other activities. This limited movement makes them unable to handle educational materials.

Children with health problems are said to have educational needs because they have limited strength, vitality or alertness due to tuberculosis asthma, rheumatic fever, heart conditions; epilepsy sickle cell anaemia and other health conditions. Section 504 of the Americans with Disabilities Act (ADA) of 1990 defines a person with physical

physically handicapped as “any person who has a physical physically handicapped which substantially limits one or more major life activities and has a a record of such impairment or is regarded as having such an impairment.

A person with a physically handicapped is limited in one or more functional activity. This may be in moving, learning, intellectual and emotional activities. The impairments may be permanent, recurring or transitory. It may be sensory, physical, cognitive or psychological. These pupils therefore have needs, which are intense, and the family, school and the broader community, must address multiple that.

It is difficult to study physically handicapped children as a homogenous group. They are therefore put into three major groups depending on the nature and cause of the physical handicap. These are children with motor impairment resulting from problems related to the bones and muscle systems (Mwaura and Wanyera, 2002). Muscles and bones act in a coordinated way to effect the movements of body parts. Examples of children with orthopaedic difficulties are children with poliomyelitis, amputation brittle bone disease, muscular dystrophy, club foot and leprosy among others.

Amputation refers to the condition where limbs are greatly reduced in size or missing at birth or to limbs that have been lost or severed in the course of one life Amputation may either be acquired or congenital Bleck (1975), in Ndurumo (1993).

Causes of amputation include:

- Congenital defects
- Severe infections
- Accidents

- Cancer
- Drugs such as thalidomide taken during pregnancy
- Exposure to radiation.
- Wars.

2.3 The Nagi concept of physically handicapped

The field of physically handicapped is broad and there is need for a uniform understanding and common language to guide the use of terms and their application in physically handicapped issues, to guide scholarly discussions, to advance theoretical work on the disablement process, to facilitate future surveys and epidemiological research and to enhance understanding of physically handicapped on the part of professionals and the general public. A commonly understood language in physically handicapped is an invaluable instrument in influencing the development of public policy in the areas of employment, training, education and research. Since physically handicapped is being explored in this study, a good understanding of physically handicapped and its related concepts is prudent. There are two major schools of thought that attempted to define physically handicapped and its related concepts. They are the Saad Nagi (1965) in his Disablement theory and *the International Classifications of Impairments, Disabilities and Handicaps* (ICIDH), (WHO, 1980). The two concepts of physically handicapped advanced by the Nagi and the ICIDH can serve as the basic conceptual architecture for a disablement research like this one.

The Nagi (1965) and the ICDH (1980) concepts share in common the view that overall disablement represents a series of related concepts that describe the consequences or impact of a health condition on a person's body, activities, and on the wider participation of that person in the society. Nagi (1965) defines physically handicapped as the

expression of physical or mental limitation in a social context. Nagi's definition specifically views the concept of physically handicapped as representing the gap between a person's capabilities and the demands created by the social and physical environments. Nagi (1976) defines physically handicapped as a limitation in performing socially defined roles and tasks expected of an individual within a social-cultural and physical environment. To him, these roles and tasks are organized spheres of life activities like that of the family or other interpersonal relations such as work, employment and other economic pursuits, education, recreation and self care. Nagi (1965) noted that there are number of factors that contributed to the shaping the dimension and severity of disabilities. These factors include: - "The individual's definition of the situation and reaction, which at times compound the limitation of function, secondly, is, the definition of the situation by others, and their reactions and expectations of those who are significant in the lives of the person with the disabling conditions such as family members, friends and associates, employers and co-workers, and organizations and professions that provide services and benefits. Thirdly, is the characteristic of the environment and the degree into which it is free from or encumbered with, physical and social-cultural barriers" (Nagi, 1991, p.31).

In defining physically handicapped, Nagi talks of other related concepts such as impairment and functional limitations. He defines impairment to refer to the loss of or the abnormality at the tissue, organ, and body system level. These impairments represent a functional limitation that restricts the basic performance of the person.

2.4 The International classifications of impairments, disabilities and handicaps

The other school of thought is *the International Classifications of Impairments, Disabilities and Handicaps* (ICIDH) that was developing in Europe independent of the

Nagi theory early in the 1970's. The ICIDH, (WHO, 1980), describes physically handicapped as a term that summarises different functional limitations occurring in any population in any country of the world. People may be physically handicapped by physical, intellectual or sensory impairment, medical condition or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. The ICIDH first component of physically handicapped is impairment, which is defined as follows: - "In the context of health experience, impairment is any loss or abnormality of psychological or anatomical structure of function" (WHO 1980, p.27). This definition of impairment by ICIDH is similar to that of Nagi who uses impairment to refer to a loss or abnormality at the tissues, organ, and body level. These impairments will represent a functional limitation that restricts the person's performance. The World Health Organization (WHO) defines physically handicapped as: - "Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980, p.28). This definition is different from that of Nagi (1965) in that it is very much centered on the activities carried out by the individual. However, there is some commonality in this definition of physically handicapped in that Nagi uses functional limitation that has implications on restriction in activity.

The WHO (1980) defines the term "handicap" to mean: - "The loss or limitation of opportunities to take part in the life of the person with a physically handicapped and shortcomings in the environment and in many organized activities in the society, for example information, communication and education, which prevent persons with disabilities from participating on equal terms. It is a disadvantage for a given individual resulting from an impairment or a physically handicapped, that limits the fulfilment of a role that is normal (depending on sex, social and cultural factors for that individual"

(WHO 1980, p.29). The WHO definition of handicap has an apparent similar focus as that of Nagi in that, like Nagi's physically handicapped theory, they both imply the notion of "role". By referring to a disadvantage, that may be seen to go further than just performance of activities and roles, but to focus on the person in the society in which he or she lives, reflects cultural norms, roles and expectations of performance.

Apart from the two schools of thought, physically handicapped has also been variously defined. *The English Physically handicapped Person Act of 1944 and 1958* defines a physically handicapped person as one who on account of injury, disease or congenital deformity is substantially handicapped in obtaining or keeping employment or in undertaking work on his own account of a kind, which apart from his injury, disease or deformity would be suited to his age, experience and qualifications. Kirsten (1996) defines physically handicapped as the expression of a physical or mental limitation within a social or environmental context. Kirsten's definition has similarities to that of WHO (1980) in that it poses a limitation in the ability of the person to perform socially defined roles and tasks within a specific socio-cultural or physical environment.

In the United Kingdom, there is no single definition for physically handicapped. Various definitions apply depending on the situation. The main differences are related to access to specific services, benefits and allowances and general policy statements. For example the *Physically handicapped and Discrimination Act (1995)* defines a person as physically handicapped if he has a physical or mental impairment, which has a substantial and long-term adverse effects on his ability to carry out normal day-to-day activities. *The English Physically handicapped Persons Act (1986)* defines a physically handicapped person as someone with mental, physical or sensory illness. *The English Children's Act (1989)* defines a physically handicapped child under Section 17(ii) as being any of the following:

- *“deaf, dumb, blind, suffering from any mental disorder, substantially or permanently handicapped by illness, injury, congenital deformity or any other prescribed physical handicap”*. Denmark is a country that does not have a legal definition of physically handicapped, and so people with disabilities do not have to register their disabilities with the authorities. A physically handicapped is primarily regarded as a relationship between the individual and the society. A person's physically handicapped may have an impact on his or her ability to perform in a particular sector, and so the person's problems must be analysed and solved within the sectors in which they arise, such as in the sector of transport, education or employment (ILO, 1993). In Spain, expression of physically handicapped refers to any person whose opportunities for participation in education, work or social activities are reduced as a result of physical, mental or sensory impairment, whether congenital or not, and which is likely to be permanent (ILO, 1993). And in Germany, physically handicapped is defined as a permanent functional impairment resulting from an irregular physical, mental or psychological condition. The physically handicapped people are however not required to register their disabilities (European Commission, 1996).

From the above definitions, it can be concluded that “physically handicapped” is any restriction or lack resulting from an impairment of ability to perform an activity in the manner or within the range considered normal for a human being and it summarises a great number of different functional limitations occurring in any population in any country of the world. People may be physically handicapped by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. The term “handicap” can be summarised to mean a disadvantage for a given individual resulting from an impairment or physically handicapped that limits or prevents the fulfilment of a role that is normal

depending on sex, age, and social-cultural factors for that individual. It also means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a physically handicapped and the environment.

It can be concluded that the purpose of the term “handicap” is to emphasize the shortcomings in the environment and in many organized activities in the society like information, communication and education which prevent persons with disabilities from participating on equal terms. The social and environmental handicaps can be reduced by social, medical and technical adaptations, which also reduce the effects of a person’s physically handicapped. The only variable that cannot change is “impairment”. For example the loss of a leg, though it can be replaced with an artificial one, this will not change the fact of loss of a leg. In this study therefore, the definition of “physically handicapped children”, who are the subject of this study, refers to children below 18 years old who are impaired, a condition that limits and restricts their physical ability to perform an activity in the manner within the range considered normal for human beings.

2.5. The Concept of Marginalization

Marginalization is a term that means being outside the margin or exclusion from the mainstream. It denotes rejection and lack of acceptance of one person by another. It is therefore an undesirable act to marginalize others. The physically handicapped people, due to their physically handicapped that makes them different from the able-bodied, are a minority group that faces exclusion from the wider bigger society that does not readily accept them as part of it. People who are marginalized have relatively little control over their lives and the resources available to them. They may become stigmatised and are often at the receiving end of negative public attitudes. Their opportunities to make social

contributions may be limited and they may develop low self-esteem and low self-confidence. If they do not have work, they may have limited opportunities for meeting with others, and may become isolated. People who are experiencing marginalization are likely to have tenuous involvement in the economy. The sources of their income vary; some will depend on state benefits, marginal economic activity such as casual jobs or charity. Others may even turn to begging. Poverty and dependency are everyday aspects of the social and economic dislocation of the marginalized people.

A number of authors have defined marginalization in different ways. However, central to their definitions is the idea that marginalization entails exclusion from participation in some areas of life. Eldering and Knorth (1998) define marginalization to mean social exclusion, and as expressing a process and not a static condition. They see it as a process because at some stages in ones life cycle, the risk of marginalization may increase or decrease. Eldering and Knorth illustrate this by using the example of the marginalization status of physically handicapped children and youth that may decrease as they get older, or as they gain education and access to facilities and services. It refers to a process by which a person becomes distant from the conventional institutions in the society like the family, school, and the labour market. They see marginalization as an experience affecting millions of people through out the world, that manifests itself as disadvantages like being discriminated against, being poor, remaining unemployed. These factors bring with them the risk of exclusion.

In defining marginalization, Eldering & Knorth (1998) argue that the concept of marginalization contains at least four elements. First of all is that it expresses a process and not a condition since an individual can be marginalized during some period of his life and not others. Secondly, that marginalization can be defined as an undesirable situation for the individual as it relates to areas in society where there are normative expectations

for the participation of the individual and these are seen to be according to society's dominant system of norms advances. Thirdly is that marginalization entails exclusion from participation in some areas of social life. Marginalization is characterized by an involuntary, incomplete part on one or more spheres of life where there is an expectation of vulnerability with limited control over ones social and economic existence. Lastly, marginalization can be more or less extensive, in that it does not necessarily lead to complete exclusion from participation in one given sphere or all essential spheres of life. People can be marginalized in several spheres but marginalization in one sphere does not automatically lead to the marginalization in others.

Leonard (1984) defines marginalization to mean being outside the mainstream of production activity and or social reproductive activity. It also means: - "Being involuntarily socially marginalized i.e. remaining outside the major arena of capitalist productive and reproductive activity and as such experiencing an involuntary social marginality" (1984, p.18). Leonard (1984) concurs with Eldering & Knorth (1998) in viewing marginalization as happening to a group of people in the society that finds itself being involuntarily excluded from the mainstream activity. However, Eldering & Knorth differ with Leonard by suggesting that marginalization can be a voluntary or an involuntary activity. According to Munday and Ely (1996), marginalization is a product of society. If a society standpoint in determining a person's role worth in the structural and functional society, the under-privileged was seen as not being able to meet the culturally defined roles of the society. Munday's definition has some similarity with that of Eldering & Knorth (1998) and that of Leonard (1984) in that, the role of the society, and the way the society is organized and structured, have an adverse effect of excluding the physically handicapped, what Leonard refers to being involuntarily socially marginalized and what Eldering & Knorth refer to as social exclusion. Allan (1982)

defines marginalization as a sharp dividing line that puts one category much smaller than the other. To Allan, this division into normal or physically handicapped has implications that the latter is a much smaller and a lesser important category than the former. Oliver (1990) defines marginalization to mean a division resulting into a lesser category. He argues that physically handicapped people in many societies are seen as less human. This definition is similar to that of Allan (1982) in that a division is drawn between the able-bodied and the physically handicapped whereby the able-bodied become superior and the physically handicapped remain inferior. The Oxford English Dictionary defines marginalization as the treatment or consideration of a person or a thing based on the class or category to which a person or thing belongs rather than on individual merit. It explains marginalization as being about making a distinction in favour or against someone in the case observing a difference in treatment.

From the above definitions, it can be observed that marginalization is a social construction. It can be defined as a process where there is more or less comprehensive involuntary exclusion from participation in one or more spheres of life. A process where there is a normative expectation of participation both as regards the individual, and in relation to the given socially dominant social order. Similarly ethnic groups, families or individuals can be marginalized within localities. Marginalization is a process, and a shifting phenomenon, linked to social status. However, their state of marginalization is not static in that any interventions that go towards the full integration of the physically handicapped in the society can reverse their marginalization.

In this study therefore, the understanding of marginalization as an involuntary social exclusion and a shifting phenomenon is very vital in designing intervention programmes that aim at countering the exclusion of the physically handicapped children into

mainstream life in the society. The effects of their marginalization can be seen in the inadequacies that they face.

2.6. The concept of inclusive education

Inclusive Education is now being understood by professionals and is about to be understood by people at large to mean education for all children in the same class. This arises from the fact that vulnerable children, especially the physically handicapped, have not been accepted by the school system. While the society is being urged to accept her physically handicapped members, then it must also be the responsibility of the school system to find a way of accepting the physically handicapped children. The origin of inclusive education can be traced in the *Salamanca Statement* that adapted the World Conference on Special Education Needs, Access and Quality, and that called upon all governments and urged them to: - “Adapt as a matter of law, the principles of inclusive education, enrolling all children in regular schools, unless there were any compelling reasons for doing otherwise” (UNESCO, 1994).

The basic premise of this statement is that schools should meet the educational needs of all children irrespective of their disabilities and limitations. From this point of view, it can be argued that Inclusive Education is the strategy that contributes towards the ultimate goal of promoting an inclusive society, one which enables all children, whatever their age, gender, religion, ethnicity, impairment, to participate in and contribute to their best ability to the society. UNESCO (1993) urges that education is the right of all children, and therefore Inclusive Education for the vulnerable children becomes a very important avenue to ensuring that all children have access to an appropriate, relevant, affordable and effective education within their communities. Within school, UNESCO (1993) defines inclusive education to mean an approach that aims at developing a child-focus by

acknowledging that all children are individuals with different learning needs and speeds. The implication is that their differences are respected and valued and any discrimination or prejudices arising from such differences are actively combated in policies, institutions and behaviour change.

Sebba & Ainscow (1996) define Inclusive Education to mean: -“A process by which a school attempts to respond to all pupils as individuals by reconsidering its curricular organization and provision. Through this process, the school builds its capacity to accept all pupils from the local community who wish to attend and, in so doing, reduces the need to exclude pupils”. (p.9). Sebba and Ainscow (1996) concur with UNESCO (1993) in their focus to the child, who, although different from others and having different learning needs and abilities, should be welcome to learn together with the others within his/her community. Sebba and Ainscow share with UNESCO (1993) the view that schools should restructure their environments and method of organization to accommodate physically handicapped children with special needs and different learning speeds.

Hegarty (1993) defines inclusive education to refer to the participation by all in a supportive general education environment that includes appropriate educational and social support services. In his definition, Hegarty concurs with UNESCO (1999) definition of inclusive education as being an approach that exerts that classrooms and communities are not complete unless children with all needs and gifts are welcome into it. In this approach, all physically handicapped children regardless of their strengths and weaknesses in any area, become part of the school community. Hegarty's reference to full participation by all in a supportive environment that includes appropriate educational and social support is similar to that of UNESCO (1993) of a complete welcome and inclusion of all children with different needs and gifts in the classrooms and in the community. It

can be argued that the supportive environment being referred to by UNESCO and the welcoming classroom and community by Hegarty means one and the same thing.

By comparing UNICEF, UNESCO, Hegarty and Sebba and Einscow, one central idea surfaces in their overall definitions of inclusive education, that is, the school and the communities general organizational arrangements should be restructured in order for the barriers that cause exclusion, lack of access and participation of the physically handicapped children into the mainstream life in the society to be minimized. From the above definitions, it can be concluded that inclusive education means that physically handicapped children and the non-physically handicapped children learn together in ordinary mainstream school provisions with appropriate networks and support. It can also be interpreted to mean enabling the physically handicapped pupils to participate in the life and work of the mainstream institutions to the best of their abilities. As such, inclusive education can be viewed as an implementation of the “policy and “process” that allows all children to participate in all educational programmes. It can be viewed as a “policy” in that physically handicapped children should be accepted without any restriction in all education programmes meant for other children, and as a “process” to denote the means and ways in which the school system makes itself welcome to all children. Inclusive education therefore advocates for the need for equality and acceptance of every child in the society. Some of the processes that can be adapted to achieve inclusive education can include the restructuring of cultures, policies and practices in schools and in the society so that they respond to the diversity and special needs of all pupils.

The concept of inclusive education becomes therefore an important aspect of the study of the root cause of the marginalization of the physically handicapped children in Kenya. It is relevant in that the physically handicapped children have the right to be educated, and

more so, together with the other able-bodied children in their own communities, regardless of their disabilities. In this aspect therefore, inclusive education becomes a basic human rights issue for the physically handicapped children in Kenya. In addition, the philosophy of inclusive education to all children irrespective of physically handicapped can become a necessary tool in shaping and directing the policy of education for the physically handicapped children in Kenya. Currently, there exist discrepancies between the government and the NGOs on the type of approach that should be adopted for the rehabilitation of the physically handicapped children.

The government offers special education in segregated settings while the NGO's, for example the Diocesan Development Services, have established Small homes that are founded on the principle of inclusive education to access education to the physically handicapped children in regular schools. The principle and philosophy of inclusive education can become an invaluable source of information and ideas that the integration programme can benefit from. The Small homes can particularly benefit from this approach by improving the classroom provisions and the capacity of the teachers and the support staff and also the school environment to make it more welcoming, supportive, adaptive and responsive to the special needs of the physically handicapped children.

Lastly, this concept can become an instrument of change in the ways in which people and communities think about the physically handicapped people and their capabilities. With changed attitudes, an appropriate, relevant, affordable and effective education within the communities, the marginalization that the physically handicapped children face due to being excluded from the mainstream life in the society could be countered.

2.7 Educational challenges facing physically handicapped children

Most of the physical handicaps result from malfunctioning of the motor system, which then affects movement of legs and arms. The physically handicapped child is therefore limited in jumping, running, walking, writing as well as performance of other daily tasks. There may be complete or partial paralysis of the affected parts.

The affected children are therefore forced to use support equipment, depending on the nature and extent of their physically handicapped. They may be forced to use sticks, crutches, braces or wheelchairs to make life as comfortable as possible for them. These children therefore require a lot of support from the family friends and school in order to adjust to their way of living. They also need to be helped to be as mobile as possible. In most cases, the intelligence of these children is not affected and they can therefore attend regular schools and be taught by regular teachers (Ingule, Rono, Ndambuki, 1996)

In school, ease in mobility is attained by availing the type of walking aid they need as well as constructing pathways, which are convenient for use, by the physically handicapped children. Special rooms or resource rooms can also be made available for use by the physically handicapped who may need a longer time to catch up on their class work because of the speed in writing or performing certain tasks.

Physically handicapped children do not necessarily have a lower level of academic functioning although some exhibit some form of mental retardation. This highly depends on the type of physical handicap. The physical handicap may affect academic

achievement due to inability to write well and fast enough, absenteeism due to illness and at times visits to the doctor.

Children who are not paralyzed and who do not have brain damage “can function well in an integrated school setting, whether primary, secondary or post secondary provided of course that some vital equipment and accommodation are provided”. (Ndurumo, 1993, p. 128) The schoolteacher also has a special role of counseling the physically handicapped child to deal with his feelings of hostility, aggression, self-pity and dependency (Ingule, Rono, Ndambuki, 1996). Once confidence is instilled in these children, they feel more self-assured and perform better (Mulambula, 2000)

It is not always easy for the physically handicapped to relate to their non physically handicapped counter parts. This is because his or her physically handicapped is evident to everyone (Ndurumo, 1993). There are labels that are given to such children, which connote that they are incapable even before their degree of inability has been established. It thus leads to a strained relationship between the physically handicapped and the non-physically handicapped persons.

Lewandowski and CruickShank (1980) in Ndurumo (1993) listed the variables which affect the psychosocial development of physically handicapped children as the severity of the physically handicapped, the age of its onset, the degree of its visibility, the support and encouragement the child gets from his parents and others, the attitudes of people towards the physically handicapped and the child’s social status with his peers. Another factor could be how functional or non functional the affected body part

is. The more non functional the affected part, the more severe the psychological effect it has on the child.

2.8 Integration of physically handicapped children in schools

Integration is the movement of physically handicapped from institutions to community living, from special schools to regular classes (Hallahan and Kauffman, 1991). It is aimed at normalizing where and with who physically handicapped live, work and play. It involves making the lives of people with handicaps as much as possible like the lives of non-physically handicapped people. It requires that labels given to physically handicapped be dropped. It is a form of dealing with the segregation of physically handicapped children from the rest of society, which has been created by special education (Dobson, 1995).

The general aims of integration, according to Hallahan and Kauffman (1991) are

- To encourage general education teachers to use teaching practices with exceptional children that has been found to be effective with non exceptional children.
- To use special educators as consultants to help general education teachers cope with the special problems of exceptional children.
- To establish pre- referral team to ensure that only those who need special education services are identified for them.
- To structure classroom activities to encourage cooperative learning among students of different ability levels.
- To structure classroom activities so that non exceptional students act as tutors for their exceptional peers.

- To use commercially available curriculum materials designed to change the stereotyped attitudes of non exceptional learners on their exceptional peers.

The philosophy behind integration is that every exceptional child should be provided with a living and educational environment which is as close to normal as possible. It helps highlight the problems of those with disabilities and makes others in society more tolerant to the differences that exist.

Integration has minimized the effects of segregation which include long periods of separation from the family and age mates. This separation does not augur well for a physically handicapped child's bonding with the family and peers. Integration has also made it possible for these children to spend time with others in the real world as they avoid spending time with only those who are like themselves. This improves their coping with day-to-day issues. Teachers in special schools also fail to interact with teachers of regular schools and those may not exchange new ideas on teaching. This may make the physically handicapped children lag behind as the others are exposed to new ideas in this fast changing world.

Teachers in special schools are only trained on a specific special need and may not be able to handle the divergent need of exceptional children especially the physically handicapped. The cost of segregated education is also high and may not be easily sustainable. They depend mostly on charity and this makes children with physical handicaps to be viewed as people who deserve to be pitied and underachievers who depend on others for their survival. Some of the facilities they require are quite expensive for example wheel chairs.

Stainback, stainback, and Jackson (1990) described integrated or inclusive classrooms as having the following characteristics: a philosophy that all children can belong and learn in a regular classroom, classroom rules that reflect fair and equal treatment and respect for a students, curriculum that is adapted for each child, service and support available within the classroom, building of natural supports within the classroom, classroom accommodation to benefit the entire classroom, empowerments from the teachers to students so that students can problem solve, support and make their own decisions as well as promotion of the understanding of individual differences and flexibility.

Giangreco and Putman (1991) suggested ways in which students with severe disabilities could be integrated successfully into regular classrooms. They recommended curriculum overlapping techniques, adaptive instruction and multilevel curriculum selection. Johnson and Johnson (1989) discussed ways to encourage peer interaction for students with severe disabilities. They promoted structured interactions that could reduce the potential negative effects of paternalism, ambivalent feelings and interactions strains. Hamre-Nietupski, Hendrickson, Nietupski and Sasso (1993) explore teacher perceptions regarding friendship for students with severe disabilities. Teachers advocated for peer tutoring, co-operative learning and social interaction skills instruction to be used with student groups to facilities friendships among students with and without disabilities.

Adequate support for teachers in form of staff training and classroom implementation strategies and material resources must be available to teachers Jenkins, Pious and Jewell (1990), Kauffman, Gerber and Semmel, 1988, Miller, 1990) stressed that

teachers need to be actively involved in the process of integration with open communication between special educators and regular educators. Snel (1991) described model integration programmes for students with severe disabilities, highlighting some of the strategies that have worked to make the programme successful.

Team planning amongst administration, parents and teachers was identified as an essential ingredient for successful programmes. Whilst investigating on teachers' willingness to integrate students with mild disabilities, they found that involvement in the planning and implementation in the integration was a strong factor in facilitating integration. The need for active elaboration between regular and special education has been well documented (Myles and Simpson, 1989).

Teachers attitudes towards including students with disabilities are generally positive (Sanche and Dahl, 1989). Semmel *et al*, (1991) Williams, Fox, Thousand and Fox (1990) Hanrahan and Rapagna (1987) found that teachers with some training in special education seemed to be more positive towards inclusion than teachers with no such training. Rampaul and Freeze (1991) indicated that teachers believed that integration had more positive outcome for both regular and special need students, particularly in the affective area.

However teachers were not as positive about the effect of cognitive development. When viewing teachers' acceptance on behavioural and instruction techniques for students with mild disabilities. Whinnery *et al*, (1981) also rated teachers current instruction practices. The study found that general educators were not as confident as

special and remedial educators in their ability to teach students with mild disabilities. Ammer (1984) found that 70% of the teachers integrating students with disabilities in their study had a negative reaction towards the individualized education programme, process and integration.

Williams *et al* (1990) reviewed perception of best educational practice by teachers, administrators and parents of students with severe disabilities. 92% of the general education teachers felt that local schools placement was the best educational practice for these students. On the placement in the regular classrooms, only 58% of these teachers felt that this would be the best educational practice.

These studies suggest that teachers may be to some extent ambivalent towards having students with special needs in their classrooms. In as much as teachers tend to be positive towards the philosophy of integration, the process of integration presents more of a problem requiring much planning and communication with all education personnel : Literature documenting the benefits of integration of students with severe disabilities is available (Sailor *et al*, 1988), However, studies of actual experiences of teachers integrating students with disabilities have been limited, especially for teachers who have integrated students with severe disabilities.

Various studies have examined the experiences of teachers integrating students with severe disabilities into regular classrooms. York, Vandercook, McDonald, Heise-Neff and Caughey (1992) investigated the integration experiences of school personnel and classmates of 24 students with severe disabilities. Findings were generally positive with students and teachers in favour of continuing the integration experiences. Hamre-

Nietupski *et al* (1989) found that the initial concerns of regular educators towards integration were positively transformed over the year, they used curricula infusion to enhance the integration of students with severe disabilities, including physically handicapped related information and activities in the curricula at appropriate points to promote understanding of persons with disabilities.

Giangreco *et al* (1993) concurred with his findings. Results of this study indicated that as the year progressed, many teachers reported increasing their own involvement in an ownership of the students' educational programmes. Studies of the experiences of teachers integrating students with severe disabilities indicate that teachers become more positive as they become more involved with students. These positive experiences seem to be enhanced when special education teachers and support personnel work closely with regular education teachers in a collaborative relationship. A study which extended the research on teachers experiences integrating students with moderate and severe disabilities through a qualitative theme analysis was done by Bogdan and Biklen (1992) to gain a deeper understanding of the experiences of integration through the experiences of classroom teachers who are successfully integrating students with moderate and severe disabilities.

In a study conducted by Wilgosh and McDonald (1995) on disruptive behaviour, teachers mentioned some types of inappropriate behaviour displayed by their students with disabilities. These include violence and aggressiveness of which teachers expressed their frustration and difficulty with the students' behaviour. Teachers described their students' behaviour as immature, manipulative temperamental and

disruptive. However, with increased management strategies such as time out, teachers reported improved appropriate behaviour.

On teacher feelings and benefits, the study established that teachers with little previous experience were apprehensive. Their fears related to the need for support, the experience of having to work with a teaching assistant, inconsistent school board policy, physical management of the students and the fear of not having enough instructional knowledge. Although Stainback *et al* (1990) indicated that all students can learn and belong in a regular classroom, the study identified the need for the position of removing students with special needs from the regular classroom when necessary for individual instruction or behavioural intervention.

Integration takes different forms depending on the needs of the physically handicapped child as they are brought into the regular school. This is a type of integration where the physically handicapped child is placed in a regular classroom with the support of the teacher and the learners. At times, the learner who is physically handicapped is taken out to a resource room where he receives extra help and instructions from the teacher in his area of handicap. This will assist the learner to develop self-confidence as they catch up with the rest or even do better than them.

The teacher will also identify the learner's needs in order to accommodate them in the regular classroom.

In this form of integration, the physically handicapped child is placed in a special unit located in the regular school. In this case, the learners do not interact in class with the non-handicapped learners. They only mix with others when they are out of the

classroom. This is necessary especially for those physically handicapped children whose severity of handicap is extreme and may not benefit much from a regular classroom. In this case, the integration is purely locational and socialization takes place outside the classroom.

In this form of integration between the physically handicapped and non-handicapped children is mainly in social activities in regular classes. These social activities include physical education, games and other co-curricular activities. The physically handicapped are in their classes for purposes of specialized teaching. This is mainly done to make the physically handicapped child as comfortable as possible. Those with poorly developed speech or lack bladder control may need to be confined in their rooms to reduce the embarrassment they may undergo in the hands of their non-handicapped peers especially of a much young age that are not in a position to understand their condition.

At the moment, a growing number of parents and educators advocate for integration of all students within regular schools as well as their accommodation in the school programs. This is because children with disabilities need an equal chance to maximize on their potential every effort should therefore be made to ensure that they are enabled to benefit from the atmosphere of a regular school.

Session paper No. 6 1988 stipulates the policies that the Ministry of Education uses to integrate physically handicapped children into regular schools in order to enhance their participation in formal education.

The policy calls for every identification and assessment of children with physical disabilities. It emphasizes the need to sensitize communities and parents about integration. The main objective of integration is to assist physically handicapped children to develop into a full realization of their potential as well as development in social life. It improves their self-concept, improves their language and alters their behaviour and skills (Winzer, 1996). They therefore benefit socially and academically from their non handicapped peers. As they get exposed to the real world, they gain acceptance from the community.

In an integrated school, everyone belongs, is accepted, supports and is supported while having individuals education needs met as opposed to special schools which are discriminative and segregative (Barners and Lehr 1993). The mere fact of school entry increases the probability of successful learning and allows for many positive growth conditions to occur for children with disabilities. At present, many physically handicapped children are placed in regular primary school under a naturalistic curriculum (Sitienei, 2006).

Children with mild disabilities need the same skills as their peers and they normally acquire the same sequence. Classrooms are places where learners of diverse abilities cultures and backgrounds give their contributions. Diversity is valued and celebrated because it strengthens the class and offers its members greater opportunities for learning as the learners become aware of their differences. Physically handicapped children are spared the stigma of being in special schools and are instead provided with a more real life environment for learning (Lawrence, 1991). This is a real ego

boost for them as well as a preparation for life after school since, after all, there is no special community for these children out there.

The family is the basic unit of society from which all other systems emanate. The family has a very crucial role to play in the life of a physically handicapped child and later on, in the integration process. The family is the earliest and most sustained place of social contact for the physically handicapped child. There, they receive support and instructions as they develop and gradually acquire independence.

The family provides the first context in which learning of whatever kind, takes place. Language, mental skills, emotional values and gender identity of a culture are learnt. In a family, ties and bonds endure at all times regardless of the changing circumstances. For a physically handicapped child, the above needs that are met by the family will affect the way the child will cope with others in a regular school. The family is actually the first encounter of life in a regular school since all members of the family are not physically handicapped.

The type of orientation the child receives at home prepares him for life in a regular school. This is done in the following ways outlined by Githang'a (2002, p.59).

- Monitoring, guiding, training the young child to be a competent participant in society.
- Provide physical, emotional and financial support.
- Orienting the child to his/her immediate world of relatives, neighbours and community.

There are certain parental characteristics as well as sibling characteristics, which can negatively impact on the physically handicapped child as well as the integration process. Parents, who live in disharmony with each other, abuse their children, neglect their children or are too permissive or too rigid, negatively impact on the development and coping abilities of the physically handicapped child.

Siblings on the other hand provide a model for the physically handicapped child's social attitudes beliefs and behaviours. They should therefore act as role models to the physically handicapped child. They should also offer companionship and emotional support as they assist each other as well as the physically handicapped child in everyday tasks.

If the above factors are prevalent in a family, integration was made easier for the physically handicapped child. It was the prerogative of the parents to initiate the process of integration of a child in a regular school as they offer the necessary emotional and material support.

2.9 Summary

A review of available literature shows that no previous studies have looked into the area of physically handicapped in Uasin Gishu District. The only close survey on disabilities was conducted by Karugu (1985) to establish the attitude of certain communities towards the handicapped in Africa. The survey found out that most communities in Africa have not yet changed their attitudes about the handicapped and considered the handicapped as a curse and bad omen to their families. To my best knowledge, there is no published evidence of previous studies that the concepts pertaining to the root causes of the marginalization of the physically handicapped children in Uasin Gishu Kenya have been

identified. In addition, despite there being scanty information in physically handicapped field, no one has previously, to my best knowledge, asked this particular research question in quite the same way as I have done. There is therefore every justification to carry out this study.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter contains a description of the study area, the sample size, procedure and selection of the respondents, data collection, instruments and procedure, data analysis and data interpretation. This chapter presents the methodology adapted in this study. It situates the research site and describes the study instruments and design as well as the method of data collection and analysis. This chapter presents two sections. The first section is the context of the study that describes where the study was done, the geographical location and choice of the study area, economic activities and other socio-economic aspects of the area such as the population size, religious beliefs, health care and education services. The second section presents a detailed description of the methodology of data collection and covers the sample frame, data collection and data analysis.

3.2 Research design

This study will rely on survey design. Surveys are normally used to systematically gather factual quantifiable information necessary for decision-making. According to Kothari (2004), surveys are efficient methods of collecting descriptive data regarding the characteristics of populations, current practices and conditions or needs. They also help gather information from large cases by employing use of samples hence cutting down on costs. Given the above stated attributes, survey research design was adopted in this study in order to capture descriptive data from selected samples and generalize the findings to the populations from, which the sample was selected.

3.3 Study area

This study was conducted in Uasin Gishu District, Rift Valley Province of Kenya. It is one of the 17 districts in Rift Valley Province. The district covers an area of 3218 square kilometers, which is over two percent of the total area of the province. The district borders Nandi District to the west, Lugari District to the north-west, Koibatek District to the south east, Marakwet and Keiyo District to the east and Trans-Nzoia District to the north. Dairy farming, growing of wheat, maize, beans, flowers vegetables and pyrethrum are the major activities in the district. Uasin Gishu District in the Eastern province of Kenya is the selected study area. The choice of Uasin Gishu was purposive because Uasin Gishu can, and still gives a fairly representative data on all urban and rural situations where a study on the root causes of the marginalization of the physically handicapped children and their living situations could be carried. Better still, Uasin Gishu hosts a number of NGOs working with physically handicapped children like the Catholic Diocese of Uasin Gishu that has established Small homes for the physically handicapped children. Uasin Gishu is also the home of the only government Special school for the physically handicapped children in the district. The inhabitants of Uasin Gishu are the cosmopolitan whose attitudes and beliefs on disabilities are socially constructed. The family is the basic kinship group and is the centre of economic and social life. To be a valued member in the *social* ethnic community, one has to be able to carry out the socially defined roles and be able to contribute fully towards the economic and social status of the community. The physically handicapped, due to their limited physical abilities, find themselves disadvantaged in meeting these roles. They are therefore despised and stigmatised. The socio-cultural life of the people was influenced by the belief in ancestral powers. Ancestral spirits could punish the living for misconduct. To avoid the wrath and punishment of the ancestors, proper conduct by individuals was of utmost importance in the day-to-day lives of the people. Due to the belief on the unity of

social relationships between the living and the dead, taboos, prohibitions and sanctions were observed in the daily actions and conduct of individuals. The presence of disease and other misfortunes insinuated breach of conduct. Similarly, problems of reproduction including infertility, barrenness, miscarriage, infant loss and the birth of physically handicapped children were believed to be the signs of disharmony arising from violation of rules. Related to this was the belief that the breach of conduct could be a person other than the person suffering. This strong belief in the joint responsibility for the well being of the community and the individual was probably the strong force behind the attitude towards the physically handicapped children among the *ethnic* group.

The complexity and sensitivity of the cause of disabilities and lack of written documents on the causes of disabilities, the situation of the physically handicapped and data about their education were important considerations in the choice of Uasin Gishu District. As a member of the ethnic community, I was an insider and grew up in the study area. As I grew up, I attended school with children who had disabilities of all kinds, many of whose learning needs could not be met in regular schools due to lack of trained teachers. Others had specific difficulties due to mobility challenges and long distances to cover to go to school on foot.

It was therefore necessary to select an area both rural and accessible. Uasin Gishu is the District administrative town and the main government departments are based in the town like the Special Education Department, the Employment Office, the Assessment centre and the Uasin Gishu General Hospital. The Uasin Gishu Catholic Diocese runs Small homes and has its main office in Uasin Gishu town. These factors made the choice of Uasin Gishu suitable.

3.3 Target population

The study was carried out on physically handicapped pupils in selected regular primary schools with integration programmes for physically handicapped pupils. Pupils and teachers were the key respondents. In the study physically handicapped pupils in classes six, seven and eight were considered for the study since they are better placed to grasp the items of the questionnaires. From a population of 170 physically handicapped pupils 44 were selected. 28 teachers were randomly selected from 90 who have trained in special education considering gender and position held in the school to ensure that the views are obtained from all cadres of teachers. 44 parents out of (more than 90) of the physically handicapped, pupils were interviewed using the interview schedule developed by the researcher.

3.5 Sample size

A sample of 44 physically handicapped pupils in primary schools in the district were randomly selected. These were from classes six, seven and eight. They filled in the questionnaires. A total of 28 teachers were interviewed. They provided insight on the school situation and factors which affect integration of physically handicapped children in their primary schools. A total of 44 parents were also sampled in the study to provide the home factors affecting integration.

3.6 Research instruments

The researcher will use a questionnaire for the physically handicapped children and an interview schedule for selected teachers and parents in the district. The questionnaire consists of two parts. Part A deals with the biographical details while part B details with the factors that affect integration. The questionnaires will have both open ended

and closed questions. An open ended question will require respondents to fill the spaces provided while the closed ended questionnaire will require the respondent to choose from a list of alternatives offered aimed at shedding light on factors which affect the integration of physically handicapped children in inclusive schools.

3.7 Validity of the research instruments

Validity of an instrument is the success of a scale in measuring what it sets out to measure so that differences in individual scores can be taken as representing true differences on the characteristics under study Koul (1992). Content validity refers to the subjective agreement among professionals that a scale logically appears to reflect accuracy what it purports to measure (Kothari, 2005).

To determine the content validity of the questionnaire items, three experts in the department of Educational Psychology, Moi University examined them suggestions and comments were used as a basic to modify the research items and make them adaptable to the study. Based on the feedback offered by those who examined the questionnaire the wording of the questionnaire was slightly modified and some items were excluded completely.

3.8 Reliability of the instrument

Reliability is the consistency of scores obtained by the same persons when re-examined with the same test on different occasions with different sets of equivalent items or under other various examining conditions (Anastasi 1982 in Ndurumo 1993, p. 103). Reliability is therefore concerned with the degree of consistency between two independently obtained sets of scores. The scores obtained are expressed in the form

of correlation coefficients (Ndurumo, 1993). In this research study, reliability of the instruments was obtained through test – retest method.

Pilot study was carried out in 4 schools in physically handicapped District. One school was from each category of schools such as co-educational boarding, co-educational day, girls' boarding and boys' boarding respectively. The questionnaires was administered to forty students drawn from the four schools (20 form three students and 20 form four students). Split half technique was used to obtain X and Y scores. X distribution will take odd positioned items, whereas Y distribution will take even positional items. Pearson product moment correlation (r) was used to calculate the reliability coefficient. The coefficient obtained will then be converted into an appropriate correlation for the entire test using Spearman and Brown prophecy formula. The reliability coefficient of 0.5 and above was accepted as a good measure of reliability.

3.9 Piloting of the research instruments

The questionnaires were pilot tested in one of the integrated primary schools in Uasin Gishu District, which was chosen by the researcher. This school did not take part in the actual research. This ensured that the conditions for the research remain the same due to the geographical location that is similar to the schools which was selected for the study. Piloting ensured that ambiguities in the questionnaires and interview schedule were ironed out before it is given to the respondents.

3.10 Data analysis and statistical techniques

After data collection, responses from all questions were crosschecked to facilitate coding and processing for analysis using Statistical Programme for Social Sciences (SPSS v.13.5) computer package. Statistical analyses of data were done by descriptive statistics, Chi-square (χ^2) test, percentages and frequencies. Chi-square test is a statistical technique used to compare the differences between categorical frequencies when data is categorical and drawn from a population with uniform distribution in which all alternative responses are equally likely. The formula used in calculating the chi-square was $\chi^2 = \sum \frac{(O-E)^2}{E}$ where: O is the observed and E the expected ranges in the sample respectively. Apart from Chi-square test, the researcher also used percentage rank score as a mean of comparing the response to variables under study based on the Likert Scale scoring.

The percentage mean rank scores were compared by Mann-Whitney U test. All data was analyzed at a level of 95% or $\alpha = 0.05$. Likert scores for students were ranked from 1-2 to represent negative attitudes, 3 – neutral, 4-5 to represent positive attitudes. Structured descriptive statistics were used to analyze data. The data was presented in tables, graphs and percentages. Both descriptive and inferential statistics was used. The data formed the basis of research interpretation, discussion conclusion and recommendations

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Organization of the chapter

This chapter presents an analysis of the data gathered using the tools discussed in the previous chapter. The second part presents and discusses the background information of the respondents including; gender distribution, as well as types of school the respondents were sampled from. The third part presents' information concerning the levels of integration of physically handicapped pupils in regular primary schools. The fourth part presents attitudes of different groups of people towards integration of the physically handicapped pupils in regular primary schools programme. The fifth part provides the home based factors affecting the integration of physically handicapped pupils in primary schools while the last section describes the information concerning the effects of school based factors on the levels of integration of the physically handicapped pupils in regular primary school programme. Tables and figures have been used to summarize and illustrate the findings of the study. Attempts have been made to make reference to other related information in different parts of the thesis.

4.2 Background information of the respondents

In order to establish the nature of the respondents sampled, the researcher established the background information of the respondents. The background information sought included; the gender and the types of school the pupils were sampled from.

Information concerning the gender difference of pupils sampled is shown in Table 4.1. From the table, a total of 44 respondents were sampled out of, which 59.1% were male while the remaining 40.9 % were females.

Table 4.1: Gender of the pupils sampled during the study

Gender	Frequency	Percent
Male	26	59.1
Female	18	40.9
Total	44	100

Table 4.2 provides the information on the types of schools sampled in this study. Out of the 24 schools sampled, one quarter were co-educational day schools, 28% were co-educational boarding, one quarter girls boarding and about one fifth boys boarding. When subjected further to statistical chi-square test, the analysis revealed that the proportion of pupils from different types of schools were statistically similar in proportion ($\chi^2 = 2.118$, $df = 2$, $P = 0.414$). Therefore the sample was deemed to be representative of the situation in the field and thus good for the generalization of the population of the district.

Table 4.2: Types of school sampled during the study

School type	Frequency	Percent
Co-educational day	7	25.0
Co-educational boarding	8	28.6
Girls boarding	7	25.0
Boys boarding	6	21.4
Total	28	100

4.3 Levels of integration of physically handicapped children in regular primary schools among pupils, teachers and parents

The first objective of the study was to determine the levels of integration of physically handicapped children in regular primary schools. First the researcher sought to establish the overall levels of integration of the physically handicapped pupils in regular primary schools within Uasin Gishu District. The overall levels of integration of the physically handicapped pupils in regular primary schools are as depicted in Figure 4.1.

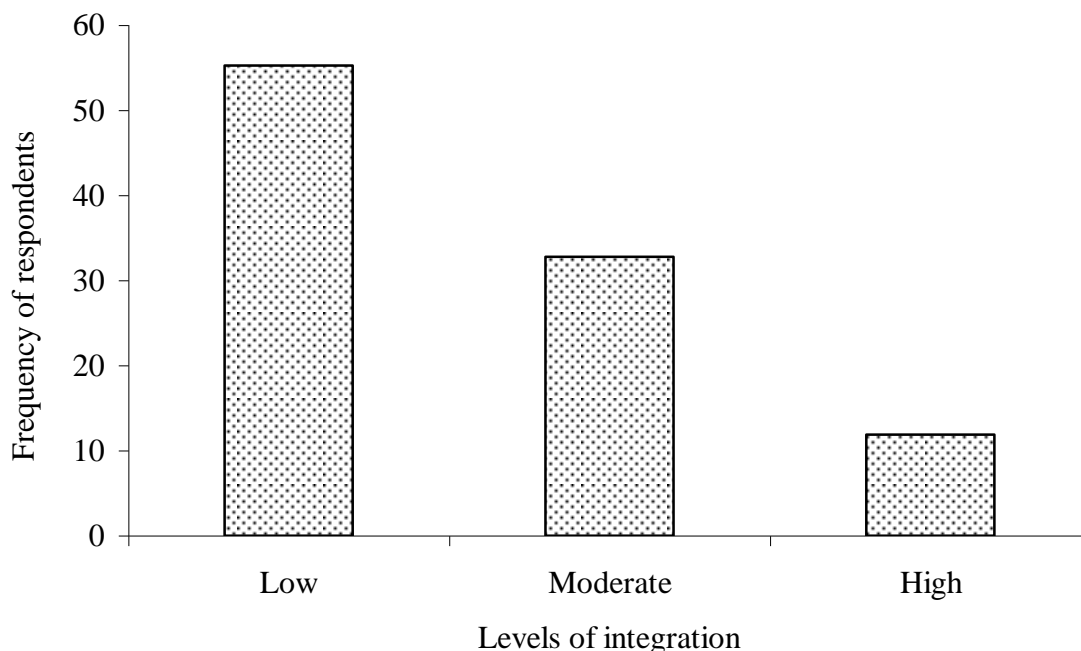


Figure 4.1: Overall attitudes of physically handicapped pupils toward integration in the regular primary school

There was a significant difference in the levels of integration of the physically handicapped students in regular primary schools in Uasin Gishu District. These differences were found to be statistically significant after performing a chi-square test ($\chi^2 = 14.859$, $df = 6$, $P = 0.021$). Majority of the respondents (55.3%) had a feeling that the physically handicapped pupils were not well integrated in the regular primary school programmes. Respondents who believed that the physically handicapped pupils were highly integrated in the regular primary schools were least (11.9%) while those who believed that the pupils were moderately integrated were found to be intermediate (32.8%). This therefore implies that most of the respondents who responded to the questionnaires on the levels of integration believed that the

physically handicapped pupils were not adequately integrated in the regular primary schools programme.

There were also attempts to determine the perception of pupils, teachers and parents concerning the levels of integration of the physically handicapped. Levels of integration of the physically handicapped according to the pupils, teachers and parents are shown in Table 4.2.

Table 4.3: Levels of integration of physically handicapped pupils according to pupils, teachers and parents in Uasin Gishu District

Levels of integration	Pupils (n = 44)	Teachers (n = 28)	Parents (n = 44)
Low	50.9	39.2	40.2
Moderate	11.5	52.9	9.1
High	36.5	7.9	50.7
Total	100	100	100

From the above table, about a half of the pupils felt that the levels of their integration into the regular primary school programmes was low as compared to lower proportion of pupils who believed that they were highly integrated in the regular school programme. On the other hand, higher proportions of the teachers supported the idea of moderate levels of integration of the physically handicapped in regular primary school programmes. On the other hand, the higher proportion of the parents believed that the pupils were highly integrated in the regular school programmes than those who believed that they were not well integrated in the systems. These differences

were found to be statistically significant after performing a Chi-square test ($\chi^2 = 16.114$, $df = 4$, $P = 0.001$).

4.3.1 Integration of physically handicapped pupils in various types of schools.

Further the researcher also attempted to determine the levels of integration of the physically handicapped in various forms of primary schools in the study area. Levels of integration of the physically handicapped in four types of schools are as shown in Table 4.5.

Table 4.5: Levels of integration of physically handicapped pupils among the various type of schools

Levels of integration	Co-educational day	Co-educational boarding	Girls boarding	Boys boarding
Low	27.6	52.9	25.2	25.2
Moderate	13.5	7.9	9.1	9.1
High	58.9	39.2	65.7	65.7
Total	100.0	100.0	100.0	100.0

The table provided above indicates that, about a three fifth of the pupils in co-educational schools felt that the levels of their integration into the inclusive primary school programmes was high as compared to lower proportion (27%) of pupils who believed that they were not well integrated in the inclusive school programme. In co-educational boarding schools, about a half of the pupils felt that they were not well integrated in the inclusive primary school curriculum while about a two fifth of the pupils felt that they were well integrated into the system the rest felt that the integration was moderate. On the other hand, higher proportions of the pupils in both the girls boarding and boys boarding supported the idea of high levels of integration

of the physically handicapped in regular primary school programmes. The lower proportion of the pupils in both boarding schools believed that they were not well integrated in the regular school. When subjected to statistical test, it was established that these differences were statistically significant after performing a Chi-square test ($\chi^2 = 36.114$, $df = 6$, $P = 0.000$).

Finally, the researcher determined the levels of integration of the physically handicapped between male and female students in primary schools in the study area. Levels of integration of the physically handicapped between males and female pupils are as shown in Table 4.5.

Table 4.5: Levels of integration of physically handicapped pupils between male and female

Levels of integration	Male	Female
Low	56.7	10.1
Moderate	7.4	34.2
High	35.9	55.7
Total	100	100

It is clearly stated in the table above that about 57% of the male students felt that they were not well integrated in regular primary school programme as compared to about 36% who felt highly integrated and few who believed that the levels of integration was moderate. Most of the female pupils on other hand felt that they were highly integrated in the regular primary system which was followed by proportion of females who felt that they were moderately integrated into the regular primary school

programme. Subjecting the data to statistical test indicated that that there were statistically significant differences after performing a chi-square test ($\chi^2 = 11.119$, $df = 2$, $P = 0.004$).

4.4 Attitudes towards integration for the physically handicapped pupils among pupils, teachers and parents

The second objective of the study was to determine attitudes towards integration of the physically handicapped pupils in regular primary schools among pupils, teachers and parents. To realize the aforementioned objective, a hypothesis was formulated that stated “Attitudes towards integration of the pupils physically handicapped pupils does not differ between pupils, teachers and parents. This section therefore presents the findings about attitudes towards integration of physically handicapped pupils in primary schools within Uasin Gishu District among three groups of respondents; pupils, teachers and parents.

First the researcher sought to establish the overall attitudes of the physically handicapped pupils who were integrated in regular primary schools within Uasin Gishu District. The overall attitudes of the physically handicapped pupils towards being integrated in the regular primary schools is shown in Figure 4.2.

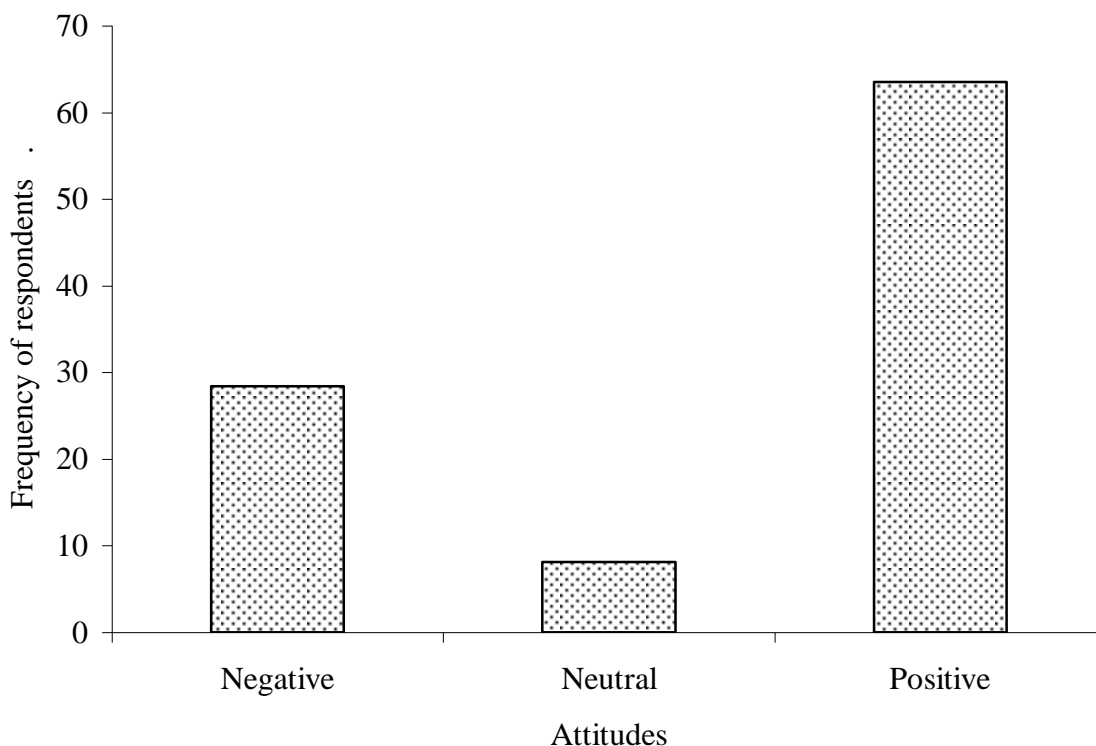


Figure 4.2: Overall attitudes of the physically handicapped pupils towards being integrated in the regular primary schools in Uasin Gishu District

From the above figure, it is clear that most of the physically handicapped pupils (63.5%), they had a positive attitude towards being integrated in the regular primary schools with other pupils. Physically handicapped pupils with negative attitudes were about 28.4% while the least number of pupils had neutral attitudes (8.1%). Attitudes of physically handicapped pupils in regular primary school programme was found to differ significantly among the pupils who answered to the questionnaires ($\chi^2 = 21.852$, $df = 2$, $P = 0.011$). This therefore implies that most of the physically handicapped pupils who answered to the questionnaires in this study were generally having positive attitudes towards being integrated in the regular primary school programme with other students.

Then the researcher determined the attitudes towards integration of the physically handicapped between pupils, teachers and parents. Attitudes towards integration of the physically handicapped between pupils, teachers and parents in Table 4.6.

Table 4.6: Attitudes towards integration of the physically handicapped pupils according to pupils, teachers and parents in Uasin Gishu District

Levels of integration	Pupils (n = 44)	Teachers (n = 28)	Parents (n = 44)
Negative	23.5	39.2	25.2
Neutral	8.6	7.9	9.1
Positive	67.9	52.9	65.7
Total	100	100	100

From the above table, about two thirds of the pupils had positive attitudes about being integrated into the regular primary school programmes, while only one fifth had negative attitudes toward integration; with the rest who were few having neutral. Higher proportions of the teachers (53%) supported the idea of integration of the physically handicapped in regular primary school programmes as evidence by their positive attitudes toward integration; only two fifth felt negatively about the integration. On the other hand, the higher proportion of the parents (two thirds) also believed that the pupils were better integrated in the regular school programmes as pointed to their positive rating to the integration than those with negative rating of the integration. These differences were found be statistically significant after performing a chi-square test ($\chi^2 = 23.005$, $df = 4$, $P = 0.000$).

Further the researcher also determined the attitudes of the pupils from different schools towards integration of the physically handicapped pupils in regular primary schools. Attitudes of pupils from various primary schools on integration of the physically handicapped in four types of schools are as shown in Table 4.7.

Table 4.7: Levels of integration of physically handicapped pupils among the various type of schools

Levels of integration	Co-educational		Co-educational	
	day	boarding	Girls boarding	Boys boarding
Negative	36.5	39.2	9.1	9.1
Neutral	11.6	7.9	23.2	25.2
Positive	51.9	52.9	67.7	65.7
Total	98.9	100	100	100

The table provided above indicates that, for all the pupils in all the types of schools sampled, majority of the pupils had positive attitudes towards the integration in regular programme in primary schools, albeit the proportion was highest in girls boarding followed by boys boarding schools. Again in both the girls and boys boarding schools, the proportion of pupils with neutral attitudes towards integration were higher than those with negative attitudes, which was generally lower in proportion in the both the girls and boys boarding schools. When subjected to statistical test, it was established that these differences were statistically significant after performing a chi-square test ($\chi^2 = 39.114$, $df = 6$, $P = 0.000$).

The researcher also determined the attitudes of male and female pupils towards integration of the physically handicapped in primary schools in the study area. Attitudes of pupils towards integration of the physically handicapped between males and female pupils are as shown in Table 4.8.

Table 4.8: Levels of integration of physically handicapped pupils between male and female

Levels of integration	Male	Female
Negative	38.4	39.2
Neutral	11.5	7.9
Positive	50.1	52.9
Total	100	100

The above table that above that about 50% of the male students had positive attitudes towards the integration of pupils in regular primary school programme as compared to about 38% who had negative attitudes towards being integrated in the regular primary school programmes. Most of the female pupils also had positive attitudes towards being integrated in the regular primary schools programme. This was followed in proportion by those who felt negative attitudes towards being integrated in the regular programme. Subjecting the data to statistical test indicated that that there were statistically no significant differences after performing a chi-square test ($\chi^2 = 2.109$, $df = 2$, $P = 0.094$).

4.5 Home based factors affecting integration of physically handicapped pupils in primary schools

The third objective of the study was to determine the home factors affecting levels of integration of physically handicapped children in regular primary schools. First the researcher sought to establish the overall effects of home based factors levels on the levels of integration of the physically handicapped pupils in regular primary schools within Uasin Gishu District. The overall effects of home based factors on integration of the physically handicapped pupils in regular primary schools are as depicted in Figure 4.3.

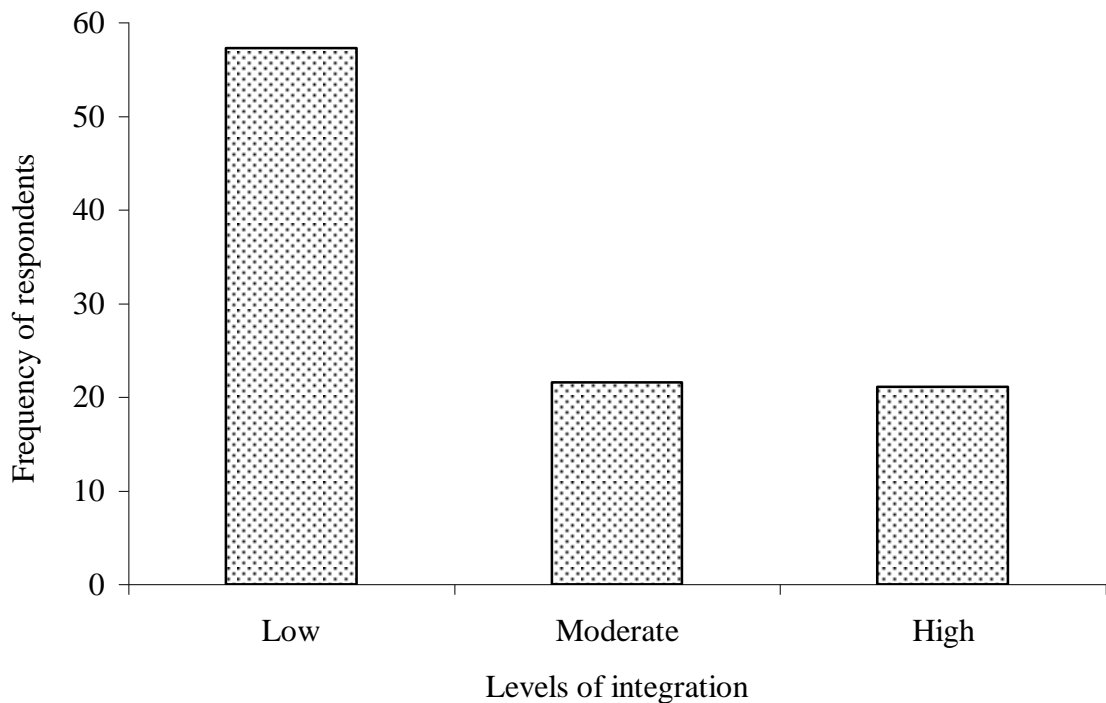


Figure 4.3: Effects of home based factors on levels of integration of physically handicapped pupils toward integration in the regular primary school

There was a significant difference in effects of home based factors on the levels of integration of the physically handicapped students in regular primary schools in Uasin Gishu District. These differences were found to be statistically significant after performing a chi-square test ($\chi^2 = 14.859$, $df = 6$, $P = 0.021$). Majority of the respondents (55.3%) had a feeling that the physically handicapped pupils were not well integrated in the regular primary school programmes. Respondents who believed that the physically handicapped pupils were highly integrated in the regular primary schools were least (11.9%) while those who believed that the pupils were moderately integrated were found to be intermediate (32.8%). This therefore implies that most of the respondents who responded to the questionnaires on the levels of integration believed that the physically handicapped pupils were not adequately integrated in the regular primary schools programme.

Table 4.2: Effects of home based factors on the levels of integration of physically handicapped pupils according to pupils, and parents in Uasin Gishu District

Levels of integration	Pupils (n = 44)	Parents (n = 44)
Low	36.5	25.2
Moderate	11.5	9.1
High	50.9	65.7
Total	100	100

Table 4.3: Effects of home based factors on the levels of integration of physically handicapped pupils according among the pupils from various type of schools

Levels of integration	Co-educational		Girls boarding	Boys boarding
	day	boarding		
Low	36.5	11.2	15.2	15.2
Moderate	11.5	7.9	9.1	9.1
High	50.9	62.9	75.7	75.7
Total	98.9	100	100	100

Table 4.4: Effects of home based factors on levels of integration of physically handicapped pupils between male and female

Levels of integration	Male	Female
Low	36.5	39.2
Moderate	11.5	7.9
High	50.9	52.9
Total	100	100

4.6 Effects of schools based factors on the levels of integration of physically handicapped pupils in regular primary schools

The last objective of the study was to determine the economic factors in the levels of integration of physically handicapped pupils in regular primary schools. First the

researcher sought to establish the overall effects of the school based factors on the levels of integration of the physically handicapped pupils in regular primary schools within Uasin Gishu District. The overall effects of school based factors on the levels of integration of the physically handicapped pupils in regular primary schools are as depicted in Figure 4.4.

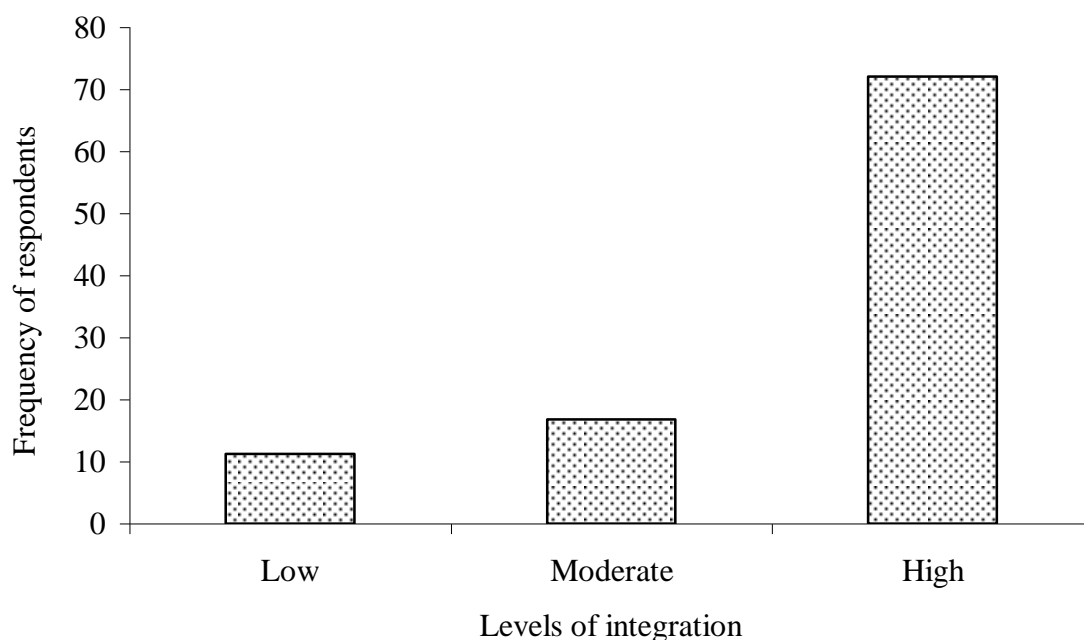


Figure 4.4: Effects of school based factors on the levels integration of the physically handicapped pupils toward integration in the regular primary school

There was a significant difference in the effects of school based factors on the levels of integration of the physically handicapped students in regular primary schools in Uasin Gishu District. These differences were found to be statistically significant after performing a chi-square test ($\chi^2 = 14.859$, $df = 6$, $P = 0.021$). Majority of the respondents (55.3%) had a feeling that the physically handicapped pupils were not well integrated in the regular primary school programmes. Respondents who believed that the physically handicapped pupils were highly integrated in the regular primary

schools were least (11.9%) while those who believed that the pupils were moderately integrated were found to be intermediate (32.8%). This therefore implies that most of the respondents who responded to the questionnaires on the levels of integration believed that the physically handicapped pupils were not adequately integrated in the regular primary schools programme.

Table 4.2: Effects of school based factors on the levels of integration of physically handicapped pupils according to pupils, and parents in Uasin Gishu District

Levels of integration	Pupils (n = 44)	Parents (n = 44)
Low	36.5	25.2
Moderate	11.5	9.1
High	50.9	65.7
Total	100	100

Table 4.3: Effects of school based factors on the levels of integration of physically handicapped pupils according among the pupils from various type of schools

Levels of integration	Co-educational		Co-educational	
	day	boarding	Girls boarding	Boys boarding
Low	36.5	39.2	25.2	25.2
Moderate	11.5	7.9	9.1	9.1
High	50.9	52.9	65.7	65.7
Total	98.9	100	100	100

Table 4.4: Effects of school based factors on levels of integration of physically handicapped pupils between male and female

Levels of integration	Male	Female
Low	36.5	39.2
Moderate	11.5	7.9
High	50.9	52.9
Total	100	100

CHAPTER FIVE

5.0 SUMMARY, DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter presents a summary of the whole study and discussion of the findings of the study. In addition the implications and policy recommendations derived from the findings are stated. The chapter also presents suggestions for further research.

5.2 Summary of the study of the problem, research methodology and findings

This study investigated the. Specifically, the study concerned itself with:

1. The levels of integration of physically handicapped children in regular primary schools in Uasin District.
2. Attitudes towards integration for the pupils in regular primary schools in Uasin District.
3. Home based factors affecting integration of physically handicapped pupils in primary schools in Uasin District.
4. Establish the School based factors affecting integration of physically handicapped children in the schools in Uasin District.

The research designed adopted in this study was cross-sectional survey design. It was conducted in Uasin District and involved the primary school pupils. Forty four pupils, 28 teachers and 44 parents were involved in the study.

Data were collected from students by use of questionnaires; Pupils integrations and pupils attitude - Questionnaire (SAQ) to which pupils responded. Data was analyzed

by use of a computer through statistical package for social sciences programme (SPSS).

Frequency distributions and percentages were assessed to highlight important aspects of the trends of data observed. The statistical tests employed in the study were Chi- square, Kolmogorov – Smirnov test and ANOVA tests and Bivariate factor analysis. The hypotheses tested were accepted or rejected at 0.05 level of significance. Basing on the research questions and hypotheses, several findings were reached.

These were:

1. There was a significant difference in the levels of integration of the physically handicapped students in regular primary schools in Uasin Gishu District. Majority of the respondents had a feeling that the physically handicapped pupils were not well integrated in the regular primary school programmes.
2. More pupils felt that the levels of their integration into the regular primary school programmes was low as compared while higher proportions of the teachers supported the idea of moderate levels of integration of the physically handicapped in regular primary school programmes and higher proportion of the parents believed that the pupils were highly integrated in the regular school programmes.
3. Type of school had a significant influence on attitudes of towards integration of the pupils in regular primary schools. Pupils in co-educational schools felt that the levels of their integration into the regular primary school programmes was high, while in co-educational boarding schools were happy about

integration in regular primary schools. Higher proportions of the pupils in both the girls boarding and boys boarding felt they levels of integration in regular primary schools was high.

4. Gender differences were also established to influence the levels of integration of pupils in regular primary schools. Females felt they were well integrated into the regular primary schools than males.

5.3 Discussion

5.3.1 Levels of integration of the physically handicapped in the regular primary school in Uasin Gishu

This section presents the findings about the respondents understanding of disabilities. It covers the perceptions and attitudes that people held towards disabilities, assessment and reporting disabilities, how people are understanding of disabilities had influenced how they related and treated the disabled and their families. The implications for the findings are discussed and proposals made on how negative perceptions can be tackled through policies, legal measures and through increased awareness and counseling.

6.1. Perceptions about Disabilities from the perspective of the able-bodied children

The able-bodied interviewed had at least a disabled pupil in their classes. Although they were knowledgeable of the types of disabilities their colleagues had, they were not clear about the causes of their colleagues' disabilities. The children had positive perceptions towards their disabled colleagues. This is derived from their tendency to adapt an individualistic model of disability with strong medical overtones. They attributed the causes of their colleague's disabilities to accidents, medical reasons or having inherited the disabilities. A significant others did not know the causes of their colleagues disabilities. The children had a strong sense of the disabled children being different from

them but equal with them because God had made them in his own image, and were, like them, God's children.

The able-bodied children held largely positive attitude towards the disabled and their parents. About all the able-bodied children said the disabled children and their parents were viewed positively in their villages (*Table 7*).

The findings that the able-bodied children did not have a clear knowledge of the causes of disabilities imply the need for disability awareness. Since culture has a large part to play in the form of socialization practices relevant in any society, a lot of disability awareness is needed to demystify disabilities among the children so that they can grow with the correct understanding of disabilities.

Awareness campaigns need to be conducted with an aim of highlighting the effects of discrimination on the disabled persons. Posters need to be designed to create awareness of disabilities among children, young people and adults. Such campaigns can highlight for instance the number of disabled children in school and in the communities compared with that of the able-bodied children with emphasis on gender, the ages of the disabled children in similar classes compared with those of their peers, an education pyramid to depict the enrolment rates in every level of the academic ladder, the statistics of the disabled seeking employment compared with those in employment, the kind of jobs they do, etc.

6.2. Perception of disabilities from the perspective of parents and Key Informants

Many people did not have adequate awareness about disabilities. Many parents held common beliefs and assumptions that their children's disabilities were placing them at increased risk of potential abuse by the able-bodied. They had reservations towards integration in Small homes in favour of Special schools where they believed that their

disabled children were “unprotected” and worried that their children were going to be subject of teasing, bullying and discrimination by their able-bodied colleagues (Section 4.1.4.8). Fifteen out of the 16 interviewed parents indicated that the public viewed their disabled children negatively. This kind of thinking by parents goes back to the history of disability in Kenya that has evolved through several phases over the decades. According to Iganga (1982), the first stage in the history of the disabled is the separation phase when the disabled children were ignored, rejected, exploited, used for ritual or amusement purposes or simply left to die. In this phase, the disabled were put in residential places to protect them from the able-bodied, and to protect the able-bodied from the disabled as well. The parent’s perception about disability has therefore not substantially changed. Their thinking is still as traditional, that is, the disabled need to be protected from the able-bodied.

This study has shown that the *Akamba* society had painted a limiting picture for the disabled and their families. The disabled were viewed as a bad omen, as a curse and were shunned and isolated. They were viewed as dependants and their parents were stigmatized and considered to have committed sin. However, those who had good contacts with the disabled like the able-bodied children in Small homes were more accepting and positive about their potential. Similarly, those who had good knowledge and awareness about disabilities had positive attitude towards them and more accepting.

Interviewer: How are the disabled viewed in the society?

Key Informant 7, “ People in our society don’t accept the disabled, they don’t recognize them, they don’t appreciate them, they think they cannot learn”.

Key Informant 29, “ There before, the disabled were seen as a bad omen and not allowed a chance to live. My father told me that when a family gave birth to a disabled child, the child was escorted with food to a far away forest and left there to die of hunger or to be

eaten up by wild animals. But as you know, today, things have changed due to Christianity and education and people are becoming more positive about the disabled".

The main held attitudes towards disabilities were; - that it relates to a physical impairment, is visible to others (makes one look different and abnormal), leads to incapacity or dependence (useless) and as such, is a permanent unchanging state. These attitudes had resulted to discrimination, oppression and exclusion (marginalization) of the disabled from the mainstream society life. The negative beliefs towards disabilities had created barriers to the integration of the disabled in the society. Many parents concealed their children denying them the right to education. Other parents preferred to send their children to Special schools where they were protected from the able-bodied, than sending them to inclusive educational settings. These attitudes can be summarized as follows. –

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The respondent's perceptions about disabilities correspond largely with those of the architects of the Social theory of disability (Section 2.3.1). The disabled were viewed as "useless" because they are considered unable to contribute to the economic good of the community and marked as "minority group" members because, like the black people and homosexuals, they are perceived as "abnormal" and "different". This analysis led the architects of the Social theory of disability to the view that disabled people encountered "prejudice" which expresses itself in discrimination and oppression.

Similar researches have yielded more or less similar results with this study. Hop (1996) on the traditional African attitudes towards children with disabilities in Botswana revealed that disabled children are seen as a curse and a bad omen and their disabilities are caused either by witchcraft or are a result of punishment to their parents for violating traditional values.

Similar study results were made by Karugu (1985) in a survey about the attitude of certain communities towards the handicapped in Africa. The study concluded that most communities in Africa have not much yet changed their attitudes towards the handicapped. He asked 77 teachers “whether parents in their communities hide their handicapped children from the public”. The response showed that 83% of the teachers believed parents hide their children while 10% were negative and 7% neutral. From the same group of teachers, he asked them “whether in their community handicapped children were considered as a curse”. Seventy –one percent of the teachers confirmed the attitude. The findings that many people held negative perceptions towards disabilities but those that had good understanding and close contacts with them had positive attitude towards disabilities imply that increased disability awareness can yield positive attitudinal change. Implications for disability awareness are further explored in section 14.15.

The majority of the Kenyan people still believe, as in the past, that disability is retribution of past wrong deeds. They view the disabled as a bad omen or a curse, as a result of which, many parents continue to hide their disabled children. The disabled are shunned and not readily accepted in the society. Their families are stigmatised. The main held attitude towards disabilities were that: - they relate to a physical impairment, are visible to others, lead to incapacity/dependence and as such are a permanent unchanging state. However, those who had actual contacts with disabled persons or who had awareness about disabilities were more positive about them and about their potential.

5.3.2 Attitudes towards integration of the physically handicapped pupils in regular primary school programme

Many parents expressed doubts about the ability of ordinary schools to meet the needs of their disabled children. They had anxieties about the suitability of integrating disabled children in mainstream schools. The parents were regarding their disabled

children in the context of procedural classroom concerns rather than in the context of social justice and attitude towards integration. However, a considerable number of the parents were in full support of integration in mainstream schools because the Small homes were decentralized and their disabled children could socialize, compete with their able-bodied colleagues and get assistance from their able-bodied colleagues (Section 4.14.9.). A significant number of the parents were happy that their children had continued to learn and develop skills for independent lives.

Interviewer: What do you consider to be the advantages of Small homes?

Parent 9, “My child can now learn, he gets assistance from his non-disabled friends, and when he comes home during the holidays, I have seen he wants to do many things for himself, and this makes me happy”. These findings reflect the observation by researchers into the benefits of integration. Temple man, Fredricks and Udell (1989) suggested that disabled children learn many skills in integrated settings. They learn to adapt to group situations, to follow routines, and to participate appropriately and carry over these skills into their everyday lives. Temple man, et al. (1989) found that integration gives the disabled children the chance to make friends and to socialize with other children and learn the value of communication. They learn how to play and how to take care of their own needs, such as getting dressed and undressing, and to become an integral part of their peer group and school community. It can be concluded that many parents felt their disabled children had, to a great extent, reaped the benefits of integration in Small homes.

A significant number of parents opposed to Inclusive Education, particularly those that had taken their children to Special schools, were afraid that teachers in ordinary

schools could not meet their children's needs because they were not trained enough and not well experienced to handle disabled children. They expressed reservations towards integration in Small homes that were derived from their belief that their disabled children were unprotected in mainstream schools. They worried that their children were going to be subject of teasing, bullying and discrimination by other able-bodied children (Section 4.14.8). They also wanted to protect their disabled children from failure and the inevitable comparison with the rest of the children that would arise if they educated their children in ordinary schools. A few other parents, who were in favour of Special schools, argued that Special schools represented a specialized (not segregated) environment in which their disabled children could both learn and mature. They stuck to the popular notion (which is not always true) that "specialized learning" in a "Special school" environment by "specialized teachers" was the most desirable approach of integration. It should however be noted that this is the kind of language that Assessment officers were using to convince the parents to consider sending their disabled children to Special schools during the assessment process. Parents were afraid that teachers in ordinary schools could not meet their children's needs because they were not trained enough and experienced enough to handle children with disabilities.

The findings that parents had mixed feelings, had anxieties and fears about integrating their children in mainstream schools imply the need for closer partnership between schools and parents. The schools need to work more closely with parents to limit the doubts and anxieties parents have and to create confidence among them. It is recommended that this process begin as soon as a child is identified as having a disability and involve both information and basic support. Parents in particular need

to be supported to build their knowledge about integration and disabilities so that they can contribute to assessment of their children's disabilities through sharing their expert knowledge and in taking active part in decision making on their children's education (integration) process. In addition, schools need to put systems in place to ensure that disabled children are not ridiculed, bullied or discriminated against. Equally important is the need to sensitize teachers about disabilities and integration so that they can enhance their abilities to play inclusive roles and foster inclusive cultures in the school community.

The majority of the teachers demonstrated positive attitude towards education in inclusive settings as opposed to segregated special education. However, the teachers worried that the education system and schools were not well prepared to admit physically disabled children. They also voiced out that they could be more effective and supportive to inclusive education if they were given adequate training in handling children with disabilities (Section 4.3.2.).

The teacher's willingness to support inclusive education was also evident in their desire to get additional classroom assistance and acquire such skills as counselling to handle disabled children. Others said that such an undertaking required good planning, adequate resources and management and adequate training on the part of teachers to implement it. Most wanted more teaching materials and personnel support introduced to the regular schools. Teachers in Special schools expressed fear that integration of the disabled could not be fulfilled in Small homes because the teachers there were not trained in disabilities and because such an undertaking required adequate planning, resources and good management which they doubted could be

achieved in ordinary schools. Although the majority of the teachers supported the progress towards inclusive education for the physically disabled children, they observed that this would not be without economic obstacles. A significant number of teachers feared it would be an economically unwise decision. This argument is derived from their concerns that the costs of modifications required in the mainstream schools were high to make it practical to have Small homes in every school in the communities.

While the teachers raised their genuine concerns about the hurdles to inclusive education, their arguments can be viewed to reflect their deprived perception and understanding of integration. They see integration in the light of a geographical setting, that is, either in a Small home, or in a Special school. The teacher's arguments about the feasibility and extra costs of adapting schools to accommodate a handful of disabled children should not however be an end in themselves. Making a school suitable for disabled pupils goes beyond physical changes to buildings. It extends to staff training, staff support, to extra pupil support and so on.

“Whether to place disabled children in Special schools or in inclusive integrated settings should be guided by what is being pursued from the pupils and not to be defined by the physical space the pupils occupy. It should involve the methods, materials, and equipment used in instruction, the type of pupils receiving instruction, the teachers who provide the instruction and the tasks the pupils are asked to perform” (Kauffman (1995), p. 230). While it would be imprudent to harshly criticize the perception of teachers about integration, it should be noted that their perception of integration on the basis of location does indeed represent a simple concept of

placement of disabled children in a Less Restrictive Environment that can enable them to learn, and therefore requires less energy and resources to implement than would a more service-oriented application of integration. Similar findings about teacher's attitudes to integration have been made. Kasayira (1995) researching on primary teacher's attitudes towards the integration of pupils with special needs into regular schools in Botswana observed that teachers doubted the practicability of inclusive schools due to the costs involved.

The above findings provide evidence that the concept of integration has not been adequately understood and perceived by educationists in Machakos Kenya. The findings have implications for teacher training. Education policy makers and teachers in Kenya need to be sensitised on the concepts and principles of integration so as to expand their emphasis of integration from location to what actually occurs in a particular instructional setting. This expanded focus will emphasize on service-delivery and add benefit to the disabled children. It will shift focus from just describing or defining the process in Institutions for the disabled to the effects and impacts of integrating disabled children in the institutions. Similarly, the economic fears by teachers about the feasibility and extra costs of adapting schools to accommodate a handful of disabled children have implications for teachers, planners and the government. It requires attitude change on the part of teachers, provision of additional teaching materials, resource teachers, codifications of infrastructure and flexible education curriculum. The government needs therefore to review its education policies to provide for the inclusive education that should run across all levels of education with relevant and adequate provisions made to ensure inclusive education really works. Alterations to the environment and adaptations could be made

in selected schools in the communities to offer to the disabled children a Less Restrictive Environment that makes it possible for them to derive education benefits in regular schools. It is recommended that the government fund the establishment of Small homes in selected schools in the communities.

The perceptions of disabilities that people had, had to some extent, negatively influenced the way the disabled perceived themselves. However, the disabled children had embraced a positive outlook about themselves. The negative influence was notably evident in their dependency attitudes while the positive outlook was manifested in their determination and resolve to achieve academic success and find fulfilling jobs to lead independent lives despite the many challenges and problems they encountered at home and at school.

Although the disabled children were aware of their disabilities and limitations, this did not significantly affect their self-esteem and attitude towards work. Disabled children in the institutions for the disabled had an optimistic view of the future. All had a clear view of the type of jobs they wanted to do as adults and they did not see their disabilities as hindrances to their ambitions. They did not think they would need any support to get jobs when they grew up. They were confident and ambitious and looked forward to leading successful independent lives by taking up popular career jobs, some of which are considered challenging, in the public and private sectors as highlighted below.

Similarly, disabled students in Vocational centres had developed a generally positive outlook and expectations that, as adults, they would be able to enter the world of work. They believed jobs were important to them to live independent lives and to assist their poor parents. Although they did not have information about how to get jobs once they completed training, they remained hopeful that they would land well paying jobs.

Contrary to the disabled children in Small homes and in the Special schools, the older disabled children in Vocational centres recognized they would need help to get jobs.

Interviewer: Do you have any information about how to get a job?

Vocational Centre pupil 5, “No, but the volunteer teacher who is teaching us told us to work hard and he can get jobs for us”.

Vocational Centre pupil 4, “No I don’t have, my concern is that I finish the course. When I finish, I know God is there and I will get a good job so that I can help my parents and live a good life”.

Unlike the disabled children who were hopeful, parents had a pessimistic view about their children’s future. They were worried that their disabled children would not get jobs unless they were helped by others to secure employment for them.

Interviewer: What support do you require to raise your disabled child up? Parent 7, “My main worry is how to get school fees for my child and assistance to get a job for him when he completes his schooling”.

Despite their apparent pessimism, parent’s had great expectations from their disabled children once they got jobs. The children’s acquisition for jobs did not however necessarily include expectations of their children’s eventual financial self-sufficiency and independence.

Rather, parents expected their disabled children to support them with their income as a way of paying back the good will of educating them. The disabled children believed that they had an obligation to assist their parents too.

Parent 13, “The doctor said it should be serviced every four months, but you see I do not have a good income, I take it for servicing when I get money, sometimes I have to borrow money to service it. But you see, people are also not willing to lend me money, they think

I am investing in an unworthy course, they know my child will not work and get enough money to pay me back for what I have spent on him”.

The findings that the disabled children were expected to re-pay their parents the good will of receiving education implies the need for awareness about the rights of the disabled.

The disabled children have a right to education. They have a right to employment, and a right to have a say in their income. They have no statutory obligation to give specified amount of assistance to their parents as a right. However, they can assist their parents as a moral obligation, out of their will. This is what the parents and the disabled need to know.

The findings that young disabled people are a disadvantaged group in the labour market imply the need for a transition plan. The government needs to establish a comprehensive plan for the transition of young disabled from school to the world of work. The government needs to establish an agency/body to link the disabled to jobs and to offer them career guidance and counselling and to assist them get attachment opportunities.

The implications for *a Disability Coordinating Council* are discussed in section 14.16.

Dependency attitude among the disabled children

The low expectations about the abilities of the disabled had apparently resulted to overdependent of the disabled children on others for support. Over-dependence was derived from the attitudes and behaviours of some of the children to have things done for them instead of striving to do it for themselves. The children in Special schools were more dependent compared with those in Small homes. No cases of over-dependence were reported in Small homes. Interviewer: Do you face any problems in this institution?

Vocational Centre pupil 7, “ Yes, some of the disabled children can be too dependent, like there are things they would like you to do for them, yet they can do for themselves”. The findings that the disabled tended to be over-dependent on others have implications for counselling. The disabled need to be counselled to build faith and confidence in them

selves and in their ability to do things for themselves. It also implies the need to train the disabled children to acquire soft skills that enhance their independence. Empirical research has shown that children with disabilities may grow up with a feeling of always being different and unique from others. They may learn that their bodies cannot be depended upon and may even have a sense that their body can betray them. Some physical disabilities can also restrict activity and movement and contribute to the feeling of uniqueness and isolation (Kleinberg, 1982). For this reason, disabled children need to be counselled about the limitations of their bodies and assisted to do many things for themselves so as to create a sense of confidence, self-worth and dignity. Housemothers and caretakers need to be well trained to pass on these skills to the disabled children. Equally, the children's parents need to be educated on how to care for their disabled children and engage them in activities that enhance their independence instead of doing everything for them.

5.3.3 Home based factors affecting integration of physically handicapped pupils in regular primary schools

This section presents the findings about the extent into which parents were involved in their children's education. It covers findings about the parent's partnership with teachers, their involvement in the management of the institutions for the disabled, their struggle to pay school fees and acquire mobility aids, the level of contacts with their children and with other parents with disabled children. The implications for the findings are also explored.

Small homes gave the disabled children proper care and support in terms of better nutrition, medical care and care from House mothers. Housemothers played a role close to that of a Social Worker and Welfare officer in the sense that they kept the children fed, clothed, clean and healthy. They also took care of the dormitories and the overall Small

homes environment, keeping it tidy and clean. Housemothers assisted the disabled children to acquire soft skills that are necessary in later life to get jobs and to live independent lives. The care activities performed by Housemothers are tabulated below.

The care activities helped the disabled children to lead vast normalized lives, where normalized life means: -

“A normal rhythm of the day. The children get out of bed in the morning even if they are physically disabled. They get dressed and leave the dormitory for class. In the morning, they anticipate events, in the evening, they look back on what they have accomplished. The day is not a monotonous 24 hours with every minute endless. They eat at normal hours of the day, not in bed, but at a table. They live and learn in one place, and participate in leisure activities in yet another place. They have a range of choices, wishes and desires respected and considered. They live in a normal neighbourhood, and not isolated as in Special schools so as to get opportunities for successful integration in the communities” (DDS Co-ordinator).

Despite the benefits to the disabled children, care taking was reported to be a daunting task. Housemothers worked under very difficult circumstances (Section 4.2.2.). They were underpaid, untrained and did not receive refresher courses in disability issues. They did not have assistants to share the heavy workload and they took care of both the boys and the girls despite gender sensitivity. Their working environment was not conducive due to lack of basic communication and transport services and nurses on call to provide first aid to the sick children. These findings have implications for the management of Small homes. The implications are discussed in section 14.14.

5.4.2. Availability and Accessibility to facilities, amenities and support services

Small homes faced serious problems arising from lack of adequate resources to lack of necessary facilities and trained teachers. Teachers in Small homes were inadequately prepared and trained on the principles, concepts and tasks involved in implementing sound inclusive education practices or in understanding the basic principles of Special education. The Small homes program had no project to sensitise teachers although they “down loaded a gigantic task” to teachers when they placed disabled children in their schools. The government and the Small homes program had not provided clear guidelines to teachers on the principles, concepts and tasks involved in implementing sound inclusive education practices.

5.4.3. Conclusion

This study has established that the Small homes were fairly successful and with impressive impacts. The Small homes mainstream education policies are based on the true spirit and principles of inclusive education that advocates that the integration of physically disabled children should take place in as normal situation in the society as much as possible (UNESCO, 1994). More impacts and efficiency in Small homes could however be realized with enhanced resources, enhanced community sensitisation, resource mobilization, participation, capacity building and motivation to teachers and support staff. More adapted facilities are needed in Small homes to create a conducive learning environment for the disabled children.

Affordability of education for the physically disabled children

Parents paid more than 10 times the cost of educating their disabled children as compared to that of educating their able-bodied children. Although the majority of the parents were poor, unemployed or with meager incomes to support their families, they struggled to pay the high school fees. Many of them sought to obtain for their disabled children a right to

education and went as far as seeking educational assistance from sponsors and relatives as indicated below.

Parents = 60%, sponsors = 30%, relative = 10%, Schools = 3%

Although the government has established free primary education programme in the last one and half years, the education benefits have not been substantially felt by the disabled who still access their education in centralized residential schools that charge high fees.

This argument is derived from interviews with some of the teachers contacted after the implementation of the free education programme.

Probing revealed that the disabled children paid Kenya shillings 4,500 (Euro 58.4) per term in the institutions for the disabled. The government needs to make education for the physically disabled free and compulsory to ensure more disabled children reap education benefits.

Access to and maintenance of Mobility aids

Apart from high fees levies, the disabled children had other additional special needs such as mobility aids. Many of them come from families experiencing ill health, poor housing, high poverty levels and unemployment (Section 4.14.2). These conditions can impact negatively to a child's health and educational success. For example, many of the parents had not bought their children mobility aids and those that had, could not afford to service them on regular basis and to replace the old Aids with new ones. Many of the disabled children lacked orthopaedic shoes.

Lack of servicing mobility aids can accelerate the severity of the disability. For instance, failure to adjust the crutches to correspond to the height and weight of their users can result to excessive strain. Similarly, failure to fit in new tyres to the wheelchairs can increase the frequency of punctures and that of the children falling of their wheelchairs.

Children with disabilities have the right to physical soundness and right to sufficient

movement (UNICEF, 1990). The promotion of the children's physical development is needed. The government should make the acquisition and maintenance of mobility aids affordable. These findings imply the need for more funding and support to tackle these underachievements through disability prevention programmes, early identification and correction of disabilities and appropriate management of disabilities. Parents need to be counselled, trained and empowered on how to become more aggressive about acquiring the means to address their children's special needs. Research is needed into possible ways of assisting parents to come up with creative viable programmes that better increase their economic capacities and that build their capabilities to respond adequately to the increasing demands of their disabled children.

At the same time, the government needs to implement the provisions made in *the Persons with Disabilities Law 2004* (Section 14.16.) by making mobility aids affordable by waving out imposed taxes and duty on all imported aids. Similarly, the government needs to look into ways of making medical services such as correctional surgery, assessment, servicing of mobility aids and physiotherapy services accessible and affordable to the disabled at the community level.

5.2.3. Family contacts and partnership with teachers in the integration process

There was little parental involvement in the institutions for the disabled. Parents did not keep close links with teachers and their disabled children. The goal of many of the parents was to have their children access education. Many of the parents held a strong believe that the teachers knew what to do with their children. Once parents felt they were successful in their goals, they apparently sat back.

Interviewer: What do you consider to be the advantages of Small homes?

Key Informant 4, “When some parents take their children to the Small homes, they think the Small homes will relieve them the burden of care, some parents don’t visit or collect their children when schools close”.

Keeping in touch with their parents and families was an issue for the disabled children, particularly those in the Special schools. Parents were not visiting their children regularly due to, among other factors, economic reasons. In selected cases where parents visited their children, they often did so alone without other family members and after long time intervals.

Empirical research has shown that parents can experience a lot of emotional stress when they educate their children far away from their homes and therefore visiting their children can provide the parents an opportunity to relieve some of this stress (Morris, 1999).

Equally, the disabled children can undergo a lot of stress and anxiety when they learn away from their homes and do not get opportunities to go home or get visited (Abbot, Morris and Ward, 2000).

As much as possible, parents need to visit their children often. The Small homes/Special schools need to organize for such visits and inform the parents early in advance so that they can save money to attend. It is also recommended that the parents endeavour to visit their children with their spouses and children. The parents visiting days need to be organized in such a way that the parents get ample time with their children and participate in other activities that bring them together to share their experiences, to build their capabilities and to get updates about their children’s performance and needs. Strong parent-teacher links can enable teachers to learn about the children’s family strengths and needs that might affect their children’s development and learning.

Parents were also less active in the management of the institutions for the disabled.

They were invisibly represented in the management committees and they did not seem to have specific roles to play in the institutions. Parents and community involvement are

essential for building stronger institutions for the disabled. Parents need to take active roles in the management of the institutions for the disabled. These findings imply the need for more active participation and involvement by parents in their children's education and in the management of the institutions for the disabled. There is need for increased partnership between parents and teachers to promote home-school links for the successful integration of the disabled children.

Teachers need to share with parents the need to encourage siblings to help the disabled children with homework and to encourage parents to engage their disabled children.

Schools need to be encouraged to welcome, partner and talk to parents.

5.2.4. Support groups for parents with disabled children

There were hardly any active organized parent's groups that would enable parents with disabled children to share their personal stories and bargain for their children's stake from the government. The few existing disability related groups were basically fragile and inactive. Interviewer: Do you have additional information?

Key Informant 3, "We would like to encourage many scholars as possible to do in-depth studies of this nature about the disabled so that issues of the disabled are raised and documented. We also need study and research in the issue of groups for the disabled. The disabled groups in Kenya are so fragile, or nonexistent, and that's why the government can afford to ignore the disabled since they know there are no vibrant groups. We need to know what is ailing them." The findings that there existed only a handful fragile disability related groups are similar to those of empirical research. UN (1991) found that the development of groups for the disabled in many developing countries, their management and operation tend to be weak with many groups lacking the organizational know-how and resources. Active organized groups can provide the medium through which meaningful interventions can take place as they can potentially enhance the ability of

parents to transform their attitudes towards their experiences and their ability to come into terms with disabilities through sharing (UN, 1991.). Arnold (1988) urges for the formation of strong groups for parents with disabled children to enable parents articulate their own needs and support each other. There is need for parents to form strong groups through which they can organize themselves and seek equal opportunities for their disabled children to participate in community life.

The Characteristics and Effects of Small homes

Each of the Small homes had a capacity of 15 to 18 children and they had a relatively satisfactory enrolment of about 13 children in each. Small homes offered to the disabled children a relatively Less Restrictive Environment that made it possible for the disabled children, whose physical disabilities interfered with their learning, to derive education benefits. The decentralized nature of Small homes had double effects of making it possible for parents to keep close contacts with their children and to reduce the emotional stress associated with educating children far away from home (*Table 3*). Small homes had created a positive community perception of disability. Through Small homes, disabled children enhanced their confidence, self-esteem and self-reliance skills. This is derived from the arguments advanced by parents, teachers and other participants, as indicated below.

Inclusive learning in Small homes fostered close contacts and sharing between the able-bodied and the disabled children. It had enhanced sharing of information and concerns among the children. This had resulted to the disabled children getting emotional support and encouragement from their able-bodied colleagues. A consequence for this was the reduction of loneliness and feelings of being different among the disabled children. It had

enhanced socialization as the children played together, socialized and competed in their studies.

Discussing their homework can be attributed to their improved performances. The disabled children had the opportunity to get a wide range of assistance from their able-bodied colleagues who expressed pride in helping them by pushing them around, assisting them to the toilets and with washing. Hegarty and Poclington (1981) have shown that helping someone teaches a child things not generally taught in the classroom. Sharing homework can also be translated to mean that the non-disabled children were recognizing and appreciating the potential their disabled colleagues had to learn and make valuable contributions in the discussions. It can be argued that this is one way of inclusion, by not excluding the disabled children from their discussions. The benefits derived in Small homes correspond with similar findings by Lipsy, Dorothy, Gartner and Alan (1995). Lipsy *et al.* (1995) Observed that disabled children in inclusive settings learn important social skills and appropriate communication. Their non-disabled peers also learn valuable life skills such as accepting others, patience and respect. There are other researches that have yielded similar results. Brooks (1996) found that some of the important aspects of inclusive education to be social and emotional benefits.

5.3.4 School based factors affecting the integration of physically handicapped pupils in regular primary schools

Special schools accessed education to the physically disabled children in highly centralized residential schools that had trained teachers. Although Special schools had trained teachers in disabilities, the pupils did not benefit from a social environment that truly reflects the diversity of the real world. Despite Special schools provision for long term care that enabled the disabled children to access education without acute mobility

challenges, their centralized nature disrupted family life. Disabled children were artificially sheltered in Special schools and were not adequately exposed to the daily realities and to out-door activities. Learning far away from their families caused emotional and psychological deprivation of the children and their parents. These arguments are reflected in the responses from teachers below.

5.4.4.1. Social and Academic impacts

Despite having trained teachers, Special schools seemed to offer an inferior education in terms of academic grounding and adequate preparation for life after school. Disabled children did not receive adequate individualized help with their studies nor had their teachers encouraged tuition groups among them, as was the case in Small homes.

Disabled children lacked the opportunity to compete with the able-bodied children since the Special schools did not admit able-bodied children nor had they reinforced this shortfall by arranging for contacts with the nearby ordinary schools. Unlike their disabled peers in Small homes, children in Special schools had lower self-esteem since they had not been adequately exposed to doing activities that enhanced their self-independence skills and had unsatisfactory performances. Hegarty and Pocclington (1981) identified the benefits of inclusive education to include improved academic performances. They noted that students in inclusive institutions consistently do better than those in non-inclusive schools (special schools). In addition, placing the disabled children in Special schools put the children in a socially disadvantaged position, which manifested anomaly rather than normality.

The evidence that there was ineffective progress for the disabled pupils in Special schools implies that the government needs to adjust its improvement plans accordingly and intervene by revising policies, procedures and practices in Special schools.

5.4.4.2. Capacity and Enrolment Procedures

Special schools had a high capacity to enrol up to 300 children but had enrolled only about a third of its capacity. Although a significant number of disabled children have enrolled into the Special schools since the government established free primary school education 1½ years ago, the Special schools have not yet achieved their full capacity. Lack of awareness and negative attitude towards the disabled continue to impact negatively on the enrolment rates. Similarly, despite a significant reduction in school fees, it is still expensive to educate disabled children for most of the parents (Section 5.2.1.).

5.4.4.3. Availability and Accessibility of facilities, amenities and support services

Special schools lacked adequate recreational facilities and transport means to take the disabled children to attend social activities and to other out-door activities. The school areas were literally torn off and no meaningful renovations had been done to provide adequate accessibility (Section 4.11.7).

Lack of recreational facilities and participation in social activities can easily create isolation among the disabled children. It could also create many problems, as physically disabled children will find it difficult to socialize and to be prepared for adult life. These findings imply the need for resourced institutions for the disabled. For this reason, it is recommended that the government increase the *budget allocations* in Special schools to enable them run effectively and to create disability friendly school areas.

5.4.4.4. Conclusion

The government's Special education policy for the physically disabled is a big handicap to integration. Special schools segregate and detach disabled children from the rest of the

community. They limit disabled children's opportunities to interact, socialize and compete with other able-bodied children. Special schools need to undergo radical surgery (by restructuring and having them resourced) to enable them better blend the instruction of physically disabled children and ensure effective social and academic progress.

5.4 Conclusion

The concept of integration has not been adequately understood and perceived by educationists in Kenya. Lack of clear understanding about what integration is and how it can be implemented lingers. The government adapts Special education while NGO's prefer Inclusive Education in Small homes. Teachers have a limited perception of integration. They view it on the basis of location while parents view integration on the context of procedural classroom concerns rather than in the context of social justice and its outcome for the pupils. However, the current practice of integrating physically disabled children in Small homes as opposed to Special schools has yielded positive impacts that include among others: - changed attitudes towards the disabled, increased acceptance, understanding, pride, academic benefits and positive social relationships. Integrating physically disabled children in Small homes is feasible.

2. There was little Social work input with children in institutions for the disabled and with their families. Parents were less involved in the management of institutions for the disabled. Their level of contact with their children and teachers was not good enough. Parent's active participation in the management and educational process of their children is vital in protecting the best interests of their children and to add

quality to their educational interventions. Social Workers role in assisting parents and their disabled children is crucial and is needed in ensuring successful normalized lives and in encouraging parents and the disabled children to feel they are not alone, and that there is hope “out there”

From the findings obtained in this study, it was shown that there was a significant difference in the attitudes of the academically talented students towards their teachers. Majority of the respondents had a positive attitudes, a small number had a negative attitude while the least number had a neutral attitude. It was also established that attitude significantly affected students’ performance. However, attitude was not the only variable found to influence performance. Other factors such as students running into problem with teachers, teachers encouraging group discussions, syllabus organization and so on, influence performance to a great extend.

The research findings also showed that most females had positive attitude and hence performed very well compared to their male counterparts. The young students (12-15 years) were found to perform very well. It was still established that girls boarding schools performed remarkably well followed by boys boarding schools, then co-educational boarding and the worst performer was co-educational day school. From this, it was concluded that performance of academically talented students is a function of attitude as well as school and learner related.

5.5 Implications and policy Recommendations

Based on the foregoing discussion of the findings and conclusion, the following implications and recommendations are offered to teachers, teachers, educators and the government regarding the education of the teachers in secondary schools.

The study also revealed that apart from managerial decisions., having problems with teachers was also a very important variable as well as group discussions. This clearly shows that the student – teacher relationship should be improved. Therefore the following recommendations were made:

1. School head teachers should evaluate non-teachers student and categorize them in relation to their managerial decisions, which would be easier to inculcate proper managerial decisions among them.
2. Special programmes for teachers with low levels of management, which are in harmony with the basic principles of education, to be developed to ensure his/her capacities, are developed.
3. Teachers have managerial needs which are unrecognized and unmet in many schools merely because it is the headteachers that are involved in the management process of the schools. Teachers should be encouraged to identify these management areas and strengths and help bring out the best in them, which would improve the overall managerial decisions.
4. A comprehensive plan of services for teachers should be enacted in order to reduce the unique stressors, which make them vulnerable to difficulties with social and/or emotional adjustment and thus lower their overall managerial effectiveness

As a strategy for mainstreaming disability issues in national development, the government needs to come up with programmes that strengthen the capacity of organizations for the disabled people so as to influence and monitor the implementation of the provisions made in *the Persons with Disabilities Law 2004*. It is recommended that the programmes aim at supporting the formulation of capacity building projects on management and leadership skills for the Organisations for the disabled people, which have been identified in this study as weak and fragile (Section 14.4.0.). The programmes need to recognize the disabled people as experts of their own lives and enhance their participation in the designing, planning and execution of their services. The immediate need is therefore to rouse the enthusiasm of the disabled people and expose them to their rights and empower them to reclaim them. The disabled people and parents with disabled children need to be encouraged to organize themselves into strong vibrant organizations, not only for their welfare, but also as pressure groups to initiate, execute and implement their own policies. This study has established that Social Workers can be a great asset in assisting both the disabled and their families (Section 4.4.8) to organize themselves to become sustainable vibrant groups. Adequate social work support is needed in both Institutions for the disabled and in Organizations for the disabled. This study has established that the creation of awareness of political, public and professional nature on disabilities is needed in any attempts to change the current negative attitudes. In order to raise awareness on disability issues, a number of advocacy and awareness creation activities need to be undertaken. This study proposes the following: - sensitizing parliamentarians on the *Persons with Disabilities Law 2004*, holding national and regional dissemination workshops on the *Persons with Disabilities Law 2004* to educate the larger public¹, translation of *the Persons with Disabilities Law 2004* into popular versions including

a Kiswahili version, education to the Kenyan society on the legal and social consequences of concealing children with disabilities, production and dissemination of Information Education and Communication materials on the rights and information services for the physically disabled children, youth, women and elderly persons with disabilities and lobby for speedy implementation of the provisions of the Act specific to the physically disabled children.

5.6 Suggestions for Further Research

To bring more light into the issue investigated in this study, it was suggested that the following studies be conducted.

1. A similar designed study covering the whole of Kenya to find out if the findings reached here hold true for the whole republic.
2. Future research should be conducted to establish if the school management can be enhanced if the management decisions of students are also incorporated in the overall decisions concerning the running of the schools.
3. A similar study involving managerial decisions of other interest groups not covered in this study such as parents. This will enable acquisition of more information on factors influencing managerial decisions of the teachers in the schools which will assist in reaching firm conclusions on how to help this population of teachers exhaust their management potential.

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APPENDICES

Appendix i: Questionnaire for the physically handicapped pupils in inclusive primary schools

1. what is your gender?

Male	Female
------	--------
2. What class are you in?

6	7	8
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3. Do you have brothers and sisters?

Yes	No
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4. What is the occupation of your parents?
5. Can you tell me where you were before you enrolled into this institution?
6. How did it happen that you were enrolled in this institution?
7. Who caters for your fees?
8. Are there any recreational facilities in this institution?
9. How do you spend your day in this institution?
10. How do you spend your day during the school holidays?
11. Do you face any problems in this institution?
12. Do you face any problems in your family?
13. Do your parents take you for outings?
14. Do they take other family members with you for the outings?
15. What do you want to be introduced in this institution to cater for your needs?
16. Can you narrate to me a good or bad experience that you had this or last week?
17. Who takes care of you in this institution and how is she/he?
18. What care activities does she/her give to you?
19. Can you narrate to me how you go to the medical service?
20. Do you find the type of transport you use suitable?
21. Can you tell me what medical services you receive and who gives it to you?
22. Do you find the service offered to you sufficient?
23. What kind of support do you require to cater for your needs?
24. How are the physically handicapped viewed in your village?

25. How are your parents viewed in your village?
26. In your view, where does this view originate?
27. Thank you very much for taking your time to answer my questions, do you have any additional information you would like to share with me?

Appendix ii: Interview schedule for Teachers in Inclusive primary schools

1. Gender.....
2. Age.....
3. Position.....
4. About how many physically handicapped children are enrolled in this institution?
5. About how many able-bodied children are enrolled in this institution?
6. What is the capacity of this institution?
7. What is the admission procedure in this institution?
8. How is this institution run and managed?
9. What do you consider to be the advantages of Small homes and Special schools?
10. What do you consider to be some of the disadvantages of Special schools/ small homes?
11. What do you think is the best strategy to integrate the physically handicapped children in to education in Kenya?
12. Are there any specific facilities designed for the physically handicapped in this institution?
13. Are there any recreational facilities in this institution?
14. Do you face any challenges teaching the physically handicapped children?
15. Have you received any training in dealing with the physically handicapped children?
16. If yes, what was the duration of training and the topics you covered?
17. Do you attend refresher courses in physically handicapped issues?
18. Are you aware of any policies that exist for the physically handicapped as far as their education rights are concerned?
19. Does Kenya have an Education Act?
20. If yes, please explain what its contents are.

Appendix iii: Interview Schedule for Parents with physically handicapped children in inclusive primary schools.

1. Gender.....
2. Age.....
3. Location.....
4. In the past years, you have had to do a lot of additional care giving to your physically handicapped child. I am very much interested in your experiences in caring for your physically handicapped child. And I have a number of questions to ask you, my first question to you is, what support do you need to raise him/her up?
5. Can you narrate to me how it happened that your child was enrolled in this Institution?
6. May I know where your child was before enrolment into this institution?
7. What grade is your child now in?
8. What is your occupation and that of your spouse?
9. Where can you get medical assistance for your child?
10. What kind of assistance do you get?
11. To what extent are you satisfied with the service you get?
12. What are the reasons for your satisfaction/lack of satisfaction?
13. About how long does it take to your nearest hospital?
14. About how long does it take you to this school?
15. How does your child go to school?
16. About how much do you pay to the School?
17. Do you find the transportation affordable to you?
18. Do you consider the transport means you use suitable for your child?
19. How regular do you service your child's mobility aids?
20. About how much is your weekly expenditure?
21. Do you face any problems in raising your child up?

22. Do you visit your child in school?
23. How does you child spend time during the school holidays?
24. Can I know the reason for your child's physical handicap?
25. How did your spouse react when he found your child is physically handicapped?
26. How did your mother-in-law react when she found your child was physically handicapped?