

**THE RELATIONSHIP BETWEEN SELF-CONCEPT AND ACADEMIC PERFORMANCE OF PHYSICALLY CHALLENGED STUDENTS: A CASE OF SPECIAL SECONDARY SCHOOLS FOR STUDENTS WITH PHYSICAL DISABILITIES IN KENYA.**

**BY**

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**OCTOBER, 2010**

## DECLARATION BY THE STUDENT

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## **DEDICATION**

To my nephew Nelson, children Raychelle, Brenda and Charlie, May this thesis inculcate in you the desire to aspire for greater academic achievements.

## ABSTRACT

The education and training of persons with special needs is an important and growing initiative in most nations of the world. In Kenya, students with physical disabilities, who have the most to gain from academic achievement, do least well in school. The current study endeavoured to investigate the relationship between self-concept and academic performance of physically handicapped students in special secondary schools.

The study was based on Herbert Mead's Symbolic Interactions Theory and the Theory of the Self, by Carl Rogers. The study adopted both the correlation and causal comparative research designs. Purposive sampling technique was used to select 135 students from the two special secondary schools for the physically handicapped and the headteachers. The data was collected by administering questionnaires to students interviewing head teachers and analyzing document. The data was then analyzed using both descriptive and inferential statistics. The hypotheses were tested at .05 level of significance.

The results revealed that most physically handicapped students had negative self-concept. The Pearson Correlation Coefficient showed a significant positive correlation ( $r = .71$ ,  $p < .05$ ) between self-concept and academic performance. Students' socio-economic status and self-concept had a positive significant correlation ( $r = .78$ ,  $p < .05$ ). The relationship between the students' perception of their teachers' attitude towards them and their self-concept had no significant correlation ( $r = .183$ ,  $p > .05$ ). The physically handicapped male and female student did not differ in their view of self  $t(133) = .73$ ,  $p > .05$ . The relationship between gender and academic performance had no statistical difference among the mean scores  $t(133) = .67$   $p > .05$ .

The study recommends that special schools should concentrate on creating a supportive environment fostering the development of self-concept because the results of this study indicated that majority of physically disabled students had low self-concept.

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## LIST OF ABBREVIATIONS

BOG:	Board of Governors
CBM:	Christoffel Blinden Mission
CESA:	Comprehensive Education Sector Analysis
DANIDA:	Danish International Development Assistance
EFA:	Education for All
FPE:	Free Primary Education
GOK:	Government of Kenya
KCPE:	Kenya Certificate of Primary Education
KCSE:	Kenya Certificate of Secondary Education
KIE:	Kenya Institute of Education.
KISE:	Kenya Institute of Special Education
KNEC:	Kenya National Examination Council
MBE:	Ministry of Basic Education
MOEST:	Ministry of Education Science and Technology
MPET:	Master Plan on Education and Training
NAEP:	National Assessment of Educational Progress
NFE:	Non-Formal Education
NGOs:	Non-Governmental Organizations
PTA:	Parents Teachers Association
SNE:	Secondary Needs Education
SET:	Special Education and Training
TIVET:	Technical, Industrial, Vocational and Education Training
UNESCO:	United Nations Educational Scientific and Cultural Organization.
UNICEF:	United Nations International Children's Education Fund
UPE:	Universal Primary Education
US \$:	United States of America Dollars
WB:	World Bank

## **CHAPTER ONE**

### **INTRODUCTION TO THE STUDY**

#### **1.0. OVERVIEW**

This chapter comprises of the background information to the problem, the statement of the research problem, objectives of the study, the research questions, hypotheses, and assumptions of the study, limitations of the study, theoretical framework and operational definition of the key terms.

#### **1.1 BACKGROUND TO THE STUDY**

Today, the right of the Persons with Disabilities to education is widely acknowledged regardless of the nature or severity of the disability (Persons with Disabilities Act, 2003). At the heart of this assertion is the belief that every child can learn even if learning takes place at a slow rate or in small steps. Consequently, the key is to find out by thorough diagnosis and assessment of a child's abilities as well as difficulties, how he/she learns best, what particular approaches will help him/her move ahead to new achievements, and what support or aids can make a difference. With this kind of understanding, a school programme can be designed to give the physically handicapped children the special education services they should have in order to progress. This view offers great hope for children who have handicaps. It says, in effect, that the school programme must fit the handicapped child and not the other way round (Heyman, 1990).

Although there have always been exceptional children, there have not always been special educational services to meet their needs. It is said that society can be judged by the way it treats those who are different. By this criterion, our education system has a less than distinguished history. Children who are different because of exceptionality have often been denied full and fair access to educational opportunities. Providing education for children with special needs has not been easy in sub-Saharan Africa. Hardest hit are

those with severe disabilities, who are excluded from public education system altogether. In situations where the children obtain opportunities, they are enrolled when they are at least 10 years old. They become adults before they complete primary education. The situation is bleak in rural areas where regular schools lack facilities to cater for the handicapped, says a United Nations Education and Scientific Organization (UNESCO, 1994) report on the status of special education in Kenya

Whereas education officials identify scarcity of resources as a major factor that excludes children with exceptionalities from schooling, hidden unwillingness by regular schools to accept pupils with severe disabilities has emerged as a major deterrent, parental choice also contributes to exclusion of children from schooling. Negative attitudes towards people with disabilities encourage parents to keep disabled children at home. Many people, including teachers, expect pupils with special needs to spend their lives at home and not to work. Consequently, teachers emphasize the need to contain the challenging disabilities and to promote obedience, spiritual development, personal care and domestic skills.

The right to education is universally regarded as fundamental (World Bank,1988), but this is not the case in Kenya, as over 70 per cent of school age children with disabilities are either at home or enrolled in regular schools with little or no specialized help. The Ministry of Education (2005) statistics show that only 15,000 out of 750,000 learners with disabilities are enrolled in schools for children with disabilities, while an equivalent number are in regular schools. Examining the educational status of a group of individuals, therefore, in most cases, is as good as examining predictors of their future.

There is perhaps no group of students for whom education is more significant than those with physical disabilities. A good education can mean the difference between a life of dependence and unemployment and a life of independence and productivity. In a society too frequently preoccupied with defining people in terms of their disabilities, a good education offers them an opportunity to define themselves in terms of their abilities. It is for this reason that the development of education for children with special educational needs has become a universal priority; hence, Kenya is no exception to this global view

with regard to making educational provision for children with special needs (Cherono, 2005).

Durojaiye (1976) notes that self concept refers to the way one characteristically feels about oneself. Self-view is therefore very important in determining how one learns and behaves. Research indicates that self-concept is present in every aspect of a person's conscious and unconscious world. According to Muse (1992), "The more enriched a person's self-concept is, the greater the chance for success to occur" (p. 246). Reversibly, a person with a low self-concept has a diminished probability of reaching his or her highest potential. His research indicated that students in special education had a lessened opinion of their physical appearance, were discouraged more easily, and often felt that their success was due to luck rather than ability.

In contrast, research by Kirk and Gallagher (as cited in Muse, 1992) indicated that a self-concept was not negatively altered as a result of labeling but instead that labeling was effective in three ways. First, labeling allows the student to be placed in an effective treatment programme. Next, it allows scientists to more easily identify factors that cause various disorders. Finally, labels allow special educators to obtain resources needed for student disorder treatment.

Research by Mwaniki (1973) suggests that self-concept is related to academic achievement. Burns (1982) notes that psychologists and educationists are becoming more aware of the fact that an individual's self-concept or his attitudes to and perceptions of him or herself are intimately related to how he learns and behaves. According to Burns, many students have difficulties in school work not as a result of low intelligence or physical impairment, but because they have come to regard themselves as unable to do academic work. It is generally observed that many physically handicapped people tend to have negative self-perceptions and low self-esteem (Majewski, 1984; Shakespeare, 1975). This is as a result of the frustration that permeates the lives of such persons as well as peoples' attitudes towards the disabled which in most cases tend to be negative.

Education plays a pivotal role in the development of self-concept in students since they spend more time in school. Their experiences in school play a major role in determining what they think of themselves and their abilities. The ingredients of self-concept are therefore primarily social, obtained through countless interactions with persons, places, policies, programmes and processes. Thus the self-concept of physically handicapped students is greatly influenced by those that treat them as able, respected, valued and responsible or reciprocally as unable, disrespected, unvalued and irresponsible (Novak & Purkey, 1976).

Special education teachers have a choice as to whether they should impact their students' self-concept positively by creating an environment of mutual support and caring or negatively through an environment of sarcasm and ridicule. He further asserts that it is important for school personnel to create a non-judgmental environment for the students so that they can grow and become more aware of the choices that they need to make, assess the consequences of the choices and synthesize strategies for making appropriate choices (Bills, 1981).

The prevalent view is that children with physical disabilities are likely to have greater emotional and psychological problems including lower self-concept, than that of their able-bodied peers (Coleman, 1997). Most literature on attitudes towards individuals with physical disabilities indicate that majority of non-disabled individuals often hold negative attitudes towards those with physical disabilities and see them as less able to perform well academically (Morgan & Wisely, 1996). Such attitudes can have a tremendous impact on the self-concept and academic performance of an individual with a physical disability. Because the study of self-concept is, in essence, the study of individual differences it follows that it be undertaken in situations where such differences are maximized by studying students with differing kinds and levels of disability.

Therefore it is apparent that students develop self-fulfilling prophecy throughout their school years that is influenced by their teachers' high or low expectations of them. This implies that teachers who encourage positive perceptions, and expect high academic and

social achievement from their students will motivate them to increase the self-concept of their abilities. It is in the light of this then, that it becomes a duty of researchers to find out where self-concept is low among pupils and try to enhance it for their good. If the disabled are inclined to suffer from a measure of psychological maladjustment arising out of their handicap, then they should be helped to develop self confidence and proper outlook to life. Although we cannot deny the influence of external factors on academic performance of the physically disabled, it is also important to investigate poor academic performance from the pupil's point of view.

According to Richman, Clark and Brown (1985), self-concept is the nature and organization of beliefs about one self that has been theorized to be multi-dimensional. For example, people have separate beliefs about physical, emotional, and social aspects of themselves. Educators have long believed that a positive relationship exists between self-concept and academic performance. Schools are therefore ideal settings for positive self-concept development since students are usually at school most of the time and schools typically have facilities to help promote positive self-concept development. However, the existing empirical research on the relationship between self-concept and academic performance is sparse hence it is not clear as to whether special secondary schools in particular pay special attention to positive self-concept development of their students.

Previous studies indicated that handicapped children face self-concept problems, and this may certainly be attributed to the negative attitudes displayed towards them by the ordinary people and the failure and frustration that they encounter as they try to compete with them in day to day lives. Academic achievement has been studied in innumerable contexts for self-concept. It has been established that self-concept does have an impact on academic achievement, whether positive or negative (Heyman, 1990). It is therefore possible that a correlation could be observed between the physically handicapped student's level of self-concept and their academic results. This study is therefore set to answer the following question: is there any relationship between self-concept and academic performance of physically disabled students?

## **1.2 STATEMENT OF THE PROBLEM**

A review of the state of special education in Kenya reveals that the need for reform can not be over emphasized. The special education sector has suffered poor academic performance and low enrolment, especially in the physically handicapped category. This could be partially due to the serious handicaps that such children bring to school, such as retarded language development, lack of perceptual skills, poor health due to lack of proper physical and health necessities, and lack of the affective behaviours needed to learn. However, since self-concept is considered to be a predictor of coping with life stresses, there would appear to be a link between self-concept and academic achievement. Thus the development of a positive student self-concept is a widely valued and highly desirable outcome of education.

Today the education of students with disabilities is at crossroads. Simply ensuring that services are present or placing students with disabilities into a separate system called special education is no longer good enough. While evidence relative to the cognitive determinants of low level of academic achievement of the physically handicapped students have accumulated over time, much more needs to be known about the relationship between self-concept and academic performance. It is apparent that students with physical disabilities are significantly lagging behind in academic performance, hence, considerable effort should be directed towards addressing the special challenges that such students face.

The purpose of this study was to determine whether there was a relationship between self-concept and academic performance of physically handicapped students and how the students' characteristics like socio-economic status of the family, gender, and perception of their teachers' attitude towards them, relate to their self-concept. The results of this study will not only pinpoint areas of high and low self-concept, but will also indicate key involvement for personnel working with students with disabilities so that policy makers can develop intervention programmes to change the negative self-concept.

### **1.3 OBJECTIVES OF THE STUDY**

The following were the objectives of this study:

1. To investigate the relationship between self-concept and academic performance among physically handicapped students.
2. To assess the relationship between socio-economic status of the family and self-concept of physically handicapped students.
3. To investigate the relationship between the physically handicapped students' perception of their teachers' attitudes towards them and their self-concept.
4. To find out the relationship between gender and self-concept of physically handicapped students.
5. To determine the relationship between gender and academic performance of physically handicapped students.

### **1.4 RESEARCH QUESTIONS**

This study was guided by the following research questions which were derived directly from the objectives of this study:

1. Is there a relationship between self-concept and academic performance of physically handicapped students?
2. Is there a relationship between socio-economic status of the family and self-concept of physically handicapped students?
3. Is there a relationship between the physically handicapped students' perception of their teachers' attitude towards them and their self-concept?
4. Do male and female physically handicapped students differ in self concept?



5. Do male and female physically handicapped students differ in academic performance?

### **1.5. RESEARCH HYPOTHESES**

The following null hypotheses which were formulated from the research questions were tested in this study:

Ho<sub>1</sub>: There is no significant relationship between self-concept and academic performance of the physically handicapped students.

Ho<sub>2</sub>: There is no significant relationship between socio-economic status and self-concept physically handicapped students.

Ho<sub>3</sub>: There is no significant relationship between the physically handicapped students' perception of their teachers' attitude towards them and self-concept.

Ho<sub>4</sub>: There is no significant difference between physically handicapped male and female students in self concept.

Ho<sub>5</sub>: There is no significant difference between physically handicapped male and female students in academic performance.

### **1.6 JUSTIFICATION OF THE STUDY**

Generally, there is low enrollment in the special secondary schools in Kenya, according to the Republic of Kenya (1992) report on Education for All (EFA). This could probably be due to among other reasons the students' lack of a clear understanding of their true abilities resulting from negative self-concept. Such a situation could be attributed to inadequate counseling and career guidance skills that enable students to more clearly define their interests and skills hence the appropriateness of this study.

According to the Republic of Kenya (2001), The Children's Act and the Constitution of Kenya strongly reaffirm the provision of education to all. In the case of a child with disability, section 12 of the Act states that the provision of education and training will either be free or at a reduced cost. The current study is therefore in support of previous initiatives on the provision of education for the physically challenged in our society.

The Persons with Disabilities Act (2003) was enacted by parliament to provide for the rights of persons with disabilities to achieve equal education opportunities and to eliminate discrimination. Similarly, one of the Millennium Development Goals (MDGs, 2000) to be achieved in 2015 is to eradicate poverty, hence the development of special education must have been factored in by the government. This study is therefore a timely back-up of the government's effort to empower all its citizens economically. It is probable that a positive self-concept will improve their academic performance.

Research on the relationship between self-concept and academic performance has left a lot of unanswered questions since some studies have shown no relationship while others have indicated that there is a relationship. Furthermore, the available literature indicates that most of the research studies were conducted among students with learning disabilities, emotional disabilities and the blind. This study therefore provides more information on the role of self-concept among students with physical disabilities.

## **1.7 ASSUMPTIONS OF THE STUDY**

The following assumptions were made during the study:

- 1) All the participants in the study would cooperate and provide honest responses to the items in the questionnaire.
- 2) The end of term examinations administered in the two special schools were a reliable measure of the students' academic performance.

### **1.8 SCOPE OF THE STUDY**

The study was carried out in two Mixed Secondary Schools for the physically handicapped students in Kenya. The respondents were all the physically challenged students drawn from Form 1 to Form 4. The study investigated the relationship between self-concept and academic performance.

### **1.9 LIMITATIONS OF THE STUDY**

The following were the limitations of the current study:

1. There are other factors that may influence the academic performance of physically handicapped students such as inadequate facilities, absenteeism due to illness, shortage of teachers and the students' poor entry behaviour. However this study focused on the influence of self-concept on academic performance.
2. Due to low enrollment, the sample size for the current study was only 135 students. Perhaps the results could have been different if the sample was larger.
3. The two schools for the physically handicapped involved in the study are both co-educational. Possibly, different results could have been found if the study was done in a single sex school. Unfortunately such a school does not exist in Kenya.

### **1.10 DELIMITATIONS OF THE STUDY**

Delimitation refers to the extent to which the findings of the study can be generalized. The current study involved only physically handicapped students in special secondary schools. The findings can therefore neither be generalized to physically handicapped students in special primary schools nor those in the integrated education programme.

Secondly, this study was carried out specifically among students with neurological and orthopedic impairments hence the results may not be generalized to those students in special secondary schools but with other types of disabilities such as blindness. The

results of this study can therefore only be generalized to physically handicapped students in special secondary schools.

### **1.11 SIGNIFICANCE OF THE STUDY**

Educating and training of disabled persons has recently become a goal in many countries as the principle of equal education opportunities become a matter of interest. It is considered not only a basic human right to have education but it would also be a great economic asset to have so many disabled people who are independent, self reliant and can contribute to the nations economic growth instead of being dependent. This study is of great significance in recommending the educational setting that can foster positive self-concept in physically handicapped children. Such a setting is better since a high self-concept is necessary for academic and social well being of physically disabled children (Mwaniki, 1973).

This study has also provided evidence about the relationship between self-concept and academic performance of the physically handicapped. The results of the study could be used to improve self-concept and academic performance of handicapped students. Findings from the study as to how self-concept of the physically handicapped learners relate to their academic performance is expected to create an awareness in teachers and administrators in schools as to how best they could foster positive self-concept so as to improve academic performance of their pupils. This may in turn enhance their chances of competing favorably with their able- bodied peers in later life.

The study has created awareness about problems that the physically handicapped students encounter in the process of developing positive self-concept. Hopefully, possible solutions that have been recommended to these problems may assist various people dealing with the handicapped in different situations to understand and help them accordingly. For example, different stakeholders in education like the government, the non-governmental organizations (NGO) and other individuals in special education can use the findings from this study to organize workshops and seminars to discuss the

factors that motivate or constrain the physically handicapped from performing well in academics.

Policy makers can also make use of the findings from the study to strengthen the objectives of special education. This will help reduce the disparities in academic performance between the physically handicapped and their ordinary counterpart. It is hoped that the findings from this research will enable schools to continue to adapt and improve their self-concept curriculum to better meet student's needs. Schools can also use the findings of this study to provide a forum for effective parent-child communication. They can advise parents to take keen interest in their handicapped children's performance and progress in academics. They can also organize counseling sessions for both parents and their children to develop a mutual relationship between them. The study is also expected to stimulate more people to carry out research in various aspects of special education.

## **1.12 THEORETICAL FRAMEWORK**

The theories of personality development are many, but this study will focus on only two. These are:

1. Theory of Symbolic Interactions or the Self Theory by George Herbert Meads
2. Theory of The Self by Carl Rogers

### **1.12.1 Theory of Symbolic Interactions or the Self-Theory –**

This study was modeled on the theory of Symbolic Interaction by George Herbert Meads. The theory focuses on the nature of interaction, dynamic patterns of social action, and social relationships. Societies are composed of interacting individuals who react, perceive, interpret, act and create. Through this interaction, the personality of an individual is developed. The role of those with whom the child interacts is of crucial importance in the development or acquisition of the self-concept.

In this theoretical analysis of self-concept, and its genesis, Mead (1934) pointed out that self-concept is a product of social interactions and social experiences. Therefore, self-concept is not an innate or biological inborn structure. Rather, it develops gradually from the behaviour of significant others towards the child. Throughout life, most people are continually engaged in building, maintaining, and refashioning a self.

Mead saw the society into which a child is born as a symbolic environment. That within a society there are norms and mores that guide individuals' behaviour. As the child grows he/she encounters these expectations and learns to see himself/herself the way he/she is perceived by members of the society. The child must construct a self-concept and pattern of behaviour consistent with the expectations he/she perceives others to have for him/her. He/she therefore learns to judge and evaluate himself/herself from the standpoint of others.

For a child to develop his/her self-concept, he/she must take the role of others and see himself/herself from their perspective. Because the physically handicapped child spends a significant proportion of his time in a special school, if such a child is taught to be an effective member of the society, then culture is transmitted, personality is formed and one learns his/her role.

Therefore, children's reactions to their own physical handicaps are largely a reflection of the way they have been treated by others. Shame and guilt are learned responses. A child will have such negative feelings if others respond to him or her by shaming or blaming the child for their physical differences.

### **1.12.2 Theory of Self – By Carl Rogers**

Rogers (1980) defines self-concept as an organized, consistent pattern of perceived characteristic of the 'I' or 'me'. This includes the values attached to attributes. Rogers believed that people strive to keep their perceptions of their experiences consistent with their self-image. He emphasized the lasting effects of social relationship. Everyone needs

positive regard, warmth and acceptance from significant others. Children will do everything to gain parental approval. In pursuit of approval, some children distort their own perception, thoughts, emotions and sensations. This builds inaccurate self-concept that lowers ones performance in a given task. “Fully functioning individuals on the other hand, hold realistic self-concepts that favour their performance.

This theory was adopted to complement the former one because it postulates that all children, whether or not they face the challenges presented by a physical disability, need to develop respect for themselves and to feel that they have a rightful place in their families, school and communities. Parents and teachers should therefore accept and treat children with physical impairments as worthwhile and whole individuals rather than as disability cases. Such children should be encouraged to develop a positive, realistic view of themselves and their physical condition. They should be helped by the significant others to cope with disabilities wherever possible and to realize that beyond the physical impairments, these children have many qualities that make them unique individuals.

According to Muse (1992), the physically handicapped do not feel as part of a community, since they are not involved in communal or family activities. Those special boarding schools have become a dumping place for most of the children since nobody goes to see them. It would be expected that, parents, siblings, relatives and community members should do all they can to promote a positive social and psychological growth for handicapped children. However, most children exhibit withdrawal, fear, emotional feelings, insecurity, hopelessness inactivity and anti-social attitudes. All these characteristics are negative to building and molding a positive personality that would be educationally receptive.

### **1.13 OPERATIONAL DEFINITION OF TERMS**

**Academic performance:** refers to the average grade obtained by a student in a year being used as an index of academic performance. Those who scored ‘C’ and above were considered as good academic performers, while those who scored below ‘C’ were considered as poor academic performers.

**Disability:** Loss or reduction of functional ability due to impairment, this disability is either sensory or physical and it restricts or causes lack of ability to perform an activity in the manner or within the range considered normal of human beings.

**Handicap:** A disadvantage for a given individual resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal for that individual. It refers to a problem that a person with disability encounters in reacting with the environment.

**Physical handicapped:** A person whose one limb or more are dysfunctional and as such uses orthopedic aids such as crutches, calipers, sticks, wheel-chairs or just crawls or those whose physical limitations or health problems interfere with school attendance or learning to such an extent that special services, training equipment and facilities are required.

**Self-concept:** Refers to thoughts and feeling about oneself. It is the self-evaluation or attitudes based on how one is regarded or valued by the significant others.

**Special Education:** The many and varied schools and services that exists to provide suitable education for pupils with disabilities. It's the kind of education that aims at providing education which caters for each child's special needs, thereby making the handicapped person self reliant and fully integrated into the community. It's an enriched form of education aimed at improving the quality of lives of people with handicaps by making use of specially trained individuals as well as equipment to meet their specific individual needs.

**Special Schools:** Those schools that cater for children with various categories of handicap, like the hearing impaired, visually handicapped, mentally handicapped physically and multiple handicapped.



**Teacher perception:** This is characterized by the feelings teachers have about the physically handicapped student in their school.

#### **1.14 Summary**

In this chapter, the background of the study, the statement of the problem, research questions, justification and significance of the study have been addressed. In the background of the study, it was noted that performance of students with physical challenges continues to be below average in spite of inputs from various studies. But a close scrutiny of these research studies reveals that self-concept is missing in the crucial equation of establishing a panacea to that problem.

It is against this background that this study was undertaken. The study had the benefit of investigating the relationship between the two variables, namely; self- concept and academic performance.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 OVERVIEW**

This chapter presents a review of some of the available literature related to the study. The review is divided into the following sections: the history of special education, Self-concept formation, effect of physical disability on self-concept, self-concept and academic performance and effect of gender, family background and socialization on self-concept of physically handicapped students.

#### **2.1 THE HISTORY OF SPECIAL EDUCATION**

Before the 19<sup>th</sup> Century, children with special needs were excluded from any publicly-supported programme of education, the most that was given to them was protection from the world into which they did not fit and in which they could not survive with dignity. But as ideals of democracy took root, individual freedom and egalitarianism swept America and France, there came a change in attitude. Political reformers and leaders in medicine and education began to champion the cause of the handicapped, urging that these ‘imperfect’ and ‘incomplete’ individuals should be taught skills that would allow them to be independent, productive citizens (Hallahan & Kauffman, 1982).

Hallahan and Kauffman (1982) observe that the early years of special education were vibrant and the results achieved were truly remarkable. But despite the energy, optimism and achievements of these early leaders, special education lost its momentum in American in the last part of the 19<sup>th</sup> century. Humane and effective treatment turned to ineffective institutionalization and human warehousing; hope turned to despair. Special public classes for exceptional children became dumping grounds for all kinds of misfits.

Ndurumo (2004) gives a historical background of special education in Kenya. He states that special education was established in Kenya by religious and charitable organizations in the mid 1940s. It started as a modest outfit with the establishment of a vocational

training centre for the Blind at Thika. This was followed by the establishment of a school for the mentally retarded in 1948, a school for the deaf in 1958, and a school for the physically impaired followed this. Policy makers, education commissions, and working parties have consistently recognized the importance of Special Education. In 1964, the Ominde Education Commission noted that there was need for training teachers in Special Education. In 1976, the Gachathi National Committee on Education Objectives delved into the intricacies of Special Education and made significant recommendations that have had profound impact on Special Education.

The Mackay Working Party of 1981 on its part recommended that a special education programme be established at Kenyatta University. The Kamunge Presidential Working Party on Education and Manpower Development of 1988 and the Koech Commission of 1999 made significant recommendations on issues touching on the management of special education. One significant observation made by the Koech Commission was that most of the recommendations from past commissions had not been implemented due to lack of legal instruments. This has affected the provision of education which has been left in the hands of religious and charitable organizations (Ndurumo, 1993).

The Kenya Institute of Special Education (KISE), a government institution, was established in 1986 through Legal Notice No. 7, with a view to meeting the educational needs of disabled children, youth and adults. Its main functions include the training of teachers and other personnel to work in the field of special education; the conducting of research on Special Education; the provision, production, and repair of Special Education materials and equipment, the production and dissemination of information on disabilities to persons involved in Special Education and the general public; and the provision of educational and psychological assessment for children with disabilities. The Kenya Institute of Special Education (2001) defines Special Education as “education of children who have learning difficulties as a result of not coping with the normal school organization and instruction methods”.

Writing about special education in Nigeria, Eduwen (1995) defines special education as “those additional services over and above the regular school programme that are provided for exceptional children to assist in the development of their potentialities and/or amelioration of their disabilities” (p. 193). Koech (1999) defines special education as a program of instruction designed to meet the unique needs of a child with special educational needs. According to the Ministry of Education Science and Technology (2006), special education can be defined as that education which provides appropriate modification in curriculum, teaching methods, educational resources, medium of communication or the learning environment in order to cater for individual differences in learning.

Special education is therefore important for human capital development, as it prepares those who would otherwise be dependent to be self-reliant. Article 28 of Kenya’s Constitution, points out to the importance of equality of access for all children to education and the need for secondary education to be accessible and available to every child. In fact, two Acts of the Kenyan Parliament, the Children’s Act (2001) and Persons with Disabilities Act (2003) strongly reaffirm the provision of education to all as the cornerstone of growth and development.

Section 7 (1) of the Children’s Act, states that “every child shall be entitled to education, the provision of which shall be the responsibility of the government and the parents.” In case of a child with disability, Section 12 states that education and training shall be “free of charge or at a reduced cost whenever possible.” While section 18 (3) of the Persons with Disabilities Act, specifically deals with special schools and states that “Special Schools and Institutions shall be established to cater for formal education, skill development and self-reliance” (Ndurumo, 2004).

Ndurumo further asserts that, the significance of these two laws is that they have potential to become catalysts of change in special education and more profoundly on how people perceive education of persons with disabilities. The two laws have the potential to catapult the entire nation into other realms of disability and development. All this is in

agreement with Article 26 of the United Nations Declaration of Human Rights (UNDHR), which states that the right to education be granted to all. He further reports that, although The Persons with Disabilities Act, 2003, has been in place for almost five years now, little progress with regard to implementing and enforcing it has been made. He further states that there are sections of The Act which as yet remain inoperable. However, the rapid growth in the education sector in Kenya since independence has not been reflected in the special education category. The commission led by Koech (1999) on Totally Integrated Quality Education and Training (TIQET), found that there were only 479 special education programmes, which include 385 special education units in regular schools and 94 special education schools, including vocational and technical institutions.

Persons with disabilities constitute 10% of the world's population which translates to over 400 million people. Consequently, Kenya, with a population of over 36 million people would be expected to have about 3.6 million people with disabilities, of whom 60% are children under 18 years, (Ndurumo, 2004). This means that the population of persons with disabilities is therefore significant in any country. Nevertheless, the total number of children enrolled in schools is very small compared to the population of all children with disabilities which is estimated at one million (Cherono, 2002). The following tables present the data on special needs education and enrollment in special learning institutions in Kenya:

**Table 1      Number of Special Needs Education Institutions in Kenya by category, 2003- 2007.**

<b>Institutions</b>	<b>Number</b>
<b><u>Special Primary Schools</u></b>	
Hearing Impaired	41
Visually Impaired	10
Mentally Handicapped	38
<b>Physically Handicapped</b>	<b>9</b>
<b><u>Special Secondary Schools</u></b>	
Visually Impaired	1
<b>Physically Handicapped</b>	<b>3</b>
Hearing Impaired	3
<b>Schools with Special Units</b>	<b>1100</b>
<b><u>Educational Centers/Tertiary Colleges</u></b>	
Technical/Vocational	4
Resource Centre for Blind	1
Educational Assessment & Resource Centers (EARC)	73
Provincial Assessment & Resource workshops	7
Districts under Kenya Integrated Education Programmes	34
Educational Assessment & Resource Centers supported by VSO	10
Primary Teachers Colleges Integrating Visually Impaired	2
Primary Teachers Colleges Integrating Hearing Impaired	1
College offering specialized Certificate & Diploma courses	1
<b><u>Universities</u></b>	
Universities offering Special Education Degrees	2
<b>Total</b>	<b>1340</b>

Source:<http://www.education.go.ke>

Data on Special Needs Education indicates that there are very few institutions for learners with disabilities. For example, there are only 9 primary and 3 secondary schools for the physically handicapped learners. This is grossly inadequate considering the high population of persons with disabilities in the country.

**Table 2      Enrolment in special learning institutions**

<b>Institutions</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Special Primary	13,353	10,106	23,459
Special Secondary	3,822	1,292	5,114
Special technical/Vocational	757	611	1,368
Primary Units/ Integrated	31,276	41,121	72,397
<b>Total</b>	<b>49,208</b>	<b>53,130</b>	<b>102,338</b>

**Source:**<http://www.education.go.ke>

According to the Ministry of Education Science and Technology Report on the development of education in Kenya, (2004) and the Sessional Paper Number one of (2005) on a Policy Framework for Education, Training and Research, enrolment in Special Education was low, given that out of a population of 750,000 children of school going age with disabilities only an estimated 90,000 had been assessed to establish the nature of their special needs, which translates to only 12% of the total population. Of this number only 26,875 were currently enrolled in Special Education programmes, 15,129 boys and 11,756 girls, which implied that 96% of children with special needs were at home, (Cherono, 2005). These figures clearly demonstrate that Special Education has not received adequate attention to ensure equal access to education for learners with special education needs.

A number of policy documents have been written focusing on issues pertaining to the handicapped. However, despite all these statements, only partial implementation of The Persons with Disabilities Act has been achieved as the other sections remain inoperable ("Plight of the Disabled," 2008). This has affected the provision of educational services for the handicapped especially now that the concept of cost-sharing element, between the government and parents, has been introduced. Since some parents do not see the "economic viability" of educating their physically impaired children, they would rather send their able children to school. In addition, there is no law on compulsory universal primary education, and as such, professionals and administrators have no legal right to prosecute any parent.

Therefore, the absence of a clear policy on Special Education in Kenya remains a major obstacle to effective provision of education to children with exceptionalities. For example, evidence show that most of the promises in the National Policy on Education relating to the implementation of the 8-4-4 system (that is, 8 years in elementary school, 4 years in secondary school, and 4 years for bachelor degree/post secondary diploma) in general, and special education in particular, have remained at the theory level due to lack of legislation that support their implementation. For example, the policy calls for free and compulsory primary education, yet the country has not achieved universal primary education enrolment even for the students without exceptionalities (Koech, 1999).

In Kenya, there has been no systematic survey done to identify and determine the exact numbers of children with disabilities, age, gender, type and degree of disability, which presents a serious problem to the country's ability to plan efficiently and effectively for education and the general welfare of individuals with disabilities. There are also reports of an acute shortage of specially trained teachers, as well as technical and support staff- Braille transcribers, audiologist speech therapists, interpreters, physiotherapists, and occupational therapists- at all levels (The EFA Assessment Report, 2002).

While the various government attitudes towards the education of children with disabilities are enlightened, favourable and worthy of commendation, in reality these



laudable attitudes are hardly seen in the implementation of special education. Some of these conflicts are quite clear when it comes to budgetary allocation. Despite the fact that Kenya comparatively spends more money on education than the other countries in sub-Saharan Africa with similar GDP, special education remains chronically under funded. The allocation to special education is usually insignificant and does not reflect the expectations of the various national policies on special education, which guarantee equal educational opportunities for all citizens. According to the Ministry of Education Science and Technology, Kenya spends only a negligible fraction of its budget on special education as indicated in Table 3

**Table 3 Recurrent Expenditure of MOEST 2002/03 to 2006/07 (Kshs in millions)**

<b>RECURRENT EXPENDITURE</b>	<b>2002-2003</b>	<b>2003-2004</b>	<b>2004-2005</b>	<b>2005-2006</b>	<b>2006-2007</b>
General Administration & planning	49,015.57	55,776.74	59,140.80	64,139.32	72,946.86
Pre-Primary Education	7.15	7.43	25.66	57	50.45
Primary Education	3,321.65	5,966.52	6,583.42	7,148.58	7,746.53
Secondary Education	667.88	945.42	938.79	2,893.70	1,018.98
Technical Education	865.72	500.54	1,546.55	1,291.09	2,819.00
Teacher Training	155.91	215.93	210.41	177.72	144.87
<b>Special Education</b>	<b>120.41</b>	<b>187.39</b>	<b>209.77</b>	<b>193.14</b>	<b>353.12</b>
Polytechnic Education	342.73	466.01	538.2	571.72	567.99
Higher Education	6808.94	7483.27	9,735.25	11,885.24	14,158.61
Miscellaneous	261.52	251.11	311.06	-	-
<b>Sub – Total</b>	<b>61,603.48</b>	<b>71,800.36</b>	<b>80,239.91</b>	<b>88,357.51</b>	<b>99,806.41</b>

Source:<http://www.education.go.ke>

In relation to recurrent expenditure, special education had an allocation of 120.41 in 2002/2003, 187.39 in 2003/2004, 209.77, in 2004/2005, 193.14 in 2005/2006 and 353.12 in 2006/2007. This implies that although the investment by government in special

education may have improved slightly over the years, the allocation is still inadequate an indication that the country has not yet considered it necessary to prioritize the education of children with disabilities, hence the limited allocation being made to special education.

On average, the government spends a mere 0.3% of the total education budget on Special Education, which is grossly inadequate. In fact, compared to the other educational programmes, special education had the second lowest allocation after pre-primary education, which portrays lack of serious commitment on the part of the government in fostering the development of special education in the country. This is very unfortunate since on the financing of special education, the Koech commission (1999) reported that it received submissions to the effect that 70% of the children in special schools come from poor families where the prevalence of disability is higher. Also, family and societal attitudes are negative and encourage educating non-handicapped children first. As such, handicapped children report to school nearly one to two months late.

**Table 4 Development Expenditure of MOEST 2002-2003/ 2006-07 (Kshs. In millions)**

<b>DEVELOPMENT</b>	<b>2002-03</b>	<b>2003-04</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>
<b>EXPENDITURE</b>					
General Administration					
& planning	2077.16	1171.80	651	1,705.04	2,630.13
Pre-Primary Education	679.53	566.26	6.6	-	-
Primary Education	796.04	5,812.87	3,196.90	1,311.60	6,424.16
Secondary Education	52.19	150.00	205.5	170	170
Technical Education	5.00	5.00	70	185	85
Teacher Training	74.66	96.00	80.27	143.5	50
<b>Special Education</b>	-	-	-	-	-
Polytechnic Education	-	-	-	-	-
Higher Education	1,128.86	632.45	560.2	487.7	661.5
Miscellaneous	1.00	-	1.0	-	-
<b>Total</b>	<b>4,814.44</b>	<b>8,434.38</b>	<b>4,771.47</b>	<b>4,002.84</b>	<b>10,020.79</b>
<b>GROSS TOTAL</b>					
<b>EXPENDITURE</b>	<b>66,417.93</b>	<b>80,234.74</b>	<b>85,011.38</b>	<b>92,360.35</b>	<b>109,827.00</b>

Source:<http://www.education.go.ke>

On development expenditure, unlike other educational programmes, Special Education was given nil allocation in the years 1992/1993 -2006/2007, an indication that it is still a relatively neglected sector that largely remains a charitable enterprise. In fact, according to the MOEST report, out of the 105 fully fledged special schools/institutions, the Ministry of Education disburses recurrent grants to only 38 of them. The rest of the schools are provided for by Donors and Religious organizations. For example, Danish International Development Agency, Christoffel Blinden Mission,

Swedish Handicapped International Association, The Salvation Army, and the Lutheran Church among others.

Koech (1999) reports that special schools have continued to operate under difficult circumstances since they have big pending bills, salary arrears to BOG employees amounting to K£ (US\$0.294million). It appears like the GOK has abdicated its responsibility of building and developing the special education sector by leaving the religious and non-governmental organizations to fund most of the projects, hence the nil allocation of development expenditure by the Ministry of Education on Special Education. According to the report, 95% of the special schools were built by churches and charitable organizations, an indication that the government's role has been restricted to only the provision of teachers. This in itself explains why the two schools involved in the study are sponsored by the Salvation Army church.

## **2.2 SELF-CONCEPT AND ACADEMIC PERFORMANCE**

Self-concept is the nature and organization of beliefs about one's self-concept that is theorized to be multi-dimensional. For example, people have separate beliefs about physical, emotional, and social aspects of themselves. Ross (1988) states that self-concepts are self-beliefs or descriptions of one's behaviours or attitudes that can be simultaneously positive or negative self-perceptions of their personality, capabilities, and behaviour. He reported that Rogers (1980) established the self-concept theory defining self-concept as "a result of an individual's interaction with his/her environment . . . . Incorporating values of others . . . . Striving for consistency . . . . a result of maturation and learning" (p. 41).

Schunk, (2000) on the other hand defined Self-concept as:

Stressing the idea that much of human learning occurs in a social environment. By observing others, people acquire knowledge, rules, skills, strategies, beliefs, and attitudes. Individuals also learn from models the usefulness and appropriateness of behaviors and the consequences of modeled behaviors, and they act in

accordance with beliefs about their capabilities and the expected outcomes of their actions (p.78).

Burns (1982) defines self-concept as an evaluated set of beliefs about oneself, basically consisting of a descriptive element, the self-picture or self-image and an evaluative element referred to as self-esteem, self-worth or self-acceptance. Thus self-concept is composed of all the beliefs and evaluation one has about him or herself and what he or she thinks can do and can become. Therefore, self-concept is a multidimensional psychological construct with many elements making up a general idea of how somebody views himself or herself in relation to others in the society.

Smith (1967) cited by Mwaniki (1973) defines the self as an abstraction that an individual develops about the attributes, capacities, objects and activities which he possesses or pursues. This abstraction is represented by the symbol 'me' which they say is a person's idea of himself. Self is defined as the sum total of all he can call his. The self includes, among other things, a system of ideas, attitudes, values and commitments. The self is a person's total subjective environment; it is the distinctive centre of experience and significance. The self constitutes a person's inner world as distinguished from the outer world consisting of all other people and things (Durojaiye, 1976, p. 249).

According to Watkins, Akande and Mpofu (1996), Self-concept has been further defined with major features such as: Organized and structured, in that people categorize information they have about themselves and relate these categories to one another: multifaceted, and the particular facets reflect the category system adopted by a person or shared by a group; hierarchical, with quite specific self-perceptions at the base moving to inferences in sub- areas and then to self in general at the apex; stable at the apex of the hierarchy, but as one descends the hierarchy becomes more situation ally specific and thus less stable; better differentiated for older children with facets becoming more distinct with age; both evaluative and descriptive; and differentiable from other constructs

According to this definition, self-concept is interchangeable with self-regard and self-esteem. In essence, if an individual possess a high self-esteem or positive self-regard then that individual is said to have a positive self-concept; in contrast, if an individual has low self-esteem then the individual is said to have a negative self-concept. Coppersmith cited in Mwamwenda (1998) defines self-concept in the context of self-esteem as the evaluation, which the individual makes and customarily maintains with regard to himself. It expresses an attitude of approval or disapproval by socializing agents, such as peers, religious leaders, parents, teachers and other members of the community. The feedback an individual gets from his/her environment underpins his/her behaviour. If the reaction of these significant others is positive, the individual is likely to accept himself/herself as a person of worth and thus develop a positive self-concept.

Coppersmith (1959) asserts that a positive self-concept is viewed as being active and assertive in meeting demands and expectations of others. It entails demonstrating confidence in abilities to succeed and deal with events. It involves participating in independent exploration, possessing self-respect, pride, self-acceptance, and self-love, accepted by peers; and possessing a low level of anxiety. On the other hand, a negative self-concept is defined as having high level of anxiety, possessing feelings of inferiority, having difficulty in forming meaningful relationships. It is the eagerly conforming to social pressures and expectations, responding severely to criticism, possessing pessimistic views of abilities and past, present, and future behaviors. This implies that variables such as attitudes and self-concept can influence behavior and academic performance.

Self-concept therefore, refers to the overall awareness that individuals have of themselves. It can be defined as an individual's view of his/ her abilities, skills, appearance or personality. Though habitually referred to in singular form, self-concept is actually a collection of several selves or self-perceptions. It comprises several specific clusters of selves, such as the body image (how I perceive my body and how I feel about it), the self-image (the self I see myself to be), the possible or ideal self (the self I would like to be), and our social selves (the way I feel others see me). Self-concept of the

physically handicapped may be considered in terms of the feelings that they have towards their bodies' missing or deformed part(s), the activities that they can manage to engage in, their recognition among peers and how they perceive the way the significant others regard them. It is related to how people learn and behave and therefore determines how successful they will be in their various endeavours (Mwamwenda, 1990).

Most physical disabilities are characterized under two different categories, orthopedic and neurological disorders. Some common orthopedic disorders include Spinal bifida, Scoliosis, Cystic Fibrosis and Cerebral Palsy. Neurological problems on the other hand, are related to the nervous system. Acquired disorders may result from trauma, disease, or as a part of the normal aging process. Traumatic disorders like spinal cord injuries are most often caused by motor vehicle accidents, falls, violence, and sports (Pagliarulo, 1996). Patterson (1986) reports that people with disabilities have negative self-concept while those with different types of disability have different levels of self-concept. Thus, the students' awareness of their disability and how to negotiate reasonable accommodations can smooth the transition between settings.

Novak and Purkey (1996) found that when peers were aware of the negative label, they were more likely to exclude and reject the labeled child by being less friendly, talking less, and interacting less frequently. Children as young as elementary age can identify deviant peers such as physically disabled children and will exclude those labeled students from the group. Furthermore, the more prevalent and visible the deviant behaviour is recognized, the more neglect and rejection the labeled student will experience

Social reaction to children being labeled physically handicapped is exclusion; children who are labeled tend to be ostracized from "regular" groups of students which Fausett (2003), states contributes to a lowered self-esteem. He found out that self-concept, levels of aspiration, levels of expectations for achievement, and later adjustment in life decreased while peer rejection increased. Sunwolf and Leets, (2004) observe that students who are negatively labeled enjoy activities and interaction less when their peers are aware of the difference (e.g., Milich & McAninch, 1992; Harris, Milich, Johnston, &

Hoover, 1990). Such children are reported to have problems with isolation, antisocial behaviour, and lack of social growth or development.

According to Burns (1982), little work has been done on the effects of handicap on the self-concept. However, he says it is clear that self-dissatisfaction and low self-esteem could be the outcome of physical disability, in view of the failure and frustration which the victims encounter. Shakespeare (1975) notes that it is difficult for the self-concept of a handicapped child to develop. He says that, this is due to the few experiences that the disabled child has in using his own body and that because he cannot learn much from others about himself. Two aspects of the body image, the ideal and the actual body images may have a large discrepancy in that the handicapped child has a tendency of feeling that the ordinary people are perfect.

Feelings of inferiority are mentioned with considerable frequency by experts and laymen alike as characterizing disabled groups. Barker (1946) cited by Wright (1960) conducted a study on expert opinion of professional workers with the handicapped and revealed that feelings of inferiority headed the list of behavioural characteristics mentioned by the 26 authors in general articles about the handicapped.

Harris, Milich, Johnson and Hoovers' (1990) work with people with learning disabilities focused on the impression labeling and stereotyping has on their self-concept. According to them, the cognitive process of categorizing people into groups accentuates the similarities within groups and the difference between groups. The lower the privileges of group membership, the less incentive there will be for people to want to be a part of the group. Self-concept thus is a collection of self-categorizations referring to group affiliation, the relative value of which contributes to an individual's self-esteem.

The foregoing statement can be applied to the categorization of all disability types - it is often the one factor that will prevent a student with a disability from seeking the help - they need to identify as belonging to a group or having a diagnosis for their support needs to be identified and provided. It is the author's experience that this categorization can be



more damaging to a student's level of self-esteem than the actual disability itself. Harris et al. (1990) call for a challenge to terminology to identify impairment versus disability to create enabling environments and maximize the potential of self-concept to grow.

In a study by Shelsky, (1957) cited by Wright (1960) hospitalized amputees tended to be more self-rejecting than control subjects who were also hospitalized but for minor illnesses. The findings in this case were based on a self-exciting scale utilizing an objective checklist. The students in Grolnick and Ryan's (1990) research on the other hand saw 'the control of success and failure outcomes as resting in the hands of powerful others' limiting their locus of control, ability to self-regulate, and undermining the ability to build a self-concept. The indicators in this research show that heightened self-concept is essential for life-long adjustments for people living with a physical disability and coping within the realm of their peers.

Students with a chronic illness also experience decreased self-concept in line with a lower self-image. Leung, Chui and Lau, (1999) in their study of adolescents and young adults with cystic fibrosis and insulin-dependent diabetes mellitus, established that the duration of the illness was a significant predictor of physical appearance and attributes. Suls (1982) in his study of positive and negative aspects of self-concept found that Swedish College students with positive self-concept were well connected to other people and to life; they had autonomy with a strong belief in their resources and own abilities. Those with a negative self-concept showed a lack of control, and high levels of anxiety about the future combined with a mental preoccupation with thoughts of suicide and actual suicide attempts.

Kirk and Gallagher, (1983) report that physical disability affects a child's well being and can create special educational problems centering on mobility, physical vitality, and self image. Included in this broad category are conditions such as congenital malformations, epilepsy, muscular dystrophy, asthma, rheumatic fever, cerebral palsy and diabetes. Some disorders such as cerebral palsy affect the physical appearance of an individual and thus create an important secondary problem with which to cope,

Muse (1992) observes that disabling conditions interfere with normal growth and development, psychologically, cognitively and physically. The burden of disability may cause the child much anxiety and contribute to the feeling of a lack of control over life's events. This "learned helplessness" may lead to a lack of motivation to do or try any new thing. Since exploration of the environment is linked to cognitive development, physical disability can negatively effect normal cognitive development even when the disability has no direct effect on mental development. According to him, any developing child faces a variety of developmental tasks.

According to Wright (1960), adolescents are involved in forming their identity, deciding who they are and focusing on planning their future. The added stress of a disability therefore affects many dimensions of their personality. It has an effect on self image, how an individual relates to the world and future plans for career, education, and marriage. A disability such as cerebral palsy causes evident and major differences such as short stature due to bone deformities makes one obviously different. Having to use a wheelchair, braces or crutches makes an individual stand out as different.

Levine (1977), using the Minnesota Rating Scale for measuring inferiority attitudes, studied a group of entering university students. Their scores in the rating scale were correlated with degree of physical defect as determined from each student's medical report. Defects considered included; poor posture, nasal obstruction, orthopedic defects, insomnia and tiredness. The correlation between inferiority feelings and physical defects was positive. Wright (1960) asserts that the kind of person you think you are becomes endowed with remarkable powers. It influences the way one perceives the intention of others, the choice of associates, the goals set for oneself and much more. Therefore, the school has a role to perform in improving and adding to the self-concept of a child (Durojaiye, 1976).

Burns (1982) notes that psychologists and educationists are becoming more aware of the fact that an individual's self-concept or his attitudes to and perceptions of him or herself are intimately related to how he learns and behave. That low performance in school

work, poor motivation, misbehaviour and academic disengagement, so characteristic of the under-achiever, the early-leaver, the disadvantaged and the delinquent, are due in part to negative self-attitudes and perception. According to Burns, many students have difficulties in school work, not as a result of low intelligence or physical impairment, but because they have come to regard themselves as unable to do academic work. In the light of this then, it becomes a duty of researchers to find out where self-concept is low among pupils and try to enhance it for their good.

McGuire and McGuire (1982) assert that the affective variables can enhance or inhibit an individual's academic potential because they predetermine whether a person will be sufficiently motivated to persevere in the achievement situation. Indeed, self-constructs seem to be positively associated with other desirable qualities, such as better quality of life, higher academic performance, and so on, but there is debate about whether improving self-esteem, and self-concept causes improved performance, or vice-versa.

In a study of 120 "handicapped" elementary students, Jones (1996) found that these students had significantly more negative self-concepts, higher anxiety levels, more negative perceptions of their intellectual abilities, school status and popularity and more feelings of insecurity, inadequacy and guilt, impulsivity and immaturity. Higgins and Eccles (1983), in an examination of relationships between academic self-concept and personal adjustment of 233 adolescent physically handicapped students, demonstrated that these students tended to rate themselves at a lower level of academic and social ability than the regular students. These results have been of great concern to special educators because such negative achievement-oriented characteristics undoubtedly impact negatively on academic progress and have profound effects on the individual's post-school placement, work involvement and ultimately, quality of life.

According to Burns (1982), academic attainment does not only depend on cognitive ability, but is also affected by the self-concept, the dynamic and motivating set attitudes held about one self. That the student's world is a school, and his basic tasks are school tasks. School is therefore the most salient area of his life and yet so public, open to

inspection by significant others. Each student has formed fairly firm pictures of self-worth which provides him/her with an array of self-expectations about how he/she will behave in school and how others will react to him as a person.

Higgins and Eccles (1983), for example, suggested that one's enduring self-concept of academic ability is dependent on one's experiences in elementary school. A variety of studies on self-esteem in middle childhood also indicate that a child's general feeling of self-worth may be linked to academic experiences and that efforts in other non academic areas may not compensate for the feelings of inferiority that can accompany, for example, the disheartening experience of a failure in school. They also encompass representations of motives, goals, and potential selves- selves that are hoped for or aspired to (ideal selves) and selves that are feared. We know that children vary in their motives for achievement and affiliation, but we are unaware of the specific antecedents or consequences of these motives. (Atkinson & Birch, 1978)

Burns (1982) reports a significant relationship between low self-concept and academic under-achievement. The under-achievers saw themselves as less adequate. Perceived peers and adults as less acceptable; showed less effective approach to problem solving, and demonstrated less freedom and adequacy of emotional expression. Low achievers tend to express more negative self-feelings than high achievers which in turn infiltrates into their academic performance.

### **2.3 SOCIO-ECONOMIC STATUS AND SELF-CONCEPT**

In early development, children tend to have a vague, general concept of themselves, which gradually diversifies into concepts about themselves as students at school, in relation to peers and to family, emotionally and physically. It is unclear whether self-concepts are formed top-down (specific beliefs flow from general beliefs) or bottom-up (general beliefs flow from specific beliefs). Indeed, self-constructs seem to be positively associated with other desirable qualities, such as better quality of life, higher academic performance, and so on, but there is debate about whether improving self-

esteem, and self-concept causes improved performance, or vice-versa. What's more, there is evidence that high self-esteem when combined with prejudice can lead to increased aggression (Bandura, 1977).

Theoretical work in both psychology and sociology accords self-concept a critical role in organizing past behaviour and in directing future behaviour. Self-concept is viewed broadly as the meeting ground of the individual and society and represents the individual's efforts to find personal meaning and understanding (Flavell & Ross, 1981). This recent surge of interest in the self is reflected in several thorough collections of empirical and theoretical work, including Craighead, Wilcoxon and Meyers (1978), Rosenberg (1979), Rosenberg and Kaplan (1982). The premise underlying almost all research on the self is that self-concept is not just reflective or incidental to the ongoing behaviour but is importantly engaged in mediating and regulating behaviour.

Bandura (1977) found out that between the ages of 6 and 12, most children begin having extensive contact with society and must intensify their efforts to come to terms with both their own needs and goals and those of others in their social environments. Also, during middle childhood, their repertoire of concepts and skills continue to grow at a rapid rate. The acquisition of a variety of intellectual, social, artistic, and athletic skills provide new domains for self-definition.

Piaget (1952), focusing on children's cognitive development characterized middle childhood as a time when children become less egocentric and much more responsive to the views of others. The development of self-concept, then, is marked by a growing appreciation of the self as a social object. To develop a concept of the self, a child must take the self as an object and view it as others do. From the child's point of view, then, constructing a self-concept involves the integration of self-perception with other people's perceptions. The child's self-concept builds on itself as each new item of information is chosen, interpreted, and absorbed into the context of previous self-knowledge, therefore the self-concept is not a fixed or a static entity; it is a dynamic structure. Some aspects of it change continually in response to the current interplay of individual and social forces.

From a social-psychological perspective, therefore, children's behaviour can be regulated by their own needs, desires, goals, knowledge, skills, and expectations or by what other people need, desire, know, expect from them. For some children the coordination of self and social-system pressures on behaviour is not always successful, and the individual and social forces create an inordinate struggle that continues during most of middle childhood and perhaps throughout life. Only by locating children within their relevant social environments can we begin to make reasoned speculations about the processes of self-definition and self-understanding and the likely role of the resulting self-concept in regulating behavior (Piaget, 1952).

Goffman (1959) found that as children enter middle childhood and strive to become members of society, they are faced with a number of social tasks or problems. These tasks are present throughout life, but effort with respect to them is particularly evident during middle childhood. These tasks shape self-concept in major ways, and growth in the content and function of the self-concepts of school-age children is critically dependent on how these tasks are approached and completed. Four of these tasks are described below:

- 1) Developing a relatively stable and comprehensive understanding of the self, which involves an increasing differentiation of what is "me" from what is "not me." In middle childhood, self-understanding expands to reflect other people's perceptions. A key feature of this period is an increasing sensitivity to the needs and expectations of others and to the knowledge of the self that comes from them. Self-understanding now also includes some awareness of more achieved characteristics, such as values, norms, enduring goals, ideals, future plans, and strategies.
- 2) Refining one's understanding of how the social world works. During middle childhood, children begin to identify the rules governing appropriate social conduct with respect to the more complex role discriminations. Their social understanding is very often facilitated by a best friend, typically a same-sex peer with whom the child creates a private social world. This private world can be critical for self-concept development because it serves as a training ground for

social, emotional, and moral development. As children interact with peers who don't always share their view of the world, they develop an understanding of the limits of their own perspective.

- 3) Developing standards and expectations for one's own behaviour. A child increasingly reflects on and incorporates norms not only to please others but also to please the self as well. For the school-age child the task of developing standards is often complicated by having two relevant societies to function within the society of children and the child's larger adult society. A child's self-esteem will depend on whether the outcome of these evaluations leads to self-doubt or to self-confidence.
- 4) Developing strategies for controlling or managing one's behaviour. As children enjoy increasing freedom and participation in the social world, they must assume an increasingly greater responsibility for the control of their behaviour. This task requires that they believe in their ability to be efficacious and to bring their behavior into line with personal or social standards.

Goffman asserts that in the course of solving these four tasks, a child generates a substantial amount of knowledge that increases self-understanding and effects self-regulation. The rate and the extent to which children approach these tasks are not uniform; they vary among children and contexts or situations, depending on factors in the self-system and the social system. In this sense, self-concept can be seen as both a product of past social behaviour and an impetus for future social behaviour. It is therefore this rich and dynamic nature of self-concept that has not been sufficiently appreciated in previous research studies that is the centre of focus in this particular study.

Harter's (1982) model of developmental change in self-concept combines a focus on both content and structure. Hypothesizing an increasing differentiation as well as an integration of the self-concept, five dimensions are suggested: physical attributes, observable attributes, emotions, motives, and cognitions that progress through four states paralleling Piagetian stages, from simple descriptions to trait labels to single abstractions to higher-order abstractions. During middle childhood children can be devastated when

they are rejected by a desired peer group, club, or team, and they can be enormously proud of themselves when they get a perfect score on a test or win an athletic event.

In a study of possible selves, Markus and Nurius (1983) suggest that the development of various competencies and abilities may be fostered by social environments that allow individuals to develop a variety of possible selves- the capable self, the productive self, the useful self, the nice self, the important self. A final, relatively neglected aspect of school-age children's self understanding is what they know about their social selves and their place in the social world.

Work by McGuire and McGuire (1982) suggests that, by age 8, children derive self-knowledge from social comparisons of all sorts. It was found that young children, when asked to describe their performance on a task, used an absolute statement, telling how well they did on a particular task. Older children on the other hand, based their self-evaluations, at least in part, on a comparison of their own behaviour with that of other children.

Hallahan and Kauffman (1982) in their study found out that physically handicapped children were as varied in their psychological characteristics as normal children. How they adapted to their physical limitations and how they responded to socio-interpersonal situations depended much more on their parents, siblings, teachers, peers and the public's reaction towards them. Public attitudes can have profound influence on how physically handicapped children see themselves and on their opportunities for psychological adjustment, education and employment. If the reaction is one of fear, rejection or discrimination, physically handicapped people may spend a great deal of energy trying to hide their stigmatizing differences. If the reaction is that of pity and an expectation of helplessness, the handicapped will tend to behave in a dependent manner

According to Hallahan and Kauffman, the potential for psychological havoc in the family because of a physically handicapped child is great. The parents may blame one another, neglect each other or try to deny that their child is not normal. The child may be overprotected and kept infantile, or neglected, denied normal experiences or even



tormented and abused by the family. It is therefore evident that most families do not have the emotional resources to deal admirably with a seriously handicapped child unless they receive appropriate counselling.

According to Burns (1982), it is the way physically handicapped children interact with family members that gives them morale to open up and socialize in the wider world. As their self-esteem continues to build up at home, so will they feel socially accepted at school? Human interaction, socialization, and established relationships are vital to the very existence and functioning of our society. Therefore, it seems as though, if a child is constantly accepted, he/she will develop a positive sense of self; and if the child is constantly rejected, then he/she will develop a negative sense of self.

Parents of physically handicapped children therefore, play a big role in influencing their children's self-concept. The type of care and emotional support provided by parents or siblings and other family members determine the physically disabled child's perception of him or herself. Heward (2000) observes that the kind of interaction and feedback that physically handicapped children receive from their parents, relatives, peers, and teachers (either in words or deeds) go a long way to influence the nature of evaluations that such children make of themselves.

This implies that the reactions of a child's family to a physical handicap can either worsen or offset the negative influence of public reaction. The psychological effect of having a handicapped child is traumatic, regardless of the nature or cause of the condition. It is therefore inevitable that the family of a seriously defective child will experience shock, disappointment, depression and a feeling that somehow fate has been unfair (Hallahan & Kauffman, 1982).

Piaget's (1970) theory of cognitive development suggests that there is need for an individual to move and explore through play and movement and the use of language to recall or categorize what has been learned. Therefore, if caregivers have provided safety, nurturance and encouragement, then normal psychosocial development can take place.

Viewed in this manner, it becomes clear that physical disability can affect the psychosocial development of an individual with a disability, which, in turn, can greatly affect the cognitive growth.

Swartz (1979) cited in Mwamwenda (1990) asserts that the child, who perceives himself as unworthy, insignificant and unacceptable in the eyes of others as a result of parental statements or actions, is unlikely to develop positive self-concept that will contribute to his effective learning. He suggested that the child's self-concept develops in a social setting and reflects the responses and expectations of the significant others. He considers the family as the first social context where the child first comes in contact with those persons he values most. It is here that he/she develops the first image of himself/herself. That once a specific self-concept has been acquired, it plays a significant role in influencing subsequent behaviour.

Socio-economic status also seems to be a significant factor influencing self-concept. Various research studies report that a high socio economic class is related to a more positive self-concept. Lord (1970) carried out a comparative study on self-concept of Appalachian children from economically poor and advantaged backgrounds. Using the Pears Harris self-concept inventory, he found that those children from economically advantaged backgrounds have a more positive self-concept than those from economically poor or disadvantaged backgrounds. Similarly, Lanza (1969) found that students with high self-esteem had fathers who were stable in their employment while those with low self-esteem had fathers who were more often unemployed.

Anderson (1973), reports that a physically handicapped child's chances of social success would be better if they came from high social classes. Therefore, social class seems to be an important factor in self-concept development since it is important in determining the experiences offered to the child by the family. High social class people tend to treat their handicapped children better than low social class people.

## **2.4 PERCEPTION OF TEACHERS' ATTITUDE AND SELF-CONCEPT**

Attitudes are complex structures with many components. Feelings that someone may have, can guide their reactions when they are in situations where they must respond quickly. For example, a person who believes that handicapped individuals are incompetent or inferior may feel dislike for them. These feelings may then lead the person to act in a discriminatory manner. Attitudes are learned through social and environmental experiences rather than determined by one's genes. They can be altered or changed; however, this is often a difficult task because attitudes can be extremely resistant (Sable, 1995). For the purpose of this study, attitude is defined as a favourable or unfavourable evaluative reaction towards something or someone exhibited in one's beliefs, feelings, or intended behaviour.

The effect of teacher attitude has been well studied, it is clear from research that teacher attitude has considerable impact on students' academic performance; eye contact and conscious or unconscious positive reinforcement all affects how students respond. Consequently, since the expectation of the teacher has positive or negative effect on the student; the child with a disability is no different in their responses to their teacher. If a teacher has fears, holds stereotypes about disability, or has lowered expectations of a student who has a disability, these are conveyed to the student, who responds with apathy, lowered self-expectations and a feeling of helplessness (Richman et al. , 1985).

Freud (1956) viewed middle childhood as a period of latency when, in contrast to earlier periods of development, children are relatively free from domination by the id. It is the age of the ego, the time at which the child can, in a relatively uncomplicated manner, turn away from the family to the outside world. This allows the child to become rapidly socialized to develop both the self and the social knowledge necessary to become a member of society. Mead (1934) stressed that the basis of the self-concept is the individual's perception of the reactions of others.

Middle childhood, as the time when individuals become most intensely aware of the evaluation of others, can thus be seen as a critical period for the development of the

social self. According to Erickson (1959), middle childhood is the stage of self-development that can best be characterized by the conviction "I am what I learn". The child's increasing interest in learning and developing new skills culminates in a personal "sense of industry" a basic sense of competence (in contrast to one of inferiority) that is relevant both to the mastery of more sophisticated learning tasks and to cooperation. Depending on the experience of this period, children develop views of themselves as industrious and productive or as inferior and inadequate

Many a times, the physically handicapped children do not receive accurate or spontaneous feedback from the significant others, who feel that they must be especially considerate or careful to the feelings of someone who has a handicap (Wylie, 1974). It is this absence of appropriate feedback that makes it difficult if not impossible for the handicapped child to develop the necessary social skills. This impoverishes the experiences needed for such children's socialization, which can in turn lead to low self-esteem. Negative attitudes and outright rejection, results in anger and self-hatred, which in turn lowers self-concept and self-esteem. Conversely, physically handicapped children who succeed in establishing rewarding social relationships with the significant others get the opportunity to learn and practice social skills.

Teachers' perception does affect student behaviour and success in the classroom. Many regular classroom teachers feel incompetent and unqualified to deal with children who are in need of special education. Anderson (1973) suggests that teachers respond with a more positive attitude to "gifted children," and "normal children," than they do to those students labeled "physically handicapped children." Most of these labels focus on the failures and inabilities of a student and completely ignores strengths of the child, which possibly results in the label becoming the only identity of the child and the whole identity of the student becoming lost.

The self-fulfilling prophecy, as defined by Fink (1962), is the relationship between a person's preexisting belief and expectation about another person that leads the other person to confirm the belief through behaviour. The person who holds the belief or

expectation will interact with the other person in a manner to suggest and facilitate the predicted response, which is then acted out and confirmed by that person in a manner that fulfills the prophecy. Harris, Milich, Corbitt, Hoover, and Brandy (1992) summarized the model of the expectancy process as “expectations held by perceivers cause them to behave differently towards targets in accordance with the expectancy; the targets, on experiencing this treatment, respond in a manner that confirms the initial expectancy and thus reinforces the perceivers’ expectations” (p. 57).

Rosenberg (1979), the leader of expectancy effects studies, reports in several studies that the expectation of authority figures do influence responses and behaviours of others such as experimenter to participant and teacher to student. Rosenberg reports that one controversial study found that students’ IQs significantly increased in one school year when their teachers were led to expect high academic gains. Moreover, meeting the expectations of others appears to be a possible result of the socialization process in the manner of labeling, stigmatization, stereotyping, and peer rejection/exclusion.

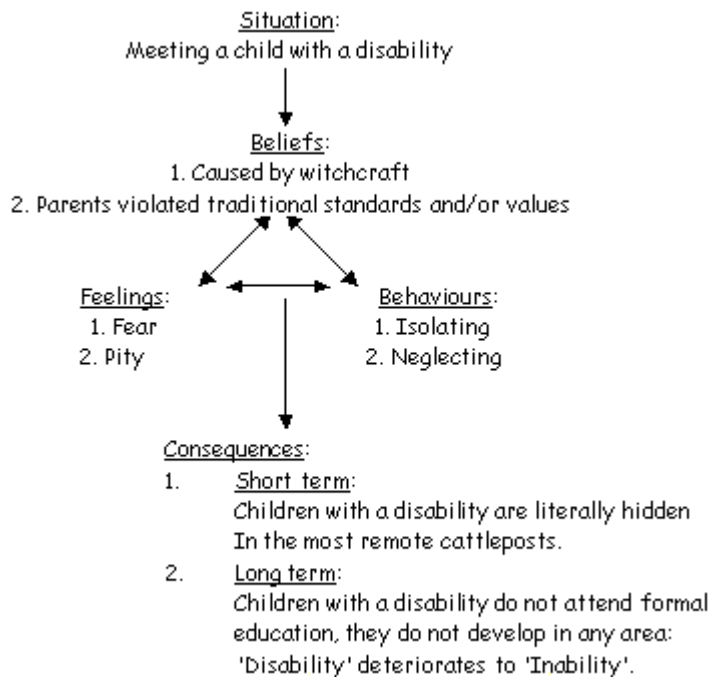
Physically handicapped children may have special problems in their socio-emotional development because of the reactions of the significant others to their disability. Many of them suffer from excessive pity, sympathy and over protection; others are cruelly rejected, stared at, teased or excluded from participating in activities with non-disabled children. Such reactions force the handicapped child, into extreme dependency and inhibit the child’s development of a positive self concept, and the ability to get on well with others (Gulliford, 1971).

Kirk and Gallagher (1983) observe that many physically handicapped people tend to have negative self-perception and low self-esteem (Majewski, 1984; Shakespeare, 1975; Wright, 1960). Such negative self-perceptions can generally be attributed to the failure and frustration that permeate through the lives of such persons, as well as peoples’ attitudes towards the disabled which in most cases tend to be negative (Kariuki, 1983; Peltzer & Ebigbo, 1989). Burns (1982) says that although little research has been carried

out on the effects of disability on self-concept, self-dissatisfaction, low self-esteem and self-rejection are common outcomes of physical disability.

Mbweza (1984) observes that persons with disabilities have generally been unable to survive, are unsocialized, unable to look for a job or a lover and are without economic or political power. Karugu (1984) further notes that despite being educated, many disabled persons in developing countries are still dependent on others. Many have turned to the streets as beggars and as Nkinyangi and Mbindyo (1981) found out in a study in Kenya, many of these persons never establish a family. Today, 27 years later and with all the awareness so far created, very little has been achieved in the way of bettering the situation of persons with physical disabilities in the country. It is therefore possible that the attitudes of ordinary people could be partly responsible for the helpless state in which the disabled find themselves.

The results of Hop's (1996) research into the Botswana attitudes towards children with a disability might be summarized in a scheme as follows:



Generally, people's attitudes towards those with disabilities have tended to be negative in traditional Africa as documented by Marsel (1953) cited by Wright (1960), among some communities like the Wageo of New Guinea, children with obvious deformities were buried alive at birth. Among the Jukuri of Sudan, deformed children were left to perish in the bush or in a cave, because it was believed that such children were begotten by an evil spirit.

Kariuki (1983) notes that evidence exist to show that many people perceive the disabled as being mentally weak and therefore unable to contribute to society in the same way as the non-disabled persons. As such, there are fewer demands made on the disabled which creates an attitude of pity towards them. Negative terms have been used to refer to the disabled. In Kiswahili according to Ndurumo (1993) for example, they were formally being referred to as "wasiojiweza" meaning, "those incapable of doing anything." Only recently has the term changed to 'waliolemaa' meaning "the disabled." In fact, some terms which were formerly used and are still being used to refer to various categories of disabled people for example 'viwete' (the physically disabled) 'viziwi', (the deaf) and 'vipovu', (the blind) grammatically refer to inanimate objects since names of animals in most cases start with 'wa' and not 'vi'. Mbweza (1984) notes that in Africa even today, the birth of a handicapped child raises the possibility of having been bewitched.

Lindgren (1980) observes that the failure that appears to run through the lives of many disabled people is responsible for their inferiority feelings and this failure is accentuated by "under expecting" and "overprotecting" attitudes shown by ordinary people towards those with disabilities.

The ability of other people to shape a disabled child's life is well illustrated by Karugu (1984) when he says,

Some handicapped persons are the way they are i.e. helpless, because of people's prejudice against them and the treatment given to them. A child may have a disability, but whether or not he grows up to be handicapped depends on how his family, neighbors, teachers and other professionals regard or treat him. If he is

over protected and undereducated, if he is not allowed to take reasonable risks and become as self-sufficient and as independent as possible, he may become a handicapped adult (p. 6).

In the light of the above quotation, it can be argued that negative self-concept arises in the disabled individual as a result of negative attitudes and prejudice towards him/her. This is likely to make the individual dependent and helpless which in turn impacts negatively on his academic performance and success in life.

Hallahan and Kauffman (1982) found out that physically handicapped children are as varied in their psychological characteristics as normal children. How they adapt to their physical limitations and how they respond to socio-interpersonal situations depends much more on their parents, siblings, teachers, peers and the public react to them. Public attitudes can have profound influence on how physically handicapped children see themselves and on their opportunities for psychological adjustment, education and employment. If the reaction is one of fear, rejection or discrimination, physically handicapped people may spend a great deal of energy trying to hide their stigmatizing differences. If the reaction is that of pity and an expectation of helplessness, the handicapped will tend to behave in a dependent manner. People should therefore be sensitized to see the child with a physical handicap as a person who has certain limitations, but who is otherwise just like everyone else. In this way, the handicapped will be encouraged to be independent and productive members of society.

According to Ndurumo (1993), various societies in the world have demonstrated a variety of attitudes towards disabled persons. In ancient Rome and Greece, the handicapped were neglected, persecuted and even deliberately killed for the welfare of the society. Before the Christian era, disabled individuals were mistreated and ridiculed by their families and communities. As Christianity spread a social conscience emerged whereby the disabled were protected and pitied. The church decided to put the disabled in asylums and accorded them humane and charitable care. Ndurumo, further states that there has been a



change of attitude towards accepting and integrating the disabled into the society to the fullest extent possible; this is the era of education and vocational adequacy.

Abosi (1996) reports that an average Yoruba woman in Nigeria, for example would not like to have anything to do with a disabled child nor pay a visit to a special school. This, according to that culture, is to prevent or avoid having a child with disability in one's own family. However, Woodard (1995) asserts that attitudes tend to be more favourable towards those who are competent and appear normal than those who appear incompetent and abnormal.

Morgan and Wisely (1996) observe that, among the factors contributing to the general apathy and neglect of children with disabilities in emergent African countries are superstitions that regard disability as a curse from the gods. Many people regard disability as a stain in their social status hence they tend to hide their disabled children. This attitude of shame breeds overprotection since people with disabilities cannot be let out to fend for themselves. Overprotection can arise from the shame of others' seeing a person with a disability in the family. In some instances, the disabled individual is not allowed out in the presence of visitors. Many Africans associate disability with bad luck and therefore would not like to visit special schools, or even let their children learn alongside students with disabilities in the same classroom.

Abosi and Malosiwa (1997) found in their study that Nigerians in particular, and of course Africans in general, associate causes of disabilities with witchcraft, juju, sex-linked factors, God-mediated and supersensible forces. The belief of avoiding whatever is associated with evil has from history affected people's attitude towards people with disabilities simply because disability is associated with evil. Most of these negative attitudes are mere misconceptions that stem from lack of proper understanding of disabilities and how they affect functioning. These misconceptions stem directly from the traditional systems of thought, which reflect magical-religious philosophies that can be safely called superstition.

Morgan and Wisely (1996) observe that non-disabled individuals also tend to attribute success by handicapped persons to luck rather than ability. Those individuals who possess these negative attitudes tend to perceive people with handicaps as different, incompetent, and inferior to themselves. This can be illustrated in a study done by (Collela, Denise & Varma, 1998). They found 21 traits to be attributed to disabled college students, but not non-disabled students. The majority of the traits were negative. Unsociable, insecure, helpless, and undemanding, and honest are representative of these traits

More positive examples can also be found: Ogot (1981) reports that among the Suba of western Kenya, the mentally challenged individuals were treated with awe. They believed that the mentally challenged children were the reincarnation of a deity. Hence they were treated with kindness, gentleness, and patience. Likewise, children born with anomalies among the Pokomo of Kenya and Tanzania were believed to be under the guardianship of special supernatural forces and so would bring blessings. Therefore, many researchers wish for continued study on attitudes of individuals towards persons with handicaps so that doctors and educationists can develop intervention programmes to change the negative attitudes, to improve training of personnel, and to remove any barriers to services that may exist.

Disability has been attributed to witchcraft, curses resulting from parental violation of traditional norms, or a condition that originates from vengeful ancestral spirits Kisanji (1995). Hence, there is a feeling of fear and pity, which may result in the isolation of the child with exceptionality. The result is that many children with disabilities do not attend school. Sometimes the family has false hope and spends much valuable time either in denial, consultations with religious leaders, or witchcraft, hoping to find a cure for their child's disability. Usually, by the time the child seeks medical attention, it is too late to help him/her. For example, a deaf child who cannot speak and who has not been exposed to sign language or skills like speech-reading does not fit into the deaf community or the hearing community. Disability, therefore, deteriorates to inability.

## **2.5 GENDER, SELF-CONCEPT AND ACADEMIC PERFORMANCE**

From this study, it is evident that fewer girls qualify and are recipients of special education services. Thus, there are more boys than girls being served in all categories of special education. The study by Anderson (1993) attests to the fact that there is greater ratio of male students than females being served in special education. He came up with various possible reasons to explain the prevalence of this situation. Some of the reasons are behavior differences, possible gender referral bias, poor criteria for the definition of physical disabilities and the role of genetics.

Youngblood (1976) found that girls have a higher self-esteem than boys. According to him, girls whether high or low achievers were found to hold a higher self-conceptualization than boys. It is therefore likely that there will be a difference in the self-concept levels for males and females. It is possible that the female students will exhibit higher levels than their male peers.

King (1979), commenting on studies done on sex differences for measures of self-concept and self-actualization asserts that such differences have often been found and are almost always in favour of female subjects. In some cases, no sex differences in self-concepts have been found. Lanza (1969) investigated various antecedents of self-esteem and found no significant sex differences.

Orenstein, (1994) asserts that the development of a positive self-image is critical in the middle grades. However, there is a general decline in school performance among girls as they enter adolescence. As a group, for example, girls exhibit a general decline in science achievement not observed for boys, and this gender gap may be increasing. His research indicated that for 9- and 13-year-olds, gender differences in science achievement increased between 1978 and 1986, with females' academic performance declining. Thus, the relationship between a decline in self-concept and a decline in achievement indicates that identifying the special needs of female students at school and at home should be a high priority for parents and teachers.

Reasons for the decline in self-esteem and the accompanying decline in academic achievement are not clearly indicated by research, but it is likely that multiple factors are involved. A study by Orenstein, found evidence that boys received preferential treatment in school from teachers. Since they ask more questions, boys are given more detailed and constructive criticisms of their work, and are treated more tolerantly than girls during outbursts of temper or resistance. Out-of-school factors probably also play a role: some observers suggest that, as they grow older, girls' observations of women's roles in society contribute to their changing opinions about what is expected of girls. If girls observe that women hold positions of less status than men in society, it may lead girls to infer that their role is less important than that of boys or that they are inferior to boys.

Disability may have different effects on the self-concept and adjustment for the different sexes; male and female. A study by Burns, (1982) investigated the effects of handicap on self-concept. It was found that physical disability does not have the same consequences for boys and girls. Physical inactivation for instance is more of a problem to physically handicapped boys than girls, since it is more highly valued among boys. This study is aimed at investigating whether physically handicapped girls had higher self-concept than boys.

King (1979) in his study of adolescents with physical disabilities found that females were lower in perceived social acceptance, athletic competence and romantic appeal than the normative sample whilst males were lower in perceived scholastic competence, athletic competence and romantic appeal. As already noted, they did not differ from the normative sample with respect to global self-worth. These adolescents were realistic about their skills and capabilities in the areas directly affected by their physical disability and yet were able to maintain their feelings of self-worth. Here again, then, the study of the impact of disability upon the child's perceptions allows a clearer understanding of the factors influencing the development of self-concept

A study examining gender differences found that many teachers in elementary and secondary special classrooms demonstrate unequal attention along gender lines. For example, girls are less likely than boys to receive the active attention of their teachers. It has been reported that when students with disabilities demand attention, teachers are more likely to respond to boys with instructions and to girls with nurturing. Moreover, girls are less likely to give their opinion and less likely to take intellectual risks, (Lindgren, 1980). Evidence suggests that adolescent women are particularly vulnerable to peer pressure that encourages social success at the expense of academic performance. Suvan (1979) asserts that such influences can have the effect of diminishing both academic aspirations and self-confidence among young women.

Another factor relates to cultural differences in sex role socialization, which are greater in some cultures than others. Culture may influence a teacher's decision in class. The teacher may give more attention to a physically handicapped male student as society generally expects them to study, find jobs and support their families in future, while for females the situation is not so rigid. So they decide to give priority or to pay more attention to male students in academic issues. The male role in our society is reinforced by acts of leadership, aggression and dominance. On the other hand, society reinforces girls to be compliant and dependent. Therefore, achievement expectations for boys and girls vary. Boys are trained to be independent while girls seek the help and assurance of others. Thus, girls with physical disabilities do not perform well in academics because they try to please their teachers by displaying good behavior (McGuire & McGuire, 1987).

Moreover, parents' actions play a central role in girls' sex role socialization, and parents' choices and attitudes about toys, clothing, activities, and playmates can shape a girl's sense of herself. It appears that ethnicity, race, and class are differentiating factors in girls' interpretation of in-school and out-of-school experiences (Lindgren, 1980). The study suggests that many African American and Latino girls demonstrate evidence of a decline of self-esteem in early adolescence by becoming disaffected with schooling in

general. The study by Orenstein (1994) found that in 1991, Latinos left school at a greater rate than any other group.

## **2.6 SUMMARY OF THE LITERATURE REVIEWED**

The literature review has indicated that self-concept has been recognized for the significant interaction it has with academic performance. Differing results on the relationship between self-concept and academic performance have been reported, where by self-concept may or may not contribute to good academic performance. Investigating the relationship between self-concept and academic performance of physically handicapped students in special secondary schools may help bridge the gap.

Therefore, the contents of the self-concept of physically handicapped students are acquired during the formative stage through the child's interaction with the significant others. It is during this stage that children tend to internalize the reactions and expectations of others in their self-concept. For example, if a parent repeatedly tells a handicapped child that "you are hopeless," the child eventually sees himself or herself in this way. Similarly, children learn to anticipate what others expect of them and adapt the same attitude towards themselves. Therefore much of their self-awareness is shaped by the reactions and expectations of others. Consequently, unless self-concept and other affective characteristics are closely monitored many interventions and vocational efforts at training the physically handicapped students in special schools will be wasted.

Most of the studies reviewed focused on societal attitudes in general which indicated that there is still negative societal perception about disability. The current study on the other hand was specifically concerned with the attitude of the teachers in the special schools. The poor academic performance of the students in the special schools was attributed to lack of adequate support needs, good will and a suitable environment encouraging the development of self-concept.

Physically challenged students from well to do socio-economic back grounds have a positive self-concept and therefore perform better academically. There was consistency in

the studies reviewed despite being drawn from diverse cultural settings. This is in line with the current study which established that owing to the poverty situation in Kenya, majority of parents with physically handicapped children are unable to meet their education expenses. The few who succeed in getting sponsorship end up not performing well due to negative attitudes of sympathy and pity from their parents

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.0. OVERVIEW**

This chapter presents a description of the geographical location of the study, research design, research population, sample size and sampling techniques, instrumentation, data collection procedures, and the validity and reliability of the research instruments.

#### **3.1. GEOGRAPHICAL LOCATION OF THE STUDY**

The study was carried out in two Special Secondary Schools for the physically handicapped students in Kenya namely, Joyland and Joytown Special Secondary schools. There are only three such schools in the country, that is: Mombasa Secondary School for the physically handicapped in Coast Province, Joyland Special Secondary school in Kisumu, Nyanza Province and Joytown Special Secondary School in Thika, Central Province.

A special school for the physically handicapped is that which is designed to admit physically handicapped students from all over the country, majority of who are polio cases. Others suffer from cerebral palsy, muscular dystrophy, amputations, club-foot and other conditions (Ndurumo, 1993). It is a full residential school with special provision for the physically handicapped students who enjoy a wide range of specialized facilities, materials and specially trained services like physiotherapy, locomotors, equipment like special desks, prosthetic devices, crutches and wheelchairs, occupational therapy and counseling services.

The researcher preferred the secondary schools for two reasons. First, the choice of the secondary schools was guided by the need for maximum utilization of the available resources in terms of time, finances and human resources. Secondly, the need to establish the reason why we have quite a number of special primary schools and only six special



secondary schools out of which only three were for the physically handicapped. Lastly, with the special institutions in place, these physically handicapped children had been isolated from the others.

### **3.2 RESEARCH DESIGN**

Research design refers to a framework through which a study is planned and conducted, the procedures and techniques used to address the research problem and the questions (Royer & Zarlowsky, 2001; Ngau, 2004). This study adopted both correlational and causal comparative research designs. The study was correlational in design because it was concerned with a description of the degree to which two quantitative variables are related (Mugenda & Mugenda, 1999). It specifically investigated the correlation between self-concept and academic achievement of physically handicapped students. The design enabled the researcher to investigate the relationship between the two variables.

This study was also a causal comparative study. According to Kerlinger (1986), a causal comparative research design allows researchers to investigate the possibility of a causal relationship among variables that cannot be manipulated. Two or more groups that are different on particular variable are compared on another variable. This research design enabled the researcher to investigate the influence of the socio-economic status of the family and gender on self-concept of the physically handicapped children.

### **3.3 THE RESEARCH POPULATION**

The study targeted all the special secondary schools for the physically handicapped in Kenya. There are only three such schools in the country. However the research population comprised of both male and female physically handicapped students in two Special Secondary Schools namely: Joyland in Kisumu and Joytown in Thika. The third School, Mombasa School for the Physically Handicapped was used for pilot study.

### **3.4. SAMPLE SIZE AND SAMPLING TECHNIQUE**

The research sample consisted of 135 students recruited from Joyland and Joytown Special Secondary Schools for the physically handicapped. From each of the two schools,

the sample consisted of all physically challenged students from Form 1 to 4 who were present at the time the study was being conducted. All these four classes were considered because of the low enrollment of the physically handicapped students in the schools.

The study adopted the use of purposive sampling technique to select both the schools and the students to be included in the sample. Special schools for the physically handicapped were purposively included in the study. Since the two special schools also admitted regular or non-disabled students, the researcher only involved students with physical disabilities in the study. The non-disabled students were not involved in the study. During data collection the non-disabled students were therefore requested to leave their respective classrooms so that the researcher could administer the research instrument to the students with disabilities only. This technique was found appropriate for this study because it enabled the researcher to use the respondents with the required characteristics with respect to the objectives of the study.

### **3.5. RESEARCH INSTRUMENTS**

This section describes instrumentation and the administration of the instruments. The data collection instruments that were used in this study were the questionnaire, interviews, and document analysis. The selection of these tools was guided by the objectives of the study. The overall aim of the study was to collect views, opinions, perceptions and feelings, which can best be done through the use of questionnaires and interviews, (Kothari 2003). Document analysis was used to obtain data on the academic performance of students.

#### **3.5.1 Questionnaire**

Questionnaire refers to a collection of items to which a respondent is expected to react to in writing. A questionnaire is suitable for collecting a lot of information from a large population over a short period of time (Borg & Gall, 1983). In this study, the questionnaire (see Appendix 2) developed by the researcher was used to obtain data from the participants. The instrument comprised closed ended items that were developed on

the basis of the research objectives and hypotheses. The questionnaire was divided into four sections; A, B, C and D. Section A contained only one item that generated information on gender. Section B contained 15 items that were used to generate information on self-concept; section C contained 10 items that elicited information on the socio-economic background of the students' families, while section D contained 10 items that were used to generate information on the participants' perception of their teachers' attitude towards them and their self-concept.

Section B of the questionnaire containing items on self-concept was developed by the researcher using the modified version of Tennessee Self-concept Scale as adopted from Karanja (1997) and Misigo (1997) while the rest of the items in the questionnaire were developed by the researcher. The instrument was administered by the researcher to the participants.

### **3.5.2 Interviews**

An interview refers to person to person verbal communication in which one person asks the other questions intended to elicit information or opinions. It is used to obtain in-depth information that may not be possible to get using a questionnaire, to extract sensitive and personal information from the respondents through personal and honest interaction and to clarify and elaborate the purpose of the research. Interview schedule (see Appendix 3) was used to counter-check the responses of the participants in the questionnaire so as to increase content validity of the instrument.

The instrument was administered on key informants namely; head teachers and class teachers to determine consistency in their response. The interviews were conducted through discussions that encouraged spontaneous responses from the respondents which helped to create a relaxed environment. The study adopted the open ended items because, according to Kerlinger (2004), they are flexible, enables the clarification of any ambiguity and creates rapport that helps gauge the respondents' intentions, beliefs and attitudes.

### **3.5.3 Document Analysis**

The study made use of end of term results administered by the teachers in the respective schools. An average grade based on performance in their respective subjects of study was taken as a measure of academic performance. Document analysis was therefore used to obtain the academic scores of the students in the two schools where by the average score for one year was used as a measure of academic performance. The average score was then converted into Z-scores. This is because the examinations done in the two schools were developed and administered under different conditions. By converting the scores into Z-scores the researcher was able to compare the academic performance of the physically handicapped students in the two special secondary schools.

### **3.5.4 Validity and Reliability of Research Instruments**

#### **Validity**

According to Kothari (2003), validity refers to the accuracy and meaningfulness of inferences, which are based on the research results. It is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study.

For this study, construct validity was used to determine the validity of the instrument, since self-concept is an abstract concept. Construct validity of an instrument is obtained through judgmental approach and statistical analysis. In this study, expert judgment of supervisors, other lecturers and colleagues was very instrumental. In view of this, the instruments developed by the researcher were given to the experts of research methodology in the department of Educational Psychology to assess the suitability of vocabulary, concepts and phraseology used.

The questionnaire was tested at Mombasa Special Secondary school for the physically handicapped in Mombasa. The main purpose of piloting the questionnaire was first; to ensure as far as possible that the items elicited the kind of responses the researcher intended to get in terms of content and adequate coverage of all the aspects of the unit

that the researcher particularly wished to explore. In cases where it was discovered that the items in the questionnaire were either ambiguous or difficult for the participants, they were rectified accordingly. Secondly, the pilot study was done to provide the researcher with an opportunity to get first hand experience about the nature of the research study. Mombasa was selected for pilot study because it was a mixed special school in an urban setting just like those used in the study.

### **Reliability**

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. In order to test the reliability of the instrument to be used in the study, the test-retest was used to obtain an estimate of stability of the items in the instruments. The method consists of carrying out the same test on the same individuals at different times. The developed questionnaire was piloted in Mombasa secondary school for the physically handicapped which was then excluded in the main study. The responses on the questionnaires were scored, and then the same questions were given to same group of respondents after an intervening period of two weeks. The time lapse between the two tests should not be too long as to allow the respondents' time to think and perhaps modify their earlier responses (Kerlinger, 1986).

From the test-retest scores a correlation coefficient of stability was calculated using Pearson Product Moment formula. This was done to establish the extent to which the questionnaire elicited the same responses every time it was administered. A correlation coefficient of  $r = .67$  was obtained and considered high enough to judge the instrument as reliable for the study.

### **3.6 DATA COLLECTION PROCEDURE**

The researcher carried out a re-connaissance trip to the sampled schools to not only familiarize with what goes on in the selected schools but also seek the consent of the school administration (see Appendix 1A). Data collection was then carried out in two phases. The first phase was piloting, which enabled the researcher to make the necessary corrections and adjustments. Data obtained during this phase was mainly used to determine the reliability, validate the research instrument, and test the research design. It enabled the researcher to check the responses to the items against the research objectives, besides testing the feasibility of the administration of the research tools.

The second phase of data collection involved obtaining actual data relating to the objectives of this study. The students' questionnaire and interview schedule were administered to the respondents by the researcher while scores on academic performance were obtained from the records in the two special secondary schools.

### **3.7 SCORING OF THE INSTRUMENT**

The items in the questionnaire were scored using a five point Likert scale where by the scores are allocated depending on the favourableness or unfavourableness of the responses (Kothari, 2003). In the questionnaire, strongly agree (SA), Agree (A), Undecided (U), Disagree (D) and strongly disagree (SD) were scored as 5, 4, 3, 2, and 1 respectively. The total score for each participant was then obtained and later used in testing the hypotheses.

The physically handicapped students were classified as having negative, neutral and positive self-concept. The highest score that a student could obtain in self-concept was 75, while the lowest was 15. The mean score for the students' self-concept was 32.7. Students whose scores were below one standard deviation below the sample mean were considered to have negative self-concept while those whose scores were above one standard deviation above the sample mean were considered to have a positive self-concept. Students with scores between one standard deviation below the sample mean

and one standard deviation above the sample mean were considered to have a neutral self-concept.

The total score a student could obtain in academic performance was 100%. The average score for the participants was 49.35%. The students who scored below one standard deviation below the sample mean were considered to have poor academic performance while those who scored above one standard deviation above the sample mean were considered to be good in academic performance. Students who had scores between one standard deviation below the sample mean and one standard deviation above the sample mean were considered to be average in academic performance.

### **3.8. DATA ANALYSIS**

The raw data collected from the closed ended questionnaires were systematically organized and assigned numerical values (coding). Descriptive and inferential statistics were then used to analyze the data using the Statistical Package for Social Scientists (SPSS). The statistical level of significance was set at .05.

The descriptive statistics that were used included the mean, frequencies and standard deviation. The mean is the commonly used method of gauging central tendency. It is defined as the value obtained by dividing the total of the values of various items in a distribution by the total number of items. Its major function is to summarize the important features of a series so as to enable data to be compared. The standard deviation calculates the amount of deviation from the mean; hence it is used as a measure of dispersion in a series. In this study, it was used to determine the homogeneity of the population from which the sample was taken. As a measure of dispersion, it takes into consideration all the scores in a distribution. Frequencies refer to the number of objects in sets and sub-sets. In this study, they were used to classify data of each variable. In the study, students were grouped into various categories within the variable.

The inferential statistics used in the study to test the hypotheses were Pearson's Product Moment Correlation Coefficient( $r$ ). This is an appropriate tool for use on interval data since it is mostly used to measure the degree of relationship between variables. Pearson's ( $r$ ) was used to find the relationship between self-concept and academic performance. According to Kothari (2003), when  $r$  is +1 it indicates perfect positive correlation and when  $r$  is -1, it indicates perfect negative correlation. t-test for independent samples is used to determine if the means of two unrelated samples differ. This is done by comparing the difference between the two means with the standard error of the difference in the means of different samples. In this study, t-test was used to compare the means of gender and self-concept and gender and academic performance and to test whether the difference in the means was significant

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### **3.9 ETHICAL CONSIDERATIONS**

The researcher respected the respondents' privacy. The participants were requested to read and sign informed consent letter (see Appendix 1B) before participating in the study. In responding to the items in the questionnaire, they were not expected to write their names on the questionnaire, but each questionnaire had a code number for reference –the students' admission numbers. The respondents were assured that the information given would be treated confidentially and for the purpose intended only. They were also allowed the freedom to withdraw from the study at any point or time.

### **3.10 Summary**

The chapter dealt with all aspects relating to how the study was undertaken. This section on methodology, being the heart of this study, was given due attention to ensure that data collection was as accurate as possible. The sampling procedures have been explained well to show that the sample selected was not biased. Scoring of data collection



instruments has been explained explicitly. The instruments were piloted to establish their reliability, whereas supervisors and other lecturers verified the validity.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSES AND INTERPRETATION

#### 4.0 OVERVIEW

This study investigated the relationship between self-concept and academic performance of physically handicapped students in special secondary schools. This was in the light of the concern that students with physical disabilities are significantly lagging behind in academic performance. Placing physically disabled students in a separate system has had a negative effect on their cognitive ability. This chapter presents the results of the descriptive and inferential statistics used to analyze the data. The chapter has been presented in such away that the demographic description of the participants is first presented. This is followed by the testing of the hypotheses.

#### 4.1 DEMOGRAPHIC DESCRIPTION OF PARTICIPANTS

The sample for this study comprised of 135 participants. The participants were male and female students in Joyland Special Secondary School in Kisumu and Joytown Special Secondary School in Thika. The demographic data of the participants is presented in Table 5.

**Table 5**      **Demographic Description of Participants**

Gender	School		Total
	Joytown	Joyland	
Male	41	38	79
Female	31	25	56
<b>Total</b>	<b>72</b>	<b>63</b>	<b>135</b>

Table 5 gives the demographic description of participants. The Table reveals that a higher number of the respondents in the sample were males, (n = 79) while females were (n = 56), out of a total population of 135 participants. This implies that there are more physically handicapped male students in special secondary schools for the physically handicapped than females. The disproportion of males to females in the population indicated perhaps the presence of a bias towards female children with disabilities.

## 4.2 TEST OF HYPOTHESES

### 4.2.1 Null Hypothesis One

**Ho<sub>1</sub>: There is no significant relationship between self-concept and academic performance of physically handicapped students.**

To test this hypothesis, the items in section B of the student's questionnaire were administered to the participants and their responses scored. The academic performance of the participants was calculated from the end-term examination records and an average score based on performance in their respective subjects of study was taken as a measure of academic performance. The two sets of scores were correlated using Pearson Product moment correlation as presented in table 6.

**Table 6 Self-concept and Academic Performance**

<b>Self-concept</b>	<b>Academic Performance</b>
Pearson Correlation	.713(**)
Sig. (2 – tailed)	.000
N	135

Correlation is significant at the 0.01 level (2-tailed).

A correlation coefficient of  $r = .71$ ,  $p < .05$  was obtained. From this result, it was concluded that there is a significant correlation between self-concept and academic performance of the physically handicapped students in the two special secondary schools. Those students with a positive self-concept performed better in academics than those with a negative self-concept. The correlation confirmed that there was a significant relationship between self-concept and academic performance hence there was need for inculcating positive self concept among the students so as to boost their academic performance. This implies that negative self-concept contributes to poor academic performance; consequently, the null hypothesis was not accepted.

#### 4.2.2 Null Hypothesis Two

**Ho<sub>2</sub>: There is no significant relationship between the socio-economic status of the family and the self-concept of physically handicapped students.**

To test this hypothesis, the students' questionnaire was administered to the participants and their responses to section C of the questionnaire on socio-economic status were scored. The scores were correlated with those on self concept using Pearson Product Moment Correlation Coefficient as presented in table 7.

**Table 7 Self-concept and Socio-economic status**

Self-concept	Socio-economic status
Pearson Correlation	.782(*)
Sig. (2 – tailed)	.035
N	135

\* Correlation is significant at the 0.05 level (2-tailed).

A correlation coefficient of  $r = .78$ ,  $p < .05$  was obtained. The result of this analysis showed that there was a positive significant correlation between socio-economic status of

the family and self-concept of the physically handicapped students in special secondary schools. From this result, it was concluded that the socio-economic status of the family had an influence on the self-concept of physically handicapped students in special secondary schools. This implies that physically handicapped students from high or moderate socio-economic family backgrounds had higher self- concept than those from low socio-economic family backgrounds. Consequently, the null hypothesis was not accepted.

#### 4.2.3 Null Hypothesis Three

**Ho<sub>3</sub>: There is no relationship between the physically handicapped students' perception of their teachers' attitudes towards them and their self-concept.**

To test this hypothesis, the student's questionnaire was administered to the participants and their responses to section D on the respondent's perception of their teachers' attitude towards them and their self-concept were scored. To test whether or not the two sets of scores correlate significantly, Pearson Product Moment Correlation Coefficient was conducted as presented in table 8.

**Table 8 Self-concept and Perception of Teachers' Attitude**

<b>Self-concept</b>	<b>Perception of teachers</b>
Pearson Correlation	.183(*)
Sig. (2 – tailed)	.033
N	135

\* Correlation is significant at the 0.05 level (2-tailed).

The result of this analysis showed that there was a statistically non-significant correlation between the two scores,  $r = .18$ ,  $p > .05$ . From this result, it was concluded that there was no significant relationship between the physically handicapped students' perception of their teachers' attitudes towards them and their self-concept. This implies that physically handicapped students did not differ in their perception of their teachers' attitude towards them and their self-concept. The null hypothesis was therefore accepted.

#### 4.2.4 Null Hypothesis Four

**Ho<sub>4</sub>: There is no relationship between gender and self-concept of physically handicapped students.**

Gender in this study was scored in terms of male students or female students. To test this hypothesis, the scores on self-concept were coded according to gender. The mean scores of these two groups of participants on self-concept were computed and their results are presented in Table 9.

**Table 9 Gender and Self-concept**

Gender	N	Self-concept	
		Mean	SD
Male	79	32.94	4.78
Female	56	32.34	4.61

To test whether or not the two mean scores were significantly different, a t-test for independent samples was conducted. The result of the analysis showed that there was a statistically non-significant difference between the two scores,  $t(133) = .73$ ,  $p > .05$ . From this result, it was concluded that there was no relationship between gender and self-

concept. The physically handicapped male and female students did not differ in their view of self-concept. Consequently, the null hypothesis was accepted.

#### 4.2.5 Null Hypothesis Five

**Ho<sub>5</sub>: There is no significant gender difference in academic performance of the physically handicapped students**

The last objective was to investigate the relationship between gender and academic performance of physically handicapped students. To achieve the objective a fifth null hypothesis was formulated and tested. To analyze this hypothesis, scores on academic performance were categorized according to gender. The mean scores of the male students and those of the female students on academic performance were computed and their results are presented in Table 10.

**Table 10 Gender and Academic Performance**

Gender	N	Academic performance	
		Mean	SD
Male	79	49.75	8.85
Female	56	48.78	8.62

To test whether or not the two mean scores on academic performance were significantly different, a t-test for independent samples was conducted. The result of the analysis showed that there was a statistically non-significant difference between the two scores,  $t(133) = .667$ ,  $p > .05$ . From this result, it was concluded that there was no relationship

between gender and academic performance. The physically handicapped male and female students did not differ in academic performance. The null hypothesis was therefore accepted.

### **4.3 SUMMARY**

In this chapter, the respective hypotheses were tested and appropriate conclusions drawn. It emerged that there was a significant correlation between self-concept and academic performance of physically handicapped students. There was also a significant relationship between socio-economic status of the family and the self-concept of physically handicapped students in special secondary schools. However, there was no significant relationship between the physically handicapped students' perception of their teachers' attitude towards them. In addition, from this chapter, the study found out that there was no relationship between gender and self-concept of students with physical disabilities. Finally, it was also discovered that physically handicapped male and female students did not differ in academic performance.



## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS**

#### **5.1 OVERVIEW**

This chapter comprises the discussion of the findings of the study, conclusion, implications to policy makers and recommendations for further research

#### **5.2 SELF-CONCEPT AND ACADEMIC PERFORMANCE**

The first objective of this study was to establish whether there was a relationship between self-concept and academic performance of physically handicapped students. The results revealed that most of the students had negative self-concept while only a few were positive. This implies that negative self-concept contributed to poor academic performance.

The correlation confirmed that there was a significant relationship between self-concept and academic performance. The study found out that positive self-concept greatly enhanced academic achievement while negative self-concept contributed to poor academic performance of physically handicapped students in special secondary schools. This means that those students, who perceived themselves as unworthy, insignificant and unacceptable in the eyes of others, were unlikely to develop a positive self-concept that would have contributed to effective learning. It could be this negative self-perception that made most physically handicapped students to wallow in self-pity instead of concentrating on academic work which in turn lead to poor academic performance.

The current study established that most students with disabilities were overcome with a feeling of helplessness. They strongly held the view that they could not do most things on their own because they were used to being cared for. From their responses acceptance of their parents' attempts to keep them dependent and "secure" was clear. This syndrome is

in line with Seligman (1975) theory which states that the experience of not being able to control the environment, or learning that events are uncontrollable, leads to a psychological state of helplessness, which may not be related to the real ability of the individual. If a person comes to believe that his or her actions will not affect the environment, the likelihood that they will even attempt a response decreases, and the attitude will become Why bother? It won't make any difference whatever I do. If actions have no effect, the next logical step is to cease all action.

Wandabwa (1996) observes that there is a significant difference in the academic performance of children with a positive self-concept and those with negative self-concept. Thus, academic self-concept has an important mediating influence on academic behaviour, academic choices, educational aspiration and academic achievement. Given the interactions of self-concept and achievement outcomes, it is hardly surprising that this research has shown that people with physical disability have negative general self-concept.

Studies so far considered on self-concept and academic performance by Mwamwenda (1990), Burns (1982) and Purkey (1970) indicate that self-concept is a powerful variable affecting a learner's performance and behaviour at school. Consequently, the success or failure in school work or life appears to depend as much on how a person feels about the qualities and attributes that he/ she possesses as on those qualities themselves. In a study done in Uganda, Heyneman (1983) reports that those children who felt more confident and more assertive performed better in their primary school examination.

Mwamwenda (1990) in a study in Botswana reports that self-concept was one of the variables contributing to quality education and the results indicated that there was a relationship between a pupil's self-concept and his or her performance in the final set of examinations. Similarly, in a study of self-concept and academic achievement of secondary school students in science in Southern Cross River Estate, Nigeria, Akubuiro and Joshua (2004) observed that academic achievement in science was significantly

predicted by the students' attitude, academic self-concept and science self-concept, with attitude contributing the most to the prediction.

Burns (1982) reports a significant relationship between low self-concept and academic under-achievement. The under-achievers saw themselves as less adequate. Perceived peers and adults as less acceptable; showed less effective approach to problem solving, and demonstrated less freedom and adequacy of emotional expression. Low achievers tend to express more negative self-feelings than high achievers which in turn infiltrates into their academic performance.

The study also found out that the difference of having a disability, using a wheelchair, and having problems of muscle control, often stigmatizes the individual, giving rise to feelings of inadequacy and incompetence. Therefore, instead of emphasizing the need to contain the challenging disabilities and to promote obedience, spiritual development, personal care and domestic skills, teachers, counsellors, school support staff and parents should concentrate on creating a supportive environment fostering the development of self-concept because so many students with physical disabilities have low self-concept.

From this study, it was evident that though few generalizations can be made about students with disabilities, it can be said that they are more like able-bodied students than unlike them. Therefore, the absence of high expectations for students with disabilities can be both insidious and damaging. Within the disabled high school student population there are bright, talented, motivated, well-adjusted, positive, enthusiastic, socially adept students who are goal oriented and academically prepared. On the other hand, there are average and below average students with and without disabilities who share less distinctive levels of talent, motivation and positive outlook. This implies that, apart from the common depressing effects of physical disability such as constant illness and absence from school to attend physiotherapy exercises, negative self-concept plays a big role in lowering the academic performance of physically handicapped students.

Negative attitudes therefore, constitute stumbling blocks to the total acceptance of the disabled. From the study, it is evident that the African attitudes are based on limited awareness of what ought to be. Fortunately, attitudes are changeable. It is important to point out that most of these attitudes are devoid of ill will and are expressed with a great deal of sympathy. That people pick up these attitudes during the process of growing up without any conscious intention to perpetuate them, but they become more and more organized in one's mind. Today, new information based on scientific knowledge of causes of disabilities and the effect of disabilities could alter negative attitudes.

New attitudes can be boosted through informed knowledge about disabilities and their causes. It has been observed that information-giving techniques improve expressed adult attitudes towards people with disabilities. This can be achieved through lectures, symposia, seminars, teach-yourself leaflets and persuasive appeals involving the mass media. These approaches can be organized in a structured manner for effectiveness. Since it is evident that the most devastating barrier for students with disabilities to overcome is the attitudinal barrier erected by other people, it is important to become sensitive and knowledgeable and to seek a level of comfort with the issues of disability in general. Becoming comfortable is an individual effort and is achieved through repeated personal experiences. An important suggestion is to be careful not to imply either that people with disabilities are to be pitied, feared, or ignored, or that they are somehow more heroic, courageous, patient or "special" than others.

### **5.3 SOCIO-ECONOMIC STATUS AND SELF-CONCEPT**

The second objective of this study was to find out whether the socio-economic status of the family affects the self-concept of physically handicapped students. Data analysis and interpretation of questionnaire responses from the respondents revealed that there was a statistically significant relationship between socio-economic background of the family and the self-concept of physically handicapped students. Since most of the respondents in the study were from high or moderate socio-economic backgrounds, it appeared like their parents are able to separate their own anxieties and worries about their children from their

broader attitudes towards persons with disabilities. The fact that they are financially stable makes it possible for them to care and provide for their physically challenged children adequately as opposed to those in the low socio-economic class. This indicates mature acceptance of disability which is unrelated to myth, superstition and self-blame.

Generally, socio-economic status seems to be a significant factor influencing self-concept. The influence of parent involvement has been found to vary for students of different socio-economic backgrounds and ethnicity. The results of this study are consistent with various research studies which reported that the self-concept of students from a high or moderate socio-economic class was higher than that for students from a low socio-economic class. For example, the findings of Lord (1970) when he carried out a comparative study on the self-concept of Appalachian children from economically poor and advantaged backgrounds. He found that those children from economically advantaged backgrounds have a more positive self-concept than those from economically poor or disadvantaged backgrounds. Similarly, Lanza (1969) found that students with high self-esteem had fathers who were stable in their employment while those with low self-esteem had fathers who were more often unemployed.

Low enrollment in special education has been perpetuated by the policy of cost sharing, where by most special education and training programmes charge fees to meet their operational costs. Therefore, since most parents of handicapped children are generally poor, some opt to pay fees for their non disabled children first, where as others are too poor to afford any fees at all. This has resulted in either serious drop outs or not attending school at all by majority of physically challenged persons. Moreover, special education programmes have not been fully mainstreamed into Early Childhood Care and Development hence, disabled children start schooling when they are eight years and above, consequently, they become adults before completing their educational programmes (Cherono, 2005).

Therefore, social class seems to be an important factor in self-concept development since it is important in determining the experiences offered to the child by the family. The

study established that most of the students enrolled in the special secondary schools came from well to do backgrounds, an indication that high social class people tend to treat their handicapped children better than low social class people. This could be true to Wright (1960) assertion that attitudes of family members towards the disabled child vary with different socio-economic classes.

Hallahan and Kauffman (1982) observe that the way physically handicapped children adapt to their physical limitations and how they respond to socio-interpersonal situations depends much more on their family background. The attitude of the significant others can have a profound influence on how such children regard themselves and on their opportunities for psychological adjustment. Physically handicapped children who feel rejected or discriminated against and those who sense the reaction of pity and an expectation of helplessness may develop a negative self-concept. Parents should therefore be sensitized to see the child with a physical handicap as a person who has certain limitations, but who is otherwise just like everyone else. In this way, the handicapped will be encouraged to be independent and productive members of society.

According to Burns (1982), it is the way physically handicapped children interact with family members that gives them morale to open up and socialize in the wider world. As their self-esteem continues to build up at home, so will they feel socially accepted at school. Human interaction, socialization, and established relationships are vital to the very existence and functioning of our society. Every day people decide whether to accept or reject a person based on various characteristics and every day people experience being included or excluded. Therefore, physically handicapped children who succeed in establishing rewarding social relationships with the significant others get the opportunity to learn and practice social skills. Therefore, it seems as though, if a child is constantly accepted, he/she will develop a positive sense of self; and if the child is constantly rejected, then he/she will develop a negative sense of self.

For example, most students who believed that their parents liked them as much as they did their non disabled siblings and regarded them as worthy, tended to exhibit a positive self-concept and vice versa. The study established that students with positive self-concept were well connected to other people and to life and had a strong belief in their resources and own abilities while those with negative self-concept showed a lack of control and high levels of anxiety.

Levine (1977) argues that among African peoples, “parents frequently expect the child to contribute his labour to the domestic productive unit and when mature, to support his aging parents” (p. 17). He cites cases of passive euthanasia, where an infant who is sick or has a disability is allowed to die because in such cases, the child is less able, perhaps unable, to generate any resources on his or her own that would contribute to the family’s well being. Today, euthanasia is not a common practice in Kenya though, due to among other factors, human rights advocates and education.

Wright (1960) observes that among the Eskimos where economic surplus is maintained at a very low margin the congenitally defective are often killed in infancy. Those with acquired handicaps are taken care of by the family for as long as they are still regarded as an economic asset, after which, they either commit suicide or are abandoned. In contrast is the treatment of the handicapped of Northern Blackfoot of the North American plains and by certain tribes in Melanesia where the economy for the most part is adequate. Here, the protective obligation of the family towards persons with disabilities is guaranteed.

Gethiga (1986) observes that the insensitivity of the Kenyan public to the plight of the disabled has sometimes gone to the level of absurdity, where some parents have been reported to have dumped their handicapped children in institutions, thereby abdicating their responsibilities. Some parents hide their disabled children at home due to shame prompting education officers and well wishers to raise an alarm.

The study established that families which are economically able do not consider their handicapped children to be a bother. This is because they have the means to not only hire servants but also to provide for their children's special needs like wheelchairs, calipers and transport to keep them comfortable. Conversely, poor families cannot afford such provisions; hence resort to either keeping their handicapped children at home or abandoning them in the special schools. Students who feel liked and well provided for develop a positive self-concept while those who feel neglected develop a negative self-concept.

The stress and complications of daily living increase as an individual moves into the adolescent stage. The task of adolescence is to find and establish an identity. They must also strive for emotional, if not physical independence, from parents and family. In the search for an identity, an individual with a physical disability hears, sees and feels many negative perceptions about body image, abilities and personal worth. The negative reactions by others, coming together at adolescence strengthens the normal adolescent feelings of difference.

#### **5.4 STUDENTS' PERCEPTION OF TEACHERS' ATTITUDE AND SELF-CONCEPT.**

The third research question was: is there a relationship between the physically handicapped students' perception of their teachers' attitude towards them and their self-concept? Attitude is the primary force that determines whether one succeeds or fails. From the correlation it is evident that there is no statistically significant relationship between the students' perception of their teachers' attitude towards them and their self-concept with a correlation coefficient of  $r = .183$ ,  $p > .01$  level of significance. This implies that, accurate and clear information about specific disabilities can decrease anxiety and increase awareness. Since majority of the teachers in the special secondary schools used in the study are trained in special education, they may have become less fearful of dealing with disabilities as a result of being supported by access to accurate



information. Thus, through their training, myths and misinformation may have been dispelled and confidence fostered.

Although the study established that the relationship between the students and the teachers in the two schools is quite good, from the interview with the head teachers, it emerged that teachers differentially interact with students for whom they have low expectations. For example, they wait less for students to respond and focus on behaviour rather than academic work, yet majority of the students have multiple or severe disabilities. The head teachers reported that the criterion for selecting students to join the special secondary schools was based on application and ability to pay.

This implies that to a large extent, academic performance is overlooked hence they end up admitting students with very low marks. Consequently, teachers are expected to assess each student's entry behaviour and sequence academic instruction accordingly which is an up hill task, considering the fact that physical disabilities are so varied in nature. Moreover, insufficient exposure to the curriculum due to discontinuity of instruction for a variety of reasons such as ailments and physiotherapy makes it difficult for the teachers to complete the syllabus on time as required.

Head teachers and class teachers in the two schools reported that negative attitudes constitute stumbling blocks to the development of the handicapped students' self-concept. Therefore, the teachers' expectations of the disabled students should be evaluated to ensure that they are neither too high nor too low, since students' failure can occur under either condition. It has been observed that accurate and clear information about specific disabilities can decrease anxiety and increase awareness. This can be achieved through lectures, symposia, seminars, and persuasive appeals. It is therefore important for teachers in special education to become sensitive and knowledgeable when dealing with their students so as to help them develop a positive self-concept. Personal information about the experience of a person with a disability points out the fact that

human problems are all the same and that people with disabilities and able bodied people are more alike than different.

This implies that attitude is a major factor in dealing successfully with a student with a disability hence, the teachers of handicapped students must not only come to terms with their personal attitude toward disability, but also foster a positive environment which would allow change in negative attitude. This may be done by direct intervention through programming, workshops and in-servicing of fellow professionals. Such programmes and in-services would focus on overcoming negative attitudes and may be presented to the students' peers, teachers, counselors, administrators and school support staff.

### **5.5 THE RELATIONSHIP BETWEEN GENDER AND SELF-CONCEPT**

The fourth research question was: does gender influence the self-concept of physically handicapped students? Table 4.2 shows the computed mean scores of the two groups of participants. To test whether or not the two mean scores were significantly different a t-test for independent samples was conducted. The results of the analysis showed that there was a statistically non-significant difference between the two scores,  $t(133) = .726$   $p > .05$ . The results of this study may be taken as a tentative indication that physically disabled male students' self-concept is similar to that of their female counterparts. The implication of this result is that there is no significant relationship between gender and the self-concept of physically handicapped students.

Since the two special secondary schools for the physically handicapped used in the study are co-educational it can be inferred that all the students are subjected to the same conditions and environment hence their self-concept develops in more or less the same way. This is in line with what Lanza (1969) found out when he investigated various antecedents of self-esteem and found no significant sex differences. This appears to be inconsistent with the other studies which established that physically disabled female students exhibit lower levels of self-concept than their male counter parts. For instance, Richman et al (1985) found white males to attain modestly higher scores of self-concept

than females. This can be partly attributed to the diverse cultural differences hence the need for further research to be carried out.

## **5.6 THE RELATIONSHIP BETWEEN GENDER AND ACADEMIC PERFORMANCE**

The last research question of this study was: is there any gender difference in academic performance among physically handicapped students? Table 4.3 shows the results of the computed mean scores of the male and female students on academic performance. To test whether or not the two mean scores were significantly different, a t-test for independent samples was conducted. The results of the analysis revealed that there was a statistically non-significant difference between the two scores,  $t(133) = .667, p > .05$ . The implication of this result is that there is no significant relationship between gender and academic performance. Thus, physically handicapped male and female students do not differ in academic performance. The special secondary schools used in the study are both mixed, which implies that perhaps, co-educational schools possess features which have the potential of enhancing the academic performance of all the physically challenged students, gender notwithstanding unlike the single sex secondary schools which could be devoid of the motivating force for competition.

## **5.7 CONCLUSION**

In this research, the relationship between self-concept and academic performance of students with physical disabilities in special secondary schools for the physically handicapped was investigated. The study established that there was a statistically significant relationship between self-concept and academic performance of physically handicapped students. There was a significant relationship between socio-economic background and self-concept, an indication that students from high socio-economic backgrounds have a positive self-concept while those from low socio-economic backgrounds have negative self-concept.

The study also found out that there was no significant relationship between the physically handicapped students' perception of their teachers' attitude towards them and

their self-concept. Similarly, the study also established that there was no significant relationship between gender and the self-concept of physically disabled students. It also came out quite clearly that physically disabled male and female students do not differ in academic performance. It is hoped that the study has highlighted areas that need improvement so that physically handicapped students can be assisted to develop a positive self-concept that will contribute to improving their academic performance.

In view of the findings of this study, the following conclusions have been drawn. Self-concept is an important determinant of academic performance. Physically disabled students with a positive self-concept performed better academically than those with a negative self-concept. Students from high socio-economic backgrounds had a positive self-concept while those from low socio-economic backgrounds had a negative self-concept. There is therefore need for the government to intensify awareness and mobilization campaigns at community level to facilitate parental and community involvement at the grass root level.

There is also need for adults both at home and in school to shape the lessons taught to physically handicapped students about themselves, their place in school, and their future in society. Such students need the support of adults to resist pressures to conform to outdated stereotypes that can limit their expectations and achievement. By assuring them that their contributions are valued in and out of the classroom, and by creating an environment in which they can express their opinions, make mistakes, and demonstrate their interest in learning without fear of harassment or of being ignored, parents, teachers, and administrators can make a positive contribution to the development of their self-concept and academic performance. In conclusion, it is apparent that there is still a great deal to be done to help level the playing field for students with physical disabilities.

## **5.8 IMPLICATIONS OF THE FINDINGS TO POLICY MAKERS**

In this study, self-concept was found to have an effect on the academic performance of physically handicapped students in special secondary schools. The study established that students with negative self-concept performed dismally while those with positive self-concept performed relatively well in academics. Nevertheless, the students with negative self-concept out numbered those with positive self-concept an indication that most physically handicapped students have negative self-concept.

This implies that in order to improve the academic performance of physically handicapped students, there is need for teachers and counsellors in special education to boost their students' self-concept. This therefore, calls for rigorous counselling programmes to be under taken with a view to identifying and helping the students to develop a positive self-concept. Special secondary schools for the physically handicapped need to ensure that the guidance and counselling departments in their schools utilize self-concept enhancement programmes in order to improve self-concept for all their students.

Together, the school personnel can help all the students within their schools to develop a positive outlook and reach their highest potential. Counsellors for instance, may need to consider conducting sensitivity training, where by students with physical disabilities meet to discuss more confidential concerns. They should consider initiating self-concept and social skills training programmes where students discuss what they like about themselves. There is therefore need for the ministry of education to provide effective and regular professional guidance to teachers and counsellors in special education in order to ensure quality.

The study established that physically handicapped students require a lot of encouragement in order to be able to deal with their feelings of bitterness, self-pity, and

hopelessness that result into dependency. Consequently, counsellors in special schools should consider inviting successful personalities who are physically handicapped to not only encourage but also serve as role models to the students. In addition, teachers and administrators need to be knowledgeable of the similarities and differences in all students in order to meet the specific educational needs of handicapped students of both sexes.

The guidance and counselling departments in the special schools for the physically handicapped may also need to organize for individual student and parent- counselling sessions to address issues and feelings that could be interfering with the socialization of their physically challenged children in the family. This is because the study found out that negative attitudes towards people with disabilities affect the way parents treat their disabled children at home. Such sensitization may no doubt go a long way in helping the parents to not only understand their children but also desist from casting unrealistic expectations onto them.

Special secondary schools need to conduct career counselling lessons that utilize interest surveys to enable their students to more clearly define their interests and skills. Becoming more confident in their future might help boost their self-concept as they become more aware of their true selves and what goals to strive for. It is probable that the appropriate and effective use of such programmes will help counter self- defeating behaviours among physically challenged students. Access to information regarding the educational opportunities and options available to them is of paramount importance.

The MBE may need to set up a task force to carry out a review of the status of special education and make recommendations on how the quality of education for students with physical disabilities could be enhanced and how improved student outcomes such as increased academic achievement levels could be realized. Consequently, research in the field of Special Needs Education (SNE) should be given priority.

Furthermore, the literature review revealed that sustainability of education programmes for the handicapped students is raising concern as these programmes are currently relying

on donor funding. There is therefore need for the government to urgently develop a comprehensive policy framework on special education. For example, it should consider increasing funding towards special education since its subsidizing of education for persons with disabilities is grossly inadequate. Budgetary allocations should indeed be made specific and relevant to the needs of the students with disabilities.

## **5.9 RECOMMENDATIONS FOR FURTHER RESEARCH**

The following are the recommendations for further research:

1. There is a need to replicate the study at the primary and tertiary levels in order to provide a complete picture of how self-concept affects the academic performance of physically disabled students.
2. There is need for similar studies to be conducted in the other types of special secondary schools in Kenya so as to get a broader picture of the relationship between self-concept and academic performance of exceptional students. This will make it possible to determine whether the findings documented in this study hold for other types of disabilities.
3. A study focusing the relationship between professional training in special education and the self-concept/ academic performance of student with physical disabilities should be carried out. This will provide information as to whether professional training in special education guarantees teacher competence in theory and practice of teaching learners with physical handicaps.
4. The current study did not focus on the reasons behind the negative self-concept of students with physical disabilities and therefore suggests further research to look at these reasons. This will not only provide an answer to this question but also assist in gaining a deeper understanding of the reasons for the negative self-concept.

5. Since the study has established a relationship between self-concept and academic performance of physically handicapped students, it would be appropriate for researchers to investigate the influence of attitudes of students with physical impairments themselves on their self-concept.



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## APPENDICES

### Appendix 1A:

## LETTER TO HEADTEACHERS

Moi University  
P.o Box 3900  
Eldoret  
12<sup>th</sup> June, 2006.

Head teachers,  
Special Secondary schools

Dear Sir/ Madam,

### **RE: PERMISSION TO CARRY OUT ACADEMIC RESEARCH**

I am a student at Moi University pursuing a Master of Philosophy Degree in Education Psychology (Guidance and Counselling). I would like to conduct research in your school in the month of June, 2006. My research topic is; *“The Relationship between Self-concept and Academic Performance of Physically Handicapped Students: A case of Special Secondary Schools for the Physically Handicapped in Kenya.”* Your consent and support towards this endeavour will be highly appreciated.

Thank you in advance,

Yours faithfully,

Violet Wekesa

EDU/PGGC/46/04.

## Appendix 1B

### INFORMED CONSENT LETTER

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY  
MOI UNIVERSITY  
P.O BOX 3900  
ELDORET.

Dear participant,

REF: THE RELATIONSHIP BETWEEN SELF-CONCEPT AND ACADEMIC PERFORMANCE OF PHYSICALLY HANDICAPPED STUDENTS: A CASE OF SPECIAL SECONDARY SCHOOLS FOR THE PHYSICALLY HANDICAPPED IN KENYA.

I am a student of Moi University, carrying out a research to determine the relationship between self-concept and academic performance of physically challenged students in special secondary schools and your school has been selected to participate in the study. By giving your views towards this subject, you will not only be contributing towards the enhancement of self-concept but also the improvement of academic performance.

Please, read carefully through the instructions in the questionnaire attached to this letter before you respond to the items that follow. You are kindly requested to respond to the items as honestly as possible. Be assured that the information you provide will be treated with utmost confidentiality and will be used for no other purpose other than this study.

Thanking you in advance for your cooperation

.

Yours sincerely,

Violet Wekesa.

## APPENDIX 2: STUDENTS' QUESTIONNAIRE

### Introduction

This section is concerned with general information about yourself and your family. The responses you give will be used for research purposes and to make recommendations on how to improve academic performance in the school. Note that the information you give will be treated as confidential. Fill in the blank space with your response or tick { ✓ } in the brackets against that which is applicable to you.

### Section: A

#### General Information on Respondent

Kindly tick { ✓ } in the brackets against that which is applicable to you.

1. What is your gender?      Male { }      Female { }

### Section: B

#### Self-concept

The following statements are intended to find out how you regard yourself. You are requested to respond to all the statements. Respond to the items by ticking (✓) in the relevant box according to your views. Read the following statements and decide whether you strongly agree (SA), agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD).

	Statement	SA	A	U	D	SD
1)	I am an attractive person.					
2)	My disability does not bother me.					
3)	I make friends easily.					
4)	I am happy most of the time.					
5)	I like doing most of the things alone.					

6)	Most people like me.					
7)	I always play with other non-disabled children.					
8)	I have both disabled and non-disabled friends.					
9)	I am not sensitive to what my family members say about me.					
10)	I am an important person to my family and friends.					
11)	I am a religious person.					
12)	I like the way I look.					
13)	I can always take care of myself in any situation.					
14)	I do what is right most of the time.					
15)	I am a sociable person.					

### Section C

The following statements are intended to gather information about your family. You are requested to respond to all the statements. Respond to the items by ticking (√) in the relevant box according to your views. Read the following statements and decide whether you strongly agree (SA), agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD).

	Statement	SA	A	U	D	SD
1)	My parents/guardian provides me with health necessities.					
2)	My parents/ guardian pay my school fees in time.					
3)	My parents/ guardian have a steady job.					
4)	I relate well with the rest of our family members.					
5)	My parents/ guardian are never interested in my school work.					
6)	My parents/ guardian often visit me in school.					
7)	There is a house- help who assists me to maintain personal hygiene.					

8)	My parents/ guardian assign me duties.					
9)	I always accompany the rest of the family on outings.					
10)	My parents/guardian provides me with most of the things I need.					

### Section: D

#### Respondent's view about teacher's perception of physically handicapped students

The following statements are intended to find out your opinion on teachers attitude towards disability. You are requested to respond to all the statements. Respond to the items by ticking (√) in the relevant box according to your views. Read the following statements and decide whether you strongly agree (SA), agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD).

	Statement	SA	A	U	D	SD
1)	My teachers are very encouraging.					
2)	My teachers like me very much.					
3)	My teachers regard me as a capable student.					
4)	My teachers believe that I can do well in academics if I work hard.					
5)	Some of my teachers are very harsh.					
6)	I feel afraid of answering questions in class because of discouraging remarks from teachers.					
7)	I fear approaching my teachers for any assistance.					
8)	My teachers sometimes use abusive language on me.					
9)	Some of my teachers discourage me from engaging in any physical activity.					
10)	I get a lot of moral support from my teachers.					



**APPENDIX 3:**  
**HEAD TEACHERS' INTERVIEW SCHEDULE**

Please indicate your responses by either ticking (✓) or by writing the answer in the space provided where applicable.

1) How many students do you have in your school?

2a) Do the physically challenged students in your school do most of the things on their own?

Yes       No

b). If the answer to 4a is No, then who assists them?

Subordinate staff       Non- disabled students

3a). Are all the teachers in your school trained in special education?

Yes       No

b).If the answer to 3a is No, then how many are not?

\_\_\_\_\_

4).What are some of the challenges of dealing with      physically disabled students?

5). How often do parents/guardians visit their physically disabled children?

Any time  
 Once a month  
 Other (Specify) \_\_\_\_\_

6). In your opinion, are the parents/guardians committed to the education of their handicapped children?

Yes                       No

7). Do you offer Guidance and Counseling services in your school?

Yes                      No

8). How do you rate the performance of boys as compared to that of girls?

- Boys perform better
- Girls perform better
- Perform the same way

9) In your opinion, what should be done to improve the academic performance of Physically Handicapped students?

.....

.....

.....