

**CHALLENGES THAT TEACHERS FACE WHEN TEACHING  
CHILDREN WITH CEREBRAL PALSY AT UNIVERSITY TEACHING  
HOSPITAL, CHESHIRE HOME AND DAGAMA SCHOOL FOR THE  
DISABLED**

**BY**

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A Dissertation submitted in partial fulfillment of the requirements for the Degree of  
Master of Education {Special Education}

**UNIVERSITY OF ZAMBIA  
LUSAKA**

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## **AUTHOR'S DECLARATION**

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*Jane Chinombwe*  
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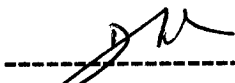
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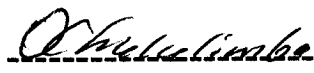
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# Certificate of Approval

This dissertation by **Jane Chinombwe** has been approved as fulfilling the requirements for the award of the Master of Education (Special Education) degree by the University of Zambia.

  
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## **Dedication**

This study is dedicated to all Special Education teachers, who teach children with cerebral palsy in Zambia. It is my sincere hope that they will find the information documented in this report useful.

AND

To my nine children: Elias, Henry, Sandie, Pamela, Moses, Patricia, Michael, Hellen and Carlos whose consistent good behaviour, patience, encouragement and understanding made me persevere in completing this dissertation.

## **Acknowledgement**

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For us who believe in God, all things are possible because of him. I, therefore, praise the Lord for making this road smooth despite the many obstacles that lay in my path.

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## **Acronyms**

<b>CP</b>	<b>Cerebral Palsy</b>
<b>ECZ</b>	<b>Examination Council of Zambia</b>
<b>FAMR</b>	<b>Finnish Association for Mentally Retardation</b>
<b>GRZ</b>	<b>Government of the Republic of Zambia</b>
<b>ILO</b>	<b>International Labour Organization</b>
<b>IEP</b>	<b>Individualized Educational Programme</b>
<b>LBTC</b>	<b>Lusaka Business and Technical College</b>
<b>LDAA</b>	<b>Learning Disabilities Association of America</b>
<b>MSTVT</b>	<b>Ministry of Science Technology and Vocational Training</b>
<b>MoE</b>	<b>Ministry of Education</b>
<b>SPSS</b>	<b>Statistics Package of Social Science</b>
<b>TEVETA</b>	<b>Technical Educational Vocational and Entrepreneurship Training Authority</b>
<b>UTH</b>	<b>University Teaching Hospital</b>
<b>WHO</b>	<b>World Health Organization</b>

## **ABSTRACT**

Teachers in special education face a lot of challenges when teaching children with cerebral palsy. Education and training programmes for children with cerebral palsy have recently been a focus of attention for government, organizations, schools and institutions in Zambia. It has been observed that the existing education and training facilities seem to promote a wide range of discrimination against persons with disabilities especially those with cerebral palsy.

The study analyses three schools for the disabled. The purpose of the study was to determine the challenges that teachers face when teaching children with cerebral palsy and whether children with cerebral palsy could be taught in the mainstream or in special units. Thirty teachers and twenty pupils with children with cerebral palsy were involved in the study.

The study was intended to identify the challenges which teachers faced when teaching children with cerebral palsy and to determine whether these children should be taught in the mainstream or in special education units, and recommend appropriate interventions and strategies which teachers could use when teaching children with cerebral palsy.

Results from the analysis indicate that some children with cerebral palsy could manage to lead near-normal lives but others need constant care. The teachers of children with cerebral palsy expressed the view that a child with cerebral palsy had difficulty with posture and movement which was because of problems in the area of the brain, which control movement. That could either be the result of brain damage or a section that had not developed properly.

The study revealed that teachers faced a lot of challenges because there were many different types of cerebral palsy. In fact no two children with cerebral palsy were precisely alike. Some were lightly affected that they had little more than a slight weakness or limp, while others could have difficulties crawling, walking, sitting, talking, feeding or using hands. The most challenging case was that teachers were not adequately trained and the government did not do anything to motivate the teachers for them to continue working hard. There was no Special Education allowance. However these considered to be main findings;

- (i) Some children with cerebral palsy could manage to lead near-normal lives, but others needed constant care.
- (ii) Teachers expressed the view that a child with cerebral palsy had difficulty with posture and movement because of problems in the area of the brain, which controls movement. That could either be the result of brain damage or section that had not been developed properly.
- (iii) Teachers faced a lot of challenges due to many types of cerebral palsy. No two children with cerebral palsy were alike. They had different degrees of difficulties.
- (iv) Teachers were not adequately trained and the government did not do anything to motivate the teachers for them to continue working hard. There was no special education allowance.
- (v) Children with cerebral palsy would learn in the mainstream using certain measures.

# Chapter One: Introduction

## *1.1 Background*

“Suppose you were told that an infant had just been born and you were asked to predict what that person would be doing twenty-five years from the day of the child’s birth, you would probably say you had little information to answer the question. If, on the other hand, one small piece of information was added the fact that the new born was a female you would probably predict that she would be a wife and a mother in twenty – five years. But if it added that the newborn infant was female and disabled you would get stuck” (Unger, 1979:150).

This scenario aptly illustrates how quickly individual variability in personality traits, intelligence, racial or socio-economic identity and other characteristics become less important than disability in determining the future of an individual.

According to Levy (1983), cerebral palsy is not a new disorder. There have probably been children with cerebral palsy as long as there have been children. But the medical profession did not begin to study cerebral palsy as a distinct medical condition until 1861. In that year, an English orthopedic surgeon, Dr William John Little, published the first paper describing the neurological problems of children with spastic diplegia. Spastic diplegia is still sometimes called Little’s disease. McDonald (1982) supported the assertion that, this was a disorder that stuck children in the

first years of life, characterized by stiff, spastic muscles in their arms and legs. These children had difficulty grasping objects and crawling. They did not show signs of improvement with age, nor did they become any worse.

Little (1804) believed that most cases of cerebral palsy were caused by obstetrical complications at birth. He suggested that their condition was as a result of lack of oxygen to the brain. He further stated that this oxygen shortage damaged sensitive brain tissues controlling movement.

But in the late 1800 Freud disagreed, noting that children with cerebral palsy often had other problems such as mental retardation, visual disturbances and seizures. Freud 1802 suggested that the disorder might be caused earlier in life, during the brain's development.

Each day in Zambia, millions of children go off to school, all with different strengths and weaknesses, abilities and disabilities. The World Health Organization (WHO, 1999) reveals that over five million of these children in the world have been identified as having a specific disability such as autism, mental retardation, cerebral palsy, or learning disabilities that necessitate some type of specific instruction. In order to address the special needs of those children, schools rely upon people who have been specifically trained to help them; these people are special education teachers, who in the daily live of children and youth with disabilities, and their long-term achievement in learning, play a vital and indispensable role.

## ***1.2 Statement of the Problem***

Breed (1982) expresses fear that, despite an increase in Special Education for children with Cerebral Palsy, teachers and lecturers continue to face serious challenges. They may not have enough knowledge on how to minimize some of the problems. They may also face problems when giving exercises and skills training, especially in schools and colleges. It was therefore, prudent that a study on challenges that teachers face when teaching children with cerebral palsy be carried out at University Teaching Hospital, Cheshire Home and Dagama School for the disabled to ascertain the extent, and determine how those challenges could be minimized

## ***1.3 The purpose of study***

The purpose of the study was to identify the challenges that teachers face when teaching children with cerebral palsy, so that those challenges could be isolated in order to propose some strategies that could be used to alleviate them. It also explored whether pupils with cerebral palsy could be taught in the mainstream schools.

## ***1.4 Objectives***

The objectives that guided the study were to:

1. Investigate the challenges faced by teachers when teaching children with cerebral palsy.

2. Determine whether children with cerebral palsy could be taught in mainstream institutions.
3. Examine how the challenges faced by teachers when dealing with children with cerebral palsy could be minimized.

### ***1.5 Research Questions***

The study was guided by the following questions:

1. What challenges do teachers encounter in teaching children with cerebral palsy?
2. Could children with cerebral palsy be taught in Mainstream or inclusion?
3. How could the challenges faced by teachers who teach children with cerebral palsy be minimized?

### ***1.6 Significance of the study***

It was hoped that this study would bring to light the challenges faced by teachers who teach children with cerebral palsy. It was further hoped that the findings of this study might assist the curriculum planners, teachers and people in the health field to improve and implement alternative teaching strategies, which could minimize the difficulties which teachers encounter.

## ***1.7 Organization of the rest of the study***

The rest of the dissertation is organized as follows:

Chapter two consists of the literature review, and chapter three discusses the data collection techniques and also describes the pilot study. This is followed by a descriptive study design, the population, sample and sampling procedures and data collection.

Chapter four is dedicated to the presentation of results while chapter five discusses the results of the study, summary, conclusion, recommendations as well as suggestions for further research.

## ***1.8 Definition of terms***

**Assessment** - A process for identifying a child's strength and weakness using special equipment.

**Disabled** -a term used to describe the condition of children with physical problems that limit their ability to perform certain tasks.

**Disability** - The restriction or inability of the body or organ, which is so affected that it fails to perform its intended function.

**Exceptional** - a term describing the standard of children whose performance deviates from the normal to the extent that especial education is needed.

**Inclusion** - the process of bringing children with exceptionalities into the so-called regular classrooms where they learn side by side with the able bodied pupils using one teacher.

**Mainstreaming** – The return to the regular classrooms, for all or part of the school day of exceptional pupils previously educated in self-contained special classrooms.

**Perception** - Understanding of something.

**Screening** – The process of removing the pupils with disabilities from the able bodied.

**Special school** – a school specifically built for pupils with disabilities where specialist teachers teach them.

## **Chapter Two: Literature Review**

### ***2.0 Cerebral palsy***

Black (1980) defined cerebral palsy as a group of chronic disorder impairing control of movement that appears in the first few years of life and generally does not worsen over time. He further asserts that Cerebral palsy is one of the most prevalent physical impairments found in children of school age. It is a long term condition that involves damage to the brain or an abnormality of brain growth that causes paralysis or a motion disorder of the limbs.

Levin (1987) supports Black that this disorder is caused by faulty development of or damage to motor areas in the brain that disrupts the brain's ability to control movement and posture. Symptoms of cerebral palsy include difficulty with fine motor tasks (such as writing or using scissors), difficulty with maintaining balance or walking and involuntary movements, difficulty with sucking, movement problems, balance difficulty, walking difficulty, involuntary movement, spastic limb paralysis, speech difficulty hearing disorder seizure and epilepsy. He lists the three main types of cerebral palsy. These are: spastic cerebral palsy where there is too much muscle tone or tightness. He asserts that movements are stiff, especially in the legs, arms, and /or back. He further stipulates that children with this form of cerebral palsy move their legs awkwardly, turning in or scissoring their legs as they try to walk. This is the most common form of cerebral palsy.

Levin further reveals that the second type of cerebral palsy is athetoid (also called dyskinetic Cerebral Palsy) which can affect movements of the entire body. Typically, this form of cerebral palsy involves slow, uncontrolled

body movements and low muscle tone that makes it hard for the person to sit up straight and walk. The third type of cerebral palsy is ataxic cerebral palsy which means the patient will struggle with balance and coordination. A child with ataxic cerebral palsy has both high and low tone in muscle. Some muscles are too tight, and others are too loose, and create a mix of stiffness and involuntary movements.

### ***Symptoms of Cerebral Palsy***

The symptoms differ from person to person and may change over time. Benson (1982:132) states that some people with cerebral palsy are also affected by other medical disorders, including seizures or mental impairment, but cerebral palsy does not always cause profound handicap. Early signs of cerebral palsy usually appear before three years of age. Infants with cerebral palsy are frequently slow to reach developmental milestones such as learning to roll over, sit, crawl, smile, or walk.

Keart (1974) states that cerebral palsy may be congenital or acquired after birth. Several of the causes of cerebral palsy that have been identified through research such as: head injury, jaundice, and rubella (German measles) are preventable. Lambert (2004) elaborates that doctors diagnose cerebral palsy by testing motor skills and reflexes, looking into medical history, and employing a variety of specialized tests. He also supports Levin that children with cerebral palsy have many problems; and not all of them are related to the brain injury. Most of these complications are nevertheless neurological. They include epilepsy, mental retardation, learning disabilities, and Attention Deficit Hyperactivity Disorder. (ADHD)

Hargbug (1978) states that children with cerebral palsy may also develop hip subluxation or have problems with the gait. According to Judy (1980) cerebral palsy can be mild, moderate, or severe. Mild cerebral palsy may mean a child is clumsy. Moderate cerebral palsy may mean a child walks with a limp. He or she may need a special leg brace or a cane. More severe cerebral palsy can affect all parts of a child's physical abilities. A child with moderate or severe cerebral palsy may have to use a wheelchair and other special equipment.

Special school

### ***Challenges that Teachers Face When Teaching Children with Cerebral Palsy***

Doctor Benson, a medical doctor and specialist of neurological problems in Kenya, at a seminar in Lusaka in 2004, reported that each day in Zambia millions of children go to school, all with different strengths and weaknesses, abilities and disabilities. Many children have been identified as having a specific disability such as autism, mental retardation, cerebral palsy, or learning disability that necessitates some type of special instruction. In order to address the special needs of these children, schools rely upon people who have been specially trained to help them—special education teachers. In the daily lives of children and youth with disabilities, and in their long-term achievements in learning, special education educators play a vital and indispensable role. That is why more specialist teachers should be trained in order to have knowledge on how to handle a child with disabilities.

## ***Specialist Teachers***

In Zambia today there are many specialist teachers teaching children with special educational needs. Research has shown that there are as many reasons for choosing special education teaching as a career. Research by Brownell, Smith, and Lenk. (1995; 13-19) have shown some that some potential teachers knew from an early age that this was what they wanted to do; some say they felt they had a mission to work with children and specifically wanted to help children with disabilities.

Brownell and Smith (1995) continue to say that, whatever their path to this career, almost all special education teachers begin their career with a desire to help others. By doing something such as working with children, they feel they can have an impact on how children with disabilities learn especially those with cerebral palsy. They choose this career because they want to make a positive difference in the lives of children with disabilities. But most of the teachers turn to change to general education than teaching children with disabilities because of various reasons. Some say that children with cerebral palsy are slow because their writing skills are not as good as those of normal ones hence, need more time to do their work.

## ***Special Education Teachers in Zambia***

In the 1993-1994 school years, there were 2,250 full-time special education teachers in Zambia (MoE, Provincial Education, Office 1996). A recent analysis of data from 1990-91 provides an interesting profile of special education teachers and how they are similar to, and different from, general education teachers. But today other teachers have stopped teaching children

with disabilities because they say that such children need constant medication and physiotherapy which retards or delays their progress in learning. Hence this problem becomes a challenge which makes some special teachers drop out from their teaching.

### ***Age***

The age of teachers in special education is also a challenge which makes up about 10% of all teachers in the public sector (Cook & Boe, 1995). In general they tend to be younger than general education teachers. This is noteworthy because younger teachers are more likely to leave teaching than older teachers. Therefore, this difference in age can be a factor in the higher percentage of special educators who leave special education than general educators who leave the classroom. This reveals that there are many teachers who are trained in special education but they do not stay. They would rather teach in general or mainstream classes than in special schools.

### ***Gender***

Teaching has been, and continues to be, a female profession (Taylor, 1996). Almost 90% of special education teachers at University Teaching Hospital in Zambia are female, compared with 87% of general education teachers. There are interesting differences at the secondary level: 77% of secondary special education teachers are female while only 53% of general education teachers at this level are male. Gender reveals that the teaching profession remains as a challenging job for male teachers especially those teaching the physically impaired. Some male teachers still feel inferior to be specialist teachers, especially those teaching children with cerebral palsy. They do not

want to be seen pushing the wheel chairs. Only those who have taken it to be doing charity work are proud of teaching children with disabilities. Others have a fear of the unknown as Nelly (1987) puts it. This is a big challenge, which means that the majority of people still think that special education is for women and not men. In ordinary schools, higher levels of education are dominated by male teachers.

### ***Certification in the main Teaching field***

Morris (1998) states that sometimes (usually because a school district cannot find certified applicants); teachers are employed or assigned to teach in a field where they are not fully certified. The situation in Zambia is the same because there are so many teachers seconded to teach children with disabilities despite their not being trained in special education. He continued to say that there are ten (10%) percent of special education teachers, compared with six (6%) of general education teachers who are not fully certified for their main teaching assignment. However, in areas where it is particularly difficult to secure special educators, such as rural areas, the percentage of teachers who are not certified may be higher. In Zambia there are a higher percentage of general education teachers (57%) than special education teachers (47%) have attained master's or doctorate degrees. To find certified trained teachers is another challenge. Hence people are assigned to teach a class when they are not fully trained. That is why many teachers have fear of handling a child with cerebral palsy.

Barch (2004) claims that teachers face a lot of challenges and it becomes the main reason why it is difficult to give a simple picture of the daily life of a special educator because there is so much variety among teachers. Special

educators can have many roles and responsibilities in any given school setting. Their activities each day will be determined by the children they are teaching, the kinds and severity of disabilities those students have, the children's ages, and the setting in which the teachers are working. But no matter what setting they are working in or who they are teaching, the special education teachers' responsibilities usually fall into three categories: direct teaching (and preparing for it), preparing appropriate reports and other paperwork and collaborating with their professionals and parents. Juggling the many demands on their time is a challenging and sometimes frustrating endeavor (Andrews, 1996)

### ***Main duties for specialist teachers***

Andrews (1996) claims that one of the primary responsibilities of the special education teacher is to provide instruction and adapt and develop materials to match the learning styles, strengths, and special needs of each of their students. Most special education teachers spend most of their classroom time actually teaching their students (Allinder, 1994). This does not include the time they spend beyond the regular school day preparing lesson plans, grading papers, and meeting with other professionals. The methods they use, and the learning goals they develop, will be determined by the students' abilities, age, setting, and any other variables. The majority of teachers in Allinder's 1994 research in Kenya revealed that determining the student's abilities, strength and weakness was the most challenging job to do when teaching children with cerebral palsy.

It has therefore, been said that in general education the school system dictates the curriculum, but in special education, the child's individual needs

dictate the curriculum (Lieberman, 1985). For example, dressing, eating, and toileting could be a typical part of the curriculum for many students with severe disabilities but not normally taught in general education classrooms. Similarly, a child who has a hearing impairment may receive special training in sign language, while a child who is blind may need specific instruction in Braille.

Nelly (1996) also emphasizes that the main challenge for special education teachers is to assess how each child learns best and then determine the best way to design or modify instruction so that the child can achieve the expected educational outcome. This can be especially challenging for a teacher who has several students with different disabilities of varying severity in the same classroom especially those with cerebral palsy. This challenge could be seen as the major one because many teachers expressed fear to have more than ten (10) severe children in one class especially those teachers who had not done assessment very much during their training.

Kart (1978) confirms that special education teachers could only meet the needs of students if they are well trained. For example, a special education teacher in elementary school could have a class of ten children, two with hearing impairment, one with autism and six with cerebral palsy. This teacher has quite a challenge to develop learning activities and strategies that will be affective for all of his or her students. He further stated that it was healthy to deal with one type of disability in class than assorted especially those with cerebral palsy as they tend to have a problem in sitting and writing. They jerky a lot because of experiencing involuntary movements which usually occur due to brain damage.

## ***Paper Work***

Kart (1978) observes that Special education teachers have a great deal of paperwork to complete. They have the same kinds of paperwork demands that general education teachers do, like attendance reports, discipline reports, grading homework and tests, just to mention a few. But they are also required to prepare other forms and reports; for example, special education teachers usually play a lead role in preparing the Individualized Education Programme (IEP) for each student. They also maintain records that document a student's progress toward meeting goals and objectives specified in the IEP. So many teachers had diverted their teaching from being special educators to ordinary teaching because they felt that they do a lot of job but they still gain the same income with ordinary teachers. Some also lose the interest in the teaching profession and move to do something else.

## ***Collaboration and consultation***

Nelly (1996) purports that special education teachers never work completely alone, even those who work in self-contained classrooms work in some way as part of a team. Some schools have established teams to help plan appropriate adaptations and educational interventions for students who are having difficulty in general education classes. Depending on a child's disability and the school setting, special education teachers need to work with speech-language pathologists, school psychologists, occupational therapists, school social workers, general education teachers, and the community workers to plan and implement the best education strategies for each child.

Nelly further claims that special education teachers who work in special school settings face a lot of challenges because teachers spend enough time to adequately plan, develop, and implement an educational environment for all the students in class, those with mild disabilities. Special education teachers usually serve as a resource on special education issues to other staff in the school—teachers, administrators, speech-language pathologists, parents, and others. Not only do they teach their students when they are in classroom, but they also keep up with them throughout the day, wherever they may be. To do all of this effectively, special education teachers need to maintain positive relationships with the head teachers, other teachers, and other personnel.

Billingsley (1993) also points out that all of this collaboration, consultation, and working together require time, something which too many special educators do not have. It is probably true that education never has enough time to do all they want to do. But it is certainly true that to work effectively, and to be as effective as possible for children with cerebral palsy, special education teachers need the time to work and plan with the parents and other professionals. Many special education teachers who leave the classroom say that one of the reasons they did so was the lack of time to meet all of their responsibilities.

## ***2.10 Integration/ Inclusion of children with Cerebral Palsy***

Kart (1996) maintains that the issue of mainstreaming of children with cerebral palsy was not an easy thing because teachers who are less experienced expressed fear in handling children with cerebral palsy because

such children are slow with bad handwriting. Highly qualified teachers are for inclusion while the less qualified are for exclusion.

Boric and Kart (1978) point out that a teacher is one of the most important persons in the educational life of any pupil. They both claim that apart from parents, teachers constitute the second strongest influence on a student's life. Perky (1970) also points out that the teacher's attitude and opinions regarding his students have a significant influence on their success in the school. Hence teachers should be well looked after by the state as they play a very significant role in society.

Other specialist teachers also have negative attitudes towards children with cerebral palsy because of having little experience. Coates (1989) and Milter (1995) are quoted to have claimed that teachers with little experience on people with disabilities are likely to have negative attitudes to integration. This was supported by findings of Mason and Leslie (1983) who conducted a study in which experienced teachers with students with special needs was another variable which appeared to have influence over some teacher's attitudes towards students with special educational needs in ordinary schools. The study established that teachers who had earlier contacts with students with special needs tended to experience greater benefits from inclusion than those with no experience. However, Hutchinson (1984) agrees that experience tends to change attitudes and knowledge about integration, collaboration and team teaching. The majority of specialist teachers in special schools decline to commit themselves to an integration approach of children with cerebral palsy for various reasons.

Evans, in Kirk et al (1996), points out that the integration philosophy requires the application of a variety of other strategies that can maintain a diverse group of students in general education environment. These strategies he claims must include consultant teacher models, collaborative consultation, collaborative teaching, cooperative professional development and pre-referral consultation. He claims that it is not enough merely to decree that all exceptional students will be placed in the general education environment. He says if integration has to work, there must be a wide variety of support personnel to help the teachers both the general and specialists to provide a healthy educational environment for all students. But Kirk et al (1996) report that in the study carried out by the Learning Disabilities Association of America (LDAA) on the attitudes of people towards integration, the association believes that the regular class is not the appropriate place for many students with learning disabilities.

Yorkshire (1980) confirms that it is firmly believed that every teacher is capable of being another Brenner. The only factor which might hinder them will be their own assumptions and their own fears. The process of mainstreaming the child with cerebral palsy is often thwarted by a teacher's fear of students with disabilities. Yet, the only reason why educators are afraid of students with disabilities is because they have never been exposed to students or pupils with disabilities. The only way educators will be able to overcome their fears is if students with disabilities are integrated into the regular school, which is unlikely, as educators are afraid of students with disabilities.

Emily (1990) points that at some point this vicious circle has to be broken by educators who admit their fear of students with disabilities yet still decide to maintain a commitment to integration. For some reason, educators have not been given permission to be afraid. Yet the only way one can overcome one's fears is to work through the fear.

The danger does not lie in being afraid. The danger arises when we hide our fear behind academic arguments. For those arguments then become myths and soon other people hide their fear behind the same myth.

For years children with cerebral palsy have been segregated from the rest of society as if they were truly different from non-handicapped people. Because of such federal legislation as Public Law 94-142 (the Education for all Handicapped Children Act of 1995) and Section 504 of the Vocational Rehabilitation Act Amendments of 1973, individuals who have handicaps are being integrated into the mainstream of education, employment, and community activities.

During the study some teachers showed negative attitude toward children with cerebral palsy. It is sad that attitudes cannot also be legislated, but fears and anxieties toward those who are different cannot be decreed illegal. It is hoped that the present generation, growing up in schools and institutions where people with handicaps are natural part of the school and community life, will put to rest forever the notion that people with handicaps especially those with cerebral palsy are "different".

## ***2.11 Summary***

The views from this review show that there are a lot of challenges that teachers face when teaching children with cerebral palsy. The literature reveals that, the most challenge that teachers face is how to assess a child and determine how each child learns best. Nelly (1996) also reveals that there are three main jobs that teachers do in school, namely, direct teaching, paper work and collaboration. Besides that, teacher's age and gender is also a challenge and that is why up to now the majority of specialist teachers in schools are women. The other challenges are about the posture of children who are cerebral palsied. The literature shows that children with cerebral palsy need a lot of time and that their writing skills are not good because of bad posture. So teachers should always see that a child is well seated to avoid bad posture which could lead to bad handwriting.

## **Chapter Three: Study Methodology**

### ***3.1 Design***

The study was a survey. It employed both qualitative and quantitative methods. A survey is a collection of information or data at a particular point in time with the intention of describing or identifying standards against the existing condition which can be compared, or which can determine the relationship to that event (Cohen and Marian, 1994).

The design was chosen because it enabled the researcher to ask open – ended questions which allowed the respondents to express themselves and give their personal views. Qualitative tools involved the use of structured interviews and focused group discussions to generate data.

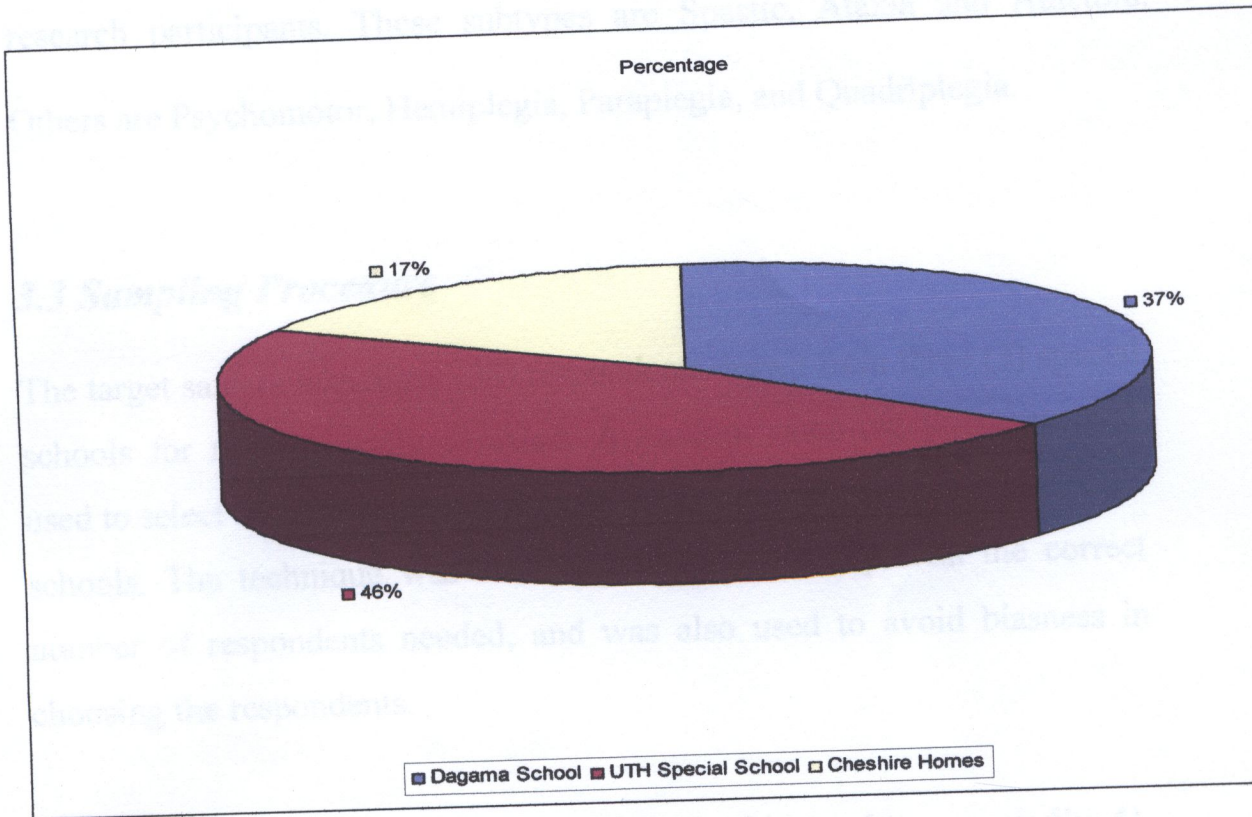
### ***3.2 Target Population***

The target population of the study was the teachers in special education especially those who teach children with cerebral palsy in special schools.

### ***3.3 Sample***

The target sample comprised thirty (30) school teachers in three selected schools especially those who have undergone training in special education.

**Fig 1: Distribution of research respondents by school**



The sample of study comprised of 30 respondents from three schools. Thirty-seven percent (37%) of the participants were drawn from Dagama School, and 46% came from UTH Special School, while Cheshire Home accounted for 17% of the participants

### Types of cerebral palsy known by respondents

Cerebral palsy sub-type	Number	Percentage
Spastic	10	32.26
Ataxia	8	25.81
Athetoid	4	12.90
Psychomotor	4	12.90
Hemiplegic	2	6.45
Paraplegic	2	6.45
Quadraplegic	1	3.23
<b>Total</b>	<b>31</b>	<b>100.00</b>

A total of seven subtypes of cerebral palsy were reported known by the research participants. These subtypes are Spastic, Ataxia and Athetoid. Others are Psychomotor, Hemiplegia, Paraplegia, and Quadriplegia.

### ***3.3 Sampling Procedure***

The target sample was thirty (30) respondents drawn from three (3) special schools for the physically disabled. A random sampling technique was used to select the study schools and the respondents from the three selected schools. The technique was used in order to come up with the correct number of respondents needed, and was also used to avoid biasness in choosing the respondents.

### ***3.4 Research instruments (see structured interview appendix A)***

The structured and open-ended questionnaires were used to collect data from thirty (30) respondents in three special schools. The questionnaires were open-ended to allow the respondents put forward their perceptions about the challenges that teachers face when teaching children with cerebral palsy and express themselves thoroughly. The questionnaire was given to specialist teachers for the physically disabled and college lecturers.

### ***3.5 Pre-testing of research instruments***

Pre- testing of the research instruments for specialist teachers was done at University teaching Hospital in Lusaka. It involved ten (10) teachers at that institution. The rationale for conducting the pre- test or pilot study was to establish whether teachers were able to understand the items in the questionnaire. The pre-test was also conducted to establish approximately how long it would take to respond to one questionnaire. The knowledge helped in planning for the actual study as it provided a rough estimate of how many teachers could be targeted in a day, thereby helping in establishing the amount of time.

### ***3.7 Data collection Procedure***

Data were collected by the researcher through structured and open-ended questionnaire. The questionnaire was targeted at specialist teachers in three selected schools for the physically disabled. The study also included the focus group discussions for teachers. Data was collected in the first term of the school calendar in March of 2006, when it was not an examination period or holidays for teachers. This was done so that teachers and pupils could be in school. The questionnaires were administered during the teachers' spare time. This was done in order to give teachers ample time to attend to their classes.

The researcher distributed the questionnaire all by herself and did the collection after the respondents answered. All respondents completed the

questionnaires by 5<sup>th</sup> April, 2006. The respondents were instructed to answer the questionnaire without any assistance from other people. This was done in order to stop them from discussing their answers with other people. The respondents were also instructed to be honest in their answering in order to help the respondents come up with their own challenges that teachers face when teaching children with cerebral palsy.

The respondents were also assured of their anonymity and confidentiality of their responses. The questionnaires were answered in less than (2) two hours.

### ***3.8 Data Analysis***

For simple analysis of the results, basic statistics such as central tendency and cross tabulation were used in order to generate the required data for discussion. Data analysis included the using of qualitative and quantitative methods, which involved data reduction, editing and coding in readiness for analysis. For efficient processing, SPSS software for windows was used to accomplish data analysis. The end results were concluded using percentages and tables.

### ***3.9 Problems encountered in the field***

Firstly, field work is not all that smooth because human beings are not the same. People behave differently when they meet a stranger or visitor. Some respondents were friendly but others were not. Some respondents

demanded payments after filling in the questionnaires. They thought that information should not be given free of charge.

Secondly, in one of the three schools visited, there seemed to have been high levels of teacher absenteeism. This, therefore, meant that in some grades, data were not collected on the intended dates, hence delayed the whole process as it had to be rescheduled.

Thirdly, in some cases some teachers did not complete the questionnaires the previous day and did not report for work the following day, thereby making it impossible to use the data on these questionnaires, as they were incomplete. This also had implications as it meant replacement of other teachers in order to keep up with the required number.

Fourthly, in some schools, data collection process clashed with other activities e.g. the Ministry of health personnel was administering Vitamin A at the same time. This therefore, meant that for certain grades in the same school data was not collected, thereby having impact on the sample size.

## Chapter Four: Presentation of Results

### 4.0 Presentation of Results

**Table 1: Challenges that teacher face when teaching children with Cerebral Palsy (objective one)**

	Dagama School		UTH School		Cheshi
	#	%	#	%	#
Illegible children's handwriting	3	27.27	6	42.86	1
Low motivation (no allowances)	1	9.09	0	0.00	0
Low concentration	1	9.09	2	14.29	2
Children get hurt easily	1	9.09	0	0.00	0
Need individual attention	0	0.00	2	14.29	0
Children learn slowly	2	18.18	2	14.29	1
Making children feel comfortable	2	18.18	4	28.57	2
Lack of materials	1	9.09	2	14.29	0
Assessment difficulties	1	9.09	5	35.71	0
Speech difficulties	0	0.00	2	14.29	0

The teachers' responses with reference to the challenge that teachers face when teaching with cerebral palsy, were mostly related to the children's response to teaching. To this effect, 27% from Dagama, 42% from UTH and 20% mentioned illegible handwriting, low concentration and so on. 18% from Dagama, 14% from UTH and 20% from Cheshire Home also indicated that children with Cerebral palsy learn very slowly, and besides that teachers are not motivated.

**Fig 2: should children with cerebral palsy learn in the mainstreamed or in special schools?**

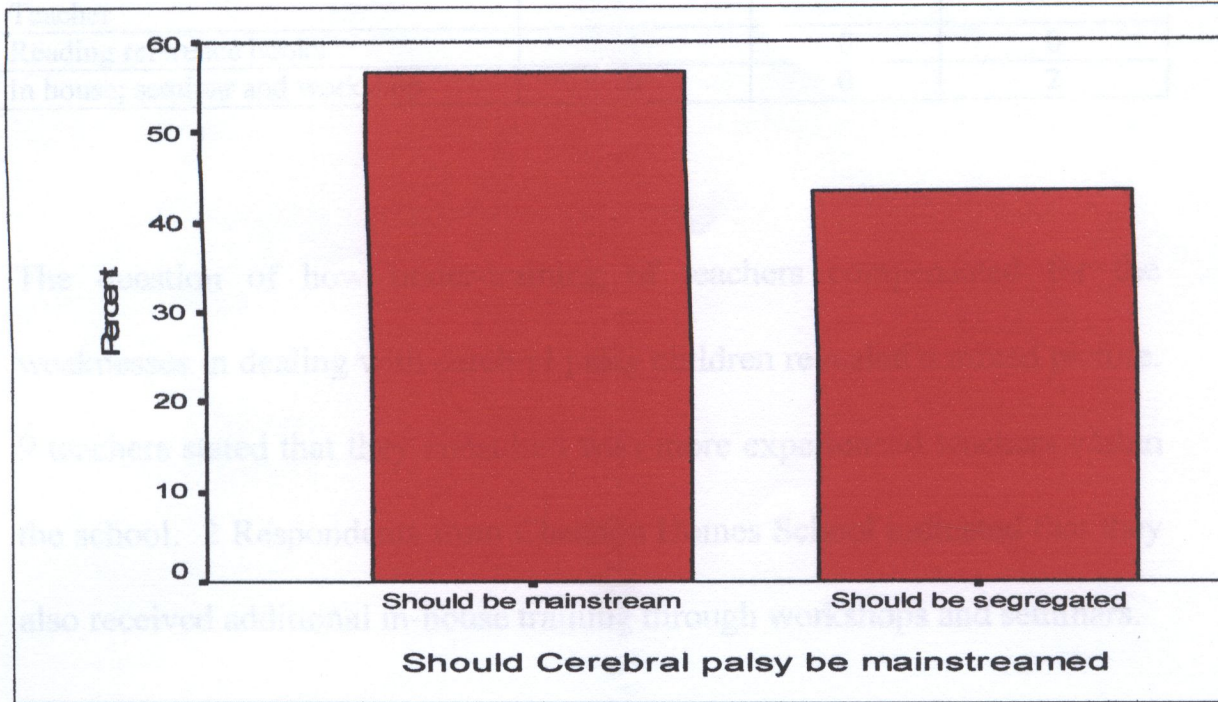


Fig 2: shows whether cerebral palsy could be in the mainstream. 60% agreed that they could fit just like anybody else, while 40% disagreed with that idea.

Agree	12
Disagree	8
Strongly disagree	7
Total	27

A relatively large proportion of (12/40%) respondents stated that their training in handling cerebral palsy children was adequate. While 7(23.3%) strongly agree. However, 7(23.3%) of the teachers strongly disagreed that their training was inadequate compared to their work.

**Table 2: how inadequately trained teachers' compensation in teaching Cerebral Palsy Children?**

	<b>Dagama School</b>	<b>UTH school</b>	<b>Cheshire Homes</b>
Consultation with experienced Teacher	2	1	6
Reading reference books	1	0	0
In house; seminar and workshop	0	0	2

The question of how under-training of teachers compensated for the weaknesses in dealing with cerebral palsy children revealed a mixed picture. 9 teachers stated that they consulted with more experienced teachers within the school. 2 Respondents from Cheshire Homes School indicated that they also received additional in-house training through workshops and seminars.

**Table 3: Was your training adequate compared to your work?**

<b>Response</b>	<b>Frequency</b>	<b>P</b>
Strongly agree	7	
Agree	12	
Disagree	4	
Strongly disagree	7	
Total	30	

A relatively large proportion of 12(40%) respondents stated that their training in handling cerebral palsy children was adequate. While 7(23.33%) strongly agree. However, 7(23, 33%) of the teachers strongly disagreed that their training was inadequate compared to their work.

**Table 4: Teacher able to understand and differentiate disabilities**

	<b>Frequency</b>	<b>Percent</b>
Teacher able to differentiate and understand disabilities	24	80
Teacher unable to differentiate and understand disabilities	6	20
Total	30	100

Eighty percent 24 (80%) of the participating teachers stated that they were able to differentiate and understand the various types of cerebral palsy, with only 6 (20%) stating that they were unable to do so.

**Table 5: Children with cerebral palsy should be integrated with the following measures taken to help them**

	<b>Dagama</b>	<b>UTH</b>	<b>Cheshire</b>
Adequate training materials; books, computers, wheelchair	3	7	1
Adequately trained teachers,	1	1	0
Special care and support	0	3	0

The results indicate that three (3) respondents from Dagama, seven (7) from UTH and (1) from Cheshire Home said that children with Cerebral Palsy could be integrated if there are training materials and books available. While three (3) respondents from UTH indicated that they could be integrated if there is special care and support. (2) Respondents also indicate that, children could be integrated if teachers were adequately trained

**Table 6: why it is difficult to integrate Cerebral Palsy Children in the mainstream**

	Dagama	UTH	Cheshire
Need more attention than normal children	6	1	0
Modification of building and other infrastructure	1	0	0
Writing skills not as good as normal (more time needed)	0	2	0
Constant medication and physiotherapy	0	0	2
Peer discrimination, bullying and teasing	1	0	0

Table 6 revealed that six (6) respondents from Dagama and one (1) from UTH show some reasons why it is difficult to integrate children with cerebral palsy in the mainstream, while two (2) from UTH indicate that because they need good writing skills and two (2) from Cheshire Home indicate that because they need constant medication and physiotherapy.

**Table 7: Duties that teachers do at school**

	Dagama School		UTH School		Cheshire H	
	#	%	#	%	#	%
Teaching	5	45.45	11	78.57	1	20.00
Remedial work	4	36.36	1	7.14	0	0.00
Assessment	4	36.36	5	35.71	1	20.00
Life skills	3	27.27	3	21.43	0	0.00
Plan IEP	5	45.45	8	57.14	2	40.00
Counseling	1	9.09	4	28.57	0	0.00
Marking	3	27.27	1	7.14	0	0.00
Making children feel comfortable	3	27.27	0	0.00	1	20.00
Physiotherapy	0	0.00	1	7.14	0	0.00

**Table 6: why it is difficult to integrate Cerebral Palsy Children in the mainstream**

	Dagama	UTH	Cheshire
Need more attention than normal children	6	1	0
Modification of building and other infrastructure	1	0	0
Writing skills not as good as normal (more time needed)	0	2	0
Constant medication and physiotherapy	0	0	2
Peer discrimination, bullying and teasing	1	0	0

Table 6 revealed that six (6) respondents from Dagama and one (1) from UTH show some reasons why it is difficult to integrate children with cerebral palsy in the mainstream, while two (2) from UTH indicate that because they need good writing skills and two (2) from Cheshire Home indicate that because they need constant medication and physiotherapy.

**Table 7: Duties that teachers do at school**

	Dagama School		UTH School		Cheshire Home	
	#	%	#	%	#	%
Teaching	5	45.45	11	78.57	1	20.00
Remedial work	4	36.36	1	7.14	0	0.00
Assessment	4	36.36	5	35.71	1	20.00
Life skills	3	27.27	3	21.43	0	0.00
Plan IEP	5	45.45	8	57.14	2	40.00
Counseling	1	9.09	4	28.57	0	0.00
Marking	3	27.27	1	7.14	0	0.00
Making children feel comfortable	3	27.27	0	0.00	1	20.00
Physiotherapy	0	0.00	1	7.14	0	20.00

Table 7 reveals the jobs that teachers do in their daily lives when teaching children with cerebral palsy, such as 78% from UTH, 45% Dagama and 20% Cheshire Home mentioned Teaching: 36% from Dagama and seven 7% from UTH said Remedial work: 36% from Dagama, 35% from UTH and 20% from Cheshire home also mentioned Assessment: Life skills: Plan Individualized Education Programme: counseling, marking; and making children comfortable

**Table 8: Measures to mitigate the challenges that teachers face when teaching children with cerebral palsy. (Object three)**

	Dagama School		UTH School		Cheshire Home	
	#	%	#	%	#	%
Motivate teachers	2	18.18	2	14.29	1	20
Provide computers	1	9.09	5	35.71	1	20
Simplify Concepts	2	18.18	0	0.00	0	0
Teachers exhibit patience	2	18.18	0	0.00	0	0
Training more teachers	3	27.27	9	64.29	1	20
More teaching time	1	9.09	0	0.00	0	0
Equipment/materials	5	45.45	9	64.29	2	40
Train teachers in assessment	0	0.00	1	7.14	0	0
Introduce policy to teachers	0	0.00	1	7.14	0	0
Assistant be introduced	0	0.00	0	0.00	1	20

On measures to mitigate the challenges faced by teachers who teach children with Cerebral Palsy 18% from Dagama, 14% from UTH and 20% from Cheshire indicate that teachers should be motivated. While the other 35% from UTH and 20% from Cheshire Home wanted computers so that children could avoid the bad handwriting. 18% from Dagama mentioned that the

government should train more teachers, while 20% from Cheshire Home preferred to have assistant teachers to help them in classes.

**Table 9: Resources required for improved teaching of children with Cerebral Palsy**

	Dagama		UTH School		Cheshire		Overall	
	#	%	#	%	#	%	#	%
Computers	9	81.82	13	92.86	4	80.00	26	86.65
Special wheel chairs	4	36.36	0	0.00	0	0.00	4	13.33
Visual Aids	5	45.45	14	100.00	5	100.00	24	80.00
Calipers	1	9.09	1	7.14	0	0.00	2	6.67
Crutches	2	18.18	0	0.00	0	0.00	2	6.67
Video players	4	36.36	1	7.14	0	0.00	5	16.67
Writing Aids	2	18.18	3	21.43	0	0.00	5	16.67
Overhead Projectors	1	9.09	1	7.14	0	0.00	2	6.67
Radio Cassettes	1	9.09	2	14.29	0	0.00	0	0.00
Textbooks	5	45.45	0	0.00	0	0.00	5	16.67
Television sets	1	9.09	0	0.00	0	0.00	1	3.33
Special education Allowance	0	0.00	0	0.00	1	20.00	1	3.33

Table 9 above reveals the following resources required for improved teaching of children with cerebral palsy; 86.65% mentioned Computers; 13% said Special wheel chairs; 80% mentioned Visual aids; 6.67% said Calipers and Crutches; 16.67% Video players; 16.67% Writing aids; Overhead projectors; Radio cassettes; Text books; Television sets and 3.33% mentioned Special education allowance and so on.

## **Chapter Five: Findings**

### ***5.0 Discussions of Findings***

This section discusses the findings of the study on the challenges that teachers face when teaching children with cerebral palsy. The discussion has been grouped in the main themes as in the research objectives. These include the following: Challenges that teachers face when teaching children with cerebral palsy, could children with cerebral palsy learn in the main stream, could the challenges faced by teachers be minimized. Others are how inadequately trained teachers compensate in teaching children with cerebral palsy, whether the training was adequate compared to the work that they do in school, Whether children with cerebral palsy should be integrated with the certain measures in place, why it is difficult to integrate children with cerebral palsy in the mainstream, duties that teachers do in school,

Since any practical decisions are made by pro-active operations, the discussion begins with the research site. Three schools for the physically impaired were visited, that is Dagama School for the disabled in Luanshya, University Teaching Hospital Special School in Lusaka and Cheshire Home in Lusaka.

Table 1 revealed the challenges that teachers face when teaching children with cerebral palsy. 6 (42.86%) from UTH stated that children with cerebral palsy have bad handwriting which makes it difficult to read their work, while 3 (27.27%) from Dagama school and one (20.00%) also supported the

same statement concerning the handwriting. Other challenges included: low motivation, because there is no special education allowances for the teachers. 40% from Cheshire Home also mentioned that children have low concentration because of bad posture; and get hurt quickly because of lack of balance. 14% from UTH also added that such children need individual attention which means that teachers could only perform better if there was an assistant teacher to help them. Teachers have also a duty to see that children are seated comfortably to reduce jerking. There is also lack of teaching materials, and some pupils also face a lot of speech difficulties which calls for a speech therapy to minimize the problems. Assessment was also mentioned as the biggest challenge that teachers face. The findings show that, teachers should be highly trained in order to minimize these problems.

### **Whether children with cerebral palsy could be in the mainstream (Objective two)**

The findings revealed that 18 (60%) of the participants agreed that children with cerebral palsy could fit in the mainstream just like any other child provided there are appropriate learning materials. On the other hand 12 (40%) disagreed with that idea, and said that children with cerebral palsy were slow because of their nature of disability. They need more time and patience from the teachers in order to grasp the concepts taught in schools. The study shows that teachers with high qualification can handle children with cerebral palsy with fewer problems except that the majority mentioned of being demoralized because the government does not give them incentives.

The findings in table 3 show that 12 (40%) agree to the statement that their training was adequate compared to their work, while seven 7 (23%) strongly agree that highly qualified teachers have knowledge about the child with cerebral palsy, and table 9 supports that all what they need are incentives to boost the morale. Vaughn and Schumn (1994) in one study established that many teachers who join the profession and had not undergone any training in special needs provision usually have problems in identifying the students with special education needs. The study sample indicates that some teachers did not even know who the special education students were until the second or third month of the school. This could be attributed to the fact that many teachers are not trained to teach the disabled but seconded by the Ministry of Education because of lack of personnel in special education. Such teachers face a lot of challenges as they are ignorant about the child with cerebral palsy. However, most specialist teachers in the three visited schools were against the inclusion of children with cerebral palsy. Some specialist teachers also showed negative attitude toward the children with cerebral palsy because the government scrapped off the special education allowance. The negative attitude has prompted a lot of debate on whether the children with cerebral palsy should be in ordinary schools or in special schools or units. But not much has been researched on the topic. Teachers' opinion showed that children with cerebral palsy could be well looked after if the government came up with good policies and good salaries for teachers.

On the question of how inadequately trained teachers compensate in teaching children with cerebral palsy, results in table 2 shows that six teachers stated that they consulted with more experienced teachers within and outside school. Two respondents from Cheshire Home indicated that they also received additional in-house training through workshops and seminars in order to manage their children. This indicates that consultation and collaboration is very important for teachers who teach children with disabilities. It also implies that experience is the best teacher if somebody has to perform better. So lack of collaboration is taken to be a challenge to teachers in special schools.

On whether the training was adequately done compared to the work that teachers do table 3 reveals that 12(40%) agreed that the training was adequate while 7(23.33%) strongly disagreed with that idea. They mentioned that very few cases are talked about during training while other cases are known by teachers through experience as they went on with their teaching.

On whether teachers were able to understand and differentiate disabilities, the findings in revealed that eighty percent 24 (80%) of the participating teachers with degrees stated that they were able to differentiate and understand the various types of cerebral palsy, while 6 (20%) with certificates stated that they were unable to do so. These results also show that teachers with higher qualification have more knowledge about children with disabilities and that they face less challenge than teachers with certificates.

Table 5 also shows how the respondents felt about integrating children with Cerebral palsy in the mainstream. Three teachers from Dagama School and seven from UTH felt that children with cerebral palsy could be integrated in the mainstream if the government and stakeholders provide adequate training materials, like books and computers in special education. For effective teaching and learning, apart from books, computers and special wheel chairs were mentioned. Results revealed that respondents were of the view that the government should also look at the infrastructure of the school buildings to accommodate children with disabilities. Another view was that more teachers should be trained to teach children with cerebral palsy.

On why it is difficult to integrate children with cerebral palsy in the main stream; Table 6 shows that six respondents from Dagama revealed that this so because children with cerebral palsy need more attention than so called normal children. One respondent from the same school also indicated that it is difficult to integrate such children because they need modification of the buildings and other infrastructure, while two from UTH cited that children with cerebral palsy are difficult to integrate because their writing skills are not good. At Cheshire Home, two participants also said that children with cerebral palsy are difficult to integrate because they need having constant medication and physiotherapy which makes them tired to continue with their learning after having the exercises from the physiotherapy. The medication also sometimes retards their learning.

**Duties that teachers do at school** Table 7 reveals that 45% of teachers from Dagama, 78% from UTH and 20% from Cheshire Home show that the main job that teachers do at school is teaching. Apart from that, there are

other important duties like giving remedial work, assessment, life skills, Planning the Individualized Education programme, counseling, marking and making children feel happy and comfortable. Teachers have also a duty to see that children are seated comfortably to reduce jerking. There is also lack of teaching materials, and some pupils also face a lot of speech difficulties which calls for a speech therapy to minimize the problems. Assessment was also mentioned as the biggest challenge that teachers face. The findings show that, teachers should be highly trained in order to minimize these problems. Evans (1989) is quoted to have claimed that teachers with little experience and lowly trained on people with disabilities are likely to have less knowledge about assessment.

In sum, the study revealed the challenges that teachers face when teaching Table 8 reveals the measures which should be taken to mitigate the challenges that teachers faced when teaching children with cerebral palsy as follows: 18.18% from Dagama, 14.29% from UTH and 20% from Cheshire Home felt that teachers need to be motivated by giving them incentives like special education allowance and Provision of computers for the children to use to reduce bad handwriting. Other measures included the need to simplify the concept to suit an individual child because children are to slow and they are supposed to work at their own pace, teachers to have patience with the children because its not their wish that they are found in that situation, and that the government should train more teachers in special education so that each class could have an assistance teacher to help. Available equipment and teaching materials has also mentioned to reduce the problems on posture and to reduce jerking excessively. Furthermore, it was felt that when training the teachers more emphasis should be put on how to do assessment, the tools to

use, and how many times a child be assessed because most teachers showed ignorance on assessment.

## ***5.2 Conclusion***

In sum, the study revealed the challenges that teachers face when teaching children with cerebral palsy from the three study schools for the physically disabled as follows:

Illegible children's handwriting, low teachers motivation, children having low concentration; children getting hurt quickly because of lack of balance, and being slow learners. Other challenges include: making children comfortable and lack of teaching materials in schools which make the Assessment very difficult when it comes to a child with cerebral palsy.

Findings from the present study also indicate that teachers could only do better if they were highly trained, motivated with good policies and incentives which should include both teaching and learning materials like, special wheel chairs, visual aids, crutches and calipers, video players and textbooks to alleviate problems in the schools. The study has also revealed that there are three main jobs that teachers do in schools: It has teaching as the main job, paperwork where there is assessment, examining, testing, and collaboration with other teachers. Most teachers learn how to handle children with cerebral palsy from more experienced teachers and some learn from seminars and workshops.

On the question of whether children with cerebral palsy could learn in the main stream, it was generally felt that children with cerebral palsy could learn just like any other child as long as there were adequate training materials, books, computers wheel chairs and adequate trained teachers. The need for highly trained teachers in the field of cerebral palsy also emerged.

### ***5.3 Recommendations***

Based on the findings of this study, the following is recommended:

1. Teachers should make ensure that children with cerebral palsy are treated, as much as possible like any other child.
2. Ministry of Education and line ministries should sensitize all the teachers and the community so that children can exercise their rights to participate in
3. Ministry of Education and the curriculum planners should review the curriculum for all teachers' training programmes in order to address the teacher's demand concerning training in special education.
4. The Ministry of Education should ensure that all classes for children with special needs, especially those with cerebral palsy have an assistant teacher to make it possible for teachers to manage all the jobs like, assessment, teaching, testing and all the paper work and collaboration with professionals.

5. To minimize posture, which causes bad writing skills, the Ministry of Education should bring in special wheel chairs and electronic equipment for the children.
6. Ministry of Education should see that the infrastructure is friendly to accommodate all children with disabilities.
7. The policy on disabilities should not just be on paper but must be implemented to allow every Zambian child to have access to education. And the policy should be made available to all the teachers.
8. To motivate the teachers Ministry of Education and line Ministries should re-introduce Special Education allowance, double class and other incentives.

### ***Study Limitation***

Only three schools were visited because of financial constraints and lack of time to visit all special schools for the physically impaired. Therefore, the results can only be generalized to teachers teaching children with cerebral palsy in the research sites. However, special teachers in other schools and interested stakeholders can benefit from this study.

## ***Future Research***

It is hoped that the present research on the challenges that teachers faced when teaching children with cerebral could lead to other comprehensive studies, especially on the type of training that teachers should under go in order to minimize the problems faced by teachers and students in special schools.

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**Appendix A: Questionnaires for Teachers**

**THE UNIVERSITY OF ZAMBIA**

**SCHOOL OF EDUCATION**

**DEPARTMENT OF EDUCATION PSYCHOLOGY SOCIOLOGY**

**AND SPECIAL EDUCATION**

**INTRODUCTION TO THE RESPONDENT**

I'm a student pursuing Master of Education at the University of Zambia. My programme of study requires me to carry out a research study. You have been selected as a respondent to this questionnaire because my study focuses on the challenges that teachers face when teaching children with cerebral palsy. You are kindly requested to fill in the information appropriately; it'll be used strictly for academic purposes and will be treated as confidential.

Thanking you in anticipation of your cooperation.

Yours sincerely:

**RESEARCH STUDENT**

Name of the institution, address, region, phone number.....

.....

.....

Respondent age: \_\_\_\_\_

Sex: \_\_\_\_\_

Years in teaching service: \_\_\_\_\_

Years in special education: \_\_\_\_\_

## INSTRUCTIONS

Tick in the box against the answer of your choice and in some cases briefly explains your views on the choice picked in the spaces provided.

### INSTRUMENT 1:

## QUANTITATIVE DATA COLLECTION FROM SCHOOLS THAT PROVIDE SPECIAL EDUCATION

### SECTION 1: General characteristics of schools and respondents.

NO.	QUESTIONS AND FILTERS	CORDING CATEGORIES
Q. 1.01	In which sector does your school fall?	Private.....1 NGO.....2 Parastatal.....3 Informal sector.....4 UN agencies.....5
Q. 1.02	In which category of employment are you?	Head teacher.....1 D/head teacher.....2 Senior teacher.....3 Regular teacher.....4 Special Education teacher.....5
Q. 1.03	How many pupils with disability are enrolled in your school?	Male.....1 Female.....2
Q. 1.04	Out of the number indicated in Q. 1.03, how many pupils are with cerebral palsy.	Male.....1 Female.....2
Q. 1.05	In which educational setting is children with cerebral palsy receiving their learning in your school?	Regular classes.....1 Special classes.....2 Resource room.....3

**SECTION 2: Training and qualification for teachers.**

NO.	QUESTIONS AND FILTERS	CORDING CATEGORIES
Q. 2.01	Where were you trained in Special Education and how long was your course?	ZAMISE.....1 T.V.T.C.....2 U.N.Z.A.....3 Any other.....4  ..... YEARS
Q. 2.02	Are you trained to teach the physically impaired pupils?	YES.....1 NO.....2
Q. 2.03	What qualification did you obtain?	Degree.....1 Advanced diploma.....2 Diploma.....3 Certificate.....4
Q. 2.04	Mention the types of cerebral palsy that you know?	..... ..... ..... ..... .....
Q. 2.05	Out of the ones mentioned in Q. 2.04, which type of cerebral palsy is common in your school?	..... ..... ..... .....
Q. 2.06	Are you aware of the National Education Policy on children with special needs?	YES.....1 NO.....2
Q. 2.07	If yes, what disability issues indicated in the policy have been implemented in the education of children with special needs e.g. cerebral palsy?	..... ..... ..... .....

### SECTION 3: Main jobs that teachers do

Q. 3.01 Do you agree that your training was adequate compared to your work?

- a) Strongly agree
- b) Agree
- c) Disagree
- d) Strongly disagree

Q. 3.02 If you disagree, how are you able to teach pupils with cerebral palsy?

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Q. 3.03 Are you able to differentiate and understand these children's disability?

YES

NO

Q. 3.04 Do you find children with cerebral palsy difficult to teach?

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Q. 3.05 What specific work do teachers in special education do?

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Q. 3.06 what challenges do you face when teaching children with cerebral palsy?

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Q. 3, 07 what do you think should be done to overcome the challenges mentioned in Q. 3.06?

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Q. 3.07 which of the following implements are commonly used by pupils in your School?

- a) Wheelchair
- b) Crutches
- c) Calipers
- d) Calipers and crutches
- e) Others (specify) \_\_\_\_\_

Q.3.08 Mention the teaching tools and materials which you should have in order to teach effectively

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Q. 3.09 How adequate are the teaching tools and materials mentioned in Q. 3.08?

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## **Appendix B: Focused Group Discussion**

### **FOCUSED GROUP DISCUSSION GUIDE FOR TEACHERS.**

1. How are lives of pupils with cerebral palsy affected by this condition in comparison to normal children's life?
2. Are there some implements available that can be used to alleviate the problems of the cerebral palsied individuals?
3. In your own view, what problems do you encounter when handling children with cerebral palsy