

# **Integrating Children with Special Needs into Regular Primary Schools in Lesotho**

**Report of a feasibility study**

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## **Foreword**

The study of children with special education needs was commissioned by the Special Education Unit of the Ministry of Education and donor agencies. The purpose of the study was to provide information which would enable the Unit to effectively implement the integration of these children into regular primary schools.

The Special Education policy of the Ministry of Education stipulates, among other things, that basic education is to be provided to all, and that students with special educational needs are to be integrated into the regular school system.

The results of the study will enable the implementers to have an insight into the number of children with special educational needs in the regular primary schools, and how to plan an in-service teacher training programme for regular primary school teachers to handle these children.

The responsibility of overseeing the implementation of integration has been assigned to the Special Education Unit. However, the Unit felt that hiring of a Consultant to conduct the study would not give them an insight into the size of the problem and how to address it. The Unit therefore took upon itself the task of conducting the study in primary schools.

## **Executive Summary**

The learning needs of disabled children demand special attention.

Steps need to be taken to provide access to education to every category of the disabled persons as an integral part of the education system. (Article 3.5, World Declaration on Education for All, 1990)

In many countries the education system has traditionally excluded those individuals perceived to be "different" or has created marginal structures for those who did not come up to the expected standards. This was based on a medical model - learning difficulty was a symptom of a deficit that could be treated by a specialist placement. The aim of putting children with disability together in separate groups was to provide the best possible "treatment" by the specialist teachers. There was little need therefore for the teachers in ordinary classes to give consideration to pupils with special educational needs.

Many children with mild and moderate difficulties attended ordinary classes, no extra help was provided for them and they ultimately fell back and dropped out of school - a situation still quite common in many countries.

Those with extensive need of help have usually been categorised as "disabled" or "handicapped" and the extra help given has been referred to as "*special education*".

To most people, special education has become synonymous with the education of the blind, deaf, mentally retarded and physically disabled pupils. This limited view has led to the creation of small and more or less parallel school systems with special schools and institutions which have not been of any significant relevance to the rest of the education system.

Today there is a general acceptance that experiencing difficulty in learning is a normal part of schooling rather than an indication that there is something wrong with the child. Every child is unique and every child needs help in developing and adjusting to life. In that respect, all children are special and emphasis should now be put on individual needs, curriculum flexibility and a common responsibility for all pupils in a classroom.

The purpose of the study was to determine the number of children with special educational needs in the regular primary schools in order to enable the Ministry of Education to implement its stated policy of promoting the integration of children with special needs into the regular school system at all levels.

The following four priority areas were the main focus of the study:

1. The existence of children with special educational needs in the regular primary schools
2. The types of disabilities these children have
3. Attitudes of teachers, pupils and parents towards integrated education
4. Facilities available and their accessibility to children with special educational needs.

The results of the study show that there are many children with special needs who attend regular primary schools. The prevalent disabilities are visual, hearing and physical impairments, mental retardation, learning disabilities, epilepsy and other disabilities including ill health.

Most of the participants in the study displayed positive attitudes towards the policy of integration. However, the study discovered that most schools need to work hard to make their environments least restrictive for children with special needs. The report presents the list of recommendations for consideration by the Government and the public.

# **Introduction**

## **Country Background**

The Kingdom of Lesotho is a small mountainous country completely enclaved by the Republic of South Africa. It is 30,355 sq. km in extent. It lies between 28 and 30 Southern Latitudes and 27 and 30 Eastern Longitude. About a quarter of the country in the west is lowland with altitudes that vary between 1,524 and 2,300 metres above sea-level. The remaining three-quarters is highlands rising to the height of nearly 3 500 metres in the Drakensburg mountain range which forms the eastern boundary with South Africa.

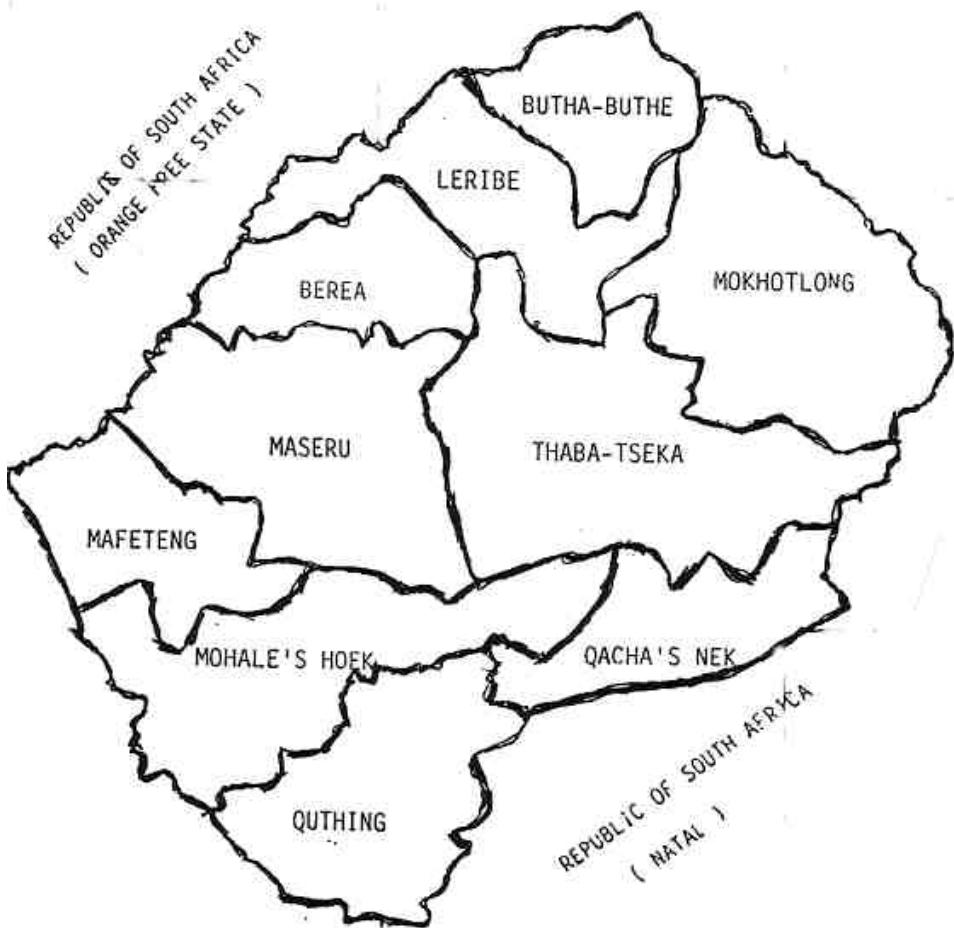
The climate of Lesotho is highly variable, consisting of four distinct seasons. Winters are severe, especially in the mountain areas where snow falls almost every winter. The terrain of the mountain makes a great portion of the country inaccessible in winter. Summers range from warm to hot with the temperature varying from -2°C in winter to 32°C in summer in the lowlands. The range is much wider in the highlands where temperatures fall below 0°C in winter.

For administrative purposes, Lesotho is divided into 10 districts, namely Butha-Buthe, Leribe, Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Qacha's Nek, Mokhotlong and Thaba-Tseka. Maseru is the capital town.

The population of Lesotho is estimated at 1.7 million with an estimated annual growth rate of 2.3% per annum. The under 5 year olds population is estimated at 16% while those aged 5 - 14 constitute 24%.

The official minimum age entry into school is 6 years and by the age of 24 years most children are expected to have finished their education. The school age population of 6 - 12 years in primary schools in 1992 is estimated at 347 659.

**Figure 1. Kingdom of Lesotho. Administrative Districts**



## The Lesotho Primary Education System

The provision of education in Lesotho is a joint venture between the Government, churches and community. According to the Education Sector Development Plan (ESDP) (Ministry of Education, 1992) there were about 371,950 pupils enrolled in 1201 primary schools in 1992. Of these schools, 75.2% offered a full primary course, that is, grades 1 to 7. There were 7051 teachers in all, of whom 84.6% were qualified. The overall pupil:teacher ratio was 54:1, and the average class size was 52.4. The net enrolment ratio for the age group 6 - 12 years was 76% (MOE, 1992).

In terms of physical facilities in the primary schools, the Plan indicates that there were 4150 classrooms and 756 church halls, yielding an overall pupil:classroom ratio of 60:1 or 90:1 if church halls are excluded. It further stipulates that a significant proportion of pupils are still taught outside in the open air, particularly at the lower standards. Furniture is also a major problem, with over 50% of grades 1 to 3 pupils being taught while sitting on the floor. The lack of proper writing surface, coupled with discomfort in sitting on a cold mud or concrete floors during Lesotho's harsh winters, makes learning very

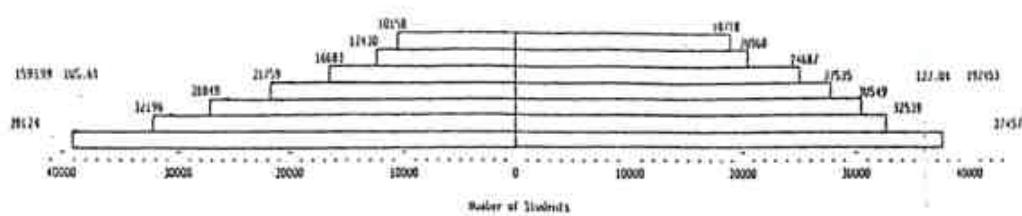
difficult. There is shortage of instructional materials. Although a revolving fund supplies textbooks to pupils at all grades for a minimal fee, there is a serious shortage and in some instances a lack of supplementary materials.

The primary education is managed mainly at district and local level. The plan reveals that in 1990 there were two to three District Education Officers (DEOs) for each of the 10 districts, giving a total of around 30 officers in all. The Plan stipulates that these low numbers, coupled with transport and other limitations makes the task of inspecting each school very difficult. It shows that in 1990 only 24% (288) of all primary schools were visited by the DEOs and it is unlikely that even all of these visited constituted full inspection.

As indicated, the pupil teacher ratio at primary level is 54:1. This high ratio is cited as one of the main reasons for the poor quality and low efficiency which characterise the primary sector.

Table 1 shows the enrolment and number of primary schools in Lesotho in 1992. Figure 2 represents a Lesotho Education Pyramid for Primary Education.

**Figure 2. Lesotho Education Pyramid for Primary Education. 1990**



Source: Ministry of Education, 1990

The pyramid shows that the number of pupils who initially enrolled in the first grade (grade 1) do not all reach the seventh grade. A large number of primary school pupils are lost from the system before ever reaching the final year. The Plan reveals that every year, around 10% of pupils from each grade fail to move on to the next grade resulting in the high cumulative loss by the final year of the primary cycle.

**Table 1, Enrolment and number of Primary Schools by District 1992**

District	Enrolment			Number of schools
	Boys	Girls	Total	
Butha-Buthe	12229	13623	25857	67
Leribe	29921	32379	62300	156
Berea	25143	26784	51927	106
Maseru	36294	40326	76620	170
Mafeteng	19363	24558	43921	136
Mohale's Hoek	15026	19873	34899	144
Quthing	10058	13033	23091	118
Qacha's Nek	6009	7959	13968	89
Mokhotlong	7606	12397	20003	95
Thaba-Tseka	7182	12187	19369	120
Grand Total	168831	203119	371950	1201

*Source: Ministry of Education, 1992*

One of the stark realities underlying this loss of students before completing their primary education is that a great majority of children with special educational needs have not been identified and as a result they are not receiving appropriate assistance. The teachers in the system have not been trained to handle these children.

## Special Education in Lesotho

Conventionally, the provision of education and care for children with special educational needs in Lesotho has been primarily the responsibility of non-governmental organisations, churches and individuals, sometimes with financial support from private sources and donor agencies. It was not until the 1980s that the Ministry of Education took an active interest in the efforts to reach children with special educational needs.

In the light of new strategies to reach children with special needs, the Ministry of Education engaged, in 1987, a consultant Dr. Csapo to undertake an extensive study, *Basic, Practical Cost-Effective Education for Children with Disabilities in Lesotho*. The study revealed that approximately 400 children and youth receiving care in a dozen special schools were supported by donor agencies and that only 70 of these children were provided with special education. Most of these special schools were residential, providing long term-care. Csapo argued that these long-term care centres violates the caretaking tradition of the extended Basotho family system. She further showed that the long-term care is expensive, and disrupts family life. It also

has the potential of causing emotional and psychological deprivation, resulting in alienation from the child's extended family and ultimately from society.

Csapo (1987) recommended that Lesotho should make every effort to undertake the following:

1. Preserve the traditional caretaking, fostering function of the extended Basotho family and locate relations to care for orphaned and abandoned children wherever possible.
2. Integrate children with disabilities into regular schools in their own community with special education support, thereby guaranteeing the right of disabled children to grow up with their parents, siblings, and extended families.
3. Change the philosophy and ensuring practice of long-term care to short-term specialised care and education and provide it for children who need it most: the young sensorially deprived children.
4. Formulate a philosophy, policy and guidelines to assist special centres to fit within the overall special education plans of the Ministry of Education. For this purpose channel international funding and direct it to the areas of the greatest need and prevent inadequate programs to emerge or to continue.
5. Make programmes for children with disabilities self-supporting to a large extent to protect them from disintegrating if and when foreign funding is withdrawn.
6. Upgrade teachers already trained, to increase their number and direct their efforts to educate young sensorially handicapped children.
7. Train teachers for the mentally retarded and generalists for special education by bringing in instructors to prepare teachers in these areas.
8. Give assistance to teachers in the regular classroom and to children with disabilities in the regular classroom by providing training to Itinerant Special Education Teams who will provide help and support to both the teacher and the child with special needs.
9. Encourage families to send their children with disabilities to school where special help will be made available.
10. Conduct an information campaign about the needs and problems of the disabled child.
11. Provide teachers and pre-school teachers with in-service training (both at NTTC and NUL) with course work in special education as part of the basic teacher preparation program.

12. Include in the information campaign on behalf of the disabled, information about ways of preventing the risk of disabilities.
13. Conduct immediately a Lesotho National Campaign to Reach Disabled Children.
14. Establish early infant stimulation programs to assist parents to become teachers of their young children.
15. Admit children with disabilities into pre-schools.
16. Facilitate liaison, hasten decision making. For this purpose an inter-ministerial committee should be created consisting of senior Ministry officials in a decision making position.

Emanating from Csapo's (1987) report, and the momentum generated by the World Conference on Education for All, as well as other important international declarations, and in view of the pressing need to reach all children, the Ministry of Education established the Unit of Special Education to provide education and care for children with special needs.

During the 1987 and 1988 national seminars on Clarification of Lesotho's Educational Policies and Priorities, (Ministry of Education, 1988) Special Education was, for the first time, included in the discussion of the Ministry's policies and priorities. It was during these seminars that the Ministry undertook to include Special Education among its programmes. It also accepted in principle draft policy guidelines and implementation strategies in regard to Special Education. In 1990 in its Operations Plan, the Ministry has the following general policy statement:

**MOE will promote the integration of children with special educational needs into regular school system at all levels.**

In an attempt to implement this policy, the Unit of Special Education developed the following strategies to reach out to children with special needs, their parents, as well as the whole community:

1. Providing special education to all children who need it
2. Creating awareness to the whole society about children with special needs and the services available
3. Conducting a study to determine the feasibility of integration as well as to identify children with special educational needs in the regular primary schools

4. Developing in-service teacher training materials to be used by regular school teachers
5. Conducting in-service teacher training
6. Developing and conducting parent training programmes.

In line with Article 3.5, of the World Declaration on Education for All (Haddad 1990) , Lesotho realised that the existing special education services in the country are for the deaf, the blind and the physically handicapped pupils only, whereas there are many children with other special needs who need these services and are not catered for in the above special schools.

Lesotho Government agreed that experiencing difficulty in learning is a normal part of schooling rather than an indication that there is something wrong with a child. This is why Lesotho promotes the educational integration which is a measure taken to provide educational services within regular school system.

It agrees with UNESCO that Special Education should have the following characteristics:

- It should be recognised as a responsibility for all in the school system
- It should be national, and be available to all who need it
- It should be made accessible by eliminating physical barriers
- It should be decentralised as part of the regular school system
- It should be integrated, allowing children with special educational needs to be educated in the least restrictive environment
- It should be flexible and child-centred with content that is life-centred rather than subject-centred
- It should be comprehensive, looking at the total needs of the child during its entire childhood
- It should be co-ordinated at all levels
- It should be professional, and be carried out by adequately trained and dedicated teachers
- It should be realistic by considering the actual economic, technical, social, cultural and political realities

## **Statement of The Problem**

Two hundred years ago, the French revolution proclaimed the right to liberty, equality and fraternity. Twenty years ago, the International League of Societies for Persons with Mental Handicap proclaimed the rights of persons with mental handicaps. In 1971 the United Nations officially adopted this Declaration. Today the Universal Declaration of Human Rights asserts that everyone has the right to education. To meet this basic learning need, the Declaration proclaims that:

**Every person - child, youth and adult shall be able to benefit from educational opportunities designed to meet their basic learning needs**

( Haddad, 1990).

The World Declaration of Education for All (article 3.5, 1990) stipulates that every country has to provide equal access to education to every category of disabled persons as an integral Part of the education system. This new dimension of basic education for all recognises that every person has the right to appropriate and relevant education.

Although the above declarations have been followed and implemented by some countries, for the majority of countries, Lesotho included, the provision of education for persons with special needs is still inadequate both in terms of quality and quantity. Many children with disabilities are either formally excluded from the mainstream education system or receive less favourable treatment within it than other children. Although no concrete data is available about children with special educational needs, it is suspected that some of these children generally stay at home without any intervention services. Others are in schools where they keep repeating classes/grades until their parents withdraw them. Still others lose interest and drop out.

## **Objectives**

### **General Aim of the Study**

The general aim of the study was to provide baseline informal which will enable the Ministry of Education to implement its stated policy of promoting the integration of children with special educational needs into the regular school system at all levels.

## **Specific Objectives**

1. To create awareness to primary school teachers about the policy on integration
2. To determine the number of children with special needs in the regular primary schools
3. To investigate the attitude of teachers, pupils and parents towards integrating children with special needs into their schools
4. To identify schools in which integration could be introduced on a pilot basis.

## **Significance of the Study**

It is anticipated that the results of this study will assist the Ministry of Education in the following:

- Planning, organising and managing special educational provisions
- Creating awareness about the Ministry's policy on special education
- Determining the numbers of children with special needs attending regular schools
- Establishing the prevailing disabilities among children in order to make appropriate referrals for further testing and proper treatment, appropriate placement in schools as well as giving teachers, parents and communities professional advise and guidance on matters relating to special education
- Creating and reinforcing positive attitudes towards children with special educational needs.

## **Definition of Terms**

**Special education** in this report refers to provision of education to children with special needs.

**Children with special-needs** include those who have physical or sensory impairments, those who have learning difficulties, and those whose behaviour cannot readily be contained in regular schools. These children need special educational provision over and above what regular schools offer.

**Visual impairment** means an impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially sighted and blind children (Meven & Skrtic, 1988).

**Hearing impairment** means an impairment which is so severe that the child is unable to process linguistic information through hearing, with or without

amplification, resulting in adversely affected educational performance. This term also include the hard of hearing (Meyen & Skrtic 1988).

**Physical handicap** means a severe orthopaedic impairment which adversely affects the child's educational performance. This term includes impairment caused by anomaly (e.g. clubfoot, etc.) impairment caused by disease (e.g. poliomyelitis, bone tuberculosis, etc) and impairment from other causes (e.g. cerebral palsy, amputations and fractures or burns which cause contracture) (Meyen & Skrtic. 1988).

**Learning disability** means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and development aphasia. It does not include children who have learning problems which are primarily the result of visual, hearing, motor handicaps, mental retardation, or emotional disturbance, caused by environmental, cultural or economic disadvantage. (Meyen & Skrtic 1988).

**Mental retardation** refers to significantly sub-average general intellectual functioning resulting in, or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period ( Cartwright, Cartwright and Ward 1981; Meven and Skrtic 1988; and Crossman in Haring 1978). Warner (1987) clarifies this disability by showing that it is a delay or slowness in child's mental development and such a child learns more slowly than other children of his/her age.

**Epilepsy** means a convulsive disorder caused by excess firing of electrical discharges in the brain cells, it is manifested in seizures, that is, loss of control over specific muscles in the body. Three major forms of epileptic seizures include:

*Grand mal*, which is manifested by loss of consciousness and postural control, with muscle rigidity (tonic phase) that progresses to jerking reactions. There is also suspended breathing, loss of bowel and bladder control. A frothing of saliva often occurs. The grand mal seizure is often preceded by an aura, a warning sign that seizure is coming. Auras may take the form of an unusual taste, smell, or sound dizziness, weakness, sensation of fear, numbness or tingling, usually colour sensation, or headache.

*Petit mal* seizure may appear to be daydreaming. There may be a twitching of the eyelids or minimal head or extremity movement. No warning precedes these little seizures. The child maintains postural control and may not even be aware of the seizure, although contact with the environment is lost for 5 - 30 seconds. The seizures may recur many times during the day, interrupting attention span, memory and thought process in general.

*Psychomotor seizures* are variant forms of petit mal seizures in which the child experiences sudden loss of muscle tone, falling, and sudden involuntary muscular contractions of limbs and trunk, in that order. The child does not lose consciousness, and the seizures are brief but frequent (Garwood, 1983).

Other disabilities include:

**Multiple or multi-handicaps**, which mean concomitant impairments such as deaf-blind, mental retardation -blind, mental retardation - physically handicapped, deaf-nonverbal, etc.

**Health impaired**, including autism manifested by severe communication and other developmental and educational problems or having limited strengths, vitality or alertness due to chronic or acute health problems.

**Emotionally disturbed**, which means a condition exhibiting one or more of the following characteristics over a long period of time and which to a marked degree adversely affects educational performance:

- inability to learn which cannot be explained by intellectual, sensory or health factors
- inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behaviour or feelings under normal circumstances
- a general pervasive mood of unhappiness or depression, or
- a tendency to develop physical symptoms or fears associated with personal or school problems.

**Speech impairment**, meaning a communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment, all of which adversely affects a child's educational performance (Meyen & Skrtic, 1988).

## **Methodology**

The study was conducted by the Special Education Advisor, Mrs. Lilian Mariga, and the Special Education Inspector, Mrs. Lineo Phachaka, during the period May to November 1992.

The Education Officers in the districts of Butha-Buthe, Leribe, Berea, Maseru, Mafetenq, Mohale's Hoek, Quthing and Mokhotlong were informed about the study and were asked to make the primary school teachers in their respective districts aware of the proposed study.

A sample of 314 primary schools (26% of all the primary schools in the country) was randomly selected. All the teachers (2649) in the selected schools and a sample of pupils in three grades (grades 5, 6 and 7) were interviewed. Pupils in the three classes were selected on the basis of their seniority in school and their maturity in terms of age. A randomly selected sample of three parents per school also took part in the study. Table 2 summarises the scope of the study.

Structured questionnaires were used to elicit information on the following:

- numbers of children with special educational needs
- the types of prevalent disabilities these children have
- the attitudes of teachers, pupils and parents towards integration of children with special needs into the regular schools.

Observations were done by the team on the facilities available, and their accessibility to pupils with special educational needs. The data-collection instruments are reflected in the appendices.

## **Indicators Used**

Below are indicators which were used to identify children with special educational needs. It should be noted that no scientific assessment procedures were used. (A proper assessment will be done by the Special Education Assessment Team to be identified).

In addition to the indicators used for identifying children with special educational needs, teachers and pupils also helped by providing information on suspected or known disabilities.

## **Visual Impairment**

The following were the indicators used for identifying visual impairment

Behaviour	the child
	<ul style="list-style-type: none"><li>▪ rubs eyes excessively</li><li>▪ blinks more than usual or is irritable when doing close work</li><li>▪ holds book very close to the eyes</li><li>▪ is unable to see distant things clearly</li><li>▪ squints or frowns</li></ul>
Appearance	<ul style="list-style-type: none"><li>▪ eyes closed</li><li>▪ red-rimmed, encrusted or swollen eye-lids</li><li>▪ inflamed watery eyes</li><li>▪ recurring sties</li></ul>
Complaints	<ul style="list-style-type: none"><li>▪ eyes itch, burn or feel scratchy</li><li>▪ blurred or double vision</li><li>▪ dizziness, headache, or nausea, frowning, close eye work</li></ul>
Observable signs	<ul style="list-style-type: none"><li>▪ poor hand and eye co-ordination</li><li>▪ tracking difficulties - moving head rather than eyes while looking at pages</li><li>▪ frequent confusion of similar shaped letters, words and numbers</li><li>▪ staring at things</li><li>▪ albinism and nystagmus</li></ul>

## **Hearing Impairment**

The following were the indicators used to determine hearing impairment:  
The child

- displays running ears
- frequently pulls earlobes
- complains of earaches
- talks in an inappropriate quiet or loud voice
- has poor articulation
- has trouble attending during story time or other large-group activities
- has trouble following oral directions
- has delayed speech has multiple articulation problems, especially with high-pitched sounds such as /f/, /s/ and /sh/
- cocks or turns head to one side while listening

## **Physical Handicaps**

The indicators were

- delay in motor development
- muscle stiffness
- involuntary movements

- flabby muscles
- uncontrollable movements or a combination of these traits
- paralysis in one or more of the limbs

## **Learning Disability**

The following are some of the indicators of learning disabilities

- inability to communicate through language, spoken or written, or by sign
- inability to read, spell or produce motor movement required for handwriting and to perform mathematical functions
- hyperactivity and distractibility
- inability to discriminate direction; in space, or dimensions of time and inattentiveness to lessons in class
- has immature social behaviour
- poor body and self image
- fear of failure
- needs instructions repeated many times
- seems disorganised
- inability to follow a sequence of two or more directions which other children of same age can follow
- echoes or just parrots language without understanding the meaning.

## **Mental Retardation**

The indicators were:

- immature social behaviour
- fear of failure
- poor self-concept
- inability to generalize or transfer learning
- poor problem solving skills
- inability to think abstractly
- poor information or environmental learning
- poor attention span
- poor memory
- poor concept formation
- delay in language
- speech problems
- inability to follow a sequence of directions
- poor body control
- distractibility
- excessive repetition of motor movements or activities
- difficulty in seeing and hearing things as they really are
- problems in seeing differences between things
- trouble distinguishing between sounds.

## **Epilepsy**

Information in this area was sought from teacher reports, and students themselves after confirmation of the condition by medical practitioner. Most children with epilepsy indicated that they were on medication.

## **Other Disabilities**

The indicators were:

- speech and language impairment
- multi/multiple disabilities
- chronic illness

## **Procedure**

In each school teachers were briefed on the Government policy on special education, the purpose of the study and indicators to be used to identify children with special educational needs.

All teachers were then interviewed in their respective classrooms where observations were also carried out. Interviews were about the teacher's attitude towards integration, while observations were to determine classroom facilities and their accessibility to children with special educational needs. Children in all classes were informed by their teachers about the purpose of the visit and were asked to report if they had certain disabilities or problems like epilepsy which had not been reported to the teacher.

A randomly selected sample of three families of children in each school was also interviewed to elicit their opinions and or attitudes towards integrated education.

General information about the school was given by head-teachers or their deputies. Information concerning the number of children with special educational needs was sought from teachers in each class in every school.

Teachers', pupils' (standards 5, 6, 7) and parents' opinion towards integration was sought. The rating was done per district as presented on Table 4. The teachers, pupils and parents who were in favour of integrated education were rated positive, those who did not want it at all were rated negative and those who were not sure of what they wanted were rated uncertain.

Observations were done regarding facilities and their accessibility to children with special needs.

Table 2 shows the scope of the study. It reveals that the study covered 314 primary schools which comprise 26% of all primary schools in the country. The study also involved 41% (2649) of the total primary teaching force of 6452 and 39% (146094) of 371950 pupils enrolled in primary schools in 1992 (MOE, 1992).

**Table 2. Scope of the Study**

District	No. of schools visited	No. of teachers interviewed	Roll in all schools visited	Repeater in all schools visited	No. of parents interviewed
Butha-Buthe	13	109	6808	1343	39
Leribe	41	449	22185	4004	123
Berea	93	718	44768	5805	279
Maseru	45	496	25717	3558	135
Mafeteng	45	355	19966	3159	135
Mohale's Hoek	26	228	13408	2366	78
Quthing	11	95	5531	685	33
Mokhotlong	40	199	7711	1337	120
Total	314	2649	146089	23157	942
	26% of all primary schools	41% of teaching force	39%	15.9%	

## **Results**

### **Children with Special Educational Needs**

Table 3 shows the number of children with special educational needs in the regular schools by district. Among the children who participated in the study, 2.3% (3363) has vision problems, 1.4% (2100) has hearing problems, 0.5% (660) has physical handicaps, the learning disabled account for the majority of all students with disabilities - 12.5% (18264) of all students who participated. This situation indicates that many children in the regular primary schools are experiencing mild to moderate learning difficulties. If extra help could be provided for them, the retention and drop-out rates experienced in the system could be eliminated. The mentally retarded account for 0.4% (635), children with epilepsy account for 0.2% (354), while other disabilities account for 0.1% (73) of the students who participated in the study.

The results indicate that many children with mild to moderate learning difficulties attend regular schools. The learning disabled and the mentally retarded together constitute 12.9% of the 17.4% of all the children with disabilities. This 12.9% is a contributing factor to the repetition and the drop-out rates of 20% experienced in the primary schools (Ministry of Education, 1992) because no teachers are trained to handle the situation; hence, no extra assistance is provided to these children.

**Table 3 Number of children with special educational needs in the regular primary schools per district**

DISTRICT	NO. OF SCHOOLS	ROLL	VISUALLY IMPAIRED	HEARING IMPAIRED	PHYSICALLY HANDICAPPED	LEARNING DISABLED	MENTALLY RETARDED	EPILEPTIC	OTHERS	TOTAL	%
Gutha-Buthé	13	6808	101 1.5%	56 0.8%	16 0.2%	522 7.7%	26 0.4%	5 0.1%	16 0.2%	742	10.9
Leribe	41	22185	467 2.1%	265 1.2%	92 0.4%	2666 12%	106 0.5%	54 0.2%	21 0.1%	3671	16.5
Berea	93	44768	798 1.8%	486 1.1%	203 0.4%	6169 13.9%	132 0.3%	87 0.2%	3 0%	7878	17.5
Maseru	45	25717	613 2.4%	278 1.1%	127 0.5%	2431 9.4%	169 0.7%	59 0.2%	0 0%	3677	14.3
Mafeteng	45	19966	452 2.3%	283 1.4%	91 0.5%	2947 14.6%	85 0.4%	51 0.2%	23 0.1%	3932	19.7
Mohale's Hoek	26	13408	486 3.6%	326 2.4%	59 0.4%	1697 12.7%	50 0.4%	55 0.4%	2 0%	2675	19.9
Quthing	11	5531	198 3.5%	181 3.3%	15 0.3%	492 8.7%	5 0.1%	23 0.4%	5 0.1%	909	16.4
Mokhotlong	40	7711	248 3.2%	225 2.7%	57 0.7%	1350 17.5%	62 0.8%	20 0.3%	3 0%	1965	25.4
	314	146089	3363 2.3%	2100 1.4%	660 0.5%	18264 12.5%	635 0.4%	354 0.2%	73 0.1%	25449	17.4

## **Attitudes towards Integration of Children with Special Educational Needs into Regular Schools**

Table 4 shows that 2283 teachers in 314 schools which participated in the study were in favour of integrated education, while 310 were against it. The reasons given by the latter were that the Government is imposing integration on them. Some teachers indicated that they would only accept children with special needs on condition that their salaries are increased. Some teachers wanted to know why the Government is emphasising integration rather than the development of and/or strengthening the existing special education centres. The standards 5, 6 and 7 pupils (20656) who participated in the study in the 314 primary schools were in favour of attending school with their disabled counterparts and showed that they would be willing to provide any kind of assistance to them where need arises.

Out of 942 parents who participated in the study, 99% (933) were in favour of integrated education, while 6% (6) were against it giving the reasons that some disabilities might be contagious and that they would not like their children to mix with such children. Some parents felt that their children would be ridiculed and/or abused by "able-bodied" counterparts and teachers.

## **Facilities and their Accessibility to Children with Special Educational Needs**

The study also considered facilities available in the 314 primary schools involved in the study and their accessibility to children with special educational needs.

According to the Ministry of Education (1992), there is a shortage of physical facilities in the primary schools. This study confirmed this situation. The majority of classrooms were overcrowded, a number of church halls were used for classroom purposes, and some classes were held outside in the open where there is no furniture. Some schools still have very poor lighting and ventilation facilities.

In some cases, the existing classrooms are not given proper care. Windows are broken, there are no locks on the doors, and furniture is in a poor repair condition. All the above conditions, coupled with other facility problems such as limited and/or non-existent furniture, poor writing surface, and short supply of teaching/learning materials/ textbooks make learning difficult. The situation has even more serious implications for children with special educational needs.

Some schools lack clean water and toilet facilities. Toilets have been constructed for some schools under the Self-Reliance Project but at the time of the study most of them had collapsed and/or were very insecure for children's use. Some have no doors and therefore have no privacy.

In all schools, classrooms have standard doors but these are not wide enough for wheelchair users. In addition, the non-availability of ramps also makes mobility difficult for such children. There are neither guide corridors nor rails for the visually impaired persons. It was also observed that most schools are not accessible to children with disabilities, especially the wheel-chair bound and the visually impaired students.

Where good structures exist, teachers still have to train the children in how to maintain them and keep them clean and in a good condition.

Where water facilities do not exist, students bring water from home for both drinking and washing hands before meals and after using toilet facilities.

Most schools, especially in the mountain areas are still under the school feeding scheme and the children still look well fed and healthy. However, there are still high incidence of malnutrition and scabies reported across the country. This situation may affect learning.

Most children in almost all the schools walk independently to schools. The shortest distance a child travels to school was estimated as 1 kilometre, while the longest distance was 15 kilometres. These long trips to school are experienced commonly in the mountain areas. None of the children use horses in these areas, even if parents have such mode of transport available.

## **System of Reporting Children with Disabilities**

Teachers indicated that few parents report their children's disabilities or related problems to school personnel. In most cases teachers stated that they have to discover on their own, and/or suspect anomalies on the children. They then call parents to school to confirm the type of behaviour their children display. The children are then referred to a specialist for further diagnosis.

## **Recreational Facilities in Schools and Communities**

The study revealed that there are inadequate school and community facilities for out-of-door activities. There are, however, football and netball play grounds used by both schools and communities. In-door games facilities do not exist.

## **General Comments**

Because of the high teacher:pupil ratios and classroom:pupil ratios, the classroom interaction between the teacher and pupils is limited. Sometimes children stand in long queues to either read to the teacher or to have their work marked. It is evident that chances of slow learners or children with learning disabilities having meaningful contact with the teacher are very

limited. However, it was observed that teachers are doing their best to cope with the situation. In almost all the sample schools, teachers reported that they give individual attention to children with learning difficulties during their free time. They also encourage peer tutoring as well as group work.

## **Discussions and Conclusions**

The general aim of the study was to provide baseline information which will enable the Ministry of Education to implement its stated policy of promoting the integration of children with special educational needs into the regular school system at all levels.

The study shows that there are children with special educational needs attending regular primary schools. Although their presence in the schools does not necessarily mean they are effectively integrated, the situation indicates that it is possible to achieve integrated education.

Children with special educational needs have varying disabilities. However, the reliability of some of the indicators used to identify these children may be questioned. Although some disabilities may be obvious, there is a likelihood that a child may be wrongly placed or classified because there is no proper technological assessment done. Hence further testing on these children is imperative.

The majority of teachers, students and parents interviewed demonstrated positive attitude towards integrated education. However teachers indicated that they could be more supportive to integration if they were given some training on handling children with special educational needs. It may be concluded therefore, that integration is feasible.

Concerning facilities, the study revealed that almost all the schools under the study have standard doors which are not accessible to wheel chair bound students, and that some schools have toilets which are too small and therefore inappropriate to these children or those on crutches. To accommodate these students, schools could be advised to eliminate as much as possible restrictive environments.

Almost all the schools under the study have poor lighting and ventilation facilities. These situation is dangerous, particularly for pupils who have some visual impairments.

Some schools have multi-standard grade teachers, making it difficult for these teachers to provide special assistance to children with special educational needs. Having to teach more than one class, these teachers are already overloaded. The pupil:teacher ratios of 54:1 is so high that there is a likelihood that children with special educational needs are not well attended to. As a result they fall back and drop out of the system.

In summary, the study indicates that many children with special educational needs already attend regular schools. Therefore, there already exists some form of integration.

Despite the high pupil:teacher ratios and classroom:pupil ratios, teachers are doing their best to serve children with special educational needs concurrently with their able-bodied counterparts. They provide individual attention to those who need it through extra tutoring, peer tutoring, and dividing children into groups.

Finally, most of the teachers, pupils and parents are generally in favour of integrated education. All this indicates that a total integration is feasible.

## **Recommendations**

It is recommended that:

1. The Ministry of Education should provide for the total integration of children with special educational needs into regular school system at least, initially, at the primary schools level.
2. The Ministry of Education should provide regular school teachers with in-service training to equip them with appropriate techniques and skills of handling children with special educational needs. The training should be on-going and should include District Resource Teachers (DRTs) and Education Officers (EOs) .
3. The Ministry of Education should provide pre-service training and include special education in the curriculum of teacher training institutions. The syllabus should include issues related to integration.
4. The Ministry of Education should develop training programmes for parents of children with special needs in order to complement the school programmes. This will help in early identification of disabilities and, consequently, early intervention in order to avoid some preventable disabilities from becoming permanent handicaps.
5. A multidisciplinary team should be established to carry out technical assessment, work out referral systems, and assist the special education personnel and students in school placements and educational programmes.
6. The Ministry of Education should include skills training programmes for students who are not academically able, and should provide facilities for them.
7. The Government should establish rehabilitation facilities for the students who cannot go beyond primary education.
8. The Special Education Unit of the Ministry of Education should be strengthened in order to facilitate effective programme implementation.
9. Legislation on Special Education should be formulated in order to facilitate the policy and its implementation. The policy should address children and parents of children with disabilities.
10. Government should enforce the law that all public building be made accessible to people with special needs. The Ministry of Education should

ensure that school buildings and other facilities such as toilets are accessible to children with special educational needs.

11. The Ministry of Education should eliminate overcrowded classes as well as high pupil: teacher pupil ratio.
12. The Ministry of Education should develop appropriate instructional materials for children with special educational needs.
13. The Ministry of Education should organise campaigns to conscientise the public, particularly parents about the value of integration.
14. The national census should identify people with disabilities.

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## **Appendices : Data-Collection Instruments**

- A. Background information
- B. Number of children with specific disabilities
- C. Attitudes towards integration
- D. Specific information
- E. Interviewer's observation
- F. General remarks by the teachers about children with disabilities

## A. Background information

District .....

Name of school.....

Std	No. of children in school	Age range	No. of teachers/grade	Teacher / pupil ratio	No. of children with a disability	No. of repeaters
1						
2						
3						
4						
5						
6						
7						

## B. Number of children with specific disabilities

Std	Visual impairment	Hearing impairment	Physical impairment	Learning problems	Others - specify
1					
2					
3					
4					
5					
6					
7					

### C. Attitudes towards integration

Teachers			Non-disabled pupils			Disabled pupils			Parents/community		
Std	+ive	-ive	Std	+ive	-ive	Std	+ive	-ive	Std	+ive	-ive
			1			1			1		
1			2			2			2		
2			3			3			3		
3			4			4			4		
4			5			5			5		
5			6			6			6		
6			7			7			7		
7			8			8			8		
			9			9			9		
			10			10			10		

### General Comments

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### D. Specific information

1. What is the longest distance a disabled child has to travel to get to school?
- .....

2. What does he/she use to get to school?

Transport:    Vehicle.....  
                     Horse.....  
                     Bicycle.....

3. If walking, is he/she:

Accompanied?    Yes     No   
                     Independent?    Yes     No

4. How were the students identified?	Yes	No
Parent reported	<input type="checkbox"/>	<input type="checkbox"/>
Doctor reported	<input type="checkbox"/>	<input type="checkbox"/>
Community reported	<input type="checkbox"/>	<input type="checkbox"/>
Next of kin reported	<input type="checkbox"/>	<input type="checkbox"/>
Teacher suspicious	<input type="checkbox"/>	<input type="checkbox"/>
Teacher discovered/referred	<input type="checkbox"/>	<input type="checkbox"/>
Doctor referral	<input type="checkbox"/>	<input type="checkbox"/>

5. What facilities are available for students with disabilities?

In Schools	In Community

6. How do teachers cope with the student with disabilities in their respective classes? .....

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 .....  
 .....

#### E. Interviewer's observations

- Types of resources available
- General interaction
- Teacher/student interaction
- Accessibility:

Class .....  
 Play .....  
 Recreation .....  
 Toilet .....  
 Water .....

#### F. General remarks by the teacher about children with disabilities

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 .....  
 .....