



Experiences of learners with Mental Retardation learning in an Inclusive Educational setting. A case study of Kadoma Urban in Zimbabwe

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ABSTRACT

The purpose of this study was to explore the experiences of learners with mental retardation learning in an inclusive education setting in Kadoma Urban in Zimbabwe. An inclusive education setting is one that aims to remove exclusionary practices within the education system and promote education systems that accept all people irrespective of their difference. Inclusive education practices on its own is not uniquely designed for people with disabilities, but they have been adopted by most developing countries as a basic strategy to influence and enhance social acceptance and personal growth among people with disabilities. A constructivist lived experience perspective underpinned this research, in which multiple case studies were used to interact with the participants on inclusion and their experience learning in an inclusive education among learners with mental retardation, (7 participants; 2 males and 5 females) were purposively sampled. Data were collected through face-to-face interviews and transcribed verbatim. Three themes emerged from the inductive thematic analysis of data sources. It was found that participants were not recognising inclusive education peers without mental retardation as significant others, the study also found poor self-acceptance in the participants and they reported low levels of social acceptance in their schools. The findings of this study have the potential for the inclusive communities' policy makers and researchers to better understand the attitudes of learners with mental retardation towards learning in inclusive education settings.

INTRODUCTION

This study explored the experiences of learners with mental retardation learning in an inclusive education setting in Kadoma Urban in Zimbabwe. Mpfu (2017), argues that studies on experiences of vulnerable and disadvantaged persons towards a social phenomenon is critical because their experiences influence how they view the phenomena and interpret issues and consequently whether they accept or reject their conditions. Experiences influence the success or failure in learners with mental retardation and these experiences greatly influence the extent to which they are willing to learn together with learners without disabilities. Howard and Orlansky (1992) argue that the education of children with disabilities presents a complex and difficult challenge given the current trend of inclusion.

Who are learners with Mental retardation?

Learners with mental retardation are those pupils in school who exhibit marked limitation in personal effectiveness due to deficits in mental functioning and adaptive skills that are noticeable before the age of 18 years (AAMR, 1992). Most societies especially from the developing countries views learners with mental retardation as “dull witted, deficient in vocabulary, slow to understand unable to follow an argument logically, inattentive, with poor memory and unable to manipulate symbols readily. This view captures the essence of functional limitations perspective (Browell, 2010). The developmental perspective considers learners with retardation as learners who exhibit developmental disability (Hodapp, 1990). In other words, a person with mental retardation are considered as progressing through the same stages as persons without mental retardation but at a slower pace. While mental retardation is a cognitive impairment, the learner who is mentally retarded can also have positive feelings (attitudes) towards learning in an inclusive education setting.

Inclusive education

An inclusive education is an education system that responds positively to diversity and sees individual differences not as a problem but as an opportunity for enriching itself (Kochung, 2011). The aim of an inclusive education is to remove the historical exclusion within schools through enactment or modification of the school’s curriculum legislation, policies and community management practices in order to promote the re organisation of the education systems and community participation of all people regardless of their differences (Rustemier, 2002). Rehabilitation and health care practices for people with disabilities, such as the use of inclusive practices, are continually evolving and those that focus on the use of community efforts in promotion

rights of people with physical disabilities are likely to be preferred over time (Mpfu & Oakland, 2010). Social factors that focus on choices in participating in inclusive education activities of the vulnerable communities such as learners with mental retardation will continue receiving attention, as will their interface with measures of physical function in every day settings (World Health Organisation, 2004).

Mental retardation and inclusion in the context of Zimbabwean Education

The participation of learners with mental retardation in Zimbabwe inclusive education system has shown some improvement over the last decade. This has been due largely to the involvement of these learners with mental retardation disabilities in various inclusive education activities (Choruma, 2006). The adoption of inclusive education practices by many countries in Africa came as a result of international conventions and pressure from disability advocacy groups, mainly from international communities such as the United States of America and the United Kingdom (Chimhonyo et al., 2011). This has directly influenced most Zimbabwean learners with mental retardation to move from disability group homes to learning in more inclusive education setting (Majoko, 2005). Those who remained behind in group homes are catered for by special institutions such as Jairos Jiri, Rubatsiro and residential rehabilitation hospitals that are scattered around the country (Mpfu & Shumba, 2012; Mpfu et al., 2012), as inclusion has its own limits (Hansen, 2012).

Experiences of learners with Mental retardation in Inclusive education settings

Learners with mental retardation tend to experience emotional problems such as fear, disappointment and depression when exposed to inclusive education setting as a result of a lack of effective rehabilitation services. Counselling would be an example of a rehabilitation service that may appear ineffective in learners with mental retardation learning in inclusive education settings. Such a service may be designed to assist the carers and/or family members of the person living with a mental retardation -related disability, such as moderate mental retardation (Vennes, 2009). For example, fear of what the result will be following the placement of a learner with moderate mental retardation at an ordinary school setting a common reaction of learners with mental retardation. Learners with such disabilities may experience a significant disruption of self-value (Mpfu et al, 2012). According to Venes (2009), learners with mental retardation who are placed in inclusive education setting must also receive psychoeducation. Psychoeducation offers pre-knowledge to learners with mental retardation before placing them in an inclusive education setting to prepare them for possible psychological difficulties as a result of new learning

environment. As some learners with mental retardation do not receive psychoeducation before placement in an inclusive education setting, fear of developing those potential psychological difficulties induces psychological weakness immediately after placement (Venes, 2009). Some individuals may feel uncomfortable in the presence of others for a period of time. The period of time it would take to diminish these fears would depend on whether the individual received psychoeducation (Murro, 2006). Disappointment and disillusionment are often felt towards educational professionals who fail to provide adequate education about the possible difficulties.

Goal of the study.

This study aimed to explore the experiences of learners with mental retardation learning in inclusive education setting in Kadoma Urban in Zimbabwe. The study specifically aimed to facilitate accessing marginalised experiences and voices of learners with mental retardation experiences in an inclusive education setting.

METHODS

Research design

This study was informed by the qualitative research methodology (Creswell, 2012) and guided by the principles of thematic content analysis (Creswell, 2009, Braun & Clark, 2007). Given that the aim of the study was to explore the experiences of learners with mental retardation learning inclusion in inclusive education setting a qualitative research methodological approach in which learners with mental retardation experiences and voices are foreground in both design and analysis was appropriate.

Sampling and sampling techniques

The sampling frame for this study was 7(2 males and 5 females) learners with mental retardation. This purposively selected sample was able to yield credible data for the purposes of this qualitative study. The sample was able to achieve data saturation (Cohen, Kahn & Steeves, 2000; Creswell, 2007). To be included in this study the learners with mental retraction must have been learning in an inclusive education setting in Kadoma urban either intermittent or continuous for at least 1 year.

Data collection

Consistent with qualitative research methodology this study made use of open ended interviews (Baxter & Jacke, 2008; Scholz & Titje, 2002) as the method of data collection. Participants responded to one on one interview questions which were based on prepared interview schedule on how learners with mental

retardation construct their views and experience on inclusive education. (Keyton, 2001; Punch, 2005; Cohen, Manion & Morrison, 2001). Furthermore, the use of qualitative research methodology approach on learners with mental retardation experiences is associated with accessing marginalised experiences and voices (Hesse-Biber, 2007). The interviews were recorded using a mobile phone, with each interview lasting between 1hr and 1hr 30 minutes. The interviews were conducted, transcribed and analysed by the first author.

Ethical considerations

Ethical approval for the study was obtained from the Ethics committee of the Zimbabwe Open University. Ethical principles of informed consent and voluntary participation, protection from harm, confidentiality and privacy, were adhered to throughout the research process and of data collection and analysis.

The researcher gave the study's participants all relevant information about the risks or harm that could arise if they participate in the research (Woodsong & Karim, 2005). However, the study minimised risks and enhanced potential benefits to the greatest extent possible (Emanuel et al., 2000). The researcher also gave participants options to pull out of the study at any point, should they wish to without any penalties (Loue & Okello, 2000). The study also solicited for consent from parents participate and assent for participants whose ages were below 16 (Beskow et al, 2004). Sixteen years is the legal age of majority in Zimbabwe (COPAC, 2013).

The study also ensured that respondents were not exposed to any undue physical harm or psychological harm. The researcher provided pre and post interview counselling to our study participants to cushion the respondents against possible negative effects of taking part in this study (Emanuel et al., 2000).

The researcher also protected identities of the study participants by using pseudonyms throughout the study and not having their names or location in the study (Emanuel et al., 2000). The study also kept private participant's information and responses shared during the study by anonymously presenting them in the study's results (Makore Rukuni, 2003). The researcher deleted recorded interviews from the mobile phone to ensure that people who had access to the phone could not listen to them.

Data analysis strategies

Data analysis from this study was done using the thematic content analysis approach (Grbich, 2004). The first stage involved familiarising with the data. This was done through listening to and transcribing of the interviews. The second stage involved creating codes linked to research questions by identifying key words and sentences. The third stage involved grouping codes into themes and the last stage involved reviewing themes labelling them and having suitable quotes to represent the themes identified from each transcript. In

carrying out the analysis, coding was data driven but also influenced by the study's research questions.

Rigour of the study

To ensure rigour of this study the researcher checked for credibility, dependability, confirmability and transferability (Creswell, 2007). To enhance the credibility of our study we prolonged engagement of our participants through engaging them in interviews that lasted more than one hour (Cohen, Kahn & Steeves, 2000). The study also triangulated the seven interviews held to produce a more comprehensive view of the phenomenon being studied (Creswell, 2007). The study also conducted peer debriefing in this study in order to see agreement in data labels and the logical paths taken to arrive at those labels. The researcher also conducted member checking in this study. Participants were allowed to read their transcription of their interviews to ensure that these have been accurately recorded and are therefore credible (Creswell, 2007).

RESULTS

This section presents the results obtained from the multiple case studies and uses the interview narratives of how learners with mental retardation experienced inclusion. The study results are presented according to four major themes, with elaboration by subtheme, category and subcategory:

- The importance of other peers without mental retardation in inclusive setting
- Self-acceptance in an inclusive education setting.
- Social acceptance in an inclusive setting

In the presentation of themes, the voices of participants are interwoven in response to the study's research goal. The study presents the verbatim responses of participants and pseudonyms were used in their narratives to protect the identity and confidentiality of the participants.

The importance of other peers without mental retardation in inclusive setting

All the participants indicated that they do not understand the importance of other peers without mental retardation in an inclusive setting. They pointed out that they are discriminated and labeled negatively as learners with mental retardation. The following are verbatim narrations on the importance of other peers in an inclusive setting. One participant Lilian (Mild-mental retardation, 14 years, female) said

"There are not of use to me. Other peers at school who are not mentally retarded

isolate me in the classroom and even outside".

Another participant Abel (Mild – mental retardation, 16 years male) said

"other peers reject me and do not even want to do group work with me in the classroom. They just feel I am not part of them".

George (Moderate-mental retardation, 14 years, male) added

"I am not being recognized by my peers as a learner with mental retardation. I am discrimination and labeled negatively. They say I am a child of a witch".

Rejoice (Mild-mental retardation, 18 years, female) had this to say on the importance of other peers in an inclusive setting

"other peers do not like me and do not understand my condition or disability"

Fiona (Moderate-mental retardation, 13 years, female) also said

"other peers have negative attitude towards me. I am invisible to them and not heard I am not fully included as a learner with mental retardation. Some of my peers associate my disability as a punishment from God; so they distance themselves from me".

Loise (Moderate-mental retardation, 15 years, female) said the following under the importance of other peers in an inclusive setting

"they do not to include me in everything they are doing. My peers do not regard me as a human being. I am isolated all the time. They give me a lot of names."

The verbatim above indicated that most participants (learners with mental retardation) learning in Kadoma Urban do not understand the importance of their peers in an inclusive setting. This was largely because other peer's learners without mental retardation were not being accommodative to them. They shunned them and identify with other names that were stigmatizing and derogatory. They felt that that they were not accepted by peers in their learning environment. Social acceptance is very important for successful integration for any community members. They indicate that their rejection makes them not willing to learn in an inclusive education setting.

Self-acceptance in an inclusive education setting.

All the participants indicated that self-acceptance is not promoted in an inclusive setting. They indicated that they are not included in all activities that at their schools and there are not welcome by their peers without mental retardation.

Abel (Mild – mentally retarded, 16years, male) has this to say on inclusion and self-acceptance

“As a learner with mental retardation I feel like an outsider and unwelcome by my peers. I sit alone in all activities they do at school. They just feel I am useless”.

Another participant George (Moderate – mentally retarded, 14years male) said

“I am segregated. Even my teacher does not recognize my presence in the classroom. They feel I cannot do anything. I cannot even do group work with my peer who are not mentally retarded. They take me as a stranger”.

Rejoice (Mild –mental retarded,18 years, female) also added

“I am unable to engage in activities with my peers, I am disregarded by my peers and no attention is paid to a child with special needs like me. I feel embarrassed to an extent of thinking of to drop out of school because I can't match it. It's not for me”.

Fiona (Physically impaired and Moderate – mentally retarded, 13years, female) responded by saying

“as a wheel chair user my wheel chair cannot even get inside the classroom and use the toilet because the doors are narrow. That alone shows I don't belong to the school. My peers reject me because of what I am”.

Loise (Moderate – mentally retarded, 15years female). Has this to say on self-acceptance in an inclusive

“I am ill-treated by my peers. They do not want my company at school. I feel lonely every time when I am at school. My peers do not understand my disability; they think I am a creature not a human being. I get a lot of names from my peers).”

The above narratives indicated that the participants felt that self-acceptance of learners with mental retardation is not promoted in an inclusive setting. They reported that their peers and even teachers do not consider their

presents in an inclusive setting. They pointed out that they are not recognized, instead they are regarded as useless. The participants suggested that they also feel that they are useless and not have equal value in inclusive learning activities given to peers without mental retardation. They feel that there are more differences that similarities as compare to their peers without disabilities at their schools. As a result, they do not have friends and other peers are afraid of them, thinking that they are not human beings. They end up sitting alone in their classroom and are not even assigned duties or roles for example being a prefect or a class monitor have since contended with that.

Social acceptance in an inclusive setting

Lilian (Mild – mentally retarded, 14years female) has this to say on social acceptance of learners with mental retardation in an inclusive education setting

“my peers do not want to sit next to me in the classroom. They do not want to mix with me. I do my school work alone. They are unwilling to help me or associate with me. I feel unwanted and see myself as a helpless somebody”.

Another participant Abel (Mild – mentally retarded 16years male) gave the following response to the question:

“It is affecting me a lot and as a result my participation in the class reduces. Other peers do not want anything to do with me. I feel discriminated and being looked down upon by other peers”.

Rejoice (Mild – mentally retarded 18years female) added

“other peers do not want to include me in doing group work and other activities. I do not feel a sense of belonging pride and responsibility by being rejected”.

Fiona (Moderate – mentally retarded 13years female) also said

“I am not heard by my peers. They do not want to play with me and help me in doing my school work. My confidence is lost and I am now having negative attitude towards learning”.

And Prudence (Mild – mentally retarded, 17years female) added

“Learners without mental retardation need information about my disability so that they know that I am a human being just like

them. I must be included in all school duties and activities just like my peers).

And Loise (Moderate- mentally retarded; 15 years, Female) said

"I am not treated fairly. I hate school so much because my peers do not like me. They do not want my company. I am not happy when I am at school. I just feel I am in a wrong place because of the ill treatment from my other learners without mental retardation"

Besides poor self-acceptance as a result of learning in an inclusive education setting all the participants indicated that their rejection by the significant others was contributing to their unwillingness to learn in an inclusive environment. They felt they were not treated being treated fairly; other peers do not want their company as learners with mental retardation in an inclusive setting.

DISCUSSION OF FINDINGS

The importance of other peers without mental retardation in inclusive setting

The study revealed that learners with mental retardation in in Kadoma urban do not get the value of their peers in an inclusive setting. They indicate that they are isolated in the classroom and even outside by their peers. Other peers do not want their company. The results of the study indicated that they do not understand the importance of their peers in an inclusive setting because they are rejected and not included in their groups in the classroom. The role of the significant others is very important in any community and more required in education setting. Significant others assist individuals to locate the operational space in learning environment. Competent persons collaborate with others for help. A competent individual also accomplishes this feat by means of prompts, clues, modelling, explanation, leading question, discussions, joint participation, encouragement and control of others (Miller 2011).

This study's results are in contrast to those found by Nygren, Aléx, Jonsén, Gustafson, Norberg and Lundman (2005). Their study found that people with mental retardation who learn in inclusive education settings develop high scores of perceived self in life Test, and the Self-Transcendence Scale. King et al. (2003) also did a qualitative study on the nature of resilience in people with chronic disabilities. Fifteen people with disabilities identified the factors that helped or hindered them at major turning points, as well as the triggers and resolutions to these turning points. Turning points were emotionally compelling experiences and realisations that involved meaning acquired through the routes of belonging, doing, or understanding the self or the world. The major protective factors were social

support, traits such as perseverance and determination, and spiritual beliefs (King et al., 2003). Three new protective processes were identified: replacing a loss with a gain (transcending); recognising new things about oneself (self-understanding); and making decisions about relinquishing something in life (accommodating). The results of King et al. (2003) show that protective factors, processes, and ways in which people with disabilities draw sense and meaning in life, have important implications for inclusive community practices.

Self-acceptance in an inclusive education setting.

This study also revealed that self-acceptance of learners with mental retardation is not promoted in an inclusive setting. They reported that their peers and even teachers do not consider their presents in an inclusive setting. They pointed out that they are not recognized, instead they are regarded as useless. According to (Westwood & Graham, 2003) exposure to students of all types on a daily basis allows typical students to see that just like themselves, students with disabilities have strengths and weakness and good days and bad days. Participation in inclusive education activities by leaners with mental retardation in Kadoma Urban was not contributed to the development of their self-acceptance. A positive self is the "ability to love yourself and it is a central component of mental health" (Diener et al., 2002, pp: 80). Learners with mental retardation who are self-actualised are described as having strong feelings of empathy and affection for all human beings. They are further described as being capable of greater love, deeper friendship and more complete identification with others (Diener et al., 2002). Relating to others with warmth is posed as a criterion of maturity. Adult development stage theorists (Freud, Erickson) support this view by emphasising the achievement of close unions with others and guidance and direction of others as criteria of maturity.

The results that learning in an inclusive education does not always enhances the development of self-acceptance is consistent with research findings on a related study done by Magiati, Dockrell, and Logotheti (2002). Magiati, Dockrell, and Logotheti (2002) conducted study on young children's understanding of disabilities: the influence of development, context, and cognition in this Greece study investigated children's representations of different disabilities. Altogether 79 Greek children with disabilities and between 8-9 and 10-11 years old, learning in inclusive education settings, were used in the study to see if they were selecting friends based on individual differences such as disabilities. Children from an urban school as well as from rural communities were used in the study. Responses to the attitude scale provided negative views of inclusion (Magiati, Dockrell, & Logotheti, 2002). Children were less positive about activities that might directly reflect upon themselves. Children had the greatest understanding of sensory and physical disabilities and indicated that learning in inclusive education settings was helping them much to accept

their condition. However, in another study, Campbell, Gilmore and Cuskelly (2003) examined the use of inclusion to influence the development of psychological wellbeing among people with and without disabilities. These researchers also found that learning in inclusive setting had a strong influence on the development of psychological wellbeing in people (even those without disabilities), as it was found to contribute to the ability to have meaningful relations with others (Campbell et al., 2003).

Social acceptance in an inclusive setting

The current study found that besides poor self-acceptance as a result of learning in an inclusive education setting all the participants indicated that their rejection by the significant others was contributing to their unwillingness to learn in an inclusive environment. They felt they were not treated being treated fairly; other peers do not want their company as learners with mental retardation in an inclusive setting. One of the major aim of inclusion is to facilitate social acceptance of all learners learning in an inclusive education setting. Inclusive education settings also aim at developing personal development. Personal growth involves not just optimal cognitive functioning, but continued cognitive function among learners with mental retardation, and successfully confronting new challenges or tasks at different periods of life (Dolan et al., 2011; Kahneman & Deaton, 2010). Self-acceptance refers to a central feature of mental health, as well as a characteristic of self-actualisation and optimal functioning and maturity (Kahneman & Krueger, 2006). Thus, when learners with mental retardation hold positive attitudes towards themselves, this emerges as a central characteristic of positive psychological wellbeing.

Results of this study are in contrast to the study conducted by Mott et al. (2009) who confirms that being engaged in inclusive community activities such as inclusive education is associated with an improvement in personal growth, self-acceptance and quality of life (QOL) among those with multiple sclerosis (MS). In their study, Mott et al. (2009) examined variables that might account for the relationship between physical activity, personal growth and self-acceptance living with multiple sclerosis. The researchers found that people who were living with multiple sclerosis and who were more physically active in inclusive community activities indicated lower levels of disability as well as higher levels of personal growth and self-acceptance, and they were able to manage their disabilities. In turn, those who were not active in inclusive physical activity programmes reported higher levels of depression, anxiety, fatigue and lower levels of quality of life.

CONCLUSIONS AND RECOMMENDATIONS

Based on the complex nature of the interaction between aspects such as inclusion, life experiences, learners with

mental retardation and public policy, several recommendations can be made for populations with similar characteristics as the one covered by this study. This study recommends the need for further research on inclusion, disability, school experiences and mental retardation. Discourse analysis that investigates the relationship between inclusion, school experiences, learners with mental retardation and public policy the quality of life for learners with mental retardation learning in inclusive education settings could lead to improved implementation of inclusion. The findings of such studies could guide the development of inclusive education policies that encourage learner participation of non-dominant cultures such as people with disabilities in designing community activities that enhance their personal development.

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