INVESTIGATION OF INSTITUTIONAL FACTORS AFFECTING INTEGRATION OF PUPILS WITH PHYSICAL DISABILITIES IN PUBLIC PRIMARY SCHOOLS EMBU WEST SUB-COUNTY, KENYA

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A Research Project Report Submitted to the Graduate School in Partial Fulfillment of Requirements for the Award of the Degree of Master of Education in Guidance and Counseling of Laikipia University

OCTBER 2016

DECLARATION AND RECOMMENDATIONS

Declaration
I declare that this project report is my original work and has not been presented for the conferment of a degree in this or any other university.

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DEDICATION

To my husband Bonface Macharia and our son Wesley Macharia.

ACKNOWLEDGEMENTS

The research process on which this project report is based could not have been possible without the unrelenting support of several parties whose effort I hereby recognize. First I thank God for giving me the strength, grace and determination to write this project report. My appreciation goes to Laikipia University for giving me an opportunity to pursue this course. I thank all the staff in the Faculty of Education and the staff in the office of post graduate studies for their dedication and help throughout the study. Special thanks go to my supervisors Dr. Joab Kinzi and Dr. Enos Barasa for their wise guidance, support and motivation that resulted to a successful completion of the study. I also thank my parents Mr. and Mrs. John Wachira for providing guidance and financial support to make this study possible. I thank them for teaching me that it takes dedication, determination and hard work to accomplish what you set out to do. I thank my husband for his editing inputs, moral support, encouragement, love and patience throughout the study. I thank my son Wesley, my sisters and brothers for their patience, love and encouragement. Lastly, I thank all the respondents of the study at St.Paul Kevote Primary School and Embu Urban Primary School for their cooperation. I thank all the members of my department for standing in for me during the days I was away carrying out my research. God bless them all.

ABSTRACT

Development of education has been given great emphasis all over the world. Declaration of Education For All was meant to ensure that every child's right to education is protected and respected. The free primary education policy in Kenya is meant to provide education to all pupils including those with disabilities. 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 such as: physical facilities, support services and teacher behaviors that bar them from obtaining an adequate education and opportunity for full social life. The purpose of the study was to investigate institutional factors that affect integration of pupils with physical disabilities. This was a case of integrated schools in Embu west Sub-County, Kenya. The study adopted the *Ex-post facto* research design. Target population for the study was three hundred and one respondents who included: two head teachers, two S.N.E teachers, forty one pupils with physical disabilities and two hundred and fifty six non-disabled pupils. A sample of two hundred participants was drawn composed of one hundred fifty five pupils from standard five, six, seven and eight, two head teachers, two special needs teachers and forty one pupils with physical disabilities. The sample of non-disabled pupils was selected by use of stratified random sampling, while pupils with physical disabilities, teachers and head teachers were purposefully sampled. Three sets of questionnaires were used in the collection of data from the special needs teachers, pupils with physical disabilities and non-disabled pupils. An interview schedule was used to collect data from the head teachers. Pilot study was carried out at Embu urban primary school to determine reliability of the instruments. The following reliability indices were obtained; Questionnaire for pupils with disabilities obtained 0.81, questionnaire for none disabled obtained 0.74 while questionnaire for the teachers obtained 0.78. To determine validity of the instruments a pre-test was done during the pilot study they were then verified by the supervisors and other experts in the department of Psychology, Counseling and Educational Foundations from Laikipia University. Descriptive statistics which includes frequencies and percentages was used to present the study findings. The study found out that physical facilities and support services were inadequately provided and therefore pupils with physical facilities did not gain academically and socially from integrated education. The study concludes that physical facilities, support services and teacher behaviors in teaching highly affect integration of pupils with physical disabilities in public primary schools and that the inadequate facilities for pupils with physical disabilities is a barrier to integration. The study will benefit educational planners as it will be a reference to feed into their development plans of successful implementation of integrated education. The study therefore recommends that adequate physical facilities and support services should be provided to enhance integration. Regarding the training of the special needs education teachers, the ministry of Education should enhance further training of all the teachers in integrated schools in order to enhance and update their skills.

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LIST OF ABBREVIATIONS AND ACRONYMS

EARCs - Educational Assessment and Resource Centers

EFA - Education for All

IDEA - Individuals with Disabilities Act

KISE - Kenya Institute of Special Education

MoE - Ministry of Education

NACOSTI -National Commission of Science, Technology and Innovation

NGOs - Non- Governmental Organizations

SPSS - Statistical Packages for Social Sciences

SNE - Special Needs Education

UNESCO -United Nations Educational, Scientific and Cultural Organization

UNICEF -United Nations International Children's Education Fund

UPE -Universal Primary Education

USA - United States of America

WHO - World Health Organization

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Education needs of pupils with disabilities can be met either in the special school or in ordinary schools. The Ministry of Education (MoE) Task Force (2003) recommended the assessment of pupils with physical disabilities by a multidisciplinary team of experts at all Educational Assessment and Resource Centers (EARCs), so that early identification and intervention measures are done in good time. Pupils with physical disabilities have diverse needs that must be met for their all round development. Hang & Raren (2009) observed that, shared expertise of several special educators, therapists and proponents and working as a team can enhance classroom experience and integration of pupils with physical disabilities.

There has been a lot of emphasis on the current trend towards greater integration of pupils who are disabled in the ordinary schools. There are however circumstances that have influenced the living situation of the pupils with physical disabilities. These include, negative traditional attitudes towards the causes of disability, inadequate physical facilities leading to unfriendly environment for the disabled and poor support services which leads to isolation and frustration. The integration of the disabled into everyday life in Kenya has not been mainstreamed. However, the recent passing of the persons with disability law, 2004 shows some commitment by the government to the welfare of the disabled (Jull, 2008). With the government's commitment to enhance education for all policy, more pupils with disabilities will benefit from the programme.

There are pupils with disabilities in all parts of the world such as Australia, U.S.A and Africa. Both the causes of disability and the consequences of disability vary throughout the world. These variations are as a result of different circumstances and of the different provisions that the country make for the welfare of its citizens. It is estimated that about 500 million people in the world are disabled. It is estimated that 300 million of these population lives in the developing countries (Conderman, 2011). Among this population, 60%-80% live in rural areas where there are virtually no specialized services to meet their needs. Estimates show that in the world, about 140 million of the disabled are pupils (Chitiyo, Makweche-Chitiyo, Park & Ametepee, 2011). The problems of disability in developing countries deserve concern to researchers. The presence of an impairment leads to rejection or isolation. This situation is exacerbated by faulty negative

family and community attitudes that depict a disabled child as worthless, a curse or a bad omen (Frances, & Porter, 2010). This erodes the Childs self-worth and dignity.

In developed countries like USA, there is increased focus on the right to education for all. This is sequel to the Dakar World Education Forum where it was stated clearly, that integrated education is vital if the `Education for All (EFA) goal is to be achieved. The United States education landscape has evolved subsequently over the past 50 years. Issues of civic rights and the government's role in education ushered in an era of integration in the United States education system. Integrated education addresses problems of pupils who require special attention in a mainstream environment (Khudorenko, 2011). The idea of including special needs pupils in a mainstream environment offers a number of benefits although there are some controversies that accompany the subject.

During the 19th and 20th Centuries, pupils with disabilities received an education separate from the non-disabled pupils. Today, pupils take advantage of full or partial integration throughout the United States. Schools that offer partial inclusion allow pupils to participate in classrooms with non-disabled pupils for the majority of the day. However, if the pupil needs services that may disrupt the class, they are taken to another classroom to complete the rest of the day (Sawka, McCurdy & Manella 2002). One of the most positive argument about integration is that pupils who learn in integrated schools gain significantly from the social interaction they achieve while working alongside non-disabled pupils. However, criticism against integrated education argues that managing both special and non-disabled pupils in one classroom at the same time detracts from the educational experience the non-disabled pupils receive

Regionally, special education have taken popularity for example, the Nigerian National Policy on Education, describes special education as the education of pupils and adults who have learning difficulties because of the different types of handicaps, blindness, partial sightedness, deafness, hardness at hearing, mental retardation and social maladjustment, due to the circumstances of birth, position, mental and physical health patterns or accident in later life (Harding, 2009). Integrated education is not only concerned with pupils with disabilities or with finding an alternative to segregated special schooling (Schoger, 2006). It is evident that boundaries that once separated pupils with disabilities from their peers have become more invisible since inclusion policies were implemented.

In Kenya, the education policy defines integrated education as an approach that recognizes the fact that each child is a unique learner and requires ordinary schools for education in their community regardless of physical, intellectual, social, emotional, cultural, religious, linguistic or other system that removes barriers and increases educational opportunities for all pupils irrespective of their unique differences (Oliver & Reschly, 2010). The integration and inclusion of the pupils with disabilities into every aspect of life in Kenya has not been achieved, although the passing of the 'Persons with Disabilities law, 2004' and the recent rights of persons with disabilities in the Constitution of Kenya (2010), shows some commitment by the government to the welfare of the disabled (Dessemontet, Bless &Morin, 2012). Efforts are being made to help pupils with physical disabilities access education from regular schools.

The Kenyan government's position is that pupils with physical disabilities need special education by special teachers in special schools with special facilities (Jull, 2008). Most Non-Governmental organizations feel that the physically disabled should be integrated in regular schools. Integration means inclusion based on the right of the pupils with disabilities to access education in regular classrooms where they can be guaranteed their right to learn together with their peers who are not disabled (Frances & Potter, 2010) However, lack of clear legislation and policy framework for the integration of the pupils with physical disabilities in Kenya has influenced the quality of education for the disabled (Dessemontet, Bless &Morin, 2012). The pupils with disabilities rely on their friends for help and over dependency may have a negative impact on peer relations and therefore cause them low self-esteem.

Despite the government's commitment to free primary education, implementation of integrated education to the physically disabled child is faced with constraints (Oliver & Reschly, 2010). These include: lack of clarity of the policy of integration, negative traditional attitudes towards disability, lack of suitable transport services and access to mobility aids, inadequate training for S.N.E teachers, inadequate guidance and counseling services, lack of medical attendants in schools poor self-help skills and unsuitable physical environmental amenities (Mowat, 2010). Pupils with disabilities can and want to be productive members of the society. In most circumstances, this does not happen because they lack support services in the institutions. This situation lowers the self-esteem of the disabled person (Kern, Delaney, Clarke, Dunlap &Child, 2011). In both developed and developing countries, promoting more integrated society and

employment opportunities for people with disabilities requires improved access to basic education. Pupils with disabilities in integrated schools also suffer a setback because of the teachers' attitude towards them. The teachers expectations could be too low and this could have a negative effect on their self-esteem (Wilkins & Nietfeld, 2004). Children with low self-esteem can become anxious, angry, frustrated, withdrawn and disinterested with what is happening around them.

The pupil in an integrated setting usually receives some additional support to help them to do the required work in the classroom but the intention is very much to make the pupil fit in the system. The county government of Embu has been committed towards promoting education for the pupils with disabilities. The county government has established EARS and integrated schools in Embu West Sub-County. However, it has not reached the point of utilizing the entire process of assessment that includes; identification and referral, categorization and individualized plans. Pupils with disabilities in these integrated schools therefore tend to lose their self-esteem since they cannot function the same way as their classmates (Wilkins & Nietfeld, 2004). They think that they are different while the other non- disabled pupils also treat them differently (Jull, 2008). This aspect causes negative peer relationships which may end up eroding further their self-esteem.

1.2 Statement of the Problem

The Education for all Convention and United Nations International Children's Education Fund put great emphasis towards integrated education. The Kenyan government's education policy for all backed up this emphasis and subsequently introduced universal primary education which was accompanied by establishment of EARS in all the counties**.** It was therefore expected that pupils with disabilities would meaningfully gain from the integrated education. However, it has not been realized as planned. Institutional factors such as, lack of support services, lack physical facilities, limited number of special needs education teachers, teachers behaviours in teaching, discriminatory attitudes from fellow pupils and unfriendly environment for pupils with physical disabilities affect successful integration of pupils with physical disabilities because they are unable to cope with the challenges that they face in integrated schools. There is therefore need to carry out research in order to investigate the factors affecting integration of pupils with physical disabilities in public primary schools.

1.3 Purpose of the Study

The purpose of the study was to investigate institutional factors affecting integration of pupils with physical disabilities in public primary schools in Embu West Sub County.

1.4 Objectives of the Study

This study was guided by the following objectives:

i. To identify physical facilities that affect integration of pupils with physical disabilities in public primary schools in Embu West Sub County.

ii. To identify types of support services that affect integration of pupils with physical disabilities in public primary schools in Embu West Sub County.

iii. To determine teacher behaviors in teaching that affect integration of pupils with physical disabilities in public primary schools in Embu West Sub County.

1.5 Research Questions

The study was guided by the following research questions.

i. What are the physical facilities that affect the integration of pupils with physical disabilities in public primary schools in Embu West Sub County?

ii. Which types of support services affect integration of pupils with physical disabilities in public primary schools in Embu West Sub County?

iii. Which teacher behaviors in teaching affect integration of pupils with physical disabilities in public primary schools in Embu West Sub County?

1.6 Significance of the Study

The findings of the study should provide a feedback to the community on the significance of integration of pupils with disabilities in ordinary schools. The findings should be used to sensitize the parents to take the mild and moderate pupils with disabilities into ordinary primary schools. At the same time, parents, teachers and communities will be enlightened about their roles in improving the environment for pupils with disabilities in integrated schools. The study should light on to a better understanding of the teacher behaviors that negatively influence the effective integration of pupils with physical disabilities. Likewise, the study should help address the gaps in provision of support services in integrated schools. The study will benefit educational

planners as it should be one of the references to feed into their development plans of successful implementation of integrated education.

1.7 Scope of the Study

The research was confined to public integrated primary schools in Embu Town and Kavote Zones, Embu West Sub-County, Embu County, Kenya. It was concerned with investigating factors affecting integration of pupils with physical disabilities in public primary schools in Embu West Sub County. The study investigated the availability of physical facilities such as pavements, toilets, desks, play grounds and games equipments specially designed for them. The researcher also investigated the availability of support services such as mobility services, self help skills, counseling services and medical services. Lastly, the researcher investigated teacher behaviors in teaching such as discriminatory attitude, expectations of teachers and rate of involving pupils with disabilities in classroom activities. In both schools, some pupils live with their parents and come to school in the morning while a few live in hostels and also come to school in the morning to learn alongside their peers who are not disabled. This scenario was rich enough to give insight as to what is taking place in integrated schools and can be a replicated in all other counties.

1.8 Limitations of the Study

The study focused only on pupils with physical disabilities hence the findings were not to be generalized to pupils with other categories of disabilities.

1.9 Assumptions of the Study

This study assumed that pupils with physical disabilities were integrated in ordinary classrooms where their special education needs were met. The study also assumed that training of teachers in special needs and provision of special physical facilities played a role in enhancing integration of pupils with physical disabilities.

1.10 Operational Definitions of Terms

The following terms have been defined in the context in which they were used in the study.

Disability: A disadvantage for a given individual resulting from impairment or a disability that limits the fulfillment of a role in the manner or within the range considered normal for a human being.

Handicap: The limitation of opportunities to take part in the life of the person with a disability and shortcoming in the environment and in many organized activities in the society.

Integrated schools: Refers to schools that provide education to pupils who are disabled alongside those who are normal.

Integration: Refers to educating pupils who are disabled in ordinary schools where they can be guaranteed their rights to learn together with the non-disabled pupils.

Mainstreaming: The practice whereby disabled and non- disabled pupils learn in the same classes but they are provided with special support services.

Normal child: A child who is physically and mentally fit.

Ordinary school: Refers to schools that provide education to normal pupils.

Placement: Refers to the act of putting a child who is disabled in either a special school or an ordinary school depending on which is thought to be suitable in serving their special needs.

Self-esteem: It is pupils overall self evaluation or appraisal of his or her own worth.

Special Schools: Schools that are specially designed staffed and resourced to cater for pupils with severe physical disabilities.

Support Services: Psychological and health related care offered to pupils with physical disabilities in order to give them strength, courage and confidence.

Teacher Behaviors: A special quality or feature in a teacher that may affect the integration of pupils with physical disabilities.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter explores literature from related studies. It covers the empirical overview capturing study findings as conducted earlier in different parts of the world by an array of authors has also been extensively reviewed. The sections under review includes; The concept of integration, provision of physical facilities, provision of support services and of teachers behaviors in teaching that affect integration of pupils with physical disabilities, development of self-esteem among pupils with physical disabilities, theoretical framework and conceptual framework.

2.2 The Education System in Kenya

Education is a form of learning in which knowledge, skills and habits of a group of people are transferred from one generation to the next through teaching, training, research or through auto didacticism. It occurs through any experience that has a formative effect on the way one thinks, feels or acts (Friend, Cook, Chamberline & Shamberger, 2010). A right to education has been created and recognized by some jurisdictions. Since 1952, Article 2 (a) of the first protocol to the European convention of Human Rights obliges all signatory parties to guarantee the right to education (Combs, Elliott &Whipple, 2010). At the global level the United Nations, International Covenant on Economic, Social and Cultural Rights of 1966 guarantees this right under its article 13.

Best education systems in the world include: Finland, South Korea and U.S.A. The U.S is placed 17thin the developed world for education according to a global report by education firm Pearson (Harding, 2009). Finland and South Korea are on the top list of 40 developed countries with the best education system. Hong Kong, Japan and Singapore follow. The rankings are calculated based on various measures, including International test scores, graduation rates betwee 2006-2010 and the prevalence of higher education seekers (Frances & Potter, 2010). Primary education consists of first 5-7 years of formal, structured education (Sakwa, McCurdy & Manella, 2002). In general, primary education consists of six or eight years of schooling starting at the age of 5 or 6 although this varies between and within countries. Globally around 89% of primary age children are enrolled in primary education and this proportion is rising under the

education for all programs driven by UNESCO, including the pupils with disabilities. Most countries have committed to achieving universal enrollment in primary education by 2015 and in most countries, it is compulsory for children to receive primary education.

With the release of the Salamanca statement in 1994, a large number of developing countries started reformulating their policies to promote the integration of pupils with disabilities into regular schools with a large number of developed countries e.g. USA, Canada and Australia now have policies and laws promoting integrated education. A number of developing countries continue to provide education services to pupils with disabilities in segregated schools (Wilson, Michaels &, 2006). Typically, inclusive education means that pupils with disabilities are served primarily in general education settings under the responsibility of a regular classroom teacher.

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, Buysse & Soukakou, 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 pupils with disabilities. 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 & Nietfeld, 2004). Pupils with severe disabilities in the majority cases do not attend school or in rare cases attend a special school.

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 skills for the settlers 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 pupils with disabilities. 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. At independence (1963), the government got more involved and assumed a leading role in the education of the disabled. It established special schools and Kenya Institute of Special Education (K.I.S.E) in 1986 to train teachers to address special needs of the pupils with disabilities (Sucuoglu, Akalin & Piner-Sazak, 2010). Other roles by K.I.S.E were to carry out functions catering for all kinds of disabilities, conducting research with an emphasis on special education, providing, producing, maintaining and repairing appropriate special education materials and equipment in addition to functioning as a resource center for the production and dissemination of information on the disabled. Others included offering educational and psychological assessment for children with disabilities and offering special education courses in the distant education mode.

The current education system in Kenya is the 8-4-4 system which replaced the 7-4-2-3 system (Chitiyo, Makweche-Chitiyo, Park & Ametepee, 2011). This system is intended to meet the increasing demands for the economy for technical and professionally qualified personnel. Currently there are more than six million Kenyans who are enrolled in various educational institutions. The adult literacy rates are estimated at about 60% for men and 40% for women with the disabled forming part of the population this is because almost all primary schools in Kenya are in the public sector and depend on the government for their operational cost. However the government's involvement and support has traditionally extended only to the provision of teachers and meeting their salaries until recently when the government introduced free primary education (Fallon, Zhang & Kim, 2011). This brings hope that primary education can become accessible to more pupils including the physically disabled. The study sought to find out the factors that limit integration of pupils with physical disabilities.

2.3 The Concept of Integration

Globally school development is now increasingly focused on the right to education for all. This is sequel to the Dakar World Education Forum where it was stated clearly, that integrated education is vital if the' Education for All (EFA) goal is to be achieved. Suffice it to say that some countries are working to help their schools become integrated. Some of these countries

include Australia, India, Lesotho, and U.S.A among others (Wilson & Michaels, 2006). It is worthy of note that these countries are at different pilot stages of integration of both pupils with disabilities and non-disabled pupils. Traditionally, pupils with disabilities and those with other special educational needs have experienced exclusion, discrimination and segregation from mainstream education and their peer. Some are placed in separate classes while others are placed in special schools. Many of them have been denied access to education of any sort (Sawka, McCurdy, & Manella, 2002). The United States education landscape has evolved subsequently over the past 50 years. Issues of civic rights and the government's role in education ushered in an era of integration in the United States education system. Integrated education addresses problems of pupils who require special attention in a regular environment (Ntshangase, Mdikana & Cronk, 2008). The idea of including special needs pupils in a mainstream environment offers a number of benefits although there are some controversies that accompany the subject.

During the 19th and 20th Centuries, pupils with disabilities received an education separate from the non-disabled pupils. Today, pupils take advantage of full or partial integration throughout the United States. Schools that offer partial inclusion allow pupils to participate in classrooms with non-disabled pupils for the majority of the day. However, if the pupil needs services that may disrupt the class, they are taken to another classroom to complete the rest of the day (Sawka, McCurdy, & Manella, 2002). One of the most positive argument about integration is that pupils who learn in integrated schools gain significantly from the social interaction they achieve while working alongside non-disabled pupils. However, criticism against integrated education argues that managing both special and non-disabled pupils in one classroom at the same time detracts from the educational experience the non-disabled pupils receive

Regionally, special education have taken popularity for example, the Nigerian National Policy on Education, describes special education as the education of pupils and adults who have learning difficulties because of the different types of handicaps, blindness, partial sightedness, deafness, hardness at hearing, mental retardation and social maladjustment, due to the circumstances of birth, position, mental and physical health patterns or accident in later life (Harding, 2009). Integrated education is not only concerned with pupils with disabilities or with finding an alternative to segregated special schooling. Integrated education therefore is about helping mainstream schools to overcome the barriers so that they can meet the learning needs of all

pupils in the country (Combs, Elliott & Whipple 2010). In Nigeria, the basis of integration is that special needs pupils have a right to the benefits of a full school experience, with needed modifications and supports alongside their peers without disabilities (Calabrase, Patterson, Liu, Goodvin & Hummel, 2008). Supporters of integration in Nigeria contend that special classes, separate schooling or other forms of removing children with disabilities from the regular environment should occur only when the nature or severity of disability of the pupil is such that education in regular classes cannot be accomplished (Harding, 2009). In Nigeria today, special educators, parents of pupils with disabilities, policy makers and other stake holders continue to debate the benefits and challenges of this educational paradigm. The debate is driven by the principle of integration which stresses that ordinary schools should cater for all children regardless of their circumstances or personal characteristics (Combs, Elliott & Whipple 2010). Integrated education having been understood by the teachers and the government, will be embraced by all the other people in the society.

In Kenya, the education policy defines integrated education as an approach that recognizes the fact that each child is a unique pupil and requires ordinary schools for education in their community regardless of physical, intellectual, social, emotional, cultural, religious, linguistic or other system that removes barriers and increases educational opportunities for all pupils irrespective of their unique differences (Hang, 2009). Pupils with physical disabilities in integrated schools in Kenya are faced by problems in the process of attaining education. These problems include, inability to access physical facilities in the school, inability to access academic facilities in the school, low or high expectations of teachers and other school personnel about the pupils with disabilities ability, views of the non- disabled peers of pupils with disabilities, peer relationships among the pupils with physical disabilities and the non-disabled pupils in the school, bulling of the pupils with disabilities in the school (Jull, 2008). Although there are many challenges facing pupils with disabilities in integrated schools, they would benefit more socially and academically as opposed to being in a special schools.

After independence in 1963, the policy for the disabled changed with the establishment of rehabilitation training programs. The focus was on training of and rehabilitation of the disabled. Emphasis was placed on the rights of the disabled to become full-fledged members of the society

and to remove the barriers to participation (Fallon, Zhang & Kim, 2011). This ushered in a new phase of integration based on the development of such concepts as full participation, equality, a just society and education for all. The current Kenyan education policy for integrating the pupils with physical disabilities is the result of developments in disability over the past 40 years (Republic of Kenya 2008), There are however circumstances that have influenced the living situation of the pupils with physical disabilities. These include, negative traditional attitudes towards the causes of disability, underdeveloped policies leading to poor services for the disabled, low levels of research in the field of disability and lack of adequate political will. The integration of the disabled into everyday life in Kenya has not been mainstreamed although the recent passing of the persons with disability law, 2004 shows some commitment by the government to the welfare of the disabled (Jull, 2008). With the government's commitment to enhance education for all policy, more pupils with disabilities will benefit from the programme.

Integrated education is therefore being understood by professionals and will be understood by people at large to mean educational for all pupils in the same class. This arises from the fact that vulnerable pupils and especially the disabled have not been accepted by the school system. While the society is being urged to accept her disabled members, then it must also be the responsibility of the school system to find a way of accepting the pupils with disabilities. The origin of integrated education can be traced in the Salamanca statement that adapted the World Conference on Special Needs, access and quality and that called upon all governments and urged them to adapt as a matter of law, the principles of integrated education, enrolling all pupils in regular schools unless there were any compelling reasons for doing otherwise (Friend, 2010). The basic premise of this statement was that schools should meet the educational needs of all pupils irrespective of their disabilities and limitations. From this point of view, it can be argued that integrated education is the strategy that contributes towards the ultimate goal of promoting an integrated society, one which enables all pupils whatever their age, gender, religion, ethnicity or impairment to participate in and contribute to the best of their ability to the society Chitoyo (2011) urges that education is the right for all pupils and therefore integrated education for the vulnerable pupils becomes a very important avenue to ensuring that all pupils have access to an appropriate, relevant, affordable and effective education within their communities and within school.

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) defines 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 n 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 wok 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, Zhang & Kim, 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.

2.4 The Concept of Disability

The cases of disability in Kenya were associated with medical conditions and violation of societal moral rules. Other birth defects resulting into congenital disabilities were caused by malnutrition among the expectant mothers and young pupils. Disability was also associated with offences against the ancestors (Wood-Tyler, 2004). The disabled were seen as a bad omen and a curse, as a result of which they were stigmatized, marginalized and concealed from public life.

The history of the disabled in Kenya has evolved over the decades from the separation phase, to the care taking, rehabilitation, integration and to the inclusion phase. In the separation phase, the disabled were ignored, rejected, exploited, used for ritual purposes or simply left to die. In the care taking phase, the disabled people received custodial care in isolated institutions to protect them from the society and to protect the society from them. In the institutions they received medical care and skills to make them employable (Wiebe Berry, 2008). This method of institutionalized care was introduced to Kenya by western missionaries during the colonial period and marked the beginning of western type of special education in Kenya by the time.

Towards the end of 1960s organizations for the disabled in many countries started to formulate a new concept of disability that indicated the close connection between the limitations experienced by the disabled, the design structure of their environments and the attitudes of the general public towards the disabled. This new concept came to be known as the social theory of disability (Wilson, Michaels & , 2006). This theory sees the problem that the disabled people face as arising from the barriers the society has failed to remove rather than arising from medical conditions the disabled have. It aims at integrating and including the disabled in the society by tackling the barriers they face rather than relying on curing the impairments.

After independence in 1963, the policy for the disabled changed with the establishment of rehabilitation training programs. The focus was on training, prevention and rehabilitation of the disabled. Emphasis was placed on the rights of the disabled to become full-fledged members of the society and to remove the barriers to participation (Jull, 2008). This ushered in a new phase of integration based on the development of such concepts as full participation, equality, a just society and education for all. The current Kenyan education policy for integrating the physically disabled pupils is the result of developments in disability over the past 40 years (Odom, Buysse & Soukakou, 2011). There are however factors that have influenced the living situation of the physically disabled pupils. These include, negative attitudes towards disability and integration, underdeveloped policies leading to poor support services for the pupils with disabilities, inadequate physical facilities for pupils with disabilities and teacher behaviors in teaching (Wright-Galllo, 2006). The integration of the pupils with disabilities into everyday life in Kenya has not been mainstreamed although the recent passing of the persons with disability law, 2004 shows some commitment by the government to the welfare of the disabled.

Integrated education is therefore being understood by professionals and will be understood by people at large to mean educational for all pupils in the same class. This arises from the fact that vulnerable pupils and especially the disabled have not been accepted by the school system (Sucuogla, 2010). While the society is being urged to accept her members with disabilities, then it must also be the responsibility of the school system to find a way of accepting the pupils with disabilities.

The origin of integrated education can be traced in the Salamanca statement that adapted the World Conference on Special Needs, access and quality and that called upon all governments and urged them to adapt as a matter of law, the principles of integrated education, enrolling all pupils in regular schools unless there were any compelling reasons for doing otherwise (Ntshangase, Mdikana & Cronk, 2008). The basic premise of this statement was that schools should meet the educational needs of all pupils irrespective of their disabilities and limitations. From this point of view, it can be argued that integrated education is the strategy that contributes towards the ultimate goal of promoting an inclusive society, one which enables all pupils whatever their age, gender, religion, ethnicity or impairment to participate in and contribute to the best of their ability to the society. Kern, (2001) urges that education is the right for all pupils and therefore integrated education for the vulnerable pupils becomes a very important avenue to ensuring that all pupils have access to an appropriate, relevant, affordable and effective education within their communities and within school.

Oliver, (2010) defines inclusive 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 any discrimination or prejudices arising from such differences are actively combated in policies, institutions and behavior change. Hang (2006) defines 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. Friend (2010) 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 includes all disabled pupils regardless of their strengths and weaknesses in any area and therefore become part of the school community.

one central idea surfaces in many investigations 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 disabled pupils into the mainstream society be minimized (Pierce, Reid & Epstein, 2004). Some of the processes that can be adopted to achieve integrated education can include the restructuring of physical facilities, policies, and practices in schools and in the society so that they can respond to the diversity and special needs of all pupils (Dessemontet, 2012).

In most developed and developing countries, over the past two decades there has been a significant trend towards placement of students with special education needs in regular schools 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 wok in the classroom, but the intention is very much to make the student fit into the programme (Fallon, 2012). The basic premise of integration movement is that principles of anti-discrimination, equality, social justice and basic human rights make it imperative that learners with disabilities and special needs should enjoy the same access as all other students to a regular school environment and to a broad balanced and relevant curriculum (Harding, 2009). It is believed that integration into the mainstream enables students with disabilities to benefit from the stimulation of mixing with relatively more able students 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 learners 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 Khudorenko, (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 such as, Self-contained programs carried a negative stigma, Behavior problems arose because special education students 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.

For more than a decade, learners 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 (Odom, Buysse & Soukakou, 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. Sawka, (2002) 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 their 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 students into inclusionary mode is just as coercive and discriminatory as trying to force all students into special educational classrooms and that a good teacher are the ones who can meet the needs of all the learners regardless of what their needs are. Between the two extremes there are large groups of educators and parents who are confused by the concept itself (Schoger, 2006). They wonder whether inclusion is largely required and wonder what is best for their pupils.

2.5 Categories of Children with Physical Disabilities

The group of children with physical disabilities is so diverse. Table 1 shows the three major categories of children with physical disabilities according to the source of their physical problem.

Table 1

Categories of Children with Physical Disabilities

CATEGORY	DISABILITY	DESCRIPTION OF THE DISABILTY
1.Neurological Impairments	Epilepsy	It is a brain disorder which is characterized by a fit or loss of consciousness, convulsions or seizure.
	Cerebral palsy	It is a disorder of the brain which occurs as a result of a brain damage or lack of development in the part of the brain controlling movement and posture.
	Spina bifida	It is a congenital condition in which the spinal region fails to develop properly in the first twenty five days of fetal life resulting in a child being born with spinal tissues lying exposed to the surface of the back.
	Hydrocephalus	It is an abnormal accumulation of fluids in the head called cerebral- spinal fluids which expands the bones of the skull, hence causing damage to the nerve cells and the brain.
2.Polio	Poliomyelitis	Polio is caused by a virus that destroys the nerve in the spinal cord.
3.Musculaskeletal Impairments	Muscular dystraphy	It is a genetic disease characterized by a gradual atrophy-weakening and wearing of the muscular tissue. Its cause is completely unknown.
	Muscle cramps	Painful and prolonged contractions in the muscles. Evidence indicates that they may be related to conditions within the muscles such as deficiencies in calcium, oxygen and stimulation of the motor neurons.

Source: County Dissemination Center for Children with Disability Embu County

2.6 Positive Aspects of Integration

Although pupils with physical disabilities face problems in integrated schools, integration has positive effects on the physically disabled pupils. These positive effects include, positive social change, diversity among the able pupils, development of high self-esteem among the disabled pupils, building friendship among the disabled learners and the non-disables pupil (Conderman, 2011).

2.6.1 Positive Social Change Among Pupils in Integrated Schools

Education is a powerful instrument of social change and often initiates upward movement in the social structure thereby helping to bridge the gap between the different sections of the society. The integration of pupils with conditions of exceptionality in the regular classrooms was mandated by law. This law advocated for education for all pupils (Raschly & Christenson, 2006). Successful integration requires cooperation from many stakeholders. That is mutual trust and friendship among people who spend time together (Hang & Rabren, 2009). Research shows that integration has a lot of benefits to both the non-disabled and the pupils with disabilities. Pupils with disabilities benefit from well-organized and planned integration experiences. In integrated environment, non-disabled pupils are provided with unique opportunities to learn first-hand about human differences and similarities and learn how to interact and approach other members of the society who have disabilities (Calabrase, Patterson, Liu, Goodvin & Hummel, 2008). Living under the assumptions that we are more alike than different, advocates of integration stress that integration practices are more true to life than segregation (Fallon, Zhang & Kim, 2011). Pupils, who learn together, learn to live together Bowman, (2007) state that academic achievement is improved when pupils with disabilities are expected to adhere to higher standards that are usually evident in a general education classroom.

On the other hand, pupils with disabilities have an opportunity to model appropriate behavior in the general educational classes as compared to special education. They also have a better opportunity to establish friendship with the non-disabled peers (Chitiyo, Makweche-Chitiyo, Park & Ametepee, 2011). There is low acceptance by peers of pupils with disabilities which has been a persistent problems and there is a concern that special programs contribute to this. Interactions with the non-disabled also reduce their fear and promote positive attitude, acceptance and understanding among the pupils.

2.6.2 Diversity among the Non-Disabled Pupils in Integrated Schools

Integrated programs are not only beneficial to the pupils with disabilities but are also beneficial to the non–disabled pupils. The non-disabled pupils are able to experience diversity in a small setting, which develops respect for diverse characteristics along with sensitivity toward other people's limitations including disabilities (Raschly & Christenson, 2006). When pupils with disabilities are separated and placed into special schools, majority of the pupils in regular schools do not get to know and interact with them. They often come to believe that these pupils are different and scary and should be separated from them. When pupils with disabilities are not in these classes, these classrooms do not reflect society and do not adequately prepare the pupils for the future (Khudorenko, 2011). Therefore in order to prepare pupils who will welcome others regardless of their learning, physical and emotional disabilities as neighbors, co-workers, and friends, daily shared experience will be essential.

2.6.3 Development of Self-Esteem among Pupils with Physical Disabilities in Integrated Schools

Research on self-esteem and pupils with disabilities is inconclusive. Conflicting research has been reported in this area in part due to underlying factors including the multiple facets of self-esteem and comparison groups. Pupils who have or continue to receive special services in schools most likely experience failure or difficulties that can affect their self -esteem. If a child feels that they have little control over their academic performance, it can lead to negative feed-back. This may result to lack of motivation which may result to poor performance in the school activities (Odom, Buysse & Soukakou, 2011). Repeated feelings of incompetence along with the need for special assistance may have an indirect negative effect on a child's self-esteem, leading to the decline of motivation and cognitive function (Pierce, Reid & Epstein, 2004). Friend & Cook (2010) reported that pupils who did not excel academically frequently saw themselves as different. They do not feel equally adequate in all areas of their lives. Fallon, Zhang & Kim (2011) stated that some pupils who receive academic support do not differ in their general self-esteem when compared to others because even though their academic work is poor, they put more importance to their peer relations. Therefore both academic and non-academic aspects of self-esteem should be considered when dealing with all pupils.

The relationship between self-esteem and academic achievement is often debated. The common perception is that there is a correlation between self-esteem and academic achievement. Combs,

Elliott & Whipple (2010) reported that the relationship between academic achievement and self-esteem is more positively correlated than general self-esteem and achievement. If these findings are true, then one should be able to generalize that because of repeated academic failures, pupils with disabilities would report lower self-esteem than their non-disabled peers. Harding (2009) concludes that pupils who are disabled scored significantly lower than the non-disabled pupils in an overwhelming majority of the research. A study conducted by Fallon, Zhang & Kim (2011) of disabled pupils who participated in inclusionary programs shown that they reported lower self-esteem compared to the non-disabled pupils. Self-esteem is an important factor in a child in their social life and mental growth. There are many factors that affect a child's self-esteem. Parents, friends, teachers, and television contribute a lot without knowing it. One of the major factors that contribute to an adolescent's self-esteem is the concept of beauty. It is true for kids at the same age to prefer to associate with better looking kids than those with deformities or physical problems. Teasing and bulling can be very harmful to a child's self-esteem (Conderman, 2011) Family support and encouragement can actively shape the self-esteem of a child. A great deal of open communication from parents and some members of the family can help provide a sounding board for rants and expression of emotional feelings like grief, sorrow and anger, giving pupils the necessary love and care that they need and seek and this will prevent them from looking for this somewhere else.

The importance of self-esteem lies in the fact that it concerns to ourselves the way we are and the sense of our personal value. Thus it affects the way we are and act in the world and the way we are related to everyone else. Nothing in the way we think, feel, decide, and act escapes the influence of self-esteem. Chitiyo, Makwece-Chitiyo, Park & Ametepee (2011) an exponent of humanistic psychology exposed that the origin of problems for many people is that they despise themselves and they consider themselves to be invaluable and unworthy of being loved, thus the importance he gave to unconditional acceptance of a pupil. The concept of self-esteem is approached in humanistic psychology as an inalienable right for every person (Calabrase, Patterson, Liu, Goodvin & Hummel, 2008). Every human being is worthy of unconditional respect of everybody else. By virtue of this reason, even the pupils with physical disabilities deserve respect. From the late 1970s, to the early 1990s, many Americans assumed as a matter of course that pupils' self-esteem acted as a critical factor in the grades that they earn in school, in their relationship with their peers and in their later success in life. Peer-reviewed research

undertaken has not validated previous assumptions. Recent research indicates that inflating student's self- esteem in its self has negative effects on the grades. Hang & Rabren, (2009) examined the self-esteem of pupils with physical disabilities and found out that those who attended regular schools had lower self-esteem.

2.7 Provision of Physical Facilities that Affect Integration of Pupils with Physical Disabilities

There are so many factors that would seem make integrated education unproductive. Such factors include provision of physical facilities such as: toilets, desks, play grounds, pavements and sports equipments. Within the school setting, all students are expected to learn academic concepts as well as behavioral skills because both of these areas are very important in daily living. Often physical facilities are potential barriers for pupils with disabilities because they are inadequately provided. They can develop low self-esteem and inability to interact with their peers issues which hinder them socially (Fallon, Zhang & Kim, 2011). These pupils with physical disabilities due to their histories of repeated failure at school, which could be as a result of inadequate facilities designed for them, are likely to feel as though academic outcomes are beyond their control, thus perceiving themselves as less competent than their peer (Ntshangase, Mdikana & Cronk, 2008). The study therefore sought to find out the provision of physical facilities that affect integration. It is important that physical facilities and social skills are addressed within the integrated schools.

2.7.1 Physical Facilities that Affect Integration of Pupils with Physical Disabilities

Mainstream schools tend to be larger and consists more complex buildings than special schools. Moving around the school may pose a great challenge for pupils with disabilities especially when moving from one place to another for different social and academic activities. This challenge is further accelerated by the strict requirements of the timetable which requires rapid movement from one classroom to another (Wilkins & Nietfeld, 2004). If the onset of disability comes early in life the pupils with disabilities are not able to move around and will therefore have a limited range and variety of experiences. They lack the ability to move around and may remain seated in one place for long hours (Mowat, 2010). Physical disability makes it difficult for the individual to familiarize with what is going on in the environment. This means that they cannot do what

they want and when they want. Pupils with physical disabilities reported that physical movement around the school had negative consequences on their schooling because most of them had to rely on their friends to help them move from one place to another (Wagoner, Friend, Bursuck & Kutash, 2006). This dependency may in turn have a potential negative impact on their peer relations. The study sought to find out the provision of physical facilities that affect integration. Such facilities include: toilets, pavements, desks, play grounds and sports equipments.

2.7.2 Academic Facilities that Affect Integration of Pupils with Physical Disabilities

In integrated schools, there are certain subjects that pupils with physical disabilities could have difficulties in accessing in the school. Such subjects may include: science, home economics and P.E (Wright-Gollo, Higbee, Reagon & Davey 2006). This is because of the inadequate facilities in the schools to cater for pupils with physical disabilities like benches which are too high in the labs. On the other hand, all the teachers in the schools may not be trained to cater for individual needs of pupils with disabilities. Pupils with disabilities may therefore be forced to drop some subjects and some choices may be made for them by the teachers (Wagoner, Friend, Bursuck & Kutash, 2006). This would therefore mean that their right of choice would be taken away. Pupils with disabilities would also be exempted from such lessons like P.E and this would just show them that they are different as everyone else would be required to participate in such lessons. This can cause feelings of exclusion and difference in ability. It may also cause them difficulties establishing their personal identity and self-esteem (Wilson & Michaels , 2006). This is because of their poorly defined role within the school. This affects psychological development of the pupils since one becomes more disadvantaged as compared to the other pupils. Pupils with physical disability may also have feelings of isolation and detached from the environment. This makes it difficult for them to choose companions with whom to hold conversation (Jull, 2008). If people fail to engage them in conversation and activities, they may remain isolated in the school environment and this may greatly affect their schooling. Pupils who are physically disabled also find it difficult to emulate the role models in daily life who are mainly the teachers and their classmates because they have a limited variety of observation and their opportunities for participation in social activities are restricted because of their disabilities (Wagoner, Friend, Bursuck & Kutash, 2006). They therefore turn to self-stimulations means of passing time and may sit alone for long hours a situation that may cause them to have low self-esteem.

2.8 Types of Support Services that Affect Integration of Pupils with Physical Disabilities

Frien,Cook, Chamberlian & Shamerger (2010) found that providing a means of mobility to pupils with physical disabilities can improve their independent exploration and interaction with the world. According to this citation, interaction with the world around the student results in discovery, exploration, free movement, as well as the ability to socialize with others. This implies that in a learning environment, pupils learn and master new experiences, informally as they interact with peers and teachers. On the other hand, normal children are not generally taught how to perform such activities as bathing, dressing and toileting. (Hang & Rabren, 2009). They acquire them through observation and imitation and they could become part and parcel of their lives. They, therefore, learn them naturally, incidentally or effortlessly. However, children with physical disabilities have difficulties acquiring these skills. In view of this, they should be taught self help skills in order to carry out activities of daily living without or with minimal assistance.

2.8.1 Non-Disabled Pupils Attitude towards Pupils with Physical Disabilities

Pupils with physical disabilities desire to feel normal just like any other pupil in the classroom and not to made to feel different in any way. Bowman-Perrott, Greenwood & Tapia (2007) sheds some light on the views of non-disabled pupils about being in school with pupils who have physical disabilities. Some pupils may be positive about having pupils with disabilities in their classrooms. Others however see a big difference in pupils with disabilities in their classes. Some pupils may be critical that some pupils with physical disabilities are treated differently to them. Some of them may feel its wrong for a child with disability to be allowed to be late for class. Most of them may feel that every pupil should be given equal treatment (Combs, Elliott & Whipple, 2010). Pupils with physical disabilities may therefore experience difficulties in personal and social adjustments within their school environment. They may be unable to cope with the many experiences during their schooling period and hence can develop behavioral difficulties. This is because they may experience social isolation and rejection. They tend to be isolated by peers. They have few friends and are kept out of normal social life much of the time (Fallon, Zhang & Kim, 2011). These pupils may also have psychological problems which affect their emotional and sociological development. Their problems are manifested as inadequate interactions, personality difficulties, anxiety, poor interpersonal relationships, dependency, withdrawal and anger. These manifestations make it difficult for these pupils to interact adequately with their peers in the school environment.

2.8.2 Relationships among Pupils with Disabilities and the Non-Disabled Pupils in Schools

Peer relationships can be complicated by a pupil's disability. Pupils with disabilities desire to fit in with their non-disabled peers and to be involved in class and extra-curricular activities without having to continually ask for help (Fallon, Zhang & Kim, 2011). In situations where pupils with disabilities always ask for help, it changes the nature of the relationship with the peers. Motor functioning is perhaps the most obvious results of physical and health problems. This is due to the fact that the physical status of the pupils is affected and may include either legs or arms. Gross motor and fine motor abilities can be greatly impaired, thereby limiting not only movement of the arms and legs but also their functional use such as walking, jumping, and writing. Other physical involvement includes partial or complete paralysis of the affected body parts. This may reduce sensation and causes contractures and stiffness to develop. Pupils with such problems will therefore require a lot of help from their peers (Fallon, Zhang & Kim, 2011). Pupils with physical disabilities may react differently in the process of receiving help from non-disabled pupils. The reciprocity principle may become a powerful tool of determining successful integration.

Some pupils with motor difficulties may also have speech and language difficulties and find it difficult to communicate. Some may not have a voice due to respiratory disturbances. Others may not interpret the massage communicated because the part of the brain responsible for this action may be damaged. Others can hear and interpret messages but may have difficulties in expressing themselves using speech because the organs of speech are affected. These pupils could have fewer friends because of their poor social adjustment and they could be judged to be less popular in class by their teachers (Bowman-Perrott, Greenwood & Tapia, 2007). However, a few disabled pupils can be well integrated with their peer groups, have many friends and therefore experience positive social relationships.

The nature of the disability that a pupil has can also be a factor in relation to school bullying. Pupils with disabilities that affect their mobility are more likely to be bullied than those who have a medical condition which could not be ascertained by looking at the pupil (Chitiyo, Makweche-Chitiyo, Park & Ametepee, 2011). They can experience physical, emotional and verbal bulling which can shape their sense of self and other social relationships. The experience of bulling can make school life very difficult for pupils with disabilities. Every peer rejection

experienced by pupils with disabilities could contribute to depressive symptoms. This makes them get a feedback on how people feel about them which results to formation of negative self-concept (Simmons & Magiara, 2007). Many pupils with physical and health problems form negative self-esteem because of the way people perceive and treat them.

2.8.3 Effect of Social Exchange on Integration of Pupils with Disabilities

Everybody has a conception of themselves, what they like and why they do what they do for example, different capacities, beliefs and attitudes. Self-esteem is undoubtedly social according to many authors. The child begins to see herself through the eyes of the figures in her world and thus acquires the idea that she is a person (Wagoner, Friend, Bursuck & Kutash, 2006). As the social interactions become more complex, more and more details are added to the self-picture. In effect the child sees herself through the mirror of the opinions and expectations of those others (Jull, 2008). Examples of such effects include the roles in which society casts on people from the moment of birth. How people interact with one another to a large extent depends on the relationship they have with one another. Many social scientists argue that there are same common threads that run through most of our relationships no matter how tenuous or strong.

Pupils with physical disabilities interact with different people in the learning environment. Sometimes they deal with strangers, another with people they know and like and yet another with people they know and don't like. These pupils may react in different ways in the process of interaction. According to the view of social exchange, each partner in a relationship gives something to the other and expects to receive something in return. Whereas physically fit pupils are able to give something in return, the pupils with physical disabilities are helpless in most circumstances and cannot give anything in return. According to this theory, all or at least most human relationships are exchange relationships. If one partner gives and receives nothing in return, the relationship will disintegrate sooner or later (Slavin, 2009). When one partner is unable to give and the relationship disintegrates, then it's obvious that self-pity will rule and interfere with the self- concept of the individual. According to Wilson & Michaels, (2006) the reciprocity principle can become a powerful tool of determining self-esteem. Hang (2009) points out that accepting a favor necessarily leads to a sense of indebtedness. We feel that we must repay a donor even if we never wanted his gift in the first place. Many pupils in integrated schools feel that they are indebted to their peers who constantly show them some favors. Most of

them feel that under the circumstances, they have no choice but they have to reciprocate. Social exchange and reciprocity may cause anxiety among pupils with physical disabilities. Anxiety is a highly unpleasant feeling of fear and apprehension (Jull, 2008). Pupils with high levels of anxiety worry a lot and may cause them not to function well in schools.

From an educational point of view, not all pupils with physical disabilities require special school provisions. There may be variations in duration or severity among physical disabilities. The handicapping condition may be temporary or permanent and mild or severe (Slavin, 2009). Based on the provision of special education as stipulated in the white paper on rehabilitation 1995, for children with disabilities who cannot benefit satisfactorily from education in an integrated setting, there are provisions of special schools and special education classes in ordinary schools (Wilson & Michaels , 2006). Physical disability may cause various degrees of weaknesses and inco-ordination of the limbs which may affect mobility, posture and manual dexterity. Other physical disabilities may cause poor exercise, tolerance and low levels of physical fitness. All these may directly result in pupils' difficulty to cope with ordinary school routine and limit their ability in exploring and understanding the environment (Pierce, Reid & Epstein, 2004). The disadvantageous position in which pupils with physical disabilities are placed may cause them some of the emotional problems including low self-esteem, lack of self-confidence, fear of changes in the environment, apathy, overdependence on others, low level of aspiration, anxiety and frustration. Some brain damaged pupils may also be hyperactive, aggressive or lack of emotional control (Odom, Buysse & Soukakou, 2011). The integrated schools may need to provide them with medical and other auxiliary services such as physiotherapy, occupational therapy, speech therapy, career and vocational counseling in order to boost their self-esteem.

Pupils with physical disabilities need mobility services and depending with individual needs, classroom design and arrangement should provide adequate space for movement and storage facilities for mobility devices (Miller, 2011). According to Kern, Delaney, CLARKE, dunlap & Child (2001) pupils with disabilities in integrated schools follow the regular curriculum that is designed for non-disabled pupils. Inadequate support services in any educational system is one of the major barriers to facilitate the implementation of an integrated education Sawka, McCurdy & Manella (2002) gives examples that pupils with physical disabilities may require special support

services to support the regular curriculum which include orientation on daily living and mobility services. The study was therefore to find out the dilemmas and difficulties experienced by pupils with physical disabilities due to inadequate support services.

2.8.4 Provision of Guidance and Counseling in Integrated Schools

Positive interaction between pupils with disabilities and non-disabled pupils is not easy. However, daily contact with a child with a condition of exceptionality can enrich everyone. Each child with a disability brings strengths and important lessons to a classroom. Teachers, administrators and pupils need to appreciate that exceptional pupils are more similar to them than different from themselves (Reschly & Christenson, 2006). All persons can develop an empathetic understanding of the rewards and problems of each unique child's area of disability. This can be done without pity or fear when strategies are carefully preplanned and initiated. A major goal of the regular education initiative and inclusionary is to help each student participate in and enjoy as many aspects of normal living as possible. This is done through provision of guidance and counseling programmes in school. When teachers, administrators and peers challenge pupils with disabilities to do all they are capable of doing, this goal can be achieved. In the process of achieving the goal, a child with a disability will gain in both independence and self-esteem (Jull, 2008). Positive regard for a child with exceptionality is fostered when the child has a positive regard for themselves. A disabled child's self-identity and feelings about himself can be very fragile. He will not try to progress if he believes to be incapable, a failure or unimportant. Integrated classrooms provide numerous social, emotional and intellectual benefits for pupils with disabilities because all pupils in the class are fully active regardless of their ability level and through counseling they can be able to accept each other. There are increased social interactions and relationships between pupils and teachers. Pupils and the teachers begin to feel more integrated into the school community and a greater sense of belonging develops (Reschly & Christenson, 2006). The self-confidence and self-esteem of pupils with disabilities grow naturally from the positive support of peers and teachers.

After conducting a three years study on integration of disabled pupils, Simmons & Magiera (2007), concluded that a large majority of pupils felt that integration helped improve their self-confidence and their self-esteem. Teachers also reported that many pupils with disabilities acquired a better attitude about others and about themselves, demonstrated improved motivation,

were less defensive, and were more concerned about homework and physical appearance Jull (2008) reported that the inclusion improved pupils' self-esteem, which led to more appropriate behavior better attendance for learning and higher motivation. Through peer interaction and counseling, opportunities for learning new skills presented themselves readily in the regular education setting. Wright-Gallon, Higbee, Reagon & Davey (2006) reported their findings of parents whose pupils participated in inclusionary programs. Parents stated that their pupils enjoyed school more than when they were in a segregated environment, and that they had greater feelings of accomplishments. They also said that these programs improved the self- image of the pupils with disabilities. Pupils were more willing to socialize with non-disabled peers and appeared to have more non-disabled friends. Most parents considered integrated programs superior in the promotion of self-esteem and social opportunities (Wilkins & Nietfeld, 2004). The study therefore sought to find out the role played by guidance and counseling in enhancing the self-esteem of pupils with physical disabilities in integrated schools.

2.9 Teacher Behaviors in Teaching that Affect Integration of Pupils with Physical Disabilities

Teachers play a big role in promoting pupils interest in learning, valuing of education and confidence in their own capacities and attributes. Research suggests that teacher' characteristics and attitude result in high quality learning and conceptual understanding, as well as enhanced personal growth and adjustment central to pupils experiences in the classroom (Wilkins & Nietfeld, 2004). teachers provision of self-help skills, counseling and training in special needs education, predicts successful integration of pupils with physical disabilities in regular schools. Pupils with disabilities may portray behavior which is unacceptable and therefore receive teachers responses that may undermine their motivation (Hang, 2009). Teacher-pupil relationship in integrated schools is therefore very important because it results to development of high or low self-esteem.

Wright-Gallo, Higbee, Reagon & Davey (2006) enlisted three qualities essential to establish a successful integration. These include: teacher attitude, teacher behaviors and teacher competence. The teacher explains that teachers must have positive attitude about pupils with special needs in their classrooms. This is because if the teachers are not supportive of integration of pupils with disabilities, other pupils will detect the attitude and be and be less likely to accept

the in their classroom. Second, teachers have to expect pupils with disabilities to perform at a higher level than is expected of them. If teachers expect less, they will get less. Finally, teachers need to have skills necessary to meet instructional needs of pupils with disabilities because teaching all pupils the same way, will not benefit pupils with disabilities.

Professional training is not the only necessary and essentieal quality teachers should possess. Experience, passion, ability and patience for the pupils with disabilities are also important (Wilson & Michaels, 2006). This study was to establish strategies used in integrated programmes that are directed at proving the needed competences to the teacher for more effective learning of pupils with disabilities.

2.9.1 Teachers as a Resource for Integrated Schools

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, Akalin & Piner-Sazak, 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 feed back 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 teaching (Oliver & Raschly, 2010). Both of these key functions cannot be accomplished when the teacher is not well trained.

2.9.2 Expectations of Teachers on the Performance of the Pupils with Disabilities

Teachers have a great impact on successful integration of pupils with physical disabilities. In integrated schools, the teachers' expectations on pupils with disability would be deemed to be too low. Low expectations can have a negative effect on the pupils own perception of their abilities and therefore become a barrier to integration. They may view this as a way of being dismissed and written off (Wilkins & Nietfeld, 2004). This can also result to a negative impact on the pupils academic progress and a self-fulfilling prophesy especially where teachers may not expect pupils with disabilities to perform well in examinations. In some cases, pupils may express anger and feelings of frustrations at how some teachers may assume that because they have a disability, they would not be able to study certain subjects. This discrimination is also expressed by parents themselves because they take a very long time to accept the conditions until the child's progress becomes stagnant. This discrimination is humiliating and dehumanizing (Wilkins & Nietfeld, 2004). Persons with disabilities are looked over as though they can't hear the negative inflection in the voices, which address someone else as though they cannot comprehend or answer with efficiency, or see the disapproving glances. Pupils with disabilities would like to be viewed as people with challenges and not some human rejection defect. Pupils with disabilities are not ashamed of their disabilities and do not want to be looked upon with pity. Offering help and assistance is not the same as assuming persons with disability cannot handle themselves (Slavin, 2009). Low expectations by teachers and parents can be the greatest challenge facing pupils with disabilities in relation to their schooling and their social life.

Expectations that are too high can also be evident where teachers do not understand their special needs. Some teachers may be too fast and the pupils with disabilities may not be able to keep up with the speed. Many pupils with physical disabilities do not do well in school. Their academic performance can be behind by two to five classes (Bowman-Perrott, Greenwood & Tapia, 2007). Our society places a lot of emphasis on academic achievement. Academic achievement to a large degree depends on learner's cognitive ability (Anderson, Klassen & Georgiou, 2007). Motor and health difficulties may not necessarily lead to low cognitive abilities but may limit their academic achievement because the curriculum has not been designed for their needs, they have difficulties manipulating both reading and writing materials and their poor health leads to regular hospitalization hence frequent absenteeism from school. This leads to poor academic achievement which may lead to feelings of desperation and frustration (Hang 7 Rabren, 2009). It is therefore important to encourage them to take part in most activities, share with others, seek

help and help others. The study was to find out the expectations of teachers and their behaviors in teaching pupils with physical disabilities in integrated schools.

2.9.3 Teachers Attitude towards Pupils with Physical Disabilities in Integrated Schools

The school experiences of pupils with disabilities can be positively or negatively influenced by the attitude of teachers, other pupils and general school policies. Pupils with physical disabilities often were stigmatized, encountering attitudinal and physical barriers in their daily life (Sucuoglu, Akalin & Piner-Sazak, 2010). Recent research shows that, teachers possess somewhat negative attitude towards pupils with disabilities or that they view pupils with disabilities as different from and inferior to pupils without disabilities (Simmons & Magiera 2007). Pupils with disabilities often internalize negative attitude something that erode their self-esteem. Moreover, the negative attitude and action of others can negatively affect the behavior, social relationships and education of pupils with physical disability (Mowat, 2010). Pupils with disabilities desire to feel normal just like any other child in the classroom and not to made to feel different in any way. Bowman-Perrott , Greenwood & Tapia (2007) sheds some light on the views teachers about being in school with pupils who have disabilities. Some teachers see a big difference in pupils with disabilities in their classes. (Combs, Elliott & Whipple 2010). Pupils with physical disabilities may therefore experience difficulties in personal and social adjustments within their school environment. They may be unable to cope with the many experiences during their schooling period and hence can develop behavioral difficulties. This is because they may experience social isolation and rejection. This study sought to find out the teachers attitude towards pupils with disabilities in integrated schools.

2.10 Theoretical Framework

Social Development Theory by Lev Vygotsky (1934) was adopted by the study. This theory forms the basis on which the study is situated.

2.10.1 Social Development Theory

This theory was developed by Lev Vygotsky in 1934. Vygotsky strongly believed that community plays a central role in the process of making meaning. He argued that learning is a necessary and universal aspect of the process of developing. He states that cognitive development stems from social interactions from guided learning within the zone of proximal development as children and their partners co-construct knowledge. For Vygotsky, the environment in which children grow up will influence how they think and what they think about.

According to this theory, cognitive development of a child is enhanced when they work in the zone of proximal development. This is the range of tasks a child cannot perform independently, but can be accomplished by the help of more competent persons. Vygotsky explains that more competent persons provide assistance to the pupils as they learn new skills. He defines ZPD as the distance between actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under guidance or in collaboration with more capable peers and teachers. Pupils with special needs can learn not only desired behaviors from their peers through social interaction, they can also learn academically within their learning community. Behavior is learned from the environment through the process of observation. Pupils can be the best teachers. Cooperative learning involves social interaction amongst the pupils, and it is the key to educational thinkers such as Piaget and Vygotsky (Slavin, 2009). Using social interaction and active experiences in learning helps pupils to feed knowledge to one another. These methods also promote social communication skills that pupils will need to possess as adults. Pupils will be able to effectively discuss the various issues that will occur as life progresses. Pupils with special needs can offer educational knowledge to their peers. If the pupils learn that they can teach others and learn from others, they will feel a sense of belonging, pride, and responsibility. When pupils are working together, they can be paired with slower pupils from time to time. When pupils work together and are able to engage in discussions on different ideas, then the sky's the limit to what types of knowledge the pupils can transmit to one another. (Harding, 2009). Peer learning helps pupils to

build effective listening and communication skills. The theory is relevant to the study in that integration refers to educating pupils with disabilities in the ordinary classroom with support. At the inception of the integration programme, ordinary schools were not prepared both physically and socially for the pupils with disabilities who were meant to fit in the programme this is because the teachers did not know how to teach these pupils with disabilities due to lack of skills. The non-disabled pupils were also not prepared to receive the pupils with disabilities because they lacked the skills of interaction. Pupils with disabilities therefore experienced difficulties due to extensive demand from teachers, rigid and inflexible curriculum, inaccessible school environment and lack of essential resources and services in integrated schools.

2.11 Conceptual Framework

The study was guided by the following conceptual framework.

Fig 1 shows variables and how they interacted. At the initial development, there were independent variables which include: physical facilities, support services and teacher behaviour in teaching. Where physical facilities were not specially designed for pupils with physical disabilities, there was unsuccessful integration of pupils with physical disabilities. There were also support services which include: mobility services, self-help skills, counselling and medical services. Their presence or absence determined whether or not successful integration of pupils with physical disabilities could be achieved. There were also teacher behaviours in teaching which could also determine successful or unsuccessful integration of pupils with physical disabilities. There were also extraneous variables such as school administration and family environment which could come in to affect integration of pupils with physical disabilities. Integration was the dependent variable since its achievement was dependent on the institutional factors.

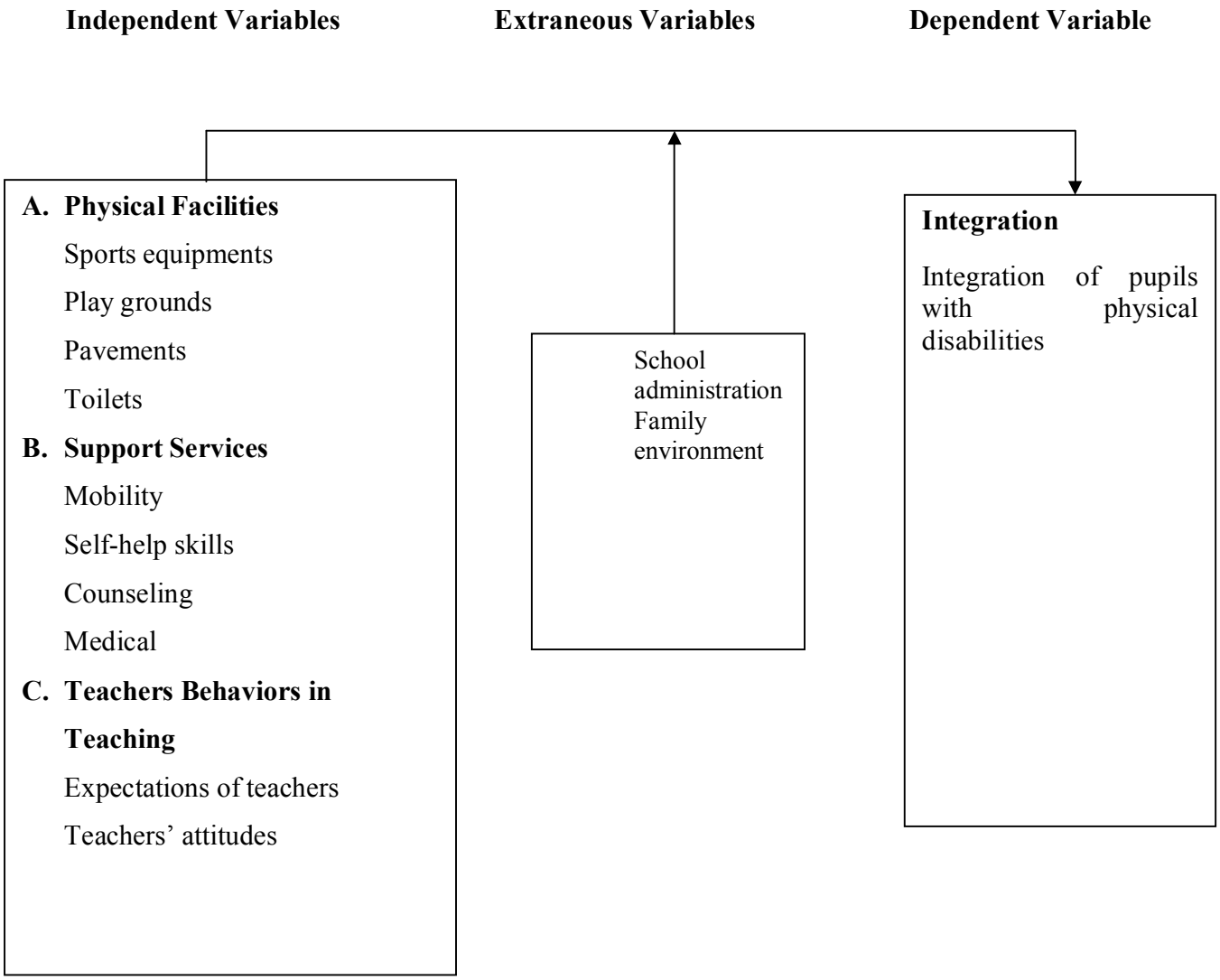

Fig 1: Relationship between Institutional Factors and Integration

CHAPTER THREE
METHODOLOGY

3.1 Introduction

This chapter described the research design, location of the study, population that will be used within the study, sampling procedures, sample size, instrumentation, data collection procedures, data analysis.

3.2 Research Design

The study adopted *Ex-post facto* research design to investigate selected institutional factors that affect integration of pupils with physical disabilities in public primary schools. *Ex-post facto* design was used in the study because the independent and dependent variables had already interacted. The researcher was looking at prior variables present in the respondent which cannot just be created or applied to respondents (Hang & Raren, 2009). Descriptive research design was therefore advantageous because it makes provisions for protecting against bias and maximizes reliability as it aims to obtain complete and accurate data.

3.3 Location of the Study

This study was conducted in Embu West Sub County, Embu County. The area is densely populated. The sub-county has a large number of primary schools although there we only two public integrated primary schools; Embu urban primary school and St. Paul Kevote Primary School. Embu West Sub County is both rural and semi-urban region as it constitutes Embu town and therefore a suitable representative of the whole country which provided crucial information to the study. The integrated schools were purposefully selected because they had several institutional factors which affect integration of pupils with physical disabilities. The location of the study was therefore chosen because of the available evidence of institutional factors which affect integration of pupils with physical disabilities in public primary schools.

3.4 Population of the Study

The study was conducted in Embu west sub-county which had two integrated schools. The target population was non-disabled pupils in the upper classes, S.N.E teachers, head teachers and pupils with physical disabilities. The upper classes were selected because they had a longer experience in the school than the lower classes. The total sample size of 200 respondents was composed of 155 non- disabled pupils, 2 head teachers, 2 special needs education teachers and 41 pupils with physical disabilities.

Table 2

Table 2 shows the target population for the study.

Target Population of the Study

Schools	H/T	TERS	DISABLED M	Non-Disabled	Total
St. Paul Kevote	**1**	**1**	**18**	**132**	**152**
Embu urban	**1**	**1**	**23**	**124**	**149**
Total	**2**	**2**	**41**	**256**	**301**
					N=301

Source: Embu West Sub-County Education Office

The target population for the study was 301 respondents. The target population for the study at St. Paul Kevote primary school was 152 respondents while the target population for the study at Embu Urban Primary school was 149 respondents.

3.5 Sampling Procedure and Sample Size

The researcher used stratified random sampling method. A sample was selected from the target population of 301 respondents. The total sample size of 200 subjects was composed of 41, pupils with disabilities, 2 special needs education teachers, 2 head-teachers, and 155 pupils from the upper classes. The primary schools were purposefully sampled. To select the non-disabled pupils, the researcher used krejcie and morgan table for determining sample size. The pupils were grouped into two homogenous groups, in terms of gender. All the pupils were selected using simple random sampling to give equal chances of all the pupils being selected. The sample selected comprised of 39 girls and 39 boys from St Paul Kevote Primary School and 39 girls and 38 boys from Embu urban primary school. All the head teachers, the S.N.E teachers and the pupils with disabilities were purposefully sampled. This gave a total sample size of 200 respondents as shown on table 3.

Table 3
Sample Size for the Study

Schools	Head Teacher	S.N.E Teachers	Pupils with disabilities	Non-Disabled	Total
St. Paul Kevote	1	1	18	78	98
Embu urban	1	1	23	77	102
Total	2	2	41	155	200

N=200

Table 3 shows the sample size for the study. The respondents were 2 head teachers, 2 S.N.E teachers, 41 pupils with disabilities and 155 non-disabled pupils. The total sample size was 200 respondents.

3.6 Instrumentation

Questionnaires and an interview schedule were used for the study.

3.6.1 Questionnaires

Data collection instrument is a device used to collect data in an objective and systematic manner for the purpose of the research. In this study, data collection instruments were questionnaires and an interview schedule. Three sets of questionnaires were prepared to elicit information from the respondents. The first set of questionnaire was administered to all the pupils with disabilities, the second set was administered to the special needs teacher and the last set was administered to 155 non-disabled pupils. The questionnaires comprised of a brief instruction on the purpose of the study and how to respond to the questions. The first section consisted items of biographical data of the respondents while the second section consisted of items on of institutional factors that affect integration of pupils with physical disabilities in public primary schools.

3.6.2 Interview Schedule

The interview schedule was used to gather data from the head teachers. An interview schedule is an outline that forms a basis and guides the interviewing process. In using an interview schedule, a researcher was able to get more information from respondents than would be possible using a questionnaire. The interview had items covering on the research questions of the study. The researcher booked an appointment with the head teachers at an appropriate time and date when the interview was conducted.

3.7.1 Validity

Validity refers to the issue of whether an indicator or set of indicators that is devised to gauge a concept really measures the concept. Validity is the degree to which the empirical measure or measures of a concept, accurately measures that concept (Oliver & Raschly, 2010). To determine validity, the researcher carefully sampled the questionnaire items based on the research objectives to ensure their representativeness. Ta ascertain whether the items in the instruments were suitable for the task, pre-test was done during pilot study to the population similar to the main study. The pre tested instruments were analyzed by supervisors and other experts in the department of Psychology, Counseling and Educational Foundations to check for appropriateness of the items to ensure that the instruments elicited the type of data anticipated to answer research questions.

3.7.2 Reliability

Reliability refers to the consistency that an instrument demonstrates when applied repeatedly under similar situations. A time interval ranging from one week to one month is recommended for the first and second administration of the instruments (Oliver & Raschly, 2010). Piloting of the questionnaires was done in Embu urban primary school to provide the required information on its reliability and establish the time taken to administer the instruments in order to make necessary modification and adjustments on questionnaires before data collection in the field. Oliver (2010) noted that the number of cases in the pre-test should not be very large. It should range from 1% to10%. The researcher used a sample of 8% to determine reliability of the instruments. The results were statistically analyzed using Pearson's Product Correlation Coefficient (r) The questionnaires items yielded a reliability Coefficient of; Questionnaire for the disabled 0.81, Questionnaire for the non- disabled 0.74 and Questionnaire for the teachers 0.78. The Questionnaires were therefore considered to be reliable for the study.

3.8 Data Collection Procedures

Before going to collect data, the researcher obtained a letter from the graduate school, Laikipia University and a permit from the National Commission for Science, Technology and Innovation. (NACOSTI) The researcher then reported to the County Commissioner and the Sub- County Education Officer, Embu West Sub-County, before embarking on the research project. The researcher then booked appointments with sampled schools through the head teachers. In

administering the questionnaires, the respondents were assured that the information they provide would be treated with utmost confidentiality and shall be used for research purposes only. The subjects must be informed of the nature of the research in a clear and understandable language for logistical and ethical considerations. The researcher then issued the questionnaires to the respondents in person. Clarifications were made where necessary especially among the pupils. The researcher then conducted an interview with the head teachers at a convenient time within the data collection period. Filled questionnaires were collected in readiness for data analysis.

3.9 Data Analysis

Before analysis, data was cleaned by being checked for logical consistency. The data was then entered into a computer for analysis using the statistical package for Social Science (SPSS) version 22.0. A rating value of 5 indicated that they strongly agreed with the statements, 4 indicated agreement with the statement, 3 indicated not sure about the statement, 2 indicated disagreement with the statement and 1 indicated strongly disagreement with the statement. The analysis involved getting percentage response score for each item. The responses above 50% were considered positive while those below 49% were considered negative. The results of the data analysis were represented in frequency tables and charts. Tables were widely used because they represent more clearly than with the case of text representation (Harding, 2009). Data from interview schedules was analyzed using thematic analysis because it emphasizes pinpointing, examining and recording patterns within the data collected.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1 Introduction

This chapter is a presentation of results and findings obtained from field responses and data, broken into two parts. The first section deals with the demographic information of the respondents, while the other section presents findings of the analysis, based on the objectives of the study consisting of investigation of physical facilities, support services and teacher behaviors in teaching on integration of pupils with disabilities as explored by the questionnaires where descriptive statistics have been employed.

4.2 Response Rate

From the data collected, out of the 200 questionnaires administered, 199 were filled and returned. One pupil had multiple disabilities and was therefore unable to fill in the questionnaire. Table 4 represents the response rate.

Table 4
Response Rate

Category	Questionnaires administered	Questionnaires filled & returned	Percentage (%)
Head teacher	2	2	100
Special needs teachers	2	2	100
Disabled pupils	41	40	97.57
Non-Disabled pupils	155	155	100
Total	200	199	99.5

This represented a 99.5% response rate, which is considered satisfactory to make conclusions for the study. According to Anderson (2007) assertion, a response rate of 50% is adequate, while a response rate greater than 70% is very good. This implies that based on this assertion, the response rate in this case of 99.5% was very good.

This high response rate can be attributed to the data collection procedures, where the researcher pre-notified the potential participants and then allowed the respondents ample time to fill the questionnaires.

4.3 Demographic Information of the Respondents

The study sought to find out the demographic information of the respondents concerning their gender, age, training in special needs and teaching experience. Their gender was intended to capture equal attention to males and females in special needs assessment. Their age was intended to draw comparisons between disabled and non-disabled school going pupils. Information on highest professional qualification was intended to establish teachers' expertise in the special needs. The findings were as discussed below.

4.3.1 Gender of Pupils with Physical Disabilities and Non-Disabled Pupils

The disabled and non-disabled were asked to indicate their gender. The results are as shown in the table 5.

Table 5
Distribution of Pupils by Their Gender

Gender	Disabled pupils		Non-disabled pupils	
	Frequency	Percent	Frequency	Percent
Female	24	60	78	49.67
Male	16	40	77	50.33
Total	40	100.0	155	100

Majority of the disabled pupils (60%) were females while (40%) were males. For non-disabled pupils, majority (50.32%) were females with (49.67%) being males. Hence the result shows that there are more female pupils than males for both disabled and non-disabled pupils.

4.3.2 Highest Professional Qualification of Special Needs Teachers

The study found it necessary to determine the level of professional qualification of the teachers in order to ascertain if they were well equipped with the necessary knowledge and skills for handling needs for pupils with disabilities. The findings were as indicated in Figure 2.

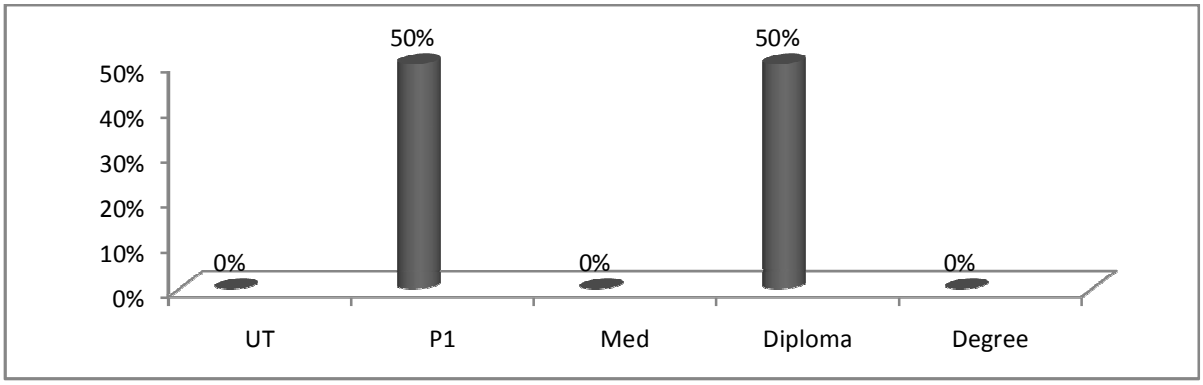

Figure 2: Level of Professional Qualification

From the study findings (50%) indicated that they had P1 and diploma certificates respectively with (0%) indicating that they had masters degree qualification, bachelors degree and untrained teachers respectively. This implies that the highest qualification of special needs teachers was diploma qualification. This shows that the teachers needed more specialized training to be well knowledgeable and posses more skills to handle individual needs of pupils with disabilities. Friend, Cook, Chamberlin and Shamberger, (2010) associated the education level of teachers with performance with findings that, those with higher levels of education performs their duties better because higher education provides them with knowledge and modern skills, making them more conscious of the reality of the education system and thus in a position to use their learning capability to perform their mandate in a professional manner. The findings therefore indicate that the special needs teachers have the capacity and skills to handle their duties but needs more specialized training to handle special needs of pupils with disabilities.

4.3.3 Teachers Trained on Special Needs

The study found it necessary to determine if the special needs teachers have been trained on special needs. This was to determine if they are well equipped with the knowledge and skills to handle the special needs of pupils with physical disabilities. The findings were as indicated in Figure 3

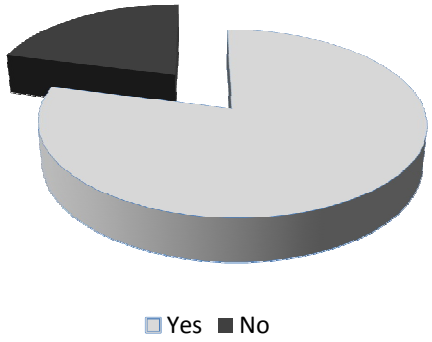

Figure 3: Training as Special Needs Teacher

The study findings indicates that majority 75% of the teachers in integrated schools are trained as special needs teachers with only few 25% indicating that they are not trained as special needs teachers but possess other qualifications from different institutions of learning in Kenya. This implies that majority of the teachers are well trained and therefore have the knowledge to handle the special needs of pupils with disabilities. This concurs with Wright-Gallo (2006) who found that teachers in special and integrated schools are more qualified to work with pupils with special needs due to their acquaintance with pupils learning and emotional needs, which enables teachers to give their pupils greater amounts of positive feedback. The study however found out that teachers had very little working experience in integrated schools with only 25% indicating that they had a work experience of between 6-8 years. Work related experiences are important in developing motivation for becoming competent in handling special needs among the pupils with disabilities.

4.4 Provision of Physical Facilities that Affect Integration of Pupils with Physical Disabilities

Provision of physical facilities was also determined by the study. There are an increasing number of researches which show that pupils with disabilities attending integrated schools experience a lot of difficulties due to inadequate specialized facilities. First the study determined the participation of pupils with disabilities in co-curricular activities in the school. The findings were as indicated in Table 6.

Table 6
Participation in Co-curricular Activities by Pupils with Disabilities

Activity	Disabled		Non-Disabled	
	Frequency	%	Frequency	%
Indoor Sports	20	12.9	2	4.9
Debating in class	30	19.3	12	29.8
Athletics	16	10.4	4	9.8
Charity work e.g. clean ups	34	21.9	15	38.5
Group discussion	40	25.8	6	15.6
Ball games	15	9.7	1	2.4
Total	155	100	40	100

The study findings in Table 6 indicates that (12.9%) of disabled pupils engage in indoor sports, (19.35%) engage in debating in class, (10.4%) engage in athletics, (21.9%) engage in charity work e.g. clean ups, (25.8%) engage in group discussion with (9.7%) also engaging in ball games as indicated by pupils with disabilities. The non-disabled pupils indicated that only (2.4%) participated in ball games and (4.9%) participated in indoor sports This implies that majority of disabled pupils do not engage themselves in energy involving co-curricular activities which may be due to deformities in their body parts which limits them in participation Simmons (2007) found out that pupils with disabilities are rarely included in peer activities, especially in the sport area, unless these activities are designed especially for them. Sucuoglu et al (2010) also found out that comparing pupils with physical disabilities and non- disabled pupils, he found out that pupils with physical disabilities have low self-esteem because they are less involved in social activities compared to their typical peers this therefore is a barrier to integration.

The study further rated the adequacy of the special facilities in the schools. The findings were as indicated in Table 7

Table 7
Adequacy of Special Facilities in Integrated Schools

Facility	Disabled		Non-Disabled	
	Frequency	%	Frequency	%
Toilets	3	7.4	5	3.22
Desks	10	24.5	16	10.4

Play grounds	7	17.1	18	11.6
Sports equipment	6	14.6	16	10.4
Pavements	5	12.2	45	29.4
Transport	4	9.6	10	6.6
Hostels	5	12.5	45	29.4
Total	40	100	155	100

The study findings indicates that majority of the respondents disagreed having adequate special facilities in schools. Very few pupils with disabilities (7.4%) indicated that schools have adequate toilets, (24.5%) indicated that schools have adequate desks, (17.1%) indicated that schools have adequate play grounds, (14.6%) indicated that schools have adequate sports equipments with (12.2%) indicating that schools have adequate pavements. (12.5%) indicated they have adequate transport services and (9.6%) indicated they have adwquate hostels. This implies that schools do not have adequate physical facilities to enable disabled pupils engage fully and comfortably in co-curricular activities. The pupils with physical disabilities do not lead a comfortable life because of inadequacy in special facilities this may cause them frustration and anger because they have to depend on the support of peers.

4.5 Types of Support Services That Affect Integration of Pupils with Physical Disabilities

The study found it necessary to determine the provision of support services offered to pupils with physical disabilities in integrated schools. First the study sought to establish the types of support services offered to pupils with physical disabilities. The information was sought from an interview with the head teachers in the schools selected, the pupils, special needs teachers and through observation. They were asked to mention the most common support services. The responses are summarized in Table 8.

Table 8
Common Support Services offered to Pupils with Physical Disabilities

Support services	Frequency	Percentage (%)
Mobility services	55	27.6
Self-help skills	47	23.6
Medical services	26	13.1

Counseling services	71	35.7
Total	199	100

The results from table 8 show that counseling services were the most common support services offered to pupils with disabilities as indicated by 35.7%. Medical services was the list support service offered to pupils with physical disabilities. The findings concur with Mowat (2010) who found that, pupils with physical disabilities may use a wide range of mobility devices to move from one location to another and the most common ones being wheelchairs, either manual or electrical and crutches. The environment however, favored the use of crutches than wheelchairs or any other mobility devices. It was observed that the primary school compound lacked adequate ramps, pavements and supportive bars. The primary schools had fairly adapted environment, but it also lacked other facilities such as walking bars for those with posture and balance problems. The schools also lacked adequate self-help skills to help the pupils with physical disabilities to cope with the environment despite their disabilities. Pupils with physical disabilities therefore felt isolated and therefore integration becomes ineffective.

Support services would enhance socialization through pupils playing together with peers, moving in groups and also working together in the classroom. In view of this, integration and socialization would take place through peer interaction in various activities both in and out of class and within the school compound. Mobility services would lead to increased socialization of pupils during gymnasium exercises. When pupils improve their mobility, their physical environment is extended both to the peers and teachers. The findings indicated that mobility services would impact positively in facilitating and socialization of pupils therefore integration would be enhanced. This could be due to the fact that most of activities that facilitate socialization are movement-based. Therefore, when pupils support services are enhanced, pupils with disabilities will be encouraged to interact among themselves and teachers. This study conforms to the previous study by Pierce *et al,* (2004) who found out that providing a means of mobility to pupils with physical disabilities can improve their independent exploration and interaction with the world. According to this citation, interaction with the world around the student results in discovery, exploration, free movement, as well as the ability to socialize with others. This implies that in a learning environment, pupils learn and master new experiences, informally as they interact with peers and teachers. One can, therefore, conclude that the

student's ability to move about is very rewarding as far as integration is concerned. This study found out that support services are not adequately provided thus contributing to ineffective integration of pupils with physical disabilities.

4.4.2 Teaching Self-Help Skills to Pupils with Physical Disabilities

The study also sought to establish whether teaching of self-help skills as another support service, was necessary for pupils with physical disabilities. The following responses were collected as shown in Table 9.

Table 9
Teaching Self-help Skill to Pupils with Physical Disabilities in Integrated Schools

Types of self-help skills	Frequency	Percentage (%)
Bathing	29	14.6
Toileting	36	18.1
Feeding	42	21.1
Dressing	55	27.6
Grooming	37	18.6
Total	199	100.0

According to study findings (14.6%) of the respondents indicated that pupils with physical disabilities should be taught how to bath, (18.1%) supported toileting, (21.1%) supported feeding, (27.6%) supported dressing and (18.6%) supported grooming. The finding showed that majority of the respondents indicated teaching self-help skills to pupils with physical disabilities was necessary. Normal children are not generally taught how to perform such activities as bathing, dressing, feeding, grooming and toileting. They acquire them through observation and imitation and they could become part and parcel of their lives. They, therefore, learn them naturally, incidentally or effortlessly. However, children with physical disabilities have difficulties acquiring these skills. In view of this, they should be taught these skills to carry out activities of daily living without or with minimal assistance. The study further sought to establish

who should be involved in teaching self-help skills. Majority of the respondents indicated that teachers should be involved in teaching pupils self-help skills especially hygiene skills. Teachers spend most of their time with pupils and have the advantage of identifying individual weaknesses in specific areas of self-help skills which should be emphasized. Most of the pupils in Schools had not mastered these skills and therefore needed effective instructions from teachers. However, the research found out that special need teachers were few and had a large work load which did not allow them to meet the individual needs of every pupil with disability**.** A study by Dessemontet (2012) stressed the importance of including self-help skills when planning curriculum for children with special needs. This means that the life of pupils with physical disabilities requires adapted curriculum which incorporates the activities of daily living. On the other hand, some pupils with mild impairments may not require the teaching of these skills or adapted curriculum on the same.

4.4.3 Provision of Counseling Services to Pupils with Physical Disabilities

Counseling services as one of the support services are crucial to pupils with physical disabilities because their disability interferes with their optimal life adjustment. Consequently, counseling helps them make life more satisfying and achieve their potential. The study also sought to establish from all the respondents whether counseling services provided at school affected integration of pupils with disabilities. The results are illustrated in figure 4

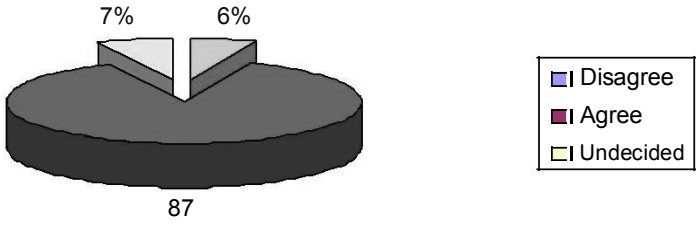

Figure 4: Provision of Counselling Services in Integrated Schools

In figure 4, the findings reveal that majority (87%) of the pupils responded that counseling services were provided while (6%) disagreed. Counseling is recommended to pupils with physical disabilities to make them adjust positively to the school life**.** Due to this, the counseling needs of these pupils should be addressed to help them correct maladaptive behavior. This study conforms with Fallon (2011) who emphasizes that the schools are charged with the responsibility

of helping individual pupils and develop them to their fullest extent. This implies that the life of pupils who are physically disabled would be incomplete without the provision of counseling services**.** The study went further to find out the types of counseling services provided to pupils with physical disabilities. It sought opinions from the respondents. The results are summarized on Table 10.

Table 10
Counselling Services Provided to Pupils with Physical Disabilities in Integrated Schools

Types of counseling services	Frequency	Percentage (%)
Behavior modification	64	32.2
Transition plans	28	14.1
Self-Esteem	60	30.1
Needs and interest	20	10.1
Being advocate for the student at school	27	13.5
Total	199	100

The data from table 10 indicate that majority of the respondents (32.2%) mentioned behavior modification, (30.1%) mentioned self-Esteem and being advocates for the pupils at school while (14.1%) mentioned transitional plans. The least mentioned was needs and interest with only (10.1%) responses. Children with permanent disorders tend to have psychological maladjustment which can lead to school related social problems. Behavior management strategies to enhance their socialization and academic performance were necessary. Self- esteem was also rated very low by the respondents. This was because some children had problems in adjusting to their disability so it was important that they were adequately counseled to look at life positively especially in school.

4.4.4 Effect of Counseling on Integration of Pupils with Physical Disabilities

The teachers were asked to respond whether counseling influenced integration of pupils in the school. All the (100%) of the teachers indicated that counseling had positive influence on integration of the pupils. Counseling equips pupils with skills, awareness and knowledge to confront social inadequacies that would hinder their social integration in school. The study went further to seek pupils' opinions on how counseling impacted on integration of the pupils with disabilities. The results are shown in table 11.

Table 11
Counselling Services and Integration of Pupils with Physical Disabilities

Responses	Frequency	Percentage (%)
Enhances Integration	97	48.7
Pupils are guided to socialize	53	26.6
Builds self-confidence therefore socialize with others	49	24.7
Total	199	100

From Table 11, majority of the pupils (48.7%) indicated that counseling enhances integration and s while (26.6%) indicated that pupils were guided to socialize. The least mentioned was that counseling builds self-confidence by (24.7%) of the pupils. In a school environment, it is important for a pupil to establish and maintain friendship in order to diminish feelings of isolation and loneliness as well as join a crowd where the student enjoys comfort and acceptance. This depends on integration which was highly mentioned by pupils because it resulted on individual image in comparison with others. When one feels accepted by others, they are able to interact freely with them. The feeling of self-worth due to positive self-esteem reinforces socialization. Integration was found to be one of the major impacts leading to socialization. The finding disagrees with MoEST (2003) which looked at integration broadly on academic rather

than on socialization model. According to it, the primary concern of a counselor dealing with exceptional children should include building a better self-concept as people who can perform and accomplish goals. The finding implies that positive self- esteem reinforces self-confidence and therefore the student could easily socialize with their peers.

The study found out that pupils with physical disabilities receive counseling on social relationships. This was very essential because most of the pupils were in adolescent stage. Therefore, their nature of socialization was very important. However, the counseling services were not adequately provided. This study is in line with Bowman and Jaeger (2004) who argue that issues of disability sometimes create distinct problems that may require the development of special skills in order to navigate relationships with peers. One could conclude that pupils required individual and group counseling to adjust well to the integrated setting.

4.6 Teacher Behaviours in Teaching That Affect Integration of Pupils with Disabilities

The study also found it necessary to determine the teacher behaviors in teaching that affect integration of pupils with physical disabilities. This was based on discrimination by teachers, helping the disabled pupils do assignments, asking disabled pupils questions in class, encouraging them to answer questions in class and directing them in to doing what is right. The findings were as indicated in Table 12

Table 12
Teacher Behaviours in Teaching Pupils with Physical Disabilities

Statement	Frequency	Percentage
Discrimination by teachers in class	4	10.0
Help offered by teachers to do homework	8	20.0
Rate of being asked questions in class	8	20.0
Being accused of causing trouble in class	5	12.5
Negative attitude towards pupils with disabilities	3	7.0
Rate answering questions in class	4	10.0
Guidance offered by teachers	8	20.0
Total	40	100

Table 12 indicates that majority disagreed with the most of the statements relating to the influence of teacher behaviors on integration of pupils with disabilities. Only few (10.0%) agreed that their teachers discriminate them in class, (20.0%) agreed that their teachers help them to do their homework, (20.0%) agreed that their teachers ask them questions in class, (33.30%) indicated that their teachers think that they make trouble in class with only (12.5%) indicating that he thinks that teachers hate him. Further quite another agreed that their teachers encourage them to answer questions in class (10.0%), that their teacher tell them what is right and what is wrong (7.5%). This implies that some teachers are professionally trained to handle the issues concerning pupils with disabilities so that they can fully participate in the activities and class work without discrimination and therefore integration is enhanced. This concurs with Frances (2010) who found out that those teachers in special and integrated schools are more qualified to work with pupils with special needs due to their acquaintance with pupils learning and emotional needs, which enables teachers to give their pupils greater amounts of positive feedback.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter contains summary of the results pertaining to the study, conclusions, recommendations and suggestions for further studies.

5.2 Summary

This section contains summary of the results pertaining to the study, based on key objectives that is: Identify physical facilities that affect integration of pupils with physical disabilities, identify types of support services that affect integration of pupils with physical disabilities and to determine teacher behaviors that affect integration of pupils with physical disabilities and interprets the results in the best way possible commensurate with the objectives.

Physical facilities that affect integration of pupils with physical disabilities were determined by the study. There are an increasing number of researches which show that pupils with disabilities attending integrated schools show lower degree of self-esteem and they are frustrated because they feel isolated. First the study determined the participation of pupils with physical disabilities in co-curricular activities in the school. The study findings indicates that few pupils with physical disabilities engage in sports, engage in debating in class, engage in athletics, engage in charity work e.g. clean ups, engage in group discussion and ball games. This implies that majority of the pupils with disabilities do not engage themselves in energy involving co-curricular activities which may be due to deformities in their body parts which limits them in participation. This concurs with (Harding, 2009) who found out that pupils with physical disabilities are rarely included in peer activities, especially in the sport area, unless these activities are designed especially for them. Chitiyo et al (2011) compared pupils with physical disabilities and non-disabled pupils and found out that pupils with physical disabilities have low self-esteem and poor and negative peer relations, because they are less involved in social activities compared to their typical peers. Combs (2010) and Elliott (2010) further claim that integration helps to improve communicative and social skills and helps to raise self-esteem and of pupils with special needs because integration gives them an opportunity to interact with all peers. The study further rated the adequacy of the special facilities in the schools. The study findings indicates that majority of the respondents disagreed having adequate special physical

facilities in schools. Only few indicated that schools have adequate toilets, that schools have adequate desks, that schools have adequate play grounds, that schools have adequate sports equipments with few indicating that schools have adequate pavements. This implies that schools do not have adequate facilities to enable pupils with physical disabilities to engage fully and comfortably in co-curricular activities.

The study sought to identify types of support services offered to pupils with physical disabilities in integrated schools. The study indicated that support services are meant to enhanced socialization and self-esteem of pupils but because they are inadequate, they do not meet the purpose. Further the study also found out that self-help skills had positive effect on integration of pupils with physical disabilities. The study findings indicated that the provision of medical services was inadequate due to lack of nurses in integrated schools, leading to large number of referrals of pupils to hospitals. The study also established that the most common device used for mobility was crutches because the schools had inadequate pavements to support use of wheelchairs. The study also indicated that the counseling services provided in schools improved socialization and interaction of pupils with disabilities because it addressed sensitive issues that could hinder their interactions. However, counseling was inadequate due to the few special needs teachers. The study revealed that the support services provided were inadequate to promote the academic and the socialization of the pupils with physical disabilities and hence could not enhance integration. The study also revealed that it was necessary to teach such skills as bathing, dressing and toileting because pupils with physical disabilities had difficulties acquiring these skills unlike the non-disabled who acquire the effortlessly through observation and imitation. The study also found out that the schools lacked funds for adequate provision of support services and purchase of materials to use for effective delivery of support services. All the teachers and all the non-disabled pupils were of the opinion that if support services were adequately provided, they would enhance the integration of pupils with physical disabilities and their interaction between peers and teachers.

The study also found it necessary to determine teachers' behavior in teaching that affect integration of pupils with disabilities. This was based on discrimination by teachers, helping the pupils with physical disabilities do assignments, asking pupils with disabilities questions in class, encouraging them to answer questions in class and directing them in to doing what is right. The

study findings indicate that majority disagreed with most of the statements relating to the influence of teacher behavior in teaching on integration of pupils with disabilities. Only few agreed that their teachers discriminate them in class, that their teachers do not help them to do their homework, that their teachers do not ask them questions in class, that their teachers think that they make trouble in class with only one indicating that he thinks that teachers hate him. Further quite another agreed that their teachers encourage them to answer questions in class, that their teacher tell them what is right and what is wrong and that their teachers are committed to their work. This implies that teachers are professionally trained to handle the issues concerning pupils with disabilities so that they can fully participate in the activities and class work without discrimination and therefore integration is enhanced. This concurs with McDuffie (2009) who found out that those teachers in special and integrated schools are more qualified to work with pupils with special needs due to their acquaintance with pupils learning and emotional needs, which enables teachers to give their pupils greater amounts of positive feedback. The study however established that the teachers trained in special needs were very few in each school and therefore could not be in a position to address the individual needs of each pupil with physical disability.

5.3 Conclusions

The first objective was to identify the physical facilities that affect integration of pupils with physical disabilities. The study therefore concludes that lack of physical facilities hinder effective integration of pupils with physical disabilities. Few of the pupils with physical disabilities engage in sports, engage in debating in class, engage in athletics, engage in charity work e.g. clean ups, engage in group discussion and ball games. This implies that majority of disabled pupils do not engage themselves in energy involving co-curricular activities which may be due to deformities in their body parts which limits them in participation.

The second objective was to identify types of support services that affect integration of pupils with physical disabilities. The study concludes support services enhanced socialization and integration of pupils with physical disabilities. Self-help skills had positive influence on integration of pupils with physical disability. The provision of medical services was inadequate due to lack of nurses in integrated schools, leading to large number of referrals of pupils to hospitals. The counseling services provided in schools improved socialization and integration of pupils with physical disabilities because it addressed sensitive issues that could hinder their

interactions. However, counseling services were inadequate. The few support services provided promote the academic and the socialization of the pupils with physical disabilities and hence enhanced integration. The integrated schools lacked funds for adequate provision of support services and purchase of materials to use for effective delivery of support services. The support services provided by professionals promote academic participation, socialization and self esteem of pupils with physical disabilities.

The third objective was to determine teacher behavior in teaching that affect integration of pupils with physical disabilities. The study concludes that their teachers do not discriminate them in class, that their teachers help them to do their homework, that their teachers ask them questions in class, that their teachers think that they make cause trouble in class with only one indicating that he thinks that teachers hate him. The study therefore concludes that teachers are professionally trained to handle the pupils with physical disabilities. However the study found out that the trained special needs teachers are inadequate to meet the individual needs of the pupils with physical disabilities.

5.4 Recommendations

The first objective was to identify the physical facilities that affect integration of pupils with physical disabilities. The study recommends that the government should provide facilities for pupils with physical disabilities to be able to attend integrated schools because it helps them socialize and interact with their peers. The study further recommends that teachers, parents and the government should encourage the pupils with physical disabilities to engage in sports, engage in debating in class, engage in athletics, engage in charity work like clean ups, engage in group discussion and ball games. This will enable them to have a sense of belonging and help them realize their potential.

The second objective was to identify types of support services that affect integration of pupils with physical disabilities. The study recommends that integrated school should be keen on provision of adequate and quality self-help skills to pupils with physical disabilities. This should be done by employing occupational therapists to attend to the individual needs of pupils on self-help skills. The study further recommends that the school administrations should employ school nurses in case the government is unable, to intensify provision of medical services in order to reduce large number of pupils referral to hospitals. The study further recommends that integrated schools should organize transport services for professionals on known schedules for regular

attendance by professionals who will deliver support services to pupils with physical disabilities.

The third objective was to determine teacher behavior in teaching that affect integration of pupils with physical disabilities. The study recommends that all teachers in integrated schools should be trained in special needs education. This move will help the teachers to be in a position to handle the individual needs of pupils with physical disabilities. The study further recommends that the Ministry of Education should regularly train teachers in integrated schools on the need for integration and further equip them with skills and knowledge on how to handle pupils with physical disabilities in their classrooms.

5.5 Suggestions for Further Studies

Taking the limitations and delimitations of the study the study suggests that further studies should be carried to find out strategies that have been put in place to enhance integration of pupils with physical disabilities and also on strategies of improving infrastructure in integrated schools in order to enhance the integration of pupils with physical disabilities in integrated schools.

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APPENDICES

APPENDIX A

A letter to Respondents

Dear respondent,

I am a student at Laikipia University pursuing a Masters Degree in Guidance and Counseling. I am carrying out a research on influence of selected institutional factors on self-esteem among pupils with physical disabilities in integrated primary schools in Embu West Sub-Cunty, Kenya.

The questionnaire provided is aimed at eliciting information which will be useful in the above mentioned research. You have been selected as one of the respondents in this study.

The information supplied will be used strictly for academic purposes and will be treated with utmost confidentiality.

Your cooperation will be highly appreciated.

Thank you in advance.

Susan N. Wachira

APPENDIX B

Questionnaire for Special Needs Teachers
Instructions

Please answer the questions honestly following the instructions given. The information given in this questionnaire shall be treated confidentially.

SECTION A

1. Please indicate with a dash (-) your highest professional qualification.
   UT [ ] p1 [ ] med [ ]

   Diploma [ ] Degree [ ]

2. What is your teaching experience in years? Please indicate as appropriate

   1-2 yrs [ ] 10-15 yrs [ ]

   2-5 [ ] over 15 yrs [ ]

   5-10 yrs [ ]

SECTION B: ISSUES ON INTEGRATION FOR SPECIAL NEEDS TEACHERS

3. Provision of Special Physical Facilities

Please indicate the adequacy of the following special facilities in the school. High adequate-5, Adequate-4, Fair-3, Inadequate-2 Highly Inadequate-1

Facility	Highly adequate	Adequate	Fair	Inadequate	Highly inadequate
Toilets					
Desks					
Play grounds					
Sports equipments					
Pavements					
Laboratories					
Transport					
Hostels					

SECTION C: ISSUES ON SUPPORT SERVICES FOR SPECIAL NEEDS TEACHERS

6. Kindly mention the MOST common types of support services used by your Pupils.

i). Mobility services---------- ii). Counseling services----------

iii). Self help skills------- iv). Medical----------

7. Do the support services encourage interaction among pupils and teachers?

Yes ☐ No ☐

8. Does the school train pupils in mobility skills?

Yes ☐ No ☐

9. Is the training in mobility skills based on;

Individual ☐ Group ☐

(Please tick whichever is applicable)

10. Do the support services improve class participation of these pupils?

Yes ☐ No ☐

11. Which among the following counselling services are provided to your pupils

in the school?

i). Behavior modification ii) Transition plans

iii Building positive self-concept

iv) Needs and interest for those in adolescence

v) Being advocate for the student at school. V) Self-esteem

Any other, please specify._____

12. Can counselling services affect integration of pupils with disabilities in the school?

Yes ☐ No ☐

13. Can counseling service improve academic performance of pupils?

Yes ☐ No ☐

SECTION D: ISSUES ON TEACHER BEHAVIORS IN TEACHING FOR S.N.E

14. Please indicate the rate of the following statements among the special needs in the school.

Very high-5, High-4, Moderate-3, Low-2, Verylow-1

	Very high	High	Moderate	Low	Very low
Teachers work load					
Attendance of in-service training					
Motivation to work					
Ability to attend to special needs					
Training in special needs education					

Thank you for your cooperation

APPENDIX C

Questionnaire for Pupils with Physical Disabilities

Please answer the questions honestly following the instructions given. The information given in this questionnaire shall be treated confidentially. Do not write your name on the questionnaire.

AGE……GENDER……..CLASS…….

SECTION A: ISSUES ON INTEGRATION FOR PUPILS WITH DISABILITIES

1. Please rate your participation in the following co-curricular activities in the school

Activities	Very High	High	Moderate	Low	Very low
Sports					
Debating in class					
Athletics					
Charity work e.g clean ups					
Group discussion					
Ball games					

2. Please indicate the adequacy of the following special facilities in the school.

Highly adequate-5, Adequate-4, Fair-3, Inadequate-2, Very inadequate-1

Facility	Highly adequate	Adequate	Fair	Inadequate	Highly inadequate
Toilets					
Desks					
Play grounds					
Sports equipment					
Pavements					
Transport					
Hostels					

SECTION B: ISSUES ON SUPPORT SERVICES FOR PUPILS WITH DISABILITIES

3. Kindly mention the MOST common types of support services used by your Pupils.

i). Mobility services---------- ii). Counseling services----------

iii). Self-help skills------- iv). Medical----------

4. Do the support services encourage interaction among pupils and teachers?

Yes ☐ No ☐

5. Does the school train pupils in mobility skills?

Yes ☐ No ☐

6 Is the training in mobility skills based on;

Individual ☐ Group ☐

7. Do the support services improve your class participation of these pupils?

Yes ☐ No ☐

8. Which among the following counseling services below are provided to the pupils in school?

(i) Behavior modification (ii) Transition plans (iii) Building positive self-esteem

iv) Needs and interest for those in adolescence

9. Can counseling services influence socialization and self-esteem of pupils in the school?

Yes ☐ No ☐

10. Can counseling service improve academic performance of pupils with physical disabilities?

Yes ☐ No ☐

SECTION C: ISSUES ON TEACHER BEHAVIOUR IN TEACHING FOR PUPILS WITH DISABILITIES

Please indicate the rate of the following statements about your teachers

Strongly agee-5, Agree-4, Undecided-3, Disagree-2, strongly disagree-1

	Strongly agree	**Agree**	**Undecided**	**Disagree**	**Strongly disagree**
My teachers discriminate me in class					
My teachers help me to do my homework					
My teachers ask me questions in class					
My teachers think I cause trouble in class					
My teachers encourage me to answer questions in class					
My teachers tell me what is right and what is wrong					
My teachers are committed to their work					

APPENDIX D

Questionnaire for the Non-Disabled Pupils

Please answer the questions honestly following the instructions given. The information given in this questionnaire shall be treated confidentially. Do not write your name on the questionnaire.

AGE…….GENDER……CLASS……

SECTION A: ISSUES ON INTEGRATION FOR NON-DISABLED PUPILS

1. Please indicate the rate of participation by the pupils with disabilities in the following co-curricular activities in the school

   Very high-5, High-4, Moderate-3, Low-2, Very low-1

Activities	Very High	High	Moderate	Low	Very low
Sports					
Debating in class					
Athletics					
Charity work e.g clean ups					
Group discussions					
Ball games					

2. Please indicate the adequacy of the following special facilities in the school.

   Highly adequate-5, Adequate-4, Fair-3, Inadequate-2, Very inadequate-1

Facility	Highly adequate	Adequate	Fair	Inadequate	Highly inadequate
Toilets					
Desks					
Play grounds					
Sport equipment					
Pavements					
Transport					
Hostels					

SECTION B: ISSUES ON SUPPORT SERVICES FOR NON-DISABLED PUPILS

3. Kindly mention the MOST common types of support services used by pupils with physical disabilities.

   (i)Mobility services…… (ii) Counseling services……..

   (iii) Self help skills..... (iv) Medical services……

4. Do the support services encourage interaction among pupils and teachers?

   Yes ☐ No ☐

5. Does the school train physically disabled pupils in mobility skills?

   Yes ☐ No ☐

6. Do the support services improve class participation of the pupils with physical disabilities?

   Yes ☐ No ☐

7. Which among the following counseling services below are provided to pupils with physical disabilities in the school?

   i) Behavior modification…….. (ii) Transition plans……

   iii) Building positive self-Esteem……

   iv) Needs and interest for those in adolescence ……..

   v) Being advocate for the student at school…….

8. Can counselling services affect integration of pupils with physical disabilities?

   Yes ☐ No ☐

9. Can counselling services improve academic performance of pupils with physical disabilities?

Yes ☐ No ☐

SECTION C: ISSUES ON TEACHER BEHAVIOURS IN TEACHING FOR NON-DISABLED PUPILS

1. Please rate the following statements about your teachers

Strongly agree-5, Agree-4, Undecided-3, Strongly disagree-1

	Strongly agree	Agree	Undecided	Decided	Strongly disagree
My teachers discriminate pupils with disabilities in class					
My teachers counsel the pupils with disabilities					
My teachers always encourage the pupils with disabilities to talk in front of the class					
My teachers think pupils with disabilities cause trouble in class					
My teachers call the pupils with disabilities by names					
My teachers always correct us where we go wrong					
My teachers are committed to their committed to their work					

APPENDIX E

Interview Schedule for the Head Teachers

1. What is your level of training?
2. For how long have you been teaching? For how long have you been in this work station?
3. What is your work load
4. What is the ratio of boys /girls in this primary school?
5. How many pupils with disabilities are enrolled in this primary school in each class?
6. Are there cases of bullying reported in the school?
7. Do you think the pupils with disabilities are given the necessary attention in integrated schools in the sub county?
8. Does the school offer any special facilities for the pupils with disabilities?
9. Is the number of special needs teachers adequate in the school?
10. Which support services are offered in this school?
11. Do the pupils with disabilities participate in core-curriculum activities?
12. What are the factors that affect integration of the pupils with physical disabilities?
13. Would you prefer the pupils with disabilities to be educated in special school or in ordinary schools?
    b) Why?

12. a) Do you think the non-disabled pupils benefit from the aspect of integration?

    Yes ( )
    No ( )
    b) How?

13. What do you think can be done to improve integrated Education in the country?

14. Is there a difference in academic and social performance in terms of gender? Why?

Thank you for according me a chance to conduct this important interview.