**ASSESSMENT OF THE GOVERNMENT EFFORTS IN IMPLEMENTING INCLUSIVE PRIMARY EDUCATION TO CHILDREN WITH MENTAL RETARDATION IN ILALA DISTRICT**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER DEGREE OF SOCIAL WORK OF THE**

**OPEN UNIVERSITY OF TANZANIA**

**2016**

# CERTIFICATION

The undersigned certifies that has read and hereby recommends for acceptance by The Open University of Tanzania a thesis titled “***Assessment of the government efforts in implementing inclusive primary education to children with mental retardation in Ilala district***.“in partial fulfillment of the requirements for the award of the Master degree of Social Work

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Dr. Cosmas Mnyanyi

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Date

# DEDICATION

This work is dedicated to my parents Professor Hossea Rwegoshora and Dr. Wivina Rwegoshora and my young brothers Edgar,Avitus and my young sister Gloria.

# ACKNOWLEDGEMENTS

During the period of conducting this study, various people and institutions based in Dar es salaam particularly Ilala District, have significantly directly or indirectly contributed to the realization of this work in the format as it is seen here in. Firstly, I feel highly grateful to express my sincere gratitude to all respondents, particularly children with mental retardation, Regional government leaders, religious leaders, parents with children with mental retardation, and teachers at both Uhuru Mchanganyiko and Tumaini Primary schools who spared their precious time to volunteer sensitive information needed in this study.

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Last but not least, I thank the almighty God, who protected and gave me strength and ability to accomplish my research and be able to write this dissertation effectively, without him, this could not be a success.

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# ABSTRACT

The purpose of this study was to assess the government efforts in implementing inclusive primary education among children with mental retardation in Tanzania. The study was conducted in Ilala District, Dar es Salaam Region where there were a total of 73 respondents of whom 31(42%) were males and female were 42 (58%). The study had three specific objectives**:** to identify government efforts in the implementation of inclusive education in Tanzania, to find out challenges facing the implementation of inclusive education to children with mental retardation in Tanzania, and to identify support services for children with mental retardation in inclusive primary education in Tanzania. The study adopted two major theories (i.e. The needs and rights based theories) which were ideal in building up the sustainability and all inclusive measures in ensuring children with mental retardation access their educational rights. The study noted, factors that contribute to poor enrollment of children with mental retardation to primary education which include) lack of involving all stakeholders at planning stage of intervention strategies, ii) lack of public awareness on the educational needs and rights of children with mental retardation, iii) lack of monitoring and follow-up of the designed child protection policies and iv) programmes and lack of commitment of implementing designed strategies (inclusive education). The study concluded that children needed to be recognized to enable them obtain their educational needs effectively. It was further noted that, there was a need of raising public awareness on the need of educating children with mental retardation. The study recommends that, there is a need to incorporate all stakeholders such as social workers, teachers, parents and religious leaders in order to come up with sustainable implementable plans that will ensure children with mental retardation access inclusive education.

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# LIST OF ABBREVIATIONS AND ACRONOMY

NCPA National Costed Plan of Action

CWD Children with Disability

TASWO Tanzania Social Workers Association

SNE Special Need Education

EFA Education For All

FPE Free Primary Education

WHO World Health Organization

I Q Intelligent Quotient

CMR Children with Mental Retardation

ESR Education for Self Reliance

UNESCO United Nation Education Science Children Organization

UPE Universal Primary Education

URT United Republic of Tanzania

MDG Millennium Development Goals

UN United Nation

UNCR United Nations Convention of the Right of child

# CHAPTER ONE

# INTRODUCTION

This chapter presents the background information of the study. It is organized into sub-sections as follows: background to the study, statement of the research problem, research objectives, research questions, significance of the study and the last section is scope of the study.

## 1.1 Background Information

Children with mental retardation are children with low level of mental development. According to Jaffe (2000) children with mental retardation are considered as developmental mental disability that first appears to children under the age of 18 years and it continues throughout their life span. Generally, there are different symptoms of mental retardation and those symptoms normally appear at birth or later in childhood (Jaffe, 2000). Generally, such symptoms present themselves at different age levels and in most cases they manifest themselves depending on the cause of the disability. Such symptoms as Jaffe (2000) argues, include difficult in performing minor domestic activities like person hygiene, poor coping skills, poor in understanding, slow learners and poor in linking issues just to mention a few. It is further argued that, these children have difficulties with social communication and functional academic skills.

Worldwide, 600 million people are estimated to be affected with sensory or intellectual disability. Out of which 5% are children below 18 years (WHO, 2004). In Tanzania there is no recent data showing the current situation on people with disabilities including children with mental retardation. The available data do not provide the accurate picture of the actual prevalence ,nonetheless, the study which was conducted by The Ministry of Labor and Social Welfare in 1981, identified 193,599 disabled people in 20 regions, and that represented 1% of total population at that time. The1998 population census identified 3,372,000people with disabilities and out of which 242,976 (i.e. 7.2 percent) were children with mental retardation.

Whereas the number of people with disability and more particularly the children with mental retardation all over the world recognize the importance of taking care of the minority group which need special attention, little efforts have been in place to support them (Winter,2010) Tanzania like many other countries recognized this in her constitution of 1977 that all Tanzanians including children with disabilities and in this case children with mental retardation, need to be recognized, respected and enjoy their human rights. Tanzania Constitution article 11(1) stipulates clearly that “the state authority shall make appropriate provisions for realization of rights to people with disability and let them enjoy social welfare including education. On that basis, rights of children with mental retardation must be respected and recognized by all people.

Other government efforts include ratification of international convention related with people with disabilities. Some of the conventions which have already been ratified include Universal of Human Rights (1949) and the United Nations Standard Rules on the equalization of opportunities for person with disabilities in 1994. Ratification of these conventions is a clear testimony of the government effort to provide education to children with mental retardation. In Tanzania, it has been reported that in 1998, 48 percent of children with disability including children with mental retardation were enrolled in primary schools (MOHSW, 1998). According to the available information the low enrolment of children with mental retardation contributed by unfriendly school environment (geographical location, poor infrastructure and stigmatization).

## 1.2 Statement of the problem

Tanzania’s government has responded positively to children with special needs such as children with mental retardation. This has been done through ratification of International Conventions on the rights of children, formulating child protection policies such as Child Development Policy of 2004 and 2008 and Child Act 2009, programmes such as National Costed plan of action 1 and 2(2006-2017) and provision of special schools such as Tumaini and Uhuru Mchanganyiko schools where children access education. However, such efforts lack of good infrastructure, poor implementation of policies and lack of enough special need education teachers which has been not been effective.

It is on this basis the study was aimed at assessing the government efforts in implementing inclusive education to children with mental retardation in primary schools, in order to find out the gaps that limit children with mental retardation from accessing education to come up with alternative social work approaches which will enable these children to access primary education in Tanzania.

## 1.3 General Objective

The general objective of the study was to assess the government efforts in implementing inclusive education to children with mental retardation in Tanzania.

### 1.3.1 Specific Objectives

The study was guided by the following specific objectives:

1. To identify government efforts in implementing inclusive education among CMR in Tanzania.
2. To find out emergent challenges in the implementation of inclusive education to CMR in Tanzania.
3. To identify support services for CMR in the implementation of inclusive primary education in Tanzania.

### 1.3.2 Research Questions

The study was guided by the following key questions:

1. What are the government efforts in the implementation of inclusive education among CMR in Tanzania?
2. What challenges emerged from implementation of inclusive education to CMR in Tanzania?

iii) What kind of support services are providing in the implementation of inclusive primary education in Tanzania?

## 1.4Significance of the study

This study is very important in the sense that it will raise awareness to the society members to understand the importance of educational rights to children with mental retardation. This will make the society realize the kind of resources to be mobilized and formulate sustainable strategies that will be used to promote education to children with mental retardation in Tanzania.

Secondly, this study is significant as it will add value to social work profession as it will contribute knowledge that will enhance practitioners to advocate for the education rights to children with mental retardation in Tanzania. This will be achieved through working with other social systems (religious leaders, policy makers, and other professionals) and strengthening the existing approaches in providing education to children with mental retardation in Tanzania.

The study is further significant to the policy makers as the recommendations made by this study will help to influence policy makers to develop new policies that will be more focused to promote and protect educational rights to children with mental retardation in Tanzania. The study anticipates that new policies will be more focused, specific and implementable from the micro to macro level.

## 1.5Study limitations

1. Data collection was done during working hours when most of the respondents were at work. Due to this fact, most of respondents were available to produce information and others were busy with daily economic activities and that limited them to volunteer to produce information needed for the study. Due to this fact, the study ended up with postponing the interview sessions. In order to make things happen, the researcher had to visit respondents at their suitable time in order to conduct the study as per respondent’s time schedules.
2. Some respondents were not clear in responding to research questions; that led the researcher not getting the right information needed for the study. In order to overcome this problem, the study avoided straight questions and was using indirect questions which allowed respondents to be free to express their feelings and opinions.
3. It was difficult to memorize and record everything said by the respondents. This problem led the study to miss some of the information needed for the study. In order to overcome that, the study had to seek respondent’s consent to record directly what was said.

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# CHAPTER TWO

# LITERATURE REVIEW

This chapter reviews different literature relating to children with mental retardation including the concept of mental retardation, inclusive education, theories, conceptual frame work, challenges faced by children with mental retardation, efforts which have been made by the government to access education, and at the end, this chapter identifies the knowledge gap which this study need to fill.

## 2.1Mental Retardation

Mental retardation is a condition of substantial limitation of intellectual functioning characterized by significantly impaired cognitive functioning and shortages in two or more adaptive behaviors onset before the age of 18.It has historically been defined as an intelligence measure score under 70.Once focused almost entirely on cognition, the definition now includes both a component relating to individuals functional skills in their environment (Badano, 2006).

Jaffe (2000) describe children with mental retardation being categorized into four main parts based on the person’s level of functioning. The first category is known as Mild mental retardation where it is approximately 85% of total mental retarded population. According to him their score ranges from 50 -70, and they often acquire academic skills up to about the sixth-grade level. They can become fairly self-sufficient and in some cases live independently with community and social support. The second category is Moderate mental retardation which demonstrates about 10% of total mental retarded population. Moderately retarded persons have IQ scores ranging from 35-55. They usually carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live successfully within the community in supervised environments (family and peer group supervision).

The third category is known as severe mental retardation which covers 3-4% of the total mentally retarded population. This type of disability is considered to be severe because the child scores 20-40. Children of this level of mental retardation, normally master basic self-care skills and some communication skills and are able to live in a group at home. The last category is known as profound mental retardation which is only 1-2% of the mentally retarded population. Profoundly retarded children have IQ scores under 20-25 and can only be able to develop basic self-care and communication skills with appropriate support and training.

Mental retardation has different symptoms which may appear later during child hood as explained by Bat chaw, (2007) as follows: child continues to act childish even if they grow up. Also they decrease learning ability. Another symptom is failure to meet the markers of intellectual development and inability to meet educational demand at school. Lastly they lack curiosity; child with mental retardation may learn to sit up, to walk late than other children or they may learn to talk later. Both adult and children with mental retardation may also exhibit the following characteristics;

In early childhood mild mental retardation (1Q50-69) many not be identified until children begin school. Even when poor academic performance is recognized it may take expert assessment to distinguish mild mental retardation from learning disability or emotional/behavior disorder. If the children with mental retardation are provided with special care and special needs they will improve, and they can be independent in their life. So there is a chance for them to be like other children that have the future.

Today the word retarded is slowly being replaced by new words like special or challenged, and these decrease discrimination mentality to some extent, and increase some consideration in their needs such as education (Siderius *et al*., 2000).Historically, student with mental retardation have been influenced by several factors including placement effectiveness, research legal mandates, judicial interpretational, and the changing definition of the construct of mental retardation. Separate classes for student with mental retardation have existed for 100 years (Johnson, 1962).

These classes have typically included only students lobbed with mental retardation and have been based on the assumption that these students are more successfully educated by teacher with specialized skills and in a setting that is largely segregated from typical peers. For more than 70 years the effectiveness of these segregated placements has been questioned (Freeman and Alkin, 2000).

Studies during that time which evaluated academic achievement outcomes either had significant findings or favored placement in general education classrooms over separate classes whereas studies that evaluated social outcomes had mixed results. Some favoring general education class placement and while others favoring special class placement. Thus the only clear conclusion that could be drawn from this research was that all of the students had methodological weaknesses to the extent that generalizing conclusions from this body of work was problematic at best (Freeman and Alkin, 2000).

Williams (2009) points out that, in the United States of America there were three out of five students with learning disabilities who spent the majority of their time in the general education classroom. He clarifies his argument that, children with mental retardation in such kind of study, they achieve more positive results in the integrated classroom than in the segregated classrooms. (2009:15). Williams (2006) further says that, placement of students with mental retardation in general education classrooms tends to improve their social skills and competence.

## 2.2 Inclusive Education

This is described as the process of imparting knowledge, skills, values, norms and culture from one generation to another in a society. In line with this education, it is the influences exercised by adult generations on those that are not yet ready for social life (Lauder *et al*., 2006). Mmbaga (2002) argues that, “the main goal of education remains at preparing the youth for the life of work in their communities, as stipulated in the 1961 Education for self-reliance (ESR) policy, despite the fact that current changes, which are so unpredictable, call for knowledge that is flexible”

Inclusive education means that everyone in the society should take part on equal basis mentally, socially, and culturally. “Inclusion is both a process and a goal, where the educational institution should accommodate the individuals such as children with mental retardation in skills and needs in the best possible manner. This requires diversity and adaptation in the educational programme so as to enable each individual including children with mental retardation to participate more and receive more benefits from being an active member of the community” ( Norwegian Directorate for Education and Training , 2008).

From the reference above it is shown that inclusive education places demands on the education area and on every individual such as children with disabilities including those with mental retardation, who must be able to build worthy relationship while considering individual differences and values.

UNESCO (2009) elaborates on an inclusive education system by describing that an “inclusive’ education system can only be formed if normal schools become more inclusive. This is to say, if they improve at educating all children in their societies including children with mental retardation. The discussion stated that regular schools with an inclusive direction are the most active in fighting discriminatory attitudes, building welcoming societies, establishing an inclusive society and attaining education for all. Moreover they provide effective education to many children including children with mental retardation and improve competence and ultimately the cost effectiveness of the whole education system**.**

## 2.3 Inclusive Education in Tanzania

In Tanzania has its base in the values and norms of the society, whereby every person despite of the differences have dignity, equal opportunity to education and respect. A study done in Tanzania by polat (2011) stresses that, inclusive education aims to build a society that promotes equal opportunities for all citizens to take part in and play their vital roles in the development of the nation. Based on values of indigenous customary education and traditional African socialism, everybody was taken in and assigned roles according to their abilities. Those principles and values have been emphasized in Tanzania’s “Development Vision 2025 (1-3)” where the goal was to build a society that promotes the same chance for all residents to participate in and contribute to the improvement of the nation. Special attention is directed to women, children, the youth and disabled persons. Implementation of the Universal Primary Education (UPE) in 1977 and the education Act of 1978 were geared towards the realization of those principles and values. Through these policies the doors were opened to all school aged children. Such opportunity was available during the pre-colonial education but became restricted during the colonial period with the introduction of an inclusive school system and importation of separate institutions for children with disabilities.

Relevant to inclusion is the 1978 Compulsory Education Act, advocating the right to education for every child to be offered within the general education framework. According to sections 56 of the Act “every citizen of the United Republic of Tanzania (URT) is entitled to receive such category, nature and level of the education as the capability may permit”. The Act was passed immediately after the announcement of the Universal Primary Education; it includes all the citizens into the education system, regardless of ability, race, colour, religion, class background and gender. Furthermore, Tungaraza (2010) gives an account on the history of inclusive education in Tanzania, those special educations to Tanzania history have been there since the period of colonialism when Tanzania was under British colonialism by 1950. The first school to be established according to her was for children with sensory impairment.

Special schools for learners with disability were established based on discrimination. This was done in terms of gender and type of disability a person has. But at present some integrated schools have been established in Tanzania. Tanzania is now offering primary education to students with different disabilities. For example schools included all types of learners like physical, visual and mental impairment.

## 2.4 Theoretical Framework

A theory is a set of ideas that when considered together helps to explain certain phenomenon, and allow people to predict behaviors and other events. Theories differ from other types of knowledge in that they allow one to organize knowledge and put into practice a particular issue. Without theories, knowledge about human behavior and social issues would remain stagnant and one would not be able to make connections among related facts and information to form ideas that could help to advance knowledge about human behavior and social issues. It is within these contexts, an attempt is made to review various theories related to social protection of children with mental retardation.

### 2.4.1 Rights Based Theory

The right based theory is among the guideline that analyzes social protection related to different risks in the societies. In this theory, much emphasis has been made in the social rights (Munro, 2000). The social rights focuses on the obligation of the state to protect its citizens on the assumptions that citizens possess social rights that are legally made to be protected by the state. Thus all these were well stipulated in the Universal Declaration of Human Rights (UN, 1948) and Social and Cultural Rights (UN, 1996). However, human rights of all people including children with mental retardation are recognized by Tanzania Constitution article 11(1) which stipulates that “The state authority shall make appropriate provisions for realization of a person’s rights to people with disability to enjoy social welfare including accessing education. Basing on that, rights of children with mental retardation must be respected, recognized by all people (The Constitution of the United Republic of Tanzania, 1977). Thus in Tanzania’s laws the following rights are included: rights for adequate standard of living, involvement, self-determination and decision making, education, recognition, respected, loved, cared and protected.

Human rights are also set by National Social Workers Association (1996) and Tanzania Association Social Workers Organization (2014). Social workers code of ethics state that social workers should respect, dignify and promote social justice in particular when working with vulnerable groups like children with mental retardation in Tanzania (Mabeyo, 2014). In this perspective, all citizens including children with mental retardation should have equal rights, protection, opportunities, obligations and social benefits such as education, economic rights and health services.

### 2.4.2 Needs Based Theory

The aspect of need based theory is concerned with individual’s security maintenance. The theory insists security of a person and property to be well maintained by using any mechanism in order to enable people to live a well-brought-up life (Munro, 2000). Such properties included in this theory are the enough shelter, basic nutritional diet, education and good medical care. The theory further explains if these needs are met then quality of life of all individuals will be better and in turn risks in life will be minimized. In the situation where people experience poor life, ignorance and poverty, the chances of reasoning are reduced and they tend to believe in evil practices that put children with mental retardation at risk. Satisfaction of the basic need is another argument that is emphasized in this theory as good instrument for maintaining well-being of the people in the society.

The theory further clarifies that the role of social protection policies is to ensure the basic needs including education are well met to all individuals in the society and children with disabilities as well. This means that in a situation where the government instruments fails to improve educational systems to CMR, as a results children continue to be marginalized, experiencing poor life and fail to enjoy their rights like other children with no mental disabilities.

The above theories underline the need for each protection system to play its vital role effectively in promoting educational plans to all children in particular those with mental retardation in order to enable them access education. In a situation where there is an existence of poor implementation of policies and programs such as child protection policies and welfare policies, the government should expect CMR particularly to experience social injustice, chaos and unfair practices which damage their social life in terms of poor cognitive development and lack of physical and social development. The situation becomes worse when the existing social protection system fails to play its vital role effectively and parents exploit this chance by rocking CMR inside the house. This situation makes them to suffer more and face health problems, and loss of life.

The government effort in this case, is to raise awareness and taking into consideration maintaining thewellbeing of children with mental retardation through showing its commitment and plan complete approaches from central government to village level that will provide equal chance for accessing education among children with mental retardation and that will promote dignity and worth of children with mental retardation in Tanzania.

### 2.4.3 The rights of Children with Mental retardation

Children with mental retardation, like other children, they deserve to enjoy all the human rights. However, children with mental retardation in Tanzania have been deprived their rights due to their disabilities. The faith existing in many communities in Tanzania show how these children have been disadvantaged of their basic rights to live, rights for education, and right to participate in the community social activities (Wikipedia, 2012). Children’s rights are the human rights, particular attention to the rights of special protection and care including rights to access education, living, love, playing, and participation in decision making (Wikipedia, 2009). The United Nations Convention on the rights of the child of 1989, African Charter on the right and Welfare of the child (1990) stipulate clearly the human rights that should be enjoyed by all children. The same are clearly explained on the United Convention on the rights of the Child (UNCR), African Charter on the rights of children and Tanzania child Law of 2009(Wikipedia,2012).All these legal instruments aimed at promoting welfare of all children including provision of education to all children including those with mental retardation, marginalization and stigmatization. Despite, the existing legal instruments, children with mental retardation continue to get difficulties in accessing education in Tanzania.

## 2.5 Efforts made by the government in implementing inclusive education to children with mental retardation in Tanzania

Tanzania like many other countries recognizes rights of children with mental retardation in her constitution of 1977, that all Tanzanians including children with disabilities involving the case of children with mental retardation need to be recognized, respected and enjoy their human rights. Tanzania Constitution article 11(1) stipulates clearly that “The state authority shall make appropriate provisions for realization of rights to people with disability and let them enjoy social welfare including education. On that basis, rights of children with mental retardation must be respected and recognized by all people.

Other government efforts included the ratification of international convention related with people with disabilities. Some of the conventions which have already been ratified include Universal of Human Rights (1949) and the United Nations Standard Rules on the equalization of opportunities for person with disabilities in 1994. Ratification of these conventions is a clear proof of the government effort to provide education to children with mental retardation.In Tanzania, it has been reported that in 1998, 48 percent of children with disability including children with mental retardation were enrolled in primary schools (MOHSW, 1998). According to the available information the low enrolment of children with mental retardation contributed by unfriendly school environment (geographical location, poor infrastructure, stigmatization)

Other efforts made by Tanzania government is to ensure that children with mental retardation access education, include initiating of special needs education services at primary schools level in residential boarding and non-residential schools which are mostly supported by humanitarian organizations and religious institutions, formulating programmes and policies such as Child Development Policy of 2008 and the National Costed Plan of Action of 2006 to 2010 and 2011 to 2015 which emphasizes the right to education to all children including children with disabilities and, in this case, children with mental retardation (Richard, 2008).

Despite all national efforts to ensure that children with disabilities in particular CMR, experience still shows low achievement of the government efforts to address the situation because most of the children have been left behind without accessing primary education. This situation was also noted by 2010 Millennium Development Goals (MDG) which reported a strong link between disability and marginalization in education. The report further pointed out that, despite overall increase in school participation over the past decade, children with disabilities continue to be left behind.

## 2.6 Empirical literature review

### 2.6.1 Provision of education to children with mental retardation worldwide

Provisions of education to children with mental retardation begun to take place in the late 1800s to 1960s in United State of America. This was initiated in order to provide physiological education which consists of three components such as physical education sense and moral or psychological therapy. By this programme, the government established various institutions and special schools which were used to accommodate children with mental retardation on day bases and teach them functional academic and other skill like handcraft (James 1998).

The United State of America took further initiatives and enacted handicapped Children Act in 1970s in order to provide equal opportunity to all mental retarded children to access education. In the implementation of this act a quite number of schools were established and children with mental handicapped were enrolled in schools in order to increase a number of students and equip them with minor skills including vocational skills and domestic skills (Anderson, 2010).

In African countries all children are recognized as human beings and have rights to free and compulsory primary education. This is also supported by the Africa Charter on the Right and Welfare of the Child of 1990.African countries including Tanzania ratified Convention on the rights of persons with disability. However, despite the ratification of the Convention on Human Rights, still children with mental retardation have been left out of school system. For example in 2015, the South African government declared to reach universal enrollment in primary education and achieved United Nation Millennium Development goal on education but in 2000 the United Nation Committee observed rights of primary education to children with disability to be violated (Edward, 2014).

According to Celina (2010), East Africa including Uganda and Kenya has a national policy in favor of inclusion. Ugandan government has been addressing the educational needs of CWD as part of Universal Primary Education (UPE) since 1996. The Ugandan government has also made it financially possible for families to send their CWDs particularly children with mental retardation to school. In every family, the priority was given to child with disability, then girls (Miles, 2000). Although all that have been done, it is evident that there are some children especially CWDs including CMR who might have enrolled in regular schools, may have ended up dropping out of school if such schools are not inclusive oriented. In deed the study was carried out to establish the school characteristics that fully supported inclusion of CWDs particularly those with mental retardation. This could be of great significance in future plans to enable CWDs to access education**.**

In Kenya before Special need education (SPE) policy was put in place in March 2010, the implementation and practice of special education programme was guided by policies stated in Seasonal Paper No.5 of 1968 and No. 6 of 1988. These policies pointed out that the needs of children with special needs should be catered for in special schools. Other policies had been adopted from presidential directives, education commissions and legal notices from ministry of Education (MoEST, 2005a). The recently launched SNE policy clearly points out on the need to implement inclusive education as a viable means of achieving EFA goal (MoE, 2009).

The implementation of free primary education (FPE) by the government was a positive milestone towards that achievement. Although this has been done and the enrolment in regularly primary schools increased from 5.9 million in 2002 to 8.5 million in 2008, the number of children going to school including those with mental retardation, only 45,000 ( 6%) children were placed in learning institutions (MoE, 2009). This therefore implies the ineffective learning (UNESCO, 2004) which concluded that in African countries the rights for education to children with disabilities and in this case children with mental retardation are not respected and recognized as the basic requirement for this group.

### 2.6.2 Current status of education for children with mental retarded in Tanzania

The provision of special education programmes for the profoundly and severely mentally retarded children has been emphasized over the years in favor of placing them in different schools and to provide them with education according to their levels and understanding capacities. This was also supported by legislative instruments which require the public schools to assume responsibility for providing free public education to all mentally retarded children irrespective of their home of retardation (Neisworth and Smith, 1978).Following these directives, in 2012 there were 84% of primary school students in Tanzania on whom a research conducted identified that children with disabilities were enrolled in primary schools and findings identified that children with mental retardation were 47.7% as indicated on Table 2.1.

#### Table 2.1:The enrollment of children with mental retardation from 2012

|  |  |  |
| --- | --- | --- |
| **Types of Impairments** | **Percentage of those attended primary schools** | **Percentage of Impairment at National level** |
| Intellectual Impairment | 47.7% | 8% |
| Deaf | 19.9% | 20% |
| Visual Impairment | 16.1% | 27% |
| Physical Impairment | 9.9% | 28% |
| Albino | 4.4% |  |
| Multiple Impairment | 2.2% | 4% |
| Others | 0% | 13% |

***Source: UNESCO, (2007*)**

The picture that emerged from Table2.1 shows that there is low enrollment of children with mental disabilities in schools since 2007and that is contrary with the National policy of disability in Tanzania (2004) which recognizes the importance of education as the key to developing the potential of children with disabilities including those with mental retardation and states that they should be given priority. It also acknowledges that the education system in Tanzania is largely inaccessible to children with disabilities and educational needs have yet to be made a priority.

The increased provision of education for the handicapped in the country has been held back by many problems. Some of these problems are absence of a policy for the care of the handicapped including those with mental retardation; it lacks a valid statistics to depict the different types of handicaps in the region and negative attitude of society towards the whole question of people with special needs (MNE, 1984). These problems are still prevailing, though some efforts have been made to reduce the extent. For example, in 1984 the government of United Republic of Tanzania stipulated some steps to be taken to create conducive environment for children with disabilities to access education. Such steps include:

i) Children with disabilities including those with mental retardation to be enrolled in schools alongside with non-disabled children.

ii) The Government to take responsibilities in making necessary adjustments to school building in order to make it possible for the mental handicapped children to use them.

iii) Existing special schools for the handicapped children including those with mental retardation will be expanded in terms of buildings, increased supply of equipment and materials. These schools were planned to be supplied with teachers with necessary qualifications to offer services to children who have special handicaps like children with mental retardation.

iv) Ministry of Social Welfare was given a task of preparing a policy on special education and expansion of services to children with mental disabilities to be based on statistics available (MNE, 1984).

All these problems and kept plans have not been fulfilled and still there are problems with policy on special education like the budget for special needs education is inadequately allocated. Taking an example of school for children with mental retardation; they receive the same tax allowances regardless of high price of their equipment used for learning. Special needs education has not been given its due attention (Kristensen, 2002).

## 2.7 Conceptual Framework

Conceptual framework according to Smyth (2004) is prepared from a set of broad ideas and theories that help researchers to properly identify the problem they are looking at. This frame work developed in order to build up a base that assists the study to conceptualize the problem and find out suitable tools that work in conducting the study. My study focused on assessing the government efforts in implementing the inclusive primary education to children with mental retardation.

A framework used in this study is based on getting organized set of information that is connected with the measures of the government and made strategies which are designed to improve inclusive primary education to children with mental retardation. This study focused on the government structures (local and central government) and its efforts towards designing and formulating various programmes and policies so as to enable children with mental retardation acquire better inclusive primary education as shown in Figure 2.1.

Dependent Variables

Independent Variables

Effectiveness of government education strategies

* Legal backup
* Government support
* special need education
* follow up implementation
* monitoring and evaluation
* Stakeholder’s involvement
* Ownership of the strategies

Existing Structures include

1. Central government
2. Local government
3. NGOs and CBOs

Designed Children protection systems

1. Laws
2. Policies
3. By laws
4. Programmes

Increase of children with mental retardation enrollment

Free from stigmatization and labeling

Recognized and respected

##### Figure 2.1: Conceptual Framework

**Source: Field Survey 2016**

The picture from Figure 2.1 shows that, within the society where children with mental retardation live there are different structures (central government and local government and families) which play their roles in designing various strategies such as laws, policies and programmes in order to ensure the rights of children with mental retardation are protected and maintained.

Having these policies, programmes and legal measures is one thing, and having them implemented it is another thing all together. It is predicted that if these policies, legal and programme measures are well implemented, observed, supported by legal instruments and funded, then children with mental retardation are confident of attaining their rights to education.. In absence of that, children with mental retardation will continue to experience violation of their rights in accessing inclusive primary education in Tanzania.

## 2.8 Knowledge Gap

The review of literature shows that there are several gaps that were identified in this study that needed to be examined. Firstly, the available of child protection policies such as Disability Policy of 2004 and Child Development Policy of 2008 are not well implemented effectively. For example these policies state that all children including children with disability and in this case children with mental retardation needed to access inclusive primary education, but available statistics shows that out of 84 percent of children with mental retardation only 8 percent were enrolled in 2012 in primary schools in Tanzania.

Second, the available information revealed that in Tanzania there are no enough teachers trained to teach and handle children with mental retardation at school environment. Due to this fact children with disabilities are not motivated to continue with primary school and eventually they drop out of school. Last, there is no study which has been done so far that has identified the number of children with mental retardation who have not been attending inclusive primary schools.

# CHAPTER THREE

# RESEARCH METHODOLOGY

This chapter explains different methods and instruments used in data collection. This chapter is divided into four main parts. The first part explains about the description of the study area and its characteristics in relation to education services. The second part explains about the research design that was opted to facilitate operation of the study. This includes the selection of sampling frame which was opted to represent the total population within the study area. The third part explains different steps that were followed during research process to arrive at the intended results. That was observing methods employed during collecting data and justification. The fourth part explains limitations and ethical considerations that emerged during conducting the research process.

## 3.1 Study Area

This study was conducted in Dar es Salaam region at Ilala Municipality. Ilala Municipality was selected to be the study area because it had 265 children with mental retardation whereby female were 114 and males were 151 compared with Kinondoni which had 110 among whom were female 67 and males were 43, and Temeke had 192 : 100 females and 92 males (Census, 2002). Ilala Municipality also has the government primary schools (Uhuru Mchanganyiko and Tumaini) which enroll both children with mental retardation and normal children. Other Municipalities like Temeke and Kinondoni, according to the study survey 2016, do not have such facilities. Uhuru Mchanganyiko and Tumain primary schools for example, enrolled more children with mental retardation than other schools as shown onTable 3.1

#### Table 3.1: Enrollment of children with mental retardation in two schools from 2013 to 2016

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Years** | **Name of schools** | | | | **Total** |
| **Uhuru Mchanganyiko primary school** | | **Tumaini primary school** | |
|  | **Males** | **Females** | **Males** | **Females** |  |
| 2013 | 49 | 42 | 21 | 11 | 123 |
| 2014 | 46 | 40 | 31 | 14 | 131 |
| 2015 | 64 | 44 | 34 | 18 | 160 |
| 2016 | 57 | 55 | 59 | 42 | 223 |

***Source: Study survey 2016 at Ilala dictrict***

The picture that emerges from Table 3.1 shows more enrollments of children with mental retardation (CMR)at Uhuru Mchanganyiko and Tumaini primary schools.

## 3.2 Research Design

In this study the explorative design was adopted in order to investigate and understand the contribution that have been done by government in implementing inclusive primary education to children with mental retardation in Tanzania. In this study, the explorative design was the most appropriate in the sense that, it helped the study to interview different categories of respondents and acquired different information which assisted the study to discover the contribution that have been made by government in implementing inclusive education to ensure children with mental retardation access adequate education in Tanzania.

The nature of the study was explorative, and then qualitative approach was an appropriate approach to be used in data collection in order to acquire feelings, perceptions and opinion of respondents regarding measures taken by the government in implementing inclusive primary education to CMR in Tanzania. Furthermore, the study used quantitative approach in order to get occurrences and number of respondents on the specific research questions**.**

### 3.2.1 Qualitative Approach

In this study, qualitative approach was applied with the purpose of gaining awareness in respondents’ sentiments, views, perception, feelings and altitudes on measures taken by government in the implementation of inclusive primary education to children with mental retardation in Tanzania. This approach as Kahn (2001) and Kothari (2009) argue it is flexible and can be used at different levels. However, this method enable respondents to be free to express their opinion, feelings and experience on efforts made by the government in the implementation of inclusive primary education to children with mental retardation.

### 3.2.2 Quantitative Approach

Quantitative technique was applied to show frequencies and number of respondents with certain characteristics who were involved in this study. The study used this method with the intention of getting the easiest way of asking identical questions to different categories of study population and making comparison of responses and analysis on information related with measures that support strategies made by government in the provision of primary education to children with mental retardation in Tanzania. In this sense, qualitative approach was largely applied to a smaller extent and quantitative technique was used to complement qualitative technique in terms of presenting figures and the occurrences as mentioned above.

## 3.3Sampling Procedures

In this study, sampling techniques was employed in order to get the right respondents with similar characteristics that represented the population under this study to produce the right information which met the research objectives. As Bryman (2008) said, sampling techniques are employed because all scientific researches focus on a small segment (sample) of a bigger population. Similarly in this study, sampling techniques was used because the study population was relatively large and in this case it was not easily to reach it without using different sampling techniques. Basing on that, the study also employed sampling techniques in order to obtain the right population who provided relevant information to research objectives and research questions**.**

In order to collect data adequately, the study used convenience and purposeful sampling. Convenient sampling was used by selecting respondents who were available and those who happened to be closer to the study. In addition to that, purposive sampling which was non-probability sampling was used to select respondents basing on researcher’s own judgment. However, the selections of these respondents were based on specific knowledge held by respondents that fulfilled the study demands.

### 3.3.1Convenience Sampling

Convenience sampling is the methods that were used with the aim of getting persons who were available and those who happened to be closer to the study. By using this method, friends, neighbors, relatives (community members) who showed interest and agreed to cooperate to research questions were included to form the study population. As Davies (2007**)** stated, that technique was also used in order to get different categories with different understanding to obtain general public opinion, perception and experience of the government effort in providing primary education to children with mental retardation in Tanzania.

### 3.3.2 Purposeful Sampling

In this study, category of respondents who were purposely include in this study, are children with mental retardation, teachers, and government officials. Each of these categories were selected based on a wide range of experience, knowledge and feelings on issues regarding contribution of government in provision of primary education to children with mental retardation in Tanzania. For instance, the government officials were expected to provide information related to the strategies and child protection and educational policies, children with mental retardation were expected to give life experiences in relation to education provision at school.

Using this approach added value to the study findings. Furthermore, this technique was used to select two primary schools (UhuruMchanganyiko and Tumaini primary schools) that enroll children with mental retardation. These schools were selected purposively due to the long experience they held in taking care and teaching children with mental retardation and challenges they face in teaching this group of children.

## 3.4 Sample size

The sample size is the critical issue in this study. As Creswell (2008) said, it entails the number of entities in a subset of a population selected for the study and data analysis. In this study the total number of respondents was 73as detailed in Table 3.2 whereby teachers were 25 (50%) male 15 (60%) and female 10 (40%).

#### Table 3.2 : Distribution of respondents in study area by gender and category

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESPONDENTS** | **MALE** | **FEMALE** | **TOTAL** | **PERCENTAGE** |
| Teachers | 6 | 9 | 15 | 21% |
| Government officials | 4 | 5 | 9 | 12% |
| Children with mental retardation(CMR) | 10 | 10 | 20 | 27% |
| Parents of children with mental retardation | 3 | 6 | 9 | 12% |
| Social Workers | 4 | 5 | 9 | 12% |
| Care takers | 0 | 4 | 4 | 5.5% |
| Religious leader | 3 | 4 | 7 | 10% |
| Total | 30 | 43 | 73 | 100% |

**Source: Researchers 2016**

Parents of children with mental retardation were 5(10%) and Social workers were 5(10%) whereby males were 5(10%) and females 5(10%).Children with mental retardation were 5 (10%) where male were 3 (6%) and females 2(4%). Government official were 10 (20%) male 5 (50%) and female 5 (50%).Table 3.3 further elaborates the distribution of respondents by location, gender and category.

#### Table 3.3 Sampling frame by Location, Category and Gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institutions and Department** | **Category of respondents** | **Gender** | | **Total** |
| Males | Females |
| Uhuru mchanganyiko primary school | Teachers | 2 | 3 | 5 |
| Care takers | 0 | 2 | 2 |
| Children | 5 | 5 | 10 |
| Parents | 2 | 4 | 6 |
| Sub Total | | 9 | 14 | 23 |
| Tumaini primary school | Teachers | 4 | 6 | 10 |
| Care takers | 0 | 2 | 2 |
| Children | 5 | 5 | 10 |
| Parents | 1 | 2 | 3 |
| Sub Total | | 10 | 15 | 25 |
|  |  |  |  |  |
| **Religious institutions** |  |  |  |  |
| Christian | Priests - Catholic church | 0 | 2 | 2 |
| Pastor –Lutheran church | 1 | 1 | 2 |
| Islamic | Islamic-Shia | 1 | 0 | 1 |
| Islamic -Suni | 1 | 1 | 2 |
| Sub Total |  | 3 | 4 | 7 |
|  |  |  |  |  |
| Government Departments |  |  |  |  |
| District offices | District education officers | 2 | 2 | 4 |
| Ministry of education | 3 | 2 | 5 |
| Department of Social Welfare | Welfare officers dealing with disability | 1 | 1 | 2 |
| Lecturer from Institute of Social work | 2 | 2 | 4 |
| Social work Students | 1 | 2 | 3 |
| **Sub Total** |  | **9** | **9** | **18** |
| **Grand Total** |  | **31** | **42** | **73** |

***Source: Field survey 2016 at Ilala district***

## 3.5 Source of data collection

In this study, the researcher used primary data and secondary data. Within these two main data there were different methods of data collection that involved various tools used in accessing information needed in this study. The study relied on two major sources that was, the primary and secondary source. Whereas primary source included collecting data from the field, whereby the researcher used various techniques to gather relevant information, secondary source were data that were collected from different documents. These included books, journals and report from various institutions. Below an attempt is made to describe different methods of data collection.

## 3.6 Methods of Data collection

Methods of data collection involve various tools to be used in accessing information needed in this study. Therefore various types of methods were used such as: observation interview, questionnaires and documentary review.

### Observation

This method was used in order to enable the study to make observation of the phenomenon in their school setting. As Creswell (2008) argues, observation method assist the study to observe actions, interaction, words spoken by people towards children with mental retardation, the class setting and participation of children with mental retardation in classroom. Generally, this type of a method enabled the study to come up with firsthand information that wasnot interruptedby other factors that can disrupt objectives of the study (Creswell, 2008).

The study was also interested in observing physical appearance and education infrastructure for children with mental retardation, type of education given to children with mental retardation and tools used to teach them. This method was useful to study as it support to cross check the information given during interview and the actual situation.

### Interview

In this study, interview method was used to ask different respondents such as children with mental retardation, teachers, and government officials. This method assisted the study to face respondents and interrogate individuals and group of respondents in order to get detailed information about the government contribution on primary education among children with mental retardation. The study therefore used both structured and unstructured questions which were guided by research objectives which facilitate the study to have reliable and enough information. With this method interviewees were able to work together to offer the right information which were useful for the study.

### Structured interview

Structured interview was adopted because of its strength in capturing realistic information from both formal and informal setting (Kothari, 2011). In this study, the method involved facing respondents and interrogating them using specified guiding questions. The interview process involved both closed and open ended questions aiming at obtaining much information from the respondents including teachers and government officials. Such type of interview assisted interviewees to be more focused in expressing feelings, sentiments (ideas) and opinion over the mechanisms used by government to provide primary education to children with mental retardation in Tanzania.

### Unstructured interview

This method was used in order to gather much information from the respondents. The unstructured interview as mentioned above was used to get information from children with mental retardation, government officials and teachers. The unstructured interview in this case, was useful in this study as it enabled free discussion and assists the study to obtain information which covered gaps that were not filled when using other methods during data collection.

### Questionnaires

The questionnaires technique was also employed in this study, specifically when the study wanted to focus on particular issues. As Padgett (2008) mentioned, this technique was engaged when the study needed to accumulate much evidence from the right respondents. In this study the questionnaires contained both open and closed ended questions which were distributed to respondents with the aim of obtaining the vital information. This technique enables the respondents to be free and have enough time to digest the questions and finally to offer the answer. In this study for instance questionnaires were employed to collect crucial information from the government leaders, teachers, parents and social workers. Therefore, this method assisted the study to meet specific information related to the research problem.

### Documentary review

This method involves reviewing different literatures related with the study problem. Such include books, newspapers and journals in order to build up a base of understanding and getting much information on children with mental retardation and the contribution of the government in the provision of primary education to children with mental retardation in Tanzania. This method is also known as secondary data source of information which contains data which have already being collected by different researchers and passed through the statistical process (Kothari, 2011). The documentary review helped the study to get much understanding of the study problem and identify gaps and alternative ways of filling the gaps. Specifically, documentary review involved: text books, journals, legislations, report, published and unpublished research papers related to study problem.

### 3.7 Data analysis

In this pilot study, data was analyzed by using qualitative and quantitative methods of analysis. In this condition the satisfied analysis approach was used to analyzed written communication ( books, news, articles , and pamphlets) observed behaviour, altitudes, emotions and recorded oral communication ( Lewis, 2007). To start with, the study started by framing a simple setup that allowed the study to review the collected information, counting the frequencies of the statements and identifying the amount of statements and described the attitudes and perceptions held by children with mental retardation in a way of assessing its implementation of inclusive education among children with mental retardation in inclusive primary schools in Tanzania. In this analysis, the recorded information collected from interview and questionnaire, observation and documentary review sessions facilitated the satisfied analysis method to be done effectively in the pilot study.

## 3.8 Ethical consideration

## Informed Consent

Seeking permission from respondents was obtained before data collection. This is in line with David (2008) who pointed out that obtaining informed consent for research study open a truthful communication between the researcher and the study participants prior to any study. Getting respondent’s permission initiated good rapport and cooperation in data collection. And it builds up trust and assurance of confidentiality. In the process of seeking permission, the researcher explained to respondents about the nature of the study.

### Confidentiality

One of ethical principles of social work is to respect the client’s rights and maintain individual privacy. Social workers were not allowed to solicit private information from clients unless it is essential for providing services or conducting social work evaluation. It was within this context that maintaining confidentiality of respondents were assured and maintained during the study , and respondents were assured that the gathered information were only used for the study purposes.

## 3.9 Validity and Reliability

In a qualitative study validity and reliability are the terms used to measure the quality of the study.

### Validity

According to Stake (2003: 134) a good case study research follows disciplined practices of analysis and triangulation to tease out what deserves to be called experiential knowledge from what is opinion and preference. The study took lengthy time in collecting data with a followed observations, questionnaire and interview so as to collect rich and valid data. Both long term involvement and interviews, questionnaires, observation enabled the study to collect data that were detailed and varied enough that provided a full and revealing picture of what was going on (Maxwell, 2005). Validity of the study went along with the theory and ethical issues as stated above.

### Reliability

This is an accuracy of work in research. For the research to be reliable it must prove that if it is done on a similar group of respondents and in a similar context, the similar results will be found. According to Gall *et al*. (2007) reliability was used to measure quality of the research in quality pattern. Through interview with unstructured questions and observation methods which were used and repeat the same question as the evidence of reliability. Using multiple methods like direct observation, questionnaire and interview ensured reliability due to the fact that the greater number of methods used the more accurate the findings became effectively

During data collection process the study ensured that phone contacts were observed between the respondents and the researcher, this helped the study to continue asking for more information and clarifications in areas which seemed necessary.

# CHAPTER FOUR

# RESEARCH FINDINGS AND DISCUSSION

In chapter three, the study explained the process that has been passed during data collection. In this chapter an attempt is made to present and discuss the findings that have been collected in the field at Ilala District, Dar es Salaam. This chapter is divided into main four parts. The first part explains the characteristics of respondents that were engaged during data collection in terms of gender differentiation, educational level and the position held by respondents in the government and the community as well. The second part explains the government efforts in implementing inclusive education among children with mental retardation in Tanzania. The third part explains the challenges that were faced by the government in the implementation of inclusive education in Tanzania. The fourth part explains the support services in implementing inclusive education among children with mental retardation in Tanzania.

## 4.1 Respondents Characteristics

As already pointed out, the focus of this study was to assess the government efforts in implementing inclusive education in primary schools in Tanzania. On this basis, it was vital to involve various social groups of respondents with different characteristics. The major characteristics of respondents are highlighted in Tables 4.1 to 4.4. The tables show the characteristics of respondents including levels of education, gender, age, and position held by respondents in the community that in one way or another influence respondent’s behavior on the altitude and perceptions towards implementation of inclusive education in primary schools.

#### Table 4.1: Distribution of category of respondents by gender and age intervals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Categories of Respondents** | **Number of respondents** | **Gender** | | **Age intervals** |
| **Males** | **Females** |  |
| Teachers | 15 | 6 | 9 | 39-46 |
| Social workers | 9 | 4 | 5 | 23-30 |
| Government officials | 9 | 4 | 5 | 31-38 |
| Parents/guardians | 9 | 3 | 6 | 55-62 |
| Children with Mental Retardation( CMR) | 20 | 10 | 10 | 07-14 |
| Care takers | 4 | 0 | 4 | 23-30 |
| Religious leaders | 7 | 3 | 4 | 39-46 |
| **Total** | **73** | **30** | **43** |

***Source; Researcher 2016 at Ilala distict***

Table 4.1 shows different categories of those who were involved in this study. As highlighted 30 of the respondents were male and 43 were female. Thus, there were more females than males. Teachers who answered questionnaire were fifteen (15) in general, but among whom 5 were teachers with special training to teach children with mental retardation, and ordinary teachers were 10. This shows that teachers with special training are few in number compared to ordinary teachers**.** Parent whom were interviewed were 9, females were 3 and males were 6.Also questionnaire were provided to educational officials whom were 9, males were 4 and females 5. The social workers who answered the questionnaire were 9 to whom females were 5 and males were 4.

#### Table 4.2: The age intervals respondents by Gender, Frequency and Percentage

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class interval** | **Gender** | | | | **Total %** |
| **Male** | | **Female** | |
| F | % | F | % |
| **07-14** | 10 | 14 | 10 | 14 | 20 (100%) |
| **15-22** | 2 | 3 | 3 | 4 | 5(100) |
| **23-30** | 11 | 15 | 10 | 14 | 21(100) |
| **31-38** | 6 | 8 | 1 | 1.3 | 7(100) |
| **39-46** | 6 | 8 | 5 | 7 | 11(100) |
| **55-62** | 5 | 7 | 4 | 5 | 9(100) |
| **Total** | 40 | 55 | 33 | 45 | 73(100) |

**Source: Field Survey 2016**

**Key:**

F - Frequency; % - Percent; G- Gender; M- Males; F- Females; T- Total

The picture that emerges from Table 4.2, expresses different age groups ranging from 7 to 62 years who were engaged in the study with different proportions between male and female. The main purpose of engaging different age group in the study was to find out different age views, experiences and their sentiments regarding the government implementation inclusive primary education among children with mental retardation in Tanzania. Table 4.3 expresses level of respondent’s education by gender differentiation.

#### Table 4.3: level of literacy among the respondents by Gender, Frequency and Percentages

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level of Literacy | Gender | | | | Total % |
| Male | | Female | |
| F | % | F | % |
| Illiterate | 9 | 60 | 6 | 40 | 20 (100%) |
| Primary Education | 6 | 29 | 15 | 71 | 5(100) |
| Secondary Education | 10 | 48 | 11 | 53 | 1(100)  7(100)  11(100) |
| High Education | 11 | 69 | 5 | 31 | 9(100) |
| Total | 36 | 49 | 37 | 51 | 73(100) |

**Source: Field Survey 2016 at Ilala district**

**Key:** F - Frequency; % - Percent; G- Gender; M- Males; F- Females; T- Total

Table 4.3 states the level of education among respondents. Those who didn’t know how to read and write were 15, primary educations were 21, secondary levels of education were 21 and higher educations were 16 respondents. Generally those who were illiterate were parents and care takers of children with mental retardation. The primary education levels were children with mental retardation and those who were not mental retarded. Teachers, religious leaders and few respondents from the public who were engaged through convenient sampling acquired secondary level of education. Respondents who had high education level were government leaders such as educational officers, social workers, and teachers particularly head teachers at primary mental retardation schools. These respondents were asked different questions related to the study problem. The following are questions discussions.

## 4.2 Efforts made by government in implementation of inclusive education to children with mental retardation in Tanzania

Various efforts has been made by government to ensure that children with mental retardation accessing primary education .One such effort is known as inclusive education. The term inclusive education according to Norwegian Directorate for Education and Training (2008) is that, everyone should take part in society on equal basis mentally, socially, and culturally. “Inclusion is both a process and a goal, where the educational institution should accommodate the individuals such as children with mental retardation in skills and needs in the best possible manner. This requires diversity and adaptation in the educational programme so as to enable each individual including children with mental retardation to participate more and receive more benefits from being an active member of the community” (Norwegian Directorate for Education and Training , 2008).

This study wanted to find out whether government efforts in the implementation of inclusive education that was introduced in 1977 in Tanzania had helped to increase the enrolment of children with mental retardation in inclusive primary schools. Within this context various respondents were interrogated to give their opinion on the government efforts to help children with mental retardation to access inclusive primary education in Tanzania as indicated on Table 4.4.

#### Table 4.4: Categories of respondent’s responses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of respondents** | **Respondents responses** | | | |
| **Scarce of teaching facilities** | **unfriendly learning environment** | **Long distance of schools from children’s home** | **Few public awareness** |
| CMR | 7(35%) | 5(25%) | 5(25%) | 3(15%) |
| Parents | 2(22%) | 3(33%) | 2(22%) | 2(22%) |
| Religious leaders | 3(43%) | 2(29%) | 1(14%) | 1(14%) |
| Teachers | 5(33%) | 3(20%) | 3(20%) | 4(27%) |
| Caretakers | 2(50%) | 1(25%) | 1(25%) | 1(25%) |
| Government officials (education officers’) | 2(22%) | 3(33%) | 2(22%) | 2(22%) |
| Social Workers | 2(22%) | 3(33%) | 2(22%) | 2(22%) |
| **Total** | **23(32%)** | **20(27%)** | **16(22%)** | **14(19%)** |

***Source: Field Survey 2016 at Ilala district***

The picture that emerges from Table 4.4 reveals that 23out of 73 respondents were not satisfied with the teaching facilities that were used to teach children with mental retardation in primary schools. When the study asked the respondents on the impact of having few teaching material, 3 religious leaders,5 teachers,2 social workers and 2 government leaders had similar views and expressed their felling as follows,

“The effort by the government to provide education to children with mental retardation is there but it lacks commitment and seriousness in implementation process and monitoring. For example, there is no way such few schools and for such vulnerable children in inclusive schools to miss teaching facilities like puzzle, television, textbooks, chalks which can enable CMR to acquire skills and knowledge that can enable them to meet their education demands. Stakeholders are not serious to make priority on this case”

While 5 teachers had also stated their views

“The government efforts in implementing inclusive education in inclusive schools has not been effective due to inadequate of teaching materials like textbooks, television, and chalks yet these CMR needs special attention so they can meet education needs effective but due to few teaching facilities these incurred teachers to spend a lot of time to utilized their skills and knowledge in ensuring CMR understand and increased their capabilities”

However, 2 social workers argued that few of teaching facilities contribute to low achievement among children with mental retardation in Tanzania and these were their views;

“ There is need of putting more efforts of enhancing CMR so as they do not feel isolated and marginalized within the inclusive schools like funding enough teaching facilities like marker pen, chalks, television so as to reduce the work load at schools and meet children’s education demands ”

This was also noted by the study when visited inclusive primary schools at Uhuru Mchanganyiko and Tumaini primary schools. At Uhuru Mchanganyiko primary school for example, there were few teaching facilities which accommodate CMR to access education. This situation contributes to failure of meeting education needs among children with mental retardation in inclusive primary schools in Tanzania. On the same juncture, 7 of children with mental retardation were comfortable with the given education and 2 of interviewed parents mentioned that:

“Our children have some kind of improvement with the given education at school. We real appreciate teaching efforts done by these teachers though the government needs to motivate them by providing them with modern teaching facilities so as our children can increase their capabilities”

On the other hand 20 of total respondents were interrogated considering unfriendly environment. These respondents proceeded to state that, teachers are not given chance to attend further training, seminars to refresh their knowledge as well as to be given enough salaries to fulfill the children needs. Lack of material and moral incentives reduce self-motivation to teach children and fail to meet children’s demand. When the study went further to ask if children with mental retardation were given similar treatment like normal children,5 professional teachers out of 10teachers of teaching CMR had this to say:

*“*CMR are marginalized by other normal teachers due to the fact that they consider them a quick leaner as other normal children yet these CMR are slow learner and they need extra special attention so as they improve their capability in a progress way”

2 of care takers also had similar views that:

“Children with mental retardation are not treated equally like other normal children in the sense that children with mental retardation are stigmatized and discriminated from various school activities like debate and school games and sports”

From this point, it can be seen that while the child protection policies and child programmes emphasize educational rights to all children, it is surprising that children with mental retardation still experience stigma and discrimination in Tanzania. This leads to dropping out from school.

Sixteen respondents mentioned long distance to schools from children’s home as contributing a lot to children with mental retardation not to attend daily classroom lessons. For instance when the study interrogated parents regarding regular school attendance for children with mental retardation,2 parents said that, their children fail to attend school on regular basis because of the distance. A parent with two children having mental retardation had this to say:

“I am staying at Tabata Kisukuru and the school is located at Tabata Kimanga. I usually take my children to school, but occasionary I fail to take them because I have no money for the transport as the school is far from home”

When the researcher went to ask children on the issue of long distance, they had this to say

“We come to school in order to play football with our friends”

When the researcher went further to ask if children with mental retardation were given similar recognition and access their rights to education like normal children,16 of social workers, 3 of religious leaders, and 2 of government officials including the education officers had similar views :

“CMR are not treated equally like other normal children in the sense that, children with mental retardation are hidden in homes. This is due to parents’ ignorance on the need of education to CMR”

This is contrary to need theory which states that each individual in the society has the right to access basic need including education (Munro, 2000). In this situation children with mental retardation are marginalized, they do not enjoy their rights of accessing primary education.

On the other hand, the study was surprised by7 of illiterate respondents who mentioned that the existing inclusive education in Tanzania do not help children with mental retardation to meet their education need. Their views were:

“ These children with mental retardation need to go to special schools that will treat them as unique and enabled them to access their primary education since children with mental retardation need skills such as hand craft like tailoring, pottery in order to develop their skills which will make them independent in their future life”

Finally this chapter may conclude that, the government efforts in implementing inclusive education to some extent has helped children with mental retardation to access primary education in Tanzania by establishing inclusive primary schools. However, from respondents, the study noted that there were few achievements from the government strategy of providing education to children with mental retardation through inclusive education since there were no enough teaching materials, no enough professional teachers, and long distance that discouraged children to attend schools. The study also noted that there was low public awareness on the importance of education to children with mental retardation and that influence some parents and guardians to lock or hide their children in their homes. Furthermore, the available school teachers who teach children with mental retardation were demotivated due to lack of moral and material incentives that led them fail to be innovative and proactive in teaching children, and that instigated children to fail meet their education demands.

## 4.3Challenges emerged from implementation of inclusive education to Children with Mental Retardation in Tanzania

Challenges in this study refer to difficulties that emerged as a result of implementing inclusive primary education among children with mental retardation in Tanzania. These challenges in another word are the obstacles that limit proper implementation of inclusive education and limit children with mental retardation from accessing education. During field study in the inclusive schools at Uhuru Mchanganyiko and Tumaini primary schools various challenges were observed as indicated in Table 4.5. The picture that emerges from Table 4.5 shows different challenges facing the government in the implementation of inclusive primary education among CMR who need special care. Table 4.5 reveals that children with mental retardation at Uhuru Mchanganyiko and Tumaini primary schools experience unfriendly environment in these primary schools which make them to fail to cope with environments and this challenge was mentioned by about 17respondents.

#### Table 4.5: Categories of respondent’s responses by percentages

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of respondents** | **Respondents responses** | | | |
| **Unfriendly environment** | **Stigmatization** | **No enough teaching facilities** | **Few professional teachers** |
| Children with mental retardation | 5(25%) | 5(25%) | 5(25%) | 5(25%) |
| Parents | 3(33%) | 2(22%) | 2(22%) | 2(22%) |
| Religious leaders | 1(14%) | 2(29%) | 2(29%) | 2(29) |
| Teachers | 3(20%) | 3(20%) | 5(33%) | 4(27%) |
| Caretakers | 1(25%) | 1(25%) | 1(25%) | 1(25%) |
| Government officials (education officers) | 2(22%) | 1(11%) | 3(33%) | 3(33%) |
| Social Workers | 2(22%) | 1(11%) | 3(33%) | 3(33%) |
| **Total** | **17(23%)** | **15(20%)** | **21(29%)** | **20(27%)** |

***Source: Field Survey 2016 at Ilala district***

When the study went further to ask the respondents if CMR are given good learning environment similar to normal children in primary schools,3 parents, 3 teachers and 1 of religious leaders had similar views

“Few class rooms, shortage of teaching and materials and moral incentives reduce self-motivation to teach children, they also lead to fail to enrich children’s educational demands.”

While1caretaker, 2 education officer and 2 social workers had these to say;

“Improper syllabus for children with mental retardation, few teachers in classes, teachers do not given chances to attend training and seminars to refresh and upgrade their knowledge. These lead into poor implementation and ineffectiveness to meet children’s educational demands.”

However, these were also noted by the study when visited inclusive primary schools at Uhuru Mchanganyiko and Tumaini primary schools. At Uhuru Mchanganyiko primary school there were only three special education teachers teaching 112 children with mental retardation in 2016. This situation contributed to failure of meeting education needs among children with mental retardation in inclusive primary schools in Tanzania.

Fifteen (15) mentioned stigmatization as the one which mostly affect children with mental retardation in schools. It make them feel inferior especially when their colleagues discriminate and label them. In general respondents who were interrogated considered stigmatization as the factor that affects the children with mental retardations. The researcher went further to probe whether children with mental retardation are given similar treatment like normal ones; 3 of special education teachers and 1 of care takers had similar views that;

“Children with mental retardation are not treated equally like other normal children in the sense that children with mental retardation are not recognized by normal children in the classroom.”

One of social workers and 2 of religious leaders had similar views and clarified that,

“Children with mental retardation are labeled and discriminated against from various school activities like not involved in debate and school sports which create phobia among them. Those have been a major bottleneck in meeting children education needs.”

Three (3) of government officials and 3 of professional social workers added their similar argument that,

“These inclusive classes help children to mix with other normal children and they enable them be active and through that they gain knowledge, skills, and reduced stigma and discrimination.”

While 21 mention ‘no enough teaching facilities ‘to which children with mental retardation experience, these are like lack of enough textbooks, chalks, television, sports and games tools and puzzles. The study went further to ask respondents if the inadequate of teaching facilities has the impact to children with mental retardation in accessing their primary education in Tanzania,5 of teachers and2 of parent/guardians said yes and had these to say,

“children needs cognitive development through gradual process under the teachers guidance and without these tools like puzzle and television they won’t improve to their standard which will lead them to perform low in their academic and they also suggested to the government that CMR they should be given first priorities in accessing inclusive education.”

Three (3)of social workers, 3 of government officers and 2 of religious leaders said that

“The government should provide enough funds for learning materials and look for stakeholders who will help to obtain learning facilities and increase teachers’ morale and motivate them to teach children with mental retardation in accessing inclusive primary education.”

Moreover, 20 of total respondents were interrogated concerning few special education teachers which were also noted by the study when we visited inclusive primary schools at Uhuru Mchanganyiko and Tumaini primary schools. At both Uhuru Mchanganyiko and Tumaini primary schools there were only five special education teachers teaching 223 children with mental retardation in 2016.

This situation contributed to failure of meeting education needs among children with mental retardation in inclusive primary schools in Tanzania. When the study went further to ask if children with mental retardation benefited from the available teachers in these inclusive primary schools,3 of social workers, 2 of religious leaders, 2 of parents, and 1 of care takers had similar views that,

*”*Children with mental retardation do not benefit a lot in this inclusive primary schools due to the fact that children are many compared to trained teachers. If more teachers were recruited it could be easier to meet the children’s demand in accessing their primary education.”

One of caretakers who was also interviewed had this to say

“It has been five years now we are experiencing this problem and the government remains silent and we don’t know the ultimate of these teachers if they will be recruited, but we still have some hope.”

The 4 teachers, 5of children with mental retardation and 3 of government officials including the education officers have all suggested that,

“The government should prepare special budget for the special education teachers who teach children with disability including those with mental retardation so as the ministry of education can recruit more special education teachers to meet education demands of children with mental retardation in Tanzania.”

#### 4.4The support services in implementing inclusive primary education among children with mental retardation in Tanzania

The support services in this study refer to the provision of financial aid, care given to help and generate inclusive education, and increase the effective implementation at innovate infrastructures through creation of friendly environment to CMR in Tanzania via various structures. These structures ensure all children with mental retardation access primary education like other normal children. Such infrastructure include classes, trained teachers, teaching materials, playing grounds and friendly learning environment that will accommodate learning needs of children with mental retardation in Tanzania. Table 4.6 expresses the respondents’ responses on the existing support services to children with mental retardation in accessing inclusive primary education in Tanzania.

#### Table 4.6:Challenges facing inclusive education

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of respondents** | **Respondents responses** | | |
| **Lack of enough classrooms** | **Inadequate of teachers** | **Scarce of teaching facilities** |
| Children with mental retardation | 10(50%) | 5(25%) | 5(25%) |
| Parents | 3(33%) | 4(44%) | 2(22%) |
| Religious leaders | 2(29%) | 3(43%) | 2(29%) |
| Teachers | 4(27%) | 5(33%) | 6(40%) |
| Caretakers | 1(25%) | 2(50%) | 1(25%) |
| Government officials (education officers) | 3(33%) | 3(33%) | 3(33%) |
| Social Workers | 3(33%) | 3(33%) | 3(33%) |
| **Total** | **26(36%)** | **25(34%)** | **22(30%)** |

***Source: Field Survey 2016 at Ilala district***

Table4.6 shows, 26 of the respondents mentioned that lack of enough classes inhibits children from accessing adequate education. Lack of classroom teachers to spend extra time to repeat the same message (lesson). At the same time such working environment acts as bottleneck for meeting children education needs. As results children fail to cope well in classroom and that contribute to low performance.

This situation contributes to low accumulation of accessing education needs among children with mental retardation in the implementation of inclusive primary education in Tanzania. When the study went further to probe respondents if the existing support services from the government and stakeholder helped children with mental retardation to access primary education in Tanzania,4 of professional teacher and 1of caretakers said:

“The existing of poor government support service leads into failure to meet education demand among children with mental retardation in Tanzania; for instance there are only few classes compared to children enrolled at schools and this has been a major bottleneck in meeting children education needs.”

The 3 of government officials and 3 of professional social workers had similar to say,

“The inclusive classes helped children to mix with other normal children and enabled them become active and through that they gain knowledge, skills, reduce stigma and discrimination.”

The government officials further said that,

“Despite all the challenges, children will continue to squeeze in the same classes because at the moment there is no budget or any plan to build new classes.”

While teachers, care takers and government officials mentioned the disadvantage of few classes, 3 of parent’s and10 of children agreed on the same problem of few classes but acknowledge the efforts made by teachers to teach children with mental retardation. One of the parents who were interviewed had this to say,

“My son has improved nowadays. He used to stay idle without talking or playing with others. But after joining this school in 2015 I can see the development. He can utter some few words, play with others and ask some questions.”

On the other hand 25 of respondents interviewed mentioned that inadequate of teachers have affected children with mental retardation: they cannot meet their demand. For example when the researcher visited inclusive primary schools at Uhuru Mchanganyiko and Tumainihe found only three special education teachers teaching 112 pupils; this is a lower number to fulfill the children’s demands at Uhuru Mchanganyiko primary schools, as a results it led to teachers spend extra time in teaching children with mental retardation to meet their educational needs.

At the same time such working environment acts as bottleneck for meeting children education needs. As a result children performance becomes lower due to inadequate of trained teachers. Therefore, when the study went further to ask respondents if the existing of Few of teachers helped CMR to access primary education in Tanzania 5 of professional teachers and 2 of care takers said,

“There is a need of recruiting more trained teachers who will assist to reduce the work load of enabling children meet their education needs. Thiswill enable teachers to spend a little time in teaching theoretically and practically like teaching real life skills such as handcrafts which can assist the children in future.”

Three of professional social workers, 3of religious leaders, 4 of parents, and 3 of government officials including the education officers had similar views that,

“CMR do not benefit a lot in these inclusive primary schools due to the fact that the children are many compared to trained teachers. If trained teachers were recruited it could have reduced the work load to meet the children’s educational demand.”

For this reason the respondents also suggested that there is a need for the government to give priority to children with disability particularly those with mental retardation so as to access inclusive primary education effectively. Twenty two of respondents mentioned scarce of teaching facilities such as textbooks, television, sport tools and puzzles as the result of low implementation of inclusive primary education in Tanzania. When the researcher went further to ask if children with mental retardation have learning facilities similar like normal children.3 of professional social workers, 1 of caretakers and 2 of government officials including the education officers had similar views that,

“Children with mental retardation are marginalized and the government does not give them priority in the budget.”

While 6 of the professional teachers and 2 of parents had also similar views that,

“The government should look for other alternatives like fundraise, care and involve various stakeholders so as they can help to acquire teaching facilities to meet educational demands to children with mental retardation in accessing their inclusive primary education like other normal children.”

Generally good policies with clear objectives should be attainable among children with mental retardation which will lead to successful implementation of inclusive primary education. Since education is the right to both normal and abnormal child, there should be adequate trained teachers and availability of teaching materials in order to increase accessibility of inclusive primary education by enrolling more children with mental retardation in the country.

**CHAPTER FIVE**

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendation of the study about the government efforts in implementing inclusive primary education in Tanzania. The first part of this chapter is the summary of the study that summarizes the whole findings of this study. The second part is the conclusion that comments on issues which emerged during the study. The third part presents the recommendation related to the measures to be implemented by each participant with the intention of implementing inclusive primary education among children with mental retardation in Tanzania.

## 5.1 Summary of the findings

The purpose of this study was to assess the government efforts in implementing inclusive primary education to children with mental retardation in Ilala District. In this study, the explorative design was adopted because the study wanted to track the respondent’s feelings, sentiments, perceptions, and opinions regarding the reasons undermining the implementation of inclusive education among children with mental retardation in Tanzania.

The study focused much on the government efforts in implementing inclusive primary education among children with mental retardation in Tanzania. The study was specifically conducted in Ilala District as a sample to represent other areas. The findings came up with the results that there were more challenges facing the government during its implementing inclusive education among children with mental retardation in primary schools like Uhuru Mchanganyiko and Tumaini inclusive primary schools. The researcher experienced various challenges that caused low enrolment and accessibility of children with mental retardation such as experiencing few teachers, scarcity of teaching facilities, and unfriendly environment that could not meet children in accessing education demands effectively**.**

Situation of inclusive primary education is not good at all to children with mental retardation due to poor learning environment. There is a need for the government to put more efforts on this problem in order to improve accessibility of education among children with mental retardation because they have the right as children regardless their condition.

## 5.2 Conclusion

The main objective of this study was to assess the government efforts in implementing inclusive education in Ilala District, Dar es Salaam Region where the likely victims were children with mental retardation

## 5.3 Recommendations

Specific recommendations are addressed to each actor for the purpose of taking responsibilities in order to implement the inclusive primary education among children with mental retardation in Tanzania.

### 5.3.1 The Government Officials

Government officials who were involved in this study were the education officers from ministry of education, social workers from ministry of health and social welfare. The following are the comments for different categories of government officials.

The ministry of education is required to design education curriculum including vocational training skills which will add value to their future life. In so doing, children with mental retardation will be motivated to develop their potentiality up to higher learning levels of education and add value to their future life. It is anticipated that, in such training, these children will be able to use their skills and be independent and that will improve their welfare and alleviate tendencies of stigmatization and discrimination among them from the family to community level.

The ministry of education also is required to formulate policies that will be followed by society members such as parents, teachers and community members at large to ensure that children with mental retardation access education like other normal children. The study also recommend that the Ministry of education provide opportunities to teachers to undergo further training in order to improve or update knowledge, teaching skills, and mechanism of dealing with children with mental retardation in order to meet their educational needs.

Furthermore, the ministry needs to take into consideration the aspect of providing teaching facilities that will enable friendly learning environment to children with mental retardation. Such facilities will motivate them to learn comfortably and cope with classes. These materials include textbooks, puzzle, television, and exercise books.

### 5.3.2Religious leaders

Religious leaders need to realize that they are very crucial in the society and therefore, they need to play their role in addressing the problem. This means that, religious leaders in this situation, all denomination, need to join their hands and work together in addressing the problem. Team work will enhance them to come up with the same message which will be disseminated to their followers during congregation.

Since religious leaders have many followers and meet them more frequently, and theyare trusted by community members, and since most people tend to act according to religious leaders directives, they are among key people who can influence people to change their mind setup of hiding their children, and their action perceptions towards children with mental retardation.

### 5.3.3 Parents of children with mental retardation

Parents are recommended on understanding the nature of the mental retardation and to cope with the reality. They need to recognize that they are the primary source of protection and security and thus they need to be in the fore front to provide all the basic rights of children. These include food, shelter, and freedom to play with peers, freedom for participation, provide love and support, recognize their presence, accept their strength and weakness and socialize them like other children. Parents also need to abstain from using abusive language that may generate frustration and psychological trauma to children with mental retardation. It is through that children will remain health and associates to be valued like other children in the family.

### 5.3.4 Teachers and caretakers

Teachers and caretakers are advised to recognize special need education of children with mental retardation so as to know on how to support children with mental retardation acquire their primary education effectively. Since these children are already traumatized automatically they are psychologically affected and thus they need warmth, comfort, and moral support. Teachers need to use their psychology knowledge to treat them with special kindnesses particularly during teaching and class discussion. Through that method children will be comfortable and feel they are living in a friendly environment.

### 5.3.5 Social Workers

Social workers are recommended to be active in diagnosing their roles in addressing the existing social problems which affects the minority groups and in particular children with mental retardation in Tanzania. Social workers according to Spratt (2015) are required to apply social work knowledge and skills into real practical situation and integrate numerous theories in addressing problems that are related to education needs to children with mental retardation. As discussed before, professional social workers are required to employ multiple approaches when intervening in problem faced by vulnerable groups in the society. Thus social workers are advised to display their presence and their uniqueness by conceptualizing the nature of the problem, the source of the problem and act as catalyst by working together with other actors to propose implementable and sustainable mechanism that will promote accessibility of education among children with mental retardation in Tanzania.

# REFERENCES

Anderson. B (2006), *Community Theories, Practice and Evidence*. Washington DC: Aspen Institute printer

Badano et al (2007), Developmental delay and intellectual disability. New York: Guilford Press

Batshaw. M. L. (2007). *Mental Retardation: Intellectual Disability*, and autism. 8edition, New York: Guilford Press

Bryman. A. (2012).*Social Research Methods* (4ed).New York: Oxford University Press

Celina (2010). Factors Influence Inclusion of Learners with Special needs in regular primary schools in Rachuonyo District, Kenya. Research conducted at School of Education of Kenyatta University. Nairobi: University of Kenyata Press

URT (2008), Child Development Policy, Ministry of Community Development Women Affairs and Children.Dar es Salaam: Government printer

URSA (2009),Child Rights Education for Professionals. Pretoria: The Government of South Africa Publisher

URT (1977),Constitution of the United Republic of Tanzania. Dar es Salaam: Government printer

Cresswell. J.W. (2012), Education Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research 4the ed). Boston: Pearson Education.

Davies .A.(2007),*Education Research: An Introduction* (8th ed). New York: Pearson Education, Inc

UNESCO(2000), Education for all: The 2000 Assessment Report, Dar es Salaam

Filmer .D. (2005), Disability, poverty and schooling in developing countries: Results from 11 House hold survey. World Bank Discussion paper.

Freeman and Alkin. C.M. (2006). “*Remedial and Special EducationJournal*” Vol. 21 pp 3-18

Gall. M.D. and Borg. W.R. (2007). *Education Research: An Introduction* (8thed) New York: Pearson Education, Inc.

Hilliard.G.A. (1992), *The pit falls and premises of special education practice Journal* Vol. 59/2/168

Jaffe. J.H. (2000). ‘Mental retardation” 7th edition, Philadelphia: Lipppinett Publisher

Kothari. C.R.(2011),*Research Methodology Methods and Techniques*. New Delhi: New Age International (P) LTD India.

Lauder.H. Brown (2006),*Education Globalization and Social Change*. New York: Oxford University Press.

Mabeyo. Z.M. (2014). The role of Social Work in Poverty Reduction and the Realization of Millenium Development Goals in Tanzania. Dar es Salaam: Kampala Fountain Publishers.

Maxwell.J.A. (2005),*Qualitative Research Design. An Interactive Approach*. London:Sage Publications.Inc

Midgley. J.( 2010),Social Work and Social Development Theories and skills for development social work.New York: Oxford University Press, 193-194.

Miles. S. (2000), Special report: accursed and forgotten and dilemmas. http\\www.eenet.org.uk. Theory practice / born-2.shtml. A paper presented at a symposium on development policy. Gustav Stresemann Institute.

URT(2014),Ministry of Labour, Youth Development and Sports. National Policy on Disability. Dar es salaam: Government Printer

MoE (2009).The National Special Needs Education Policy Framework. Nairobi: Nairobi Government printer

MoEST (2004). Development of education in Kenya. Nairobi: Nairobi printer

MoEST, (2005a). Sessional Paper No.1: A policy frame work for Education, Training and Research in Kenya in the 21st century. Nairobi: Nairobi Government Printer.

Munro. E. (2000). Defending Profession Social Work Practice .The Southport Papers. Birmingham: Venture Press .UK

NASW (1996).*Code of Ethics of National Association of Social Workers*. Washington DC: NASW Press Publishers. USA

Newsworthy. T..J. and Smith, R.E. (1978),Retardation Issues, Assessment and Intervention*.*New York :McGraw Hill Publisher.

Padgett.K.(2008),*Qualitative Methods in Social Work Research*, (2nd ED). London: Sage Publications,Inc

Rwegoshora. H. (2013),A guide to Social Science Research, 2nd edition. Dar es salaam: MkukinaNyota Publisher.Tanzania.

Spratt.T. (2015),*Parents Views on social work intervention in child welfare cases*. London: British Journal of Social Work. Vol.45(1): 6-23

Stake. R.E. (1995). The Art of Case Study research.Washington: Sage Publication,Inc

URT(2008),Tanzania Child Development Policy, Ministry of Community Development Gender and Children. Dar es salaam : Government Printer

URT(2002).*Tanzania National Census Report, The National Bureau Statistics (NBS) for the Development.* Dar es salaam: Government Printer.

United Nations, (2010).The Millenium Development Goals Report.New York:United NationYork Publisher.

UNESCO (2007), Strong foundations. Early childhood care and education. United Nations Educational Scientific and Cultural Organization, 7 place de Fontenoy, 75352 Paris 07 SP,France: Paris Printer

UNESCO (2004), Challenges of Implementing FPE In Kenya assessment report. Nairobi: Government Printer

UNICEF (2012), Violence against Children in Tanzania Survey summary report on the prevalence of sexual, physical and emotional violence and health and behavioral consequences of violence experienced in childhood, DSM Tanzania.

UNICEF(2011), Adolescence in Tanzania . Retrieved from: http:www.unicef.org/info by country/files TANZANIA ADOLESCENT REPORT FINAL pdf.

Williams (2006),Educating students with mental retardation. New York:McGraw Hill, Inc.

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# Appendix 1

**Research questions**

**Head Teacher in inclusive education**

1. What does it mean by the term Inclusive education?
2. What has been the role of inclusive education in meeting education needs to children with mental retardation?
3. From your experience, how many children with mental retardation are in this school?
4. Do you think the enrollment number is satisfactory?
5. From your opinion, do you think the available policies and programmes provide education opportunities for children with mental retardation in Tanzania?

If yes/No give reasons

1. Do you have the specific teaching programme for children with mental retardation in this school?
2. Do you think mixing children with mental retardation with the normal ones will improve their academic performance? If yes/No please explain
3. In your view, what do you think could be the best methods to be used to meet education needs for children with mental retardation in Tanzania?
4. What are the challenges facing inclusive classes at your school?
5. Is there any support service given by the government?

# Appendix ii

**Teachers in Inclusive education**

1. From your understanding, what does it mean by the term inclusive education?
2. Why did the government introduce inclusive education?
3. Do you think is there any importance of having inclusive education in Tanzania? If yes, explain.
4. What kinds of tools do you use to teach children with mental retardation?
5. What kind of support services are given in this inclusive primary school?
6. From your opinion, what you think could be the best methods to be applied in teaching children with mental retardation?
7. How many children with mental retardation are there in this school/class?
8. Are there enough teachers to satisfy the demands of children with mental retardation in this school?
9. If No explain what can be done to increase teachers to meet education needs for Children with mental retardation.
10. What do you think can be done by the government to meet education needs of children with mental retardation?

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# Appendix iii

**Children with no mental retardation**

1. How many children with mental retardation in your class?
2. From your experience, do you think these children participate fully in class?
3. Do you think these children benefit anything in your class?
4. What do you think should be done to satisfy needs of children with mental retardation

In your school?

**Appendix iv**

**Children with mental retardation**

1. When did you start attending school?
2. At what age did you start school?
3. Do you feel comfortable to attend school?
4. What you think should be done to make you happy to attend school?
5. How many children with mental retardation are in your class?
6. Is there any government support you get in your school?

# Appendix v

**Government officials (policy makers, teachers, education officers)**

1. From your opinion do your think the availability of these policies and programmes provided to children with mental retardation have been effective? If Yes/ No give reasons.
2. What are the advantages and disadvantages of inclusive education to children with mental retardation?
3. What you think can be done by government to meet education need to children with mental retardation?
4. From your understanding, what does it mean by the term inclusive education?
5. From your opinion, do you think the governments provide enough support services to increase enrolment of children with mental retardation in Tanzania?
6. Is there any government support that helps schools to increase enrollment of children with mental retardation? If yes /No explain
7. What do you think could be the appropriate mechanism to increase enrollment for children with mental retardation Tanzania?
8. What do you understand by the term special need education?
9. What kinds of needs are needed by children with mental retardation?
10. Can you explain briefly the historical background of special need education?

**Appendix VI**

**Parents with children with mental retardation**

1. How many children do you have?
2. How many children with mental retardation do you have?
3. Do they perform well?

Yes/ No

1. If No, explain why
2. Do you have any contact with teachers who teach him/her

Yes/No

1. If No, explain why.
2. What do you think should be done to improve the increase of the enrolment of children with mental retardation.
3. What do you think are challenges do children with mental retardation face when accessing primary education?
4. Is there any support service given to these inclusive primary schools?

# 

# Appendix vii

**Social workers**

1. In your opinion what do you think are the major challenges of children with mental retardation in accessing primary education?
2. Are you aware of any strategies that have been done by the government in providing education to children with mental retardation?
3. If yes mention them.
4. To what extent these strategies have been effective in increasing access to children with mental retardation in primary schools?
5. What do you think are the challenges facing children with mental retardation towards accessing education?
6. Are you aware of any educational programmes / policies aimed at promoting opportunities for children with mental retardation? If yes explain
7. From your opinion do you think the availability of these policies and programmes provided to children with mental retardation have been effective? If Yes/ No give reason**.**
8. As a social worker what to do think should be done to promote access to education among children with mental retardation?

# Appendix viii

**Observation method check list**

1. General treatment given by teachers to children with mental retardation.
2. Infrastructure and availability of social services.
3. Reactions and emotions expressed by teachers who do not teach children with mental retardation.
4. Attitude among children with no mental retardation and those with mental retardation.

# Appendix ix

**OPEN UNIVERSITY OF TANZANIA**

RESEARCH QUESTIONNAIRE FOR GOVERNMENT OFFICIALS CONCERNING THE ASSESMENT OF THEGOVERNMENT EFFORTS IN IMPLEMENTING INCLUSIVE PRIMARY EDUCATION TO CHILDREN WITH MENTAL RETARDATION.

These questions were prepared for the aim of collecting information which will help to conducting investigation on **“Assessment of the Government efforts in implementing primary education to the children with mental retardation. ”** All answers will be secret, I need your support.

Age: …………………….

Sex: …………………….

1. In your working experiences are there any government efforts/plans in supporting the learning process of students with mental retardation in primary schools?

Yes [ ] No [ ]

If yes please mention ………………………………………………………………………….. …………………………………………………………………………………………………..

If no what do you think are reasons behind (choose one answers)

1. Unawareness of the problem
2. Insufficient of funds
3. Poor prioritization
4. Others (please specify)

………………………………………………………………………………………………………………………………………………………………………………………………

1. In your opinion what do you think the government has to do in improving the learning process?
2. Employing specialist teachers
3. Raising awareness to the community
4. Introducing / establishing special learning and teaching programs to students with mental retardation.
5. Others (specify)

…………………………………………………………………………………………………………………………………………………………………………………………

1. Is there any available policy for protecting rights of children in Tanzania? If yes, what are these policies/law for protecting rights of children (please mention them)

…………………………………………………………………………………………………………..

1. Is there any government supports that help children with mental retardation to increase in enrolment at inclusive primary schools?
2. Please mention few government efforts that have helped in implementing inclusive education in Tanzania?
3. Is there any monitoring system to make sure policies and laws are followed from family level to national level? (i)What can be done to ensure that rights of children are protected in Tanzania?

**Appendix x**

**OPEN UNIVERSITY OF TANZANIA**

**QUESTIONNAIRE FOR PARENTS/GUARDIANS WHO HAS CHILDREN WITH MENTAL RETARDATION AND THEY STUDY IN PRIMARY SCHOOLS.**

Age: ……………………………….

Sex: …………………………………

Job: …………………………………

1. How many children do you have? ……………………………………………..
2. How many children with mental retardation do you have? ……………………..
3. Do they perform well?

Yes [ ] No [ ]

If No, explain why

……………………………………………………………………………………………………………………………………………………………………………………………………

1. Do you have any contact with teachers who teach him/her

Yes [ ] No [ ]

If No, explain why

……………………………………………………………………………………………………………………………………………………………………………………………………

1. What do you think should be done to increase the enrolment of children with mental retardation?
2. ………………………………………………………..
3. …………………………………………………………
4. …………………………………………………………
5. .What challenges do children with mental retardation face when accessing primary education?
6. What do you think are the major efforts done by the government in implementing inclusive education among children with mental retardation?
7. Is there any support services given by the government or stake holders?

# Appendix xi

**OPEN UNIVERSITY OF TANZANIA**

**RESEARCH QUESTIONAIRE FOR TEACHERS IN PRIMARY SCHOOLS WHICH HAVE CHILDREN WITH MENTAL RETARDATION**

These questions prepared for the aim of collecting information which will help to conducting investigation on**“the government effort in implementing inclusive primary education to children with mental retardation”.** All answers will be secret, I need your support.

Sex: ………………………………..

Education: University [ ] College [ ]

Secondary [ ]

1. Do you have children with mental retardation in your school?

Yes [ ] No [ ]

.

1. Are there is enough materials to teach children with mental retardation in your school?

Yes [ ] No [ ]

1. How many teachers do you know in your school who have special training to teach children with mental retardation?
2. Do you think that number is enough to satisfy demand of the children with mental retardation?

Yes [ ] No [ ]

1. Do parents/guardians provide enough cooperation for education of children with mental retardation?

Yes [ ] No [ ]

1. Do you think the society is providing enough cooperation to increase the enrollment of children with mental retardation?

Yes [ ] No [ ]

If not, what do you think should be done?

1. Do you think to include children with mental retardation and normal children in one class helps to improve skills for children with mental retardation?

Yes [ ] No [ ]

1. What is your opinion concerning government effort towards children with mental retardation?
2. What do you think are challenges for them in accessing primary education?
3. What should be done so as to satisfy the needs of children with mental retardation to acquire quality primary education?

# Appendix xii

**Religious leaders**

1. Are there any cases of hiding children with mental retardation in your area?
2. What do you think could be the source of such discrimination?
3. Is there any efforts made by the Government to address implementation of inclusive education among children with mental retardation?

i) If yes, mention the made efforts (ii) If no give reasons

1. Please explain the strengths and weakness of implementing inclusive education among children with mental retardation?
2. Are you aware of any measures designed by government in implementing inclusive education among children with mental retardation? What are these measures?
3. Are you aware of any support services given by the government in implementing inclusive primary education to children with mental retardation?
4. Are you aware of the rights of children?(i) If yes

(ii) What are the rights of children you know?

1. iii) From your opinion, what do you think are challenges facing government in implementing inclusive education in Tanzania?

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# Appendix xii

**OPEN UNIVERSITY OF TANZANIA**

**RESEARCH QUESTIONAIRE FOR SOCIAL WORKERS IN PRIMARY SCHOOLS WHICH HAVE CHILDREN WITH MENTAL RETARDATION**

These questions prepared for the aim of collecting information which will help to conducting investigation on **“ the government effort implementing inclusive primary education to children with mental retardation”.** All answers will be secret, I need your support.

Sex: ………………………………..

Education: University [ ] College [ ]

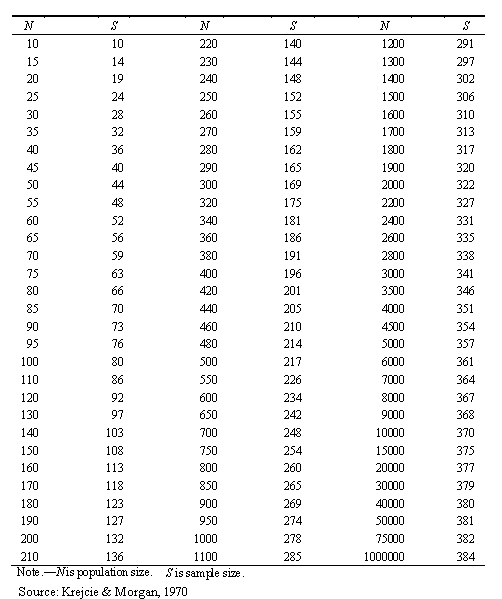
Secondary [ ]

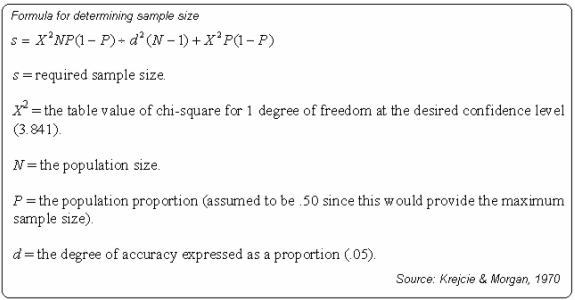
1. What do you think are challenges for them in accessing primary education?
2. What should be done so as to satisfy the needs of children with mental retardation to acquire quality primary education?
3. From your experience what strategies have being done by the government in enabling children with mental retardation in inclusive primary education
4. From your understanding what do you think should be done in order to meet the needs of children with mental retardation in access inclusive primary education?
5. From your opinion do your think the availability of these policies and programmes provided to children with mental retardation have been effective? If Yes/ No give reasons**.**
6. As a social worker what do you think should be done in order to promote accessibility of inclusive primary education among children with mental retardation?

**Appendix xiii**

Sample Size Determination Using Krejcie and Morgan Table

[KENPRO](http://www.kenpro.org/author/admin/)[November 16, 201](http://www.kenpro.org/sample-size-determination-using-krejcie-and-morgan-table/)6

The ever increasing need for a representative statistical sample in empirical research has created the demand for an effective method of determining sample size.  To address the existing gap, Krejcie& Morgan (1970) came up with a table for determining sample size for a give population for easy refer Table 1: Table for Determining Sample Size for a Finite Population   [](http://www.kenpro.org/wp-content/uploads/2013/08/krejcie-and-morgan-table-of-determining-sample-size.png)

The Table is constructed using the following formula for determining sample size: [](http://www.kenpro.org/sample-size-determination-using-krejcie-and-morgan-table/krejcie-and-morgan-formula-for-determining-sample-size/)

NOTE:

There is no need of using the formula since the table of determining sample size has all the provisions you require to arrive at your sample size.

[Proceed to read about Sampling Procedures](http://www.kenpro.org/sampling-procedures)

**References**

Krejcie, R.V.& Morgan, D.W. (1970). Determining Sample Size for Research Activities.*Educational and Psychological Measurement.*

Small-Sample Techniques, (1960).*The NEA Research Bulletin*, Vol. 38.

