

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Establishment of the Trends of Access to Basic Education by Primary School Children with Disabilities in Busia County, Kenya

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Abstract:

The introduction of Universal Primary Education, accompanied by establishment of Educational Assessment and Resource Centers in the county, was expected that pupils with disabilities would meaningfully access quality integrated education. However, this objective has not been realized as planned due to institutional factors that bar them from obtaining an adequate education and opportunity for full social life. The purpose of the study was to establish the trends of access to basic education by primary school children with disabilities in Busia county. The study adopted the Ex-post facto research design. The survey covered more than 14,000 households in a total of 600 clusters (436 rural and 164 urban). A sample 200 subjects was drawn composed of 155 pupils 2 head teachers, 2 special needs teachers and 41 pupils with physical disabilities. The research adopted a methodology that comprised of mainly literature review and participatory data collection methodologies namely key informant interviews (KII) and focus group discussions (FGDs). A total of 22 KIIs and 10 FGDs were employed in the collection of data across the two counties and at the national level. Descriptive statistics which include frequencies and percentages was used to present the study findings. The study not only establishes international standards and guidelines for the promotion of these rights, but also receives comprehensive domestication at continental, regional and national levels. Attempts have also been made to extend the domestication of these rights further down to the sub national level, although there is not much evidence as yet of county governments in Kenya activating their legislative, executive and policy mandates in response to the basic educational needs of children with disabilities. There are a series of social and community factors that make access to basic education for children with disabilities difficult. These include social stigma and negative parental attitudes to disability which may arise out of religious and cultural beliefs for example where disability may be seen as punishment. Parental resistance to inclusive education for special groups may also be a barrier. Based on the assessment findings, the teachers in the special institutions experience several challenges. To begin with, the teacher/student ratio gap is widening on an annual basis, while there is lack of adequate modern learning and teaching materials in the institutions. Secondly, there are low levels of awareness on parents' side on education for the children with disabilities. Thirdly, there is lack of funds to facilitate education for children with disabilities at various institutions.

Keywords: Disability, handicap, integrated schools, integration, mainstreaming, self-esteem, special schools

1. Introduction

Many education systems have adopted an integrated education model as an interim approach in the more towards inclusive education. In the information education model whenever possible, students with disabilities attend a regular school (Odom, 2011). The emphasis however is upon the student to fit the system rather than the system to adapt to meet the education needs of a student. In India, information e.g., education has been provided mainly to pupils with mild disabilities who have considered easy to include into regular school program (Wilkins 2004) Pupils with severe disabilities in the majority cases do not attend school or in rare cases attend a special school.

The Constitution of Kenya under Article 54 clearly recognizes and obligates the government to ensure access, realization and implementation of the right to education and facilities by people with disabilities. Whereas communities are reporting improved access to education across the country, it however remains inadequate in responding to the needs of CWDs. The dialogue and accountability forums at the community level and with policy makers reveal that CWDs are hardly prioritized for enhanced policy interventions and resource allocation. The situation is worsened by having parents and care givers who are uncomfortable exposing to the community and other institutions their disabled children. This study is therefore aimed at establishing the response of the government and other stakeholders to the basic education needs of CWDs.

The government runs the Kenyan education system. The education system is divided into three that is primary school, secondary school and post-secondary school. The history of education in Kenya can be traced as early as in 1846, when the church mission society established a school at Rabai near Mombasa in the coast province. This was the start of formal education in Kenya. The purpose of the school then was to promote evangelism but as education developed, it

became an instrument to promote skilled for the settler's farms and clerical staff for the colonial administration (Slavin, 2009) Kenya believes that education is a basic human right to all children because it transforms them and their quality of life by making them more receptive to the application of science and technology in agriculture, industry, social sciences and in their everyday lives. For this reason, Kenya's education strives to cater for both the non-disabled and the disabled children. Special education is an area within the framework and general education that is supposed to provide appropriate facilities, specialized materials and trained teachers to handle the learning and special needs of the children with disabilities. Before independence, religious organizations and non-governmental organizations almost exclusively managed the area of special education.

Jull (2008) defines integrated education to mean an approach that aims at developing a child by acknowledging that all pupils are individuals with different learning needs and speeds. The implication of this is that their differences are respected and valued. Discrimination or prejudices arising from such differences are actively combated in policies, institutions and behavior change. Frances and potter (2010) define integrated education to mean a process by which a school tries to respond to all pupils as individuals by reconsidering its curricular organization and provision. Through this process a school builds its capacity to accept all pupils from the local community who wish to attend and in so doing reduces the need to exclude pupils who have disabilities. Harding (2009) defines integrated education to refer to the participation by all in a supportive general education environment that includes appropriate educational and social support services. This approach, all pupils with disabilities regardless of their strengths and weaknesses in any area become part of the school community. By comparing Jull (2008) Harding (2009) and Frances & Potter (2010) one central idea surfaces in their overall definitions of integrated education, that is the school and the communities general organizational arrangements should be restructured in order for the barriers that cause exclusion, lack of access and participation of the pupils with disabilities into the mainstream of the society be minimized (Dessemontet, 2012) Some of the processes that can be adopted to achieve integrated education can include the restructuring of cultures, policies, and practices in schools and in the society so that they respond to the diversity and special needs of all pupils.

In Kenya there has been a significant trend towards placement of pupils with special education needs in mainstream school rather than in segregated special schools and special classes and usually without that curriculum being modified to any great extent. The student however receives some additional support to help him or her to do the required work in the classroom, but the intention is very much to make the student fit into the programme (Combs, 2008) The basic premise of integration movement is that principles of anti-discrimination, equality, social justice and basic human rights make it imperative that pupils with disabilities and special needs should enjoy the same access as all other pupils to a regular school environment and to a broad balanced and relevant curriculum (Fallon, 2011) It is believed that integration into the mainstream enables pupils with disabilities to benefit from the stimulation of mixing with relatively more able pupils and having the opportunity to observe higher models of social and academic behavior.

The basis of integrated education has been brought about from the beliefs that pupils with exceptional education needs would benefit both socially and academically in a learning environment with their age-appropriate peers as opposed to being separated. As reported by Conderman, (2011) research findings in the 1960s showed that the practices of self-contained programs with smaller teacher-ratio and with a specially trained teacher were not considered educationally sound due to some reasons like isolated programs carried a negative stigma, Behavior problems arose because special education pupils tended to imitate each other's behaviors, Post high school integration of disabled and non-disabled individuals became almost impossible because Individuals with disabilities were not receiving educational opportunities that were equal to non-disabled peers (Khudernko, 2011) The experiences of pupils with disabilities can be very frustrating because pupils with physical disabilities feel isolated.

For more than a decade, pupils with disabilities were served in self-contained programs separate with their age-appropriate peers until public law in 1975 evolved. This law assured a free appropriate public education regardless of their handicapping conditions to all pupils in the least restricted environment to the maximum extent possible (Miller, 2011) Proponents of integration believe that all pupils regardless of disability or intensity of exceptionality should be educated in general education environments .If disability was defined in such a way that it never existed and that schools were decoupled from the old thinking, then we might be able to develop a new system that would accept all individuals and find ways to teach them. McDuffie (2009) argue that any placement other than in regular classroom poses a serious threat of putting a child at risk for an inferior education and deprives the child the opportunity to develop his/her social skills. However, the critics of integration argue that this is a policy driven by unrealistic expectations that money will be saved. They also argue that trying to force all pupils into inclusionary mode is just as coercive and discriminatory as trying to force all pupils into special educational classrooms. MoE (2004) notes that introduction of free primary education in January 2003 resulted in a significant increase in enrolment in public primary schools, rising from 5.9 million in 2002 to 7.2 million in 2003. This phenomenal increase has presented primary education in class size of 100 pupils or more. Furthermore, the new policy of integrated education, means that more teachers are needed and that teachers needed more skills to help them to continue to provide relevant and supportive services to all pupils. Shortage of competent teachers, school psychologists and skilled administrators affect the integration of pupils with disabilities (Sucuoglu, 2010) Even with the best facilities, the education of pupils with physical disabilities cannot be better than the personnel doing the work.

Teachers' professional studies are frequently described in terms of two major and apparently separate tasks. One task is instructional which involves the selection and sequencing of appropriate lesson content, transmission of knowledge, skills, attitudes and the provision of feedback to pupils about their learning process. The other task is classroom activities which involve the organization of pupils and materials and the establishment of classroom procedures

to facilitate learning (Oliver, 2010) Both of these key functions cannot be accomplished when the teacher is not well trained.

Majority of Kenyan children with special needs are not receiving any educational support. Reasons for this include non-implementation of existing pro-disabilities policies, poverty, the approaches to education of children with disabilities adopted by the government, long distance to school, parental ignorance, limited training of teachers and lack of assistive devices, like Braille books (William Aseka, 2013). The education of children with disabilities is largely left to philanthropic and external donor support.

For the Kenyan context specifically, the 2009 Kenyan census estimated that there were 1.3 million disabled people in the country, making about three percent of the population. This was however in contrast to a UNDP estimate which placed the number of children (as opposed to the whole population) with disabilities at 1.5m (Murphy, 2013). A more accurate calculation was undertaken by the Kenya National Survey for Persons with Disabilities (KNSPWD). As a seminal national sample survey of its kind to be conducted in Kenya, the survey provided up-to-date information for planning, monitoring and evaluating the various activities, programmes and projects intended to improve the wellbeing of persons with disabilities. The survey covered more than 14,000 households in a total of 600 clusters (436 rural and 164 urban) and established that:

- 4.6% of Kenyans experience some form of disability.
- More disabled persons reside in rural than in urban areas.
- 67% of PWDs attained a primary level of education but only a small proportion attained secondary level (19%). Very few reached universities (2%).
- Only 2% of those with primary level education and 0.4% with secondary level attended special schools. Special school attendance is high in Nairobi, Coast and Nyanza.
- A big proportion of the PWDs who had attained primary level of education were residing in the rural areas (72%) compared with those in urban (49%).
- Less than 2% of PWDs had attended special classes in mainstream/regular schools at all levels. Most of them (1.2%) attended special classes either at preschool or primary level.
- Although the totals are minuscule, males are twice as likely to have attended special classes as females (slightly more than 2% versus less than 1%). Central and Nyanza provinces (more than 2% each) had the highest proportion of PWDs who attended special classes. The difference in the percentage of PWDs who attended special classes in both urban and rural areas was minimal.
- PWDs (7%), reported having been denied enrolment in school because of their disability. Western Province had the highest proportion (9%) of PWDs who were denied entry; Nairobi Province had the lowest (4%).
- PWDs (39%) dropped out of school because of lack of money. PWDs in Central, Rift Valley and Western provinces had the highest school dropout rates (44%, 45% and 49%, respectively) owing to lack of money.
- PWDs (6%) dropped out of school because of their disabilities, 9% because of illness and 9% because of lack of interest.
- Very little financial support is received by PWDs in terms of old age pension (15%), disability grant (6%), private insurance/pension (4%) and social security (2%). Most financial support is in the form of other grants (73%).

2. Research Methodology

The methodology in this research has comprised of mainly literature review and participatory data collection methodologies namely key informant interviews (KII) and focus group discussions (FGDs). The study area was the counties of Busia. The county was purposively sampled because it doesn't have a national office for Children with Disability. The sampled constituencies of Busia County were Teso, Samia, Busia Town and Butula. In terms of respondents, there were two levels of respondents, namely national and county. The researchers carried out a total of 22 KIIs and 10 FGDs. The national level respondents were purposively sampled and reached through KIIs. They comprised of 1 official from the Ministry of Education, 1 official from the Treasury, 1 official from the Kenya Institute of Special Education (KISE), 1 official from donor agencies that support education (DFID and other agencies supporting education) and, 2 officials from at least two institutions of People with Disability (such as Kenya Association of the Blind and Kenya Association of Disabled People etc.), bringing the total number of national level respondents reached to 6.

At the county level, both KIIs and FGDs were employed in the collection of data. The KIIs at the County level comprised of 2 county education ministers, 2 County Directors of Education, 2 County Education Officer in-charge of Special needs, 4 head teachers of special schools, 2 County Executive Committee Members in charge of Education, 2 special education teachers, 2 Chairpersons of the County Assembly Committee on Education, 2 County Director of Children Services and 2 county finance ministers, all of whom were purposively sampled. Others included 6 head teachers of primary schools, 2 Members of Parliament, 4 CDF/CBF chairpersons and 2 heads of children's homes hosting children living with disability, all of whom were randomly sampled. The total number of respondents from the county level was therefore 34, with at least 17 key informant interviews from each of the two counties. There were three main tools for collecting data. These were Focus Group Discussion guides, Key Informant Interview guides and literature review. The FGD and KII guides were pre-tested prior to use in the field in order to ensure they were well designed for collection of information once the process commenced in the field.

Literature review was a critical component of the data collection tools. It helped in the collection of quantitative data as well as secondary information that complimented findings in the field. Among the documents reviewed included the national budgets of financial years between 2009 and 2013; inaugural Busia county government budgets, National

Policy on Disabled Persons and education sector policies. Efforts were also made to do a comparative analysis with non-state actor players with a view to incorporating best practices worldwide. In this regard, international organizations such as the UNICEF, UNESCO and other global education sector bodies provided valuable data. In terms of accessing education, completion and performance trends, most CWDs attend regular schools, regular classes and go through the regular curriculum. This puts CWDs at a disadvantage when it comes to curriculum, indicated by poor performance as compared with other able-bodied children. In addition, teachers in the sector are confined to certificate in special education, with no refresher training to keep up with new trends in the area of education for CWDs.

3. Results and Discussion

In terms of methodology, the researchers carried out a total of 22 KIIs and 10 FGDs. The interviewed respondents from Busia county indicated that their current work as far as education for CWDs is concerned included delivery of services in the education sector, informing policy development in the education sector during consultative forums, handling funding and other resources in the education sector and engaging in administration and management of the education sector at the grassroots level, among other tasks concerning the welfare for the people and children with disabilities. The respondents in all visited institutions in the county indicated that they had been working in the education sector for a number of years ranging from three to over thirty years.

According to the study findings, all the interviewed respondents in Busia County were not aware of the exact number of CWDs in Kenya. However, the only statistics available at the time of the study were institution-based, which could be obtained from various institutional registers. However, all respondents were concerned about the statistics and blamed the Ministry of Education (MoE) for not putting in place a mechanism to collect information on the status of education for CWDs on a regular basis. The parents who are still hiding their CWDs were also blamed. The case study of St Catherine special school is presented in table 1 to show the established trends of access to basic education by primary school children with disabilities in Busia county.

Dropped students from St. Catherine Special School- Busia County							
2010		2011		2012		2013	
Male	Female	Male	Female	Male	Female	Male	Female
7	10	10	15	9	12	15	10

Table 1: Recorded Children with Disability Drop-Outs from St Catherine Special School

3.1. Excerpt from the Respondents

3.1.1. Availing Skilled Teachers for Children with Disabilities: The Case Study of the Kenya Institute of Special Education (KISE)

KISE was established in 1986 along with 16 other assessment centres. Ever since, KISE is the premier training institution for special education teachers in the country. It offers certificate training for special education teachers who are then deployed to work in various assessment centres countrywide. It also serves as a national referral centre for CWDs as well as an assessment centre, which along with district assessment centres across the country, assess CWDs for placement. Its services extend even to other East African Countries. The areas of assessment initially were four, namely mental handicap, visual handicap, hearing impairment and physical handicap. Due to the increased number of new cases or forms of disability, eight other new areas are now targeted for assessment. On average KISE handles six hundred children per year.

In the year 2013, a total of 712 school-going disabled children aged up to 16 years were assessed at KISE, with 425 being males and while 287 were females.

There are several challenges that KISE identified as hampering the education of CWDs. First, statistics on the number of CWDs in the country was unavailable since there was nobody at the MoE level who had been assigned with the duty.

Secondly, there are limited school placement options available for some forms of disability. For instance, children with autism had the option of only two schools across the whole country. These are units at City and Kasarani Primary schools, both in Nairobi. The reason behind is that autism has in the past been treated as a mental handicap.

Thirdly, finances for running of the assessment centres in the country are not guaranteed in the national budget making process. There is no vote head in the MoE budget meant for functional assessment. Under FPE it was revealed that CWDs in schools classified as Special Schools are supposed to receive Kshs. 2, 000 per child compared to their able-bodied colleagues who are supposed to receive Kshs. 1,200 per child. However, those in integrated schools are not allocated any money. This amount is too little given high costs of assistive devices to enable CWDs to undertake their studies effectively. To make matters worse, local assessment centres are not involved in determining bursaries for CWDs. Furthermore, since 2009, there has been no budgetary allocation for supporting assessment centres. All these factors downplay the very significant role of assessment centres given that they are the entry point to education for CWDs since all CWDs must go through the centres for placement in various institutions/schools of learning.

Fourth, equipment for assessment in the centres is inadequate and sometimes not available for special cases. This forces the centres to use manual techniques for testing the CWDs.

Fifth, there are few trained personnel, given that KISE trains only in certificate courses and that it is also the only institution training assessment officers in the country.

Sixth, there is the problem of school placement for CWDs who are over-age, given that some children are brought to the assessment centres when they are over the age of pre-primary or even lower primary age. There are also high expectations from parents whenever they bring their children to the assessment centres. They expect the centres to provide all assistance to the CWDs.

Seventh, examinations of CWDs are a huge challenge. According to the officer interviewed at the KISE, the Kenya National Examination Council (KNEC) does not have adequate capacity to adapt examination for CWDs, especially for visual impairment and low vision. The KNEC does not also have certificate for some areas such as mental challenges. As a result, examinations are not favourable to CWDs. Furthermore, the time table for CWDs rigidly follows the regular program. This does not take care of some areas including the Kenya Sign Language and Braille lessons. Teachers are forced to allocate extra time outside regular hours for such cases, thus stretching both the teachers and pupils with disabilities.

On performance, interviewed teachers indicated that the average performance of children with disabilities compared poorly with those of able-bodied learners since on average the disabled children scored below 250 out of 500 marks in the final national examinations for the KCPE certificate. Majority of the respondents in the county attributed this below average performance to inadequate skilled staff to teach the CWDs pupils, lack of social and financial support from the parents and guardians, inadequate learning facilities for the children living with disabilities and limited support from the government, donors and communities especially when it comes to bursaries and scholarships for the children with disabilities. Other identified attributes included unfavorable mode of examination and ratings that placed the CWDs in the same category as those that are able-bodied. However, there were few respondents who felt that the performance for some learners with disabilities was satisfactory since the learners still managed to meet the requirements expected of them to join higher levels of education in spite of the challenges they experienced.

4. Conclusion of the Study

Based on the information gained through both review of literature and field data collection, several conclusions can be drawn. People with disability form a very significant part of not just the Kenyan but also the world population and therefore require appropriate attention. However, there is inadequate data to help in structuring response to their special needs. Although the KNSPWD undertook a first ever and comprehensive survey on PWDs in 2008, this survey has not been followed up. As such, there is no up-to-date, reliable statistics of PWDs. Without this data, planning and appropriate response to their needs is unlikely. Such information as dropping out school for the CWDs and the reasons for this is mostly based on guesses. The same inadequacy applies to the number of teachers available for CWDs education.

There is quite an elaborate infrastructure for the protection of the rights of PWDs at international, continental and regional levels. Kenya has made use of this infrastructure in creating its own framework to respond to the rights of PWDs. For example, both the Basic Education Act and the PWDs Act introduce important institutions for enforcing the achievement of PWDs' rights –the National Education Board and the County Education Boards and the National Council of Persons with Disabilities respectively. Nonetheless, there seems to be a saturation of 'supervisory' as opposed to delivery institutions. Whereas the national level seems to have adequate institutional mechanisms that are in charge of supervision and general policy formulation in matters of PWDs rights, there is shortage of institutions that directly offer services, as opposed to advisory duties, especially at the grassroots level. Busia County for instance relies on Bungoma for services of the NCPWD, indicating a lack of uniformity in the availability of institutions for PWDs across the country. Matters are made worse by the fact that county governments are as yet to activate their legislative, policy and institutional mandates in responding to the needs of CWDs. Furthermore, non-state partners in the sector who are mostly FBOs, with a few corporate companies through their Corporate Social Responsibility (CSR) still approach the CWDs education from a needs-based perspective, in which they view their support as filling a gap that the state has not appropriately responded to, rather than as an entry point to mobilize the attention of the state to the existing gap.

5. Recommendations of the Study

The respondents had the following recommendations for improvement of education for children with disability for the attention of all stakeholders in the education sector including the National Government, the County Governments, and Aid Agencies, the Civil Society Organizations, the Private sector and Parents:

- Staffing the special needs institutions at the county and sub-county levels;
- Planning together with all stakeholders in specialized education;
- Increase partnership and networking amongst stakeholders in special needs education;
- Governments and stakeholders should ensure continuous follow-up for education for the disabled children at all levels;
- Mainstreaming CWDs education at all levels of education through capacity building and resources are mobilized to support children with disability education;
- Review and follow the laws and policies on education including the constitutional right to education;
- Reduce stigma through civic awareness;
- Localize the institutions for the disabled to make them accessible by a large number of children living with disability, for example capacity building the communities to come up with proposals for the disabled;
- The government should come up with a working practical policy for special needs education, with a clear structure to address education for the children living with disabilities;
- According to APDK personnel the government should provide mobility devices to help children stay in schools all over, make supportive devices affordable and accessible to facilitate learning;

- There should be a structured policy on integration of the special education into normal schools to ensure acceptance of the children in schools and society. Provide an integrated training for teachers in special education to enhance interdisciplinary knowledge of all disabilities. Integrate sign language at all levels of education system to enhance integration of the deaf in schools and society. Integrate infrastructure designs to take care of various forms of disabilities;
- The private sector needs to be motivated to invest in education for the children with disabilities while parents should accept disability as not a curse in the family. To ensure all these, all stakeholders should target changing the attitude of community towards disabilities acceptance;
- Assessment centers need to do outreach services to reach out to every child with disability;
- Upgrade the skills of assessors and provide modern assessment equipment;
- Provide means of procuring assistive devices locally and make them affordable.
- Ensure there are enough schools for special cases for example schools for the children with autism; and,
- Although there exists a policy on education for children living with disabilities, there are many gaps and the officers indicated that there is need for reviewing the policy to keep pace with changes in the educational needs of PWDs, for example to take care of the provision of assistive devices which are very expensive.

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