

# **COUNSELLING NEEDS FOR THE MENTALLY RETARDED IN INCLUSIVE EDUCATION IN UNIVERSITY BASIC EDUCATION IN ABUJA**

**ROSEMARY OCHANYA OGBODO-ADOGA Ph.D**

Faculty of Education  
Department of Educational Foundation  
National Open University of Nigeria  
Jabi, Abuja.

## **Abstract**

*Inclusive education is not a marginal issue, but is central to the achievement of quality education for all learners and the development of more inclusive societies. Thus, the common saying within the global inclusive education movement "if we learn together, we learn to live together". Hence, the study investigated the factors that cause mental retardation and the needs for counselling. The roles of parents, teachers and counsellors in managing the mentally retarded were examined. The study used a descriptive survey. Fifty (50) professional counsellors were involved and the researcher interested with the teachers from the school for the disabled, Kuje, FCT Abuja. Four (4) research questions were developed by the researcher to elicit useful information. This questionnaire was made up of items derived from the reports of the guidance Counsellor working in FCT schools for the challenged students in the University Basic Education (UBE) in Abuja, Nigeria. The researcher used mean scores to analyze the data. The finding showed that there are certain factors that cause mental retardation. The finding also showed that there are Counselling needs and techniques in managing students that are mentally retarded. The researcher made some useful recommendations for the parents, teachers and Counsellors based on the finding and conclusion drawn from the analysis of the problem.*

**Keywords:** Counselling, Mental Retardation, Inclusive Education, University Basic Education, Abuja.

## **Introduction**

Inclusive Education involves the process of changing values, attitude, policies and practices within the school setting and beyond. (Polat, 2011, p. 50). The model of inclusive schools compared to segregated or integrated models of schooling is starting to evolve in Developing Countries (WHO, 2011). However, the physical placement of CWD in a classroom does not necessarily equate to inclusion and may more closely reflect a model of integration (Forlim, 2011, Polat, 2011). Integrative

is conceptually different from inclusion as it refers to either a partial or full physical integration of CWD in regular schools, it does not reflect immersion in the environment in order to access the same curriculum which is paramount in inclusion.

Inclusive education is based on the social model of disability that recognizes the diversity of learner's abilities and needs. It aims at providing opportunities for all students to receive a quality education, regardless of their unique learning needs and circumstances. According to Department for International Development DFID, inclusive education is a process that involves supporting a diversity of learners and fostering their individual growth by addressing school policies, practices and culture. In addition to a lack of enabling legislature and sustainable funding, implementation of an inclusive education can be challenging due to facilities, support services, classroom materials and staff training (Eleweke and Rhoda, 2002).

Inclusion is not only about access to education, but a principle built on equity that aims to provide students with opportunities for meaningful learning leaning and participation (Croft, 2010, Florian, 2008).The Salamanca statement (UNESCO. 1994) states that inclusive schools, deemed "schools for all", are to include everybody, celebrate differences, support learning and respond to individual needs (p.iii).

It highlights the importance of educating all students, regardless of their condition (e.g. emotional, linguistic, physical, and intellectual) within the same classroom, buss not just the same school (Bires and Lei, 2011, UNESCO, 1994). Provisions of accommodations, through a child-centered pedagogy, are recommended for CWD to access the curriculum (Ackemen et al, 2005). In addition to striving towards achieving Education for All an inclusive environment within a regular school can help combat discrimination, reduce prejudices, foster positive attitudes, and d build tolerant communities within an inclusive society (Ackerman et al 2005, Bines and Lei, 2011).

Mental retardation as a concept refers to significant subnormal intellectual functioning which originates in a person during the development years (before 20 years) and exists concurrently with deficits in adaptive behaviour. It is characterized by social incompetence and significantly reduced ability to learn. A mentally retarded person may exhibit signs of immaturity and marked inability to develop and utilize social skills to the point that some people may think he is mad. But mental retardation is not the same as madness. A mentally retarded child may behave so clownishly that he is often regarded as a form of social entertainment by the rest of the students.

The mentally retarded persons are seen everywhere in families and societies as observed by many scholars (Abang, 1979, 1981; Okobia, 1992; Denga, 1997; Nweke and Anabbogu, 2000). Unfortunately, mentally retarded persons do not bear

their real names for their recognition; rather they bear "labels." There is no suffering emotionally, socially, and attitudinally. Thus a mentally retarded person can be described as a senseless, idiotic, stupid and silly individual. This apparent situation places the mentally retarded individual into the group of people that have special needs. For the parents, they usually become confused, resentful, angry, confounded, depressed, disappointed, devastated, victimized and frustrated.

Mental Retardation is not illness like small pox, fever, tuberculosis or cancer; is not mental illness or madness as some people erroneously believe. Mental retardation is only a condition and thus it cannot be cured by any known medical or therapeutic means, but the victims of mental retardation can be educated or trained in some instances to fend for themselves. The most common definition of mental retardation was devised by the American Association of Mental Retardation (AAMR; 1998) thus: Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during development period. (Grossman, 1983, p.1)

Mental retardation is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a normal child. Students with mental retardation may take longer to learn to speak, walk and take care of their personal needs such as dressing and eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn, it is also important to note that some of the mentally retarded are educable while others are not. Those who are not can be exposed to practical activities where they can function effectively through the use of psychomotor. However, Denga (1997) defined mental retardation as significant sub-normal intellectual functioning, which originates in a person during the development years, (before 20 years) and exist concurrently with deficits in adaptive behaviour. He went on to state that it is a condition, not a disease and so it cannot be cured. In addition, he noted that mental retardation typifies an arrest in thought process when a person is still developing. He further observed that social incompetence and a significantly reduced ability to learn characterize it and such a person may exhibit signs of immaturity and a marked inability to develop and to utilize social skills to the point that some people may think he is mad. Nweke and Anagbogu (2000) referred to mental retardation at those with psychological maladaptive behaviour but are educable with special counselling and psychological approach. However, the authors noted that mental retardation is category of people which can be handled using appropriate and teaching procedures. While (Vance, Mc-Gee and Frinle, 1977) noted that mentally retarded persons have long history of failure. However (Okobia, 1992) observed that the problems of the mentally retarded include inferiority, failure, inability to express their feelings, inability to relate with others in his environment, inability to

reason, inability to compete, short attention span and good for nothing. The mentally retarded person's problem is often not recognized like those of those counterparts such as the blind, the deaf and the physically handicapped. This apparent non-recognition of mental retardation stems from the fact that the mental retardation is a hidden handicap, which can neither be seen nor touched. However, the victim of mental retardation can be seen. Apart from that, the people do not understand the concept of mental retardation. As a result of lack of knowledge of mental retardation, most people do not take interest in helping the mentally retarded. Thus the negative attitude of parents and the society towards the mentally retarded makes it impossible for the mentally retarded to have hope and future. The parents don't care about them, the society sees them as the visitors of demon, and the government pays lip service and makes unfulfilled promises. Thus persons found in this type of condition need support, care, love and reinforcement to enable them be independent, creative, happy, and constructive. The support therefore should come from providing the mentally retarded with their psychological needs.

### **The Purpose of the Study**

The purpose of the study is to find out counselling needs of the mentally retarded students from the professional counsellors. The specific objective includes:

1. To find out the real mentally retarded among the students.
2. To find out the causes of mental retardation among the pupils.
3. To find out the ways in which professional counselor can help them.
4. To find out the roles of parents, teachers in helping mental retardation.

### **Research Questions**

The researcher formulated the following questions to guide the study:

1. Who are the real mentally retarded among these pupils?
2. What are the causes of mental retardation?
3. What are the various ways in which professional counsellor can help?
4. What are the role of parents, teachers?

### **Significance of the study**

1. The importance of this study cuts across several levels of the nation's educational system. The information will help the government, the school management to identify where the mentally retarded students are found.
2. This study will be of great help to the parents of these students, to know how to help and manage their problems.
3. The professional counsellors will deploy the benefit of this knowledge in rendering services to the mentally retarded students.
4. The general public would also develop a positive attitude towards the mentally retarded on how to live with them in order to help them. The

counsellors would have better and positive approach toward mentally retarded students.

5. The teacher will be better equipped in handling them with care and love.
6. Through this study, other students will be encouraged to help and care for the mentally retarded students.

The study will help the parents to appreciate their responsibilities in helping the mentally retarded towards reduction of the pains, stress and agony. The teachers collaborate with the counsellors towards provision of counselling techniques used in teaching the mentally retarded students. The government will be encouraged to implement most of the policies concerning them in the National Policy on Education for the disable students of (2004).

### Methodology

This study is a Descriptive Survey which was carried out in Abuja in FCT schools for challenged pupils in Kuje Area Council. The population comprises all the fifty(50) professional counsellors in Abuja Universal Basic Education (UBE) programme. The counsellors were asked to fill the copies of questionnaires and return same through the research assistants. A 100% return of the completed copies of the questionnaire was achieved. Mean score were used to analyze the data.

### Results

The results are presented in tables in accordance with the research questions posed in the study.

**Table 1: Characteristics of Mentally Retarded Students**

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	They crawl at old age (lack self-help)	4.03	Agree
2	Learn to walk later (poor movement)	4.05	Agree
3	Have Problem in thinking right (slow learning)	4.00	Agree
4	Have difficulty in solving problem (lack confidence)	4.03	Agree
5	Find it difficult to remember things learnt	4.11	Agree
6	Have problem of talking well (poor speech)	4.12	Agree
7	Have problem to understand some lesson in the class room	4.12	Agree

8	Have no concern for action taken (lack of leadership quality)	4.10	Agree
9	Dirty outlook and odor (lack maintenance)	4.11	Agree
10	Find it difficult to relate with their peers(not friendly, lack social skills)	4.07	Agree

Table 1: shows the characteristics of mentally retarded by their teachers and counsellors.

Table 2: research questions 1 showing the causes of mental retardation

Table 2: Causes of Mental Retardation

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	Abnormalities in genes and chromosomes.	4.05	Agree
2	Mother's health during pregnancy. A mother who suffers from measles in early pregnancy or venereal disease.	4.07	Agree
3	Lack of antenatal care during pregnancy.	4.02	Agree
4	Poor feeding during pregnancy	4.05	Agree
5	Mental age (giving birth when a mother is old).	4.7	Agree
6	Complication during birth.	4.3	Agree
7	Careless handling of the baby during birth.	3.05	Agree
8	Head injury or suffocation	4.03	Agree
9	Severe illness early in life	4.00	Agree
10	Poor feeding	3.02	Agree

Table 2: indicates that causes for mental retardation in students with Agree that several factors are responsible mean scores ranging from 3.2 to 4.7

Table 3: Essence of Motivation

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	Caring attitude	4.11	Agree
2	Being warm and patient	4.15	Agree

3	Providing motivation	4.4	Agree
4	Empathy of feeling	3.3	Agree
5	Reinforcement and praise of worthy actions.	4.5	Agree
6	Paying attention	2.7	Agree
7	Free with them	4.00	Agree
8	Warm acceptance	3.00	Agree
9	Recognition of feelings	2.5	Agree
10	Being honest and friendly in relationship with them	2.5	Agree

Table 3: shows the essence of motivation in relating with feeling and understanding of mentally retarded. The reinforcement and praise of worthy pattern of their response revealed that actions are critical. Examples, Caring, empathy, attitude, patience, being warm and so.

Table 4: Research question 3 showing strategies for management of mental retardation.

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	Listening attentively to understand the students' concern	4.5	Agree
2	Monitoring behaviour to understand their problems.	4.0	Agree
3	Communicating with them.	3.06	Agree
4	Reinforcement to improve skills.	4.50	Agree
5	Create friendly environment with them.	4.5	Agree
6	Providing useful information on them treatment of the mentally retarded.	4.2	Agree
7	Making appropriate referral to handle.	4.5	Agree
8	Cordial openness to allow parents discuss personal problem.	3.5	Agree
9	Assisting parents to cope with mentally retarded students	3.6	Agree

10	Counselling parents about the mental retarded.	4.00	Agree
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Table 4: shows collaboration with parents as a vital strategy in the management seeds of their mentally retarded.

Table 5: Research question 5a showing the roles of parents in managing mental retardation.

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	Learning about mental retardation.	4.2	Agree
2	Encouraging independence in the students.	4.6	Agree
3	Giving the students household chores.	4.6	Agree
4	Helping the students when they need assistance.	4.3	Agree
5	Helping the students learn how to participate in every calculation.	4.7	Agree
6	Finding opportunities in the community for social activities such as scout, recreation center activities, sports and games.	4.8	Agree
7	Sharing practical experiences, advice and emotional support with other parents.	4.6	Agree
8	Meeting with the school to develop an educational plan to address the student's needs.	4.3	Agree
9	Supporting the child's learning at home.	4.4	Agree
10	Supporting school with financial and moral needs.	4.2	Agree



Table 5b: Research question 4b showing the roles of the teachers in manaaina/handling mental retardation.

S/N	ITEM	MEAN RESPONSE	INTERPRETATION
1	Finding out the student's weakness and strength.	4.7	Agree
2	Creating opportunities for success.	4.20	Agree
3	Talking to the specialist like the profession Of counsellors to find out their counselling needs necessary for the adaption of students learning in the classroom.	4.7	Agree
4	Providing the students the opportunity to try out things with others	4.5	Agree
5	Providing assistance as necessary.	4.2	Agree
6	Giving students immediate response	4.5	Agree
7	Teaching the pupils life skills such as daily wing, social skills and occupational awareness and exploration as appropriate.	4.5	Agree
8	Involving the pupils in group activities or Clubs	4.7	Agree
9	Working together with the students, parents and other school personnel to create and implement an educational plan tailored to meet the needs of the students.	4.5	Agree
10	Readiness to move the students to the next level positively.	3.8	Agree

Table 5b indicates that teachers have played a number of roles in changing the behaviour of the mentally retarded. However items with very high perception mean

scores all the ten (10) items suggested that counsellors are of the opinion that teachers must play these critical roles in the management of the mentally retarded in line with survival skills as quoted by Adeniran and Ajobiewe (1999), for their general training and assistance.

## **Discussion**

**Table I** indicates that mental retardation is caused by factors but the most common include: genetic condition resulting from abnormal genes inherited from parents' errors which occur when the genes combine, and problems during pregnancy. This situation occurs when the baby does not develop inside the mother properly, problems of birth, this is when the baby fails to get enough oxygen and health problem, such as: whooping cough, measles, meningitis and extreme malnutrition when mothers do not eat the right food (Denga 1997). It also suggests that the counsellors are knowledgeable on the causes of mental retardation (Nweke&Anagbogu, 2002, Nweke&Obidigbo, 2002).

**Table 2;** the acceptance mean of 3.2 and above were recorded. The ten items (10) show that all the counselling needs are important for meeting the special needs of the mentally retarded. Providing counselling needs is the pivot for achieving the educational needs of the mentally retarded. This is not surprising when it is realized that Counsellors use various methods which include: interviewing and observing the individual. The awareness of counselling needs by parents and teachers will go a long way in providing the enabling environment for effective education of the mentally retarded.

**In Table 3** indicates the strategies that are very critical in discussing issues relating to mental retardation. Counselling is the power of intellectual development. Thus the discovery of the importance of strategies would go a long way in helping to provide strategic framework for the teachers which can be utilized in dealing with the mentally retarded. Such information will expose parents to knowledge for appropriate techniques required in managing mental retarded students.

**In Table 4a** the counsellors indicated that teachers and parents have vital roles to play in the management of the mentally retarded. This implies that with the strategies, a child with mental retardation can do well in school because, the strategies utilized, would most likely meet the needs of the child. The response further shows that with the strategies, it can dictate how much support or help the person needs to get along at home, school and community. The approach gives a realistic picture of what can be done to help the individual. It also recognizes that such strategies can bring about change in the individual. Such strategies will help the students perform their daily skills such as getting dressed, going to the bathroom

and feeding one's self. This is important when it is realized that mental retardation is a term used when a person has certain limitations in mental functioning and skills such as communicating, taking care of himself or herself and social skills. These deficiencies will cause a retarded child to learn and develop more slowly than a typical child. Students with mental retardation may take long to learn how to speak, walk and take care of their personal needs such as dressing or eating and are likely to have problems learning in school. Many students with mental retardation need help with adaptive skills, which are skills needed to live, work and play in the communities. Teachers and parents can help a child work on these skills at both school and home. Some of these skills include:

- Communicating and relating with others.
- Taking care of person's needs (dressing, feeding, bathing and going to the bathroom).
- Health and safety behaviour.
- Social skills like knowing the rules of conversation, getting along in a group and others.
- Playing a game.
- Reading, writing and Basic Mathematics.

Tables 5a and 5b show that parents and teachers have vital roles to play. Counselling is a helping profession. Counselling strategies will help the parents, teachers and society to change their attitude towards the mentally retarded. A number of parents reject their students when they are victims of mental retardation. Counselling will add more value to the mentally retarded.

### **Survival Skills for Mentally Retarded Students**

Surviving skills are very crucial, especially to the totally dependent and trained mentally retarded students; else they would merely exist without meaningful living. Lack of these skills makes their lives boring, and they become a burden

To bread winners and caretakers. Adeniran and Ajobiewe (1999) outlined the required skills as:

- a. Toilet Training: This is very crucial, especially to the totally dependent and trained students because they tend to lack correct or right toilet habits. It is then necessary for the child to have enough motor control to undress him/herself and to understand simple instruction. It is also necessary to introduce the child to the various types of toilet system (e.g. potty, if he or she is a baby; water closet or pit toilet if he is an adult).
- b. Hygiene/Personal Grooming: The child should be trained to undress before going into the bathroom or swimming pool (which is not deep). Furthermore, he/she should be taught how to use water, sponge and soap to wash him/herself and towel inside the bathroom fixtures, sink, bathtub and shower. Moreover he/she should

be taught to apply appropriately after bathing, creams, roll-ons, powder, skin fresher, astringents and moisturizers, lipstick, eye-brow, eye-liner etc.

- c. Eating Habit: The child should be taught appropriate eating habit skills such as finger feeding, use of cutlery, and chewing motions. Likewise, the child should be trained on the difference between eating at home and in the public, table manners and eating balanced diet.

### **Recommendations**

The study investigated counselling needs of mentally retarded students and the roles of parents and teachers. Based on the findings, it is recommended that:

- Parents should learn mental retardation as it facilitates their capacities in providing the required assistance to this category of student.
- Parents are advised to encourage independence in their children. It is important for parents to help their students learn daily care skills, such as dressing, feeding, using the bathroom and grooming.
- Parents should give their children household chores. Parents should be able to break the assignments given to them into smaller steps; in addition, parents should demonstrate how to do job or assignment given to the children so that they can copy the behaviour of the parents because children imitate what the parents do.
- Parents should also give frequent feedback to the children as incentive.
- Parents should praise the child when he/she has done well. This will help in building his ability.
- Teachers should find out the strengths, weakness and interests of the students before giving academic assignment.
- Teachers should be as concrete as possible in dealing with the students.
- Teachers should also arrange for the individual learning needs of the students.

### **Conclusion**

It is the responsibility of the professional counsellors to assist the parents to overcome the initial shock that are usually associated with the birth or some factors that cause mental retardation in students. Such assistance could be in the form of counselling and referral.

The extent of mental retardation in our society presents a frightening dimension of the problems of society. It is for this reason that identifying the counselling needs of the mentally retarded students in order for them to benefit from educational opportunities / available within the country becomes crucial. The parents, teachers and society must be alive to their responsibilities to the education of the mentally retarded students in Nigeria. A child with mental retardation can do well in school but he is likely to need individualized help. Fortunately states are responsible for

meeting the educational needs of students with disabilities. Counsellors are advised to provide counselling services in schools and communities that would meet unique needs of the mentally retarded. This paper addressed the counselling needs necessary for parents; family and society which help them know how to help young students with mental retardation. The members of the society need to be counselled and educated on ways by which they can provide love, care, and useful facilities for the mentally retarded students to operate effectively.

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