The other problem faced was of choosing a theoretical framework among the main stream schools of thought on disability. When one decides to undertake an empirical study like this one on factors contributing to life condition of female graduates with mental retardation, one is faced with a problem of choosing a point of view from which to analyse the problem. For instance, in determining the factors that affected the life condition of female graduates with mental retardation from vocation training institutions in Zambia, the problem was whether to analyse the situation from the cognitive or needs point of view, medical or social model point of view. Since this study based its discussion on the factors from the work settings, community and training institutions that affected life condition of female graduates with mental retardation, the social model point of view vis-à-vis the Integrated Support theoretical framework was chosen.

This theoretical framework guided the researcher in addressing the study objectives by conceptualising support through linkages among vocational training institutions, work places and the communities in relation to factors affecting life condition of female graduates with mental retardation in Zambia.
1.8 Study sites

The study was done in ten sites in five provinces as shown in table 3 below.

<table>
<thead>
<tr>
<th>Province</th>
<th>Town</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>Lusaka</td>
<td>Kabangwe area:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Farm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chainama Hospital–laundry section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lusaka Vocation Training Centre Canteen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSTVT- Canteen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maureen Mwanawasa Community Initiative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Front Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FAMR Office:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Office Assistant</td>
</tr>
<tr>
<td>Central</td>
<td>Kabwe</td>
<td>Mukobeko area:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource centre</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>Ndola</td>
<td>Kawama township:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource centre</td>
</tr>
<tr>
<td>Luapula</td>
<td>Mansa</td>
<td>Lupana Site and Service:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource centre</td>
</tr>
<tr>
<td>Southern</td>
<td>Livingstone</td>
<td>Mukuni Village area:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource centre</td>
</tr>
</tbody>
</table>

The five provinces in the study were chosen on the basis that, records of graduates were available, making it easy for the researcher to locate the participants in these provinces. In addition, the five provinces represented rural and urban areas of Zambia. Lusaka and Copperbelt provinces were
considered to be urban while Southern, Central and Luapula provinces were considered to be rural provinces. This combination of urban and rural provinces in the study also helped the researcher to understand the factors affecting life condition of female graduates with mental retardation from a wide perspective.

1.9 Operational definitions of concepts

In this study, the key concepts have the following operational definitions:

**Mental retardation or intellectual disability** refers to significantly subnormal general intellectual functioning, existing concurrently with deficit in adaptive behaviour and manifested during the developmental period. (Papalia et al. 1998). It is indicated by an IQ of about 70 or less, coupled with a deficiency in age appropriate adaptive behaviour such as communication, social skills and self care. On the basis that names and terminologies change over time, and for the purpose of this study, the two terminologies - mental retardation and intellectual disabilities will be used interchangeably throughout the thesis.

**Graduate** refers to any female person with mental retardation who had graduated in a course of study from a vocational training institution in Zambia.

**Life condition** refers to the social, material and physical well-being of the female graduates with mental retardation.

**Quality of life** refers to a multi-dimensional construct whose dimensions include normalised and decent living conditions, some degree of autonomy,
opportunities for personal growth and general happiness (Vitello 1984). A person was considered to have poor life condition based on the following: poor health or could not afford health services, could not travel independently to work and other places, did not earn a salary or was not in gainful employment, could not afford accommodation, could not afford to buy food for self and family, buy clothes for self and family, make own decisions in life and participate in social activities.

**Societal integration** is a situation where female graduates live together with the non-disabled peers in society, have access to resources, opportunities for influencing their own living situations and access to a productive role in the community like other people.

**Impairment** refers to an identifiable defect in the basic function of an organ or any part of the body system (Kalabula 1991). For example, a person who has sub average intellectual ability, can not see, hear, or can not move a limb because of some injury or defect in the organ or limb is considered as having an impairment.

**Disability** refers to loss or reduction of functional ability as a result of impairment. A person is considered to be disabled when that person finds it difficult to move, see, hear, feel, think, control oneself or do certain things. For instance, Sigelman et al. (1984) identified five life functional areas where impairment could contribute to a disability: health, social-attitude, mobility, intellect and communication.
Handicap refers to the problem a person with a disability or impairment encounters in interacting with the environment. A disability may pose a handicap in one environment but not in another. Children may have a severe or mild disability but whether or not they will grow up to be handicapped depends on how their family, neighbours and teachers regard and treat them. A handicap results when an individual is placed at an actual or perceived disadvantage in the performance of normal life functions because of personal or societal expectations and attitudes toward the impairment. For instance, if all jobs required application of mathematical or scientific principles, most persons with mental retardation would be handicapped. Surely, not all jobs require computations but in most cases persons with mental retardation are not even allowed opportunities to demonstrate their competence. When such exclusion happens, they are handicapped because of societal attitudes.

Special education is not an educational programme entirely different from that which is normally provided for pupils of the same age, but refers to those aspects which are unique or are additional to the regular education programme.

1.10 Organisation of the study
This study has seven chapters. Chapter one presents the background to the study, statement of the problem, the purpose, objectives and study questions. The chapter also outlines the significance of the study, theoretical framework, study sites, definitions of terms and organisation of the study. It ends with a summary.
Chapter two presents historical and current perspectives on persons with mental retardation at global and national levels. In addition, the chapter covers the development of education and vocational training for persons with mental retardation in Zambia.

Chapter three deals with literature review. It presents literature based on studies conducted in different countries on factors affecting life condition of persons with disabilities including female graduates with mental retardation and measures to address such factors. It brings out the findings of other studies and how they relate to this study.

Chapter four presents the methodology employed in the study. It outlines the study design, population, sample, sampling procedure and instruments for data collection. It further outlines procedure on how data were collected and analysed.

Chapter five presents the findings of the study according to different categories of the sample in line with the objectives of the study. Chapter six discusses the findings of the study while chapter seven presents conclusion and recommendations of the study. It also suggests areas for further research to provide more information on factors affecting life condition of female graduates with mental retardation.
1.11 Summary

This chapter begun by presenting the background to the study. The major issues raised were that persons with disabilities vis-à-vis females with mental retardation world wide have poor life condition. The concept 'poor life condition' was discussed in relation to four variables of life articulated by Brow in 1997. These included social well-being, material well-being, physical well-being and rights of persons with disabilities including those of females with mental retardation. In relation to these four variables, literature by Brow (1997), Roggero (2005), Shezongo-Macmillan (2008) and Tanya et al. (2007) showed that females with mental retardation lived a substandard life, as a result, were regarded to have poor life condition compared to their male counterparts.

The poor life condition of female graduates with mental retardation was reported to have been due to poverty, low level of literacy, exclusion and marginalisation from education, training and employment.

Thereafter, the chapter covered the research problem under investigation, the purpose and the objectives of the study. It also covered specific questions through which the study objectives were addressed. Another aspect covered in this chapter was the significance of the study. The chapter further presented the theoretical framework and study sites. This was followed by a presentation of definitions of the terms used, organisation of the study and a summary of the chapter.
CHAPTER TWO
HISTORY AND EDUCATION OF PERSONS WITH MENTAL RETARDATION IN ZAMBIA

The chapter begins by discussing the historical perspective on persons with mental retardation globally. Thereafter, the chapter presents the education and vocation training systems in Zambia and its implications on life condition of female graduates with mental retardation. It ends with a summary.

2.1 Historical and current perspectives on persons with mental retardation

Throughout history, varying attitudes and perceptions regarding people with mental retardation as subhuman or sick persons, fools, idiots, holy innocents, eternal children, objects of pity, ridicule and dread or menace can be identified (Ryan and Thomas, 1987, and Gates, 2000). The consequent reactions have varied from kindness to pity and from ridicule to fear.

Gates, (2000) found that in the Judaeo-Hellenistic world, people with mental retardation were often perceived as God’s gifts and were treated with kindness. There are also references to cretins (children with disabilities), who were regarded by the Swiss valley inhabitants as angels from heaven, a blessing to their families and incapable of committing sin. They were treated with kindness. A family without one regarded itself as being on bad terms with heaven (Coxe 1779 in Ryan and Thomas 1987).
In ancient Greek and Roman societies, mentally retarded persons were regarded as objects of scorn and persecutions. In ancient Rome, parents of children who were blind, deaf or presumed to have mental retardation relieved themselves of the responsibilities of custodian care by drowning these children in the Tiber river (Manion and Bersani 1987).

With the advent of Christianity, the prevalent attitude was first pity, but thereafter came the notion that idiots are a consequence of the evils of mankind. St. Augustine, for instance, stated that fools were a punishment for the fall of Adam and other sins (Ryan and Thomas 1987). Martin Luther believed that it was the devil that had stolen the human child and then substituted itself for him/her. Following Luther’s belief, the idea that having children with mental retardation was punishment for the sins of individual parents, was advanced.

Educational approaches to training persons with mental retardation were influenced by some theories of Psychology. Ideas of Alfred Binet, for example, had a profound effect on the way people with mental retardation were assessed and classified. Alfred Binet (1857-1911) is credited with being the founder of psychometrics, the measurement of intelligence, and the intelligence quotient (IQ) (Papalia et al. 1998). The major impact of IQ testing has probably been in the field of education (Manion and Bersani 1987) and in the definition of mental retardation which describes mental retardation based on intelligence scores as shown below.
Table 4: Levels of mental retardation

<table>
<thead>
<tr>
<th>Level</th>
<th>Intelligence test score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>50 - 70%</td>
</tr>
<tr>
<td>Moderate</td>
<td>35 – 50%</td>
</tr>
<tr>
<td>Severe</td>
<td>20 – 35%</td>
</tr>
<tr>
<td>Profound</td>
<td>Below 20%</td>
</tr>
</tbody>
</table>

Source: Manion and Bersani (1987)

Later, came the Industrial Revolution. With the Industrial Revolution came the process of urbanisation and a need for skills to survive in a factory. This began the categorisation of people with mental retardation as people with low ability of employability, hence the need for support to find and stay in employment (Race, 2000). The harsh effects of social change and the break-up of families resulted in many people with mental retardation who could not be cared for within their family becoming under public care in asylums. Potts and Fido (1991), state that from the mid 1850s until recent years, services for people with mental retardation have been dominated by the belief that mental retardation is a major social evil requiring control and confinement. In addition, crime, immorality and poverty were attributed to mental retardation. As a result, exclusion and prevention became of paramount importance to curb the social vices. The section that follows narrates how the traditional society perceived persons with disabilities in general, and mental retardation, in particular, in Zambia.
Perceptions of society about persons with mental retardation in Zambia

Before the introduction of Christianity in Zambia, most traditional cultures had strong belief in spirits. Having mental retardation was therefore, perceived to be a curse or punishment from the ancestral spirits (Ndhlovu, 2005). Similar views were made by Snelson (1970:79), who pointed out that,

“In Eastern Province, it was believed that an evil spirit lived in a child born with a disability or whose mother died in child-birth. Children who survived after their mothers died in child-birth were either starved to death or buried alive with their mothers. This was due to the belief that if a mother died in child-birth, her death was due to an evil spirit which lived on in the baby.”

The implication of such negative beliefs and attitudes towards those with mental retardation was that such persons were relegated to the role of the cursed rather than that of active and productive participants of society. Cursed people were not expected to be successful and prosperous in life. If anything, they were expected to lead a rejected and miserable life.

Since the focus of this study was on the female graduates with mental retardation, the matrilineal culture and practices may help to understand how society perceives females with mental retardation. Unlike the patrilineal, matrilineal culture considers females as the ones to bring wealth to their families. As pointed out by Kasonde-Ng’andu (1986), matrilineal descent still prevails among many Zambian communities in spite of exposure to a number of social changes. In matrilineal cultural set-up, having more daughters implies wealth because once married, their husbands would bring wealth in different forms including bringing money for dowry or working for in-laws.
Thus, despite the role men are given by traditional society, women in matrilineal culture are still considered as important.

Although in theory both males and females are passionately desired, in the matrilineal culture, females are practically the focus of the entire social structure. For instance, continuity of a lineage depends directly upon women since the succession passes through them (Richards 1982). In addition, women bring husbands into their villages and build up its strength.

In the matrilineal culture, although positions of public authority are consistently assigned to older males in each descent group, actual power may often be concentrated in the hands of senior women. For example wives and aunties are usually consulted before an important decision or a pronouncement is made. Women have also been known to play an active role in leadership especially when the only surviving person in the lineage of rulership is a woman. For example, the researcher's grandmother reigned from 1970 to 1978 as headwoman of Silasi village in Eastern Province. In addition, at the time of writing this thesis, the position of chief Nyanje of the Nsenga people was occupied by a woman. Similar cultural practices prevailed among the Bemba people as far as 1930. For example, Kasonde-Ng’andu (1986) noted that a number of junior princesses often acted as village headwomen among the Bemba people of Northern Province.

The implications of these social cultural practices in relation to the value and condition of life for women with mental retardation are very significant. Any condition, whether mental retardation or otherwise which would hinder
successful attainment of social roles such as ascending to positions of leadership, getting married or child bearing is likely to negatively affect parents more if it is a daughter because continuity of the family lineage would be threatened.

Both the matrilineal and patrilineal people also believe that, in old age parents are supposed to be cared for by their children in general and daughters in particular. This kind of attitude towards daughters and the male children has significant implications in relation to the attitudes of parents towards their daughters with mental retardation. For example, parents or guardians of a mentally retarded daughter would not dedicate their lives to seeing to it that such a daughter was properly brought up, knowing that such a daughter would not be able to contribute effectively to their well being later in life due to her mental retardation.

Some parents and society, to a greater extent, regard deviant developments, including mental retardation, with suspicion. In other words, being deviant or having mental retardation is still negatively perceived by parents and society. For instance, among the Nsenga people of Eastern Province, a person with mental retardation including female graduates with mental retardation are described as ‘vipuwa’, meaning useless or idiot, ‘wosokonezeka’ meaning a confused person, ‘wofuntha or wogonya’ meaning mad people. Similarly, as shown in the table below even the disability category (sick) used in 1969 census misrepresented the description of persons with mental retardation.
Table 5: Disability categories used in censuses 1969 – 2000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>Blind</td>
<td>Blind</td>
<td>Blind</td>
<td>Partially sighted</td>
</tr>
<tr>
<td>Deaf and/or dumb</td>
<td>Deaf and/or mute</td>
<td>Deaf-Dumb</td>
<td>Deaf/Dumb</td>
<td>Hard of hearing</td>
</tr>
<tr>
<td>Loss of limb</td>
<td>Crippled, or loss of limb</td>
<td>Crippled</td>
<td>Physically handicapped</td>
<td></td>
</tr>
<tr>
<td>Sick</td>
<td>Mentally retarded</td>
<td>Mentally retarded</td>
<td>Mentally retarded</td>
<td>Mentally ill</td>
</tr>
<tr>
<td></td>
<td>Sick</td>
<td></td>
<td></td>
<td>Ex-mental</td>
</tr>
<tr>
<td></td>
<td>Combination of two or more categories</td>
<td>Multiple disabilities</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>


Such negative descriptions may have negative implications when it comes to social and economic roles in society thereby contributing to poor life condition of female graduates with mental retardation in Zambia. For example, in a country like Zambia with a declining economy and high unemployment level, graduates with mental retardation may not easily find employment.

Employment in Zambia is mainly of two types: formal and informal employment. Due to the decline of the country’s economy, formal employment has gradually been decreasing. Based on the recent survey, Zambia had a total labour force of 5, 814, 389 people including female graduates with mental retardation. Out of this number, 3,517,321 were in employment in the formal and informal sectors. Seventy (70%) of the country’s labour force was employed in the informal sector (CSO 2004). Out of the country’s employed labour force, 109,560 was a labour force of persons with various disabilities, out of which 3,611 were persons with mental retardation (CSO 2004). The table below shows the distribution of the working persons with disability in Zambia by type of disability and occupation.
Table 6: Distribution of working persons with disabilities in Zambia by type of disability and occupation

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Occupation</th>
<th>Total No.</th>
<th>Percent total</th>
<th>Prof.&amp; Tech.</th>
<th>Admin. &amp; Management Workers</th>
<th>Clerical&amp; Related workers</th>
<th>Sales Workers</th>
<th>Service Workers</th>
<th>Agric</th>
<th>Production And Transport</th>
<th>Un classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally Retarded</td>
<td></td>
<td>3,611</td>
<td>100.0</td>
<td>1.6</td>
<td>0.0</td>
<td>0.7</td>
<td>4.0</td>
<td>3.0</td>
<td>85.6</td>
<td>4.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>2,876</td>
<td>100.0</td>
<td>3.8</td>
<td>0.3</td>
<td>3.2</td>
<td>5.0</td>
<td>2.9</td>
<td>77.5</td>
<td>7.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Partially sighted</td>
<td></td>
<td>37,083</td>
<td>100.0</td>
<td>6.0</td>
<td>0.5</td>
<td>1.0</td>
<td>5.1</td>
<td>2.5</td>
<td>79.0</td>
<td>5.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Deaf dumb</td>
<td></td>
<td>4,352</td>
<td>100.0</td>
<td>1.7</td>
<td>0.0</td>
<td>0.5</td>
<td>4.1</td>
<td>2.4</td>
<td>86.1</td>
<td>5.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Hard of hearing</td>
<td></td>
<td>12,632</td>
<td>100.0</td>
<td>1.7</td>
<td>0.1</td>
<td>0.4</td>
<td>3.7</td>
<td>2.2</td>
<td>86.8</td>
<td>5.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Mentally ill</td>
<td></td>
<td>4,501</td>
<td>100.0</td>
<td>1.8</td>
<td>0.0</td>
<td>0.5</td>
<td>4.4</td>
<td>2.2</td>
<td>85.8</td>
<td>5.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Physically Handicapped</td>
<td></td>
<td>41,499</td>
<td>100.0</td>
<td>3.6</td>
<td>0.2</td>
<td>0.8</td>
<td>5.6</td>
<td>2.9</td>
<td>79.3</td>
<td>7.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Ex mental</td>
<td></td>
<td>3,006</td>
<td>100.0</td>
<td>2.9</td>
<td>0.0</td>
<td>0.7</td>
<td>8.2</td>
<td>3.2</td>
<td>78.9</td>
<td>5.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>109,560</td>
<td>100.0</td>
<td>4.0</td>
<td>0.3</td>
<td>0.9</td>
<td>5.1</td>
<td>2.6</td>
<td>80.8</td>
<td>6.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>


Apart from the declining economy and high unemployment level, negative perception about mental retardation by society and employers may be attributed to few of the female graduates with mental retardation being in employment.

2.2 The education system of Zambia and its implications on the lives of female graduates with mental retardation

In order to effectively discuss the factors that affect the life condition of the graduates with mental retardation, it is important to understand the education system that they passed through. This section therefore, presents the education system of Zambia and its implications on the life condition of female graduates with mental retardation. The section covers the educational management in Zambia vis-à-vis the Ministry of Education and the Ministry of Science, Technology and Vocational Training.

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Educational management

The educational sector is managed mainly by two ministries: the Ministry of Education (MoE) and the Ministry of Science, Technology and Vocational Training (MSTVT). The MoE is responsible for providing and managing primary, secondary and tertiary education. Both the able-bodied and those with disabilities including females with mental retardation have an opportunity to graduate from the Ministry of Education system. The Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) under the MSTVT, regulates the provision of vocational training at craft, technician and technologist levels in vocationally oriented programmes.

There are also two other ministries that have smaller-scale involvement in the provision of education. These are the Ministry of Sport, Youth and Child Development and the Ministry of Community Development and Social Services. The two ministries offer apprenticeship skills and adult literacy programmes. In relation to this study the Ministry of Education (MoE) and the Ministry of Science, Technology and Vocational Training (MSTVT) were focused on. The MoE offers special education while MSTVT offers vocational skills to persons with mental retardation.

2.2.1 Ministry of Education

Decentralisation of the education system has been a major priority of the educational sector in Zambia. It involves not only decentralisation of specified powers and programmes to boards of education, but also restructuring of the MoE itself to ensure greater efficiency and accountability. Under the newly
restructured MoE, there are five directorates namely; Planning and Information, Standards and Curriculum Development, Distance Education, Teacher Education and Specialised Services, and Human Resource and Administration. Within the decentralised system, the MoE Headquarters retained the responsibility for key national function of drafting legislation, formulating policies, planning at national level, mobilisation and allocation of resources, development of national curriculum, setting of national educational standards, supervision, monitoring and evaluation. All the five directorates coordinate the provision of education but the directorate of Teacher Education and Specialised Services is directly responsible for the management of special education in the Ministry of Education.

For the purposes of effective management of education, each of the nine provinces of Zambia is headed by a Provincial Education Officer (P.E.O). The PEO implements MoE's policies, monitors educational activities in the province as well as supervising the District Education Board Secretaries (DEBS). The DEBS manage educational activities in each district.

At school level, the head teacher is in charge of managing the school and serves as a link between the school and the MoE through the DEBS at district level. The head teacher is also a link between the schools (both ordinary and special) and the community through the Parent – Teacher Association (PTA).

In relation to this study, a discussion of the structure for the MoE provides insight in what goes on to have sufficiently prepared female graduates with
mental retardation for the labour market. For instance, if the problem of poor life condition among the graduates is attributed to the type of curriculum offered, the directorate of Standards and Curriculum Development may come in to rectify the problem. In case, the problem of poor life condition is attributed to inadequate preparation of graduates for challenges after school, it may mean standards were compromised and a relevant directorate may need to address the problem. In this way, the needs of female graduates with mental retardation may be addressed.

The development of special education in Zambia

In presenting the development of special education in Zambia, focus is on the period before 1971 and the period after 1971 and its implications on the life condition of female graduates with mental retardation.

The period before 1971

The period before 1971 was characterised by three major eras. The first era was from 1890-1924 under the British South African Company. During the first era, education for both pupils with and without special educational needs was the responsibility of missionaries. The second era was from 1924 – 1952. The British Colonial Office was responsible for governing the country. Missionaries continued providing education for both pupils with and without special educational needs. The third era was from 1953 – 63, under the Federation of Rhodesia and Nyasaland. The missionaries still continued to provide education for pupils with special educational needs. Education for males and females with mental retardation in Zambia however, was not yet introduced.
The education system inherited by Zambia at independence on 24th October 1964 was, to a greater extent, underdeveloped. At the time of independence, there were only 107 Zambian university graduates, of whom four were female (Kelly, 1991). The immediate post-independence goal therefore, became the provision of trained human resources. The First National Plan (1966-79) aimed at providing sufficient places to ensure that all pupils received at least four years of primary education. Although the government was not able to meet these targets, primary education expanded drastically during this period. However, more emphasis was given to the expansion of secondary and technical education, with intake of secondary schools increasing by 27 percent per annum on average, between 1964 and 1969 (Kelly, 1991).

In relation to special education, it was, as probably would be expected when resources are limited, worse off than mainstream education. It was a situation of doing without it, except for the little that was provided by exclusively Voluntary Missionary Agencies, which mainly focused on the pupils with visual and hearing impairments (Kalabula, 1989 and Katwishi, 1995).

In 1929, Ella Botes, a South African Dutch Reformed Missionary, built the first school for pupils with visual impairment in Northern Rhodesia (now Zambia). In the same year, a school for pupils with hearing impairment was also established. The two schools were established at Magwero in the Eastern Province of Zambia. Later on between 1930 and 1953 other mission schools for the pupils with visual and hearing impairment were opened. These
included Lwela, Bwana Mkubwa, and Sefula mission schools. In addition, Mambilima mission school also known as Johnstone Falls or Mulundu mission school was established. The responsibility of educating pupils with special educational needs was in the hands of missionaries (Kalabula, 1989). In addition, Kalabula (ibid) points out that by 1953, the Northern Rhodesia Government began paying grants to mission agencies to enable them run the education institutions. By 1971, persons with mental retardation had not yet started receiving special education or vocational training in Zambia.

The period from 1971 to date

In 1971, the education of pupils with disabilities became the responsibility of Government of the Republic of Zambia through the Ministry of Education (Ministry of Education, 1977). By 1971, the following schools were in existence: seven (7) primary schools for pupils with visual impairment and six (6) secondary school units¹ and one unit of Home Economics in a secondary school for pupils with visual impairment. For pupils with hearing impairment, there was one (1) primary school and four (4) units in primary schools. For pupils with physical impairments, there was one (1) primary school and two (2) leprosaria and 5 hospital teaching services units (Kalabula, 1991).

The period from 1971 to date is characterised by reform policies on special education in Zambia which include: the 1977 Education Reform Policy on Special Education, the 1992 Focus on Learning Policy document and the 1996 Educating Our Future Policy document as discussed below.

¹ A unit is a section of the regular school which caters for pupils with disabilities.
(i) The 1977 Education Reform Policy on Special Education

The first major educational policy pronouncements pertaining to special education in Zambia are contained in the Educational Policy Reform document (GRZ, 1977). This policy emphasised education as an instrument for personal and national development. In relation to special education, the document states that:

‘All special unit pupils like any other pupils, are entitled to education. They should receive basic and further education by full time study as any other pupils. Further, since the special unit pupils are a special case, there should even be ‘positive discrimination’ in their favour in the provision of facilities and amenities for educational purposes’ (GRZ, 1977:23).

While the 1977 policy had positive intentions in favour of pupils with special disabilities including those with mental retardation, it somehow reflected the medical model because its concern was more on the ‘difference principle’ between the disabled and non-disabled pupils. There was no mention as to whether their right to a full time education should be provided in the mainstream schools. In other words, it was implied in the policy that the pupils with disabilities were to be treated differently because they were a special group. In relation to this study, treating pupils with mental retardation as special group of people may imply that even the graduates should be employed in segregated settings contrary to the current principle of social integration.
(ii) The 1992 Policy document - Focus on Learning

The second major educational policy document was Focus on Learning of 1992. It emanated from the World Declaration on Education for All that ensued from the World Conference on Education For All in 1990 in Jomtien, Thailand. The Conference stressed the importance of access to educational opportunities by stating that every person (child, youth and adult) shall be able to benefit from educational opportunities designed to meet their basic learning needs (MoE 1992). The 1992 Educational policy therefore, stressed the mobilisation of resources for the development of school education for all, including pupils with mental retardation. In relation to this study, this policy implied that if schools had adequate resources, the products of the school education (graduates) could be adequately prepared for challenges after school thereby living good quality of life with social, material and physical well-being.

(iii) The 1996 Policy document - Educating Our Future

The third major educational policy document as already referred to above, Educating Our Future (1996) was a product of lengthy and broadly based consultation process involving line ministries, international donors, Non governmental organisations and the universities. This policy document addresses the entire field of formal education, paying particular attention to democratisation, decentralisation and productivity. In addition, it addresses issues of curriculum relevance and diversification, efficient and cost-effective management, capacity building, cost sharing and partnerships in the provision
of education. Concerning pupils with special educational needs including those with mental retardation, the Zambian government policy on education states the following:

(i) The Ministry of Education will ensure equality of educational opportunity for pupils with special educational needs.

(ii) The Ministry is committed to providing education of particularly good quality to pupils with special educational needs.

(iii) The Ministry will improve and strengthen the supervision and management of special education across the country.

To achieve the above statements, the policy indicates the following strategies:

(i) Working closely with the Ministry of Health, the Ministry of Education will decentralise services for identification, assessment and placement of pupils with special educational needs.

(ii) To the greatest extent possible, the Ministry of Education will integrate pupils with special educational needs into mainstream institutions and will provide them with necessary facilities. However, where need is established, the Ministry will participate in the provision of new special schools for the severely impaired.

(iii) The Ministry will cooperate with private, religious, community and philanthropic organisations in meeting the special educational needs of exceptional pupils, and providing outreach services for pupils whose impairments prevent normal attendance in school.

(iv) The Ministry will enlarge and decentralise the special educational inspectorate.
Planning for special education provision will be built into the Ministry's mainstream strategic planning (Ministry of Education 1996:69).

With regard to persons with mental retardation, the Ministry of Education is therefore, responsible for offering them special education in units in the existing schools. The following section shows how the education policy reforms outlined above have impacted on the development of education for mentally retarded pupils in Zambia.

Development of education for persons with mental retardation in Zambia

While education and training in Zambia was made available for other categories of pupils with disabilities sometime after independence, education and training for persons with mental retardation was only provided for in 1987 (Muliwana et al. 1998).

Education and training for persons with mental retardation was made possible through the joint intervention of the Finnish Association for Mental Retardation (FAMR) and the Zambia Association for Children and Adults with Learning Disabilities (ZACALD). Both FAMR and ZACALD are Non Governmental Organisations based in Zambia and managed by Zambians. This joint effort saw the introduction of special education units. These units were established at primary school level and in a few vocational trades training institutes. From 1994, ZACALD concentrated on providing education to both male and
females with mental retardation at pre-vocational units in primary schools in the Ministry of Education.

A study conducted by Forum for Women Educationalists of Zambia (FAWEZA) in 2005 showed that generally, there were more males than females with mental retardation enrolled in special education units and special schools in Zambia. Further, the study showed that education for pupils with mental retardation was least developed in North-western, Luapula, Eastern, Western and Northern Provinces (FAWEZA 2005). Details of numbers of pupils with mental retardation are summarised in the table below.

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of pupils</th>
<th>Number of basic school units</th>
<th>Number of teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>North Western</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Lusaka</td>
<td>101</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>Eastern</td>
<td>29</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Northern</td>
<td>27</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>Southern</td>
<td>171</td>
<td>119</td>
<td>8 (5 units and 3 special schools)</td>
</tr>
<tr>
<td>Luapula</td>
<td>21</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Western</td>
<td>25</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>91</td>
<td>80</td>
<td>13 (12 units and 1 High school)</td>
</tr>
<tr>
<td>Central</td>
<td>113</td>
<td>98</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>591</td>
<td>486</td>
<td>72 units and 4 schools</td>
</tr>
</tbody>
</table>

Source: FAWEZA (2005)

In 2007 the number of pupils (both male and female) with mental retardation enrolled in special education units in basic and high schools increased from 977 to 32,587. Out of this number of pupils, 32,273 were enrolled in grades
1-9 while 314 pupils were enrolled in grades 10-12 as shown in tables 8 and 9 below. Table 8 shows the number of pupils with mental retardation or intellectual impairment by gender in grades 1-9 in relation to other disability groups.

Table 8: Pupils in grades 1-9 by impairment and gender in 2007

<table>
<thead>
<tr>
<th>Type impairment</th>
<th>Male</th>
<th>Female</th>
<th>% of Female</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual</td>
<td>16,849</td>
<td>15,424</td>
<td>47.8</td>
<td>32,273</td>
<td>19.0</td>
</tr>
<tr>
<td>Hearing</td>
<td>15,206</td>
<td>13,682</td>
<td>47.4</td>
<td>28,888</td>
<td>17.0</td>
</tr>
<tr>
<td>Other</td>
<td>5,316</td>
<td>4,809</td>
<td>47.5</td>
<td>10,125</td>
<td>6.0</td>
</tr>
<tr>
<td>Physical</td>
<td>7,601</td>
<td>6,196</td>
<td>44.9</td>
<td>13,797</td>
<td>8.1</td>
</tr>
<tr>
<td>Specific Learning</td>
<td>33,366</td>
<td>31,326</td>
<td>48.4</td>
<td>64,692</td>
<td>38.0</td>
</tr>
<tr>
<td>Visual</td>
<td>10,953</td>
<td>9,356</td>
<td>46.1</td>
<td>20,309</td>
<td>11.9</td>
</tr>
<tr>
<td>Total</td>
<td>89,291</td>
<td>80,793</td>
<td>47.5</td>
<td>170,084</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Ministry of Education; Planning Unit (2007)

The number of pupils with mental retardation or intellectual impairment in grades 10-12 in relation to other disability groups is shown in table 9 below.

Table 9: Pupils in grades 10-12 by impairment and gender in 2007

<table>
<thead>
<tr>
<th>Type impairment</th>
<th>Male</th>
<th>Female</th>
<th>% of Female</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual</td>
<td>163</td>
<td>151</td>
<td>48.1</td>
<td>314</td>
<td>6.0</td>
</tr>
<tr>
<td>Hearing</td>
<td>492</td>
<td>368</td>
<td>42.8</td>
<td>860</td>
<td>16.4</td>
</tr>
<tr>
<td>Other</td>
<td>219</td>
<td>184</td>
<td>45.7</td>
<td>403</td>
<td>7.7</td>
</tr>
<tr>
<td>Physical</td>
<td>227</td>
<td>171</td>
<td>43.0</td>
<td>398</td>
<td>7.6</td>
</tr>
<tr>
<td>Specific Learning</td>
<td>541</td>
<td>571</td>
<td>51.3</td>
<td>1,112</td>
<td>21.2</td>
</tr>
<tr>
<td>Visual</td>
<td>1,045</td>
<td>1,113</td>
<td>51.6</td>
<td>2,158</td>
<td>41.1</td>
</tr>
<tr>
<td>Total</td>
<td>2,687</td>
<td>2,558</td>
<td>48.8</td>
<td>5,245</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Ministry of Education; Planning Unit (2007)

The primary and secondary school level of education for pupils with mental retardation is known as pre-vocational training. During this period, pupils with mental retardation are put in special units or special schools. Teaching is tailored to meet their day to day needs. They are taught Activities for Daily Living (ADL) such as dressing, hygiene, combing, toileting, mannerism, buying and selling.
The number of female pupils with mental retardation enrolled in both basic and high schools is lower than that of the male pupils. The implication of such a discrepancy is that, fewer female pupils with mental retardation compared with their male counterparts complete pre-vocational training thereby remaining disadvantaged when it comes to employment. In addition, most female graduates with mental retardation are excluded from the labour market due to lack of adequate pre-vocational training.

From 1994, FAMR concentrated on providing vocational training in tertiary institutions in the Ministry of Science, Technology and Vocational Training (MSTVT). FAMR was linked to the Ministry of Science, Technology and Vocational Training through the then Department of Technical Education and Vocational Training (DTEVT). This was in recognition of the fact that DTEVT had a national network of trade training institutions. In 2000, DTEVT was transformed into the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA). The co-operation between FAMR and the Zambian government through MSTVT implied developing vocational training and ensuring opportunities for employment in the labour market for both male and female graduates with mental retardation. To some extent this was achieved.

The section that follows discusses the provision of vocational training for both males and females with mental retardation and its implications on their life condition.
2.2.2 Ministry of Science, Technical Education and Vocational Training

After the age of 16 years, both males and females with mental retardation are admitted to units in the vocational training institutions under the Ministry of Science, Technical Education and Vocational Training (MSTVT). When they are admitted in vocational training institutions their status changes from pupils to students. Teaching is tailored to help them acquire knowledge and vocational skills. They are expected to manifest excellence and moral uprightness in their communities. Vocational training prepares them to meet the needs of the labour market and society. The implication of providing vocational training is that, through vocational training, quality of life for graduates with mental retardation may be improved.

However, due to the introduction of Management Boards, most vocational training programmes were stopped. By 2006, the MSTVT was only conducting vocational training at Lusaka Business and Technical College, formerly known as Lusaka Trades Training Institute. The closing of some of the special vocational units in training institutions has had negative implications on the life condition of both males and females with mental retardation as few females access vocational training. The MSTVT however, is working hard to re-introduce vocational training programmes in all its colleges.

Churches have continued to conduct vocational training for persons with mental retardation. Churches register their vocational training institutions with TEVETA. FAMR has also continued to support these vocational training
institutions. As a way of increasing the number of females with mental retardation accessing vocational training, FAMR has specifically shifted its support to females than males. This implies that when more females with mental retardation access vocational training, there may be more female graduates with knowledge and appropriate competencies for the labour market.

Management of Vocational Training in MSTVT

Until 2000, training institutions in the MSTVT were centrally administered through the Department of Technical and Vocational Training (DTEVT). As noted above, from January 2000, DTEVT was transformed into Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA). Most training institutions in the MSTVT were also restructured and became Management Boards through the TEVET Act of No. 13 of 1998. Each institution had its own Management Board. As a result of the restructuring exercise, the TEVET Directorate was established. The TEVET Directorate is responsible for all technical education, vocational and entrepreneurship training in the country. Provision of vocational training is guided by the TEVET and Disability Policies.


The provision and management of Technical Education, Vocational and Entrepreneurship Training is guided by the TEVET Policy of 1996. The objectives of the TEVET policy among, others, are to:
a) provide access to training opportunities to all people in the community, and
b) ensure greater participation of women in the development process.

The TEVET policy further states that in targeting training, the element of gender balance is to be prominent. The special needs of persons with disabilities are also to be taken into consideration. This commitment extends to female graduates with mental retardation.

(ii) Disability Policy of 2007

In order to effectively implement the TEVET policy with regard to special needs of persons with disabilities, MSTVT formulated the Disability Policy in February 2007. It contains the following objectives:

(i) To effectively and timely publicise training programmes for persons with disabilities.

(ii) To adequately provide a conducive training environment for persons with disabilities.

(iii) To effectively mobilise and utilise resources on programmes for imparting adequate skills training to persons with disabilities.

(iv) To facilitate placement for persons with disabilities.

(vi) To broaden the range of employable skills for persons with disabilities so as to provide them with real possibilities of occupational choices.

(vii) To carry out research on disabilities in order to improve the quality of TEVET delivery to persons with disabilities.
By implication, the concept of training and placement outlined in the objectives of the Disability policy was consistent with the Integrated Support Model framework used in this study which as noted above, stipulates that training and placement were aspects of support that could contribute to improving life condition of female graduates with mental retardation.

**Institutions offering vocational training to females with mental retardation in the MSTVT**

MSTVT through the Directorate of TEVET has 24 training institutions that are supposed to offer vocational training to persons with mental retardation. These include: Mongu Trades Training Institute, Lusaka Business and Technical College, Solwezi Trades Training Institute, Mansa Trades Training Institute, Livingstone Institute of Business and Engineering Studies, Nkumbi International College, Northern Technical College, Kasiya Business and Secretarial College, Chipata Trades Training Institute, Evelyn Hone College and Luanshya Trades Training Institute. At the time of writing this thesis, apart from Lusaka Business and Technical College, all of these institutions however, had closed their special vocation units alleging that trainees could not pay for their training making the training uneconomical.

In addition, there are 270 private vocational training institutions all over the country registered under TEVETA. These institutions are also supposed to provide vocational training to both males and females with mental retardation but very few of them are doing so because they view vocational training to have little demand from students thereby rendering the training uneconomical.
In relation to this study, this situation implies that their right to in-service training is denied because most training institutions stopped offering vocational training skills programmes.

Courses offered in the vocational training institutions

Vocational training was provided to the graduates with mental retardation in Mixed farming, Home Management, Weaving, Tailoring, Pottery, Basketry and Leather work. The training programme took four years. The first two years of the four year training period, focused on basic vocational training skills. The other two years focused on production oriented skills such as production of quality merchandise and preparation for independent living.

Levels of training and certification in the TEVET system

MSTVT (1996) states that, the TEVET system awards certificates at the following six levels of training.

(i) Technologist – this level of training provides graduates with advanced professional knowledge of technology. The training demands application of principles of mathematics and science in the field concerned.

(ii) Technician – At this level of training, graduates acquire training with more emphasis on practical work than theory. The training also demands application of mathematics and science principles in the field concerned.

(iii) Craft level – at this level of training, the programme is aimed at developing graduates' full occupational competence in a particular craft or trade.

(iv) Trade Test level – This level of training caters for those who have no formal pre-employment training. The competence of a person in a particular
trade or vocation is tested and if it is proved satisfactory, the graduate is awarded a Trade Test certificate.

(v) Occupational or Vocational Training – non Engineering fields
At this level of training, a graduate is expected to have developed vocational skills and competence required in many occupations. No certificate is awarded to graduates with this level of training. Due to their mental retardation, the female graduates discussed in this study mainly fall in this level of vocational training.

(vi) Non-formal level – This level of training caters for those who did not attend formal training but reflect competence in certain occupations demanded by some organisations. No certificates are awarded at this level of training.

2.3 Summary
Chapter two started by discussing the historical perspectives of society about persons with mental retardation. Throughout history, varying perceptions regarding people with mental retardation as subhuman or sick persons, fools, idiots, holy innocents, eternal children, objects of pity, ridicule and dread or menace were identified (Ryan and Thomas, 1987, and Gates, 2000). The consequent reactions varied from kindness to pity and from ridicule to fear.

The chapter further presented issues on development of education and vocational training for both male and females with mental retardation in Zambia. From the discussion, it can be noted that education and training for persons with mental retardation in Zambia was only introduced in 1987, while
education for persons with visual impairment and hearing impairment for example, was introduced in Zambia even before independence in 1964. Before 1987, both males and females with mental retardation were excluded from education because society considered them untrainable and a source of social vices.

Persons with mental retardation have two levels of education and training. The first level of education is known as pre-vocational training and the second level is the vocational training level. Pre-vocational level of education is the mandate of the Ministry of Education while the vocational training is the mandate of the Ministry of Science, Technology and Vocational Training. The Finish Association on Mental Retardation project based in Zambia supports the pre-vocational and vocational training for both males and females with mental retardation in Zambia. There are fewer females than males with mental retardation who acquire pre-vocational and vocational training.

In regard to certification, female graduates with mental retardation who are the focus of this study fall in the training category known as Occupational or Vocational Training which is a non certificate category. The implication of having no certificate in a labour market where competence is proved on the basis of having a certificate is clearly detrimental to the life condition of female graduates with mental retardation.

In addition, the situation of having College Management Boards close down special vocational training programmes has impacted negatively on the life
condition of females with mental retardation. Vocational training acts as a ‘key’ to entering employment and when the female graduates with mental retardation have inadequate training or can not go for in-service training, they may be disadvantaged thereby contributing to poor quality of their lives.
CHAPTER THREE

LITERATURE REVIEW

This chapter presents a review of relevant literature on life condition of female graduates with mental retardation. The literature is presented under the following subheadings: life condition of persons with disabilities including females with mental retardation, factors that contribute to poor life condition of female graduates with mental retardation and the factors that positively affect their life condition. This is followed by a summary.

3.1 Life condition of persons with disabilities including female graduates with mental retardation

Vitello (1984) and Brow (1997), described the concept life condition as a multi-dimensional construct. Vitello (1984) pointed out that life condition is a multi-dimensional construct whose dimensions included normalised and decent living conditions, some degree of autonomy, opportunities for personal growth and general happiness. Persons with disabilities lack these dimensions and if they have them, they are of substandard.

Similarly, Brow (1997), described the concept ‘poor life condition’ to mean having a substandard life in the following dimensions:

- Social well-being, which refers to a person’s happiness and intimacy with the family. Fulfilment of the social well-being is characterised by the high level of interpersonal interactions, friendships and family support.
• Material well-being, which refers to ability to own property, having financial security and food. Indicators to this variable include: being in employment, having possessions, social economic status and shelter.

• Physical well-being, which refers to being healthy, having good nutrition, recreation, and mobility. Indicators to physical well-being include ability to afford health care services, leisure and activity for daily living.

• Human rights, which includes right to education, employment, and access. Fulfilment of this variable is determined by access to the process of justice if there is need for litigation. It further includes access to education, employment and ownership.

Persons with disabilities, including female graduates with mental retardation, have been reported to have poor interpersonal skills and family support due to their disability (Roggero et al. 2005). In addition, Koistinen et al. (2001) and Koistinen (2008), reported that, although graduates with mental retardation may acquire property, families grab it for themselves or give it to their siblings. This situation renders the graduates to have poor life condition. On the basis that most female graduates with mental retardation are unemployed, they have difficulties in affording health care services rendering them to have poor physical well-being. Their rights are also abused. Their access to training and employment is also limited.
3.2 Factors that contribute to poor life condition of female graduates with mental retardation

Many factors that contribute to poor life condition of both male and female graduates with mental retardation at global and national level were reviewed. Since the focus of this study was on female gender, the literature presented is linked to the female graduates with mental retardation. The factors are presented in the subsequent paragraphs of this section.

Lack of means to pay for accommodation and health services

Koistinen et al. (2001) indicated that, according to FAMR, the indicators for improved living standards of graduates in Zambia were as follows: self independence, ability to pay for rented accommodation, improved health, contribution to the family food basket, ability to acquire property and ability to socialise and take part in community activities. Based on the above indicators, Koistinen et al. (2001) found that out of eighty five (85) graduates, 61% (72) of them did not have resources to pay for rented accommodation. This however, is not strange in Zambia to have grown up children staying with their parents and more so those considered to have mental retardation. Koistinen et al. (2001) also found that graduates with mental retardation (both males and females) could not afford cost of health services, and did not own property.

Negative attitudes of parents, society and employers towards female graduates with mental retardation

Roggero et al. (2005) reported that world-wide, gender, poverty and impairment were found to have close link in a cycle of exclusion and
marginalisation among mentally retarded females. Exclusion from education led to exclusion from labour markets and this, in turn, led to greater poverty and dependency on others for income and support. In relation to this study, graduates in question came from vocational training institutions and if females with mental retardation are excluded from education and training, then few of them will have skills to compete on the labour market thereby incapacitating them from finding lucrative jobs.

Koistinen et al. (2001) reported that in some cases, parents over protected their children and as a result did not send them for vocational training or employment. In addition, some parents or guardians felt that the graduates (their children) were better placed in their homes than letting them be on their own because society was not yet ready to accept such graduates. Similarly, Muliwana and Kanyembo (1998) reported that some parents did not appreciate the change in their children’s lives and did not encourage them to interact with the family members. They concluded that, over protection and negative attitudes of some parents towards graduates with mental retardation contributed greatly to their degenerated life condition.

Coleridge (2001) pointed out that in some societies disability was believed to be a curse and it brought shame on the family. He further noted that some cultures attributed mental retardation to anger of the ancestors who had not been given full and respectable traditional burials. Other societies attributed mental retardation to have been a result of wicked acts of wizards, witches, witchdoctors and jealous neighbours.
Coleridge (2001) further reported on a case of Mathias' wife. He found that when Mathias' wife had given birth to a daughter with mental retardation, the doctor told him and his wife that, he had a mentally retarded girl and she would be the ruination of his family. Mathias felt he had let down his family on three counts; to start with, his first child was a girl, second, he had brought mental retardation into the family, and third, the doctor had said she would be the ruination of his family. Coleridge (2001) concluded that, sex of the child is usually considered a matter of regret if it is a girl due to the double rejection faced by girls and women with disabilities in general and with mental retardation in particular.

Kalabula et al. (2006) observed that many times, graduates with disabilities from vocational skills training institutions were considered to be backward because society viewed people who took up vocational skills training to be backward or failures. As a result, they were highly stigmatised and mainly not considered favourably for employment.

Ratchic (1963) also noted that the attitudes of some societies towards women with mental retardation was that of labelling them as idiots, beggars and helpless. He further noted that, society only looks at the weaknesses and wrong things done and not the people who have such weaknesses. As a result females with mental retardation tend to develop a tendency of behaving the way society labels them. Society usually focuses on mental retardation rather than on the unique potential and capabilities females with mental
retardation have. In addition, society perceives female graduates with mental retardation to have little or no chance at all of meaningful change to their life condition but to be looked after as dependants and that they are not capable of self-determination.

Employer biasness and stereo-typed attitude towards female graduates with mental retardation also contributes to their poor quality of life. Goffman (1983) alluded to this point and reported that, most employers continued to be biased and negative towards employing females with mental retardation even if they had the qualifications. Some employers even refused to accept that a graduate with mental retardation had competence in certain skills. As a result, they avoided employing female graduates with mental retardation thereby adding to the opinion that females with mental retardation were dependants.

The implications of such attitudes on the life condition of female graduates with mental retardation could be detrimental. For instance, based on these beliefs and attitudes, female graduates with mental retardation could be discriminated against, because no employer or any person in society would want to be associated with a person believed to be below desirable standard.

**Inadequate preparation of graduates for employment**

Muliwana and Kanyembo (1998) pointed out that both male and female graduates with mental retardation were not given adequate training in how to find employment. Graduates also did not receive adequate entrepreneurial training to equip them with skills necessary to become self-employed. The
implication of this situation is that both male and female graduates with mental retardation could not start their own small-scale business enterprises and earn a living from such businesses because they did not have the entrepreneurial know-how.

Miron (1994) reported that curriculum and syllabi that were too academic and with few practical elements created difficulties in its graduates when it came to finding employment in Nicaragua. As a result, most graduates with mental retardation did not find jobs on their own. Such a situation implies that some graduates could not get employed because they did not have job searching skills. As a result, they remained unemployed which in turn, negatively impacted on the quality of their life.

Low demand of courses done by graduates with mental retardation in vocational training institutions

Koistinen (2008) reported that some graduates indicated that the training they had undertaken was not relevant to them since they did not get employed in the areas they had trained in. Forty seven percent of the eighty five graduates therefore, indicated wish for retraining. The employment coordinators also indicated that they found it difficult to place in employment the graduates with mental retardation who had trained in leather work, pottery and basketry because the courses did not have demand from employers.

Unemployment

The Ministry of Science, Technology and Vocational Training (MSTVT) in its Technical Education, Vocational and Entrepreneurship Training (TEVET)
Policy document of 1996 indicated that, the failure to generate employment had been worsened by the inability of the formal sector to absorb the increasing number of job seekers, thereby contributing to poor life condition of a substantial number of people including female graduates with mental retardation.

Most of the industries that had in the past employed school leavers and graduates from technical education and vocational training colleges had either scaled down their operation or closed down. The new industries that had been established had not contributed significantly to the generation of employment opportunities in general and in particular for female graduates with mental retardation. In addition, the existing institutions that offered technical education and vocational training did not have the ability and sufficient resources to adequately offer skills to the large number of the unemployed females with mental retardation in order to enable them enter the productive sector.

Koistinen (2008) reported that unemployment remained a challenge among graduates with mental retardation in Zambia especially without support to the graduates. He found out that parents were expecting assistance from the college where their children (graduates) were trained and as a result, had not actively looked for job placements for them. Such a situation compounded the problem of unemployment among female graduates with mental retardation.
As a result, the social, material and physical well-being of the graduates was adversely affected.

**Job losses**

Koistinen et al. (2001) reported that there was high rate of job losses among graduates with mental retardation. For instance, results of a study they conducted in Lusaka, Central and Copperbelt Provinces of Zambia indicated that thirty-nine (39) out of eighty-five (85) graduates lost jobs. Reasons that contributed to job loss were as follows: mobility constraints, lack of tools in working places, inadequate training, negative attitude by co-workers, inability to read and write, inability to communicate in English language, business closures, low salaries and interference from parents. It was further found out that graduates with mental retardation had adaptability problems. For instance, in most cases, they took long to get used to the new work environment and employers also were in most cases not familiar with mentally retarded workers. As a result they were either dismissed from work or stopped work on their own out of frustration.

Koistinen (2008) also reported that while graduates with mental retardation had relatively good vocational skills, challenges were common in the process of their duties because they had poor academic skills (reading, writing and mathematics). This sometimes limited their opportunities to work independently. For example, in a resource centre, the work tasks usually included planting seeds and using fertilisers. This meant in practice that instructions were to be read on packages of seeds of bags of fertilisers. Those
Working in poultry business were required to give medication to chickens and once again, this would require reading instructions for them. This situation had reduced their ability to work independently. In some cases they were even dismissed from employment for not following instructions correctly.

Sexual harassment and abuse

The National Resource Centre on Child Sexual Abuse (1992) also reported that worldwide, women with disabilities were 4 to 10 times more vulnerable to sexual abuse than their non-disabled peers. It was added that the bigger problem was that, while most educators ignored the sexuality of the mentally retarded females, they were a population that was at the greatest risk of sexual abuse by men who took advantage of their naivete. It was further reported that sexual abuse contributed to poor life condition among its victims in many ways. The victims experienced depression, atypical attachment, eating disorders, withdrawal, sleep disturbances, poor self esteem, non-compliance, self-destructive behaviour, headaches or sex inappropriate behaviour.

Richard Cheshire (2007) reported that men perceived females with mental retardation as not being sexually active and therefore, free of Sexually Transmitted Infections (STIs) especially HIV and AIDS. As a result, it became common to find that women with disabilities in general and graduates with mental retardation in particular, were raped by men.

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Leonard Cheshire (2007) reported on a survey by The Yale University and the World Bank conducted in 2003 in Southern Africa. The results of the study
indicated that women with disabilities including graduates with mental retardation in Southern Africa were raped for virgin cleansing by males who believed they were HIV positive. For instance, in Swaziland a disabled woman was raped three times within a month because men thought that they were cleansing themselves from HIV and AIDS. In relation to this study, sexual abuse is a violation of the graduates' human rights. It adversely affects the physical well-being and dignity of the female graduates with mental retardation.

**Lack of career guidance services**

Another factor that contributes to poor quality of life for female graduates with mental retardation is meeting the challenge of finding employment and maintaining it due to lack of career guidance. Louis and David (1992) found out that job seekers who did not receive career guidance had problems of finding employment and if they found it could not meet the challenges of employment. As a result, they felt useless and developed low self esteem. They further stated that, a well guided job-seeker was able to identify employers that were receptive to the skills offered. In addition, they fulfilled his or her employment objectives.

Ndhlovu (2007) in a study conducted in Southern, Eastern, Central and Copperbelt Provinces of Zambia reported that, there were very few trained guidance teachers and counsellors to offer guidance and counselling services in Zambia. As a result, graduates with disabilities in general, and with mental retardation in particular, completed training with inadequate guidance and
counselling knowledge or none at all. This situation rendered the graduates ill prepared for employment and adversely affected their social well-being.

**Poor health conditions**

The health of a substantial number of people in Zambia has gradually been deteriorating due to sexually transmitted infections. The National HIV/AIDS/STI/TB Council (2005) reported that sexually transmitted infections (STIs) accounted for 10% of all documented outpatient attendances in public health facilities. More than 50% of persons with a history of STI became infected with HIV. The report further indicates that 830,000 (20%) of the population aged 15 to 49 years were living with HIV. Of these, 450,000 were women including graduates with mental retardation while 380,000 were men. The factors that perpetuated the transmission of HIV were as follows: cultural practice of sexual cleansing and poor social economic conditions. Poor social economic situation in Zambia to a greater extent compelled females including graduates with mental retardation to exchange sex for money, gifts or acceptance. This situation was worse for female graduates with mental retardation who needed social acceptance and resources to meet their needs. As result, their life condition was negatively affected. They got infected with sexually transmitted diseases and had poor health.

The Jewish Awareness Centre (2006) reported of a study conducted in the United States of America. It was found that people with mental retardation were often unable to stop their abusers due to lack of understanding of what was happening to them during abuse, the extreme pressure to agree out of
fear, a need for acceptance from the abuser or having a dependent relationship with the abuser. Such a situation caused the victims to acquire sexually transmitted diseases including HIV.

The National HIV/AIDS/STI/TB Council (2005) also pointed out that the life expectancy of females with and without mental retardation in Zambia had dropped from 60 to 37 years due to HIV infections. Those infected with HIV become sick and less productive. As a result, even if employment opportunities were created, they could not take them up because of ill health.

3.3 Measures that contribute to improving life condition of female graduates with mental retardation

Despite the gloomy picture presented above, there is literature on factors that have contributed to improved life condition of female graduates with mental retardation. These are presented below.

Provision of in-service training

Regarding in-service training, Koistinen et al. (2001) reported that 40 out of 85 graduates indicated the wish for retraining either in a form of courses, workshops or job coaching in order to refresh their skills. It was therefore, recommended that graduates with mental retardation needed in-service training for them to refresh their skills.

Mull et al. (1994) reported on a study conducted in Rijnmond region in Rotterdam in the Netherlands in 1993. The purpose of the study was to assess the impact of vocational training on graduates with mild intellectual
disabilities. The findings of the study were that 40 (80%) of the fifty (50) graduates with mild intellectual disabilities found employment in firms that had advertised for skilled personnel. It was concluded that vocational training contributed to graduates with intellectual disabilities finding employment.

Serpell et al. (1993) discussed vocational training provision for people with mental retardation and argued that in-service training should be ongoing in order to meet their broader needs. The needs include:

- Personal development (including self-maintenance and social competence, emotional adjustment and self-esteem),
- Independent living (including safety, nutrition, accommodation, income and a range of personal choices),
- Participation in public life (including visibility, civic rights and responsibilities and leisure activities),
- Acceptance in society (including family life, personal friendships, working relations with colleagues and access to public facilities).

In relation to this study, in-service training on these areas may help the graduates with mental retardation to meet the challenges of work places and communities thereby raising their social, material and physical well-being.

In order to empower the female gender in education, training and employment among persons with disabilities, MoE (1996) indicates that, the Government is committed to:

(i) Promoting equality of access at all levels of education and training.
(ii) Integrating reproductive health education in the curriculum to prevent amongst others, early pregnancies as well as HIV and AIDS.

(iii) Facilitating re-admission of females who become pregnant back in schools and higher institutions of learning.

(iv) Increasing enrolments for young women in youth skills training institutions.

In relation to this study, to a greater extent, these policy statements have been put into practice. There is an increased number of female graduates with mental retardation from vocational training institutions. Since training is linked to increased chances of finding employment and means for earning a living, their chances of having improved quality lives may also be ascertained.

Creating employment opportunities

Central Statistics Office (CSO), (2003) reported that in Zambia the formal sector had been reducing and subsequently, this led to an increase of the informal sector. The informal sector had emerged as the major source of employment and livelihood for most Zambians. The Agricultural sector was ranked as the largest employer in Zambia of both able bodied and persons with disability. It employed 81% of the total labour force of persons with disability. As such the efforts of the government of Zambia were focused on providing necessary support to the private sector so that it could play its role effectively in creating employment opportunities for both the able bodied and persons with disabilities including female graduates with mental retardation. Koistinen (2008), reported that in Zambia, the female graduates with mental
retardation commonly worked as farm assistants, kitchen assistants, front office assistants, poultry workers and tailors.

At a global level, projects were also formed in the informal sector to create employment opportunities for both men and women with mental retardation. For instance, Mattika (1996) reported on the European Union Initiative, Employment–Horizon International Project. The main objective of the project was to provide employment opportunities for mentally retarded people in Scotland, England, Italy and Finland. In order to determine whether employment opportunities were created, the Stakes National Research and Development Centre for Welfare and Health conducted five studies in 1996 in Scotland, England, Spain, Italy and Finland. The findings of the studies were indicated as follows:

(i) The Edinburgh Community Trust in Scotland had opened up several firms that employed eighty (80) persons with mental retardation. The firms offered gardening, laundry and catering services to the public.

(ii) Birmingham City Council in England coordinated a multitude of social firms. Among their activities were picture framing, manufacturing of candles, preparation of pre-cooked food, sandwich delivery, restaurant and conference catering, light assembly and packing, commercial printing, horticulture, designing and manufacturing of silk-screened goods, greeting cards and gift wear.

(iii) Bristol Workways in England created several employment opportunities and in 1996 it had employed eighty (80) people with mild mental
retardation. Some of the employees worked in a large workshop while others provided gardening services.

iv) Tag Unit Inverness in Scotland had created several employment opportunities and had employed twenty (20) people with mild mental retardation. Their jobs involved snack delivery, crafts, picture framing and desktop publishing.

v) Afaeps Project in Albecet, Spain had employed seventy-six (76) people with mild mental retardation. The project had specialised in craftsmanship articles such as wood and ceramics.

vi) The Communita Emmanuel Project in Lacre, Italy, opened one firm dealing in craftsmanship articles such as wood and ceramics. It employed twenty (20) people with mild mental retardation.

vii) In Karelia, Finland, there were ten firms established by the end of 1996 as part of the European Union Initiative Employment – Horizon International Project.

A lesson for Zambia to learn from the global findings is that, deliberate initiative by the government, NGOs and families is necessary to create employment opportunities for female graduates with mental retardation who have been marginalised for a long time is necessary. It may enhance their chances of being in employment. If thousands of the able-bodied persons lost jobs in Zambia due to the effects of the world economic melt down, very few companies would be willing to employ graduates with mental retardation. Creating such employment initiatives for the graduates with mental retardation
therefore, is very necessary now than ever before especially with the challenge of the world economic melt down.

**Encouraging supported employment**

Leena (1999) reported on the 4th Conference of the European Union of Supported Employment which took place from 24th – 26th March, 1999 in Rome, Italy. The purpose of the conference was to share experiences of employers on the Supported Employment of people with mental retardation. The conference highlighted the following: employers played a central role in the development of new employment methods, there was need to raise the number of people with mental retardation in employment, and there was need to support employees to retain their jobs. In addition, the need to promote social integration at workplaces was emphasised.

Kregel and Welman (1988) reported that supported employment through the Integrated Support Model contributed to improving the life condition of persons with mental retardation when there were linkages between vocational training institutions, work places and the communities. In the first phase, the prospective worker was supported to go through vocational training in a specified field. In the second phase he or she was placed in a job and in the third phase the worker was helped to maintain the job through support from other employees, employer, a job coach and the community members.

Murray (2002) also reported that for some disabled graduates, especially females with mental retardation who have difficulty in finding employment,
supported employment presented a viable opportunity for them. This model has increasingly been promoted by the International Labour organisation (ILO). In Hong Kong, China, 1,455 (40%) out of 3,598 graduates with mental retardation were placed in employment. They were employed as clerical, service or production workers. In Africa, the model started with Ethiopia. Through Supported Employment, support was provided to persons with disabilities including female graduates with mental retardation who sought employment.

Yoe and Glew (2008) reported on the findings of a study conducted in Maine in 2007. One of the purposes of the study was to review the impact of Supported Employment services provided to persons with mental retardation in Maine. The out-come was that Supported Employment had shown a number of areas of strength in supporting persons with mental retardation to find and maintain jobs. The areas included:

- Individualised job search: On average, 75% of employer contacts were based on job choices which reflected individual preferences and strengths rather than the dictates of the job market.
- Follow-up supports: Working individuals were provided with flexible follow-up supports that were individualised and ongoing. Employer supports included education and guidance. Other supports included crisis intervention, job coaching, job counselling, job support groups, transportation, medication, networked support through friends and families.
Job coaching

Fraser et al. (2000) reported that there were sustained placements of adults with mental retardation in open employment by recruiting a helper from the workforce. The helpers assisted the new employees to smoothly integrate with the other workers. Under this arrangement, there was also a dramatic increase in the number of sustained job placements in open employment.

Fraser et al. (2000) also reported on a study conducted by Walsh et al. in 1994. It was reported that an Irish scheme recruited volunteer helpers to train adults with severe mental retardation on the job in local services such as fast food outlets. Once the employees became more familiar with the job, the helper or job coach gradually withdrew. Due to this arrangement, more jobs were maintained by people with mental retardation.

The idea of having volunteers to help in job coaching would be beneficial to employers and employees with mental retardation in Zambia. Employers would not worry about cost implications of paying job coaches while graduates with mental retardation would familiarise themselves with the job and thereby increasing their chances of retaining jobs. It is the practicability of this idea that is questioned especially in sustaining voluntary job coaching. Few people would volunteer to offer free services to the graduates. Job coaches may also need to be motivated by giving them something to contribute to their livelihood.
Providing of guidance and counselling services

Mutie and Ndambuki (1999) pointed out that education guidance was a process of helping an individual in planning a suitable education programme and progress in it. They further pointed out that through educational guidance, an individual supported on matters regarding choices of subjects, courses, schools or colleges. Provision of guidance services also helped the graduates to arrest backwardness by promoting proper adjustment in the work settings. Similarly, Louis and David (1992) found out that career guidance helped to prepare students and job seekers to meet the challenges of employment. It was also found that a well prepared job-seeker was ready to identify employers that fulfilled his or her employment objectives. In relation to this study, provision of guidance services would really support the graduates to meet the challenges of employment thereby raise their social and personal well-being.

Sensitising employers and community members

Karr (1992) reported that awareness campaigns on the abilities of graduates with mental retardation helped employers to look at graduates as people with abilities. It was concluded therefore, that employing agencies and employers needed sensitisation so that they see both the female and male graduates with mental retardation as individuals with competencies and potential instead of seeing them as persons limited by mental retardation.
McConkey (1994) reported that due to community sensitisation, more persons with mental retardation were accepted by the community. Others were even allowed to participate in social activities. As a result, the quality of their lives tremendously improved. He concluded that, community sensitisation contributed greatly to participation in social activities and improved life condition of persons with mental retardation.

The key to a more successful community sensitisation, was to direct the message to target groups rather than to the community in general. Key people who could have a particular influence on the lives of people with mental retardation were targeted for sensitisation. For instance, employers, school teachers, local politicians and neighbours were targeted for sensitisation on people with mental retardation.

**Conducting awareness campaigns against sexual abuse**

In order to reduce all forms of sexual abuse, harassment and gender violence, MoE (1996) reported that it was going to promote and conduct awareness campaigns targeted at women and men on the existence of legal provision in the Penal Code, Intestate Succession Act and other laws protecting females with disabilities against violence, sexual harassment and abuse. So far this was rhetoric. At the time of this study, MoE had not conducted awareness campaigns against sexual harassment and gender violence.
Promoting participation in development by females with disabilities

In order to promote females with disabilities' full participation in development, MoE (1996) indicated that the Government committed itself to the following:

(i) Promoting and carrying gender sensitisation campaigns on the dangers of certain cultural and religious practices as well as attitudinal barriers that perpetuate gender imbalances.

(ii) Facilitating research to identify and correct negative and harmful practices that work against females with disabilities.

In Zambia, translating or putting policies into practice usually takes long. It is therefore, difficult to ascertain the impact of these policy statements on the lives of graduates with disabilities in general and females with mental retardation in particular in the absence of an evaluation study.

Social integration

Social integration of graduates with mental retardation was among the factors associated with improved condition of their life. To this effect, Mattika (1996) reported on a ten–year study of lives of graduates with mild mental retardation from Pettula Special Vocational Training School in Finland. The study was conducted from 1983 to 1993. The purpose of the study was to assess the impact of integrating persons with intellectual disabilities into society and finding out if they were living as independently as possible. The sample consisted of 282 persons with intellectual disabilities who were trained at Pettula Special Vocational School between 1976 and 1983.
The findings of the study were that in 1993, 76% of the graduates had found employment. For instance, 42% of the graduates were working in sheltered workshops or segregated work settings and 34% in integrated work settings. However, 24% reported that they did not have any job. Employment in the integrated work settings was most often in public social sector such as in kitchens of senior citizens (the elderly) and in children's day care centres. Assisting in various services like cleaning streets, parks and residential surroundings was also common. Regarding work satisfaction, the majority (88%) of the graduates were satisfied with their work and only twelve percent (12%) were not. Some of the reasons indicated for their work satisfaction were: they had work every day, they were equal to other workers, the quality of their social lives had improved and it was nice to serve people. Those who were not satisfied with work attributed low salary to be the main cause of their not being satisfied.

Fraser et al. (2000) found out that integration of female graduates with mental retardation in their communities promoted participation in social and economic activities. It was therefore, concluded that merely living in the community was insufficient. People with mental retardation had to be active users of community facilities. Support of local people was needed in order to have successful social integration of the graduates in the community. To this effect, local people were recruited to provide support to the graduates on a one-to-one basis. This was done through leisure pursuits and employment opportunities. Much time and effort was spent to help the female graduates with mental retardation to form and sustain a range of relationships with
families, friends and acquaintances. Such relationships contributed to their positive self concept. The graduates also felt to be useful members of their communities. As a result, their social, material and personal well-being was raised.

Walshey and Lynch (1994) reported on a study they conducted on the Open Road To Supported Employment Project in Dublin, Ireland. The total number of participants was eighty-three (83). This number included forty-six (46) males and thirty-seven (37) females with mental retardation. The main objectives of the study were to:

(i) Determine the extent to which the Open Road To Supported Employment Project promoted vocational and social integration of a group of men and women with mild intellectual disabilities who had taken part in vocational training.

(ii) Determine the impact of social integration on their lives.

(iii) Establish the number of paid jobs that were secured in integrated work settings by using the Supported Employment Model.

The findings indicated that the mean score of adaptive behaviour of the participants increased greatly when they were integrated in work settings as shown in table 10.
Table 10: Mean score of adaptive behaviour of adults with mental retardation in integrated work settings

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean score 1989</th>
<th>Mean score 1991</th>
<th>Value of T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>31.75</td>
<td>34.97</td>
<td>-2.81</td>
<td>.006</td>
</tr>
<tr>
<td>Daily living</td>
<td>46.36</td>
<td>51.46</td>
<td>-4.92</td>
<td>.000</td>
</tr>
<tr>
<td>Socialisation</td>
<td>40.59</td>
<td>49.32</td>
<td>-3.48</td>
<td>.001</td>
</tr>
<tr>
<td>Motor</td>
<td>30.88</td>
<td>33.38</td>
<td>-2.16</td>
<td>.034</td>
</tr>
<tr>
<td>Composite score</td>
<td>39.58</td>
<td>45.13</td>
<td>-4.31</td>
<td>.000</td>
</tr>
</tbody>
</table>

Source: Vineland Adaptive Behaviour Scale by Sparrow et al. (1984)

As may be seen in the table above, the mean scores increased significantly from initial composite level of 39.58 in 1989 to 45.13 in 1991. Notable increases were in socialisation and daily living domains. With regard to the number of female graduates employed in paid jobs, 24 (64%) females out of 37 were employed in part-time jobs in ordinary workplaces around Dublin City. This literature implies that Supported Employment could be applied to promote vocational and social integration among female graduates with mental retardation in Zambia thereby improving their life condition. In addition, such a move could enhance job creation thereby increasing opportunities for employment and improved life condition of female graduates with mental retardation.

Koistinen et al. (2001) reported on a study conducted in Zambia. The results indicated that 13 (15%) of eighty-five (85) graduates with mental retardation who were socially integrated either lived in rented or company houses. Out of the thirteen graduates, half of them had bought property such as furniture, television sets and radios for their homes. Five of the thirteen graduates had opened a bank account and greatly contributed to the family food basket. Further, three of the thirteen graduates had got married. Many of the
graduates were also reported to have been able to travel independently to work and other places. Some graduates with mental retardation reported to have led good quality life. In relation to this study, it can therefore, be argued that based on the above findings, social integration can also contribute to improving the life condition of the female graduates with mental retardation. The graduates can retain their jobs and become accepted in their societies. In addition, they can participate in various social-economic activities and the development of their communities.

**Advocating for the right to an ordinary life**

Increased advocacy of the right to ordinary life among others resulted into increased participation in social and economic activities. Fraser et al. (2000) stated that community integrated services were not merely an alternative way of providing help to people with mental retardation. Rather, they were based upon the following set of human rights:

- People with mental retardation had the same human right as anyone else.
- Living with others within the community was both a right and a need.
- Those providing services must recognise the individuality of people with mental retardation.

Advocacy of these rights was paramount in enhancing improved life condition of female graduates with mental retardation.

Fraser et al. (2000) also reported that, there was need for new styles of service management that promoted social integration. For instance, many of the tensions and obstacles encountered in implementing community based
services stemmed from service systems that promoted segregation of persons with disabilities.

Based on the literature above, it can be argued that participation in social and economic activities contributes to development of a positive self concept and self esteem of female graduates with mental retardation. Positive self-concept and self-esteem are aspects of good life condition.

Positive change in attitudes of communities

Fraser et al. (2000) also reported on the factors that had produced positive change in attitudes towards people with disabilities. It was found that quality planned personal contacts between the community and those with mental retardation greatly contributed to change of attitude towards people with disabilities. For instance, people met in ordinary places rather than in special vocational centres. These informal meetings helped the community members to understand persons with mental retardation. As a result, the persons with mental retardation felt accepted. Concerning this study, this literature implies that positive change of attitudes of community members can be enhanced through informal meetings between the female graduates with mental retardation and community members.

Similarly, McCormack and McConkey (1983) reported that in an adult education programme on intellectual disability, participants met the people with mental retardation in the local pub. They had informal social interaction. As a result of this informal social interaction, their attitude towards the people
with mental retardation became positive. It must be mentioned however, that in the Zambian context meeting in a pub (bar) would be considered culturally inappropriate. But the principle behind this arrangement is very acceptable and practical.

Fraser et al. (2000) also found that positive attitude change was more influenced when people shared an activity together, rather than relying solely on conversation. For instance, teenagers who joined in physical activities and cooperative games with disabled peers showed changes in attitudes whereas participation in a class discussion had no effect.

Dowrick (1983) reported that in order to influence positive change of attitude towards female graduates with mental retardation, the community members needed an opportunity to psychologically prepare them. He prepared them by showing a video of people like themselves interacting with people who had mental retardation who were similar to the ones they were to meet. When they met the graduates with mental retardation, they showed acceptance and interacted with them well. Concerning this study, video shows on interactions between community members and female graduates with mental retardation can be used to promote positive attitude towards the graduates.

**Family support services**

Fraser et al. (2000) reported that family support of graduates with mental retardation enhanced their participation in social and economic activities. For instance, families encouraged the female graduates to access career
counselling. The families also encouraged the graduates to access medical and psychological advice both to their own well-being and that of their family. Families were supported by linking them to other service providers.

Tanya and Amerena (2007) also reported that, in all countries of the world, families provide the bulk of support for children with disabilities and in many instances this continues into the adult years as well. Thus supporting people with disabilities including female graduates with mental retardation in the community also entails supporting their families. Such support in turn, enhances participation of female graduates with mental retardation in social and economic activities, thereby contributing to their good quality life. From the literature discussed above, it can be noted that world wide the findings indicate that when families were supported, their children, including female graduates with mental retardation benefited from such support.

3.4 Summary

This chapter has presented a review of the available literature that was considered to be of direct relevance to the present study in order to place the investigation within the context of similar studies thereby enriching it as well as providing justification for it. From the literature reviewed, it can be seen that female graduates with mental retardation did not have good social, material, and physical well-being. In addition, their human rights were violated. Some of the factors that contributed to this situation included: lack of means to pay for basic services, negative attitudes of parents, society and employers. Inadequate preparation for employment and doing courses that did not have
demand from employers also contributed to poor life condition of female graduates with mental retardation. In addition, job losses, sexual abuse, and general poor conditions of employment for graduates with mental retardation contributed to their substandard life condition.

Despite so much literature on negative factors contributing to poor life condition of female graduates with mental retardation, there is also a lot of literature on factors that are associated with improved life condition. The factors include: provision of in-service training opportunities and creating employment. In addition, encouraging supported employment services in the formal and informal sectors also contributed to improved life condition of the female graduates with mental retardation. For instance, with support, the graduates got employed and were able to maintain their jobs. Job coaching and provision of guidance and counselling services were also cited to have contributed to improved life condition of persons with mental retardation. In addition, sensitising employees, employers and community members on the abilities of the graduates contributed to improved life condition of the graduates. Sexual education also contributed to good life condition of graduates with mental retardation.

Other factors associated with quality life (good life condition) include, promoting social integration and participation in social and economic activities. To this effect, Mattika (1996), Walshey and Lynch (1994), Koistinen et al. (2001), and Frazer et al. (2000) indicated that social integration promoted participation in social and economic activities at places of work and
In communities. Literature by Frazer et al. (2000) also shows that due to participating in social and economic activities, there was increased advocacy for human rights of graduates with mental retardation. The community members developed positive attitude towards females with mental retardation. Families also had increased access to support services both for themselves and the females with mental retardation. In addition, McComark and McConkey (1994) reported that, there was increased acceptance of persons with mental retardation by the community due to their participation in the social and economic activities.

These factors or measures associated with improved life condition of female graduates with mental retardation are consistent with the benefits of the Integrated Support Model by Kregel and Walman (1988) which this study adopted for its theoretical framework. For instance, the model focuses mainly on three sources of support vis-à-vis vocational training, employment and the community. These three sources of support have consistently been brought out in the literature.

In conclusion, several lessons can be drawn from the above literature. These include: female graduates with mental retardation are likely to face similar challenges faced by other persons with mental retardation in the quest of improving their life condition. However, the literature associated with improved life condition of persons with mental retardation implies that, female graduates with mental retardation could also have good standard of living. To achieve such good life condition, a lot of support is needed. For instance,
families and community members need to encourage participation in social and economic activities by female graduates with mental retardation. NGO's, families and government also need to deliberately create employment opportunities for the graduates. Linkages among community, training institutions and employers are therefore, vital sources of support to improving life condition of female graduates with mental retardation. The next chapter presents the methodology that was used in the study.
CHAPTER FOUR
RESEARCH METHODOLOGY

This chapter presents the methodology that was used in the study. It begins with a description of the research design, population, sample, and sampling procedure, instruments for data collection and how they were administered. It proceeds to describe the problems encountered during data collection and how the information collected was analysed in order to answer the research questions. The last part of the chapter presents a summary.

4.1 Research Design

The study used a descriptive research design. This design was chosen because the study relied more on the qualitative research methods. In addition, since the researcher sought to collect information about respondents' opinions on the topic being studied, descriptive research design was ideal. The intended use of this design was consistent with that of Orodho and Kombo (2002) who pointed out that, descriptive research design can be used when collecting information about people's attitudes, opinions, habits or any of the variety of education or social issues.

The qualitative or interpretive researchers argue that, aspects of the human environment are constructed by the individuals who participate in the environment and social reality exists only according to the meanings that individuals give them (Patton 2002). Qualitative research makes little use of
numbers or statistics, but instead depends more on descriptive data and subjective analysis of reality. In addition, Denzin and Lincoln (2000) states that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

In using the qualitative methodology, the study followed the phenomenological approach. Paton (2002) points out that phenomenology is a strategy for doing research which involves an investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence. The original meaning of the word phenomenon was described by Ulrich Solnhemmman (1954) in Paton (2002). For Ulrich, the word phenomenology meant a descriptive recording of immediate subjective experience as reported. The understanding behind phenomenology is that humans make sense of the world by explaining it according to the way they see, feel, experience and understand it.

The phenomenological approach was chosen because it has several views of looking at the same reality namely; the heuristic, ethnomethodology, and symbolic interaction methods.

The heuristic method of phenomenographic research uses the researcher’s experiences to understand the phenomenon (Patton, 2002). Having worked with the graduates with mental retardation for ten years, the researcher found
it easy to interact with them and collect data on factors that affected their life condition.

Ethnomethodology tries to understand how people get things done. The method seeks to have an insight of how people transform situations or persevere with it step by step, moment to moment, in an orderly manner (Patton 2002). This study sought to explore the factors that contributed to poor life condition of female graduates with mental retardation and measures to ameliorate the situation. The use of ethnomethodology in this study therefore, became necessary.

Phenomenological symbolic interactionists argue that though people experience phenomenon in a personal unique way, they do create a shared meaning of the reality through interaction with others (Akerlind, 2005). The researcher’s interest was to understand the meanings, perceptions, attitudes and ideas of the respondents in the study in regard to factors that affected the life condition of female graduates with mental retardation. As a result, the study based one of its methodologies on the phenomenological symbolic interactions. Using the phenomenological symbolic interaction approach, individual respondents in the study viewed social integration as a way of encouraging participation of female graduates with mental retardation in social and economic activities. By putting together their individual views, an understanding of the factors affecting their life condition was created.
By using qualitative and quantitative methods, the researcher was able to
determine the factors that contributed to poor life condition of the female
graduates with mental retardation and measures to address such factors.

4.2 Population

The study population consisted of all the parents and lecturers of female
graduates with mental retardation in the five provinces (Southern, Luapula,
Copperbelt, Central and Lusaka) of Zambia. In addition, all the FAMR
Provincial Employment Co-ordinators, one former and one current project
directors of FAMR, and all the 116 female graduates with mental retardation
from vocational training institutions were part of the study population.

4.3 Sample

The sample consisted of 111 respondents as follows: one (01) former FAMR
Project Director, one (01) current FAMR Project Director, and fifty-four (54)
female graduates with mental retardation from the five provinces. In addition,
there were five (05) Provincial Employment Co-ordinators, twenty five (25)
parents and twenty five (25) lecturers who had taught the female graduates
with mental retardation. Details of the total sample are shown in the table 11.
The two directors were chosen because they were the only ones with the information needed for the study. They had immense practical experiences with the graduates. For instance, the former FAMR Director had been director since 1987 when the project was established in Zambia until 2005 when he retired. The incumbent has been involved in activities of FAMR in Zambia at various levels of management from the inception of the project to date.

The female graduates in the sample were chosen because they had characteristics that were representative of the principal target group of the study. The five provinces were selected on the basis that, they represented both the urban and rural settings of Zambia. In addition, records concerning locations of female graduates with mental retardation needed for the study.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Provinces and gender of respondents</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lusaka</td>
<td>Central</td>
</tr>
<tr>
<td>Provinicial</td>
<td>- 1</td>
<td>- 1</td>
</tr>
<tr>
<td>Employment</td>
<td>- 1</td>
<td>- 1</td>
</tr>
<tr>
<td>Coordinators</td>
<td>2 3 2 3 2 2 2 3 2 3 2 3 2 3 2 3</td>
<td>10 15 25</td>
</tr>
<tr>
<td>Parents</td>
<td>2 3 2 3 2 2 2 3 2 3 2 3 2 3 2 3</td>
<td>10 15 25</td>
</tr>
<tr>
<td>Female graduates</td>
<td>- 11</td>
<td>- 11</td>
</tr>
<tr>
<td>Lecturers</td>
<td>3 2 3 2 2 3 3 2 3 3 2 3 2 3 2 3 14 11 25</td>
<td></td>
</tr>
<tr>
<td>Directors</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Grand total</td>
<td>25 86 111</td>
<td></td>
</tr>
</tbody>
</table>
were available at the offices of the FAMR Provincial Employment Coordinators.

4.4 Sampling procedure
Simple random sampling procedure was used to select the fifty-four (54) female graduates with mental retardation in the sample. This procedure was chosen because it provided each element in the population an equal chance to be selected as a study sample (Cohen et al. 2000).

Purposive sampling procedure was used to select the twenty-five (25) lecturers, twenty-five parents, five FAMR Provincial Employment Coordinators, the former and current Directors of FAMR. This procedure was used because these elements were the only ones with the information needed on factors that affected the life condition of the female graduates with mental retardation. For instance, the two directors were chosen purposively because they were the only directors from FAMR with administrative information on issues of graduates with mental retardation in Zambia. In addition, all the five FAMR Provincial Employment Coordinators were purposively chosen for the study sample because they were the only ones at their level with information of the female graduates with mental retardation in the five selected provinces.

4.5 Research instruments and data collection procedure
Three research instruments were used to collect data vis-à-vis questionnaires, interview guide and non-participant observation. The choice of research instruments was guided by six criteria adapted from Silverman (1993),
Creswell (1994), Strauss and Corbin (1990) and Marshall and Rossman (1994). The six criteria were as follows:

i) Explanatory power, which relates to whether or not the method will be able to explain all the questions raised in the study.

ii) Representativeness or generalisability of the data collected in relation to the sample in the study.

iii) Validity of the method for collecting data. Thus determining whether or not the researcher is able to obtain data that he or she is seeking to obtain.

iv) Reliability, which determines whether or not the method employed, if repeated by a different researcher at the same time, or the same respondents at a later point in time, would yield the same results.

v). Appropriateness to the research objective. Thus determining whether the method chosen is capable of producing the results needed to answer the questions posed in the study, and

vi). Administrative convenience, which involves considerations of cost and speed of obtaining the required data.

Each of these criteria played a key role in guiding the researcher into choosing a combination of qualitative and quantitative research methods that were considered sufficient in addressing the research problem in a satisfactory manner. The three instruments used in data collection (questionnaires, interview guide and non-participant observation checklist) are described in detail in the sections that follow.
4.4.1 Questionnaire

A questionnaire was used to collect data from lecturers who had taught the female graduates with mental retardation. A questionnaire was chosen because it could be presented to each respondent in exactly the same way to minimise the role and influence of the interviewer. In addition, results obtained by a questionnaire could easily be objectively compared. Likert scales were used in the questionnaires. Likert scales were chosen in this study because they are suitable in attitude measurement such as indicating the degree of agreement or disagreement. In addition, studies have found out that Likert scales have high coverage of response categories i.e. a five points scale, high precision and reliability (Likert 1932 in Sarantankos 1993). Further, in line with the six criteria outlined above, it was felt that the use of questionnaire in addition to other methods would enhance reliability and validity of the findings and conclusions in the present study.

The following is an example of how the likert scales were used in the questionnaire. In questions requiring the respondent to indicate the degree of agreement, a likert scale was shown as follows: strongly agree [ ], agree [ ], disagree [ ], strongly disagree [ ] or very much [ ], much [ ], not much [ ] and not very much [ ]. Response options that solicited for responses indicating the degree of disagreement were shown on the scale as follows: strongly disagree [ ], disagree [ ], agree [ ] and strongly agree [ ]. A detailed sample of the questionnaire has been appended to this report.
4.4.2 Interview guide

One way of learning about things we cannot directly observe is by asking people who have or are experiencing such situations to tell us. By asking them to tell us, we begin to understand and see the world of the other person in a deeper way. In research, this process of understanding another person’s world of view can be achieved by use of interviews.

The interview guide was used to collect data from the FAMR Employment Coordinators, Project Directors, parents and female graduates with mental retardation. Patton (2002) identifies interviews as one of the qualitative research methods. He states that the purpose of interviewing is to find out what is in the respondents’ minds. Since we can not observe feelings, thoughts and intentions, interview was chosen. It was chosen on the basis that, it was the appropriate method to collect data which related to feelings, thoughts and intentions pertaining to the factors that contributed to poor life condition of female graduates with mental retardation and measures to address the situation.

Although this technique of data collection was time consuming, it was effective in that it helped the researcher to probe the respondents for descriptive information. The other advantage of the interview was that, it helped the researcher to collect data from informants who could not read and write in English. In addition, interviews helped the researcher to probe or encourage respondents to expand their responses and also cross check the
information given. The interview guide was designed to collect information on views of management, parents, Employment Coordinators and female graduate with mental retardation on factors that negatively affected the life condition of female graduates with mental retardation and measures to address the situation. Through this instrument, the researcher was able to collect useful information by asking questions relating to why and how a given phenomenon occurred. A sample of the interview guide is found in Appendix ii.

The interview was conducted in places the respondents felt most comfortable. For instance, the former FAMR Director was interviewed from the researcher’s car while the incumbent was interviewed from her office. The researcher wrote down all the relevant responses to a given question and verified them with the respondents before proceeding to ask the next question. The interview guide appears as Appendix iii.

Two contacts were made with the respondents. First contact with the respondents was made on the first visit to explain the purpose of the study and make appointments for the actual day, time and place for the interview. A second visit was done to conduct the actual interview. During the second visit, the respondents were reminded about the purpose of the study and were assured of confidentiality. Respondents were also reminded that they were free if they chose not to participate in the interview. This is in line with the research ethics outlined by the Association of Social Anthropologists of the Commonwealth (1987). During the interview, the researcher allowed each
respondent to finish off his or her idea and if not clear, he asked the questions in a different way.

4.5.3 Non Participant observations

Observations of female graduates with mental retardation at work and home were done. It has been observed that observation is one of the most effective means of validating data collected by questionnaires (Denscombe, 1983). Observation allowed the researcher to compare expressed opinions with actual performance or behaviour of respondents. For instance, in order to verify the assertion that one female graduate was employed by FAMR at its offices and was happy with her job, the researcher had to observe her at work. She is an office messenger. The observation method also gave the researcher an opportunity to triangulate the information in order to determine whether there was a link between what was said and the reality.

However, observation was not without its own inherent difficulties. For instance, the phenomenon to be observed was vast. The researcher could not simply observe and record everything that occurred and therefore, he selected only those actions thought relevant to the study.

4.6 Problems encountered during data collection

Collecting the questionnaires especially from lecturers, proved a very difficult exercise. In some situations two to three trips were made to collect the filled in questionnaires.
Some respondents especially Employment Coordinators and female graduates with mental retardation were reluctant to participate in the study. Employment coordinators viewed the study as one of the common studies that just take their time without yielding results. The graduates complained that there had not been any positive change in their lives despite the previous studies done on them. The researcher had to solicit for support from the Project Director for the respondents to participate in the study.

In addition, locating parents and the female graduates with mental retardation was also a very difficult exercise because some of the respondents had changed their addresses.

4.7 Limitations of the study

There are some threats to validity of this study which, must be taken into account when interpreting findings and making conclusions. Thus, some of the female graduates in the sample had not been formerly assessed to ascertain the degree of their mental retardation and thereafter correctly placed. It is therefore uncertain whether the female graduates were mildly retarded. Indeed, some with multiple disabilities were included in the study sample.

Another limitation to the study was that, the research instruments were not translated into local languages in order to ensure that participants really understood issues at hand. It could have also been ideal to interview a lot of
respondents from all the nine provinces of Zambia. However, only five provinces were covered.

Despite these limitations, the findings of the study were consistent with the local and global reviewed literature. In addition, the sample was representative enough. Therefore, the findings of this study can still be generalised.

4.8 Reliability and Validity

Reliability focuses on the degree to which empirical indicators or measures of a theoretical concept are stable or consistent across two or more attempts to measure the concept. In this study, indicators or measures of a theoretical concept were the instruments used to collect data on the factors that contributed to poor life condition of female graduates with mental retardation and their measures to address the situation.

In order to enhance reliability of the findings, the data collected were verified by using triangulation and respondent validation. Triangulation was done by comparing different kinds of data from different instruments to see whether they collaborated. Respondent validation was done by verifying the results with respondents and by relating the findings with the evidence from the available literature.
It should be noted that, reliability of a measure is not of much use unless the measure also has validity. As a result, issues of validity were also taken into account in this study.

Validity is concerned with the question, 'are you measuring what you are supposed to measure?' (Achola and Bless, 1988). Validity in this study therefore, is the degree to which the findings of the study accurately represent the views of respondents in relation to factors that contributed to poor life condition of female graduates with mental retardation and measures to address such factors.

In order to ensure that the findings were valid, the researcher cross-checked the respondents' responses with those of other respondents obtained by a different instrument. For instance, data collected by interviews from female graduates with mental retardation was cross-checked with data obtained by observations.

4.9 Data analysis
Thematic analysis was used to analyse qualitative data. Major themes were drawn from interviews with respondents. Descriptions of each theme were done. For instance, factors that contributed to poor life condition of female graduates with mental retardation and the measures to address the situation were described. Quantitative data were analysed by using the Statistical Package for Social Sciences (SPSS). SPSS was used in order to obtain frequencies and percentages.
In addition, in a statement where respondents had to indicate their degree of agreement or disagreement, a likert scale with four possible response categories were created and numbers assigned to them such as, strongly agree [ ] 4, agree [ ] 3, disagree [ ] 2, and strongly disagree [ ] 1. The negative item was scored by the following key: strongly disagree [ ] 4, disagree [ ] 3, agree [ ] 2 and strongly agree [ ] 1. Thereafter, the SPSS computer programme totalled the responses. This was done to determine the percentage of respondents who had agreed and those who disagreed on a named factor that contributed to poor life condition of female graduates with mental retardation. The total scores were then expressed in pie charts.

4.10 Ethical considerations

The study took into account all possible and potential ethical issues. The measures undertaken to ensure compliance with ethical issues included keeping the identity of respondents confidential. Wimmer and Dominick (1994) identify the principle of confidentiality and respect as the most important ethical issues requiring compliance on the part of the researcher. The basic ethical requirements demand that the researcher respects the rights, values and decisions of respondents. In this study, the values of the respondents were given due respect. During the research, respondents’ responses were neither interfered with nor contested by the researcher. Informed consent was obtained from both the respondents and the people in charge of the places where the research was carried out and all the respondents were treated equally.
4.11 Summary

The chapter has described the methodology used in the study. The study used a descriptive research design. Qualitative and quantitative methods were used to collect data from respondents. Questionnaires were used to collect data from lecturers while interview guides were used to collect data from Employment Coordinators, FAMR Project Directors, parents and female graduates with mental retardation. The simple random and purposive sampling procedures were used to select the sample. The sample consisted of 111 respondents. Thematic analysis was used to analyse qualitative data while SPSS computer programme was used to analyse quantitative data.

One of the problems encountered in the process of collecting data was the reluctance among lecturers to complete questionnaires. They felt that, it was a waste of time to complete questionnaires which do not yield results. The Employment Coordinators and the female graduates with mental retardation were also reluctant because they felt that previous studies did not bring positive change to their lives. It was until after the Project Director intervened, that they agreed to participate in the study.

This study is limited in its determining factors that contribute to poor life condition of female graduates with mental retardation and measures to address the situation because the research instruments were not translated into local languages to enable participants really understand issues at hand.
Despite its limitation, reliability and validity of the study was certain. In addition, the findings of the study were consistent with the local and global reviewed literature. Therefore, the findings of this study can be generalised. The next chapter presents findings from the study.
CHAPTER FIVE

PRESENTATION OF RESEARCH FINDINGS

This chapter presents the findings of the study on the factors affecting the life condition of female graduates with mental retardation from vocational training institutions in Zambia. The findings from lecturers are presented first, followed by those from Employment Coordinators, former and current FAMR Project Directors, female graduates with mental retardation and their parents. These findings are presented according to study objectives. The specific objectives of the study were to:

1. Determine factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions.

2. Identify measures that would contribute to improving the life condition of female graduates with mental retardation.

5.1 Factors that contributed to poor life condition of female graduates with mental retardation

As indicated in the introduction of this chapter, the findings obtained from each of the respondents' category are presented in separate sections.

5.1.1 Views of lecturers

Lecturers pointed out several factors which they viewed to have contributed to poor life condition of female graduates with mental retardation. These are discussed in the subsequent sections.
Preparation for employment

Findings showed that out of twenty-five lecturers who participated in the study, 80% of them indicated that the female graduates with mental retardation were adequately prepared for employment. 20% of the lecturers indicated that the graduates were not much prepared for employment as shown in the figure below.

Figure 1: Preparation for employment

Courses studied by female graduates with mental retardation

Findings indicated that, courses studied by female graduates with mental retardation include: Mixed farming, Home Management, Weaving, Tailoring, Pottery, Leather Work, and Basketry.
Whether courses studied had demand from the labour market

Findings showed that, 52% of the lecturers indicated that courses done by female graduates with mental retardation did not have demand from the labour market and as a result were viewed to have been irrelevant as shown in the figure below.

Figure 2: Relevance of courses studied

Reasons given by respondents were that, graduates who had studied Leather Work, Pottery, Basketry and Weaving could not find employment. The market demand for these courses was very low. Most companies that dealt in Pottery, Basketry and Weaving had wound up business. As a result, most female graduates with mental retardation who had studied these courses did not find employment.
Time lag between graduation and employment

With regard to whether time lag between graduation and employment contributed to poor life condition of female graduates with mental retardation, all the twenty-five (100%) lecturers who participated in the study agreed that it did. For instance, out of twenty-five respondents, 64% strongly agreed and 36% agreed that time lag contributed to poor life condition of female graduates with mental retardation. The reason given was that during the time graduates were not in employment, they did not practice their skills. By the time they got employed, most of the skills were forgotten and performed poorly in their jobs. As a result of poor performance at work, they were dismissed from employment.

Lecturers indicated several other factors that contributed to poor life condition of female graduates with mental retardation. The factors indicated include; financial problems, early marriages, loss of parents due to death, pregnancies before marriage and poor health due to difficulties in affording medical facilities. In addition, less medical check-ups to ascertain their health, negative attitudes of parents and the community who felt that the female graduates with mental retardation were not useful members of the community were said to have contributed to their poor life condition. Further, respondents indicated that few job opportunities and low job retention among the female graduates with mental retardation contributed to their poor life condition.
The findings from lecturers also showed that, due to the condition of mental retardation, the female graduates with mental retardation could not learn advanced reading, writing and arithmetic. Only basic trade mathematics was taught to enable them add, subtract, multiply and divide during the exchange of goods and services in their every day life activities. Other factors considered to have contributed to poor life condition of the female graduates were inadequate resources to pay for rented accommodation especially in cases where parents were dead and sexual abuse which resulted into acquiring sexually transmitted related diseases.

5.1.2 Views of Employment Coordinators

In regard to factors that contributed to poor life condition of female graduates with mental retardation, employment coordinators stated that the labour market was so competitive that graduates with mental retardation had very few chances of getting employed. They also felt that female graduates with mental retardation could not write an application letter for employment. As a result, they could not find employment on their own. In addition, their slow and low rate of response to instructions compared to others with the same training contributed greatly to their loss of jobs. Sexual abuse was also cited as one of the factors that contributed to poor life condition of females with mental retardation. For example, one coordinator said that,

"Sometimes the female graduates are sexually abused in their work places. Some parents over protect their female graduates with mental retardation due to fear of sexual abuse, thereby not allowing them to go and look for employment.”
Negative attitude of the general public towards female graduates with mental retardation was further cited as a contributing factor to their poor life condition.

To this effect, another coordinator narrated that,

"In most work places, especially formal employment settings, female graduates with mental retardation are labelled and stigmatised to a point that some have to stop work."

5.1.3 Views of FAMR Project Directors

In a face to face interview with the former FAMR Project Director who served as a key informant, it was pointed out that,

"Interference from parents contributes to poor quality of life for the female graduates with mental retardation. Some parents believe that the graduates are still dependants. For instance, when the graduates get paid, the pay goes to parents. Other parents even go to the extent of waiting for the money from their children at the company's gates."

He further added that, at home the graduates depicted no sense of ownership. For instance, though the graduates could buy property, the beneficiaries were the ordinary children in the home.

The former Project Director added that, the general conditions of employment service were poor in Zambia. For instance, in situations of retrenchment, in most cases it was those with mental retardation to be retrenched first. He emphasised that this point was based on his 15 years experience as FAMR Project Director in Zambia. He believed that to a greater extent, the general poor conditions of employment service in Zambia contributed to the poor life condition of graduates with disabilities and especially those with mental retardation.
It was further found that closure of vocational training programmes in institutions under the MSTVT was limiting access to in-service training among female graduates with mental retardation thereby disadvantaging them when it came to seeking employment. In cross checking this view, a face to face interview with a senior official of MSTVT revealed that the ministry’s had challenges in providing vocational skills training to the graduates. However, it was its mandate to provide vocational skills training to persons with disabilities including females with mental retardation. The informant was also a focal point person on vocational training issues for persons with disabilities. She stated that, access to in-service training was difficult because re-introduction of vocational courses was at the discretion of principals and not the ministry, as all the vocational training institutions were under Management Boards.

In another face to face interview with the FAMR Project Director, it was noted that sexual abuse in communities and work places contributed to poor life condition of female graduates with mental retardation. The graduates got infected with sexually transmitted diseases and had general poor health. In addition, their self esteem was lowered. The Project Director pointed out that, issues of sexual abuse tended to be complicated to handle. She narrated that,

“The female graduates with mental retardation are also very sexually active. Based on my vast experience in dealing with issues of sexual abuse, I have come to know that some times it is the female graduates with mental retardation that follow men. There is need therefore, to teach the graduates about the consequences of illicit sex and sexual abuse.”
It was also found that some parents were in a habit of helping their female graduates with mental retardation to terminate pregnancies. The Project Director said:

‘The female graduates with mental retardation want children but parents feel they do not have the capacity to care for children because of their condition (mental retardation). As a result, parents encourage them to terminate the pregnancies. This practice puts the lives of female graduates with mental retardation in danger.’

5.1.4 Views of female graduates with mental retardation

Findings from female graduates with mental retardation themselves revealed that, early or unwanted pregnancies, early marriages, being laughed at, sexual harassment and abuse contributed to their poor life condition. In addition, lack of basic skills in reading, writing and arithmetic contributed to their job losses.

All the graduates interviewed expressed that unemployment contributed greatly to poor life condition. Being unemployed was linked to living a poor life. For instance, one of them lamented,

“Doing nothing makes me sad and creates a feeling of being useless in society. Working makes one live a good life. A person who works can buy what she wants and can contribute to the support of the family.”

Observations also showed that, there was happiness, and confidence in the female graduates with mental retardation who were in employment. Their joy and confidence was regardless of the amount of salary earned. They presented themselves with confidence as workers. One of them stated,
'We are hard working people and do not deserve the label of being lazy and useless.'

The fact that they were trained, were in employment and contributed to supporting their extended families gave them joy and confidence.

While vocational skills training was linked primarily to getting a job, it was also viewed as leading to living well in society. A common statement from the participants was that,

'After graduating from the training institution, I wanted to find a job and live well'.

Most of the graduates wished to get a job in the particular field of their training such as Farming, Home Management, Pottery or Weaving. But when most of them did not get jobs in fields of their training, they viewed the courses they had done to be irrelevant.

The views of a female graduate with mental retardation in regard to relevance of the course she studied would help the reader to understand their feelings concerning the courses they did as illustrated by the case below.

"I studied Weaving for four years. The first two years we were on training and the last two years on production. I liked the course but, when I graduated, I could not find a job.

Later I was retrained in Front office course. I got a job as Front Office Assistant. To date, I am still in this job. I am happy, at least I am working. I earn a salary and support my family. Being a Front Office Assistant has given me confidence that despite my condition (mental retardation), I can still contribute to the development of my family, organisation and country."
The Weaving course I had studied has not been very relevant to improving my life. To say a course is relevant, it should help one get a job and remain in that job. My situation is similar to most of my former course mates. They are either not working or are working in different fields from what they earlier trained in.”

From the interview, it was clear that having a job made the female graduates with mental retardation happy and confident. Without a job, the lives of the female graduates with mental retardation were viewed as poor. In addition, employment created a sense of worthiness among the female graduates with mental retardation.

Inability to pay rent and other basic necessities
The female graduates with mental retardation cited inability to pay for accommodation and other basic necessities because they were either unemployed or earned very little amount of money. They felt that without the means to pay for their basic necessities especially in situations when their parents were dead, rendered them useless and lived like street kids.

5.1.5 Views of parents on the factors that affected the graduates with mental retardation
In regard to views of parents on the factors that contributed to poor life condition of female graduates with mental retardation, several factors were identified. One factor identified was the closure of vocational training programmes in most government vocational training institutions. Parents felt that their female graduates with mental retardation could not go for in-service training or retraining in another field because the vocational skills programmes were not offered.
Another factor identified by parents that contributed to poor life condition of female graduates with mental retardation was stigmatisation. They said female graduates with mental retardation who were stigmatised developed low self concept. Findings also showed that, some parents hid their children with mental retardation to protect them from being laughed and insulted by the peers in the community. In some cases parents hid their children (graduates) because they felt ashamed to be associated with the condition of mental retardation in their female graduates.

Concerning sex education, findings showed that, sex education was not talked about in many homes. Reasons given by parents were that some of their counterparts were not open to their female children in general, and female graduates with mental retardation in particular. This was due to cultural beliefs that grandmothers and not mothers were traditionally responsible for teaching them sex-related issues. Some parents felt that it was not necessary for a female graduate with mental retardation to know about sex because they were not sexually active. Others stated that it was not easy for parents to teach sex education to their female graduates with mental retardation because most of them were usually moody and stubborn. Despite these challenges faced by parents, they all felt that the graduates needed sex education. One parent was of the view that,

'Lack of sex education contributes to early pregnancies and acquisition of sexually transmitted diseases among the female graduates with mental retardation.'
She further indicated that her child with mental retardation was taught about sex by her ‘normal’ peers and the consequences were distorted knowledge about sexuality. Parents indicated that, early pregnancies and sexually transmitted diseases also contributed greatly to poor life condition of female graduates with mental retardation.

Findings also indicated that, difficulty in finding employment, inability to pay for rented accommodation due to low salaries and failure to make own decision contributed to poor life condition of the female graduates with mental retardation. Some parents further stated that negative attitude of employers towards female graduates with mental retardation contributed to their poor life condition. Most employers were not keen to employ slow learners, or persons who could not read and write.

It was also found that financial problems among female graduates due to lack of employment contributed a lot to their poor life condition. For example, most of the female graduates were unable to access medical services due to financial constraints. Poor health due to epilepsy and other diseases also contributed to poor life condition of female graduates with mental retardation.

When parents were asked the type of activities they did to earn a living and whether they involved their children (graduates) with mental retardation, it was found that some of them were self employed. They were selling at markets. Others were working in family businesses such as grocery shops, saloons, restaurants and farms while others were working in organisations or
companies. Three (3) of parents however, did not consider themselves to have been doing anything specific to earn a living. Details of what parents and guardians of female graduates with mental retardation were doing to earn a living are shown in the table below.

<table>
<thead>
<tr>
<th>What parents do for their living</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working for self</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>Working in family business</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Working for an organisation</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>Not working</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100.0</td>
</tr>
</tbody>
</table>

It was further found that, female graduates with mental retardation did not participate in social and economic activities as much as their peers without mental retardation. Reasons expressed were that, most parents and community members did not regard them to be useful members due to their condition. One parent said,

"The fact that most of our mentally retarded graduates are not in formal employment, their economic contribution to the community is viewed to be insignificant. As result, they are discriminated from participating in social activities in the communities because they have nothing to offer."

In addition, it was felt that, the community had negative attitude towards people with disabilities in general, including female graduates with mental retardation. To this effect, it was further felt that such negative attitude
contributed to their exclusion from participating in activities done in the communities.

5.2 Measures that could contribute to improving life condition of female graduates with mental retardation

This section of the study brings out factors suggested by respondents to ameliorate the life condition of the female graduates with mental retardation. The views of the respondents have been presented according to respondents' categories.

5.2.1 Views of lecturers

Lecturers indicated several measures to address the factors that contributed to poor life condition of female graduates with mental retardation. One of the measures was to sensitising parents and the community so that they could involve the female graduates with mental retardation in social and economic activities. In addition, it was felt that there was need to conduct seminars and workshops for the female graduates with mental retardation in order for them to share their life experiences and learn best practices from each other.

The respondents also indicated that providing in-service training and reintroducing training opportunities in colleges run by TEVETA could improve the life condition of female graduates with mental retardation. It was further felt that, retraining the female graduates in different courses could improve their life condition. Creating a loan scheme facility for female graduates with mental retardation and their parents or guardians was also cited as a strategy
to help them to open businesses which in turn, would contribute to improving their life condition.

It was further felt that, introducing sex education could reduce the prevalence of early and unwanted pregnancies among female graduates with mental retardation thereby contributing to improving their life condition.

Other views were that, if NGOs, parents and the Government of the Republic of Zambia could create employment for graduates with mental retardation, their life condition could greatly improve. In addition, it was suggested that involving job coaches would reduce job losses and enhance job retention among female graduates with mental retardation. Counselling services were also indicated to be necessary for female graduates with mental retardation in order to help them develop a positive self concept.

Revising the vocational training curriculum

In regard to improving vocational training curriculum, respondents indicated several suggestions. They suggested that, curriculum should be reviewed in order to make it responsive to the needs of the graduates and employers. They added that the revised curriculum should include simple methods of teaching reading, writing and arithmetic. This could enable the graduates to grasp the concepts and effectively communicate with others in their day-to-day social-economic life and thereby contribute to improving their life condition. They further suggested that, hair dressing course should be introduced in the training because it has demand from a lot of clients.
The respondents also suggested that in-service training programmes should be designed to provide a chance to female graduates with mental retardation to upgrade their skills. Introducing in-service training programmes was also viewed as a measure to addressing the problem of forgetting the skills learnt in colleges due to time lag between graduation and employment.

Further, the respondents suggested that TEVETA should re-introduce vocational training programmes in all the institutions under its jurisdiction. Such a move would enhance access to vocational training and thereby contribute to improving life condition of female graduates with mental retardation.

5.2.2 Views of Employment Coordinators

To improve the life condition of female graduates with mental retardation, Employment Coordinators suggested sensitisation of the community, parents, employers and employees on the abilities of female graduates with mental retardation. In addition, advocacy on the human rights of female graduates with mental retardation was necessary. It was felt that such advocacy would address issues such as stigmatisation, sexual abuse, and discrimination at places of work and in communities.

Other suggestions were: giving the female graduates with mental retardation equal opportunities for employment comparable to their male counterparts and that Zambia Association on Employment for Persons with Disabilities (ZAEPD) should help to create employment opportunities for female
graduates with mental retardation. In addition, employment opportunities should be created in farming, weaving, tailoring, restaurants, saloons, guest houses, lodges and hotels. Employment was viewed by all the respondents as a critical way of empowering female graduates with mental retardation.

It was further suggested that, parents should teach their female graduates about sex education, vocational training institutions should introduce sex education and parents should report to police all cases of rape, defilement and any sort of victimisation against female graduates with mental retardation.

Resource centres were also viewed to be a measure of improving life condition of female graduates with mental retardation because they offer entrepreneurship courses to enable parents and their female graduates with mental retardation improve their life condition. Other activities done at the resource centres include: hygiene, tailoring, baking, brick making, gardening, fish farming, piggery, poultry and crocheting. Some money raised from sales of the products and services done at the resource centres is paid to female graduates with mental retardation and their parents while part of it is ploughed back in the resource centres as capital. As a result, resource centres were viewed as a way of providing employment to graduates with mental retardation and their parents. At the time of this study there were fifty-seven (57) female graduates with mental retardation in the resource centres in five provinces of the country as shown in table 12 below.
Table 13: Female graduates with mental retardation in Provincial Resource Centres

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of female graduates with mental retardation in resource centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>11</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>11</td>
</tr>
<tr>
<td>Central</td>
<td>13</td>
</tr>
<tr>
<td>Luapula</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>

5.2.3 Views of FAMR Project Directors

In a face to face interview, the former FAMR Project Director pointed that, one of the measures to improve quality of lives of female graduates with mental retardation was to provide them with accommodation or building houses for them in an inclusive setting. He added that, this practice had worked well in Norway, Sweden, Finland, England and Canada. It empowered and improved the quality of lives of female graduates with mental retardation. This view was also alluded to by the Employment Coordinators who suggested that, government and NGOs should build houses for female graduates with mental retardation or empower their parents/guardians with housing loans. If parents were empowered, the benefits would trickle to their children or dependants (the female graduates with mental retardation) thereby contributing to improving the quality of their life. The FAMR Project Director further said,

"As we talk about graduates it is important to remember that, it is out of training that graduates are produced for placement in
employment. Without training, we cannot have graduates. We need therefore, to take care of issues concerning access and quality of training in order to have graduates who should meet the challenges of the labour market."

She was of the view that increased enrolment figures of females with mental retardation in schools and vocational training institutions would address the problem of fewer female graduates with mental retardation from vocational training institutions.

This view was verified by a senior official from the Ministry of Science, Technology and Vocational Training (MSTVT) who agreed that, it was the ministry's mandate to provide vocational training to all Zambians including females with mental retardation. In addition, it was stated that, MSTVT had introduced bursary scheme to help the vulnerable, including female graduates with mental retardation, pay for the cost of attending vocational training.

It was further felt that community meetings would help to address the issues of early marriages among graduates with mental retardation. In cross-checking this view, it was found that, through these meetings, Employment Coordinators, parents and their female graduates with mental retardation shared experiences on issues of sexuality and how to understand the needs of mentally retarded. It was however, highlighted that, the major challenge by FAMR Project was to sustain home care and support of the graduates in the context of declining economic status in many families due to the world economic melt down. To this effect, parents were encouraged to support their female graduates with mental retardation just as they supported the 'normal'
children so that they could also earn a living and improve the quality of their lives.

It was further suggested that in order to address the problem of human rights violation among female graduates with mental retardation, the following issues should be shared in community monthly meetings:

- Right to live
- Right to liberty and security of a person
- Right to privacy
- Right to freedom of thought
- Right to information and education
- Right to choose whether or not to marry
- Right to decide when to have children
- Right to benefit from scientific innovations and their outcomes
- Right to be free from torture and ill treatments

In addition, it was felt that the use of the Step-Wise Process model by Bowen and Moreau (2006) could also be beneficial. The model includes the following process: (i) information is given to the intended audience, (ii) litigation follows in situations where human rights violation is perpetrated, (iii) advocacy and pressure are instilled in order to bring about change. In case the information and sensitisation do not produce change, the project could use litigation and judgements. Precedent from court judgements may help to build a foundation of knowledge about the rights of female graduates with mental retardation.
As a way of creating awareness on issues of HIV and AIDS, culture and traditional practices in relation to improving life condition of female graduates with mental retardation, the Project Director suggested that, there was need to publish booklets especially on culture and traditional practices and on HIV and AIDS. The books could be used in monthly meetings and a cross check to this suggestion revealed that even the parents had seen the need for materials to guide them in teaching their children (female graduates with mental retardation) on issues of HIV and AIDS.

Visits by donors to the FAMR project were also seen as a measure to improving quality of lives of female graduates with mental retardation. In order to substantiate this point, the Project Director said,

“For example, a visit by the Executive Director Veli-Pekka Sinervou and Coordinator, Sisko Rauhala of Finnish Association on Intellectual and Developmental Disabilities (FAIDD) in 2008 brought improvement to the resource centres and farms because of the donations they made after they saw and appreciated the work of the graduates. The visit motivated both the FAMR Project team in Zambia, parents and their female graduates with mental retardation.”

Networking with stakeholders was also viewed as a critical measure in improving life condition of female graduates with mental retardation. Main issues to be discussed by stakeholders should include: sexual violence and abuse, health care, sex education, creation of employment opportunities and poverty alleviation. It was further stated that, the following stakeholders agreed to network with FAMR Project: National AIDS Council, Zambia National Association for the Disabled Women (ZNADWO), Ministry of
Science, Technology and Vocational Training (MSTVT), Zambia Federation of the Disabled (ZAFOD), Young Women Christian Association (YWCA), Parent Partnership Association for Children with Special Needs (PPASCN), United Nations International Children’s Education Fund (UNICEF), Youth Forum of Zambia, Embassy of Finland to Zambia and the Maureen Mwanawasa Community Initiative (MMCI). Observations showed that, networking would really contribute to improving life condition of female graduates with mental retardation because stakeholders had started supporting FAMR Project by initiating consultancies and workshops for parents of persons with mental retardation including those of female graduates with mental retardation. In addition, the Programme Against Malnutrition had contributed farm inputs such as seeds and fertilizers.

Youth friendly services programme was also suggested as a measure to help raise the quality of life of female graduates with mental retardation. This is a government programme. It is coordinated by the Ministry of Youth and Sport. The programme aims at helping youths to overcome barriers of accessing health care. The Project Director stated that, parents of females with mental retardation attended the programme in order to learn how to fight the HIV and AIDS pandemic among the youths.

5.2.4 Views of female graduates with mental retardation

The female graduates with mental retardation brought out the following views and suggestions that would help to improve their lives:

- Wish to learn academic skills such as reading, writing and mathematics
• FAMR should continue to find them employment and coach them on how to retain the jobs.

• Parents should teach them about the dangers of premarital sex in order to reduce unwanted pregnancies and sexually transmitted diseases.

• Parents should be discouraged from forcing them into early marriages before completing vocational training.

• Access to HIV and AIDS Counselling Services would help to protect them from HIV-related infections. To this effect, one of them said:

  "Access to HIV and AIDS counselling services would help us know how to care for ourselves, HIV infected relatives and friends."

• Youth Friendly Services Programme would help to improve their lives because they would be made aware of ways to reduce incidences of STIs, HIV and AIDS including unplanned pregnancies. The graduates were of the view that, the programme would further help them to know about prevention of mother to child transmission in relation to HIV and AIDS. In addition, the programme would help the community to reduce stigmatisation and discrimination of female graduates with mental retardation.

• Parents and community should allow them to participate in social and economic activities as a way of enabling them to contribute to their families and communities.
5.2.5 Views of parents of female graduates with mental retardation

Parents suggested the following measures to address the factors in question: female graduates with mental retardation must access free medical services in order to improve their health status and the MSTVT should re-introduce the vocational training programmes and allow female graduates to go for in-service training or retraining in other fields.

When parents were asked whether their children benefited from vocational training, 60% of them viewed vocational training to have benefited their female graduates with mental retardation. See details of their responses in the figure below.

Figure 3: Whether female graduates with mental retardation benefited from vocational training

Some parents stated that female graduates with mental retardation were able to bath themselves, wash their clothes and participate in a discussion which
was not the case before they went through vocational training programme. To this effect, one parent said,

"The children (graduates with mental retardation) who attended vocational training programmes were more enlightened than their peers who did not."

It was further suggested that, there must be seminars and workshops for female graduates with mental retardation to enable them share their experiences and learn best practices from each other.

To address the problem of unemployment, the parents suggested that government, parents themselves and NGOs should create employment for persons with disabilities in general and female graduates with mental retardation in particular. One parent said,

"Leaving it to FAMR to create employment and support female graduates with mental retardation in Zambia is not sustainable. FAMR is a Finnish parent organisation and one day it will not be there. So parents, government and local NGOs need to intensify their efforts to create employment and support female graduates with mental retardation in Zambia."

In order to increase participation in economic activities among female graduates with mental retardation, all parents expressed the need to involve their children in family businesses. It was felt that this would contribute to developing a sense of worthiness in them.

They were also of the view that, if the female graduates with mental retardation were supported to find and retain jobs, their life condition would
improve. In addition, they would earn some money, contribute to family upkeep and in turn, develop a sense of worthiness.

Other suggestions included the following:

- In order to address issues of stigmatisation, there was need to sensitise employers, employees and the community in general on the human rights and abilities of the female graduates with mental retardation.

- Sensitisation would further help the community to demystify the myth that having sex with a disabled female in general and a mentally retarded female in particular, could cure HIV positive status. This myth contributed greatly to unwanted pregnancies and acquisition of sexually transmitted diseases.

- In order to address the problems of lack of sex education among female graduates with mental retardation, the female graduates need to be communicated to about what was going on in their bodies. For instance, due to human growth, a lot of developmental changes such as sexual feelings take place.

- Sex education would also help the female graduates with mental retardation to be conscious of, learn and understand themselves.

- Female graduates with mental retardation should participate in cooking, washing dishes, cleaning the house and looking after their siblings. In cross checking this view, it was observed that, they actually participated in house chores as well as in wedding ceremonies, funeral and church activities.
5.2.6 Summary

This chapter has established factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions in Zambia. These factors include: inadequate preparation for employment, doing courses that did not have demand from employers, sexual abuse, early marriages and unwanted pregnancies, poor health due to difficulties in affording medical services, negative attitude of employers and parents, lack of seminars and in-service training facilities, loss of jobs and discrimination from participating in community activities.

In order to address the factors that contributed to poor life condition of female graduates with mental retardation, respondents identified several measures. These included: re-introduction of vocational training programmes, providing bursaries and re-training the female graduates with mental retardation. In addition, it was suggested that sensitisation campaign could benefit the graduates. Seminars and workshops were also viewed as platforms for sharing experiences and best practices among female graduates with mental retardation and their parents.
 CHAPTER SIX

DISCUSSION OF RESEARCH FINDINGS

This chapter discusses the findings of the study in line with the objectives which were to determine factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions in Zambia and measures that could address such factors.

6.1 Factors that contributed to poor life condition of female graduates with mental retardation

As noted above, this objective sought to determine factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions. The views of each category of respondents are discussed under common themes.

Inadequate preparation for employment

With regard to preparation for employment, the majority (80%) of the lecturers indicated that they prepared the female graduates with mental retardation for employment. They further stated that, while on training, the graduates were taught Mixed farming, Home management, Weaving, Tailoring, Pottery, Leather Work and Basketry. But despite female graduates with mental retardation undergoing vocational training, many of them were not in employment. To this effect, 20% of the lecturers indicated that the graduates were not adequately prepared for employment. It was observed that, although the lecturers indicated, that they had prepared the female graduates for employment, aspects of job finding and entrepreneurship skills were not part
of the preparation. This view is consistent with that of Muliwana and Kanyembo (1998) and Koistinen et al. (2001) who pointed out that both male and female graduates with mental retardation were not given adequate training in how to find employment. In addition, they did not have entrepreneurial skills necessary for self employment. As a result, most of them could not find jobs on their own or start their own small-scale business enterprises to earn a living. Such a situation negatively impacted on their life condition.

Employment coordinators similarly cited inadequate preparation for employment to be one of the contributing factors to poor life condition of female graduates with mental retardation. An example given was that these graduates were not prepared in skills of job-finding, interpersonal relationships and communication skills such as reading and writing. As a result, they could not find employment on their own or maintain the jobs. Similar views were reported by Edgar (1988) who reported that world-wide, most graduates with mental retardation remained unemployed because training institutions believed that they could prepare the graduates for employment on their own. Apart from training institutions, it was important to recognise that society and employers have influence in providing support to the graduates that can foster improvement in their life condition.

Lack of in-service training opportunities
Parents expressed anger at the closure of most vocational training programmes in the Ministry of Science, Technology and Vocational Training
(MSTVT). They stated that, closure of vocational training programmes denied the female graduates chance to access in-service training or retraining in other courses. MSTVT alluded to the fact that access to in-service training or retraining by the female graduates with mental retardation was a challenge.

In a face to face interview, the Chief TEVET Officer (Skills Development) in the MSTVT stated that, access to technical education, vocational and entrepreneurship training was limited by a number of factors. These included: insufficient suitable programmes, inadequate facilities, insufficient information on available training opportunities, negative attitudes towards persons with disabilities and insufficient numbers of trained staff. As rightly pointed out by Roggero et al. (2005), exclusion from training leads to exclusion from labour markets, and in turn, leads to greater poverty. Poverty contributed to substandard social, material and physical well-being among the graduates.

In addition, it was felt that access to training opportunities was difficult because most vocational training programmes were not offered. The vocational training programmes were not offered because colleges viewed most persons with mental retardation to be unable to afford the cost of training. However, findings revealed that government introduced bursary schemes to meet the cost of training for vulnerable persons including female graduates with mental retardation.

It was further revealed that, since vocational training institutions were placed under Management Boards, offering of vocational training to persons with
disabilities and females with mental retardation was at the discretion of principals. The consequences of closing vocational training programmes were detrimental to life condition of female graduates with mental retardation. For instance, they could not go for in-service training thereby missing a chance for learning new skills or best practices needed in the labour market. This view was also supported by the FAMR Project Director and the female graduates with mental retardation themselves. As rightly pointed out by Serpell et al. (1993) in-service training was necessary to the graduates. It provides a chance for the graduates to acquire skills in personal development, independent living, participation in public life and interpersonal relationships. Additionally, lack of in-service training opportunities contributed negatively to the life condition of the female graduates with mental retardation. As noted by Shezongo-Macmillan et al. (2008), the low level of education among the female graduates with mental retardation contributed negatively when it came to getting hired for employment. They were often hired at the bottom levels of employment structure. In turn, they could not earn enough resources to meet their basic needs.

**Time lag between graduation and employment**

All the lecturers indicated that the period between graduation and finding employment was long. By the time they got employed, they had forgotten the learnt job skills. As a result, they did not perform effectively and got dismissed from employment. Similar findings were reported by Koistenen et al. (2001). This factor is a complex one. Several factors contributed to this lag. For instance, high unemployment levels in Zambia made it difficult to find
employment for the graduates. In addition, negative attitudes of employers and the fact that some courses studied did not have demand from employers contributed to the delay in securing employment for the female graduates with mental retardation.

Job loss

Employment coordinators indicated that the slow and low rate of response to instructions by female graduates with mental retardation compared to others with the same training contributed, greatly to losing their jobs. They further felt that the graduates had adaptability problems. For instance, in most cases, they took long to get used to the new work environment and employers also were in most cases not familiar with mentally retarded workers. As a result they were either dismissed from work or stopped work on their own out of frustration. These findings were consistent with those of Koistinen et al. (2001) who found that thirty-nine out of 85 graduates lost jobs due to mobility constraints, lack of tools in working places, inadequate training, negative attitude by co-workers, inability to read and write, inability to communicate in English language, business closures, low salaries and interference from their parents.

The world economic melt down also contributed to loss of jobs among female graduates with mental retardation. For instance, the Sunday Post news paper of 8th March, 2009 reported a total of 10,129 job losses in Zambia due to the world economic melt down. Both the able-bodied and graduates with mental
retardation lost their jobs. Some firms wound up and left their workers without jobs. Among the firms that survived, many of them retrenched their workers.

The FAMR Project Director also expressed that, when there was a retrenchment exercise, it was in most cases those with mental retardation that were retrenched first. Such a situation left the female graduates with mental retardation unemployed thereby contributing to their life condition being poor. Similarly, the World Organisation Against Torture (2002) reported that the effects of Structural Adjustment Programme (SAP) were worse on female graduates with mental retardation who were already disadvantaged by their disability.

**Unemployment**

High unemployment levels in Zambia contributed greatly to poor life condition of female graduates with mental retardation. At the time of this study, 169 of the 228 female graduates with mental retardation were not in employment. The fact that unemployment was high even among their ‘normal’ counterparts, female graduates with mental retardation had even fewer chances of being employed. This problem was also noted by the Employment Coordinators who stated that, the competitive nature of the labour market and slow rate of response to instructions among female graduates with mental retardation compared to their ‘normal’ counterparts with the same training contributed to their not finding jobs. Similarly, Koistinen et al. (2001) pointed out that, there was high rate of unemployment among graduates with mental retardation.
Findings from various respondents showed that being unemployed was linked to living a poor life. These views were also consistent with those of female graduates with mental retardation themselves. For instance, one female graduate lamented,

‘Doing nothing makes me sad and creates a feeling of being useless in society. Working makes one live a good life. A person who works can buy what she wants and contribute to the support of the family.’

**Negative attitudes of employers**

Negative attitudes of employers towards female graduates with mental retardation were noted as having contributed to poor quality of life among them. For instance, one employment coordinator narrated that, in most working places especially formal employment settings, female graduates with mental retardation were labelled and harassed to a point of stopping work. A similar situation was also reported by Kasonde-Ng’andu, (1986), Coleridge, (2001), Tanya et al. (2007) and Koistinin, (2008). They found that females were more marginalised, discriminated against and vulnerable than their male counterparts. Similarly, Goffman (1983) reported that most employers refused to accept that graduates with mental retardation had the competence to work. Such type of attitudes could have contributed to most of them being unemployed. Parents also confirmed that most employers were not keen to employ slow learners or persons who could not read and write. As a result, the graduates could not find resources to meet their daily needs. As rightly pointed out by Brow (1997) such a situation contributes to having a life condition of substandard social, physical and material well-being.
Stigmatisation

Parents alluded to the fact that female graduates were stigmatised by some of the parents themselves, employers and their peers. They were stigmatised due to their disability and nature of training they did. Consistent with this finding was that of Kalabula et al. (2006) who observed that many times, graduates with disabilities from vocational skills training institutions were highly stigmatised because society viewed people who took up vocational skills training as failures. Consequently, a number of them developed low self-concept. Similarly, Karr (1992) found that, females with mental retardation had low self concept mainly due to stigmatisation by the community members because of their general structural and functional inferiority. Stigmatisation must be eradicated because it negatively affects the life condition of the female graduates with mental retardation. Tanya et al. (2007) also reported that women with mental retardation, by virtue of having a disability, were stigmatised and excluded from employment, contributing to their social, physical and material well-being to be of low standard compared to their male counterparts.

Sexual abuse at work places and in communities

It was found that female graduates with mental retardation were sexually abused at work places. This pathetic situation contributed to some of them acquiring sexually transmitted diseases. This view was consistent with that of the FAMR Project Director who said that, there were cases of female graduates having been sexually abused by employers, lecturers or their own
relatives. The National Resource Centre on Child Sexual Abuse, (1992) also
reported that word-wide, women with disabilities were 4 to 10 times more
vulnerable to sexual abuse for the purpose of ritual cleansing than their non-
disabled peers. Another reason for this scourge was the harsh economic
situation faced by the female graduates with mental retardation. Similarly, the
National HIV/AIDS/STI/TB Council (2005) reported that harsh economic
situation compelled some females including the graduates with mental
retardation to exchange sex for money and gifts. As a result, they got infected
with HIV, became sick and less productive.

Overprotection of graduates by their parents

Overprotection of female graduates with mental retardation by their parents
was viewed to have contributed to the poor condition of their lives. Similar
findings were reported by Muliwana et al. (1998) and Koistinen (2001). It was
revealed that some parents overprotected their female graduates with mental
retardation due to fear of sexual abuse, thereby not allowing them to go for
work. Although overprotection was detrimental to good quality of life, the
fears of parents to some extent were genuine. Unless the problem of sexual
abuse in places of work is addressed, parents may not be willing to send their
children for work. Such a situation may therefore, perpetuate their poor life
condition.

Lack of labour market demand of courses studied

Some courses studied by the female graduates with mental retardation such
as Weaving, Pottery and Basketry did not have demand from the labour
market. As a result, most of the female graduates with mental retardation did
not find employment. This problem was also noted by Employment Coordinators who felt that, it was difficult to place graduates with mental retardation who had studied Leather work, Pottery, Basketry and Weaving. They attributed the problem of placement to the low labour market demand for these courses. These views were also confirmed by a female graduate with mental retardation in a case study that was presented in chapter five, who said,

"To say a course is relevant, it should help one get a job and maintain it."

In a situation like Zambia where employment is very competitive, it is not fair to study courses for their own sake. All courses studied by graduates should therefore, help them to find employment in either the formal or informal sectors. Additionally, as rightly argued by Edgar, (1988) and Fraser (2000), it was difficult to find employment for the graduates because training institutions did not link up with employers and family members when preparing the graduates for employment. Employers and families could not support the graduates by offering them employment because the courses studied were not in line with what was prevailing in the labour market.

Lack of sex education

Sex education is ordinarily not talked about in many homes due to traditional beliefs. It is commonly believed among parents that, the responsibility of teaching children about issues related to sex is of grandmothers and not mothers. To the contrary, grandmothers rarely stay around due to the growing nuclear life styles practiced by many families especially those in urban areas.
As a result, female graduates with mental retardation learnt issues about sexuality from their peers. To a great extent, lack of or having distorted knowledge of sex education contributed to unwanted pregnancies and acquisition of sexually transmitted diseases among female graduates with mental retardation thereby becoming less productive.

6.2 Measures that could contribute to improving life condition of female graduates with mental retardation

One of the objectives of the study as stated above was to identify measures that would contribute to improving condition of life of female graduates with mental retardation. This section therefore, discusses such measures.

Reviewing the curriculum

In order to address issues relating to inadequate preparation for employment, curriculum review was felt to be necessary. It was suggested that the revised curriculum should take into account the concerns of female graduates with mental retardation who wanted training in reading, writing, arithmetic and how to find employment. As rightly pointed out by Muliwana and Kanyembo (1998) and Koistinen et al. (2001), the curriculum should include entrepreneurship techniques for self-employment. In order to address the problem of students doing courses which ended up without demand from the labour market, it is necessary to review the curriculum. New courses such as Hair dressing and Front office which had demand from employers could replace Weaving, Pottery and Basketry.
Additionally, as pointed out by Serpell et al. (1993), it should be noted that, curriculum should also take into account other components of vocational training such as personal development, independent living, participation in public life and acceptance in society, if the graduates have to fit in the community in general and employment in particular. For instance, graduates should demonstrate skills of self-maintenance, social competence and self esteem for them to be considered by community that they have attained personal development. In relation to participation in public life, Vickerman (1987:10) reports that persons with mental retardation should to some extent be able to make personal choices and decisions rather than other people speaking and deciding on their behalf. Therefore, to a certain extent, the female graduates with mental retardation should be visible or be able to speak and decide on their own.

Re-introducing vocational training programmes

It was clear from all the respondents that closure of vocational training programmes in institutions under the MSTVT denied female graduates with mental retardation access to retraining and in-service training opportunities. As the FAMR Project Director rightly put it, there was a link between training and getting a job. This finding is consistent with that of Mull et al. (1994) who found that 80% of the 50 graduates with mental retardation found employment in firms that had advertised for skilled personnel in Netherlands. Training is a mode of acquiring knowledge and skills needed in performing job requirements. This is true for both the formal and informal employment sector. For instance, one parent said,
"The children with mental retardation who attended vocational training programmes were more enlightened than their peers who did not."

To address the problem of closure of vocational training programmes, FAMR has embarked on advocacy campaign to MSTVT to reintroduce vocational training programmes in its institutions. MSTVT has 24 skills training institutions. There are also 240 private skills training institutions registered with MSTVT through TEVETA. Through advocacy, FAMR managed to have three training institutions under MSTVT re-introduce vocational training programmes for both males and females with mental retardation. The three institutions are Mansa Trades Training Institute, Lusaka Business and Engineering College, formerly, Lusaka Trades Training Institute and Ndola Vocational and Rehabilitation Centre. It is hoped that this measure would provide chance to female graduates to retrain in courses that have demand from employers thereby increasing their opportunities to be employed and live a good standard of life.

Concerning cost of training, MSTVT has created a bursary scheme which the vulnerable, including persons with mental retardation could use to pay for their cost of training. The question that remains unanswered is, how much information about this facility do parents of female graduates with mental retardation have?
Providing in-service training opportunities, workshops and seminars

Provision of in-service training was viewed as a measure to address the problem of forgetting the skills learnt by female graduates with mental retardation. Indeed, re-introducing of vocational programmes could offer an opportunity for female graduates with mental retardation to go for in-service training.

Conducting seminars and workshops was also viewed to be a means through which the social, material and physical well-being (life condition) of female graduates with mental retardation could improve. Similarly, Karr (1992) reported that awareness campaigns on the abilities of graduates with mental retardation helped employers to see them as people with competence to work. To this effect, it was observed that FAMR had started holding seminars and workshops for female graduates with mental retardation and their parents. In these workshops issues of human rights were discussed. Participants also shared their experiences. This measure brought a new approach to addressing issues of disability by involving female graduates with mental retardation and their parents to identify measures that could address factors that contribute to the poor condition of their life. The measure also fits well in the Nyanja and Bemba adage that says,

“ukali wamatenda uziwika ndi mwine (nyanja) or ichikalipa chunfwa umwine (Bemba)”. Translated as “It is he or she who is sick that knows how it pains.”
In relation to the discussion at hand, the female graduates who experience a substandard social, material and physical well-being referred to as poor life condition are the ones in a better position to suggest what is best for them. It implies that positive change can only be realised when persons with disabilities, including female graduates with mental retardation, actively participate at all levels. This measure should therefore, be encouraged and supported because it involves the female graduates and their families in coming up with measures to address their own situation.

Involving female graduates with mental retardation and their families in seminars and workshops could also address the problem of low participation in social activities among graduates. As one female graduate with mental retardation rightly put it, participation in social and economic activities boosted confidence and a sense of worthiness in them.

Encouraging supported employment
As correctly reported by Kregel and Welman (1988), Murray (2002) and Koistinen (2008), appreciating the fact that female graduates with mental retardation have mental limitations may help to accept the need to help them find employment. On the basis that the Integrated Support Model was based on building up relationships in training institutions, work places and outside the work sites in communities it was felt that the model was relevant to the situation in Zambia. For instance, when the relationships that exited within each vocational training institution, among co-workers, employers and
community were utilised to support the graduates, they accessed vocational training, found employment and maintained it.

**Job coaching**

Concerning high job losses among the female graduates with mental retardation where thirty-three jobs out of eighty-five were lost, job coaching was considered necessary. Supporting graduates through job coaching was also alluded to by Fraser et al. (2000) who reported that due to job coaching, graduates sustained their jobs. Through job coaching the female graduates would adapt to the work environment with ease and retain their jobs. The title, "job coach" might be new to some readers but the idea is synonymous with working under supervision of an experienced worker for a period of time. Recognising that female graduates with mental retardation had difficulties in adapting to new environments and responding to instructions due to their condition, this measure could help them to remain in employment. This measure is also consistent with the principles of Integrated Support Model that guided this study. Support from the work settings, community and training institutions may help the graduates to find and maintain their jobs.

**Creating employment opportunities**

Employment was viewed by all respondents to be a critical measure of empowering female graduates with mental retardation. Through employment, female graduates would earn a salary and meet the cost of their basic services such as medical services and nutritious food which in turn could contribute to living a good standard of life. Indeed, if the families, the government and NGOs such as the Zambia Association on Employment for
Persons with Disabilities (ZAEPD) could also create employment opportunities for female graduates with mental retardation, many would get jobs and improve their condition of life. This view is consistent with that of Mattika (1996) who reported on the European Union Initiative, Employment – Horizon Internation Project which created more than 276 jobs for graduates with mental retardation in Scotland, England, Spain, Italy and Finland.

**Introduction of resource centres**

FAMR Project has introduced the concept of resource centres in the five provinces it is operating from. This measure aimed at improving life condition of female graduates with mental retardation in two fold. One was to offer an opportunity to train and retrain them. The second one was to create employment opportunities for them. Within the resource centres, entrepreneurship skills were offered to female graduates and their parents in order to empower them with skills of record keeping, costing and self-employment.

Activities such as tailoring, baking, brick making, gardening, fish farming, piggery, poultry, selling of fresh and dry vegetables and crocheting have become a source of income. Female graduates with mental retardation and their parents receive a salary from the sales they make in the resource centres. It was found that this income had helped to improve the standard of living for both the female graduates with mental retardation and their families.
Introduction of resource centres is surely a good measure for improving life condition of female graduates with mental retardation. It should however, be remembered by all stakeholders that, FAMR was a Finnish parent organisation and one day it will not be there. It is therefore, hoped that even in the absence of FAMR, government, parents and local NGOs would intensify their efforts to create employment and sustain existing measures in order to improve life condition of female graduates with mental retardation.

Conducting sensitisation campaigns

In order to address the problem of negative attitudes of employers and parents towards the female graduates with mental retardation, sensitisation campaigns were considered to be necessary. Through sensitisation, issues of stigmatisation and discrimination could be addressed. This view is in line with the work of Kar (1992) where it was pointed out that sensitisation helped employing agencies and employers to see the female graduates with mental retardation as individuals with competences and potential to work instead of seeing them as persons limited by mental retardation. As rightly stated by the graduates themselves, they were hard working people and did not deserve the label of being lazy and useless.

Similarly, MacConkey (1994) reported that due to community sensitisation, more persons with mental retardation were accepted by the community and were allowed to participate in social activities. As a result, life condition of persons with mental retardation improved.
One of the ways to sensitise parents was through community meetings. FAMR introduced monthly community meetings. Parents, female graduates with mental retardation and the Employment Coordinators met every month. Outcomes of these meeting were encouraging. For instance, it was reported by the parents themselves that they had begun to appreciate that female graduates with mental retardation needed to live their own lives and grow towards meeting their basic needs. This finding is in line with the work of Frazer et al. (2000) where it was reported that, positive change of attitude was more influenced when people shared an activity together with the persons with disabilities than relying solely on conversation.

In addition, through community meetings the problem of low participation was also addressed. The community members and parents begun to value contributions of female graduates with mental retardation and began to involve them in social and economic activities. Similarly, Fraser et al. (2000) reported that, participation in social and economic activities by persons with disability was enhanced through family support. For instance, when families accessed counselling services and medical advice for their children and their well being, participation by persons with disabilities in communities was enhanced. There is hope therefore, that this measure could help to increase their participation in community activities. As rightly put by Koistinen (2008), participation in community activities helps to develop confidence, sense of belonging and worthiness in the female graduates with mental retardation.
Encouraging social integration

There was a problem of low participation among female graduates with mental retardation in social activities. In order to address it, social integration was viewed to be necessary. This finding was similar to that of Walshe and Lynch (1994), Mattika (1996), Frazer et al. (2000), Koistinen et al. (2001) and Koistinen (2008), who found that through social integration, persons with disabilities had their communication, daily living, socialising and motor skills improved. These findings are consistent with the Integrated Support Model adopted in this study. The benefits of social integration were consistent with those alluded to in the theoretical model for this study.

Reporting cases of sex abuse

All the respondents alluded to the fact that female graduates with mental retardation were sexually abused in communities, training institutions and places of work. In order to address this problem, parents, female graduates with mental retardation themselves, colleges, and employers suggested that they should report all cases of sexual abuse to the law enforcement agents. Sex abuse has a negative effect on self esteem of the abused and needs to be curbed in order to improve the condition of life of the female graduates with mental retardation.

Providing housing loans

Female graduates with mental retardation were not able to own houses or pay rented accommodation because they were either unemployed or their salaries
were too small. In order to address this problem, respondents suggested that government, NGOs and financial lending institutions could either build houses for female graduates with mental retardation or give them housing loans.

This measure was also alluded to by the FAMR Project Director who stated that housing loans were being sought to empower parents and their female graduates with mental retardation. She said that, parents would administer the loan on behalf of their children with mental retardation. The project would make follow ups to verify if houses were built in the names of female graduates with mental retardation. This finding is in line with that of Tanya and Amerena (2007) who pointed out that supporting people with disabilities in the community also entails supporting their families. Families provide the bulk of support for children with disabilities and in many instances this continues into the adult years as well.

Sex education

In order to address the problem of unwanted pregnancies and sexually transmitted diseases that the study found, sex education was considered necessary. FAMR Project Director felt that the project should conduct seminars to create awareness in the female graduates with mental retardation on issues of sexuality. In addition, parents expressed the need to teach sex education to their female children including those with mental retardation. Although this view is good, parents and especially the male, may find it challenging to teach their female graduates sex education due to cultural barriers. To address the problem of lack of materials on sex education, FAMR
Project was in the process of publishing two books on sex education and how parents could teach their children issues of sexuality.

These findings were consistent with that of Frank, (1991), who reported that sex education, assertiveness training and communication skills were taught to adults with mental retardation and enhanced the quality of their life. Sex education also helped the female graduates to experience sexual pleasure and satisfaction within a marriage relationship. In turn, their self esteem was raised.

**Encouraging the graduates to participate in social and economic activities**

Findings revealed that, female graduates with mental retardation participated in day today house chores such as cooking, washing dishes, cleaning the house and looking after their siblings. In addition, they participated in wedding ceremonies, funeral and church activities.

It was noted that female graduates who participated in social and economic activities had developed self confidence and a positive self-concept. They were also happy that they contributed to the well being of their families and community. In addition, due to their participation in social and economic activities, there was increased social integration. These findings confirm what is reported in available literature (Mattika, 1996; Walshey and Lynch, 1994; Koistinen et al. 2001; and Frazer et al. 2000). The findings were also in line with the theoretical framework adopted for this study. For instance, the aspect
of allowing the graduates to participate in the social and economic activities done in their communities was part of the support advocated for in the model.

The interactions which occurred during selling of the merchandise also contributed to positive attitude of parents and community members. This finding is similar to that of McCormark and McConkey (1994) who reported that interaction with the community enhanced positive attitude change and acceptance of persons with mental retardation.

It was further noted that participation in social and economic activities by the graduates, enhanced access to counselling and medical services. Those graduates, who participated in social activities, became aware of free counselling services available in their communities. In addition, graduates were linked to non governmental organisations that deal with issues of vulnerable people. Under this umbrella, such people were able to access free medical care. Similarly, Frazer et al. (2000) reported that, participation in social and economic activities by persons with disability helped them to access counselling services and other services.

Comparing the participation in social and economic activities in their communities with that of their ‘normal’ female counterparts, findings indicated that it was not as much as that of their ‘normal’ female counterparts. Such a situation was attributed to the negative attitude of parents and the community in general. For instance, most community members did not consider females with mental retardation to be useful members of the community due to their
condition. As a result, they were not involved in social and economic activities in the community. There was need therefore, to sensitise the community that persons with mental retardation can be useful to the community. If they were allowed to participate in the social-economic activities done in the community, they could contribute to its development and earn a living for themselves.

It was further noted that, unwanted pregnancies, being laughed at by other people, lack of basic reading and writing skills, sexual harassment and abuse, hindered them from participating in social activities including employment. This situation could have contributed to their poor life condition by making them to be unemployed and feel useless.

6.3 Summary

This chapter has discussed the factors that contributed to the poor life condition of female graduates with mental retardation and measures to address the situation. The discussion was guided by study objectives, literature review and the theoretical framework. The study concludes that support from the community, training institutions and work settings is essential to the well-being of the female graduates with mental retardation in Zambia.
CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendations drawn from the findings of the study.

7.1 Summary of the findings

The summary concentrates on the core findings in line with the objectives of the study which were to:

(ii) Determine factors that contribute to poor life condition of female graduates with mental retardation.

(iii) Identify measures that would address the factors that contributed to poor life condition of the female graduates with mental retardation.

In line with the first objective several factors were identified to have contributed to the poor life condition of female graduates with mental retardation. These included: lack of in-service training opportunities which resulted in graduates not having opportunities to retrain and acquire skills to meet the challenges of finding and maintaining a job and time lag between graduation and finding employment which resulted into graduates forgetting skills learnt. Other factors included job losses and unemployment which made graduates to feel frustrated and useless in society. In addition, the negative attitudes by the community, employers and parents who felt that the graduates with mental retardation were useless members of the community contributed to their substandard physical, material and social well-being.
Stigmatisation and low demand of some courses done by the graduates such as Weaving, Pottery and Leather work were cited among factors that negatively affected their social, physical and material well-being.

The graduates further lacked the sense of ownership. For instance, it was observed that they did not have a sense of ownership because when they got paid or bought property, their parents grabbed it from them and the beneficiaries were the ordinary children in the home.

The female graduates further had problems of finances which made it difficult for them to afford medical services resulting in poor health. In addition, due to problems of finances, they could not afford own accommodation. Lack of sex education, unplanned pregnancies and sexual abuse in homes and places of work were further cited among the factors that negatively affected the social, physical, and material well-being of graduates thereby portraying them to have poor life condition.

In line with the second objective which sought to identify measures to address the factors that contributed to poor life condition of the graduates, the study identified several measures. These included: reviewing the curriculum to include demand-driven courses, re-introducing vocational training programmes so that graduates would be retrained in courses that have demand from the labour market and providing in-service training opportunities.
In addition, conducting workshops, seminars, meetings and use of other media to sensitise graduates on their rights was cited among the measures to ameliorate the situation. The respondents further felt that conducting sensitisation campaigns on the need for employers, parents, community and stakeholders to support the graduates would address the factors that negatively affected the social, physical and material well-being of the retarded female graduates.

Other factors to ameliorate the poor life condition of female graduates with mental retardation were identified. These included job coaching to help them maintain their jobs, creating employment, introducing resource centres in which they would work, encouraging social integration, providing housing loans and sex education.

In relation to the theoretical framework chosen for this study, literature by Walshey and Lynch, (1994), Mattika, (1996), Leena (1999), Fraser, (2000), Murray (2002) and Koistinen, (2008) show that it contributed greatly in guiding this study especially in determining the measures to improving the quality of lives of persons with mental retardation. For instance, when the female graduates with mental retardation were supported in training, to find employment and keep it, their social, physical and material well-being improved. In order to make the model relevant to the female graduates with mental retardation in Zambia, the researcher notes three sources of support. Thus, support from vocational training institutions. This was in form of provision of skills to help the graduates meet the challenges of society and
work places. The second source of support was from the work settings. Employers provided support to the graduates by offering employment and coaching them to maintain the jobs. The third source of support was the community. Although, the original idea in the theory did not have the third source of support, modification was done to include community support. As pointed out by Chakulimba, (1986), this action made the theory relevant to the Zambian situation. Similarly, McCormack and McConkey (1994) argued that support from the community enhanced positive attitude change and acceptance of persons with mental retardation. To this effect, the researcher realised that the graduates live in the community, go to training institutions, work settings and come back to the community. In line with this view, Edgar, (1988) also reported that world-wide, most graduates with mental retardation remained unemployed because training institutions did not involve employers and the community. This study took note of this concern and therefore, included support from the community as a critical aspect in the life condition of the female graduates with mental retardation. In addition, guided by this theoretical framework, the researcher managed to achieve the study objectives.

It can therefore, be summed up that, although several factors that negatively affected the life condition of the female graduates with mental retardation exist, evidence of measures to address such factors were identified. Through support from vocational training institutions, work settings and the community, graduates had their life condition improved. The figure below shows a pictorial summary of sources of support that addressed the factors that negatively
affected the social, physical and material well-being of the female graduates with mental retardation.

**Figure 4: Sources of support to improve life condition of female graduates with mental retardation**

This study has also shown that when graduates received support to access vocational training and employment, their physical, material and social well-being improved. In addition, the study has given evidence that when the communities supported the graduates to participate in the social-economic activities, the graduates gained confidence and felt a sense of worth which raised their social well-being.
7.2 Conclusion

In line with the objectives and findings of the study, the researcher concludes that several factors contributed to the poor life condition of the graduates with mental retardation. Many of them were not in employment and did not have the means to pay for their basic needs. This situation among others was caused by the fact that job finding and entrepreneurship skills were not part of their training. As a result most graduates could not find jobs on their own or start a small-scale enterprise for their living. In addition, the fact that unemployment was high even among their 'normal' counterparts, the female graduates with mental retardation had very few chances of being employed. Negative attitudes of the community, employers and parents who felt that the graduates were not useful members of the community also contributed to the poor life condition of the female graduates with mental retardation. In addition, stigmatisation, sexual abuse and unemployment compounded the situation.

In addition, the concept of resource centres introduced by FAMR which provided 57 jobs to the graduates greatly ameliorated their life condition. Parents could also involve the female graduates with mental retardation in income generating ventures so that they could contribute to their own well-being and that of families.

Sexual abuse at work places and communities contributed to parents not sending their children (female graduates with mental retardation) to look for employment. In addition, the fact that sex was not discussed in many homes
due to traditional beliefs, could have contributed to lack of awareness on human rights among the graduates. Distorted knowledge of sex education among the graduates also contributed to unwanted pregnancies and acquisition of sexually transmitted diseases. It was further found that some graduates had poor health. This was due to difficulties in affording medical services. However, respondents were of the view that conducting seminars, workshops, meetings, and other modes of sensitisation on sex education and other human rights could ameliorate their situation.

Similarly, the researcher is of the view that, the Integrated Support Model by Kregel and Walman (1988) could help to ameliorate the situation of poor life condition among the female graduates with mental retardation. Kregel and Walman (1988) advocate that in the first phase, the prospective worker goes through vocational training in a specified field, in the second phase he or she is placed in a job and the third level the worker is helped to maintain the job through a mix of natural and professional support. This model is consistent with the key measures identified by this study. These include training (which is the first phase in the theoretical framework), creating employment (second phase of the theoretical framework) and provision of support (the third phase of the theoretical framework). Training institutions needed to prepare the graduates adequately to meet the challenges of labour market. This was to be done by reviewing the curriculum in order to include courses that have demand from the labour market. Training institutions should further provide in-service training opportunities to graduates.
Concerning employment for the graduates, the community, NGOs and government was further urged to create employment, and encourage social integration. In addition, Employment Coordinators were urged to support the graduates by finding jobs and providing them services of a job coach. Employers and their employees were also to be sensitised on the rights and abilities of the female graduates with mental retardation.

This study therefore, concludes that support to female graduates with mental retardation is necessary if their poor social, material and physical well-being is to be ameliorated. Through vocational training institutions, work settings and the community, graduates could receive support to improve their life condition.

7.3 Recommendations

Based on the study findings, the following recommendations are made:

1. Adequate preparation of female graduates with mental retardation for employment should be done by training institutions and employment coordinators.

2. FAMR should continue conducting sensitisation campaigns in order to minimise the negative attitudes towards female graduates with mental retardation. In addition, government, community members, employers, employees, and other stakeholders should be sensitised on the need to support the female graduates with mental retardation.
3. Parents and communities should create employment and encourage the female graduates with mental retardation to participate in social and economic activities in order for them to earn a living.

7.4 Future research

Although the study has established factors that contributed to poor life condition of female graduates with mental retardation and the measures to address such factors, the results give rise to new questions. A question worthy noting is that of, how the social status of parents influences the life condition of female graduates with mental retardation. Future studies of this nature should also look at this question and determine the effects of parents' social-economic status on the life condition of female graduates with mental retardation.

In addition, a comparative study of life condition of male and female graduates with mental retardation may add valuable knowledge to research. It might also be interesting to compare life condition of different disability groups.

It would further be interesting for future studies of this nature to assess the impact of the measures suggested in this study on the life condition of female graduates with mental retardation.

It must be mentioned also that future studies of this nature should have the research instruments translated in local languages in order to ensure that participants understand issues at hand.
REFERENCES


Canadian Association for the Mentally Retarded (1983) Community Living with Dignity. Toronto: CAMR.


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Appendix 1

Questionnaire for lecturers on life condition of female graduates with mental retardation in Zambia.

Dear Respondent,

You have been selected to participate in providing information for research. This questionnaire is intended to collect information on life condition of female graduates with mental retardation from vocational training institutions in Zambia. The information to be collected will help to determine the factors that contribute to poor life condition of female graduates with mental retardation from vocational training institutions. In addition, the information will help to identify measures that may address such negative factors in order to improve the life condition of female graduates with mental retardation. Names of respondents shall be kept anonymous to ensure confidentiality.

Instructions:

a) Tick in the appropriate box for your response to the questions or statements with boxes in the questionnaire.

b) Write brief responses to questions that are in this questionnaire in the spaces provided.

A. Respondent's identification

1. What is your gender? Male [ ] Female [ ]

2. What is your age in years?
   16 - 25 [ ] 26 - 35 [ ] 36 - 45 [ ] 46 - 55 [ ] 56 - 65 [ ] 66 - 75 [ ]

3. How long have you been teaching?
   2 years and below [ ] 3 - 5 years [ ] 6 - 10 years [ ] 11 - 15 years
   16 - 20 years [ ] 21 - 25 years [ ] 25 years and above [ ]

B. Province and town of residence

4. Name the province you reside in ............................................

5. Name the town you reside in .................................................
C. Questions related to how female graduates with mental retardation were prepared for employment

6. Did you prepare the graduates for employment?
   Very much [ ] Much [ ] Not much [ ] Not very much [ ]

7. List the courses that the female graduates with mental retardation were trained in..........................................................

8. Were the courses offered to students relevant to the labour market?
   Very much [ ] Much [ ] Not much [ ] Not very much [ ]

D. Questions related to factors that contributed to poor life condition of female graduates with mental retardation

9. Do you agree that time lag between graduation and finding employment contributes to poor life condition of female graduates with mental retardation?
   Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree [ ]

10. List other factors that contribute to poor life conditions of female graduates with mental retardation

........................................................................................................

........................................................................................................

E. Questions related to factors that would contribute to improving life condition of female graduates with mental retardation

11. Suggest how the vocational training could be improved. .........................

12. List measures that would contribute to improving life conditions of female graduates with mental retardation.

........................................................................................................

........................................................................................................

Thank you for participating in this study.
Appendix 2
Interview guide for employment coordinators on the life condition of female graduates with mental retardation in Zambia

1. Gender: Male [ ] Female [ ]
2. Age in years:
3. Name the province you live in ..................................
4. Name the town you live in ....................................
5. What factors indicated good quality of life of female graduates with mental retardation?
6. Years after graduation, is the life condition of female graduates with mental retardation better or poorer than before they graduated from vocational institutions?
7. What factors contributed to the poor life condition of female graduates with mental retardation? Give examples.
8. Suggest measures to address the factors that contributed to poor life condition of the female graduates with mental retardation.

Thank you for participating in this study.
Appendix 3
Interview guide for FAMR Project Directors

1. What factors would constitute good indicators of good quality of life of female graduates with mental retardation?

2. How do you rate the life condition of female graduates with mental retardation from vocational training institutions?

3. What factors contribute to poor quality of life of female graduates with mental retardation?

4. Has the community, work setting and type of training studied contributed to poor life condition of female graduates with mental retardation? Explain your statement.

5. Does FAMR Project network with stakeholders? Which ones, if any? What benefits do you get by networking with them?

6. Suggest measures that can help to improve life condition of female graduates with mental retardation?

Thank you for participating in the study.
Appendix 4

Interview guide for female graduates with mental retardation from vocational training institutions in Zambia on their life condition.

1. What do you do for a living?
2. Are you kept by someone? If yes, give one reason for being kept
3. Is your life condition better than it was before you graduated from college?
4. Which ones of the following activities are you able to do?
   - Travel independently to work
   - Earn a salary
   - Rent accommodation
   - Buy food for family
   - Buy clothes for self
   - Make decisions in life
   - Any other (specify) ..............................................................

5. Which ones of the following social activities are you able to participate in?
   - Funeral gatherings
   - Wedding ceremonies
   - Kitchen parties
   - Games
   - Church
   - Any other activity (specify) ..................................................

7. Which other factors contribute to having poor quality of life?
8. Suggest factors that would contribute to good quality of life?

Thank you for participating in this study.
Appendix 5

Interview guide for parents on the life condition of their female graduates with mental retardation in Zambia.

1. What do you do for a living? Does your female graduate participate in the house chores? Give examples of the type of chores she participates in or do not participate in at home.

2. Is the life condition of your daughter/dependant better than it was before she went through vocational training?

3. Did the female graduates with mental retardation benefit from vocational training programme? What examples can you cite to back your statement?

4. What economic and social activities do the female graduates participate in at home and community? To what extent is their participation? Any reason?

5. What factors contribute to poor life condition of the female graduates with mental retardation?

6. Suggest measures to address the factors that contribute to poor life condition of female graduates with mental retardation.

Thank you for participating in this study.