

**PARTICIPATION OF MENTALLY RETARDED CHILDREN IN  
LOWER PRIMARY EDUCATION IN MURANG'A EAST SUB-  
COUNTY, MURANG'A COUNTY**

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## **DECLARATION**

This research project is my original work and has not been presented for award of a degree in any other university.

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This research project is submitted for examination with my approval as university supervisor.

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## **DEDICATION**

I dedicate this work to my dear husband Ruuri M'mukindia for his wholesome support and to my children, Thuraira, Kathambi, Gakii and Gitobu for their unchanging support.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>DEO</b>	District Education Officer
<b>EPRC</b>	Education Policy Review Commission
<b>GoK</b>	Government of Kenya
<b>IFSP</b>	Individual Family Service Plans
<b>KIE</b>	Kenya Institute of Education
<b>KISE</b>	Kenya Institute of Special Education
<b>MDGS</b>	Millennium Development Goals
<b>MOE</b>	Ministry of Education
<b>MOEST</b>	Ministry of Education Science and Technology
<b>MR</b>	Mentally Retarded
<b>NARC</b>	National Rainbow Coalition
<b>SPSS</b>	Statistical Package for Social Sciences
<b>TSC</b>	Teachers Service Commission
<b>UNESCO</b>	United Nations Environmental Social Cultural Organization
<b>UPE</b>	Universal Primary Education
<b>WHO</b>	World Health Organization

## ABSTRACT

The study sought to find out the factors influencing the participation of mentally retarded children in lower primary schools in Murang'a East Sub-county, Murang'a County. The objectives that guided the study were distance, policy framework, school environment and parental economical status. The target population for the study was the parents with mentally retarded children, teachers handling the MR children and MR children aged below 12 years. The respondents were 350 in number. The purposive sampling method was used to pick the sample across all the categories. The sample size for the study was 43.6% of the population. Seventy seven parents, ten special unit's teachers and forty five MR children The study employed the descriptive survey design. Data was collected by use of questionnaires. The study had three sets of questionnaires administered to each of the categories. The descriptive statistics and inferential statistics were the medium for data analysis which was thereafter presented by use of statistical means. The results were subjected to statistical tests which entailed chi-square tests. The study found out that most MR children went to school by foot. The distance from their homes to the schools was not an inhibiting factor to their ability to attend school. Most of the MR children were accompanied to school by their parents and caregivers. All the teachers handling the MR children in the special units were employed by the government. The enrollment of MR children in special education units was confirmed to be 0-5 children annually. Materials for use by the schools were confirmed to have been provided for by the government. The curriculum was given an approval rating by most of the teachers owing to its capacity to support proper growth of children. The teachers considered the parents with MR children as cooperative. They also confirmed that the schools provided MR children with food and had put in place recreational facilities to ensure that the school environments were supportive of MR children. Some however were of the view that the schools were too large making it difficult for the teachers to give children enough attention. The social-economic livelihoods of parents were confirmed to be depressed and an undoing to the realization of progress by the parents with MR children. The study recommended that communities should invest in more special units to cater for the MR children. This will ensure that there is adequate provision of facilities for their sake. It will go a long way in reducing the distance covered by the MR children in the wake of accessing the schools from where they undertake programmes. The government should invest in the training and equipping of more teachers to handle the MR children. This will ensure the presence of adequate manpower always at hand to handle the MR children effectively without the risk of failure. Investment in continuous upgrade of the curriculum used by the special education centers should be done. Provisions should be made for investment in recreational facilities by the respective schools handling MR children. This will certainly go a long way in making the environments favorable and amiable to the MR children. The schools should also institute programmes incorporating parents and members of households with MR children with a view of training them on awareness and how best to handle the children. Shoring up the economic mainstays of the parents with MR children should equally be done to better the livelihoods of the children and encourage their participation in school.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the problem

The disability sector is the most ignored sector and especially the Mentally Retarded children (WHO, 2004). About 450million people suffer from mental and behavioral disorders worldwide. Neuropsychiatric conditions account for 13%and is estimated to rise to 15% by 2020 (WHO, 2004). Mental disorders represent not only an immense psychological, social and economic burden to society but also increase the risk of physical illness (WHO, 2004). The only sustainable method for reducing the burden caused by these disorders is prevention. (Shapiro, 2002). Mental retardation (MR) is a developmental disability that first appears in children under the age of 18. It is defined as a level of intellectual functioning (as measured by standard intelligence tests) that is well below average and results in significant limitations in the person's daily living skills (adaptive functioning). Mental retardation begins in childhood or adolescence before the age of 18. In most cases, it persists throughout adult life (Young, 2010).

MR is characterized by sub-average general intellectual function with deficits or impairments in the ability to learn and to adapt socially. Intellectual disability (ID) or general learning disability is a generalized disorder appearing before adulthood. It is characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behavior. Intellectual disability is also known as Mental Retardation (Pahon, 2006).The cause may be genetic, biologic, psychosocial, or traumatic (Hutt, 1976). Mental Retardation can occur with or without any other mental or physical disorder it can be caused by any condition which impair development of the brain before birth during birth or in the childhood years. Ignored or neglected infants who are not provided with the mental and physical stimulation required for normal development may suffer irreversible learning impairment. (WHO, 1992). Severity of retardation and problem behavior associated with mental can mainly be classified as mild, moderate, severe and profound. (Harris 2006).

In 1975, the American Education for All Handicapped Children Act (EHA) Public Law 94-142 established the right of children with disabilities to receive a free, appropriate public education and provided funds to enable state and local education

agencies to comply with the new requirements. The act stated that its purpose was fourfold to assure that all children with disabilities receive a free appropriate public education emphasizing special education and related services designed to meet their unique needs. It protects the rights of children with disabilities and their parents, in order to help state and local education agencies provide for the education of all children with disabilities. The Act assesses and assures the effectiveness of efforts to educate all children with disabilities. In 1986 EHA was reauthorized as PL 99-457, additionally covering infants and toddlers below age 3 with disabilities, and providing for associated Individual Family Service Plans (IFSP), prepared documents to ensure individualized special service delivery to families of respective infants and toddlers (Wikipedia Special edu. 2014).

The government of Uganda established the Education Policy Review Commission (EPRC) in 1987 to examine the state of education and recommend measures to improve educational sector. The EPRC recommended the government implement free universal primary education (UPE) by 2000 (Ministry of Education and Sports, 1999). In 1992 the government appointed a White Paper committee that subsequently accepted the major recommendations of the EPRC, as a result preparations to implement UPE begun. In addition to UPE, the White Paper proposed increased financial support for special education institutions and the introduction of inclusive education. The UPE policy was implemented in 1997. Under the policy the government pledged to pay tuition fees for four children per family, pay for instructional materials, built basic physical facilities in schools and paid for teachers (Ministry of Education and Sports, 1999). If the household had a child with disabilities, the disabled child was to be given first priority; this is line with the constitution that guarantees affirmative action in favor of people with disabilities. However, the UPE policy was amended in 2003 to benefit all children in a family. In recent years the government has made attempts to increase education participation for all children, especially those with disabilities. The Education Sector Strategic Plan 2004-2015 recognizes the obstacles facing children with disabilities and proposes a way forward as proposed by the Ministry of Education and Sports (2005).

To achieve Universal Primary Education (UPE) by 2015, nearly 80 million new places in schools need to be created to accommodate all children. (Of the children enrolled in schools,13% should represent the MR). (WHO, 2004). In April 2000, 184 countries participated in the World's Educational Forum in Dakar- Senegal

and adopted the Dakar Framework for Action to reaffirm the commitment to achieving Education for All (EFA) by the year 2015. To achieve this goal, concerted efforts are required to reverse the current trends in Africa. According to Aidan Mulkeens Report (2004) delivered at the Ministerial seminar on education for rural people in Africa, held at the National University of Ireland, Mammoth, countries have made progress towards widening access to primary education from 78% in 1998 to 91% in 2002. Enrollment has increased more rapidly in urban than in rural areas and increasingly the majority of Africans. This represents more than 40% of the worlds out of schoolchildren (UNESCO 2000).

The Kenyan government has come up with the Session Paper No. 1 of the Ministry of Education (2005) which acknowledges the attainment of EFA by 2015 as a major goal commitment of the National Rainbow Coalition (NARC) government in line with the right to education for all Kenyans. This is in line with the government's commitment to international declaration protocols and conventions arrived at in World Conference of EFA at Jomtien Thailand (1990) and the follow up in Dakar, Senegal (2000) and by the Millennium Development Goals (MDGS). However, educational opportunities for learners with special needs and disabilities are a major challenge to the education sector. Majority of learners with Special Needs and Disabilities in Kenya do not access educational services (Session Paper 1, 2005)

In 1999 there were only 22,000 learners with special needs and disabilities enrolled in special schools, units and integrated programs (UNESCO, 2002). This compares poorly with the proportion in general education. In 2008 there were 1341 special units and 114 public special schools in the country which include vocational and technical institutions that cater for learners with special needs and disabilities. This is still inadequate despite the government's commitment to support the provision of equal access to education by all children. The government's commitment to special needs education has been demonstrated through establishment of 18 special needs education section and the appointment of a Special Needs Education Inspector in 1975 and 1978 respectively at MOE headquarters (Republic of Kenya, 2005). The government further posted a special needs education specialist at the Kenya Institute of Education (KIE) in 1977. Other developments included the preparation of teachers of learners with special needs and disabilities that have led to the establishment of Kenya Institute of Special Education (KISE). In view of the above, this situation calls for a re-appraisal of available approaches to expand Special Needs Education services

so as to achieve an enrollment rate at par with that of other children. To attain this, Kenya needs to ensure the realization of inclusive education and simultaneously develop and implement guidelines that mainstream special needs education at all levels of the education system. (GOK, 2008).

To specifically address the plight of persons with disabilities in Kenya, the Persons with Disabilities Act were enacted in 2003 (GoK, 2004). While this Act seems to strongly focus on areas where children face challenges, such as education, training, and social participation, the Act does not recognize children with disabilities as a category. Their interests are seemingly subsumed under the all-encompassing category of 'disability' and the fluid nature of disability highlighted in a life course approach is not acknowledged. Thus the Act lacks acknowledgement of the characteristics and unique needs of children with disabilities. (Groce, 2004) notes that such an oversight of children with disabilities as a distinct group is reflected in policy making and research across many Asian and Pacific contexts. Additionally, the Act is underpinned primarily by a charity based approach rather than being shaped by a notion of rights (Groce, 2004). For instance, instead of addressing education as an issue of human rights the Persons with Disabilities Act (GoK, 2003) took a charity approach by stating that the government should make provisions for assistance to children with disabilities. Though the right to admission in learning institutions is strongly stated in section 18 (1), the Act is silent on circumstances where such a person cannot attend and cannot afford the costs of education due to ungazetted issues (GoK,. 2008).

The effect of distance from the closest primary school to children's home and school attendance shows that a rise in distance to school pushes children to specialize into either full time school or full-time truancy hence lowering the probability predicts that as distance to school increases school attendance will unequivocally fall, Making schools more accessible in developing countries will most likely lead to higher school enrollment (Handa, 2002). Distance from school and accessibility affects school participation, as when schools are not available in close vicinity and reaching them may impose time and financial costs. To take this into account, time taken to reach the nearest primary school from the household is an issue of concern (Kugel, 1989). Children with learning disabilities are socially incompetent especially when moving from home to school more or so if the school is far from home (Harwell, 1989). The MR is at a disadvantaged position when compared with children who can cope with

the normal learning system. These children usually tend to drop out from the school system or the system rejects them, causing concern for the parents. The problem is not a new phenomenon and it has been there since the evolution of the mankind (Rosner, 1985).

Poverty influences early achievement and identifying factors that protect against poverty effects, Parents management of their children's education is a key mechanism through which poverty affects early educational outcomes (Cooper, 2010). Not much is known, about the institutional and organizational factors that can be leveraged to block poverty from disrupting parents' involvement in their children's education. The potential for aspects of home and school contexts conditions the association between family poverty and school-based parental involvement in school. (Carey, 2010) Poverty in child development and the family process evidently demonstrates the pernicious effects of poverty on all domains of child development. (Currie, 2005). Family poverty has a substantial impact on cognitive and academic outcomes.

Evidence shows that the negative consequences of family poverty are more pronounced during early childhood than later on. (Duncan,1998). Explanations for the association between poverty and child enrollment have often centered on the lack of material resources available to poor children and their families, but a growing body of literature suggests that at least some of the developmental significance of poverty is filtered through family processes (Black, 2002). Therefore, the main objective of this study will be to verify the factors influencing school participation of the mentally retardation in a sample of Murang'a lower class children. The main topic will be "factors associated with school enrollment retention and dropout (Participation) of the mentally retarded children". In recent years the government has made attempts to increase education participation for all children, especially those with disabilities. The Education Sector Strategic Plan 2004-2015 recognizes the obstacles facing children with disabilities and proposes a way forward. (Ministry of Education and Sports, 2005).



**Table 1: MR Children Enrollment in Muranga East Special Units**

<b>Name of school</b>	<b>Number of normal children less than 12 years</b>	<b>Number of children enrolled in special units</b>	<b>MR enrolled</b>	<b>Mentally retarded children under 12 years</b>
Don Orion	–	47		18
Mbiri	100	28		10
Muchungucha	214	20		11
Kambirwa	155	32		5
Nyakii	106	19		10
Gakuyu	76	14		6
Gakurwe	111	10		4
St Marys	129	28		6
Kiangage	162	19		4
<b>Total</b>	<b>1053</b>	<b>217</b>		<b>74</b>

School enrolment records from the Mentally Retarded children Murang'a East Sub-county Special Educations office shows that only 217 mentally retarded children enrolled in the year 2014, among these only 74(7.03%) were less than 12 years. It was assumed that those less than 12 years were considered as lower primary school children. Normal children enrolled in schools hosting the mentally retarded were 1053. No existing record indicates any research on what might have contributed to the low enrolment of the mentally children (MOEST, Murang'a Sub-county Special Unit). 7.03% is far below the expected enrolment of 13%. This gives a clear indication that an investigation needed to be done. This study therefore sought to investigate factors influencing participation (enrolment, retention and dropout) of the mentally retarded children in lower primary schools in Murang'a East Sub-county .

## **1.2 Statement of the Problem**

Although school councils provide a firm basis for participation in educational settings, research evidence has indicated that to be an effective learner, learners must be enrolled, and remain in school in all aspects and at all levels of educational life. Many countries have already taken this message on board, and support children to be

enrolled, be retained and sustained in school for as long as possible (Mercer, 1993). Children need to be actively present in their own stay in school. Participation will help transform educational standards and provision into the community. Children, who remain in school as expected, achieve better learning outcomes regardless of their socio-economic background, fate and status. Children participation in school reduces the variation in learning outcomes within and between homes, classrooms, schools and local authorities (Lazarus, 2010). In respect to the UNESCO (2002) report, 40 million children in the world are with disabilities, and that more than 90 percent are not enrolled in any school. There is great need to investigate basic factors which may be influencing this low enrolment. Both developing countries and donors need to target this group and increase efforts to increase participation in order to reach all children with disabilities. Every country's plans should include teacher training, school construction, outreach, retention efforts, and performance assessments.

### **1.3 The Purpose of the Study**

Purpose of this study was to investigate the factors influencing participation of the Mentally Retarded children of the lower classes in Murang'a East Sub-count in Murang'a County.

### **1.4 Objectives of the Study**

The study was guided by the following research objectives;

- i. To establish to what extent distance from home to school influences enrolment of Mentally Retarded in lower primary schools.
- ii. To investigate whether policy framework had effects on retention of Mentally Retarded children in lower primary schools.
- iii. Find out if school environment influences dropout of MR children in lower primary school.
- iv. To find out if parental socio economic status affects retention of MR children in lower primary school.

### **1.5 Research Questions**

- i. How does distance between home and school contribute to enrolment of Mentally Retarded children lower primary schools?

- ii. How does policy framework influence retention of MR children in lower primary schools?
- iii. How does environment affect dropout of the Mentally Retarded in lower primary schools?
- iv. How does parental socio economic status influence retention of Mentally Retarded children in lower primary school?

### **1.6 Significance of the Study**

The researcher hopes the findings of this research will benefit the parents by sensitizing them on the need to give their children a chance to be in school and remain in school for as long as necessary. In order for teachers to have progressive follow up so as to prepare a reasonable transitional report for the child. It is hoped that the educational office would use the findings to provide for the necessarily facilities to sustain the MR in School, open more units for the Mentally Retarded in their nearest primary schools and ensure every school is well staffed with teachers trained to cater for children who are mentally retarded and provide funds for caretakers. The findings are hoped to help the policy makers to come up with policy framework that shows out clearly what should be done with mentally retarded children. The findings would help the policy makers come up with policies to make sure every primary school participates in enrolling MR children in their schools. The MR should be given a chance to enjoy being in school just like their normal counterparts.

### **1.7 Delimitation of the Study**

The study was carried out in Murang'a East Sub-county in Murang'a County, based on all special units in the district. Although there are many factors that affect participation and learning of the MR in schools, this study was focused on proximity, policies, environment and parental social economic status and the way they influenced the participation of the mentally retarded in lower primary schools. Despite the fact that the research is on Mentally Retarded Children, the researcher was limited to the mildly educable retarded children who were in school and were aged less than 12 years and not all the mentally children in school. The study was conducted in Murang'a East Sub-county. The findings and recommendations could not be generalized to other special units in other areas without caution.

### **1.8 Limitations of the Study**

The study findings were limited by some respondents failing to provide correct information because parents with children who had intellectual disability shied off on talking about their children. The researcher requested them not to indicate their names on the questionnaire. The researcher was also limited by difficulties of accessing some schools since some were far from the main road. The children were not able to respond well though the study involved them, but the teachers prompted them to answer the questions accordingly.

### **1.9 Basic assumptions of the Study**

The researcher assumed that all the stakeholders would treat the research positively with trust and cooperation. The researcher assumed that since the participation was based on the mentally retarded children in Murang'a Sub-county it would play a good representative on the whole of Murang'a County. The researcher assumed that all respondents interviewed would give correct information.

### **1.10 Definition of Key Terms**

- MR Child** A young mentally retarded person of lower primary school with less than 12 years old
- Participation, To** be enrolled in a school, be retained without dropping out
- Environment** Home and school where a MR child lives and interacts with family and other members of the society
- Distance** A range of span covered by an MR child when going to and from school measured in time taken to reach school.
- A dropout** A pupil who leaves school for any reason except death, before graduation or completion of a program of studies and without transferring to another school
- Policy** Statutory regulations governing and enforcing the engagement of the MR children with the schooling environment
- Retention** Capacity of an MR child to continuously participate in school without failure over a number of years

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

In this chapter the researcher discusses literature related to factors that influence participation of Mentally Retarded (MR) Children in relation to; proximity, Environment, Policy Framework, Conceptual Framework and Theoretical Framework.

#### 2.2 Distance And Participation of MR Children of MR Children

In this topic the researcher wishes to discuss the effect of distance to children's participation. According to Card,(1995), distance from home to school increases formal school enrollment by 47 percentage. Effectively children respond to variations in distance to school in terms of school attendance and the effect of changes in the availability of schools at the local level on individuals' schooling decisions and their educational attainment (Handa,2002). school enrollment and educational attainment (and hence, implicitly, school attendance) rise when the supply of education establishment and/or school accessibility increase. The effect of an increase in distance to school on children indicates increase in time use and cost. If distance to school can be thought of as a fixed cost, then there is higher probability of acquiring higher enrollment. The fixed cost will assist parents to invest their time exclusively into children retention at school. (Card, 1995). According to Taylor,(2009), An increase in distance to school might even lead to lower levels of child enrollment in schools. The reason for this is that a rise in the fixed cost of attending school might push parents who otherwise have fixed their school costs in terms time or money to partly withdraw from influenced by either school or the labor market.

Wilson,(1993) suggests that School enrollment is influenced by distance between child's home and school. He also thinks that distance has a role to play in child school dropout, though to him this might lead to biased estimates of the effect of school distance from other unobserved village effects. This might lead to a spurious conflict on the effect of distance to school if some other variables exist between levels of children's dropout and school attendance such as demographics, measures of income and wealth (Wilson,1993). Travel time and physical distance to school facilities determines school accessibility and allows the control for potential distance

coverage to school. variable that will most likely lead to estimates that are determinants of child participation (i.e. Enrollment, retention and dropout) distance to school tends to have a significant effect on time use among children, especially the Mentally Retarded (Kortering, 2002). Long distance to schools in rural areas leads to significant changes in child participation, as individuals may tend to shift from school (Goldring,1999).

### **2.2.1 Mode of Travel and Participation**

Rates of walking and bicycling to school, or active commuting, have declined precipitously during the past 30 years. According to Davinson,(2013). less than 16% of children aged 5 to 15 years walked or biked to school in 2001. In contrast, 48% of children in this age range walked or biked to school in 1969. 31% of children who live within 1 mile of school actively commute to school they really absent themselves from school. Rates of walking and bicycling to school have decreased against a backdrop of declining levels of physical activity and increasing prevalence of overweight among children (4-6) (Davidson,2013).

Many factors, reflecting characteristics of children and families, schools, communities, and the environment, have been examined as potential predictors of children's active commuting to school. Regarding individual and family characteristics, Kirsten, (2013) implicates that, Hispanic and African American children and children from low Social Economic Status (SES) backgrounds are more likely to actively commute to school than are white children and children from high SES backgrounds, while reflect differences in residential location. Boys are more likely than girls to actively commute to school, although characteristics such as age and enjoyment of walking are not consistently related to active commuting rates (Davinson, 2013). Child characteristics do not drive parents' decisions about children's mode of transport to school, though it's linked with children' commuting patterns. Children are more likely to walk and bicycle to school when the active commuting does not interfere with parents' work schedules or children's after-school commitments (David, 1995).

Regarding school characteristics, distance from home to school is the most readily identified barrier to children's active commuting and is the strongest predictor of their mode of transport to school, with larger distances associated with lower rates

of active commuting. Children are more likely to actively commute when the immediate areas surrounding schools are more densely populated and when school enrollments are lower (McMillan, 2003). For environmental characteristics, children are more likely to walk or bicycle to school when they live in urban neighborhoods and when road, sidewalk infrastructure and social norms support active commuting. This is perceived in safety, including traffic safety, perceived crime, and “stranger danger”. Parents’ perception of the environment is a stronger predictor of children’s active commuting patterns and a high determinant of child participation in school (Macmillan, 2003).

### **2.3 Policy Framework and participation of the Mentally Retarded Pupils**

Since independence in 1963, the government of Kenya recognizes education as a basic human right and a powerful tool for human and national development. Nearly 73% of the government social sector spending and about 40% of the national recurrent expenditure go to education. Records have indicated high participation in early childhood centres’ primary schools, secondary and colleges but no records for the mentally retarded. Recent government policy documents and programs have focused on the importance of education in eliminating poverty, disease, and ignorance. These include economic recovery strategy for wealth and employment creations (MOE, 2008).

Kenya embraces the concept of inclusive education as a way of realizing the MDGs and EFA goals. Policy guiding inclusions are operationalized through respective strategic objectives at all levels. These strategies cater for all the excluded categories despite the efforts put in place to insure quality education for all learners. Kenya is still faced with challenges of inclusive education. Sources of exclusion are many which include high poverty levels, regional disparities, and inadequate policy guidelines on inclusion. Similarly a curriculum which is rigid and not relevant to the immediate needs of the learners and does not cater for children with special needs and abilities negatively affects inclusive education. Other sources of exclusion include cultural barriers, discrimination due to religious and cultural practices, disabilities and child labour (MOE, 2008).

Kenya has made a remarkable progress towards achieving the EFA and MDG goals and hopes to meet the set targets by 2015. Despite the efforts made by the government cases of exclusion still exist amidst other challenges facing the education

sector. The government remains committed to this noble cause and hopes that resolutions made and opportunities offered during the 48<sup>th</sup> ICE conference will help elicit new approaches in providing new participatory measures in education (MOE, 2008). Policy interventions are likely to be most effective when they address both direct and indirect determinants of children's participation. Indirect pathways show that children participate more intensely when environmental barriers are lower, when social supports to children are higher, and when family members help and support one another (Stefan, 2001).

MOE ensure that the teachers posted to special schools are trained in Special Needs Education, learner's access to Quality and Relevant Education Background. They ensure Enrolment of learners with special needs, Maintain and increase necessary support for special institutions to cater for children who cannot benefit from inclusive education. Provide Conducive and Safe Environment barrier free to maximize their functional potentials. The physical environment where learners with special needs and disabilities operate, should be accessible and or be disability friendly with minimum support. The government provided support to each primary school in order to remove existing barriers that make the school environment unfriendly to learners with special needs and disabilities. The physical environment where children with special needs and disabilities operate should allow them to access education with minimal hindrance. Provide a learning environment that is free from violence, sexual harassment and abuse, drug and substance abuse, Provide resources to make learning institutions accessible to children with special needs and disabilities. Ensure boarding and sanitation facilities to respond to the needs of learners with special needs and disabilities. There should be Constant collaboration with MOH in provision of clinical services geared towards prevention and treatment of disability conditions. (Republic of Kenya, 2005)

MOE provide Learners with special needs in education with specialized educational resources at individual and school levels depending on the nature and extent of disability Teachers and support staff in schools and units which have learners with special needs and disabilities should be in-serviced on needs assessment and maintenance of specialized equipment and technological devices. The government under the FPE programme is facilitating provision of additional capitation grants to facilitate implementation of inclusive education. The funds are provided to learners with special needs and disabilities enrolled in both special



education institutions, units attached to regular schools and integrated programs to increase enrolment and promote values which enhance access to education and retention of learners with special needs and disabilities in all learning institutions. The funds also assist learners to participate in co-curricular activities so as to enhance social integration.(Republic of Kenya,2005).

#### **2.4 School Environment and the participation of MR Pupils**

The environment in this topic will cover parental, teacher and peer involvement. Children need safe, healthy, and stimulating school environments in which to grow and learn. During the school year, children can spend 6 to 8 hours at school where the environment plays a critical role in child development. Much time is spent in the school compound or travelling to and from school. These environments need to be carefully planned and designed to optimize experiences that support participation health, and stewardship. The problem is that many school children are exposed to unhealthy environmental conditions, school compound that lack opportunities for nature experiences, and commuting options that favour vehicle travel over walking or biking (Kweon, 2012).

Learning activity in children with MR can be explained to some extent by the self-determination model on an assumption of reciprocity between the individual and the environment. Both environmental and personal characteristics contribute to enhance physical activity behavior. Environment in which children live, learn, work, and play provide opportunities for them to make choices which contributed significantly and positively to their behaviour's. This is related to the degree to which other people enable and support the children with disabilities or the degree to which other supports like technology are in place (Gateria, 2010). The physical activity behaviours of children with Mental Retardation are more affected by school and home social environmental constraints than the actual impairment.(Garber,2002). The unique characteristics associated with MR and social environmental factors place them at greater risk for inactivity compared with peers without disabilities when they have equal opportunities to be active. (Bar-Or, 2000).

A teacher enrolling or taking care of Mentally Retarded children must collaborate with other school teachers, support staff, and related service providers, or as directed by elementary administrators in order to winover many parents to enrol their children. Case-management responsibilities for school children eligible for

special education need special assistance, coordinator should Liaise with staff around on transition, Elementary Inclusion and Partnership Program (EIPP) collaborate on coordination of all aspects of transition programming for children with special needs entering the EIPP from preschool Provide consultation, resources and trainings.(Buttrum,1994)

MR children learn and develop in different ways at different paces. It is important to create a learning environment that responds to needs of every child (WHO, 2004).The physical and social problems imparted by MR starts from childhood and extends to adulthood. They require healthcare support and it is important to provide training including formal to the neediest segment of population. (Young, 2010). UNICEF launches the 2013 state of the world's children's report as it accelerates efforts towards realizing MDG 2 and achieving education for all drawing attention to a large segment of children who are not in school and have long remained invisible hidden and forgotten. Children with disability are significantly less likely to be in school than their peers without disabilities. (Bourne, 2013).

Education is considered one of the most important attributes of one's standards of living and it is as integral component of all indices related to human development. It is absolutely important to enrol Mentally Retarded children in school to provide them with education. The ability to move. Mental retardation should not abstain a child from achieving minimal educational standard (Rosenbaum, 2007). Scholars have associated failure to participation of MR children in schools with social structures, poverty, policies, safety, security and Lack of facilities. (Schenker, 2005).

Factors Influencing Enrolment indicates that choices parents make as they enrol their children in school, share certain concepts and concerns simply because they are parents. The welfare of their children is an area about which most parents care deeply, including the schooling of young Mentally Retarded children. Parents desire high academic quality and strong curricular programs for their children when deciding where to enrol them in school (Wilson, 1993). Parents have a concern about discipline and safety in their children's school. They fear for their children's physical safety because of the uncontrolled actions or words of fellow children and perceive learning to be difficult to achieve or maintain. They believe the school must provide an atmosphere in which disruptions are few and fears of weapons and drugs are absent (Lambert, 1996). Parents desire to support local public schools but concerns over their children's perceptions and experiences with unruly classes and drugs have led a

number of parents to choosing to keep their Mentally Retarded children at home (Brudy-Donald, 1997). Parents consider proximity and convenience when they enrol children in school in relation to the home workplace or to both (Goldring, 1999). If the school where their children attend is private, the parents may have to consider transportation costs in addition to tuition, not to mention the inconvenience of the school possibly not providing transportation. Sometimes the issues of proximity and convenience to the school outweigh or strongly vie with academic considerations, especially in rural settings (Wilson, 1993) Parent perceived children safety and more independence as the greatest advantage and lack of diversity as the greatest disadvantage in schooling. Parents prefer to enrol children in school which they classify as schools with commitment of teachers, disciplined environment, warmth of school climate, small class size, grouping of students based upon abilities/needs responsiveness to expectations of parents, well-defined mission and sense of purpose, proximity and convenience of school location. (Ainscow, 1995).

Conducive school environment encourages children to remain in school with cohesive possessiveness and time to have a voice thus the ability of having a choice. Sometimes consultation is equated with participation, (Destorges, 2003). Some of the factors Influencing Children's Participation in schools includes family and environmental factors. Some factors have a more direct impact on the intensity with which children participate while others have an indirect impact. (Kortering, 2006). A number of factors associated with increasing risk of dropping out of school can be categorized at individual level factors, school-level environmental factors and learners-level factors. Learner-Level factors are rated to dropping out in the general population which include demographic variables such as gender, race and ethnicity, and socio-economic status (SES). Children who are from a low SES background have a higher probability of dropping out of school (Don, 1996).

## **2.5 Parental Socio Economic Status and Participation**

According to the 2011 U.S. Census Bureau, a poor family, is a family of 4 (2 adults, 2 children under 18) that earns less than (\$23,021) Ksh.70 per day. Children living in poverty have a higher number of absenteeism or leave school all together because they are more likely to have to work or care for family members. Dropout rates of children who come from low income families are seven times more likely to drop out of school than those from families with higher incomes (Tilly, 2007). 40% of

children living in poverty aren't prepared for enrolment in primary schooling. Children who live below the poverty line are 1.3 times more likely to have developmental delays or learning disabilities than those who don't live in poverty (Stern, 2003).

Poverty is a complex problem that causes a range of diverse challenges for children and their families. Poverty remains a serious issue in many states in the South where the majority of children who attend public schools come from low-income families. This pattern is particularly pronounced in the South and West. In the 2011 academic year, in Texas, approximately 50 percent of public schoolchildren came from low-income households (Taylor, 2009). Poverty affects a child's development and educational outcome in their early years of life both directly and indirectly through mediated, moderated and transactional processes. Child's ability to use and profit from school has been recognized as playing a unique role in escaping poverty in developing countries. Support is needed for components of poverty alleviation strategy such as improved opportunity structures and empowerment of families. Poverty is a persistent problem throughout the world and has deleterious impact on almost all aspects of family life and affects children's school attendance and outcomes (Tilly, 2007).

In all countries poverty presents chronic stress to children and families that may interfere with successful adjustment to developmental tasks including school achievement. Children raised in low income families are at risk of academic and social problems as well as poor health and well-being which can in turn undermine school participation. Children in poverty are at a much greater risk of never being enrolled in school or attending school than children from wealthier families. In 80 countries 12% of children from wealthy households never attend school while 38% of those from poor families do not attend school. These differences are more related to wealth and education of the mother's education than residence and gender (Evans, 2004). There has been limited attention to the process whereby poverty impacts the Mentally Retarded children's education and development. One of the reason for lack of progress has been an over reliance on basic models that emphasize the direct poverty with little attention to the mechanism linking poverty to Mentally Retarded children development (Black, 2002). Family income indirectly influenced children's participation through its effects on family orientation to activities. Thus, families play

an important role in providing opportunities, support, and encouragement for children to participate in schools (Bourne, 2013).

The mechanism linking poverty to mentally Retarded children may be direct effect of poverty influences on children's participation and development by increasing factors and limiting protective factors and opportunities for stimulation and enrichment. Children from low-income families are at increased risk for food insecurity, means to school and lack of adequate school materials (Cook, 2006). Cook further suggests that many of the effects of poverty on children are influenced by the family participatory behaviour. Parents often have limited education reducing their ability to provide a responsive stimulating environment for their children. Language is dominated by command and simple structure. No explanation or elaborations but negative commands. Parents from low-income do not promote emotional development and social competence. No Use of interactive style which promotes development of phonemic awareness and comprehension skills. Mentally Retarded children from poor families are less likely to be read to than Mentally Retarded children from better off families they lack motivation and drop out of school easily (Black, 2000).

Another mechanism linking poverty to Mentally Retarded children is of a moderated effect in which the effects of poverty vary across characteristics of families. Families who are poorly educated with poor decision making skills may have more difficulty protecting their Mentally Retarded children from the effect of poverty than families who are better educated with rational decision making skills. Moderated effects may also operate by conferring protection on Mentally Retarded children. Parents can invest in their children's education and well-being. Family characteristics may also influence the association between poverty and Mentally Retarded children's development through a process known as Social selection. Parents have direct influence on their children's social life (Black, 2000).

Participation of children with intellectual disability in schools hinge on a lot of factors. According to (Herman, 2005), poverty plays a dominant role in creating difficulties for children in learning. According to (Mitchel, 2010) poverty can fail to inspire any educational decision-making by parents for children regarded as difficult to educate. Chitiyo (2007), found that poor families of low income are unable to send their Mentally Retarded children to school. When families cannot raise the money for school fees or transport children with Mental Retardation became the first to stay at

home. This suggests that generally there is a strong relationship between poverty and access to participate in education for Mentally Retarded children (Bowe, 2004).

Some reports realized in the MDG for persons with disabilities, the Mentally Retarded are a subset through the implementation of the world program of action concerning children and the convention on rights of persons with disabilities are among the poorest of the poor. They are the most deprived and vulnerable and that they tend to fall outside the reach of the Social participatory Services provided by the government. They also recommended that special measures or attention be required for the persons with disabilities (UNESCO, 2009).

The level of school dropout reflects the educational situation of a country in which to some extent may be associated to poverty levels. In Brazil, the estimations are that 95% of the children have access to school but only 59% of them finish the 8<sup>th</sup> grade. In 1998, the children population out of classroom was calculated at 1,5 million, a first peak of school dropout 6% was detected in the third and fourth grades in public schools. It is noteworthy that early peak of school dropout was found even in the state that had the best educational level in the country (Wellss, 2006). School dropout is a complex phenomenon that it has to be understood considering a country's socioeconomic and educational context. In developing countries such as Brazil, frequently adolescents quit school to work and children in school age remain out of school to take care of younger brothers and sisters due to their high poverty level. Additionally, the inadequacy of a country's educational system to meet the capabilities and necessities of MR children of the poorer layers stimulates a significant number of MR never being enrolled in schools.(Wellss, 2006).

Mental health problems can be a determinant of school dropout among children. Mental retardation (MR) is one of the most prevalent mental health disorders in developing countries (Kavale, 2006). The presence of MR is associated with difficulties in school such as high levels of repetition and dropout. These investigations need to be done more importantly in our country Kenya and precisely in Murang'a Sub-county where less than 300 MR children are enrolled per year. Recent educational policies have emphasized the strategy of inclusive education as a way to diminish distortions and chronic educational problems (GoK, 2008).

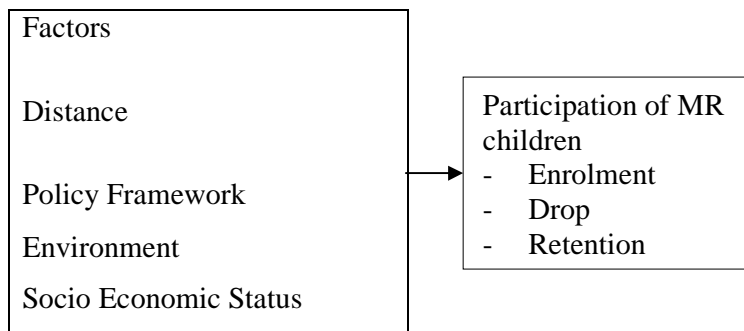
## 2.6 Theoretical Framework

The research study is based on Finn's participation Theory of (1989). The Theory states that valuing and identifying with school leads into increased level of school participation. Finn's seminal study (1989) provides a foundation for numerous dropout behaviors, he associates this with frustration self-esteem model and the participation identification model. These models predict that children with deficiencies in self-esteem or attachment to and engagement with school, respectively, are more likely to drop out. Finn (1989) described the frustration self-esteem model as connection to why children who have experienced academic difficulties drop out of school. In this model, unsuccessful school experiences such as school exclusion, retention or low grades lead to a reduction in self-esteem. In the attempt to boost self-esteem, learners turn toward problem behaviors to find ways to be successful or to win the approval of peers. This behavior may exacerbate until the child withdraws completely from school.

Finn (1989; 1993) Participation-Identification Model, Examines school dropout based on the developmental cycle of children rooted in the constructs of "identification" and "participation". Finn's model shows how participation in school activities may lead to successful outcomes which increase a student's identification in school. Valuing and identifying with school then lead into increased levels of school participation. This circular pattern is impacted by the quality of teacher instruction and the student's individual abilities. Based on Finn's participation-identification model, predictor variables of school dropout can be classified across individual and institutional perspectives in the degree to which a predictor variable increases or decreases a child's engagement with school and the degree to which predictor variables can be altered by educators to influence child's retention (Sinclair, 1997). The first dimension considers whether the variables under study are associated with the risk of dropping out such as socioeconomic status, socio-economic status (SES), and school composition or school type. Another dimension is the control that school has over variables associated with dropping out. These range from status predictor variables such as poverty, parental perceptions on education, or school composition to alterable predictor variables such as school environment, discipline policy and teacher behavior towards students (Finn, 1993; Sinclair).

The participation identification model is formulated in positive terms to facilitate efforts at dropout intervention (Finn, 1989). This model is based on a set of negative experiences. As such it can lead to guiding questions that involve the identification and impact of school participation and related experiences on school withdrawal. It may be focused on individual deficiencies that prevent a child from withdrawing from school. This is why the researcher has decided to address ways to increase Mentally Retarded children's participation. This research will specifically address the Mentally Retarded children. It may be assumption that identifying predictors that increase participation for all lower primary school mentally children, have the same effect on other lower primary school children and preschoolers in Murang'a Sub-count Murang'a County.

## 2.7 Conceptual Framework



**Figure 1:** *Conceptual Framework Showing the Factors Influencing Participation of MR Children in Lower Primary School*

The above conceptual framework explains the interaction between the independent and the dependant variables. The study explains independent variables as Distance, policy frame work Environment and parental social economic status. The dependant variable is Participation. The others are moderating variables like sibling, school workers, home security, and neighbours, geographical factors of which the researcher has no control over



## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the research design, target population, sample and sampling procedures, data collection instruments and procedures, validity and reliability of research instruments used, data collection, processing and presentation methods.

#### **3.2 Research Design**

The study employed a descriptive survey research design to find out the factors influencing the participation of Mentally Retarded children of the lower classes in Murang'a East Sub-county. According to Orodho (2005), a descriptive survey is a method of collecting information by way of interviewing or the administering of a questionnaire from a selected sample. It is mostly used to collect information about people's attitudes, opinions, habits or any variety of social issues. This design was deemed appropriate for the study because the researcher collected analyzed and reported information as it existed on the field without the manipulation of the variables under study.

#### **3.3 Target Population**

All people under consideration in any field of inquiry constitute a universe or targeted population (Kombo, 2006). The target population of this study consisted of all the 210 parents with MR children in special units, the 21 special units teachers and 74 mentally retarded children aged below 12 years from the special units.

#### **3.4 Sample and Sampling Procedures**

The purposive sampling method was used for sampling the study population. (Kombo, 2006), argued that a representative sample of 10% and above is enough for providing the required information in large populations. The study took 77 parents, 11 teachers and 45 mentally retarded children. This was 46.3% of the study population.

#### **3.5 Research Instruments**

The study used three sets of questionnaires, as the instruments for the study. The questionnaires were used to collect data from the parents, teachers and the MR children who were aged below twelve years. The questionnaires were deemed suitable

in that they had a large group of respondents; they had the benefit of self administerability anonymity and the standardization of questions for the purpose of easing the data analysis procedures (Orodho, 2005). The questionnaires had both closed and open ended questions. The closed questions had a focus on quantitative data while the open-ended questions were used for qualitative data collection.

### 3.6 Validity of Research Instruments

Validity is the degree to which a test measures what it purports to be measuring. Validity can also be said to be the degree to which results obtained from analysis of data actually represent the phenomenon under investigation (Orodho, 2005). The researcher tested the face and content validity of the questionnaire.

Face validity in relation to the misunderstanding or misinterpretation of the question was checked by employing the pre-testing the instrument and revision done. Content validity on the other hand refers to the capacity of the instrument to provide adequate coverage of a topic. Adequate preparation of the instruments under the guidance of the supervisors, expert opinion and pre-testing of the open-ended questions helped establish content validity (Kombo, 2006).

Prior to embarking on data collection, the researcher pre-tested the questionnaires using two special unit schools in Murang'a South Sub-county which has similar socio-demographic features with Murang'a East Sub-county. This was for the purpose of improving the reliability and validity of the instruments. Changes were made on the questions deemed appropriate after the pilot study.

### 3.7 Reliability of Research Instruments

Reliability is a measure of the extent to which an instrument will consistently yield the same result after being administered several times to the same respondents (Orodho, 2005). To establish the reliability of the research instruments, the test retest method whereby the pilot study respondents was issued with questionnaires for them to fill and the same questionnaires were subjected to a retest to see how stable the responses were. The reliability coefficient was computed using Pearson's Product Co-relation Co-efficient

$$r = \frac{\sum xy - \frac{\sum x \sum y}{N}}{\sqrt{(\sum x^2 - \frac{(\sum x)^2}{N}) (\sum y^2 - \frac{(\sum y)^2}{N})}}$$

Where  $r$  = Pearson co-relation co-efficient

$x$  = results from the first test

$y$  = results from the second test

$N$  = Number of observations

### **3.8 Data Collection**

Permission to conduct the research was sought from the National Council of Science and Technology. The researcher thereafter visited the County Commissioner and the County Director of Education, Murang'a County and requested for an introductory letter to the target respondents. The researcher hand delivered the questionnaires to the target respondents and collected them three days after dropping which was adequate time for them to be filled in.

### **3.9 Data Analysis**

After all the data had been collected, data cleaning followed for the purposes of identifying any incomplete, inaccurate or unreasonable data for the purpose of improving on quality through correction of detected errors and omissions. Coding of the data thereafter followed and the codes were entered into a computer for the purpose of analysis.

Qualitative data was analyzed to understand the meaning of the information divulged by the respondents and comparing it to documented data from previous research on factors influencing the participation of Mentally Retarded children of the lower classes. It was presented thematically in line with the objectives of the study and thereafter presented by use of frequency distribution tables, graphs, percentages and inferential statistics.

Data analysis involved both quantitative and qualitative procedures. Quantitative data analysis was done through the Statistical Package for Social Sciences (SPSS). Martin and Acuna (2002), said that the SPSS package is able to handle a large amount of data and given its wide spectrum in the array of statistical procedures which are purposefully designed for social sciences; it was deemed efficient for the task.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.1 Introduction

The following chapter presents the results of the investigation that the study undertook. The research set out to investigate the factors influencing participation of the Mentally Retarded children of the lower classes in Murang'a East Sub-county in Murang'a County. The objectives that guided the study were distance, policy framework and the environment with a view of finding out how they influenced the participation of Mentally Retarded children of the lower primary classes.

#### 4.2 Response Rate

The study sought views from 132 respondents with a wide range of demographic characteristics. These characteristics are summarized and presented in this section.

**Table 2:** *Response Rate*

Table 2 captures the response rates from all the respondents.

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Questionnaires returned by teachers	10	100
Questionnaires returned by parents	77	100
Questionnaires returned by children	45	100

**Source Author (2014)**

Table 2 shows that all the respondents reached in the wake of collecting data duly filled in and returned the questionnaires. This was a pointer to a clear understanding of the items in the questionnaires and the ability of the respondents to appreciate the essence of participating in the study.

#### 4.3 Demographic Data

##### 4.3.1 Teachers Demographics

Table 3 to 7 shows the teachers socio-demographics information.

**Table 3: Teachers' Genders**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	3	30
Female	7	70
Total	10	100

The study found out that most of the special education teachers who handled MR children in the lower primary sections were of the female gender. This may be interpreted to mean that the teachers of the female gender had greater empathy and affection for the MR children. This may be attributed to the fact that handling MR children is a difficult task which requires a lot of dedication and passion to the calling. It's not only teaching but a noble initiative which requires one to be true to the calling and greatly dedicated in all aspects.

**Table 4: Teachers' Ages**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
30-39 years	4	40
Above 40 years	6	60
Total	10	100

The study found out that the teachers who handled MR children in Murang'a East sub-county were mostly aged above forty years. Some of them were however aged between 30-39 years. This can be interpreted to mean that the teachers had matured in their professional calling and had taken time to invest the rest of their professional pursuit in the moulding of the precious lives of the MR children. It was also a pointer to the relative time that the government started promoting teachers on merit after having them attaining the training in special education.

**Table 5: Teachers' Marital Status**

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Married	10	100
Total	10	100

All of the teachers handling the MR children were married and it may be a reflection of stability in their personal lives. It denoted some semblance of emotional maturity in the teachers handling special education classes.

**Table 6:** *Teachers' Level of Training in Relation to MR*

<b>Level of training in relation to MR</b>	<b>Frequency</b>	<b>Percentage</b>
Diploma	6	60
Degree	4	40
Total	10	100

All the teachers handling MR children in the sub-county had attained higher professional qualifications than the P1 certificate entry point for the regular primary school teachers. This was a pointer to investment in professional training in the seeking to realize good certification and qualifications to perform in their noble tasks. This could mean that the teachers were not only passionate for the MR children but they had also taken even greater effort to invest in the upgrade of their academic qualifications to realize their aspirations. It also identified with the government policy which recognizes higher training and certification on the part of the teachers handling special education classes and applies it as an incentive for promotion.

**Table 7:** *Teachers' Experience with the MR Children*

<b>Number of years worked with MR</b>	<b>Frequency</b>	<b>Percentage</b>
3-5 years	3	30
5-10 years	5	50
10-20 years	2	20
Total	10	100

Most of the teachers handling MR children had worked with them for a period of 5-10 years. Some had worked for 3-5 years while the rest had worked for 10-20 years. This reflected enormous experience on the part of the teachers handling the MR children in Murang'a East Sub-county. This identified with Geteria 2010 who argued that the school environment and personal characteristics of the teachers with regard to their work experience and training was of a paramount importance as regards

providing the learners with special needs with a conducive environment for realization of progress.

#### 4.3.2 Parents' Demographics

Table 8 to 11 captures the socio-demographics information of the parents who participated in the study.

**Table 8:** *Parents' Genders*

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	31	40
Female	46	60
Total	77	100

The study had a greater engagement with the female parents than the male parents in the data collection exercise. This study captured more attachment to the MR children by their mothers. We noted that they were especially willing to engage the researcher in the data collection exercise which is easily reflected by the number of the parents who filled in and returned the questionnaires. It can also be driven by the fact that the study area is basically a rural setting whereby the duties of nurturing and taking care of children including the tasks of taking them to school is done by their mothers. This may explain the mother's availability and greater participation in the study.

**Table 9:** *MR Children's Parents' Ages*

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
20-29 years	18	23
30-39 years	23	30
Above 40 years	36	47
Total	77	100

Most of the parents who participated in the study were aged above 40 years. This reflected the aspect of maturity in terms of their advancement in age. It also shows that they had gained enough experience owing to their continuous interaction with the MR children in the course of handling them since their time of birth to the

present ages. It was thus a vindication of mature contribution in the data collection exercise by persons who had lived long and gotten exposed to the phenomena being looked at extensively. This identified with Chitiyo 2007 who argued that parents from many households who were advanced in age and from poor social economic backgrounds had greater numbers in terms of their distribution in the population with MR children.

**Table 10: Parents' Marital Status**

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Married	61	79
Single	16	21
Total	77	100

The study found out that most of the parents were married. This reflected the aspect of the MR children coming from stable families with both parents. It was a pointer to the aspect of sound upbringing in an ideal environment as envisaged in the optimum child growth circumstances. This was a pointer to relative stability conferred to the MR children and an environment which would assure them progress in terms of mental development despite their condition. It was an indication of the rationale behind the need to have both parents in a household to confer stability and the right environment for the development of the MR children.

**Table 11: Parents' Education Levels**

<b>Education levels</b>	<b>Frequency</b>	<b>Percentage</b>
Primary school	42	55
High school	31	40
Degree	4	5
Total	77	100

Most of the parents with MR children had primary school level of education. This was a pointer to a low academic attainment from the sampled parents. It was also an indicator of low literacy levels in the community going by the failure to advance beyond the primary school level. It reflected a situation whereby the MR children had



the disadvantage of coming from households with parents who had not advanced highly in education thus not exposed with regard to the academic realms. The situation of single parents with MR children was equally reflective of the stigma occasioned to them leading to failure to get marriage partners at the event of lacking partners to associate with.

### 4.3.3 MR Children Demographics

Table 12 to 14 shows the MR children socio-demographic information.

**Table 12:** *Children's Genders*

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	15	33
Female	30	67
Total	45	100

The study established that most of the MR children in the sub-county were of the female gender. This can be interpreted to show that the parents may have had greater attention to the female MR children than the male. This could explain their greater attendance to the special schools reached during the data collection exercise.

**Table 13:** *Children's Ages*

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
3-5 years	5	11
6-8 years	15	33
8-12 years	25	56
Total	45	100

The study confirmed that most of the MR children were aged 8- 12 years. This shows that the parents and the communities from which the MR children come from value the programmes in the special schools. This could also point to the sensitization which has facilitated the retention of the MR children in the special schools.

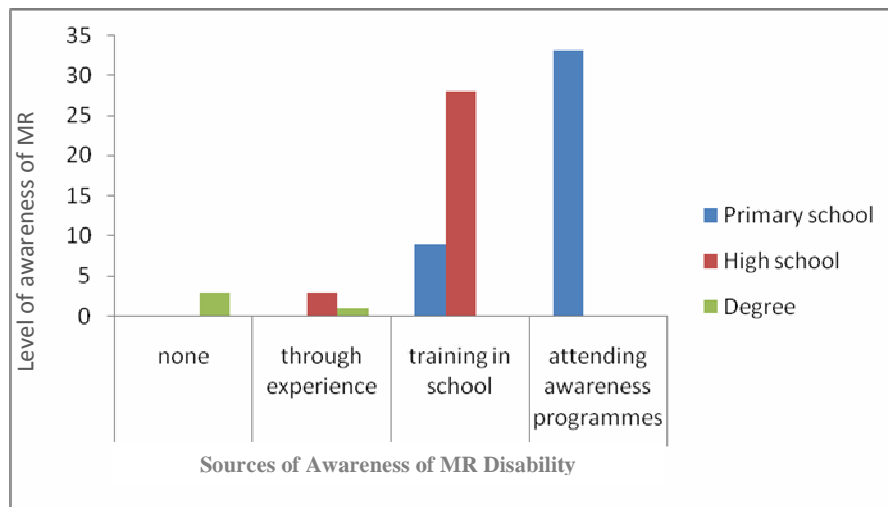
**Table 14:** *Number of Years in School*

Number of years in school	Frequency	Percentage
0-2 years	8	18
2-5 years	25	55
5-10 years	12	27
Total	45	100

Most of the MR children in the special schools had been in the programmes for periods of 2-5 years. This was a pointer to the fact that the children may have been taken through the regular primary school programmes by their parents without any meaningful progress and thereafter been transferred to the special schools. This was confirmed by the study. It was also a pointer to the situation of the MR children being retained at home without being taken to school for many years before the parents realized the need for enrolling them in the special schools.

#### 4.3.4 Parents Sources of Awareness of MR by Levels of Education

Figure 2 shows the levels of the parents' awareness of MR in relation to their education levels.



**Figure 2:** *Parents Sources of Awareness of MR by their Levels of Education (n=77)*

Figure 2 shows that all the parents were aware of the MR condition. They had realized the awareness through varying mediums with most of them attesting to having had attended awareness programmes. This shows that they had realized the importance of getting first hand information from verified sources about the condition thus their choice of getting to attend the MR awareness programmes for the good of

their children. The study equally found out that most of the parents had low academic qualifications. This can be interpreted to mean that despite the low academic attainment, the parents had realized the essence of attending the MR awareness programmes. This shows that they had value and great attachment to their children thus the investment in the attendance of the awareness programmes. This was confirmed in previous studies carried out by Taylor 2009 who was of the opinion that the parental level of education heavily influenced the awareness levels of MR in the affected children. It equally determined the capacity to put in place opportunity structures for the MR children and accord them progress in their development.

**Table 15:** *Parents’ Awareness of MR and their Levels of Education*

<b>Chi-Square Tests</b>			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	108.296 <sup>a</sup>	6	.000
Likelihood Ratio	85.431	6	.000
Linear-by-Linear Association	54.342	1	.000
N of Valid Cases		77	
a. 8 cells (66.7%) have expected count less than 5. The minimum expected count is .16.			

Cross tabulation was done between parents’ awareness of MR in relation to their levels of education which gave a Chi-square value of  $\chi^2 = 108.296$  at a significance level of 0.00. The calculated statistic  $\chi^2 = 108.296$  was found to be more than the tabled critical value of  $\chi^2 = 85.431$ . The response showed a situation whereby the parents’ awareness of MR was significantly related to their levels of education at  $\alpha 0.16$ .

#### **4.3.5 Parents Occupations In Relation to their Levels of Income**

The parent’s occupations in relation to their levels of income were as captured in figure 3.



**Figure 3:** Parents Occupations in Relation to their Levels of Income (n=77)

The responses as shown in fig. 2 above indicates that the most of the parents were self-employed. The figure also indicates that most of the parents were earning below 10,000. This brought to the fore the aspect of the MR children from the sampled schools came from families which were not financially stable. It shows that the parents of the MR children may not have adequate capacity to fend for them and provide for their daily needs. It was a pointer to the inability of the parents to fully take charge and ensure that the MR children were comfortable and well taken care of. This may have been a factor heavily compromising the ability of the MR children to fully participate in school.

**Table 16:** Parents' Occupations and their Levels of Income

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.222 <sup>a</sup>	4	.000
Likelihood Ratio	34.093	4	.000
Linear-by-Linear Association	24.711	1	.000
N of Valid Cases	77		

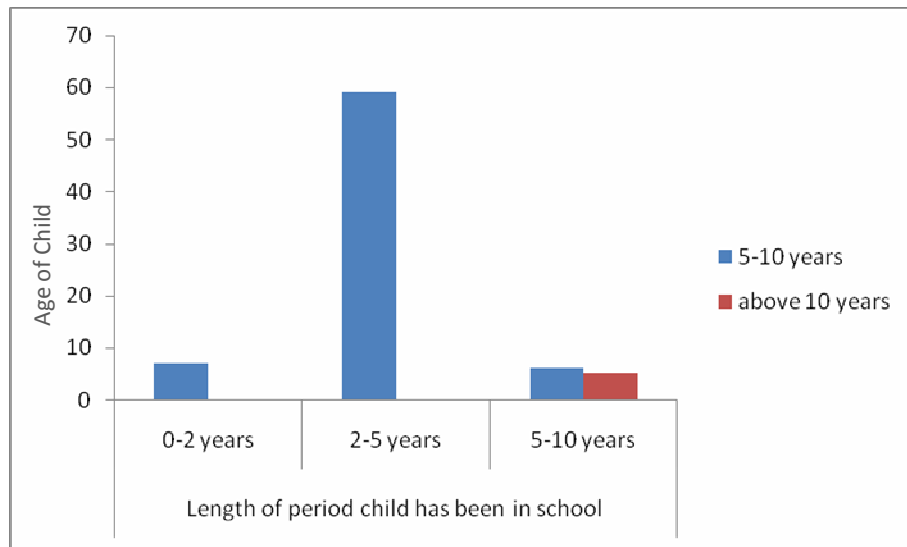
a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is .62.

Cross tabulation was done between parents' occupations and their levels of income which gave a Chi-square value of  $\chi^2 = 34.222$  at a significance level of 0.00.

The calculated statistic  $\chi^2 = 34.222$  was found to be more than the tabled critical value of  $\chi^2 = 34.093$ . The response showed a situation whereby the parents' occupations were significantly related to their levels of income at  $\alpha 0.62$ .

#### 4.3.6 Child's Age and to Length of Stay in School

The responses as regards child's age in relation to length of period in school are as captured in fig. 4.



**Figure 4:** *Child's Age in Relation to Length of Period in School (n=77)*

Fig. 4 shows that most of the MR children who were aged 5-10 years and they had stayed in school for a period of 2-5 years. This shows that the parents of the MR children were enlightened and had taken them to the special schools at the opportune time and age which was between 2-5 years. This can be interpreted to mean that they had the welfare of their MR children's progress in mind more so with regard to academic attainment thus the need to enroll them during the requisite periods. This identified with Cook 2006 who suggested that the MR children's age of entry to school played a pivotal role in determining the realization of progress in their development.

#### 4.4 Objective 1: Distance from School and Participation of MR Children

The study sought to find out the role played by distance in the enrolment and retention of MR children in the special education units. The following findings were made:

##### 4.4.1 Parents' Responses on the Mode of Transport for the MR Children to School

The parents' responses on the mode of transport for the MR children to school are shown in table 17.

**Table 4.17:** *Mode of Transport for the MR Children to School*

	Frequency	Percentage
<b>Gender</b>		
Foot	66	86
Public service vehicle	3	4
Personal vehicle	8	10
Total	77	100

The responses by the parents showed that most of the MR children walked to school from their homes. Some used vehicles whereby the parents drove them to school and others used public service vehicles. This can be interpreted to mean that the children lived near the special education units thus the preference for walking to school on foot. It can also be a pointer to a sense of deprivation whereby despite the distance the MR children had no choice but to walk to school to be there on time.

Most of the MR children who participated in the study shared a similar position by way of affirming that they walked to school. It was a reflection of the fact that the common practice of getting to school was by foot. This could be interpreted that the available practice and mode of travel to school could be a factor affecting the participation of the MR children in the school. This is occasioned by the fact that in situations of rain and allied dynamics in the weather patterns the MR children would be heavily challenged and fail to get to school in time or be absent from school altogether. This was synonymous with studies carried out by Black (2002) who was of the opinion that the mode of travel available for use by the MR children affected their capacity and ability to effectively undertake special education programs.

#### 4.4.2 Teachers' Responses on the Reporting Time for the MR Children to School

The teachers' responses on the reporting time for the MR children to school were as shown in figure 18.

**Table 18:** *Reporting Time for the MR Children to School*

<b>Reporting time</b>	<b>Frequency</b>	<b>Percentage</b>
7.00-9.00	8	80
Any time	2	20
Total	10	100

Table 18 shows that most of the teachers were of the position that the reporting time of the MR children to school was between 7.00-9.00 a.m. Some equally took the position that the children could report any time. This was a reflection of the fact that the schools had liberal timeframes for the MR children reporting to school. This may have been motivated by the need to ensure their active participation in the school programmes regardless of the distance between their homes and the schools. The distance to school from the MR children's homes may also have been a contributing factor to the timeframes that the children were given to report to school. Some of the MR children may be living far away from the special schools. The availability of special schools in the sub-county may be a factor inhibiting the participation of the MR children in school taking into account that the distance could be a pointer of few numbers of special schools handling the MR children.

#### 4.4.3 Person responsible for accompanying the MR children to school

The parents were asked to state the person responsible for accompanying the MR children to school. Their responses were as captured in table 19.

**Table 19:** *Person Responsible for Accompanying the MR Children to School*

<b>Person responsible</b>	<b>Frequency</b>	<b>Percentage</b>
No one	41	53
Parent	29	38
Caretaker	7	9
Total	77	100

Table 19 shows that most of the MR children went to school un -accompanied. A significant number were accompanied by their parents and caretakers. This reflected the aspect of the MR children having had the independence and maturity to take themselves to and from schools. It may also be a pointer to the aspect of neglect on the part of the parents owing to the fact that the MR children require a lot of attention and handling with care to ensure that they are safe in whatever activities they undertake especially when away from the confines of their homes. This may be a factor impairing the participation of the MR children in school owing to the fact that in many instances they may take longer on the way to school when unaccompanied or they may fail to get to school due to lack of monitoring.

#### 4.4.4 Parents' Levels of Agreement on Attributes on Distance and Participation

The study to find out the parents' levels of agreement on attributes on distance and participation in relation to their MR awareness levels. Their responses were as shown in table 20.

**Table 20:** *Distance and Participation Compared to Parents' MR Awareness Levels*

		Awareness in relation to MR				Total
		None	Through experience	Training in school	Attending awareness programmes	
My child is accompanied to school because I fear for his safety	Strongly disagree	0	3	11	0	14
	Disagree	0	0	16	0	16
	Agree	0	0	10	3	13
	Strongly agree	3	1	0	30	34
<b>Total</b>		3	4	37	33	77
Distance to school does not bother my child	Strongly disagree	1	4	17	0	22
	Disagree	0	0	14	0	14
	Agree	0	0	6	26	32
	Strongly agree	2	0	0	7	9
<b>Total</b>		3	4	37	33	77
My child takes himself to school	Strongly disagree	2	4	1	0	7
	Disagree	0	0	27	0	27
	Agree	0	0	3	0	3
	Strongly agree	1	0	6	33	40
<b>Total</b>		3	4	37	33	77
Cost of travelling to school is manageable	Strongly disagree	0	3	3	0	6
	Disagree	0	0	7	0	7
	Agree	3	1	27	23	54
	Strongly agree	0	0	0	10	10
<b>Total</b>		3	4	37	33	77



Most of the parents confirmed that they accompanied the MR children to school because they feared for their safety. This was highly pronounced in the parents who had attended MR awareness programmes and those who had acquired training in school about the condition. It was a reflection of the fact that the training had opened their eyes to the challenges and the risks posed to the MR children by the circumstances and day to day activities that they undertook in the wake of attending school. Accompanying the children to school was a sure measure of encouraging their active participation in the school. This is attributed to the fact that MR children who are accompanied to school will eventually get there and there will be minimal chances of engaging in truancy and absenteeism from school.

Most of the parents were of the position that the distance between home and school did not seem to bother their children. They were of the opinion that regardless of the distance covered the MR children were comfortable getting to the schools. Most of the parents who took the position had realized awareness on MR through attending sensitization programmes. This may be a pointer to the fact that the parents with MR children were encouraged and sensitized on the need to have the children attend the special schools for the sake of their wellbeing thus distance not being an inhibiting factor to them. On the other hand, some parents took the position that distance between their homes and the schools were an inhibiting factor to the MR children. This brought to the fore the aspect of the special schools being very dispersed and not within the reach of many MR children in need of their services.

Most of the parents were of the opinion that their MR children can take themselves to school. This was a pointer to the ability of the MR children to physically take charge of themselves as regards movement from home to the special schools. It denotes training on the part of the parents and concerted efforts to ensure that the MR children are facilitated and empowered to realize some measure of independence. This may be a reflection of the benefits accruing to the parents who have attended the awareness programmes on MR thus their ability to train and condition their MR children.

Most of the parents were of the view that the cost of getting their MR children to school every morning was manageable. This may be a pointer to the situation of availability of special schools near their residences thus the reduced cost of travel or

failure to have the need for motorized travel. This may be interpreted to mean that the investments in special education facilities for the MR children within Murang'a East Sub-county has been heavily pronounced thus encouraging the participation of the affected children in school regardless of the distance from their homes to the schools.

This was in line with Wilson, (1993) who suggested that the school enrollment is influenced by distance between child's home and school. He also thought that distance has a role to play in child school dropout, though to him this might lead to biased estimates of the effect of school distance from other unobserved village effects. This may lead to a spurious conflict on the effect of distance to school if some other variables exists between levels of children's dropout and school attendance such as demographics, measures of income and wealth (Wilson,1993). Travel time and physical distance to school facilities determines school accessibility and allows the control for potential distance coverage to school. variable that will most likely lead to estimates that are determinants of child participation (i.e. Enrollment, retention and dropout) distance to school tends to have a significant effect on time use among children, especially the Mentally Retarded (Kortering, 2002). Long distance to schools in rural areas leads to significant changes in child participation, as individuals may tend to shift from school (Goldring,1999).

#### **4.4.5 Attributes on the distance and participation in school in relation to the numbers of years that they attended in school by MR children**

The MR children were asked to confirm varying attributes in relation to the distance and its effects on their participation in school in relation to the number of years that they had attended the special schools. Their responses were as shown in table 21.

**Table 21: Distance and Participation Compared to Numbers of Years in School**

		Number of Years in School			Total
		0-2 years	2-5 years	5-10 years	
I like going to school	Yes	8	25	8	41
	No answer	0	0	4	4
Total		8	25	12	45
School is far from home	Yes	8	17	0	25
	No	0	8	12	20
Total		8	25	12	45
I do not fear going to school	Yes	8	17	0	25
	No	0	8	8	16
	No answer	0	0	4	4
Total		8	25	12	45
I will come to school tomorrow	Yes	8	7	0	15
	No	0	18	2	20
	No answer	0	0	10	10
Total		8	25	12	45
I like being brought to school	Yes	0	17	3	20
	No	8	8	0	16
	no answer	0	0	9	9
Total		8	25	12	45

The responses by the MR children showed that many of them liked going to school. This was confirmed by majority of the children. It was a pointer to their appreciation of the special school environment and how it had affected their livelihoods. Most of the MR children who were highly appreciative of the school environment had been in the special schools for periods of 2-5 years. This was a pointer of their capacity to assimilate and gradually get to conform to the environment and get to regard it highly. On the other hand though, the MR children who were not eager to turn up to school the following day had stayed in the special education schools for a period of 5-10 years. This can be interpreted to mean that they were slowly losing the passion and failing to identify with the systems in place as regards their school programmes. This portends a big risk in terms of their future participation and it may be a pointer to their imminent dropping out from the programmes.

Most of the MR children equally took a position that the schools they attended were far from their homes. The opinion was taken by many of the children who had

attended the schools for periods of 2-5 years. On the other hand though, despite the distance, they were still eager to forge on with their school programmes. This was reflective of their ability and capacity to earnestly attend school regardless of the distance between their homes and the schools. It thus brought to the fore the aspect of distance not being an inhibiting factor to their zeal to attend school. It was a confirmation that with the availability of facilities, distance would not inhibit the participation of MR children in school.

The MR children indicated that they did not fear going to school with most of them confirming the position. Most of the MR children who indicated that they did not fear going to school had taken the programmes for periods of 2-5 years. This was a confirmation that they were comfortable in the institutions and they regarded them as facilities which were of help to them. The MR children who had stayed in the schools for periods of five to ten years came out as unwilling to attend and participate. This was attributed to their position of fearing to attend school. This may be attributed to lethargy accruing from their long periods of stay in the special schools leading to a situation whereby they had gotten disenchanted with the school programmes.

Most of the MR children were of the position that they would not attend school the following day. The MR children who had been in school for periods of 5-10 years had a more pronounced position of not willing to attend school the following day. This showed that they were either not appreciative of the school environment or they had not realized good progress enough to aid them understand the essence of attending school. It was a pointer to the need for the employment of all means possible to ensure that the MR children were retained in school and effectively participate in the programmes.

Most of the MR children came out as very willing to be taken to school. This was a confirmation of their liking of the school environment and getting to appreciate it. The aspect of being taken to school may equally be interpreted as a way of showing love by the parents and caregivers to the MR children and equally fostering interaction between them on the way to school. This may be a factor which endeared the MR children to the schools and saw to it that they effectively participate in the school programmes owing to the favourable environment availed to them.

This is in line with Davidson (2013) who argued that rates of walking and bicycling to school, or active commuting, have declined precipitously during the past 30 years. Less than 16% of children aged 5 to 15 years walked or biked to school in 2001. In contrast, 48% of children in this age range walked or biked to school in 1969. 31% of children who live within 1 mile of school actively commute to school they really absent themselves from school. Rates of walking and bicycling to school have decreased against a backdrop of declining levels of physical activity and increasing prevalence of overweight among children.

#### 4.4.6 Teachers' Levels of Agreement on Attributes on Distance and Participation in Relation to the Number of Years Worked with MR Children

Table 22 shows the teachers' levels of agreement on attributes on distance and participation in relation to the number of years worked with MR children

**Table 22:** *Distance and Participation Compared to Years Worked with Children*

		Number of Years Worked With MR Children			
		3-5 years	5-10 years	10-20 years	Total
Many children attending center live near school	Strongly disagree	0	0	1	1
	Disagree	0	0	1	1
	Agree	2	5	0	7
	Strongly agree	1	0	0	1
Total		3	5	2	10
There is boarding facility in school	Strongly disagree	1	5	2	8
	Agree	1	0	0	1
	Strongly agree	1	0	0	1
Total		3	5	2	10
School is secure for both children and teachers	Agree	0	5	2	7
	Strongly agree	3	0	0	3
Total		3	5	2	10
Children drop out of school because it's too far away from home	Strongly disagree	0	0	1	1
	Disagree	0	5	1	6
	Agree	3	0	0	3
Total		3	5	2	10

Most of the teachers were of the opinion that the MR children lived near the school. The teachers who had worked with MR children for 5-10 years had the strongest opinion about the position. This was pointer of the fact that the investment in special schools to cater for MR children had been massively done. This ensured that the MR children would access the schools from near their residences. It was an aspect which can heavily influence the participation of MR children in school.

Most of the teachers held the view that the special schools that they handled did not have boarding facilities with those who had worked with MR children for 5-10 years holding a major sway over the issue. This was a confirmation of under-investment in boarding institutions to cater for the welfare of the MR children. It may be a factor curtailing their participation in their school programmes especially in the situation of MR children who lived very far from the special education units.

All the teachers were in agreement that the special education centre's were secure enough to assure the MR children of ability to attend their programmes in a smooth manner. It brought to the fore the aspect of investment in security and having the schools in safe neighbourhoods guaranteeing the MR children of sound programmes devoid of any external risks. It may greatly influence their regular participation in the school programmes for their wellbeing.

Most of the teachers handling MR children disagreed to the position that the distance from the individual children's homes to school was a factor which led them to dropping out of the centre's. This was a confirmation that the distance from the institutions was not a factor that inhibited the MR children participation in the learning programmes. It was also a vindication of the investment in facilities to assure that the MR children access programmes geared towards ensuring their progress is achieved.

#### **4.5 Objective 2: Policy Framework and Participation by MR Children in School**

The study sought to find out the role played by policy framework in the enrolment and retention of MR children in the special education units. The following findings were made:

#### **4.5.1 Responses on the Responsibility for Special Education Teachers' Employment**

The responses on the responsibility for special education teachers' employment were as shown in table 23.

**Table 23:** *Responsibility for Special Education Teachers' Employment*

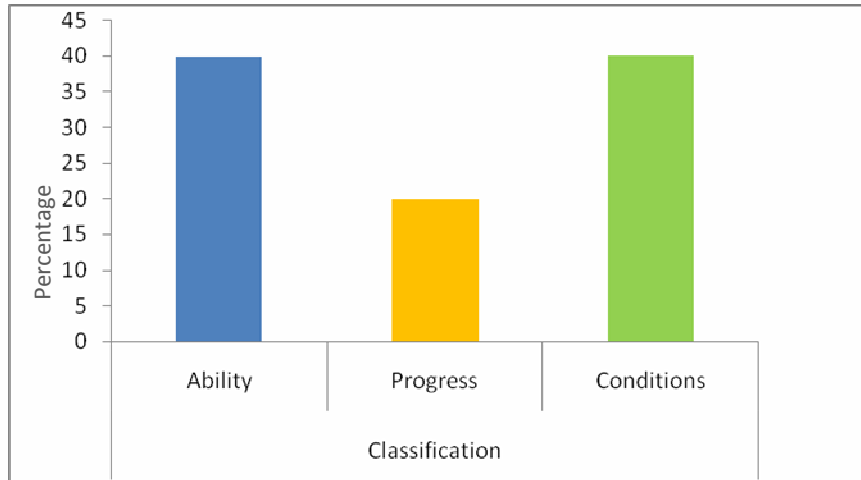
<b>Reporting time</b>	<b>Frequency</b>	<b>Percentage</b>
Government	10	100
Total	10	100

Table 31 shows that all the teachers confirmed that the special education teachers handling the MR children were employed by the government. This was a clear indication of the massive investment that the government had put in place with regard to ensuring the availability of the human resource component to handle the MR children. This may greatly motivate their effective participation in the learning programmes undertaken in their special units.

This identified with Republic of Kenya (2005) whose reports indicates that the physical environment where learners with special needs and disabilities operate, should be accessible and or be disability friendly with minimum support. The government provided support to each primary school in order to remove existing barriers that make the school environment unfriendly to learners with special needs and disabilities. The physical environment where children with special needs and disabilities operate should allow them to access education with minimal hindrance. Provide a learning environment that is free from violence, sexual harassment and abuse, drug and substance abuse, Provide resources to make learning institutions accessible to children with special needs and disabilities.

#### **4.5.2 Responses on the Classification of the MR Children by Teachers**

Figure 5 shows the responses on the classification of the MR children by teachers



**Figure 5:** *Classification of the MR Children by Teachers (n=10)*

Figure 5: Classification of the MR children by teachers was linked to their ability, progress and conditions. Most of the teachers were of the opinion that the ability and conditions of the MR children were the foremost factors to be considered in the event of the children’s classification. The study thus deduced that there were varying parameters employed to classify the MR children by the various schools that they attended. This denotes the challenge that the special education teachers faced in the wake of handling and classifying the MR children.

#### **4.5.3 Teachers Assessment on Measurement of MR Children’s Progress**

The teachers’ responses on measurement of MR children’s progress were as captured in table 24.

**Table 24:** *Teachers Assessment on Measurement of MR Children’s Progress*

<b>Measurement</b>	<b>Frequency</b>	<b>Percentage</b>
Specialized examinations	4	40
Oral examinations	2	20
Any improvement	4	40
Total	10	100

Table 24 shows that the special education teachers’ were of the opinion that different methods were used to measure the progress of the MR children. The employment of specialized examinations and monitoring of any improvement were the chief modes of measurement of the MR children’s progress. Oral examinations also came out as a peripheral mode of progress measurement. This can be interpreted



to mean that the actual condition of the MR children was the chief motivating factor as regards the mode employed to measure progress because the children had different abilities. The conditions may heavily influence the MR children ability to participate in school.

#### 4.5.4: Teachers Responses on the Rate of Progress in MR Children

Table 25 shows the teachers’ responses on the rate of progress in MR children.

**Table 25:** *Teachers Responses on the Rate of Progress in MR Children*

<b>Rate of progress</b>	<b>Frequency</b>	<b>Percentage</b>
We cannot measure	10	100
Total	10	100

Table 33 shows that the teachers were of the opinion that the rate of progress in the MR children cannot be measured. This can be attributed to the fact that they may have noticed stagnation and deteriorating conditions in the MR children despite intermittent progress thus bringing to the fore the aspect of fluctuations and unreliability on the progress thus inhibited measurement capacity. This may explain their common position that the rate of progress cannot be measured. Failure to authenticate progress effectively may be a demoralizing factor to the special unit teachers and may really hold down the participation of MR children in school.

#### 4.5.5: Responses on the Number of Children Enrolled Annually

The responses on the number of children enrolled annually were as shown in table 26.

**Table 26:** *Responses on the Number of Children Enrolled Annually*

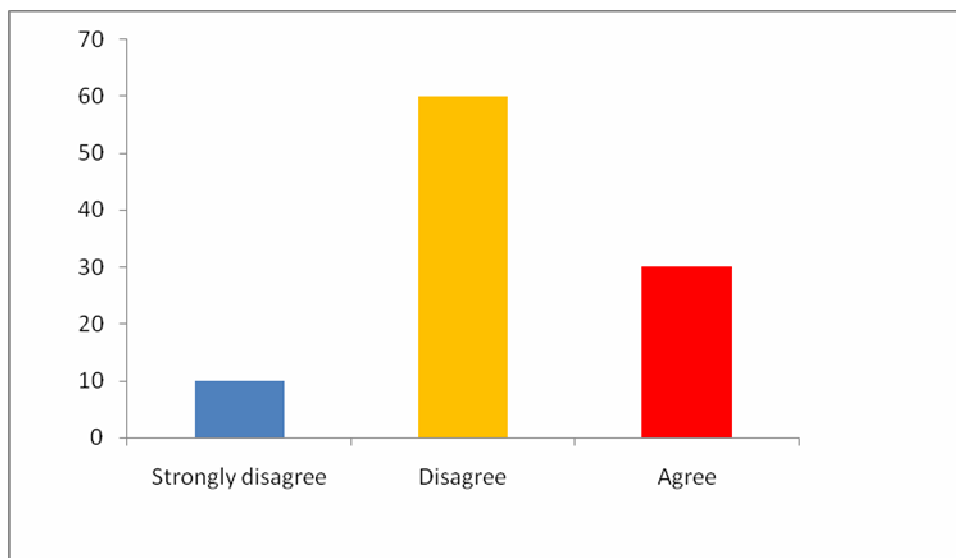
<b>Number of children enrolled</b>	<b>Frequency</b>	<b>Percentage</b>
0-5	10	100
Total	10	100

Table 26 shows that all the teachers were of the opinion that the number of children enrolled annually was between 0-5. This denotes a low enrollment level in the special education schools. It may be interpreted to mean that the MR children’s

cases are few or there is a good dispersion of special education schools effectively catering for all the identified cases. The event of a good dispersion of schools may effectively assure the apt participation of the MR children in school. This is in line with previous works carried out by Destorges 2003 who argued that a conducive school environment encouraged enrolment and retention of MR children in the special units. It further indicated that the dispersion of special education units over a diverse area encouraged an even distribution of the enrolment pattern.

#### 4.5.6: Responses on the School Drop-Out Rates by the MR Children

The school dropout rates by the MR children were as captured in figure 6.



**Figure 6:** School drop-out rates by the MR children (n-10)

Figure 6 shows that most of the teachers disagreed that there were high school drop-out rates by the MR children. They were of the view that the dropout rates were not high. This was a pointer to high retention rates of the MR children in the special education units. It also denotes a sense of consistency on the part of the MR children as regards their capacity to regularly attend school. This was an indicator of high levels of regular participation and thorough exploitation of the available special unit facilities by the affected children. This is in line with studies carried out by Wells 2006 in Brazil which confirmed that the dropout rates from the special education facilities were influenced by the availability of schools and the relevance of the programmes offered.

#### **4.5.7: Teacher Responses on Reasons for Dropping Out of School by MR Children**

Reasons for dropping out of school by the MR children were as shown in table 27.

**Table 27:** *Teacher Responses on Dropping Out of School by MR Children*

<b>Reason for dropping out of school</b>	<b>Frequency</b>	<b>Percentage</b>
Lack of parental support	1	10
Failure to achieve progress in class	3	30
Remaining in school for long	6	60
Total	10	100

Table 27 shows that most of the teachers deemed the reasons for dropping out of school by the MR children as the aspect of remaining in school for long. This brought to the fore the fact that the many of the MR children had been in school for long and had dropped out due to the fact of the advancement of age catching up with them. Failure to achieve progress also came out as a factor which influenced the MR children to drop out of school. This equally came out as a strong aspect which alienated the MR children from the special education centers. It was a pointer to the element of progress being a critical factor in the motivation of retention and participation in the school activities of the MR children. Lack of parental support was a peripheral factor in the influencing of school dropout. This was a pointer to deeply ingrained support by the parents to the MR children.

#### **4.5.8 Attributes on Policy Framework and Participation in Relation to Number of Years Worked with MR Children**

Table 28 shows the attributes on policy framework and participation in relation to number of years worked with MR children

**Table 28: Policy Framework Compared to Years Worked with MR Children**

		Number of years worked with MR children			Total
		3-5 years	5-10 years	10-20 years	
Materials provided by government are adequate for effective teaching	Strongly disagree	0	0	2	2
	Disagree	1	5	0	6
	Agree	1	0	0	1
	Strongly agree	1	0	0	1
Total		3	5	2	10
I have enough support from the school	Strongly disagree	0	0	1	1
	Disagree	1	5	1	7
	Agree	1	0	0	1
	Strongly agree	1	0	0	1
Total		3	5	2	10
Children are neglected at a certain point	Disagree	0	0	1	1
	Agree	1	5	1	7
	Strongly agree	2	0	0	2
Total		3	5	2	10
Current curriculum supports proper growth of the growth	Strongly disagree	0	0	1	1
	Disagree	0	0	1	1
	Agree	0	5	0	5
	Strongly agree	3	0	0	3
Total		3	5	2	10

Most of the teachers were of the opinion that the materials provided by the government were not adequate for effective learning by the MR children. The teachers who had a strong opinion about the phenomena had served for a period of 5-10 years. This denotes the situation whereby materials provision was compromised and this may have been a factor impairing the effective participation by the MR children in school.

The teachers also decried lack of support from the schools that they worked in. The teachers had worked 5-10 years in the special education units. This was occasioned by many of them disagreeing to having had received enough support from their respective schools. This brought to the fore the aspect of demoralization and poor working environments for the teachers. It may be a factor demotivating them and reducing their productivity from the envisaged optimum levels. This may impact negatively on their professional engagement and affect the participation by the MR children in school.

Most of the teachers held the opinion that the MR children had been neglected at a certain point in their learning lives. This was confirmed by many teachers and majority of whom had worked for 5-10 years with the MR children. This brought to the fore the aspect of neglect and dereliction of duty on the parts of the parents and the caregivers. It may be a great contributing factor to the impaired participation by MR children in school.

The curriculum came out strongly as having had taken care of the needs of the MR children. Most of the teachers vindicated it for its capacity to support the proper growth of the children. The teachers who had experience of between 5-10 years confirmed of having an approval rating for the curriculum in place owing to its capacity to fully meet the needs of the MR children. This denotes the fact that curriculum development had taken care to ensure effective participation of the MR children in school.

The position identifies with that of the MOE (2008) which indicates that since independence in 1963, the government of Kenya recognizes education as a basic human right and a powerful tool for human and national development. Nearly 73% of the government social sector spending and about 40% of the national recurrent expenditure go to education. Records have indicated high participation in early childhood centres' primary schools, secondary and colleges but no records for the mentally retarded. Recent government policy documents and programs have focused on the importance of education in eliminating poverty, disease, and ignorance. These include economic recovery strategy for wealth and employment creations.

#### **4.5.9 Reasons for Enrolling Child in the Particular School**

The responses by the parents with MR children specifying the reasons which motivated them to enroll their children in the particular schools were as captured in table 29.

**Table 29: Reasons for Enrolling Child in the Particular School**

<b>Reason for enrolling</b>	<b>Frequency</b>	<b>Percentage</b>
It is nearest	60	78
I was referred	5	6
It is the most affordable	3	4
I do not know any other special unit	9	12
Total	77	100

Table 29 shows the different reasons that motivated the parents to enroll their MR children in the particular special school. The chief motivating reason was the distance from their homes to the schools. This shows that the parents had no choice regardless of the standards and the facilities provided in the respective schools but to enroll the MR children in the schools near their homes. It denotes the fact that they valued and factored in the distance covered by the MR children in the quest of going to and from school. This shows that the provision of special schools in a good dispersion may thus enlist the effective participation of the MR children in the learning process. This is driven by the fact that the parents did not care about the facilities or the cost but the availability of the schools in a reachable area.

#### **4.5.10 Attributes on Policy Framework and Participation in Relation to the Parents' Levels of Education**

The responses by the parents on attributes on policy framework and participation in relation to their levels of education were as captured in table 30.

**Table 30: Policy Framework in Compared to Parents' Levels of Education**

		Respondents education levels			
		Primary school	High school	Degree	Total
My school provides necessary materials for learning	Strongly disagree	0	26	4	30
	Disagree	25	5	0	30
	Agree	16	0	0	16
	Strongly agree	1	0	0	1
Total		42	31	4	77
Have seen progress in my child	Agree	27	31	4	62
	Strongly agree	15	0	0	15
Total		42	31	4	77
I intend to keep my child in school	Agree	31	31	4	66
	Strongly agree	11	0	0	11
Total		42	31	4	77
Cost of keeping child in school is manageable	Strongly disagree	0	3	4	7
	Disagree	12	28	0	40
	Agree	30	0	0	30
Total		42	31	4	77
Government provides awareness programmes	Strongly disagree	0	12	4	16
	Disagree	21	19	0	40
	Agree	20	0	0	20
	Strongly agree	1	0	0	1
Total		42	31	4	77
I have many options of schools that specialize in my child's condition	Strongly disagree	0	7	4	11
	Disagree	42	24	0	66
Total		42	31	4	77

Most of the parents disagreed to the attribute of provision of materials necessary for the learning process. This was an indication of inadequacy on the part of the schools in terms of providing learning materials for the MR children. Most of the parents with advanced levels of academic qualifications held the position. This was a reflection of a situation whereby the participation of the MR children in school was grossly inhibited by lack of materials in their respective schools.

All the parents regardless of their levels of academic qualifications affirmed to having had seen progress in their MR children since they started attending the special schools. This was a confirmation that the special schools had impacted positively on the development and growth of the MR children and they had benefitted from their interaction with the school environment. This vindicated the activities that the MR children were exposed to in their respective schools and it was an attestation of the

gains accruing from the programmes. It would thus encourage the parents with MR children to continuously engage with the schools for the good of their children and ensure their effective participation in school.

All the parents similarly confirmed that they intended to keep their MR children in school. This confirmed that they identified with the programmes offered and they were comfortable with the gains made by their children. It was thus a reflection of the goodwill that the schools enjoyed from the parents with MR children in them.

Most of the parents were of the opinion that the cost of keeping the MR children in the special schools was not manageable. The sentiments were shared by parents across board regardless of their academic qualifications. This denotes the fact that some parents may be straining financially to put their MR children through the learning process. It may be a factor which may greatly inhibit their effective participation in school and deter some from attending the programmes.

Provision of awareness programmes by the government was an attribute that most of the parents dissented to. The same position was shared by many parents regardless of their exposure in terms of academic qualifications. This brought to the fore the aspect of low sensitization programmes by government on the situation of MR to the parents with affected children. This may be a factor contributing to low knowledge levels about the phenomena and it may make some parents ill equipped as regards handling their MR children and ensuring their effective participation in school.

All the parents took a position that they did not have many options of schools which specialize in their MR children's conditions. This can be interpreted to mean that the parents grabbed the opportunity of taking their MR children to the available schools within their vicinities regardless of their facilities and capacities. It is a pointer to a situation whereby most of the parents had little choice but to use the available schools. This may negatively affect the effective participation of the MR children in school owing to the fact that regardless of their progress the parents have no choice of better facilities to enroll them in.



#### 4.5.11 Responses by Children on Policy Framework and Participation Attributes

The responses by the MR children on policy framework and participation attributes were as captured in table 31.

**Table 31:** *Policy Framework and Participation Attributes*

		Number of years in school			Total
		0-2 years	2-5 years	5-10 years	
Like what the teacher tells me	Yes	8	25	7	40
	No	0	0	5	5
Total		8	25	12	45
I like when it's time to play	Yes	8	25	12	45
	Total	8	25	12	45

Most of the MR children identified with the learning environment. This can be attributed to the fact that they affirmed to enjoying and liking to do what the teachers tell them. It can be interpreted to mean that they enjoyed participating in school and interacting with their teachers in the wake of undertaking the programmes. Most of the MR children, who had been in school for periods of 2-5 years which is the segment for the early childhood children, came out as having the greatest feelings with regard to enjoying the school environment.

All the MR children confirmed that they liked when it was time to play. This was a confirmation that they enjoyed playing and the schools provided and environment which allowed them to engage in play. This confirmed the fact that the exposure to play had a major sway as regards influencing progress in the MR children. It can thus be interpreted to mean that investment in play and recreational materials by the special schools handling the MR children would greatly influence their effective participation in school.

#### 4.6 Objective 3: Environment and Participation of MR Children in School

The study sought to find out the role played by environment in the enrolment and retention of MR children in the special education units. The following findings were made:

#### 4.6.1 Attributes on Environment and Participation In Relation to the Teachers' Level of Training on MR

The responses by the teachers on varying attributes related to the environment and participation in relation to their levels of training on MR were as captured table 32.

**Table 32:** *Environment Compared to Teachers' Level of Training on MR*

		Respondents education levels		
		Diploma	Degree	Total
Parents are cooperative	Disagree	0	2	2
	Agree	6	2	8
Total		6	4	10
School provides children with food	Disagree	0	1	1
	Agree	6	3	9
Total		6	4	10
Recreational facilities are enough for the children	Disagree	4	4	8
	Not sure	1	0	1
	Strongly agree	1	0	1
Total		6	4	10
The school environment is generally supportive	Disagree	4	4	8
	Agree	2	0	2
Total		6	4	10
Children are comfortable in school	Strongly disagree	0	1	1
	Disagree	0	2	2
	Agree	5	1	6
	Strongly agree	1	0	1
Total		6	4	10
Peers help MR children wherever they can	Disagree	0	1	1
	Agree	4	3	7
	Strongly agree	2	0	2
Total		6	4	10
MR children enjoy interacting with other children	Disagree	0	1	1
	Agree	6	3	9
Total		6	4	10
Am able to give the children the attention they need	Disagree	0	2	2
	Agree	5	2	7
	Strongly agree	1	0	1
Total		6	4	10

Most of the teachers affirmed that the parents in their respective schools were cooperative. This was confirmed by many of the teachers who had diploma level of certification. This was a pointer to the situation whereby there was good rapport between the parents with MR children and the teachers in the schools. It can be

interpreted to mean that there was a mutual association which provided the MR children with an amiable environment encouraging their effective participation in school driven by the constant interaction between their parents and the teachers.

Most of the teachers confirmed that the schools provided the MR children with food when they were in school. This was attested to by many of the teachers with diploma level of training. It was a confirmation of the effort made by the schools towards ensuring that the MR children were well fed and nourished while in the schools. This ensured their sustenance and nutritional needs being taken care of and empowered them to participate in school from a holistic angle.

The teachers were of the opinion the recreational facilities were not adequate to cater for the needs of the MR children. This was a pointer to the element of impaired facilities and low capacity build up in terms of providing the MR children with facilities to ensure ability to develop. All the teachers regardless of their levels of training shared similar opinions. It served as a wake-up call to the institutions to invest in recreational facilities to ensure realization of progress in the affected MR children.

The environment hosting the MR children in their respective schools did not go down well with the teachers. This is attributed to the fact that most of them of the opinion that it was not supportive of the children. This can be interpreted to mean that they had reservations about the environment and it can thus be deduced that it was not supportive enough to ensure growth and progress in the MR children. The teachers were in agreement about the attribute regardless of their levels of training. The environment thus came out as a factor which may be negating the progress of the MR children while in the special schools.

Most of the teachers were in agreement that the MR children were comfortable in their respective schools. This was an attestation of the capacity of the special learning centers to provide the MR children with an environment which assured them comfort and capacity to improve. Provision of a comfortable environment may be an indication of the schools identifying with the needs of the MR children and fully catering for their pertinent progress requirements thus proving an incentive to the parents always availing the children. This may be a factor contributing to high

retention rates of the MR children in the schools and facilitating their continued improvement.

Most of the teachers equally held the opinion that the MR children were assisted by their peers whenever they could. This was a pointer to the capacity of the MR children to identify and strike mutual relations between themselves. It denotes progress and development on their part associated with their special school attendance. All the teachers regardless of their levels of training held the same view. It can be interpreted to mean that the exposure to the special school environments had facilitated progress and development in the MR children to the level whereby they could assist each other. This may positively impact on their capacity to participate in school.

The ability of the MR children to interact with other children equally came out strongly. This was confirmed by majority of the teachers handling the children, their levels of training not warranted. This can be a pointer to the ability of the schools handling the MR children to gradually integrate them with the other children. It may greatly impact positively on their progress and equally limit instances of segregation and encourage them to effectively participate in school.

Most of the teachers were of the position that they could effectively give the MR children the attention that they deserved. On the other hand though, a significant number was of the view that it could not manage to provide the MR children with the requisite attention. This was a pointer to great dedication and passion on the part of the teachers handling the MR children in the respective special schools. It also denotes that some of the teachers in some schools may have been overwhelmed by the numbers of the MR children that they handled thus their inability to effectively give them the attention that they deserved. The adequate attention provision by the teachers may be a factor encouraging the effective participation of the MR children in school. At the same time situations of failure to effectively provide the attention by some teachers may impair their participation.

The Quality Assurance and Standards Officer attested that the special education centers had strived to provide the MR children with the basic minimum standards required with regard to the environment. He was of the opinion that the

special units had good recreational facilities for the MR children and they strived to do their best as regards the aspect of integrating the MR children in the activities engaged in by the other pupils. This had gone a long way in assuring them of the ability to achieve progress in the wake of their social development and growth.

#### 4.6.2 Attributes on Environment and Participation in Relation to the Parents' Awareness Levels on MR

Responses by parents on attributes on environment and participation in relation to their awareness levels on MR were as captured in table 33.

**Table 33:** *Environment Compared to Parents' Awareness Levels on MR*

		Awareness In Relation To Mr				Total
		None	Through Experience	Training In School	Attending Awareness Programmes	
My child enjoys going to school	Strongly disagree	2	0	0	0	2
	Disagree	1	4	3	0	8
	Agree	0	0	34	22	56
	Strongly agree	0	0	0	11	11
Total		3	4	37	33	77
My child is comfortable around his peers	Strongly disagree	1	0	0	0	1
	Disagree	2	2	0	0	4
	Agree	0	2	37	22	61
	Strongly agree	0	0	0	11	11
Total		3	4	37	33	77
My child enjoys the company of other children both at home and at school	Disagree	3	1	0	0	4
	Agree	0	3	37	22	62
	Strongly agree	0	0	0	11	11
Total		3	4	37	33	77
The teachers know how to handle my child	Disagree	3	0	0	0	3
	Agree	0	4	37	19	60
	Strongly agree	0	0	0	14	14
Total		3	4	37	33	77
Feel that my child has more progress in school than at home	Not sure	3	0	0	0	3
	Agree	0	4	37	19	60
	Strongly agree	0	0	0	14	14
Total		3	4	37	33	77
Those at home know how to handle my child	Disagree	3	4	4	0	11
	Not sure	0	0	10	0	10
	Agree	0	0	23	33	56
Total		3	4	37	33	77
My child looks forward to going to school	Not sure	0	2	2	0	4
	Agree	3	2	35	25	65
	Strongly agree	0	0	0	8	8
Total		3	4	37	33	77
The school is too large making it difficult for teachers to give my child attention	Disagree	3	4	36	0	43
	Not sure	0	0	1	1	2
	Agree	0	0	0	26	26
	Strongly agree	0	0	0	6	6
Total		3	4	37	33	77

Most of the parents were of the opinion that their MR children enjoyed going to school. This denotes a liking for the school activities and their capacity to effectively participate in them. The sentiments were mainly expressed by the parents who had acquired awareness on MR through training and attendance to awareness programmes. It can be interpreted to mean that the MR children identified with the activities carried out in the special schools thus their liking and continuous retention in the facilities.

The parents equally felt that their MR children were comfortable with their peers. This was a pointer to the capacity of the MR children to identify with their peers and benefit from the mutual association. It denotes their capacity to derive the pleasure from the school environment. Many parents who had taken time to acquire training and attend advocacy programmes to raise their awareness levels held the views. This was a pointer to the essence of training on the part of the parents with a view of facilitating them to handle their children.

Most of the parents equally felt that their MR children enjoyed the company of other children at school. This was a pointer to the element of gradual integration and assimilation to the school environment by the MR children and getting to interact with the other children in school. It may be a factor greatly influencing their progress and development.

The capacity of the teachers to handle the MR children was identified as good by most of the parents. This was a vindication and a vote of confidence in the systems and programmes that the MR children were put through in the special units. Most of the parents with adequate exposure and enhanced capacity by way of training on MR expressed the sentiments. It can thus be interpreted to mean that the parents were comfortable with the environment that the MR children were subjected to in the course of their stay in school.

The progress of the MR children was confirmed to be greater at school than at home. This was as indicated by most of the parents regardless of their levels of awareness on MR. It gave credence to the need to enroll and retain the MR children in the special education units. This is because having them in the units ensured that they realized better progress than at home.

Most of the parents were of the opinion that the persons in their households and homes knew how to handle the MR children. This was a pointer to an enhanced level of training and appreciation of the condition of the MR children by the people they live with. On the other hand though, a very significant number of parents was not sure whether the persons in their homes knew how to handle the MR children. This was a pointer to some level of uncertainty and lack of awareness on the part of the parents and the persons living in their homes. It can be interpreted to mean that some people had not been adequately informed on how to interact and handle the MR children in their homes. A significant proportion of parents equally disagreed that the people living in their homes would effectively handle the MR children. This can be a pointer to disaffection on the part of some members of the households and it may impact negatively on the progress of the MR children.

Many of the MR children always looked forward towards going to school. This was a position taken by most of the parents who affirmed that their MR children always looked towards going to school. This can be interpreted to mean that the MR children were comfortable with the school environment and had a special liking for it. It also denotes gain on their part accruing from the interaction with the school activities. On the other hand though, a significant number of parents were not sure whether their MR children really looked forward to going to school. This was a pointer to disenchantment with the school activities by the MR children leading to a situation whereby they were not eager to attend.

Most of the parents were comfortable with the sizes of the schools that their MR children attended. This was confirmed by virtue of them disagreeing to the fact that the schools were too large making it difficult for the teachers to give their MR children attention. This denotes a measure of appreciation with the facilities availed and their capacity to identify fully with the schools that their MR children attended. Some parents however, were of the view that the schools were large and their MR children did not receive the attention that they required. This may be a pointer to the situation of strained facilities and inhibited capacities in the event of large numbers of MR children. It may serve as a wake-up call for the need to invest in more facilities.

This confirms the position taken by Gateria, (2010) who stated that learning activity in children with MR can be explained to some extent by the self-

determination model on an assumption of reciprocity between the individual and the environment. Both environmental and personal characteristics contribute to enhance physical activity behavior. Environment in which children live, learn, work, and play provide opportunities for them to make choices which contributed significantly and positively to their behaviour's. This is related to the degree to which other people enable and support the children with disabilities or the degree to which other supports like technology are in place.

#### 4.6.3 Responses by MR children on environment and participation in relation to their number of years in school

The responses by MR children on environment and participation in relation to their number of years in school were as shown in table 34.

**Table 34:** *Environment Compared to MR Children's Number of Years in School*

		Number of years in school			Total
		0-2 years	2-5 years	5-10 years	
I like going to school so that	Yes	8	17	0	25
I can see the teacher	No	0	8	3	11
	No answer	0	0	9	9
Total		8	25	12	45
I like going to school so that	Yes	8	25	7	40
I can play	No answer	0	0	5	5
Total		8	25	12	45
I like going to school so that	Yes	8	25	12	45
I can eat					
Total		8	25	12	45
I fear being in school	No	8	25	7	40
	No answer	0	0	5	5
Total		8	25	12	45

Most of the MR children attested to looking up to attending school with a view of getting to see the teacher. This denotes some special rapport between the teachers and MR children and their charges. This can be identified by the aspect of the MR children looking up to meet them on attending school. Some children however, did not look up to meet their teachers in school. This thus calls for cultivation of greater empathy and fostering goodwill to endear the MR children to them.



Most of the MR children liked going to school to engage in play. This was evidenced by the aspect of most of them affirming to always looking up to attend school so that they can play. It was an indication of the value and attachment it is that the MR children had to play. It thus denotes the essence of play to the achievement of progress in the MR children and the need for the schools to always factor in play in their programmes.

All the MR children came out as having attached and placed a heavy premium to feeding. They all confirmed that they loved going to school to eat. This can be interpreted to mean that the feeding programmes employed by the schools were a key motivating factor to the attendance and participation of the MR children in school. .

Most of the MR children confirmed that they did not fear being in school. This was a confirmation of the fact that they were comfortable in the school environment and appreciated it. It thus denotes the fact that the schools had invested in ensuring that the MR children were comfortable and happy in the school environment.

## **CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

The following chapter presents the summary of findings made from the study, conclusions drawn from the study and recommendations for positive action made by the study. It further gives suggestions for further research. The research the study sought to investigate the factors influencing participation of the Mentally Retarded children of the lower classes in Murang'a East Sub-county in Murang'a County. The objectives that guided the study were distance, policy framework and the environment with a view of finding out how they influenced the participation of Mentally Retarded children of the lower primary classes.

### **5.2 Summary of findings**

The study found out that most of the MR children went to school by foot. The distance from their homes to the schools was not an inhibiting factor to their ability to attend school. Most of the MR children were accompanied to school by their parents and caregivers. The reporting time for most of the schools was between 7.00 – 9.00 a.m. but some allowed the MR children to get in at any time of the day. The study found out that there was one special unit with boarding facilities to cater for MR children from far away. The study found out that there were no instances of drop out from the special education centers attributed to distance. This was an indicator of high retention levels of the MR children in the special education schools. It was a pointer to satisfaction in the programmes in place by the children attending the MR facilities.

The study found out that all the teachers handling the MR children in the special units were employed by the government. It also established that the special units had different methods of classifying the MR children driven by their ages, ability, progress and conditions. The enrollment of the MR children in the special education units was confirmed to be 0-5 children annually. The study established that the MR children dropped out of the schools owing to remaining school for long and failure to achieve progress. Materials for use by the schools were confirmed to have been adequately provided for by the government. The curriculum was given an

approval rating by most of the teachers owing to its capacity to support proper growth of the children.

The study found out that the teachers considered the parents with MR children as cooperative. They also confirmed that the schools provided the MR children with food and had put in place adequate recreational facilities to ensure that the school environments were supportive of the MR children. The parents were of the opinion that their MR children enjoyed going to school and they were comfortable in the company of their peers. The parents equally had confidence in the ability of the teachers and persons in their homes to handle their MR children. Some however were of the view that the schools were too large making it difficult for the teachers to give the children enough attention. The MR children equally confirmed they always looked up to go to school to meet their teachers, play, feed and enjoy the environment.

The study found out that most of the MR children were cared for by one parent who were female. They were mostly aged at more than forty years old thus fairly advanced in their ages. Most of the parents had sound marital backgrounds owing to the aspect of being in stable marriages. Majority of the parents had low academic qualifications owing to having had not gone beyond the primary school level of education. Majority of the parents were equally self-employed and earning less than ten thousand shillings. This denoted low economic positions of the parents depriving them of the capacity to adequately cater for their MR children social-economic needs.

### **5.3 Conclusions of the Study**

The study confirmed that distance was not an inhibiting factor in the participation of the MR children in school. This was attributed to the fact that the MR children comfortably managed to access school by foot and other means available to ensure that they attended punctually. The capacity of the parents to accompany their MR children to their respective schools also vindicated the fact that the accessibility of the schools to the living quarters of the children was manageable. The MR children were effectively retained in the schools and did not get to drop out owing to the challenge of distance.

The study confirmed that the special units handling the MR children had adequate access to trained manpower which was catered and provided for by the government. Access to materials for use by the schools was equally confirmed to be adequate. This ensured that the teachers handling the MR children were well equipped to effectively take charge of them. The curriculum in use by the special schools was equally found to be of high repute and with a capacity to ensure good development and growth of the MR children.

The study confirmed that the relationship between the teachers and the parents of MR children was mutual. The special units that the MR children attended had equally strived to ensure that they made them comfortable by way of providing adequate recreational facilities and making provisions for food. The MR children also enjoyed a good level of interaction with their teachers. This endeared them to the schools and they always looked forward to attending school on a regular basis.

The study confirmed that most of the parents had deprived social economic status. This occasioned them the risk of failing to fully meet the needs of their MR children. The low education attainment levels of the parents with MR children were equally a hindrance to their ability and capacity to gain awareness on MR effectively. This exposed the MR children to the vivid potential of losing out on progress and attaining favourable development in comparison to those of more informed parents.

#### **5.4 Recommendations of the Study**

The study recommends that the Murang'a East community should invest in more special units to cater for the MR children. This will ensure that there is adequate provision of facilities for their sake. It will go a long way in reducing the distance covered by the MR children in the wake of accessing the schools from where they undertake programmes. Investment in more boarding special units should be done. This may go a long way in limiting the element of travel and distance to the MR children. It may ensure that they are housed in an environment whereby there is minimal travel and interruptions thus ensuring better progress for them. Investment in vehicles to ferry the MR children by the special units should be done. This may greatly enable easier traveling to school even in the event of the vagaries of weather like in rainy seasons.

The study equally recommends that the government should invest in the training and equipping of more teachers to handle the MR children. This is because the investment in special education training by the individual teachers is done out of their own volition. This will ensure the presence of adequate manpower always at hand to handle the MR children effectively without the risk of failure. Investment in continuous upgrade of the curriculum used by the special education centers should be done. Constant reviews will always ensure that the schools match with the dictates of time. The government should also ensure that materials for use by the special education units are provided in a regular manner with an aim of minimizing the occurrence of lack. Putting up of boarding facilities by government as a subsidy provision for MR children from economically challenged backgrounds should also be done. This may accord children from humbled backgrounds the opportunity to access the facilities at subsidized rates.

The study recommends that provisions should be made for investment in recreational facilities by the respective schools handling MR children. This will certainly go a long way in making the environments favourable and amiable to the MR children. The schools should also institute programmes incorporating parents and members of households with MR children with a view of training them on awareness and how best to handle the children. This may go a long way in ensuring that the households with MR children foster good relations with them and create better environments which may motivate progress in them. The schools with special units should strive as much as possible to integrate the MR children in activities like play with the other children. This will ensure that they are greater appreciated and acknowledged by their counterparts.

The study recommends that parents should be empowered by way of information provision and the opening of avenues to foster wealth creation and allied opportunities. This is attributed to the fact that many parents had acquired knowledge and information on MR through experience. Adequate training provision may positively impact on the parent's awareness capacities. This may impact positively on their overall economic mainstays and positively touch the livelihoods of their MR children.

#### **5.4 Suggestion for further study**

The researcher suggests that a similar study with a bigger scope should be carried out. This is with a view of finding out if the circumstances in Murang'a East sub-county apply to other parts of Murang'a County. The researcher equally proposes that a study should be carried out on the role of teacher training in special education and its effects on the participation of MR children in school.

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**APPENDIX 1: QUESTIONNAIRE FOR PARENT  
QUESTIONS FOR SPECIAL EDUCATION**

**Part 1: Demographic Factors**

1. Gender:

Male  Female

2. Age :

0-20 Years  30-40 Years   
20- 30 Years  Above 40 Years

3. Marital Status:

Single  Widowed   
Married  Other   
Divorced

4. Highest level of Education

Primary School  University   
High School  Other   
Tertiary Colleges

5. Awareness in Relation to MR

None  Training in School   
Through Experience  Attending Awareness Programmes   
Other

6. What is your Occupation:

Self Employed  Unemployed   
Employed

7. What is your family's monthly Income

Below Kshs. 10,000  Kshs. 20,000 – Kshs. 30,000   
Kshs. 30,000 – Kshs. 45,000  Above Kshs. 45,000

8. Age of your child

0 – 2 Years  5-10 Years   
3-5 Years  Above 10 Years

9. How long has your child been in school?

0-2 Years [ ]

Above 5 Years [ ]

3-5 Years [ ]

**PART II: DISTANCE AND PARTICIPATION**

10. How does your Child get to school?

Foot [ ]

Public Service Vehicle [ ]

Biking [ ]

Other [ ]

Personal Vehicle [ ]

11. How far is school from Home?

Near /Walking Distance [ ]

Very Far [ ]

Far [ ]

12. Who accompanies your child to school?

No one [ ]

Care Taker [ ]

Parent [ ]

Teacher [ ]

Fellow Students [ ]

Other [ ]

**Answer the following questions by ticking either; Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
13. My child is accompanied to school because I fear for his/her safety					
14. Distance between school and school does not seem to bother my child					
15. My child can take him/herself to school					
16. The cost of getting to school every morning is manageable					

**PART II: POLICY FRAMEWORK AND PARTICIPATION**

17. I have enrolled my child in this school because:

It is the nearest [ ]      It is the best school [ ]

I was Referred [ ]      It is the most affordable [ ]

I do not know any other school that has a special unit [ ]

**Answer the following questions by ticking either; Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
18. The school provides necessary materials for learning					
19. I have seen progress in my child since they started attending school					
20. I intend to keep my child in school					
21. The cost of keeping my child is manageable					
22. The government provides awareness programmes for parents to enable to cope with the children					
23. I have many options of schools that specialize in my child's condition					



**PART III: ENVIRONMENT AND PARTICIPATION**

**Answer the following questions by ticking either; Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
24. My child enjoys going to School					
25. My child is comfortable around his peers					
26. My child enjoys the company of other children both at home and school					
27. The teachers know how to handle my child					
28. I feel that my child has more progress in school than at home					
29. Those at home know how to handle my child					
30. My child looks forward to going to school					
31. The school is too large making it difficult for the teachers to give my child the attention he deserves					

## APPENDIX 2: QUESTIONNAIRE FOR CHILD

### PART 1: DEMOGRAPHIC FACTORS

1. Gender:

Male ( )

Female ( )

2. Age:

0-10 Years ( )

Above 20 Years ( )

10- 20 Years ( )

3. Class:

---

4. Number of years in school

0 – 2 Years ( )

5 – 10 Years [ ]

2-5 Years ( )

More than 10 Years [ ]

### PART II: DISTANCE AND PARTICIPATION

5. I go to school by

Foot [ ]

Car [ ]

Bike [ ]

Other [ ]

Answer the following questions by ticking either Yes or No

	Yes	No	No Answer
6. I like going to school			
7. School is far from Home			
8. I do not fear going to school			
9. I will come to school tomorrow			
10. I like being brought to school			

## PART II POLICY FRAMEWORK AND PARTICIPATION

Answer the following questions by ticking either Yes or No

	Yes	No	No Answer
11. I like doing what the teacher tells me			
12. I like when it's time to play			

## PART III: ENVIRONMENT AND PARTICIPATION

Answer the following questions by ticking either; Strongly Agree, Agree, Not Sure

Disagree or Strongly Disagree

	Yes	No	No Answer
13. I like going to school so that I can see the teacher			
14. I like going to school so that I can play			
15. I like going to school so that I can eat			
16. I fear being in school			

### APPENDIX 3: QUESTIONNAIRE FOR TEACHER

#### PART 1: DEMOGRAPHIC FACTORS

1. Gender:

Male ( )

Female ( )

2. Age:

0-20 Years [ ]

30-40 Years [ ]

20- 30 Years [ ]

Above 40 Years [ ]

3. Marital Status:

Single [ ]

Widowed [ ]

Married [ ]

Other [ ]

Divorced [ ]

4. Highest level of Education

Primary School [ ]

University [ ]

High School [ ]

Other [ ]

Tertiary College [ ]

5. Level of Training in Relation to MR

None [ ]

Degree [ ]

Certificate [ ]

Masters and Above [ ]

Diploma [ ]

6. Number of years worked with MR children

0 – 2 Years [ ]

10 – 20 Years [ ]

3-5 Years [ ]

More than 20 Years [ ]

5-10 Years [ ]

#### PART II: DISTANCE AND PARTICIPATION

7. What is the reporting time for the children?

7.00 – 9.00a.m [ ]

after 11.00am [ ]

9.00 -11.00am [ ]

Anytime [ ]

8. How punctual are the children in arriving:

Very Punctual [ ]

Depends [ ]

Not Punctual at all [ ]

Some are Punctual and others are not [ ]

Explain

.....  
.....

**Answer the following questions by ticking either Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
9. Many Children who attend the school live near the school					
10. There is a boarding facility in the school					
11. The school is secure for both the children and the teachers					
12. The school has a transport facility for the children					
13. Children drop out of because the school is too far from home					

**PART II: POLICY FRAMEWORK AND PARTICIPATION**

14. Teachers in the school are employed by:

- The Government [ ]
- Parents/ Local Community [ ]
- The School's Board [ ]
- NGO's [ ]
- Other [ ]

15. How are the MR Children classified?

- Age [ ]
- Ability [ ]
- Progress [ ]
- Conditions [ ]

16. Progress of the children is measured through:

- Written Examinations [ ]
- Specialized Exams [ ]
- Oral Examinations [ ]
- None Any Improvement is Progress [ ]

17. What is the rate of progress of the MR Children?

- 0 – 50% [ ]      50-75% [ ]  
75- 100% [ ]      we can no measure [ ]

18. How many children does the school enroll in a year?

- 0-20 Children [ ]      20- 40 Children [ ]  
40-50 Children [ ]      More than 60 Years [ ]

19. The children drop out of school because:

- The parents cannot support them [ ]  
There is no much progress in classes that they can reach [ ]

**Answer the following questions by ticking either Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
20. The materials provided by the government are adequate for the effective learning of the children					
21. I have enough support from the school					
22. The children are neglected at a certain point					
23. The current curriculum supports proper growth of the children					

**PART III: ENVIRONMENT AND PARTICIPATION**

**Answer the following questions by ticking; Strongly Agree, Agree, Not Sure Disagree or Strongly Disagree**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
24. The parents are cooperative					
25. The school provides the children with food when in school					
26. The recreation facilities in the school are enough for the children					
27. The school environment is generally supportive					
28. Children are comfortable in school					
29. The peers help MR children whenever they can					
30. The MR children enjoy interacting with other children					
31. I am able to give the children the attention they need					

**PART IV: INTERVIEW SCHEDULE FOR THE DISTRICT QUALITY ASSURANCE AND STANDARDS OFFICER**

1. How long have you worked as the quality assurance officer in the district?
2. Do you have a constant interaction with the schools handling mentally retarded children?
3. How would you rate the participation of mentally retarded children in school?
4. Would you consider distance as a factor affecting their participation and if yes how can it be taken care of?
5. Does your office have mechanisms to ensure the requisite staffing levels are maintained and provision of adequate instructional materials?
6. Do the schools provide the mentally retarded children with a wholesome environment for the children?
7. How can the mentally retarded children be facilitated to participate more in school?