

TEACHER'S VIEWS ON THE TEACHING OF CHILDREN WITH DISABILITIES IN GHANAIAN CLASSROOMS

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The paper demonstrates that a majority of the students with disabilities in Ghanaian classrooms (in Accra and some rural areas in Eastern Region) did not have their disabilities detected or identified by professionals. The paper also shows that vision impairment is the most common problem reported by the teachers in the schools, especially in Accra. Also, most of the teachers did not have any training in teaching children with disabilities. This situation limits their capability of helping the children with disabilities meaningfully toward achieving their educational goals. The study also demonstrates that some teachers were not happy to have children with disabilities, especially those with behavior problems, because of their large classes. It is recommended that the Ghana Education Service makes Special Education courses a major component in the teacher-training curriculum in Ghana, and also appoints experts on children with developmental problems to organize workshops for teachers in order to increase teacher effectiveness in dealing with children with disabilities.

In their work on disabilities (epilepsy) in Africa, scholars like Levy, Forbes, and Parirenyatwa (1964), and Giel (1968), discovered that in some parts of Africa certain diseases like epilepsy and developmental delays may be attributed to evil spirits. Obeng (2006) also discovered from her research in Ghana that some diseases and developmental delays are misunderstood in some Ghanaian communities and are often attributed to spirits and thus viewed as spirit-caused diseases (see El-Shamy, 1972; Field, 1955; Dodu, 1975 for perceptions on spirit-caused diseases in Africa). Obeng (2004; 2006) attests to the fact that in some Ghanaian villages family members of a diseased individual may be blamed for causing such a disease and that on some occasions, it is not impossible for a patient to be blamed for spiritually causing his/her own sickness in order to cause financial loss to the lineage. With respect to the education of individuals suffering from stigmatized diseases, Obeng (ibid.) notes that participants in her research area felt that such individuals should not be educated beyond elementary school.

Aims

The aim for this present research is to find out: (a) how teachers in general education classrooms, both male and female of different educational backgrounds, view disabilities, (b) the kind of disabilities identified in Ghanaian classrooms, (c) the type of training teachers receive in connection with teaching children with disabilities; and (d) how the training that teachers receive influences the kind of help they give to students with disabilities. Finally, the paper aims at examining the over all impact/influence the disabilities have on students and on teachers' practice.

Review of Literature on Children with Disabilities in Ghanaian Educational System

The focus of this section is a review of the literature on children with disabilities in the Ghanaian educational system. According to Marfo (1986), before the arrival of Western education, persons with disability were completely excluded from all educational programs. During colonization, little attention was paid to persons with disabilities and it was not until 1947 that the Presbyterian Church opened a school for the visually impaired in Begro and Akropong-Akwapim in Ghana's Eastern Region.

Ghana gained independence from Britain in 1957 and its immediate post-independent educational system paid little attention to the education of people with disabilities. No special attention was ever

paid to inclusion. Marfo notes further that in 1957, an African-American (Rev. Andrew Foster) who was hearing impaired, opened another school for the visually impaired at Christianburg in Accra (Ghana's capital). In 1958, the Methodist church built a school for the cripple and this was followed in 1964, by a school for the developmentally disabled by Society of Friends Mentally Retarded (Anson 1977).

Avoke & Avoke (1991) note that it was in 1959 that attention was brought to the government of Ghana to the fate of children with disabilities. This led to the calling of parliament into session to pass a bill for the designing of a program for the education and rehabilitation of such children. Parliament, according to the authors, passed a bill making the education of physically or mentally challenged free and that among other things, making provision for teachers and administrative staff to be trained abroad—especially in the United States, England, and Denmark. The bill passed by parliament—mandated collaboration between teachers, parents, the Ministry of Education, and the department of health in the education of the disabled.

The claim made by Avoke & Avoke (1991) that mainstreaming had not arrived in Ghana in 1992 is wrong and unfounded. As Marfo (1992:113) rightly points out, the General Education Act of 1961 states *inter alia* *Pupils with special educational needs are included within the general school system, and provision is made for them according to need.* It is students whose disabilities are deemed severe and cannot be admitted into the mainstream system who were admitted into the *special schools*. The biggest problem, however, is that as Ofori-Addo (1995) points out, there are no policies regarding parental involvement in assessment procedures or decision-making regarding children with special needs. Parents are encouraged to send their children to professionals who assess them and decide whether they should join the mainstream educational system; and if so which school the child should go to.

According to the Special Education Policy Act of 1962, at the preschool level, Children with severe mental retardation, visual impairment, and hearing impairment attended special boarding schools whereas those with only hearing impairment attended special Day schools. Furthermore, whereas children with severe learning difficulties attend mainstream schools but also get special classes in addition, those with only hearing and/or visual impairment attend regular or mainstream class but have support teaching in such classes. The policy is very strong on integration. In the provision, it is stated that *pupils with physical disabilities are educated in the mainstream* and that *a wide range of support be made available to the regular school—classrooms assistance at preschool level, additional pedagogical support and periodic access to visiting specialists* (P. 114).

A study by Walker, Marfo, Danquah & Aidoo (1986:200-201) provide information to support the above claim and also provide information on specific places where some of the people with specific disabilities were educated. They state *inter alia* that *the blind, deaf, and mentally retarded children are educated and cared for in categorical and segregated settings such as Demonstration School for the Deaf at Mampong-Akwapim. Children with orthopedic problems are educated in mainstream settings.* With regard to children with mental disabilities, the authors note that such children are first referred to the Psychiatry Department of the University of Ghana Medical School and the school classifies them into either educable, trainable, and profoundly retarded (see also Danquah, Morson, & Ghanney, 1976; and Ministry of Education, 1974). The educable are placed in mainstream schools whereas the trainable (and some educable) were placed in the Home and School for the Mentally Retarded or the New Horizon School.

Method

The study was conducted from October to December 2005. Four hundred and eighty respondents took part in this study. The questionnaires were administered, in the Accra metropolis and in some rural areas in the Eastern Region of Ghana. The idea of adding teachers from the rural areas was necessary in this study in order to find out whether teaching in an urban center or a rural area has any impact on one's belief or perceptions about the education of children with disabilities. Due to the number of teachers involved the results could be considered to be representative of the views and feelings of classroom teachers in the Accra metropolis and in rural areas surveyed for the study.

Of the 480 questionnaires that were administered, 400 hundred were considered usable because the participants answered all the questions completely and appropriately.

Results

The results of the study are divided into three sections. The first section discusses the background of the teachers. This is followed by the information on their students and the last section is devoted to the

teacher's beliefs or perception about the education of children with special needs and their classroom practice.

Background of Teachers Participants

The teachers who participated in this study were both elementary and junior secondary school (middle school) teachers. Female teachers formed about two thirds (60%) of those interviewed for this research; this is because in the research area, a majority of the teachers in the elementary and middle schools were women. Of the teachers surveyed for the study, most (about 80%) were in their thirties. About fifteen percent reported that they were above the age of forty and seven percent reported that they were below thirty years. The class size of the teachers ranged from forty to seventy with majority having fifty pupils in their classrooms. Ten percent of the respondents reported having between sixty and seventy students in their classrooms whereas less than ten percent reported having less than forty students in their classrooms. There were a few teachers from the rural areas who reported having a combined class of two grades put together in one classroom with one teacher teaching both classes and giving different instruction to their appropriate class level. The reason for putting multi-grade level children in the same classroom was because of the lack of classrooms for the different classes.

With respect to the educational level of the teachers, about fifty percent reported that they had Teachers Certificate Post Secondary and twenty-two percent had Teacher Certificate Post Middle School, whereas about twenty percent had a professional bachelor's degree in teaching. Less than ten percent of the teachers surveyed said they did not have any professional teaching certificate. The above facts are represented on the diagram below:

Background of Respondents

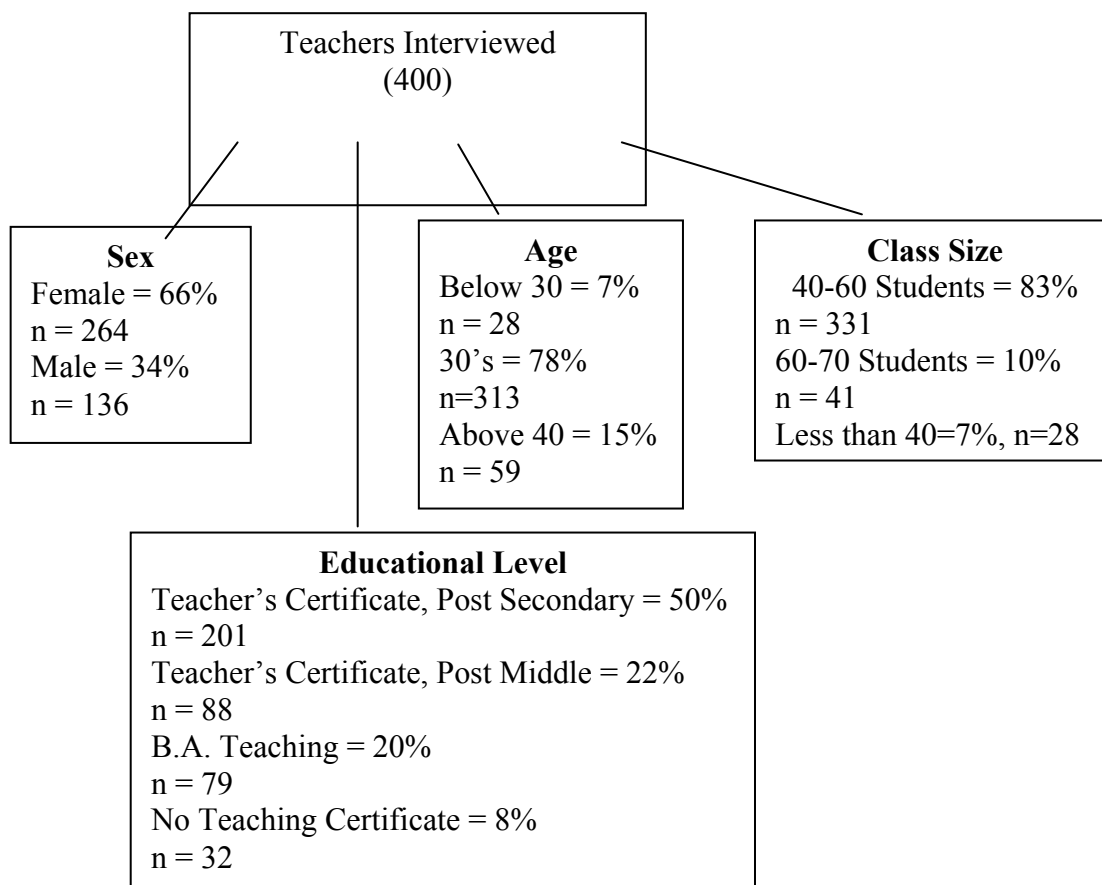


Figure 1
Background of Respondents

Information on children with disabilities in research participant's classroom

With regards to the information concerning children with disabilities in research participants' classrooms, thirty-nine percent of the respondents (teachers) reported that they had no students with disabilities in their classrooms. Out of the sixty-one percent who reported that they at least have students

with either mild disabilities like allergies and reading problems, about twenty percent said they had children with more than one disability in their classroom. Only about nineteen percent reported that the children with disabilities in their classrooms were identified by a professional. Some of the teachers complained that even if they suspected a student as having a problem and told the parents to check with a professional, most of the parents did not want to do anything about the child's problem. One teacher commented

There is no way some of the parents will take their child to the professional for just a checkup. It is only if a child is seriously sick will her parents take her to the clinic. In fact, it is only if the sickness is connected with the child's disability will they seek professional treatment

From the above excerpt and other similar respondents' excerpts scrutinized in the data we can conclude that teachers interviewed for this research encountered great difficulty in persuading parents to seek professional help with the diagnosing of disabilities in children. One of the teachers commented that some parents did not take their children for a checkup or confirmation of the existence of a disability not because they did not care about the welfare of their children or that they disliked their child/children but because some of those parents had a hard time even feeding their children.

Also, from the data we can argue that since professionals did not identify most of the disabilities in the children, the figure of children with disabilities in the teachers' classrooms might be lower or higher if students were to get professional diagnosing and proper identification. The pie charts below show children reported as having disabilities in the classrooms and who (professional or non-professional) identified such disabilities.

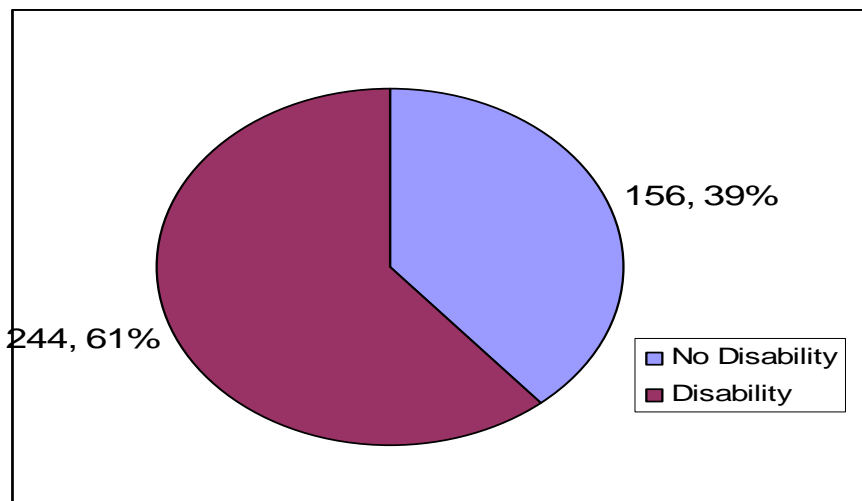


Figure 2
Children with Disabilities

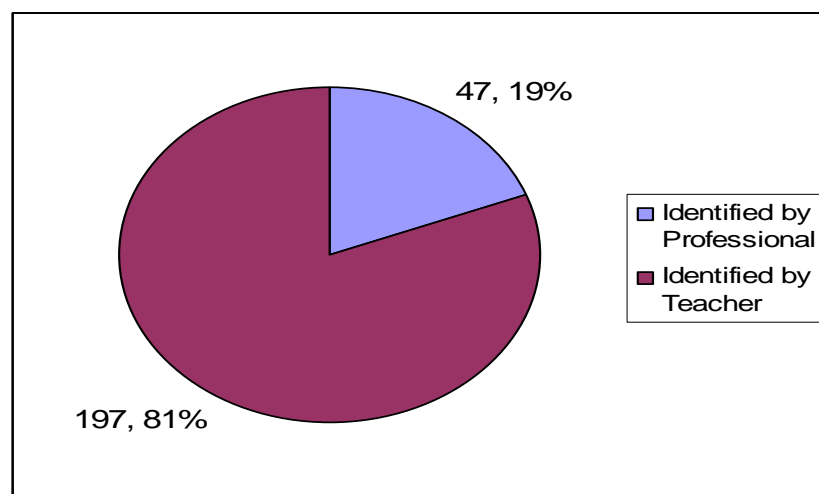


Figure 3
Disability Identification

With respect to whether teachers had training in teaching children with disabilities, most of the

participants (about seventy five percent) reported that they did not have any professional training in teaching children with disabilities.

About fifteen percent said they had received in-service training (usually lasting a few days or a couple of months) connected with the teaching children with disabilities. Less than ten percent of the respondents reported that they had some training related to the teaching of children with developmental problems.

The teachers interviewed for the study also reported that although professionals did not identify most of the students with disabilities, they (the teachers) used the observable physical characteristics on the children and the children's behavior to determine whether they had one form of disability or the other. This is what one teacher said:

You do not need a professional to determine that a child has a problem. If a smart child is copying everything from the chalkboard wrongly then you definitely know there is something that is not working well. I had a student with an eye problem. At the beginning of the school year, he was my best student but now he copies everything wrongly. The sad thing is that the parents do not want to take him to see the eye doctor. They always tell me to let him sit in front of the class but that is not solving his problem.

From the above excerpt, it may be argued that given parents' inability to seek professional identification or care for their children, some teachers, without any training whatsoever in disease diagnosing, have become *pseudo-professionals* and are helping to identify children's diseases in their classrooms.

With respect to the kind of disability the children had, I discovered from the interviews that a little over sixty percent of the children, reported as having disabilities, had vision problems. About twenty percent had behavior problems, eight percent had hearing problems, seven percent had one form of physical problem or the other, and the remaining five percent was reported as having multiple problems. The above figures are represented on Figure 4 below.

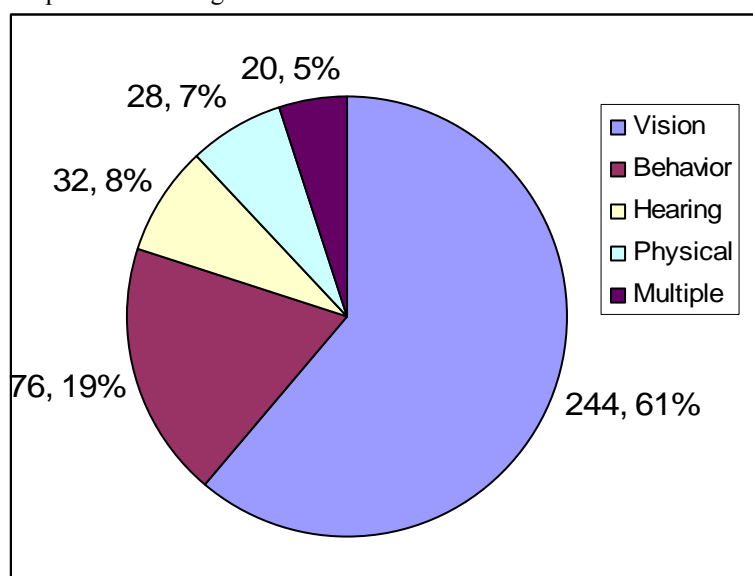


Figure 4
Nature of Disabilities in Children

From the interview transcripts and participants' narratives we learn that there is an urgent need for vision specialists (optometrists and ophthalmologists) to help ease the burden on the students and their teachers and to foster or enhance these children's academic performance.

On questions related to the causes of disabilities in the children, a majority of the teachers (from both the city and rural areas) believed that the diseases or disabilities were caused by hereditary (malfunctioning of some genes), other natural causes, environmental factors, and accidents. There was no major difference between the teachers' (rural or urban) perception on disease/disability causation.

Some of the teachers (mostly in their thirties) were of the opinion that disabilities in children are generally not caused by natural occurrences or accidents but rather by unexplainable occurrences related to spirits. Similar findings were reported by scholars like Dada and Odeku (1970) in some parts of Africa (Nigeria) about some diseases being caused by spirits.

The teachers said their biggest problem with the children with disabilities in their classrooms was the children's inability to cope with academic work. With respect to subjects that students with disabilities had problems with, participants reported that most of their students with disabilities had problems with Reading, followed by Mathematics. Only few students with disabilities were reported as having problems with Social Studies, vocational classes and science. The participants' responses may be due to the fact that Language Arts and Mathematics are taught every school day in Ghana and are thus more easily observable. Respondents' utterances may thus be due to the fact that, unlike Language Arts and Mathematics students' performance in the other subjects is not easily observable.

More than half of the teachers interviewed said they made special arrangements in their classrooms for their students with disabilities in the form of letting them sit in a special location in the classroom. Less than forty percent of the respondents indicated that they did not give the children with special needs any special assistance in the classroom.

About thirty-two percent of the teachers said they had discipline problems with the students with disabilities in the classroom. Some of the teachers even reported that at times they felt they were not in control of anything in the classroom. One teacher commented:

I felt at times that since some of my students have behavior problems and they are many in my classroom, I feel at times that I'm just a figure head in my own classroom and that the children with the behavior problems are in control.

Another said:

I always go home feeling tired because of the children with behavior problems.

Some of the teachers complained that at times it was practically impossible for them to get the students with behavior problems to even sit down without disturbing other students. Some also reported that they found it difficult to get some of the children with behavior problems to concentrate on their own academic work.

From the interview transcripts, we can conclude that teachers with students with behavior problems sometimes had hectic and/or difficult problems with such students in their classrooms. The problems as pointed out by some of the teachers during the interview were due to the scarce educational resources in the classroom. The scarcity of the educational resources sometimes made it practically impossible for the teachers to fully engage such students in the classroom.

Finally, on the question of if there was an option of putting students with disabilities in a special classroom, and if one had the training/experience/choice one will like to teach such students, less than twenty percent of the respondents responded in the affirmative. Such teachers/respondents indicated that they would be willing to teach students with disabilities provided they are given the necessary training.

An overwhelming number of the respondents (about eighty percent) said they would be unwilling to teach such children. Some of the respondents said that they were not mentally prepared to teach children with disabilities, especially, those with behavior problems. Other respondents gave poor teacher salary/remuneration as the reason why they did not want to consider teaching children with problems. They indicated that teaching such children involved considerable responsibilities.

Conclusion

Overall, this study has established that although some of the teachers surveyed (young and old, male and female, as well as rural and urban) had great love for all their students, they (the teachers) were equally not happy to have children with hyperactive behavior in their classrooms. Some of the teachers were against having such children because they complained that they did not have the necessary training and educational resources to accommodate these children in an overcrowded classroom. The study recommends that the Ministry of Education and the Ghana Education Service look into the various ways of helping students with disabilities, especially, those with behavior problems. It is also recommended that special education courses be made core courses for teacher training in Ghana. Organizing workshops that focus on training teachers on how to incorporate activities that will enhance students with developmental delays' abilities to learn will also go a long way to ease or allay the teachers' fears from their present predicament and enhance students' learning. Finally, this study also is not only an important addition to the literature on the education of children with disabilities in Africa; it also has implications for education policy in the developing world.

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