

Role of Parents in the Education of Mentally Retarded Learners in Selected Schools in Madaraka Zone, Kiambu County, Kenya

Gathua Joseph^{1*} Jessica Muthee ²

- 1. Department of special needs education, School of education, Kampala International University, P.O. Box, 20000, Kampala, Uganda
- 2. Department of special education, school of education, Kenyatta University, P.O.BOX 43844-00100, Nairobi, Kenya

Abstract

The purpose of the study was to examine the effects of parent's involvement in education on the academic performance of the mentally retarded learners in primary schools of selected schools in Thika Municipality, Kiambu County. The objectives of the study was to determine whether cultural beliefs among the parents affects the enrolments of mentally retarded children in the area under study; determine whether the parents teach their mentally retarded children adaptive skills; establish whether the parents of mentally retarded children play their role effectively as far as the education of their children is concerned and to find out whether the parents understand and appreciate the importance of taking their mentally retarded children for assessment. The researcher used descriptive design to collect data. The target population was all parents and teachers of mentally retarded children in the selected schools under study. Purposive sampling was done to select fifty parent and fifty teachers as sample population. Data from the research instruments was sorted, coded and summarized data analyzed using computer software. The major findings of the study was that cultural beliefs, negligence, lack of sensitization and lack of technical skills among the parents and the teachers were the major causes of low enrolment of mentally retarded children in selected schools under study. The study recommended that parents and their siblings should appreciate their little achievement in order to boost their morale. That they should be allowed to interact and socialize with their peers; simulative home environment be provided and an opportunity to learn through special education be provided. Modified curriculum be used by teachers in order to accommodation all the needs of learners with intellectual challenges. Specialized training for teachers should be given by Ministry of Education.

Keywords: Normalization, Identification, Mental retardation, Cultural beliefs

1 Introduction

Mental retardation is a condition characterized by low general intellectual functioning and deficits in adaptive behavior Ndurumo (1993). The American Association on Mental Retardation definition state that mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originate before age 10 (Luckasson et al., 2002,p.1). All children are unique individuals and stereotypes or suggestions certain children are a "type" must be avoided. Deborah(1992) notes that, children with intellectual challenges exist in our communities and we should accept the challenges of living and working with them.

Special education has evolved over the years through many stages or ages. Before 17th century, people with disabilities all over the world were considered less socially and physically less capable. Children born with disabilities were not easily accepted and then were regarded as a burden to the family and to the society at large Randiki (2002). For instance, the Greek and Roman societies were highly advanced and civilized, but the treatment of children with disabilities by today's standard would be considered cruel and barbaric. Serchreenbergs (1983) detailed account of the history of mental retardation reveals that in the city square of Sparta which placed a premium on physical strength and intellectual ability, eugenics and infanticide were common, everyday occurrences. Only the brightest and strongest

Of citizen were encouraged to have children. Newborns were examined by a council of inspectors, and babies thought to be defective or inferior were thrown out from a cliff to die on the rocks below. The fall of Roman Empire in A.D 476 herald in a period of the Renaissance in the 1300s, religion became a dominant social force which brought in more humane treatment of individuals with disabilities. Churches established monasteries and asylums as sanctuaries for persons with intellectual disabilities. Infanticide was rarely practiced because the agrarian societies required many workers in the field. In some instances, individuals thought to be mentally retarded found their way into castles where, though protected and shown favor, they served as buffoons and court jesters entertaining the nobility (Gargiulo, 1985). At the same time, it was an era in which fear and superstition ran rampant. People with mental retardation were frequently thought to be filled with Satan and were possessed with demonic power, which often led to torture and death for practicing witchcraft. The beginning of the modern period in the history of mental retardation started in the early 19th century. Jean- Marc Itard (1774-1838) and Edouard Seguin (1812-1880) attempted at educating learners with intellectual challenges. They



established first school for learners with mental retardation in Paris. Later, Seguin established residential facilities in United States of America. Early 20th century witnessed the development of large institutions for learners with mental retardation. However, due to overcrowding and understaffing of personnel, disillusionment, fear and pessimism set in (Morrison and Polloway, 1995). There was sifting of mission from institutional based practice which tended to protect victims from the society to a new custodial role with an aim of normalization of the person living conditions. This in effect means that making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of the society. Normalization was the time where learning and social environment were normalized to suit the interest of all learners (knoblock, 2006).

Inclusion period is the last stage of historical development of special education. The concept of inclusion education enjoys a high profile around the world by virtue of its incorporation into the policy documents of the numerous international organizations, most notably the United Nations. Standards of UN policies such as those embodied in the UN Convection on the Rights of the Child (1989), the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities(1993) and the UNESCO (1994) Report on the education of children with disabilities (Salamanca statement) all affirm the right of all children to equal education without discrimination within the mainstream education system. Inclusion means recognizing individual differences thereby enabling them obtain a good quality life in their environment. Inclusion describes the process by which a school attempt to respond to all pupils as individuals by reconsidering its curricula organization and provision (sebba, 1996).

Giangreco (1997) identified common features of schools where inclusive education is reported to be thriving. These features are; Collaborative team work, a shared framework, family involvement, general education ownership, clear role relationship among professionals, effective use of support staff, meaningful individual education plans (IEPs) and procedures for evaluating effectiveness.

Educational assessment refers to the gathering of information about the learners learning levels, styles and skills in order to make instructional decisions about meeting their needs (Alberto, 2010). Assessing learners with mental retardation not only depends on intelligence tests, but also on measures of personality, educational achievement, social interactions, aptitudes as well as educational development measures and information supplied by parents, teachers, social workers and professionals. Payne and Mercer (1975) listed the following signs as possible indicators of mental retardation in the early childhood: Delayed speech, delayed motor development, delayed psychomotor development, delayed development of common sense and delayed academic development. Educational assessment should be conducted by multi-disciplinary team comprising a group of professionals such as audiologist, physiotherapist, parents, social worker, special education teachers and psychologist (Deborah, 1992). The educational assessment can serve the following purposes; to ascertain individual development pattern, to determine whether a child needs special attention, to identify learners who needs additional assessment, for curriculum planning, for proper placement and to monitor the progress of the learner. The family members of the retarded learners undergo a big trauma both psychologically and socially. The period immediately following the diagnosis, is extremely crucial and may have deciding influence on the parents handling of the child and therefore family counseling is necessary for creating the necessary acceptance of the child ((Biswas, 1980). A parent is the primary helper, monitor, co-coordinator, observer and decision maker for the child (Hobbs, 1998). The provision of special education must give strong consideration to the parents to: Give equal opportunities to education to exceptional children, teach their mentally retarded children adaptive skills, advocate for the rights of their children, promote social interactions among the peers and friends, take their children for excursion to improve their self esteems among many others. Educationally, mentally retarded children are classified into three categories; namely, educable mentally retarded, trainable mentally retarded and severely or profoundly retarded. Klein et al (1979) state that educable mentally retarded fall under mildly retarded and trainable mentally is under moderately and severely retarded. The children who were once known as dependent retarded fall under severely whereas life supported falls under profoundly mentally retarded. Robinson and Robison (1976) state that children with the lowest IQs were once known as custodial mentally retarded. The government has a role to play in the management of mental retardation. The government of Kenya has established assessment centre across the country with a view of coordinating all the activities related to learners with disabilities including mental retardation. These centers are staffed with qualified personnels to assess, sensitize the public and make referrals for placement. Government also trains and post special needs educators to all public schools. For profound and severe cases the government has established special schools with special educational facilities to cater for learners special needs which are not available in general education classrooms.

There has been a marked increase in with the number of people with disabilities in Kenya. This has been associated with various factors as the increase in fatal accidents in our roads, congenital disorders, diseases and poverty leading to malnutrition. The problem caused by disabilities affects the performance of an individual (Kombo, 2006). Various efforts have been made to address the issue of disabilities especially in managing



accidents rate however, very little is being done to manage mental retardation among learners in Kenya public schools. Madaraka zone is made up of ten primary schools. The enrolment of learners with mental retardation in these schools is very low. The factors that contribute to this trend have not been established. Most of the schools are found within the slums and/or within coffee and flowers plantations. The area is riddled with all sort of social vices including high rate of crime, drunkenness and poverty. The performance of schools was dismally low. For instance, report form zonal education office showed that in 2013, class seven district exam for the end of the year indicate that almost all schools mean scores was below average. In addition, K.C.P.E national examination result showed that none of the schools within the zone scored above average. The results pattern over the year in schools under study shows that almost a quarter of the candidates from each school on average scored less than 100mark in national exam. This is an indicator that there could be experiencing learning difficulties and/ or retardation. This gloomy statistic led the researcher to seek to establish the role parents play in education of learners with mental retardation in Madaraka zone in Thika sub-county. The purpose of the study was to establish the role parents play in enrolling learners with mental retardation in schools and their academic performance.

2 The objective of the study

- 1. To establish if cultural beliefs affect enrolment of learners with mental retardation?
- 2. To establish if parents of mentally retarded learners play their role effectively as far as their education is concerned?
- 3. To find out if learners with mental retardation has the right to inherit and own properties?
- 4. To determine if the parents of learners with mental retardation teach their children adaptive skills?

3 Materials and Methods

This study used descriptive research design. The descriptive design is a method of collecting information by interviewing or administering questionnaire to a sample of individuals (Orodho, 2003). The major purpose for using descriptive research was to describe the state of affairs as it existed within the schools under study. The study was to establish; if cultural beliefs affect enrolment of learners with mental retardation, play their role of educating their learner education effectively, if learners with mental retardation has right to inherit properties and lastly, understand and appreciate the importance of assessment. Purposive sampling was done to select fifty parents of learners identified as having mental retardation and fifty teachers teaching in lower primary classes. The researcher used questionnaires to collect data from parents and teachers. Pilot study was done to ascertain the reliability and validity of the constructed instruments. To achieve this test/retest method was administered in a span of two weeks. A correlation coefficient of the measuring instrument was determined. The researcher after securing the required permit from relevant authorities administered questionnaires to the respondents personally. Clear instructions were given on how to fill in data. Respondents were advised not to use their real names to guarantee confidentiality. The collected data were sorted and coded accordingly then summarized data were presented in table percentages and frequencies.

4 Results and Discussion

4.1 Demographic profile of teachers and parents

The bio data of respondent comprised age groups of both teachers and parents

Table 1: Age of the respondents

Age Group	N=100	%	
25-30	20	20	
30-35 35-40	40	40	
35-40	18	18	
Above 40	22	22	
Total	100	100	

From table 1 above its evident that most of the respondents were of age between 30 and 35 (40%), followed by those of above 40 (22%). Only 18% of the respondents were age 35 - 40. This showed that most respondent who participated in the study were young and presumably in their prime age.

4.2 Teachers gender, professional qualification and experience

Teacher's gender, professional qualification and experiences were studied and their findings presented in the table 2 as indicated below:



Table 2: Teacher's gender, professional qualification and experience

Variable	N=50	%	
Teachers' gender			
Male	25	50%	
Female	25	50%	
Professional Qualification			
Certificates	35	70%	
Diploma	10	20%	
Graduate	5	10%	
Teachers experience (years)			
Above 30	20	40%	
20-29	17	34%	
10-19	13	26%	

According to table 2 above, teachers who took part in the study stood at 25(50%) per gender. This is good in that there was no gender disparity. The study also indicates that most of the teachers were certificate holders (70%). Graduate teachers stood at only at 10% while diploma holders were 10 (20%). Majority of the teachers had teaching experience spanning over 30years while those of between 20-29 years were 17(34%) and 26% had teaching experience of between 10 and 19 years

4.3 Parents responses to issues based on this study objectives

The data from the questionnaire were sorted, coded and analyzed. The table 3 below shows the parents responses based on study objectives.

Table 3: Parents responses on study objectives

Variables	Yes %	Somehow %	No %	Totals %
1. In your community is mental retardation regarded as a curse or bad omen?	30(60%)	15(30%)	5(10%)	50
2. In your community do you think parent plays their role effectively in the education of learners with mental retardation?	-	10(20%)	40(80%)	50
3. Do you think a child with a mental retardation has a right to own or inherit properties?	8(16%)	12(24%)	30(60%)	50
4. Has your child acquired skills for daily living activities?	10(20%)	10(20%)	30(60%)	50
5. Have you ever attended a training session on how to assist a child with mental retardation?	5(10%)		45(90%)	50
6. In your community, do you think all children who are mental retarded are in school?	4(8%)	9(18%)	37(74%)	50
7. Are you economically stable to all financial needs of your family?	5(10%)		45(90%)	50

Table 3 above indicates that majority of the parents (60%) were of the opinion that cultural beliefs and practice have negative impact on the management of mental retardation, 30% thought that it has no effect and 10% were not sure. When parents were asked to state if they play their role effectively in term of taking their affected children to school and meeting their educational needs, more than three quarters of the parents indicated that they do not while 20% indicated that they do cater for their children educational needs. Parent were also asked to state if their children have acquired adaptive skills, more than half (60%) indicated that their children lacked basic skills for daily living while 20% indicated that they acquired and the same percentage were not sure. The study findings show that 74% of parent believes that not all children who are mentally retarded are in school while 8% indicated that they are actually learning in schools whereas 18% were non-committal. In addition, it was evident that majority of the parent (90%) had no prior training on proper handling of mental retarded children and only 10% indicated that they have basic training on management of learners with mental retardation. Parents in schools under study lived in deplorable conditions environmentally and financially. The study findings indicates that 90% of parents who participated in the study lived in abject poverty and that they were unable to meet the financial needs of their families. Only 10% indicated that they can effectively meet financial needs of their families. This study agrees with earlier study by Heber and Garber (1975) study on the effects of the parent social-economic status on intellectual functioning. It was found out that there was a correlation between socialeconomic status and environment. This study findings also concurs with another study on the impact of poverty on education (Ndiku, 2007) which found that there is correlation between academic performance and poverty. Furthermore, from the data gathered from the parents it is evident that they believe that culture beliefs are a big hindrance to accessibility of education to learners with mental retardation. The study also showed that the school



communities do not believe that a child with mental disability should own and inherit properties. It is also evident that majority of parent do not have basic training on management of learners with mental retardation. It is important to note that every child have a right to access education, own properties and decent living. Most notably the United Nations Standards of UN policies such as those embodied in the UN Convection on the Rights of the Child (1989), the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the UNESCO (1994) Report on the education of children with disabilities (Salamanca statement) all affirm the right of all children to equal education without discrimination within the mainstream education system.

4.4 Teachers responses on issues based on objectives of the study

Table 4 below indicates teacher responses to issue affecting learners with mental retardation and their opinion on parent responsiveness to the educational needs of their children.

Table 4: Teachers opinions on issues affecting learners with mental retardation

Variables	Yes %	Somehow %	No%	Totals%
1. Do the parents of mentally retarded children provide all educational needs of their children?	5(10%)	5(10%)	40(80%)	50
2. Do learners with mental retardation in your school acquired adaptive skills?	10(20%)	10(20%)	30(60%)	50
3. Are you specially trained to handle and manage learners with disabilities?	11(22%)		39(78%)	50
4. Have you ever been in- serviced on how to assist learners with mental retardation?		5(10%)	45(90%)	50
5. Does the government provide adequate funds to support the provision of free primary education for the mentally retarded learners?	3(6%)	7(14%)	40(80%)	50
6. Do take your pupils whom you suspect as having intellectual challenges for assessment to confirm its presence?			50(100%)	50

According to the table 4 above, the study findings show that more than three quarters of teachers (80%) felt that parent of learners with intellectual challenges do not effectively meet their educational needs, 10% felt they did and the same numbers of teachers were not sure. In addition, 60% of the teachers indicated that learners with intellectual challenges lacked basic adaptive skills whereas 20% of the teachers were of contrary opinion and the same percentages of teachers were not sure. In the area of specialized training most teachers (78%) were not trained in management of learners with disabilities while 95% indicated that they have never been inserviced on how to handle the same. The government provision of fund to support free primary education for the mentally retarded was not adequate. 80% of the teachers were of opinion that the government was not doing enough to support programs for mentally retarded and only 6 % indicated that the government is adequately supportive while 14% were not sure. Lack of funds may adversely impact negative on progression of individual learner academically and behaviorally. Identification of learners with intellectual challenge is a key element in the process of effective management. The study finding shows that none of the teacher has ever referred learners for a formal assessment. This shows that teachers in the areas under study do not prepare individualized educational programs for mentally retarded learners. This may have negative effect in their academic performance. Scheurmann and Hall (2008) study findings show that teachers should adapt curriculum and instructional methods to accommodate learners with intellectual challenges. Another study by Rodger-Adkinson et al (2003) indicated that learners with learning problems fared much worse than average in terms of grades, grade retention, dropout rate and absenteeism. Suran and Rizzo (1979) and Kirk (1972) in their research findings noted that the educable or mildly retarded are capable of independent living. They are also capable of taking care of themselves socially so that after leaving school they are difficult to identify as mentally retarded.

5 CONCLUSIONS

The researcher concludes that cultural beliefs and practices affect learning of learners with intellectual challenges in the area under study. The study found that mentally retarded have no access to education, that they do not own or inherit properties. In addition the social- economic of the parent was low and unstable hence they were not able to positively contribute to the basic needs of their families. Government funding to schools in support of educational programs of learners with mental retardation was not adequate. Majority of teachers and parents were not well trained in managing learners with disabilities and especially in mental retardation. The study findings found that both teachers and parents concurred that most of mentally retarded learners had not developed adaptive skills necessary for daily living activities.



6. Recommendation

The findings from the study has revealed some implications, thus, the following recommendations may enable to minimize and to solve the challenges teachers faced in managing mentally retarded learners.

- In-service training should be provided for teachers with a view of building capacity in needs assessments, recordings and statistical data analysis using baseline data designs. This is crucial in that the results of such assessment needs processes would be credible findings devoid of generalities.
- A legal policy framework that encourages primary schools to take responsibility of imparting critical thinking, creative skills and problem solving skills to learners should be in place.
- Kenya Institute of Curriculum Development should come up with guidelines on effective ways of managing learners with intellectual difficulties.
- Similar research can be replicated to other areas to find out if problems affecting schools under study can be generalized to other district schools in other counties.
- Parents and their siblings should appreciate their little achievement in order to boost their morale and that learners with mental retarded should be allowed to interact and socialize with their peers.

Acknowledgement

Our deep special thanks goes to all teachers and parents who participated in this study for their time and their willingness to respond honestly to all our enquiries to all head teachers and Thika Sub-County Education officer. We also gratefully acknowledge the support of research assistance who participated in distributing questionnaire to the respondents.

References

Alberto, P.A., & Troutman, A.C.(2010). Applied behavior analysis for teachers (7th ed.). Merill: Prentice Hall.

Biswas, M. (1980). Mentally retarded and normal children: A comparative study of their family conditions. Sterling Publishers, New Delhi.

Deborah, D. (1992). Introduction to special education. University of New Mexico.

Gargiulo, R. (1985). Working with parents of exceptional children, Boston: Houghton Mifflin.

Giangreco, M. F. (1997). Key lessons learnt about inclusive education: Summary of the 1996 Schonell Memorial lecture: International journal of disability, Development and Education, 44(3): 193-206.

Heber, R., & Garber, H. (1975). The Milwaukee Project: A study of the use of family intervention to prevent cultural familiar mental retardation. In B. Z. Friedlander, G.M. Sterit and G. E. Kirk (eds). Exceptional Infants (vol. 3). New York.

Hobbs, T., & Westling, D. (1998). Promoting successful inclusion. Teaching Exceptional, 31(1), 10-14.

Kirk, S.A. (1972). Educating exceptional children. Boston: Houghton Mifflin.

Klein, N. K., Pasch, M, and Frew, T. W. (1979). Curriculum analysis and design for retarded. Colombus, OH: Charles E. Merill.

Knoblock, P. (1987). Understanding exceptional children and youth. Little Brown and Company, Boston.

Kombo, D.K., & Tromp, D.L.A. (2006). Proposal and Thesis writing. An introduction: Pauline Publication. Nairobi. Kenya.

Morrison,G., & Polloway, E. (1995). Mental retardation in E. Meyer & T. Skirtic (eds.), Special education and Student disability (4th ed.) pp. 213-269. Denver: Love.

Ndurumo, M. (1993). Eceptional children: Developmental consequences and interventions. Longman. Kenya.

Ndiku, J. M. (2007). The issue of poverty in the provision of quality education in Kenya secondary schools. Educational research review vol. 2(7), pp 157-164.

Orodho, J. A. (2003). Essentials of educational and social science research methods. Masala Publishers, Nairobi.

Payne, J.S., & Mercer, C.D. (1975). Defination and Prevalence. In J.M. Kauffman and J.S. Payne (eds.). Mental retardation: Introduction and personal perspectives. Columbus, OH:Charles E.merill.

Rodger-Adkinson, D., & Hooper, S.R.(2003). The relationship of language and behavior: Introducing special issue. Behavior disorders 29(1),pp 5-9.

Scheerenberger, R. (1983). A history of Mental retardation. Baltimore: Paul H. Brookes.

Scheuermann, B.K., & Hall, J.A. (2008). Positive behavioral support for the classroom. UpperSaddle River. NJ: Pearson Education.

Sebba, J. (1996). Developing inclusive schools. University of Cambridge Institute of Education, No. 31, pp.3.

Suran, B.G., & Rizzo, J.V. (1979). Special children: An integrative approach. Glenview, IL: Scott-Foresman.

United Nations (1989). Convection on the right of the child, New York: UN.

United Nations (1993). Standard rules on the equalization of opportunities for persons with disabilities. New York: UN.

United Nations Educational, Scientific and Cultural Organisation (1994). The Salamanca Statement and Framework for action on special needs education, Paris. UNESCO.