

Factors Enhancing Special Education: Implication on Child Development

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Abstract

The purpose of this study was to investigate the factors enhancing special education in Awka metropolis and its implication for child development. This will improve the welfare of children with special needs as it will make them to be useful members of their society. Two research questions and one null hypothesis guided the research. The sample for the study consisted of 300 primary school teachers. 150 teachers were selected each with random sampling from both public and private primary schools. A 20 item structured questionnaire which had 4 sections was duly validated. The reliability level was 0.8 and it was used for data collection. The data collected was analysed using percentage. Based on the findings of the study, recommendations were made. The recommendations were that parental education and counseling should be encouraged as these would enhance change in attitude of parents towards children with special needs. It was also recommended that children should be screened at different points of entering into school- Crèche, Nursery, Kindergarten and primary school.

Keywords: special education, disability, counseling, development, prental education

INTRODUCTION

Innovations, advancement in science and technology have proved the longstanding traditional belief that there is no ability in disability wrong. This belief was expressed in the way people treated members of the society with special needs many years ago. Obani (2002) states that there is also the usual problem of attitude towards persons with handicaps which in most cases are far from being favourable. Today special education has offered a sign of relief for many families with special needs children. Children have their uniqueness some are born with disabilities while others acquire them due to environmental factors. Makonjuola (2005) notes that physical challenges result from absteric problems during conception and delivery, childhood illness, family nutritional status, lack of immunization, accidents and the role of other environmental factors. In the contemporary society children with exceptionalities have fared well, hope and proved themselves responsible citizens of the nation. They have achieved fame by working in different spheres of life. What more, they did Nigeria proud in the 2012 paralympics games which ended in London by winning many gold medals. Many as a result of special education have acquired skills and knowledge which helped them to become breadwinners and also care for their families and relations. Pagliano (1989) in Ozoji (2000) maintains that education is formative, purposive and practical enabling the individual find his/her place in society..

These skills and knowledge acquired through special education have equipped them physically, emotionally and cognitively to face challenges in

their environment. For such people there is ability in disability. This study looks at special education, factors that enhance special education vis-à-vis child development and its implication, makes recommendations among which are parental education and early identification of such children.

SPECIAL EDUCATION

Special education means different things to different people. Ozoji (2008) explains it as individual education that aims at compensating for this special learning problem of the exceptional child (i.e a child with special learning needs). Iroegbu (2007) sees special education as a system of education practice and curriculum based enterprise that is especially concerned with the classroom instruction of persons with special learning needs. Special education is a branch of general education which is intended to cater for people with exceptionalities. The Federal Government of Nigeria in its efforts to achieve Millennium Developmental Goals by 2015 introduced the Universal Free Basic Education. This action offered more opportunities to children especially for those in the rural areas and poor parentage who could not afford quality education. Dike (2000) notes that poverty limits the possibility of the power from realizing their mental and physical potentials. He went further to say that it destroys aspirations, hope, happiness, self esteem etc. many children flooded the schools, but for some learning are unbearable, others it is the normal learning. As educationists all these children are potential achievers irrespective of their exceptionalities. It is hoped that they would contribute to the Gross National Product

(GNP) as they grow up. As a result of the diversity in the children’s personality as described above some need special education especially for those who cannot benefit from the usual normal school learning. Dala (2012) maintains that Universal Basic Education (UBE) as a more practical way to deliver education to all including children with visual impairment. The researcher opines that special education is the arrangement of education in such a way that all the special need children who are exposed to the school programmes became beneficiaries irrespective of their personality problem.

In Nigerian system of education mainstreaming/integration is being advocated. This makes the present UBE schools to be flooded with children with different types of exceptionalities ranging from under achievers because of one kind of impairment or the other such as learning difficulties-hearing, sight and autistic children to high achievers. Nilsen (2008) identifies different disabilities and its domains as follows:

Nilsen’s (2008) Development Domains and possible Disabilities

Development domains	Possible disabilities
Physical	Asthma, congenital, impairment, Injuries- brain and spinal/cord body trauma
Communication, speech, language hearing	Deafness or severe hearing loss, blinders or severe sight lost. Speech impairment – cerebral palsy, dawn syndrome, learning disabilities, stuttering cleft plate. Language delays – cognitive function
Cognitive intellectual function	Mental retardation – genetic – fetal alcohol syndrome Learning disability – inability to learn, retain, and use information
Social or emotional effect behaviour interactions with other school success	Emotional disturbance Attention deficit Attention deficit disorder Add Attention deficit hyperactivity disorder ADHD Austicon.

Ugwu (2008) identifies the following as people with special needs-emotional disturbance, giftedness, hearing impairment, learning disabilities, mental retardation, physical, health impairment and visual.

These children with special needs can be identified by teachers, parents, peers, score or intelligent test, child’s academic record or history. Werts, Culatha, and Tempkins (2007) note that early childhood education for special needs children begin with early identification. American government has developed a programme known as “child find”. This programme is all about actively seeking, locating and identifying children and youths who have developmental delays or educational disabilities and may need special education services. In Nigeria the practice has been general education but recently attention has been drawn to the fact that such education did not cater for

some of the children who are enrolled in it. Ozoji (2005) states that this system of education is constantly expanding its ability to provide strategies and materials for educating the rejects of the past and the overlooked of the present. This necessitated the recent emphasis and attention to special education. The researcher was motivated to seek opinions of both public and private teachers on factors that would enhance special education, to see if these factors are present in most UBE schools.

STATEMENT OF THE PROBLEM

In Nigeria special education has not been given proper attention. This is because many factors such as cultural practices-superstition, ignorance and environmental factors have been militating against this programme. As a result children with special needs are not adequately catered for. Therefore, this study seeks to investigate the factors enhancing special education in Awka metropolis with the purpose of making them useful members of the society.

Research Questions

The following research questions were used for the study:

1. What factors enhance special education in Awka metropolis?
2. Are there differences among the responses of public school teachers and private school teachers on factors that enhance special education?

Hypotheses

1. There is no significant difference between the public and private school teachers’ responses on factors that enhance special education in Awka metropolis.

METHODOLOGY

Survey design was used for the research. According to Ofo (2001) survey method generally involves collection of data from a defined population to describe the present condition of the population using the variables under survey. The population of the study was 300 teachers randomly selected from both public and private schools in Awka metropolis. 150 teachers each were selected from the two types of schools. A structured questionnaire was used for data collection, it contained 20-items. Two experts from the Department of Early Childhood and Primary Education of the University validated the questionnaire. The questionnaire was divided into 4 sections. Section A was on demographic factors. While section B, C & D sought opinions of teachers on the factors that would enhance special education. The items were developed based on modified 5 point likert scale.

The instrument was pilot tested in Awka North. The reliability was 0.8 using Cronbach alpha. The

questionnaire was administered to the teachers with the help of 4 post graduate students who were briefed by the researcher on how to administer the instrument. The questionnaire had Strongly Agree,

Agree, Strongly disagree, disagree and indifference. Percentage was used for analyzing the data.

The data are presented below.

Table 1: The responses of both public and private school teachers on factors for enhancing special education

S/N	Items	SA	A	SD	D	I
1	Parent education is a major factor in promoting special education	99	78	18	11	7
2	Parent education will help to prevent incidence of children with special needs.	101	71	17	10	13
3	Parents education will make parents to start early enough to learn strategies and skills to cope with such children	119	77	16	0	0
4	Sensitization programmes should be organized for parents to help them understand that these special need children have potentials	89	87	19	13	4
5	Caring skills, tips offered to parents during parent education help them to cope	107	70	12	18	5
6	Parent education helps them to get assistance	92	81	21	18	0
Health services						
7	Health screening is necessary for children entering nursery and primary schools	97	67	3	2	4
8	Early identification of children with such problems will help them to develop better and make early referrals	46	71	36	8	12
9	Routine health screening should be organized for children at the early childhood stages occasionally.	72	83	10	3	5
10	Health tips are given to caregivers, teachers and parents on how to cope with these children	81	61	18	7	6
11	Health follow up services should be provided by those professionals	67	65	25	7	9
Infrastructures						
12	Adequate and proper learning materials such as toys would be provided for children to encourage them	146	104	13	7	11
13	Enough infrastructural facilities need to be put in place to make for easy movement	138	104	19	13	7
14	Facilities should be provided for individualized instruction.	143	103	17	15	3
15	Finance should be provided for the purchase of special learning materials	135	89	23	16	18
16	Teaching aids for school programmes should be such that accommodates children with special needs	169	82	13	15	2
Counseling						
17	Workshops and seminars should be organized to help teachers/caregivers change their attitude towards children with special needs.	130	131	40	12	16
18	Counseling services should be provided to children with special needs to enable them understand their personalities	152	125	37	8	7
19	The older special need persons should mentor the younger ones	150	101	49	13	17
20	Counselling is required to help remove stigmatization, this is necessary for proper functioning of children special needs	110	142	48	9	20
21	Legislation will be made to make special needs children go to school.	162	130	25	8	4

Table 2: Percentage Response of Private Schools in Awka Metropolis

Variable	Parent education		Health services		Programmes		Counselling	
	Frequency	percentage	Frequency	percentage	Frequency	percentage	Frequency	percentage
Strongly agree	263	43.83%	162	42.63%	288	48.24%	360	43.10%
Agree	226	37.67%	155	40.79%	226	37.86%	314	37.56%
Strongly disagree	51	8.50%	34	8.95%	22	3.69%	108	12.92%
Disagree	43	7%	4	1%	36	6%	6	1%
Indifference	17	2.83%	25	6.58%	25	4.19%	48	5.72%

Table 3: Percentage Response of Public Schools in Awka Metropolis

Variable	Parent education		Health services		Programmes		Counselling	
	Frequency	percentage	Frequency	percentage	Frequency	percentage	Frequency	percentage
Strongly agree	344	51.10%	201	41.40%	443	54.83%	344	42.47%
Agree	238	35.40%	192	39.59%	256	31.68%	315	38.89%
Strongly disagree	52	7.70%	58	11.96%	63	7.80%	91	11.25%
Disagree	27	4%	15	3%	30	4%	44	5%
Indifference	12	1.80%	19	3.92%	16	1.98%	16	1.98%

RESEARCH HYPOTHESES

There is no significant difference in the responses of both public and private teachers on the factors that enhance special education. The private school teacher’s responses showed that 43.83% strongly agreed, 37.67% agreed, 8.50% strongly disagreed

while 7% disagreed and 2.8% were indifferent on the parent education being a factor for enhancement of special education in Awka metropolis. Teachers in public schools indicated their opinions, thus 51.10%, strongly agreed, that parent education enhances special education, 35.40% agreed while 7.70%

strongly disagreed 4% disagreed and 1.80 were indifferent. The hypotheses was accepted because there was significant difference in their responses.

On health services private teachers responses showed 42.63% strongly agreed, while 40.79% agreed, 8.95% strongly disagreed, 1% disagreed, 6.5% were indifferent. Public school teachers responses showed that 41% strongly agreed, that provision of health services would enhance special education. 39.5% agreed, 11.96% strongly disagreed while 3% disagreed and 3.92% were indifferent. Over 80% of public school teachers agreed that health services enhances special education. On counseling the teachers in public schools responses were indicated 42.47% strongly agreed that counselling would enhance special education. 38.89% agreed while 11.25% strongly disagreed, 5% disagreed and 1.98% were indifferent. In public schools 81% showed that counselling is a factor for the enhancement of special education. The private school teachers responses showed that 43.1% strongly agreed, 37.66% agreed while 12.92% strongly disagreed, 1% disagreed and 5.72% were indifferent on infrastructures.

DISCUSSION OF FINDINGS

From the analysis of the data presented in table 1. items were presented on parent education as a factor that enhances special education. The respondents both from public and private school accepted it as a factor. 80.50%, 86.50% respectively, parent education is important because it is the parents that will send the children to school and they need to understand that their children are potential achievers. Ramey, Mulvilill and Ramey (2000) state that mothers should also be invited for discussions on children with special need so that they will not be left alone and feeling confused. Parent education will help them to change their attitude towards their children and others with special needs. They will be educated on the skills, given information on how to cope and adjust to help these children become what they would. Obani (2002) observes a situation which he described as ugly incident where some parents threatened to (some actually did) withdraw their children from school because of the presence of a child with epilepsy. This is typical example of lack of information. They would get this information through parent education. Parent education is a designed programme or package which is made to teach parents about child care and development.

The findings showed that health services are other factors that enhance special education in Awka metropolis. Health services are very important especially for early identification and intervention for such children. Early identification is a step towards intervention. This opinion was supported by Wert (2007) and Smith (2007) when they he said that special needs children begin with early identification

and is a prerequisite to early information. Dala (2012) maintains that one of the reasons for deliberate identification plan for special needs children is that children at risk from birth need to be followed up and closely monitored. Blackhurst and Berdine (1997) assert that early intervention will promote development of the child, promote wellbeing of families and ensure positive interaction between children and family members. Health services delivery would provide early screening for children at birth at the point of entering kindergarten, primary and secondary schools. It also focuses on immunization and provision of free medical services for children. These services would definitely reduce the number of at risk children as done in other countries such as Poland, Britain and USA. Braloskopaka, Krawczyk and Walklewicz (2000) note in Poland that children undergo medical examination, their functioning is evaluated by appropriate diagnostician. Based on the outcome individual therapy is performed. The aim of the programme is to improve and enhance even traces of functioning. To buttress health services as an enhancement factor for special education, Infant and Health Development Programme (1990) in Dala (2012) found that children at risk who received a comprehensive and intensive early intervention programme showed significantly increase IQ scores and decreased unwanted behaviour.

The finding showed infrastructure as one of the factors that enhance special education. Children with special needs require special infrastructures for them to really benefit and actualize their potentials. They also require individualized attention because of the diverse nature of their needs. It is true this factor is necessary but in reality how many of these UBE schools have infrastructural facilities for the children with special need, in Awka metropolis. The answer is not far-fetched because from observation the managers of these schools did not provide for such children. It creates doubt in the mind of people especially early childhood educators actually whether every child is benefiting from this programme. Obida (2001) notes that physical and instructional facilities have been observed to be some of the inhibiting factors to the implementation of UBE. This brings to mind, the question of accessibility and quality education through UBE, for the achievement of education for all and millennium development goals by 2015. It is a well known fact that most of these children with special needs require a lot of activity, interaction with learning materials and such activity should be child oriented and directed, hence Salenis (1998) in Ademola and Jajua (2010) emphasize on activities based teaching as ideal for addressing the needs of students with learning disabilities in the science class as a valuable proposition. Abang and Onwuadibere (2012) note that things like sign language books, projectors/computers and models are

not easily available for instructors to use. They went further to say that other facilities like audiometer that will help to access the child early for better programme is not easily available.

Counselling was found to be an enhancement factor for special education. Counselling is multifaceted because all the stakeholders need counselling, the child, the parent, teachers, community and school managers. Maduwesi (2005) outlines some services that special needs education renders to its people among which is individual and parental counselling. Individual counselling is needed to help the child accept his/her situation and be able to face challenges adequately. The child needs emotional, cognitive and social stability; this can only be achieved through the help of counselling. The parents need counseling, Ezeani (2006) believes that the need for active parental involvement in the education of the child is seen to be even greater when the child has special needs. Ezeani (2006) opines that special needs education can only be of full benefit to this category of children when there is good working relationship between parents and professionals. Elui (2006) maintains that parental involvement is found to have potential to improve children's behaviour and achievement. The teacher needs counselling in order to accept the child and change his attitude towards such children.

Counselling will help the teacher to appreciate the child as a potential achiever. Counselling helps the teacher to understand how to manage the child to make him/her benefit from the programme. Morgan and Mark (1981) in Obajuwana and Iyoha (2010), stress that teachers need to accept the special need child, create real experience to develop the child's sense of touch taste hearing sight or smell.

Implication for Child Development

Every child needs to develop his or her potentials but sometimes many children do not develop because of some environmental factors and biological factors. These are the special need children. These set of children require conducive and enabling environment in order to remove those hindrances that interfere with their development. Since children cannot develop without the help of the teacher, parents and so on, the teacher must apply proper methods to enable the child develop appropriately.

Primary education is the foundation on which other educational endeavours hinge. Primary education includes the pre-nursery and primary school. Pre-primary as was defined by the federal government in its document National Policy on Education (2004) is the education given in an educational institution to children aged 3-5 prior to their entering primary school while primary education is given to pupils from 6 – 11 years. Special education has lots of

consequences for the child's development because it is the entry point into education pursuits. Moreover, it is a determinant of educational pursuit which could be marred or successful at this point. When these factors discussed are adequate the child develops his potentials to the fullest. When parents are educated on how to cope, adjust, encourage and care for their special needs children, the children develop better. The children will develop properly and grow up to have confidence in themselves seeing that they are cared for. They are encouraged and motivated to achieve like their peers. When they develop under a stimulating, friendly, safe and caring environment they would grow up to be successful individuals their special needs nature notwithstanding. Health service delivery has some developmental implication for the children when these special needs children are identified early enough through health services like screening for visual and audio, impairment, medical attention/advice. Intervention is provided early enough. Coping skills, referrals and medical care is provided very early for the child. The type of learning material that would help him/her develop would be prescribed for him/her that early such as reading aids or hearing aids. The less privileged also gain from this venture.

Counselling has some implication for the child's development. Counselling has diverse effects to the child. It makes the child to have high esteem of himself. Counselling would assist him to realize that he has some potentials in himself and not hopeless or has been "written off" for life. He can develop like other children. Counselling parents gives them the chance to understand their children, the kind of assistance he/she requires and must not be ignored. The school and community need counselling on how best and learning materials to provide for children with special needs. Infrastructurally, the implication calls for proper and adequate infrastructure for children with special needs. The architectural design should not be discriminatory rather it should be encouraging. When these factors are present, children with special need would develop to their fullest and they feel happy and grow up to become responsible members of the society.

CONCLUSION

A society is said to be developed when its has adequately provided for the entire citizenry, irrespective of exceptionalities and gender. The society would be a better place and good ground when the needs of special needs children are met. This can only be achieved through special education. In other to achieve the millennium development goals and education for all, these special needs children must be given special attention by all the stakeholders in education. The society cannot say to have achieved these goals until these groups are properly taken care

of by providing parent education, health services, counselling and infrastructural facilities.

RECOMMENDATIONS

1. Parent education needs to be intensified in all its operation. This could be achieved through organization of conferences, PTA meeting, talks, and seminars. This aim is to equip the parents with skills on how to manage children with special needs.
2. Health delivery services need to receive priority attention in the national plans especially for children special need. Health services would provide early identification of children with special needs and intervention.
3. Children should be screened at different points of entry into school-nursery, primary, junior secondary. This operation would encourage early identification and intervention for such children.
4. Infrastructural facilities need to be addressed properly by school managers, faith-based managers, non-governmental organizations and the State Universal Basic Education Board. Appropriate facilities such as learning materials- Braille, should be provided.
5. All stakeholders need to be counselled, the parents, teachers, children, managers of schools in order to help people change their attitude toward people with special needs.

REFERENCES

Abang, T & Onwudibere, C. U. (2012). Inclusion of children with hearing impairment in sNigeria. Good shepherd centre for special education, Ogoja and Ganaka. Internal school for special education. Jos experience.

Ademola, A. & Jajua, M. A. (2010). Learning disabilities among Nigerian school children in science and intervention strategies through curriculum provisions. Learning difficulties and the Nigerian child. Official publication of the Nigeria Society for Educational Psychology (ed) Prof. Andrew Ajegba Ekye and Sam B. Overe Clifford. 1-16.

Blackhurst, A. E. & Berdine, W. H. (1997). An introduction to special education (3rd edition) NY: Harper Collins college publishers.

Braloskorako, J.; Krawczyk, A. & Walkiewicz, M. (2000). Problem in diagnosis and therapy of multi-handicapped children with visual impairment in H. H. A. Gresnight (ed) Vision and strategies for the new century. Crawcow: ICEOI.

Dala, B. G. (2012). Implementation of special needs education policies in Nigeria. The journey so far for children with visual impairment. Journal of Childhood and Primary Education 9(1) 198-202.

Dike, E. (2002). Poverty in Nigeria. The Daily Independent Newspaper, Oct. 6

Elui. E. P. (2006). Home, school and neighbourhood partnership in the education of the Nigerian child. Journal of Childhood and Primary Education 3(1) 111-120.

Ezeani, N. E. (2006). Parents partnerships in needs education in E. D. Ozoji, I.O.,

Ezera, N. E. Ezeani, N. Abedrego (ed). Contemporary issues in special needs education. Jos: Deka Pulications. 103.

Federal Republic of Nigeria (2004). National policy on education, Lagos: NERDC.

Iroegbu, U. V. (2007). Education of special needs children: The visually impaired perspective. In E. D. Ozoji and J. M. Okuoyibo (Eds). The present and future of special needs education in Nigeria. Jos: Department of Special Education and Rehabilitation Sciences, University of Jos. 390-403.

Maduewesi, E. J. (2005). Benchmarks and global friends in education. Benin City. Dasylyve influence enterprises.

Morgan, D. & Mark, E. (1981). Ideas for mainstreaming young children. British Journal of Educational Studies 36(2) 22-23.

Nilsen B. A. (2008). Observation and assessment. Canada: Thomson Delmar Learning.

Obajuwana, F. & Iyoha, A. W. (2010). Teaching children with special needs in the regular classroom. Journal of Childhood and Primary Education 7(2) 32-39.

Obani, T. C. (2002). Prospects of special education for special needs children in the 21st century keynote address at the 12th annual conference, the National Council for Exceptional Children (NCEC), Minna, Nigeria. August 6th – 9th.

Odiba, R. A. (2001). Universal Basic Education (UBE) and children with disability in the exceptional child. A Journal of the National Council for Exceptional Children 5(3).

Ofo, J. E. (2001). Research method and statistics in education and social sciences. Lagos: Soja publications.

Ozaji, E. D. (2000). Special education in the national policy on education. How far? Jos: Deka Publication.

Ozaji, E. D. (2005). Repositioning special needs education for effective service deliveries in Nigeria. Jos: Deka Publications.

Ozaji, E. D. (2008). Course materials on element of special needs education (Revised). Jos: Deka Publications.

Ramey, C. T.; Mulvillil, B. A. & Ramey, S. I. (2000). Prevention, social and education factors and early intervention. In J. W. Jacobson and J. A. Mulick (eds). Manual of diagnosis and professional practice in mental retardation. Washington DC: American Psychological Association.

Ugwu, ABC (2008). Elements of special education higher education Enugu: Agatha Series Publishers Ltd.

Werts, N. G.; Culatta, R. A. and Tempkins, S. R. (2007). Fundamentals of special education. What every teacher needs to know (3rd rd) N. Y.: Pearson Merrill.