



Education for Students with Intellectual Disabilities in Kenya: Challenges and Prospects

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Keywords:

Education, Students, Intellectual Disabilities, Challenges, Kenya

Abstract

Kenya has great potential for enhancing education for individuals with intellectual disabilities. The fact that it has recognized the need to care for learners with special needs is commendable. In comparison to many African countries, Kenya and Nigeria are ahead in developing programs for special education in institutions of higher learning, and in starting schools and units for special education. However, a legal mandate is still required as it would seal many loopholes that currently exist. Without it, the assessment of individual with intellectual disabilities cannot be administered correctly and professionally. In this article, the authors present a coherent account on various aspects related to learners with intellectual disabilities in Kenya. No doubt, the issues and challenges identified call for attention by not only the government of Kenya but also those interested in improving the status of learners with intellectual disabilities.

INTRODUCTION

In the past, many scholars and educators held little hope for significantly enhancing the functioning of individuals with disabilities. They believed intellectual disability was static and not dynamic and therefore, nothing could be done to improve the condition of the affected individuals. Consequently, educating individuals with intellectual disabilities was considered as a waste of time and services. Today, however, many people have become aware that the functionality of all people can be improved and that very few, especially those with mild to moderate disabilities, can eventually improve to the point at which they can no longer be classified as intellectually disabled. This is because they can function adequately and become integrated into the community (Hallahan, Kauffman, Pullen, 2009). Much of the success being achieved by individuals with intellectual disabilities is attributed to a change in philosophy that includes respecting their rights as part and parcel of decision-making process.

In the last four decades, special education has attracted the attention it deserves. Individuals with intellectual disabilities have moved from a state of total exclusion, isolation, and rejection by the community to being regarded as individuals that need some consideration. The reason for this new impetus is simple: People are beginning to know what is happening in other parts of the world, due to technological advancement. As in other changes, technology has transformed the way individuals act and think. Truly, the world has become a global village where information is produced, transmitted, and exchanged from remote locations in a very short time via the Internet (Jimba 1988; Mukuria & Obiakor, 2004, Obiakor & Mukuria, 2006). Conversely, technology has enhanced dissemination of information to such an extent that educators in Kenya are exposed to the ways other countries in the world educate individuals with disabilities and how to lobby their government to exert efforts for providing more human and financial resources for learners with special needs. The goal of any special education programs is to place children with disabilities in the least restrictive environment as possible so that they can achieve their optimal potential (Mukuria & Obiakor, 2006). While Kenya government recognizes the need to educate all children, including those with exceptional needs, there lacks of a mechanism to ensure and oversee that all students have equal access to education. The crucial question regarding persons with disabilities, especially those with intellectual disabilities is: how will the rights of persons with exceptionalities be protected from economic, social, and political neglect?

A true litmus test for any stable democratic government is reflected in how it cares for and protects its most vulnerable citizens. In this context, the Kenya government has not only failed in making provisions in terms of human and capital resources necessary to improve the lives of these individuals but also in the advancement of rights for individuals with disabilities. Unfortunately, many students with disabilities come from low socio-economic backgrounds. Additionally, in rural areas, medical referrals and transport facilities are inadequate (English, Esamai, Wasunna, Ogutu, Wamae, Snow, & Peshu 2004). The unvoiced societal message is clear: The productive individuals must be given the available resources first before individuals with disabilities can be considered.

Disabilities are multicultural in that their impact exceeds racial, religious, tribal, and socio-economic barriers. Parents from high socio-economic status who have

children with disabilities can afford medical services. Unfortunately, due to poverty and environmental variables that come with it, the prevalence of students with disabilities from low socio-economic status is higher than that of children from those that come from affluent homes. Sadly, medical services are therefore, not available to those who need them most.

Conditions of Individuals with Intellectual Disabilities

An estimated 80% of all individuals with disabilities reside in isolated areas in developing countries (Oriedo, 2003) with 150 million of them being children (Eleweke & Rodda, 2002). Disability-related issues affect approximately 50% of the population in these countries (Oriedo, 2003, Mukuria, Korir & Andea, 2007). In most cases, disability problems are compounded by the fact that most of the people with disabilities are extremely poor and live in areas where medical and educational services are not available (Eleweke & Rodda, 2002; Meja-Pearce, 1998; Oriedo, 2003; Mukuria & Korir 2006). According to the 2009 census, this group makes up approximately 20% of the Kenya's population (Kenya Bureau of Statistics, 2009); unfortunately, only 2% of individuals with disabilities receive any form of special education (Eleweke & Rodda, 2003; Mukuria & Korir, 2007).

Indeed, in Kenya individuals with disabilities are a critical segment of marginalized population (Mutua & Dimitrov, 2001a; Oriedo, 2003; Mukuria & Korir 2006). An exact number of individuals with special needs are not available (Ndurumo, 2001). The United Nation estimated the number to be at least 10% of the population but noted the possibility of prevalence being as high as 25% due to perverted, inaccessible health care and educational services, HIV/AIDS epidemic, and poor transportation (Ndurumo, 1993).

It is critical to understand that special education and medical fields are closely connected especially regarding cases for students with severe intellectual impairments. It is not unusual for such individuals to be diagnosed and taken to mental hospitals. In Kenya, medical services are not free, which means that poor people have limited access to government-assisted services. The government introduced cost-sharing system where only those who can afford it receive treatment. As is typical in many developing countries, the gap between the rich and the poor in Kenya is enormous (Weil, 2005). Inevitably, the majorities of the people are poor and cannot afford to meet their basic needs in life. Paying for medical services is beyond their means.

Education is a critical tool to liberate the mind from the shackles of poverty and ignorance because it helps an individual to evaluate a problem and come up with alternative solutions. Educated parents can handle a child with disabilities better than their counterparts without education (Sleeper, 1986).

Due to lack of mechanism to enforce and oversee special education services, there has been an ineffective effort to identify reliable and valid instruments to assess the strengths and weaknesses of students with special needs. The current Kenyan economy limits the availability of funds for research and development of the assessment tools that are culturally-relevant which can be used to assess learners from diverse cultures (Mukuria & Korir, 2006). While Kenya has put in place institutions (such as schools, teacher training and special units) geared to providing services to individuals with disabilities, it has not reached the point of utilizing the entire process of assessment that includes identification and referral,

categorization, procedural safeguards and individualized plans (Algozzine, Wong, & Obiakor, 1996). These procedures, coupled with lack of funding and its ripple effect in other areas, will be discussed in the following subsections.

Intellectual disability is a subset of special education and therefore will be discussed in the context of special education. Education of individuals with intellectual disabilities cannot be fully addressed without taking cognizance of the challenges facing special needs education today. These challenges include but are not limited to the following: Assessment, Identification and Referral Process, Categorization, Placement of Individuals with Intellectual Disabilities, Protecting Individuals with Intellectual Disabilities, Individualizing Instruction and Funding.

Assessment

Assessment in special education can be defined as the systematic process of gathering relevant educational information for legal and instructional purposes (Mukuria & Obiakor, 2006; McLoughlin & Lewis 2008). This is an important ingredient in the entire process of education. An appropriate assessment should ensure that students with special needs are appropriately placed in programs that address their unique needs. Assessment should be conducted when a student or students experience difficulty in meeting the academic demands of the general education program and are referred for consideration for special education services. While the Kenyan government has set up assessment centers in every district throughout the country, the question of validity and reliability of the instruments used has not been addressed. These instruments do not sufficiently assess the strengths and weakness of individuals, especially those from poor socioeconomic background (Mukuria & Korir, 2006). It is erroneous to assume that all children come from similar backgrounds without considering their socioeconomic and ecological differences (Kirk, Gallagher, & Anastasiow, 2003, Obiakor & Ford 2002).

Furthermore, due to lack of proper assessment tools and trained personnel, early identification and placement are nonexistent in many parts of the country. Consequently, many students with disabilities are misidentified, mis-categorized, misplaced and mis-educated (Obiakor & Mukuria). For a student's educational needs to be addressed, he/she must be placed in an educational program that would enable him or her maximize his or her potential.

Identification and Referral Process

Procedural practices of special education in the United States require that before a student is placed in any special education program, there are a series of salient steps that are followed. The first step is identification and referral. According to McLoughlin and Lewis (2009) referrals are initiated when the parent, the teacher or other professionals complete a referral form which describes the nature of the problem the child is having and the duration the problem. In the US, this process has not been without fault. Research has shown that when identification and referral are poorly and prejudicially administered, the other process of assessment, categorization, and instruction usually yield prior or prejudicial results (Obiakor & Mukuria, 2006).

In Kenya, students with disabilities are indiscriminately integrated into general education or placed in special schools. The erroneous assumption for this is that

individuals with special needs will eventually be integrated into the community without necessarily taking any specific instructional steps to prepare them for that outcome (Mutua & Demitrov, 2001; Obiakor & Bragg, 1995). Such assumption is erroneous, misleading, and unacceptable. A comprehensive law and service regulations delineating the procedures should be followed during the assessment process and should be put in place.

Categorization

Labels may carry positive or negative connotations; and therefore great caution must be taken before giving a label to any student. Labels affect how individuals think and perceive themselves, set boundaries on what they can achieve, and can also influence how individuals are perceived by others. For example, if a teacher has a student with intellectual disabilities, the stigma associated with the label consciously or unconsciously lowers a teacher's expectation of that student (Hardman, Drew & Egan, 2011). In order to adequately address the needs of individuals with intellectual disabilities, assessment should be administered with ultimate care and professionalism so that unwarranted labels do not become the final product (Obiakor, 2001; Mukuria & Obiakor, 2004). In Kenya, students with disabilities are not adequately categorized. This is as a result of many factors which include cultural beliefs, socioeconomic status, high-rate illiteracy, untrained personnel and lack of funding (Ndurumo, 1993).

Korir, Mukuria & Andea (2007) conducted a study to examine the perceptions of pre-service teachers in one of the universities in Kenya who were being prepared to teach in special education. The study focused on how competent the pre-service teachers felt when teaching students with emotional and behavior disorders, the societal attitudes towards individuals with disabilities and how well they thought the government responded to the needs of individuals with E/BD in particular and special education in general. The study had a sample of 145 pre —service teachers in all categories of special education. All the participants were enrolled in an introductory course in neuropsychology, a core class required for all special education majors.

An overwhelming majority (86%) indicated that public awareness towards individuals with disabilities is lacking. Furthermore, not only is the lack of awareness widely considered to hamper progress of individuals with special needs (93%), but also poor infrastructure and cultural beliefs were viewed as deterrents to improvements (74.2%). The findings seem to show that the government policy and funding for individuals with disabilities positively correlated with the prevailing societal perception regarding individuals with disabilities. Culturally, individuals with disabilities are perceived as liabilities than assets. The New Kenya Constitution (2010) however, if implemented in totality will for the first time enable individuals with disabilities enjoy all rights like other citizens.

Placement of Individuals with Intellectual Disabilities

The placement of students with special needs frequently determines the kind of programming they receive. Placement should be geared towards the provision of programs that maximize the potential of exceptional individuals (Mukuria & Obiakor, 2006). This has not been the case in many programs in Kenya. In most cases, students with intellectual disabilities have been institutionalized, and this

kind of segregation practice impairs both self-concept development and the ability to function in the community. While there are schools that provide education for students with intellectual disabilities, most of them are operated by private entities, religious or philanthropic organizations where tuition and boarding fees are required (Mukuria & Obiakor, 2004). Consequently, when students are not identified properly, they do not receive instruction congruent to their intellectual abilities after being placed in large classroom environment.

Mutua & Dimirov (2001b) noted that in Kenya while students with mild intellectual disabilities are educated in regular schools, those with moderate to severe disabilities are educated in non-optimal or institutions. Placement of students with disabilities is often done without parental consent (Mutua & Dimitrov 2001a; Korir and Mukuria, 2006). The authors of this article have observed that cross-categorical classification of students with disabilities is the norm in many special education schools and units. Those who have been integrated into regular school are often placed in large classrooms where individual attention cannot be feasibly and adequately provided

The placement of individuals with intellectual disabilities is determined by the severity of the impairment. Specifically, children with mild to moderate intellectual disabilities are placed in special units while those with severe to profound disabilities are placed in residential schools where they are often excluded from the community (Mutua & Dimitrov, 2001a). The curriculum within each type of placement for individuals with mild to moderate intellectual disabilities, although largely mediated by the overall goals of the funding agency, often conforms to and is geared towards enhancing achievement of self-sufficiency by all students in Kenya according to the national educational policy adopted in the eighties (Eisemon, Ong'esa & Hall, 1988). The overriding rationale regarding education in Kenya is to equip learners with disabilities with adequate skills that will enable them pursue either post-secondary education or employment after high school. Since all schools use the same curriculum in all grades, the emphasis in education system is academic oriented and does not train learners in technical skills that may lead to self-employment. Although theoretically the goals of education for individuals with intellectual disabilities should be geared towards the achievement of outcomes that enhance self-sufficiency, including adult responsibility, community membership and education participation, in practice few attain those goals (Mutua, 1999). It is doubtful whether this objective is met. Few individuals with intellectual disabilities participating in the community are self-reliant or obtain employment. Less than one third of students without disabilities completing the Kenya Primary Certificate of Education are admitted into government-assisted high schools. On the other hand, their counterparts with intellectual disabilities have remote chances of going beyond elementary schools getting employment or receiving vocational education (Ndurumo, 1993).

In reality, gainful employment for individuals with intellectual disabilities remains unattainable. Moreover, Kenya has not established viable vocational institutions for providing skills to individuals with disabilities. Jacaranda School for the Mentally Handicapped, a private school, is one of the few institutions offering vocational education (Eisemon, Ong'esa & Hart, (1992). This institution however, serves the elite and affluent who can afford to pay the high tuition fees required, and thereby, excluding many poor but deserving students. This goes to show that in Kenya individuals with disabilities experience difficulties due prevalent social, cultural and

economic prejudices, stigmatization, ostracism, and neglect (Oriedo, 2003). The absence of laws supporting and delineating the implementation of programs and services for individuals with disabilities has resulted in the provision of inadequate services (Peresuh & Barcham, 1998)

Protecting Individuals with Intellectual Disabilities

The right of students with disabilities to special care and assistance, particularly in relation to access to educational opportunities are nonexistent as a separate educational policy but have been addressed in the recently passed Children's Act (Government of Kenya, 2001) and Persons with Disabilities Act, 2003. According to Oriedo, (2003), Kenya proposed Education Bill Amendment promises: (a) to provide skills and attitude with the goal of rehabilitation and adjustment of people with disabilities to the environment; (b) to provide adequate teachers who are skilled in both theory and practice of teaching students with special needs; (c) to increase inclusion of children with special needs in regular schools, related services, community-based programs, greater parent participation, and early identification of children of all exceptionalities so that intervention can be initiated as early as possible.

In spite of the articulated government commitment and provision of the Kenyan constitution to provide formal and informal educational opportunities to individuals with disabilities, there is a mismatch between words and action (Kiarie, 2004; Oriendo, 2003), due to lack of an explicit special education policy (Muuya, 2002). Despite the lack of the policy mandate and minimal financial investment, Kenya has made great strides in providing special education to address the need of individuals with disabilities. Inequity towards these individuals arises from the family, the community and the society at large (UDPK, 2003).

People with disabilities have been denied justice through lack of interpreters in courts of law, access to social amenities (wheelchairs, specially designed bathrooms, hearing aids etc.) buildings, transportation, job and educational opportunities (UDPK, 2003). They have little or no access to education (Mukuria & Korir, 2006), health, employment, and rehabilitation (Oriedo, 2003). In addition, this segment of society has been marginalized during distribution of resources because they are as much of a liability than asset (UDPK, 2003).

According to the Kenya Institute of Educational Research Report (1995) and Mutua and Dimitrov (2001b), laws protecting individuals with special needs children in general are nonexistent, not to mention the procedural safeguards. Practices of inequality pertaining to individuals with disabilities is imbedded in the culture and perpetuated in family, community, and society at large (Korir, Mukuria & Andera, 2007). Hierarchically, individuals with intellectual disabilities can be placed in the lower end of the pyramid as far as social status and productivity are concerned. They have suffered discrimination, abuse and neglect for a long time. They have had little or no access to education, health, employment, and rehabilitation (Oriedo, 2003). Mere recognition of individuals with disabilities without laws that would ensure that this population enjoys all the rights as other citizens is not enough.

Results from a UNESCO (1996) study that focused on 52 member nations, indicated that legislation is required to ensure that the rights of individuals with disabilities were enforced and respected. UNESCO further indicated that legislation

is needed to ensure the protection of rights and equal opportunities for persons with disabilities.

In spite of the legal stipulations in Kenya acknowledging that education is a right for all (Oriedo, 2003; Korir & Mukuria, 2007) and despite the massive enrollment of children in schools following the Education for All Act of 2001 (Kiarie, 2001, Korir, Mukuria & Andea, 2007), students with disabilities have not benefited a lot. Among the many reasons for this is the unfortunate view that funds should be allocated first to those without disabilities. Yet, most of the parents of children with disabilities are extremely poor and are incapable of meeting the educational needs of their children.

Only a few elite from affluent backgrounds would have the advantage of an appropriate education, a trend that is typical in developing countries such as Zimbabwe, India, and Haiti (Pang & Richey, 2005). It is strongly recommended that the Kenya Government enact laws to give strong support to the policy of provision of services. While mandatory registration may not be the panacea pertaining to provision of effective services, at least such policies would clearly delineate the type of services to be provided thereby addressing the beneficiaries of these services.

Individualizing Instruction for Learners with Intellectual Disability

Individualized programs are individually determined because each child is unique (Hardman, Drew & Egan, 2008). Any instructional program should be designed to enable learners with special needs to their maximum. It is for this reason that individualized education programs are designed. As mentioned earlier, in Kenya as in many other developing countries, individuals are either indiscriminately integrated in incorrect programs or institutionalized. When students are placed without regard to their individual needs, they are bound to fail in maximizing their full potential. Such incorrect placement results from the lack of legal mandate that would ensure learners with special needs are educated in the least restrictive environment. In addition, stipulating what should be done, at what time, and by whom, enables parties involved to focus on salient issues, collaborate, and avoid duplication of services. Programs should, among other things, contain a student's present level of performance, the intervention that will be provided by whom and the duration of the intervention. Sadly in Kenya, due to the rampant misplacement of students with intellectual disabilities, intervention for instruction has been unsuccessful. In western nations many scholars and educators (e.g. Obiakor & Ford 2002; Obiakor, Grant, & Dooley, 2003; Mukuria & Obiakor, 2004; Korir & Mukuria, 2007) have raised concerns pertaining to identification and placement of students with special needs.

Special education is multifaceted discipline that calls for professionals from all disciplines to work together. Many special education teachers in Kenya feel that they are ill-equipped to simultaneously handle the multiplicity of academic and behavioral challenges presented by individuals with intellectual disabilities (Korir & Mukuria, 2007).

Additional challenges stem from lack of parental involvement, prevalent negative attitudes towards individuals with disabilities and competent multi-disciplinary team.

Funding Education in Kenya

Kenya is dependent on external sources to finance education, and, as a result adopts conditions set by the funding agencies. For example, the recommendations of the World Bank related to accountability for utilization of funds and other austerity measures in developing countries (Lauglo, 1996) led to a system of cost-sharing (Swadener, Kaburu & Njenga, 1995). Cost-sharing did more harm than good to special education in Kenya. Many children with intellectual disabilities come from extremely poor families. The reason for this is simple: When children are raised in poverty stricken state, they lack many necessities of life including food and medical services, hence making them more susceptible to diseases. The cost-sharing recommendation created a line of demarcation between the haves and have-nots for many children with intellectual disabilities.

The lack of policy and proper funding compounded with cultural attitudes towards individuals with disabilities, hamper the attempts to address critical issues pertinent to those individuals with special needs in Kenya. The existing policies seem to be contradictory, due to lack of designated supervisory and implementation mechanism. The purpose of such mechanism should be to ensure that what is written in the paper is translated into action. In addition, the importance of funding cannot be overstated. Funding dictates what a country can do. Pang and Richey (2005) conducted a comparative study of early childhood in Zimbabwe, Poland, China, India, and the United States. Their findings indicated that Zimbabwe had adopted legislation and policies promoting the education of students with disabilities. While these initiatives have been perceived as positive effort to get donations from organizations or private donors, the government has drastically failed to implement them. They reported that parents in Zimbabwe were ashamed of their children with disabilities to such an extent that they could not bring them out in public.

Likewise, due to traditional biases that view individuals with disabilities as evidence of punishment from diminished life, and a curse from God, children with disabilities are disadvantaged. In India, children with disabilities are mistreated and ignored. As it is in Kenya, insufficient funding hampers the provision of special education services in both India and Zimbabwe. In the three countries, only the affluent can afford to send their children with disabilities to private institutions.

Conclusion

Children with special needs are vulnerable to neglect, abandonment, and mistreatment. They are excluded from general education (Muchiri & Robertson, 2000; Mutua & Dimitrov, 2001a; Oriendo, 2003). There are a number of reasons that can explain this trend. First, the societal perception towards individuals with disabilities, Second, highly competitive examination oriented system, Third, large class-size, Fourth, in accessible school facilities, Fifth, lack of trained personnel in special needs education, Sixth, limited research in special needs education and inadequate financial resources to support programs in special needs education. In view of the foregoing, it is recommended that the Kenya Government takes urgent measures to address the challenges and issues brought out in this article.

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ISSN: 2159-8371 (Online); 1041-5718 (Print)