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# Sociocultural attitudes and treatment of the mentally retarded in developing countries : the case of Nigeria.

Chibuzo A. Mbubaegbu  
*University of Massachusetts Amherst*

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SOCIOCULTURAL ATTITUDES AND  
TREATMENT OF THE MENTALLY RETARDED  
IN DEVELOPING COUNTRIES:  
THE CASE OF NIGERIA

A Dissertation Presented

By

CHIBUZO AGUZIENDU MBUBAEGBU, REV.

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

DOCTOR OF EDUCATION

May, 1985

School of Education

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THE CASE OF NIGERIA

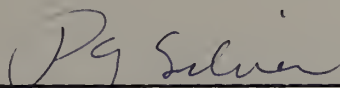
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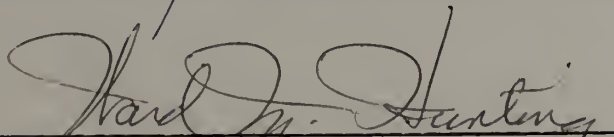
By


CHIBUZO AGUZIENDU MBUBAEGBU, REV.

Approved as to style and content by:

  
Dr. Ernest D Washington, Chairperson

  
Dr. Patricia Gillespie-Silver, Member

  
Dr. Ward M. Hunting, Member

  
Dr. Mario Fantini, Dean  
School of Education

Dedicated to

My wonderful Sponsor,  
the Author and Finisher of my Faith -  
The Lord Jesus Christ  
Whose faithfulness and love  
I owe my life and service.

And

My dad - Late Mbubaegbu Nwosu  
whose dedicated love and wisdom  
raised me singlehandedly

And also

My wife and two sons  
whose companionship, commitment,  
encouragement, service and  
unspeakable love  
have brought me thus far.

## ACKNOWLEDGEMENTS

A task such as this cannot be successfully accomplished without having around those who care and are willing to be involved.

Having said that, my express gratitude goes to my committee members: Dr. Ernest D. Washington, chairperson of the dissertation committee as well as the overseer of this study from the onset. Ernest, your academic advisorship, direction, friendship and willingness to be approached even at odd times, will always be remembered.

Dr. Patricia Gillespie-Silver, dissertation committee member as well as head of my department whose academic contributions, expertise and advisorship from the onset of this study remain invaluable.

Dr. Ward M. Hunting, dissertation committee member whose encouragement, input and willingness to serve on the committee added to the success of this study.

Quint Thurman, Social Science Computer Consultant whose expertise and accessibility are I found very helpful.

Thanks also to my research assistants in the selected ten states of the U.S., whose co-operation are noteworthy.

My friends Professor Joseph A. Amato and Mrs. Meg Amato; Rev. Gary L. Hicks and Mrs. Constance Hicks; whose genuine love, emotional and financial commitment made this project possible.

Your sacrificial love and labour of faith will never go unrewarded.

My gratitude also goes to Mr. and Mrs. Bob and Barb Baker, Chuck and Nella Williams, Dr. Willis Beardseely, Roger Gardener, Ed Burns, Lindo Sisters - Lila and Daphne, Mr. A.O. Ezeocha, my prayer partners at A.A.B.C., Alfred, Amherst New Testament Church, and "The International Christian Deliverance Mission." Brethren, believe it me that the Lord Jesus Christ has used you in different ways at various times in my life during this process.

Again my special thanks to the typists who volunteered to help out at different needy times. Jamie O'Connell, director Paper House, Inc., Amherst, believe it me that this final draft could not have been possible at this time but for your dedication and love. May the Lord bless and reward you and your family. Thanks brother, for sacrificing your personal time and many sleepless nights just to satisfy this pressing need. Also, my special thanks to Pastor Dave Hill for his encouragement and support at this critical time.

Finally, the support and encouragement I have received from my extended family, especially immediate family, deserves special mention. Chimezie Mbubaegbu for his brotherly concern. My cousin Jonathan and his wife Hannah Okenqwu who never failed to inquire about our welfare. My father-in-law, Mr. Samuel Ukachi Ezechuku whose love and encouragement you can feel as you open his two-weekly letters.



What more, my two sons, Gracious Chiemeka and Jonathan Jaachinma whose birth at this time of academic struggle, has not only gingered me to a more resolute endeavor, but added to my joy.

Indubitably, however, the most significant factor in my overall success, besides the Lord Jesus Christ, is my beloved wife - Selina Ngozi. Frankly, without her loving, encouraging, unrelentless services and cajoling conviction that a doctorate was both attainable and worthwhile, this end result would never have been realized. For our togetherness, I remain grateful to God.

ABSTRACT

Sociocultural Attitudes and Treatment  
of the Mentally Retarded in Developing Countries:

The Case of Nigeria

(May 1985)

Chibuzo Aguziendu Mbubaegbu, Rev.

Th.B., E.C.W.A. Theological Seminary, Igbaja, Nigeria

B.S., Houghton College, Houghton, New York

M.S., Alfred University, Alfred, New York

Ed.D., University of Massachusetts, Amherst

Directed by: Professor Ernest D. Washington

This study examined the relationship between sociocultural attitudes and treatment of the mentally retarded children in developing countries, using Nigeria as the study base. The study also examined the correlation between attitudes/beliefs and how they impact on the treatment of the mentally retarded population in Nigerian cultural groupings.

Related literatures were extensively reviewed which indicated implicit effects of socioeconomic, sociopolitical and education on attitudes of persons toward the mentally retarded in developing countries.

The Study addressed a variety of variables assumed to be related to sociocultural attitudes toward and beliefs about the mentally retarded. The thirty-three item Attitude Scale In

strument was categorized into three major components: attitude variables, belief variables and demographic variables.

Nigerian citizens currently living in the United States responded to the 5-point attitude scale questionnaire designed by the investigator. Out of the 200 questionnaires administered 164 of the number received back, met the criteria of age, maximum of ten years in U.S. and fairly representative of the three major Nigerian cultural regions (North, East and West).

SPSS reliability and multiple regression programs were used for the analysis of relationships among the variables.

The following conclusions were made:

- 1) that individuals from different cultural backgrounds have different attitudes toward and beliefs about the mentally retarded children.
- 2) that there exists a substantial correlation between the sociocultural attitude/beliefs and the type of treatment given to the mentally retarded. This is exemplified in the culture and occupation variables with North/Western Nigerian cultural groups and teacher/administrator occupation grouping indicating the influence of both the society and the culture.
- 3) that out of the six hypotheses tested (cultural, relationship, occupation, age, sex and time), three (culture, sex and time) resulted significantly in negative attitude toward the mentally retarded. Among

these three, culture and sex were significantly followed by the belief that mentally retarded children are worthless beings.

Recommendations included a less structured approach, additional and specific belief variables and increased efforts to effect positive changes in the implicit factors by educating the society on the scientific identification and etiological processes of mental retardation.

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# NIGERIA

ADMINISTRATIVE MAP 1978  
SHOWING THE NINETEEN STATES STRUCTURE

SCALE 1:6,000,000

Bight of Benin

GULF OF GUINEA

# C H A P T E R I

## INTRODUCTION

Handicapped children, especially the mentally retarded, have been perceived in many different ways by people during various periods of man's history. In some places, children and youth afflicted by certain handicapping conditions were thought to be accursed by the gods (Willis and Thomas, 1978). According to the study done by Melcher (1976), the handicapped in general, and the mentally retarded in particular, have always been regarded as either the dregs of society or as bad omens.

The belief that the mentally retarded children were demon possessed prevailed during the Medieval Period. Hence, attempts to cure, or rather, treatment of the retarded ended up in exorcism or beatings. Arrangements for the "possessed" persons to visit certain shrines were part of the services provided. During such visits, the retarded children were kept to be spat upon by the "sacred" priests and their representatives. Some of the retarded children were found in prisons and some in institutions for the mentally ill. In these institutions, persons of different categories were lumped together, comprising criminals, prostitutes, mentally retarded and mentally ill (Crissy, 1975).

Dunn (1964) in his study about peoples' perceptions and treatment of the mentally retarded states:

In ancient times, Society's attitudes towards exceptionality, particularly mentally retarded, were one of the most pathetic events in the history of man. Spartan parents exposed their handicapped children to the elements in order for them to die. In the Middle-Ages, the mentally retarded children were exploited as fools or jesters for the pleasure of the lords and their ladies (Dunn 1964).

The mentally retarded, according to Kanner (1964), were left at the mercy of the gods. These children continued to be exploited and treated in a dehumanizing manner. They were kept by the wealthy in their courts and homes for acting out as fools and jesters. For instance, in Rome, Seneca's wife retained a blind "imbecile" for her household entertainment. In the courts of Germany and France, the use of bouffons and hofnarren is well documented. These individuals were usually selected from among the mentally retarded children (Kanner, 1964). Equally, Dunn (1964) continuing in his study wrote:

During the Protestant Reformation, most people thought that handicapped persons in general, and mentally retarded especially, were possessed by the devil and, therefore, the common treatment was to "beat the devil out of them" (Dunn, 1964).

However, upon the spread of Christianity and its doctrinal principles of compassion and love for the less fortunate, the mentally retarded children and youth received slightly different but improved treatment. They were considered to be deserving of the necessities of life such as food, clothing, and shelter in the form of asylum. At the early part of the Christian Era, the mentally retarded children were looked upon with superstitious reverence (Kanner, 1964). It was believed



in certain societies that the utterances of the mentally retarded, especially the severely retarded, reflected their unique ability to interact with the supernatural. They were regarded as the revelations of "heavenly Infants or Infants of the good god." Literature shows that Tycho Brache, the astronomer who lived in the sixteenth century, had an imbecile as a close companion whose voice he never despised (Kanner, 1964).

The perception of people in Europe toward the mentally retarded during the sixteenth century, warranted their attitude of allowing the retarded to loiter unmolested in the streets. Such treatment, according to Kanner, must have developed from either of two beliefs: (1) that the retarded children were blessed, or (2) that compassion was prevalent at the time. In fact, different but similar beliefs were deduced from the notion that the retarded children and youth were divinely blessed. For example, the Yiddish proverb states, "A complete fool is half a prophet." This concept led to the attribution of blessedness to the homes into which mentally retarded children were born (Ibid).

The perceptions of the people at the time of the Renaissance and the Reformation towards the mentally retarded were not significantly different from what was obtained in other historical periods. For instance, both Martin Luther and John Calvin denounced the retarded children as those possessed by Satan. Luther, in one of his "table-talks," was being quoted as having been disgusted with a twelve year old retarded child whom

he described thus: "He ate, defecated, and drooled." On account of his observation, Luther recommended, it was said, that the retarded child be taken to a nearby river and drowned. When challenged for making such a drastic recommendation, he declared:

I am firmly of the opinion that such changelings were merely a mass of flesh, a mass Carnis, with no soul. For it is in the devil's power that he corrupts people who have reason and souls when he possesses them. The Devil sits in such changelings where their souls should have been (Kanner, 1964).

In the past, American society has regarded the mentally retarded children and youth as delinquents and degenerates who were immoral and prone to vagrancy. These retarded children were more or less considered to be the "root of social evils" and a burden to civilization which led to the Institutionalization system (Davis, 1962).

#### Background Statement of the Problem

In Nigeria, the mentally retarded were for many years neglected by the societies within which they were born. They were regarded in the last couple of decades as a nuisance, a disgrace, or objects of ridicule. Of course, during that time, neither the community nor the government got involved with any aspect of the retarded children's welfare (Ogbue, 1975). Attitudes of this nature emanated from these factors: (a) that African culture encouraged the extended family system, with each

family member playing the role of being his or her brother's keeper, and (b) that the exceptional children, the mentally retarded person in particular, was the victim of either malevolent spirits or human enemies (Kalu, 1978).

Consequently, people persisted and promoted such perceptions, especially the latter, to the point that parents reactions were misdirected. The efforts of the parents to better the children's lives were completely wrapped up with finding out which of the gods, enemies, or malevolent spirits had caused the retardation. In most cases failure by the diviners and allied sorcerers to reverse the victim's condition brought all other efforts to maximize the retarded child's potentialities to a significant halt (Ibid).

The Colonial period of administration in Nigeria did not change the prevalent attitudes of the people towards the physically and mentally handicapped persons. There were no indications of any concerted government efforts or policies to rescue the victims from the superstitious and fatalistic concepts. The government's non-intervention attitude was based on the fact that it lacked funds and personnel. In view of the government's limited resources, these humanitarian services were left in the hands of contemporary mission bodies (Ogbue, 1975).

However, the missions' records revealed that attempts to establish formalized programs for the handicapped persons in Nigeria did not begin until the mid-1930's. This period was

said to have started when religious organizations such as the Roman Catholic Church, the Church Missionary Society (Anglican), The Methodist, The Sudan United Mission, The Presbyterian, The Sudan Interior Mission, and so forth, had individually established a few training centers for leprosy patients, usually addressed as "Colonies" (Mba, 1976).

The "Colonies," or settlements, were quasi-villages frequently built in thick forests ascribed to evil spirits. The colonies served as homes and medical centers for the treatment of leprosy patients. Nevertheless, opportunities to educate the patients within the colonies were given to those within school age. Later in the fifties, the same missions established new programs exclusively for the blind and hearing impaired. The good examples set by these missions were soon followed by other charitable and philanthropic organizations. It was such a movement that led to the increased number of special schools for the deaf and blind in the sixties in Nigeria. It was also noticed that among other beneficiaries to the schools were the physically handicapped and abandoned children (Mba, 1976).

Prior to the coming of the early missionaries to Nigeria, child abandonment was rampant. Both twin babies and defective births were looked upon as ill-omen to society; hence, when a woman delivered twin babies, one was presented to the kindred family while the other was secretly cast into the forest. Fortunately, when the missionaries came, such babies were rescued and placed in orphanage homes. With limited resources

available to the missions, however, certain categories of exceptionalities were eliminated, such as the mentally retarded children and youth. In fact, there was no all-inclusive program on special education for the handicapped. It was the question of a leper colony here, a home for the disabled there, and a medical research unit on blindness which constituted the bulk of the missionary programs (Kalu, 1978).

The late fifties and early sixties brought Nigeria into a new phase of nation building. The government apparently became aware of its responsibility towards its handicapped citizens. The awareness was demonstrated in the educational legislations of the former regions of Nigeria (Adesina, 1977).

Region in this context was a political and geographical grouping of Nigeria into four cardinal zones: North, East, West and Mid-West, for easy administration (Map 2). Within this legislative evolution emerged the Lagos Education Act, 1957, the Lagos Education Law, 1957 (Rule 24), the Northern Nigeria Education Law, 1964 (Section 3, Para. 3), and West Region Law (Section 88/2), (Appendix A). The above legislations made provisions for the establishment of special facilities for certain categories of exceptionalities, such as:

- (a) the blind and the visually impaired,
- (b) the deaf and the hearing impaired, and
- (c) the physically handicapped.

These provisions were made through grants-in-aid to the approved voluntary agencies. This is to say that not all agencies were



# NIGERIA

ADMINISTRATIVE MAP 1952  
SHOWING THE REGIONAL STRUCTURE  
SCALE 1:6,000,000

Bight of Benin

GULF OF GUINEA

recipients of the aid which consequently discriminated against the handicapped in the areas of operation by the agencies (Ogbue, 1977).

At the inception of the third National Development Plan which came into effect on October 1, 1975, the Federal government of Nigeria accepted full responsibility towards its citizens' education and welfare (Nigerian Policy on Education, 1975). In a nationwide broadcast, the Head of State at that time announced the government's intention to give adequate and equal educational opportunities for all Nigerian children and youths, "their physical, mental, emotional disabilities notwithstanding" (Ibid).

With the given historical background in view of the statement of problem, this study proceeds to raise a specific problem issue.

### The Problem

The problem to which this study is addressed has three dimensions:

- (1) to find out what the people's attitudes are towards the mentally retarded children and youth in Nigeria,
- (2) to find out how the mentally retarded children and youth are treated in Nigerian society, and
- (3) to find out if the treatments given to the mentally retarded children and youths are consistent with the socio-cultural attitudes and beliefs.

### Purpose of the Study

The purpose of this study is to measure first, the sociocultural attitudes of three dominant cultural areas of Nigeria (North, East and West) toward the mentally retarded children. Secondly, the study attempts to determine what factors influence the formation of these attitudes.

The research was therefore designed to measure attitudes of a sample of Nigerian citizens in America in the following areas:

- (1) Does the Nigerian educational and social policy favor the mentally retarded children?
- (2) Do most people in Nigeria understand the need for providing services for the mentally retarded children?
- (3) Do financing services for the mentally retarded appear to Nigerians as wasting the scarce economy?
- (4) What does the culture believe about mentally retarded children?
- (5) Do society and culture influence the attitudes and beliefs of teachers/administrators as regards the treatment of the mentally retarded?
- (6) Do age, sex and contact with the Western world affect the attitude and beliefs of Nigerians as regards their relationship with the mentally retarded children?
- (7) Are there any consistencies between the socio-cultural attitudes and beliefs in the treatment of the mentally retarded?
- (8) Do you see diagnosis as an essential service that should be provided for the treatment of mental retardation?



The eight subject categories stated above are delimited and itemized in a thirty-three structured questionnaire designed for measuring and correlating the intensity of relationship among the given variables.

### Study Design

This is an exploratory-descriptive study based extensively on literature review, interviews, observations and survey questionnaires.

The study was designed to be an exploratory-descriptive one because the field of study - SOCIOCULTURAL ATTITUDES AND TREATMENT OF THE MENTALLY RETARDED IN DEVELOPING COUNTRIES: THE CASE OF NIGERIA - has limited theoretical base, if any.

The nature and use of exploratory-descriptive research was extensively embedded in the works of Forcese and Richer, (1973), as well as Polansky, (1975). Traditionally, this type of research is used when the field of study has a very limited conceptual base (Forcese and Richer, 1973). Eventually this approach became a critical mode of research where the primary objective was to propound a knowledge base; in which case, either a case study format or survey could be adopted. The latter position is adopted here. The advantages of the survey format as given in Chapter IV cannot be over emphasized.

This research approach was deemed appropriate in view of the fact that:

- (1) the variables under exploration - "Sociocultural Attitudes/Treatment" and "Mental Retardation" - have not been adequately surveyed to constitute a meaningful knowledge base.
- (2) the beginning of a conceptual base could be built around the issues of mental retardation and sociocultural attitudes.
- (3) these variables could be studied through the extensive examination of related literature.

A bulk of the study was based on review of literature which can be seen in Chapters II and III. A theoretical framework was drawn from the literature, thereby forming the tool of analysis for an exploration of the Nigerian situation. Besides the literature, a survey questionnaire was developed and utilized.

### Review of Literature

Review of the literature was essentially done at both the general and specific levels.

- (1) The first level of the literature review, as presented in Chapter II, discusses education in general in Nigeria. It was aimed at exploring the political and economic factors that may have contributed to or hindered education and social services in developing countries with a particular focus in Nigeria.
- (2) At the general level, also in Chapter II, an overview of what other scholars have said about societal and cultural attitudes and treatments of the mentally retarded persons in varied generations was explored.

- (3) In Chapter IV, at the general level, a review of the different studies and selected survey methodologies was carefully done.
- (4) Dealing at the specific level in Chapters II and III, literature relevant to Nigerian special education with regard to mental retardation, its characteristics and identification, as well as the historical and sociocultural perspectives, were discussed.

Research in behavioral sciences claims the existence of a close relationship between socioeconomic status and mental retardation (McMillan, 1982). Based on this assumption, this study limits and delineates itself from an in-depth review of literature focusing on biomedical perspectives. Looking at mental retardation from the biomedical focus increasingly discloses genetic conditions that are strongly connected with mental retardation.

On the other hand, this study has concentrated on a literature search dealing primarily with correlational issues like sociocultural and environmental factors, socioeconomic and sociopolitical perspectives and developmental aspects of mental retardation. For instance, research done in the sixties on mild retardation related retardation to poverty. Thus in the United States, President Johnson was motivated to start a war against poverty which prompted programs like Head Start. During the same period many behavioral scientists became strongly convinced that the poverty cycle (the cycle in which poverty begets mildly retarded children who grow up and raise their own

children in poverty) could best be broken in early childhood before the children begin school (McMillan, 1982).

### Limitations and Delimitations of the Study

The results of research sometimes create misconceptions in people's minds. This is true especially when findings with a small sample are over-generalized for an entire population (Kerlinger, 1973). Nigeria, for instance, could be sub-divided into more than three hundred ethnic groups. Each of these groups has its own distinct culture. Hence, one might reasonably anticipate differences in attitudes and behavior on any given issue. That notwithstanding, it might be said that there are many more attitudes common among the Nigerian peoples and their treatment of the mentally retarded than might have otherwise been expected (Onwuegbu, 1977).

However, this study did not, in terms of the questionnaire data, sample the cultures of Nigeria within their geographical locations. Equally, it did not explore the prevalent sociocultural attitudes and treatment of the mentally retarded in Nigeria. Instead, the researcher chose Nigerian citizens living in the United States as its subjects.

From a rational view point, an extensive study involving the different cultural settings in Nigeria and other developing countries could have been a more ideal approach. However, two factors that limit the feasibility were herein considered.

- (1) Financial Factor - This researcher did not have sufficient funds to engage in an all-inclusive and extensive study of any kind.
- (2) Time Factor - Given the time available at the Investigator's disposal, Nigerian citizens in the United States of America have been chosen for the research. It is believed that these subjects are more accessible to the Investigator. A viable communication system makes the advantages more glaring.

Finally, the subjects chosen for this study were not randomly selected and, therefore, may not reflect the actual sociocultural attitudes and treatment of the mentally retarded in Nigeria during the period covered by the study. Furthermore, this survey should not be regarded as a true representation of any particular culture in Nigeria. The results of this study, therefore, must be interpreted with considerable caution.

#### Need for and Significance of Study

This study was considered significant for the following reasons:

- (1) It is the first time an attempt was being made to survey the sociocultural attitudes and treatment of the mentally retarded children and youth in Nigeria.

However, bits and pieces of work have been done in the area of special education in Nigeria. For instance, Mba (1976) wrote on "Priority Needs of Special Education in Developing Countries: The Case of Nigeria." Ogbue (1975) worked on "A Survey of Special Education Facilities in Nigeria," while Onwuegbu (1977)

dealt with the topic of "The Nigerian Culture: Its Perception and Treatment of the Handicapped" (an unpublished summary of short essays written by the pioneer students of the Federal Advanced Teachers College for Special Education, Oyo, Nigeria). Other works that need mention are those of Daramola (1976), "Educating the Visually Handicapped in Nigeria," Bakare (1976), entitled "The Role of Speech Pathology and Audiology in Special Education," and Ogbue (1977), who worked on "Experiments in Integration: The Nigerian Experience." Although these works had been done in the field of special education in Nigeria, none of them specifically reflected research on the sociocultural attitudes and treatment of mentally retarded citizens of Nigeria.

- (2) The study will also create academic awareness of the needs for further research on the effects and influences of sociocultural perceptions, attitudes and treatment of exceptional children.
- (3) Given the increased public interest in the social welfare of handicapped children and youth in Nigeria and the need for specific programs for mentally retarded, any new data and insights will provide invaluable assistance to practitioners and policy makers.
- (4) Finally, the study's desired outcome include among other things a set of recommendations that will enhance and encourage positive attitudes and treatment of mentally retarded children.

### Definition of Terms

The literature on mental retardation specifically, and special education in general, seems to be replete with terms and concepts, several of which are not clear. The lack of clarity and the standardized usage commonly observed in other social sciences have created the need for definition of some terms. According to Beteille (1977), such lack of standardization and consistency often have tended to generate futile arguments. In the context of this study, however, the following terms will be defined.

#### Exceptional Children

This study defines exceptional children based on educational implications on learner characteristics. According to Heward and Orlansky (1980):

Exceptional children are those whose performance deviates from the norm; either below or above, to the extent that special educational programming is needed (p. 440).

Kirk and Gallagher (1979) defined exceptional children as those who deviate from the average or normal child

- (1) in mental characteristics,
- (2) in sensory ability,
- (3) in neuromotor or physical characteristics,
- (4) in social behavior,
- (5) in communication abilities, or
- (6) in multiple handicaps.

According to these authors, such deviations must be to such an extent that the children require a modification of school programs, or special educational services, in order to develop their potentialities to maximum capacity (p. 3). Hallahan and Kaufman (1978) remarked that:

Exceptional children are those who require special education and related services if they are to realize their full human potentials. They require special education because they are markedly different from most children in one or more of the following ways: they are mentally retarded, gifted, learning disabled, emotionally disturbed, physically handicapped or have disordered speech or language, impaired hearing or visual impairment. (p. 4)

Reynolds and Birch (1977) stated that:

Until recently the prevailing definition of exceptional children listed in one form or another those who are gifted, retarded, blind, partially seeing, deaf, hard of hearing, crippled, neurologically impaired, special or general learning impaired, disturbed, maladjusted, speech and language impaired, developmentally disturbed, etc., plus combinations of these.

But it is recognized now, they said, that it is the educational work to be done with the child that has to be the teachers' and schools' concern more than the legal or medical name of the child's condition. Thus they declared a preferred definition of exceptional children for educationists, including all those children who need some kind of special education - part time or full time, for short or long periods - at some stage in their sequence of schooling.

Very often the term "exceptional children" is misunderstood to refer to only gifted or talented children. To



avoid such a misconception, this study has taken the pains to draw definitions from different sources. These sources leave the message that exceptional children need special services to help them maximize their potentialities.

### Special Education or Services

These services can, therefore, be defined as a "specially designed instruction in the classroom, home, hospital, institution or rehabilitation centers, including programs for physical and vocational education if the latter is realized to meet the unique need of the handicapped child." According to American Federal Register (1977), the purpose is to maximize each child's potentials (p. 42480).

Special education in the mind of a layman is perceived to be the education for the blind, hard of hearing, visually impaired, emotionally disturbed or physically handicapped. It is more than that. According to Onwuegbu (1981), special education is the methodology, the technique, the equipment and the specially trained personnels involved in it that make special education "special."

It is not the children and youth who receive the services per se. For example, if regular or traditional education settings were to be adequate for the recipients, there would be no need for "special education." In other words, special education is special because it takes a (a) general curriculum,

(b) administers it to the handicapped child by specially trained personnel and specially designed equipments, using clinical teaching and continuous assessments, and (c) based on the results of these activities, replans those curriculum and method of approach to meet the needs of the individuals concerned (Onwuegbu, 1981).

### Handicapped Children

The definition of "handicapped children" is clearly stated in Public Law 94-142 of American Federal Legislation as:

Those children evaluated as being mentally retarded, hard of hearing, deaf, deaf-blind, speech impaired, or as having specific learning disabilities, who because of those impairments need special education and related services. The related services include transportation, school, health, social services, speech therapy, physical and occupational therapy, psychological and counseling services - including medical services that are required in order to determine the need for special education (American Fed. Reg., 1977, p. 42478).

It must be remembered, however, that children are considered educationally handicapped only when it is necessary to alter or modify the educational program to meet their needs. That is to say, that one can deviate from the norm or have a handicapping condition without being handicapped. Therefore, the use of handicap in educational perspective may be different from its use in psychology, biology and in other disciplines and professions (Kirk and Gallagher, 1979).

## Society

Society is a large, permanent, self-sufficient, self-perpetuating group of interacting people who share certain common values and beliefs (Spencer, 1982). Society may otherwise be defined as a large independent collection of people who interact within socially structured relationships and who have a cultural commonality (Basils et al., 1980).

Spencer (1982), looking at society from an anthropological stand point, made these observations:

A society is a group with a culture organized for the satisfaction of all human needs and interests. The society consists of the people, their culture, that is what they have, what they do, and how they think together (p. 54).

## Culture

Anthropologically, culture is:

the total ways of living built up by a group of human beings, and transmitted from one generation to the other. Broadly speaking, culture is considered as influences on life style that reach beyond biological heredity to include environmental forces (Random House Dict. of the English Language).

Culture, in the true sense, should be regarded as comprising the whole coherent structure of concepts, sentiments, mechanisms, institutions, and objects which explicitly or implicitly condition the conduct of members of a group (U.N.E.S.C.O., 1968).

The concept of sociocultural attitude, therefore, is based on the idea that culture is produced by a society; in turn a society depends on its culture. This is to say, no culture, no society.

### Perception

This is a process whereby sensory cues and relevant past experiences are organized to give the most structured, meaningful picture possible under the circumstances. The process of perception stands midway along a continuum from direct sensing to thinking. Thus, perception is never just a point-for-point representation of the stimulus field, but includes objects, relationships, and point of special focus. Often, in fact, parts of the stimulus field are ignored, distorted, exaggerated, or otherwise changed to make a more stable or meaningful whole. Perception gears individuals to know where they stand in relation to the object's conditions and people in their environment and to act accordingly (Spencer, 1982).

### Attitudes

Atkinson et al., (1983) defined attitudes as likes and dislikes; affinities for and aversions to situations, objects, persons, groups and any other identifiable aspect of the

environment. These, according to them, include abstract ideas and social policies.

Attitudes are closely connected with cognitions - such as beliefs about the attitude-object as presently discussed in a sociocultural attitude toward the mentally retarded. Attitudes are also associated with actions in respect to the attitude-object (the mentally retarded action).

Most people tend to use the terms "attitude" and "opinion" interchangeably. This is not correct. There are some significant differences between them. For instance, an opinion is what someone believes to be a fact. Besides, opinions are transient; they can change in the light of contrary evidence. Opinions, being "cognitive," are nothing but products of mental rather than emotional processes (Health, 1979). On the other hand, attitudes are more complex and harder to change. They are products of both mental and emotional processes, and dispositional toward action. What is more, attitudes are usually judgmental and evaluative (Ibid).

### Sociocultural Environments

Sociocultural environments in this context mean those structured interactional modes of behavior underscored by a core of indigenous norms and values governing appropriate behavior in specific social context (Atkinson et al., 1983).

## Policy

Policy is taken to mean a definitely designed course of action with well defined procedures which a nation embarks on to achieve economic development, social welfare development, political and/or any other objective it sets for itself.

## Developing Countries

Developing countries represent those nations considered to be economically deprived, experiencing an immeasurable poverty, poor health, poor social services and high mortality rate (Brandt Report, 1980).

## Developed Countries

This term is used to qualify those nations with a high income per capita, high level of industrialization and low mortality rate. Included among this category were countries of North America, Western and Eastern Europe and the Soviet Union (Brandt, 1980).

Note that neither the developing nor developed countries of the world are homogenous.

## Organization of the Study

This study was organized into six chapters. Chapter I discusses the background statement of the problem, the purpose, significance and design of the study.

Chapter II presents an overview of stages of education in Nigeria, the evolvement of special education, description of the mentally retarded population and characteristics.

Chapter III takes a look into some related factors that possibly could enhance or inhibit positive sociocultural attitudes and treatments of the mentally retarded in developing countries. These factors are reviewed in five perspectives.

- (1) The Sociocultural perspective
- (2) The Historical perspective
- (3) The Socioeconomic perspective and
- (4) The Legal perspective as obtainable in the United States and Sweden
- (5) The Nigerian Experience

Chapter IV gives an overview of different methodologies adopted in attitude survey and presents the method used for the study.

Chapter V discusses the results of the Sociocultural Attitude Scale Survey as applied in the study.

Chapter VI presents the conclusion, outlines findings and recommendations.

Appendices

C H A P T E R   I I  
L I T E R A T U R E   R E V I E W

Introduction

Every society, be it simple or complex, has its own way of thinking and doing things. In most cases the way and manner in which a society perceives things reflect a people's attitudes and actions. This is evident when one realizes that every society structures its educational system to agree with its social concept of life and its meaning for its children and youth. Nevertheless, to educate the child for a good life has been one of the most consistent concerns of people throughout history. That notwithstanding the educational objective and the method of approach may differ from place to place, culture to culture and nation to nation. Again, this is dependent on the people's perception of man and education (Fafunwa, 1982).

The Greek idea of an educated man, for example, was based on mental and physical balance. The Romans, on the other hand, placed their premium on oratorical and military training. During the Middle Ages in England, the Knight, the Lord and the priests were representative of the educated elite. In France, the Scholar was the hallmark of excellence, whereas in Germany, it has the Patriot. But in ancient Africa, the warrior, the hunter, the nobleman, the man of character and mentally adjusted



who has the ability to demonstrate some specific skills was considered a well-integrated member of his community (Fafunwa, 1982).

## Nigeria

If people of different nationalities and cultures perceive things differently and act differently, what then can be said of Nigeria?

### Demography

The nation of Nigeria is the largest single social group in the Black community. It is a vast country with diverse cultures. Nigeria is a federation of nineteen States, which occupies an area of 924,000 square kilometers (356,669 square miles) with a population of about 90 million. There are over 390 cultural and linguistic groups, the largest of which are the Hausa, the Ibo and the Yoruba. The country lies in the tropics between latitude 4 and 14 North and between longitude 2 50' and 14 20' East (Taiwo, 1982).

### Agriculture

Nigeria is an agricultural society, majoring in the production of cattle, goats, poultry, fish, and numerous kinds of food and cash crops. The main agricultural exports are

cocoa, ground nuts, palm oil produce, rubber, cotton, benniseed, tobacco, hides and skins. Agriculture is the mainstay of the country's economy. In fact, agriculture supplies the nation with almost half of its national income and provides occupation and employment facilities for over sixty percent of the population.

### Minerals

The Country is rich in mineral resources among which is oil, which in fact has placed Nigeria in the world map of OPEC countries as well as elevated her general economy in the last decade. Other enriching minerals are tin ore, coal, iron, limestone, lead and columbite. Nigeria is very strong in the establishment of industries, both public and private ones. The need for more industries though cannot be over-emphasized. There is no easier way for a developing country like Nigeria to minimize and eventually eliminate her dependency on imported goods, especially textiles, food and construction/raw materials. In fact, the economic survival and increased standard of living of the people is basically dependent on agricultural, mineral and industrial resources of the country (Taiwo, 1980).

## Nigeria in Political Perspective

Nigeria is politically framed on the assumption of a parliamentary democracy. This is to say that the government of Nigeria exercises her power so long as it retains the confidence of the legislature. The government also expresses its beliefs in parliamentary democracy. It is a government by discussion, based on the consent of the governed, whose will is collectively expressed by the majority of the duly accredited representatives of an electorate through secret ballot at a four-year period of election. In order to achieve the above political objectives, Nigeria adopted the Party System of government which is a political medium to control the behavior of the public through diverse means of propaganda. Naturally, this arises from self-interested motives with a primary purpose to obtain public support for a particular idea or course of action (Sigmund, 1964).

Therefore, the pre-war political parties in Nigeria were formed representing the three major ethnic groups--Hausa, Ibo and Yoruba. For instance, the Northern Peoples Congress (N.P.C.) headed by the late Alhaji Ahmadu Bello, Saduana of Sokoto (Premier of Northern Region), was regarded as the Hausa party. The National Council of Nigeria and the Cameroons (N.C.N.C.) founded and headed by Dr. Nnamdi Azikiwe (first Governor-General/President of Nigeria) was seen as an Ibo-man's party. On the other hand, the Action Group (A.G.) founded and

headed by Chief Obafemi Awolowo (Leader of Opposition/Premier of Western Region) was noted as the Yoruba party.

No wonder the first Republic of Nigeria collapsed on the basis of ethnicity and cultural struggle for power. Thus the political slogan for each party then was tribalistic - the Ibo man wants N.C.N.C. to win no matter her political ideology. The Yoruba man would tolerate no other party but Action Group. Whereas, the Hausa-Fulanis would have no one else outside the Hausa man in N.P.C. to occupy the government White House. Herein reflects the cultural perception even in the political life of the Nation (Sigmund, 1964).

It was on the basis of this political account that a rebirth of political struggle in a new dimension emerged in Nigeria. With the draft of a new constitution, the post-war political parties took a new outlook after it had attempted to detect out flaws in the party machinery, amended them, rebuilt the machinery to an extent and gave it a new lease of life. Under the new condition no single political party in Nigeria could be registered if its membership does not transcend cultural and ethnic groups. Hence, each of the six registered parties is nationally based. The National Party of Nigeria (N.P.N.) which is the ruling party in the federation and most of the nineteen states, with Alhaji Shehu Shagari as the first president of the second Republic. The Unity Party of Nigeria (U.P.N.), the Nigerian Peoples Party (N.P.P.), the Great Nigerian Peoples Party (G.N.P.P.) and the Peoples Redemption Party (P.R.P.) were

all formed on the National basis having Chief Obafemi Awolowo and Owele of Onitsha - Dr. Nnamdi Azikiwe, Alhaji Ibrahim Wasiri and late Alhaji Amino Kano, respectively as presidential candidates (Nigerian Political Manifestos, 1983).

## I. General Structure of Education in Nigeria

Education in Nigeria in this consideration will be discussed in three perspectives--Traditional education, the Colonial educational period, and the present system.

Nigeria, like any other developing country, has not only had some setbacks and innovations in her political realm, but also in the education of her children and youth.

### A. Traditional Education

The education of the child in Nigerian Society begins from infancy just as in other countries of the world. The infant is fed and cared for regularly, especially through breast-feeding and weaned after eighteen or twenty-four months at the most. However, practices differ from culture to culture. As in other societies, the child is exposed to toilet training, self-feeding, socialization and general behavior. Such training and care involve uncles, aunts, grandparents and everyone else within the extended family system (Ibid).

In fact, the parents, siblings and other members of the community get involved in the education of the child. Everyone wants him/her to be sociable, honest, courageous, persevering, and of good behavior at all times. For example, N. A. Fadipe observed that among the Yorubas the education of the young Yoruba in the manner codes, conventions, customs, morals, superstitions and Laws of the Land are achieved through different members of his family, kindred and his neighborhood. The perception or rather assumption is that the child belongs to the Society and therefore his well-being is the concern of all. In short, the more inclusive the group, the less the direct responsibility of the average member of that group for the training of the child (Fadipe, 1970).

In consideration of the process of education which operates within the family, the child obtains most of his learning experience as a member of society. Since the child cannot be under the supervision of the parents and siblings all the time, various members of the extended family participate in his/her education, at one time or another. For instance, a child within a neighborhood who fails to greet his/her elders will immediately receive reactions from that neighborhood. He or she will therefore be forced to change and adopt attitudes congruent with the social norm.

The question of greeting is seriously viewed in all the different cultures of Nigeria. Hence, greeting is one of the early lessons in character building. So much of an individual's

character is reflected in his or her attitude towards greetings. For instance, among the Ibos, a girl who bypasses her elders without according them the respect by greeting will hardly be recommended to any suitor for marriage. On the other hand, a boy who fails to greet his elders, relatives, and so forth, earns for himself public dislike, which could possibly jeopardize his future political or social status. Lack of greetings may be interpreted in various ways among the Nigerians. It is seen as pride and arrogance, lack of interest in people, and as anti-social (Ibid).

In fact, the Africans have a complicated greeting system. Parents, elders, Chiefs, age-mates or peers are greeted in different fashions. While age-mates are sometimes impolite to each other in their greeting, care is taken to accord elders and parents their due respect. Besides, there are varied greetings for morning, afternoon, and evening; different occasions and circumstances. This is very true of the Yorubas who have a rich vocabulary. They have different greetings for different kinds of ceremonies and festivities, such as New Yam Festival, observance of ancestor worship, occasions like burials, marriages, birthdays, and other celebrations. In Yoruba culture, unlike the Ibos, verbal greetings very often are followed by body gestures. For instance, a Yoruba man will prostrate to his elders and Chief even if the Chief is younger in age, but will merely shake hands with members of his peer-group. In similar situations, the Yoruba woman will kneel down before

the elder or Chief she greets. The Hausa man raises his clenched right fist to greet a superior or Emir, while the Yoruba in certain sub-groups rolls himself on the ground when greeting a very important person like Oba (Chief) or a significant one in his life such as parents-in-law. The Yorubas have deep commitment to their culture and would do everything to preserve it. However, both the Yoruba and Ibo have special greetings used in their respective secret societies and cults. Members designed greetings only exchangeable among themselves. For example, "Okonko" Society, "Ekpe-imboko" Secret Society, "Ogboni" Fraternity, "Oro" Secret Society, etc. all have their peculiar ways of greeting one another within the setting (Fafunwa, 1982).

A child who delights in eating or receiving things with his/her left hand invites spanking from the elders if he persistently uses the left hand. At times, a meal is denied such a child or a heavy object tied to the very hand in order to restrain him from using it. If a girl gets herself involved with a boy into sexual intimacy, any member of the extended family who first becomes aware of it could either inflict punishment on both of them on the spot, report the matter to both parents involved, or forward the matter to the kindred head for appropriate punishment and appeasement of the gods, if they both belong to the same kindred (Fafunwa, 1982).

The most prevalent system within this tradition is the expression in the Age-group or Age-grade Association. For



example, the Ibos, Yorubas, Ibibios, Fulanis and many other cultures utilize the Age System either for community development, educational purposes, citizenship training in general, or for purely political activities. For instance, the writer is identified with age-grade in Iboland known as "Akaji-Aku" whose political activities have won her leadership status within the community. Age is such a vital issue among many Nigerian ethnic groups that a man will overstate his age rather than understate it. This point is important in the study which will be discussed later.

Thus, in the traditional education system, the child received frequent opportunities of diverse experiences not only of the practical effects of the social and cultural code, but also of the unhappy outcome and consequences that follow their infraction of the rule. The way and manner of punishment of certain offenses such as theft, incest, and lying are handled within the traditional system of education, and no doubt forms object lessons for children.

It is amazing to notice how the Traditional Educational System is permeated into every aspect of the Nigerian peoples' life. A major area in this system that needs mentioning is the apprenticeship. In trades such as that of circumcising of babies, drumming, dancing, blacksmithing, weaving, and traditional medicine, though mostly restricted to certain families, the apprenticeship system is mostly used. Families deploy the apprenticeship system to maintain a monopoly on any of

the above trades or crafts. In other words, kindred families who are traditionally known for the mastery of any herb for treatment of jaundice or traditional mid-wifery, etc. kept the knowledge tight. That is to say, they practice a close system. They tend to restrict the apprenticeship to the members of the family (Ibid). It is on rare occasions that an outsider is admitted into the system. For instance, families noted for repairing broken bones will not allow their next door neighbor to master the different herbs used for the treatment. This kind of monopoly is sensible and logical. First, it eliminates competition and unhealthy rivalry. Second, it creates fame for a family and gives them financial security. For example, the "Umu-onu-igba" family in Umuahia, Imo State Nigeria have made a landmark in orthopaedic treatment (Fafunwa, 1982).

For several generations the technique and concoctions for adjusting broken bones, no matter how shattered the bones might be, were handled through the apprenticeship system. Today, the family's fame and effectiveness remain unchallenged. Cases that orthopaedic hospitals failed to handle would be referred to "Umu-onu-igba." Hence, you see patients traveling over 50 miles to receive treatment from the family. In a close interview with the family "Umu-onu-igba", they were able to reveal that their strongest part and effectiveness, lie in their ability to monopolize the trade for over three generations. (Interview with a representative of "Umu-onu-igba" family.)

However, such a trade needs commitment and expertise. And to obtain and maintain a good reputation, rigorous apprenticeship is maintained. For effective training, therefore, parents often apprenticed their children to their relatives, friends or other competent craftsmen. According to Ogundijo (1970), the above arrangement could be explained in the following psychological reasons. (i) The children might be disinterested, indifferent and might not even take the instructions/job seriously if apprenticed to their parents. (ii) The children might play truant, always coming up with some flimsy excuses to absent themselves from duty. It is believed that different hands involved in the training of the children would result in more efficient preparation of the apprentice (Ibid).

In Nigeria the apprenticeship system no doubt remains very popular up to the present date and can be located in every little community, village, or town. Callaway (1968) noted that by 1963, there were at least 246 blacksmiths in Ibadan alone. Ibadan is the largest city in Nigeria with a population of about one million. It is the seat of the first Nigerian university, established in 1948 (Ibadan University). Ibadan had remained the capital of the former Western Region (Yorubaland), but is now the capital of Oyo State (Taiwo, 1982).

Again, in 1968, McDowell, in his study of educational systems and processes in Ile-Ife noticed:

Except for the formal school system, the largest program involving the education of youth in Ile-Ife is that of the apprenticeship system of small crafts and businesses. According to a survey carried out in small business (by June, 1968), there were a total of 1,407 apprentices learning a particular trade in Ile-Ife (pp. 13-14).

However, in Nigeria, educational content of apprenticeship training appears to place more emphasis on the learning process than the pedagogical aspect. The learning process is evaluated by the master craftman apparently on the basis of performance in the particular tasks involved. The apprentice is placed on "probation" during the first few months of his "on the job" training. This arrangement gives the mastercraftsman the opportunity to assess how well the apprentice could learn on the job. The learning of any skill within the system, however, depends on the ability of the learner to observe and imitate either the master or other senior apprentices. Nevertheless, the mastercraftsman lectures the apprentices as they stand around observing him perform any task as in a demonstration lesson (Callaway, 1968).

Nonetheless, there is little or no tolerance for experimentation or creative work. The reason for this cannot be too far-fetched. The job the apprentice is given is in actual fact, a real job, that would attract income to the mastercraftsman. On the other hand, the owner of such a job expects nothing but good hands on his work. So both the mastercraftsman and the owner of whatever task is worked upon are mainly concerned with the end result of the finished product.

Besides there is no literature or printed instructions available. It is exclusively the property of the master and it is for the use of himself and never exposed to the apprentice. Again, it may be rightly said that the nature of the social system of apprenticeship according to Callaway does not encourage questioning the master or accepting any suggestions from the apprentice.

Finally, the unique part of the traditional education system is the inclusion of programs for handicapped persons in order to help them become contributing members of society. The lame and hunchback, for example, are taught sedentary occupations such as carving, pottery, weaving, basketmaking, blacksmithery and so on. Such persons are also exposed to other trainings as priests within the traditional religion, barbers, native doctors, and the like, especially among the Yoruba (Ibid). Of course, the inclusion of handicapped programs was based on the objectives of the traditional African education, among which the following seven aspects could be identified:

1. to develop the child's latent physical skills
2. to develop character
3. to inculcate respect for elders and those in position of authority
4. to develop intellectual skills
5. to acquire specific vocational training and to develop a healthy attitude towards honest labour
6. to develop a sense of belonging and to participate actively in family and community affairs

7. to understand, appreciate and promote the cultural heritage of the community at large.

Nevertheless, Nigeria like any other developing country, did not refuse to be introduced to other systems of education.

### B. Education in Colonial Nigeria

For one to appreciate the present educational system in Nigeria, three major aspects of the country's educational history are significant. First is the lack of interest of the Colonial Administration at the early stage in educating the citizens. This attitude led to the shifting of educational responsibilities to Christian missions. The second issue relates to the slow and gradual development of government interest in the administration and control of educational institutions which crystallized into a dual control system of education, with government and voluntary agencies as partners. The third and the last aspect could be seen as a joint agreement between the Colonial Administration and Muslim Emirates of Northern Nigeria to prohibit the Christian missionaries from functioning in the North (Adesina, 1977). Historians see this unholy agreement as consequential to the proverbial North-South disparity in the development of Western education in Nigeria (Ibid).

However, it is not the intention of this writer to discuss the above-mentioned issues in any detail; especially the third aspect, as the study centers on the sociocultural attitudes

towards the mentally retarded specifically. Nevertheless, this study will try to review the literature on some of the activities of the colonial masters that reflect their perceptions of the people which consequently contributed or inhibited proper and adequate educational structures in Colonial Nigeria.

The Christian missionary activities greatly increased in the 1840's in West Africa in general and Nigeria in particular. In 1842 the first Christian mission was established by the Wesleyan Methodist Missionary Society. It was this missionary society that started Nigeria's first formal school in Badagry and later spread inland along the main rivers and land routes in places where no British administrator had yet appeared. However, other missions followed and took the lead in educational work in Nigeria, and the most active that needs mentioning was the Church Missionary Society (Ajayi, 1965 and Ayadele, 1966). Records show that by the beginning of the 19th Century, the Church Missionary Society had outstripped the other missionary groups and had overwhelming control of schools, teachers and pupils (Ibid).

These early missions aimed at establishing schools which they saw as a vital aspect of their ministry in Africa. This objective is revealed in the book published in 1857 by Rev. T. J. Bowen, pioneer of American Baptist Missions:

Our designs and hopes in regard to Africa are not simply to bring as many individuals as possible to the knowledge of Christ. We desire to establish the

Gospel in the hearts and minds and social life of the people so that truth and righteousness may remain and flourish among them, without the instrumentality of foreign missionaries. This cannot be done in the absence of civilization (Adesina, 1977).

To establish the Gospel among any people, he stressed they must have the art to make them or the money to buy them. They must read the Bible and this implies instruction (Adesina, 1977).

However, the system of administration and instruction were not standardized by the missions. Each mission set its own principles and objectives. Invariably, these missions--The Church Missionary Society, the Wesleyan Methodist Society, the Roman Catholic Mission, the South American Baptist Mission and later the United Native African Church, which had one or more schools, had some external influences. They were under the influence of companies of merchants whose primary interest was in the development of new fields of trade with West Africa. This cannot be over-emphasized. These supporting merchants were no doubt anxious to take advantage of the discoveries by British explorers in Nigeria (Ibid).

The wedlock of Religious-and-Commercial interests could be traced in Thomas Buxton's book entitled, "The African Slave Trade and its Remedy." In this book, Buxton argued that it was the responsibility of Christianity to rescue Africa and that such a task could be achieved through the Bible and the plough. Whereas, Henry Townsend held the impression that Christianity in Nigeria should not be synonymous with Western civilization. He argued that the natives only needed a simple formal elementary



education that would enable them to read the Bible and make the money to buy it. Thomas Bowen felt that outside manual training nothing else was good for the people. To mention but a few instances of similar perceptions, Birch Freeman argued that the classical education in the mission schools rendered the recipients not only worthless members of society but injurious to its well-being. He assumed that educating the people would, instead of helping them, lead to the fusion of the habits of idleness and extravagance (Ibid).

Nevertheless, Nigerians, especially those raised in the Mission Schools, should ever remain grateful to the missions for their relentless efforts to establish schools no matter how scantily and less enriching. Their ultimate contribution could be appreciated by the fact that in a period when the Colonial administration was not thinking about the education of the citizens, the missions alone filled the gap, and of course, controlled the entire field of education (Adesina, 1977).

The attitude of the Nigerians (especially the Ibo and Yoruba of Southern States) towards the Western Education changed after a period of time. Before the turn of the century, Nigerians were skeptical of Christian-Cum-Western education but later came to realize that, with the basic knowledge of the 3 R's, one could become a clerk, a teacher, a catechist, or a letter writer. The 3 R's comprise Arithmetic, English, and English writing. The curriculum was basically modelled to meet these needs in the elementary schools. With this prospect in view,

parents and children changed their attitude towards the given education. They were no longer skeptics but over-optimistic enthusiasts. According to Fafunwa (1982), it was noticed that it was material benefit rather than moral, spiritual or aesthetic benefit, that encouraged a rapid increase in the number of schools in Southern Nigeria between 1910 and 1930.

Dr. Henry Carr, who was the first Nigerian Acting Director of Education for the Southern provinces at that time, estimates that not more than 1 in every 180 children of school age in the Southern provinces received any kind of western education whatsoever. In a similar statistics he stated that with the exclusion of Qur'anic schools, the number in the Northern provinces is probably ten times less. By 1913 the government schools in the South had only one qualified native teacher per 148 pupils. The commercial interest of the country was no less affected than the government by the lack of staff. The merchants said that the greatest boon which could be conferred upon them at that stage "is a better supply of reliable citizens to occupy posts of responsibility, at present filled by subordinate Europeans, at a great cost and at a sacrifice of continuity" (Ibid).

It may be important to note that as early as 1914, Sir Frederick Lugard, the first Governor-General of Nigeria after the Amalgamation, initiated for rapid replacement of Europeans in Nigerian schools by Nigerian teachers. This he did in order to curtail the excessive cost of employing Europeans and also to

ensure continuity. However, Lugard's support for education in Nigeria was not necessarily due to altruistic motives. He desired an effective central administration manned by expatriates and Africans, loyal to the Colonial government. He therefore needed African subordinates to serve the Central government, the Native Councils, and the commercial houses. In order to achieve such an administrative objective, Lugard wanted to control both quality and quantity of education for Nigerians earmarked for the aforementioned posts (Abernathy, 1969). Hence, it was noted that Lugard did not want Nigerians to be so poorly educated that they could not meet the educational requirements set forth for employment in either the Modern British or the "traditional" African bureaucracy. On the other hand, they should not be so highly educated that they would pose either a threat to the British officials or native authorities. It is also significant to note that Lugard believed in indirect administration of education through the Christian missions (Ibid).

Nonetheless, the British Colonial government, as historical records reveal, was forced, so to say, by the Phelps-Stokes Report to do something to show its interest in African education. This report led to the issuing of its first policy on education in 1925. The following summary of this 1925 memorandum's main points indicate its comprehensive nature.

1. While the government reserves to itself the right to direct educational policy and to supervise all educational institutions by

inspection or other means, voluntary effort should be encouraged and advisory boards of education should be established in each dependency to ensure the active cooperation of all concerned.

2. Education should be adapted to local conditions in such a manner as would enable it to conserve all sound elements in local tradition and social organization, while at the same time functioning as an instrument of progress and evolution.
3. Religious training and moral instruction should be regarded as fundamental to the development of a sound education and should be accorded complete equality with Secular Subjects.
4. The development of African dependencies on the material and economic side demands a corresponding advance in the expenditure on education, and to be successful in realizing the ideals of education, the status and conditions of service of the education department should be such as would attract the best available men.
5. Schools run by Voluntary Agencies which attain a satisfactory standard of efficiency should be regarded as of equal importance in the scheme of education with schools directly organized by the government and should be given grants in kind. The condition under which a grants-in-aid are given should not be dependent on examination results.
6. The study of the educational use of the vernacular and the provision of textbooks in the vernaculars are of prime importance and qualified workers should be set aside for this purpose.
7. The establishment of a sound system of education is dependent upon a satisfactory cadre of teachers, and the teacher-training institutions should be guided by the principles of education laid down in the memorandum.
8. A system of visiting teachers should be established to ensure inspiration and encouragement for the teachers serving in the village schools.

9. Thorough supervision is indispensable and inspectors should seek to make the educational aims clear and offer friendly advice and supervise their own schools in ways parallel to and coordinated with the government system of inspection.
10. Technical and vocational training should be carried out with the help of the government departments concerned and under their supervision. The educational system should seek to establish the dignity of manual vocations and to promote their equality with the clerical service.
11. The education of women and girls is an integral element in the whole educational system and presents many difficult problems.
12. Systems should be established which, although varying with local conditions, will provide elementary education for boys and girls. Secondary education of several types, technical and vocational education which will ensure the identity of outlook between the newly educated generation and their parents (Educational Policy in British Tropical Africa, 1925).

This memorandum, more than any other, guided Nigerian educational policy and development from 1925 through 1945.

The Ashby Commission. The fifties witnessed a rapid expansion in primary and post-primary education and teacher-training. Constitutional development progressed to the extent that Eastern and Western Regions of Nigeria (embracing the Ibo and Yoruba, respectively), gained regional self-government in 1957 and the Northern Region in 1959. This was done in preparation for a target date for Nigeria's Independence in October 1, 1960. Since independence for Nigeria would involve its untold manpower demands on the nation, the federal Minister

of Education appointed a Commission in April, 1959 on Post-School Certificate and Higher Education "to conduct an investigation into Nigeria's needs in the field of Higher Education within the next twenty years" (Freeman et al., 1973). The appointment of the Commission is of vital significance for three main reasons.

1. It was the first of its kind in the history of Nigeria that Nigerians themselves were represented by the Minister of Education and the Federal Cabinet determined to examine the higher educational structure in terms of the needs of the country, not only for that material time but for a period of two decades.
2. It was the first time that a combined team of three Nigerian, three British and three American educators was ever given the chance in Nigeria to draw from such combined experiences and intellectual resources in order to advise Nigeria in the best practicable approach in her educational pursuits.
3. It was the first official comprehensive review of higher education in Nigeria to be undertaken by a team of experts (Federal Ministry of Education; Ashby, 1960).

The Commission popularly known as the Ashby Commission, after its Chairman, Sir Eric Ashby, formerly President and Vice-Chancellor of Queen's University, Belfast, comprised of three Nigerians, one from each of the three regions--North--East--West. These are their names: Sir Kashim Ibrahim, Professor K. O. Dike, Dr. Sanya Onabamiro. Others were Professor R. G. Gustavson, Professor H. W. Hannah, Professor F. Keppel, Sir J. F. Lockwood, and Mr. G. E. Watts. Among other things noted specifically by the Commission was the educational disparity

between the North and South which motivated them to propose a number of measures to equate the imbalance (Ibid).

The Commission, in September 1960, less than a month before Nigerian Independence, submitted its report and entitled it "Investment in Education," which underlies the principle of the Commission's recommendations. According to these experts, education in Nigeria should be seen as an investment in which case, financing must be sought from Nigerian as well as from external sources. The Commission also observed that the existing educational system consisted of two different patterns of educational pyramids. One in the Eastern and the Western Regions and the other in the Northern Region. Both, they stated, were unbalanced; the one in the Southern Regions was broad at the base but sharply narrow at the top while the other in the Northern Region was slim at all levels. However, the Commission aimed at two objectives in their recommendations.

1. To upgrade Nigerians who are already in employment but who need further education; and
2. to design a system of post-secondary education which will, as a first objective, produce before 1970 the flow of high-level manpower which Nigeria is estimated to need; and to design it in such a way that it can be expanded, without being replanned, to meet Nigeria's needs up to 1980 (Ashby, 1966).

The Commission then proceeded to make a number of recommendations on Primary, Secondary, and Sixth-form education, teacher-training, technical education, Commercial, agricultural, Veterinary education and University education.

It then proposed that:

1. The federal government should give support to the development of the New University of Nigeria, planned in 1955 and opened a few weeks before the Ashby Report was published in 1960.
2. A University should be established in the North using the old site of the Nigerian College in Zaria as its base.
3. A University should be established in Lagos with day and evening degree courses in business, commerce and economics.
4. University College, Ibadan, should move away from its Conservative position (restricted curriculum by the Colonial Masters), widen its curriculum and develop into a full University.
5. All Universities in Nigeria should be national in outlook.
6. There should be a wider diversity and a greater flexibility in University education.
7. All the Universities should have B.A. (Educ.) degree courses.
8. Courses in engineering, medicine, law, commerce, agriculture, etc. should be offered.
9. The new Nigerian Universities should be independent of one another and each should confer its own degrees.
10. A National Universities Commission should be set up to have undisputed control over the affairs of the Universities, particularly in terms of finance, staff and courses (Ibid).

Note that the University College Ibadan, though opened in January, 1948 as an extension of the University of London in Nigeria, did not develop as a full-fledged University until December, 1962. This was two years after Nsukka and three months after Ahmadu Bello, Ife and Lagos had been founded as



Table  
Recent Trends in Educational Development in Nigeria

	Recent Trends								Targets	
	1960		1964		1971		1973		1975-80	
	Institution	Enrolment*	Institution	Enrolment	Institution	Enrolment	Institution	Enrolment	Institution	Enrolment
Primary Schools	15,703	2,912.6	14,976	2,849.5	15,324	3,894.5	14,525	4,746.8	25,925	11,521.5
Secondary Schools	883	135.4	1,327	205.0	1,234	343.3	1,499	448.9	2,296	1,555.2
Secondary Technical and Voc Schools	29	5.0	39	7.7	69	15.6	84	22.6	178	117.7
Teacher Training Colleges	315	27.9	257	31.1	169	38.1	157	47.0	-	234.7
Universities**	2	1.4	5	6.7	6	14.4	6	23.2	10**	53.0

\* Enrolment in Thousands

\*\* 1 including the University Colleges (3)

autonomous institutions. Hence, the University of Nigeria Nsukka is regarded as the first University in Nigeria, followed in chronological order by the Ahmadu Bello University, Ife, Lagos, then Ibadan (although the oldest higher education institution in Nigeria) and Benin (Fafunwa, 1982).

### C. The Present System

Educational structure in the second republic of Nigeria (1970-1983). Nigeria's "first" Federal Republic was short-lived. The glory of this era was interrupted by the Civil War which lasted for thirty months. The end of the war on January 12, 1970 marked the beginning of the "Second" Republic of Nigeria. The Second Republic under the Federal Military Government was guided in its national planning by its national objectives which intended to establish Nigeria as:

- i. a united, strong and self-reliant nation
- ii. a great and dynamic economy
- iii. a just and egalitarian society
- iv. a land of bright and full opportunities for all citizens
- v. a free and democratic society (Federal Ministry of Ed., 1970)

These objectives were in agreement with the philosophy for Nigerian education, which were formulated at the 1969 National Conference on Curriculum Development (Appendix B). In pursuance for the fulfillment of these objectives, the

governments (Federal and States) made funds available for rehabilitation and reconstruction. Education viewed both as a social service and an investment in manpower was placed in the first group of national priorities (Ibid).

During the Civil War, Nigeria experienced damages to lives and property, hence the need for reconstruction and rehabilitation. The reconstruction projects were widespread but were needed most in the Eastern parts of the country, especially in the former East-Central State (comprised of the present Anambra, Imo, Cross River and River States). These areas had partial or complete destruction of their school, college and university buildings not to talk of the private homes and institutions.

The government's inclusion of rehabilitation service was indicative of the thousands of handicapped persons as a result of the Civil War, now filling up the streets. The sight of these handicapped persons of different categories including orthopaedically handicapped, blind and visually impaired, deaf and hearing impaired, schizophrenic and psychosis, mentally ill and mentally retarded, etc., motivated the government to include in their plans rehabilitation and other special services. The idea of a gigantic National Rehabilitation program was first conceived by the federal Military Government in 1975 following a Conference of Commissioners responsible for social development in the Federation (Fed. Min. of Ed., 1975).

In addition to the rehabilitation and reconstruction programs was the Federal Government Educational Policy Statement published in the Daily Times, August 21, 1972, page 17, which read:

The Supreme Military Council has decided that the Federal Government should henceforth assume full responsibility for higher education throughout the country, with the proviso that the status quo in respect to the existing Universities should be maintained. . . It also decided that education, other than higher education, should become the concurrent responsibility of both the Federal and State Governments, and be transferred to the concurrent legislative list.

This legislation was a significant amendment to the Nigerian Constitution. Under the amendment, the Federal Government spread its activities out to all levels of the States. One advantage of the amendment is that the Federal Government Education Decree could produce a harmonizing influence on the State Education Edicts. However, the size, geography, history and ethnology of Nigeria make variations in educational provisions unavoidable (Taiwo, 1982).

July 29, 1975 ushered the country into a third military administration after the first military regime was ousted in a bloodless coup. General Murtala Muhammed, heading the new administration was later assassinated on February 13, 1976 in an abortive coup, thereby conceding the continuation of the administration to his second in command, General Olusegun Obasanjo. It was this administration that launched the

Universal free Primary Education (U.P.E.) on Monday, September 6, 1976. The Military Head of State (Gen. Obasanjo) in a single but simple ceremony at the Oke Suna Municipal Primary School, Lagos, declared from that date a free and universal primary education throughout the federation of Nigeria. It was also proposed that from 1979 the U.P.E. (Universal Primary Education) program would become compulsory. Under the scheme, primary education was introduced to last six years beginning at the age of six, or becoming six before the end of the calendar year (Daily Times, September 7, 1976, Lagos).

Universal Primary Education. The undertaking of Universal (Free) Primary Education by the Federal government of Nigeria is an essential factor when discussing Special Education and Services to the mentally retarded persons in Nigeria. Hence, this section is set to discuss briefly the background and rationale for the project - U.P.E..

Background: The possibility of implementing Universal Primary Education in Nigeria took many years of consideration. For instance, as far back as 1923, three successful Lagos Candidates for the Legislature Council campaigned for compulsory education throughout the nation (Abernethy 1969, 119). Fifteen years later the idea was supported and reinforced by the Nigerian Youth Movement. This movement produced a charter urging that mass education be the true pivot of educational policy for Nigeria. They also requested that the policy should make elementary education progressively free and

compulsory (Awolowo 1960). Different political bodies like "the West African Student's Union, 1941; the West African Press Delegation and the Nigerian Youth Movement, 1943, continued to urge the Colonial government to respond to this need. In 1946 and 1949, respectively, similar motions followed in the Legislative Council.

However, nothing particularly happened to effect this project as development seemed to be slow and at worse disrupted between 1967 and 1970 by the Civil War. Only in the 1970's did political and economic factors bring to bear the need for launching a national campaign. So it could be said that the U.P.E. scheme dated from the Zana Meeting of the National Council on Education in 1972. It was there that A. Y. Eke, the Federal Commissioner for Education asked participants to "consider making provision for it's introduction in the Third National Plan (1975-1981) starting with the enrollment of all six-year olds in September, 1976." (Quoted "West Africa," 25 March 1974, 326).

Rationale. The growth of Educational imbalance. U.P.E. project was to serve as a check point to the problem of imbalanced provision of education in the following four sectors:

- (1) The acute disparity between the North and the South.
- (2) The increasing disparity in development between urban and rural areas throughout the country.
- (3) The imbalanced development of education favoring boys over girls. Culturally, boys

are valued over girls. Within families the limited resources are often utilized for the education of the boys in preference to the girls.

- (4) To break the exclusionary treatment of the handicapped in the Nigerian educational system (Bray, 1981).

## II. History of Special Education Generally In Nigeria

### Facilities

During the late fifties and early sixties, the Nigerian regional governments became aware of their responsibility towards the handicapped persons. This awareness was manifested in the educational legislations of the governments. There were both the Lagos Education Act of 1957, and the Lagos Education Law of 1957 (Rule 24), the Northern Nigeria Education Law of 1964 (Section 3, paragraph 3), and also the Western Region Law (Section 88/2). All these provided for the establishment of special facilities for some categories of handicapped children and youth; examples are the blind, the deaf, and the physically handicapped. These laws warranted the governmental financial involvement towards the education and care of the disabled through grants-in-aid to recognized voluntary agencies. The grants were not meant to cover every expenditure incurred, but to offset teachers' salaries and subsidize expenditure for board and lodging of the handicapped. The first government initiated



Nigeria : Distribution of Special Schools and Integration Settings for Handicapped Children (Primary level), June 1979.

- Special School
- + Integrated Setting
- 1 Visually Handicapped
- 2 Hearing Impaired
- 3 Speech Disorders
- 4 Mentally Retarded
- 5 Physically handicapped
- 6 Emotionally disturbed and maladjusted



facility was the Child Guidance Clinic which was established on September 18, 1964 in partnership with the Catholic Mission (Gilstrom, 1974).

In the seventies, the federal government of Nigeria, however, embarked on a dynamic and extensive policy formulation on education. It was the generosity of the said policy that gave some considerations to special education which was defined as:

The education of children and youths who have learning difficulties because of different sorts of handicapping conditions: blindness, partial sightedness, deafness, hardness of hearing, mental retardation, social maladjustment, physical handicap, etc. due to circumstances of birth, inheritance, social position, mental and physical health pattern, or accident in later life.

This broad category includes not only the disadvantaged but also the exceptionally gifted. Both categories confirmed the policy: the person is usually unable to cope or benefit from normal school, class organization and method (Fed. Min. of Info. N.P.E., 1977).

The involvement of the federal government in special education became obvious at the inception of the third National Development Plan Period. During a nationwide broadcast of 1st October 1974, the then military Head of State assured the nation of adequate provisions for the handicapped. This led to the establishment of a Special Education Unit under the Teacher Education Section of the Federal Ministry of Education. The major functions of this Unit were: (1) to sensitize the State Ministries of Education to the needs of handicapped children and

youth, (2) to coordinate stage programmes, (3) to formulate policies in cooperation with State counterparts, and (4) to provide facilities and opportunities for the training of specialist teachers and other supportive personnel (N.P.E., 1977).

The survey done by the Unit (Ogbu, 1975) indicated that special education services existed in one form or the other throughout the Federal Republic of Nigeria by the end of the 1974/75 academic year. Nonetheless, the type of educational settings and level of services were determined by each State authority in response to priorities emanating from State and local trends.

The survey seemed to have left the public with the impression that certain categories of handicapped children and youth were provided for. These groups were identified as:

- the visually impaired (blind and partially sighted)
- the hearing impaired (deaf and partially hearing)
- the orthopaedically handicapped including other health problems such as epileptics, asthmatics, and sickle cell anemia
- mentally retarded--mild and severe
- behavior deviations (emotionally disturbed and mal-adjusted)
- stray and abandoned children

According to Ogbue (1975), the nature and level of services reported in the survey were described under pre-school

education, primary education and post-primary education. The pre-school education was noted in the survey as not being systematically organized. This was based on the argument that only three of the special schools had small units of ten to fifteen pre-schoolers attached to each school. Consequently, such units were not recognized by the government for purposes of being grant aided. This resulted in school units being poorly staffed and equipped. On the other hand, primary education was provided in residential and day special schools: while the integration of individual handicapped children into the regular classes of ordinary primary schools existed in all the States (Ibid, Table 2).

The first special education establishment was the Gindiri School for the Blind in Plateau State. This special school was opened in January 1953 under the headship of Miss Price, a missionary; with an enrollment of five students and one teacher, its pioneer students graduated in 1957. In 1960 Oji River School for the Blind came into existence. Two years later (in 1962) Pacelli School for the Blind and Wesley School for the Deaf were founded in Lagos by missionaries. A year later, a private citizen named Mrs. A. O. Oyesole founded the Ibadan School for the Deaf. In 1964, Special Education Centre, Enugu was founded by the joint efforts of the Enugu Municipal Council and the then Eastern Regional Government, while concurrently the School for Handicapped Children in Ibadan was established (Gilstrom, 1974).

Table Existing Special Education Facilities in Nigeria  
July 1975 (Schools, Homes, Open Education)

TOTAL	No. of Facilities	Deaf and Partially Hearing	Blind and Partially Sighted	Physically handicapped and others.	Total intake of Students	Number on Waiting List.	STAFF		
							Total No. of Teachers	Specialists	Others
B.P. State	2	-	85	27	112	65	11	2	19
E.C. State	6	140	65	122	327	445	30	6	56
Kano State	1	-	16	-	16	26	3	1	1
Kwara State	1	26	-	-	26	290	4	3	12
Lagos State	9	200	74	437	711	355	64	22	107
M.W. State	Open Educ.	-	28	-	28	-	19	5	-
N.C. State	Open Educ. +1	-	24	110	34	-	6	1	3
N.E. State	Open Educ.	-	7	-	7	-	1	-	-
N.W. State	Open Educ.	-	5	-	5	-	-	-	-
Rivers State	1	-	-	9	9	-	-	-	4
S.E. State	Open Educ.	4	3	63	70	-	-	-	-
Western State	Open Educ. +5	151	77	55	283	808	30	5	34
TOTAL:	O.E.-6 Fac.-26 32	521	384	723	1628	1989	169	45	236

NOTE: 1) Total Number of handicapped children on waiting list approx. 160% of the total number being catered for.

2) Number of specialist trained teachers approx. 27% of total number of teachers involved in Special Education.

3) Ratio of non-teaching staff to teaching staff - 236:169.

4) Total recurrent expenditure per pupil - (Boarding) approx. N500 p.a. (Day) approx. N300 p.a. (pre-Udoji).

Source: Special Education Research Information. Federal Ministry of Education Unit, 1977.

Many States established Special Education Units. The Federal Government also established one in 1964, which was later inherited by the Lagos State Government. In 1972 Anambra State established one, followed by Plateau State in 1973, Kwara State in 1974, Kaduna concurrently, while Imo and Ondo States established their own Special Education Units in 1976.

With the third National Development Plan, the establishment of Special Education Units in the Nineteen States increased. For example, three schools, the School for the Handicapped Children Ogun State, Ondo State School for the Deaf, Akure, and Plateau School for the Deaf under None Warden were established in 1977. Special Education Centre, Orlu, Imo State, was founded in 1978. Whereas, Bendel and some other States in addition to establishing special schools went a step further and adopted the integration system (Onwuegbu et al., 1980).

### The Integration Pattern in Nigeria

The integration scheme was introduced into the country by a representative of the Royal Commonwealth Society for the Blind (R.C.S.B.) when she visited Nigeria in 1960. To achieve the objective of the scheme, experienced, qualified teachers were selected from the then Northern Region, where the incidence of blindness was high due to its proximity to the Sahara Desert.

The teachers were given short term intensive training in (1) reading and writing of braille. (2) They were assigned to function as itinerate teachers which involved identification and recruitment tours. Village Chiefs and District Heads were consulted on behalf of all identified blind children. In turn these village leaders would contact the parents of the children and with concerted efforts would convince them to send the blind child to the ordinary school nearest his home in the company of his or her sighted siblings (Ogbue, 1975).

Success in this perspective did not go without some incentives. The blind children were supplied with "welfare money" which was enough to pay for their mid-day meal and possibly left a little balance to bring home to their parents. Besides, special uniforms, books and some basic equipment were also provided. Three years after the scheme had worked in the Northern Region, it was then extended to the then Eastern and Western Regions though without any incentives. This was not as a result of neglect or discrimination but because both parents and children in this part of the country had no need for inducement.

In response to the integration policy and conscious of the capital costs involved in providing special schools, many States experimented on new patterns of integration. The two outstanding ones are:

**Special Classes:** In this arrangement, one classroom is provided in an ordinary school for a specific category of

handicapped children and youth. Recipients had usually been the hearing impaired, visually handicapped, or orthopaedically disabled. Most of the time these children remained in the special class and were taught by a specialist teacher or teachers. This integration arrangement was described as being locational as no social or educational interactions existed among the handicapped pupils and their normal peers. The integration was also identified as a quasi special school located on the premises of a regular school. Some of the classes were crowded with about forty hearing impaired children and three teachers.

Special Education Centres: Another integration arrangement adopted by few of the States was the development of special centres. The provision in the centres allowed the Practitioners the integration of two or more categories of handicapped children, especially the hearing impaired, visually handicapped, and mentally retarded. Authorities in the field question the effectiveness of the organization. For instance, at one of the centres, Ogbue observed that mentally retarded children with language problems often resorted to useless signs in an attempt to communicate with hearing impaired children within their residential settings (Ogbue, 1975). Hence, the little educational benefits made within the classroom in the area of developing expressive language lost the needed reinforcement outside the classroom hours.

Besides the above arrangements, there was another essential issue which left the government short-term policy on special education with two other operational options.

(1) Streamlining, by this approach, cases needing special education would be identified, treated and reintegrated into the "normal" school stream or main-streamed. (2) Institutionalization, which was automatically nullified by the practice of integration, being the accepted approach by the policy makers (Kalu, 1978).

Integration was not only practiced in the primary and post-primary institutions but also in Higher Educational settings. The handicapped persons, who under competitive conditions gained admissions into Universities, polytechnics, teacher training or technical colleges, had automatic sponsorship from the Federal government. There were nine such awards in 1976 which dramatically increased to seventy in 1979. In 1981, being commemorated as the International Year of Disabled Persons (I.Y.D.P.), a total of about three hundred disabled persons took advantage of it. Thus, the handicapped, in spite of their handicapped conditions, benefited from the national resources in terms of social and academic interactions with their non-disabled counterparts (Ibid).



## The Problem of Identification

This raises the question "Who among the handicapped are the beneficiaries?" Kalu (1978) observed that the beneficiaries were none other than the visually impaired, hearing impaired, and orthopaedically handicapped children and youth. Does it then imply that no other categories of handicapping conditions did exist in the society? This might not be as true as the nation's failure to identify how many children and youth were involved with any type of handicapping conditions; to know how many of the children were of school age; how many were being served; where and how they were being served, became an outstanding problem.

Undoubtedly, both the policy makers and special education practitioners were aware of the problem. So the Federal Ministry of Education decided to set up a Committee to Coordinate Special Education activities in collaboration with the Ministries of Health, Social Welfare and Labour. The Committee was to undertake a specific assignment as thus stated in the Policy document Page 36, Paragraph 56 (2): "A census will be taken of all handicapped children and adults by age, by sex, by locality and by type; . . ."

In an attempt to analyze the given clause, Ogbue (1975) commented that the futuristic tense "will be taken" was indicative of the fact that no such census has ever been taken, especially at the National level. He argued that in spite of the

excessive enrollment for Elementary one in 1976/77 academic year projected figure, very little effort was made to include or differentiate handicapped children in either the projected 2,297,000 or the actual enrollment figure of 2,992,100 children.

In reacting to the omission, Ogbue said:

In Nigeria, where provision for normal children is still inadequate, special education services can only be seen as being in their infancy and thus, highly systematic procedure for identification, diagnosis and assessment of the handicapped are yet to be developed.

This assertion was made on the premise of what Cave and Madison (1978) defined as identification, diagnosis and assessment of the handicapped.

By "identification," we mean the process of discovering children with disorders; by "diagnosis," the process of identifying the nature of the disorder, and by "assessment," determining how far and in what ways the disorder is likely to affect the functioning of the child and what remedial measures need to be employed.

Identification very often was done by parents and members of the extended family who in close observation might notice some sort of abnormality. It is the mother who generally would observe the child's exceptionalility first. For example, that the child constantly falls and stumbles over objects around the house; that the child staggers with hesitant and clumsy movement. Sometimes the child's failure to respond to his name when called or react to sudden alarming noise would raise some questions in parents minds. Parents and teachers have always been looked upon to carry out such an arduous task of identifying

children with special needs. The expectation is based on the fact that parents and teachers have watched children mature and consciously or unconsciously compared what they have observed with some standard. When they carefully observe a child's physical, social, and mental maturation and compare what they see with some standard, they get involved with the identification process.

Parents who noticed any abnormalities at an early stage had sought for a cure (Ogbue, 1975). Dependent upon the given circumstances, they would take the child to a hospital, clinic, traditional native doctor or to some religious sect, especially "prayer houses." Failure in these initial attempts usually brought with it frustration, confusion, helplessness, and at the worst, abandonment of the child in a hospital, religious centre or sent out to the streets to beg for alms if the child were old enough and the parents poor (Ibid).

While it would be ideal for all parents to be able to recognize signs of special need among their children and thus serve as screening agents, it is an unrealistic expectation. Besides the unmistakable ambivalence that surrounds such situations, it must be realized that Nigeria is a developing nation. Like any other developing country, Nigeria has imbibed certain ideologies. Commonly observed in any developing society with increasing sense of professionalism and role differentiation. Parents in many such instances have apparently become conditioned to depend on outside experts who

assume 'a helping role' position in many aspects of their personal lives (Ibid).

According to Ogbue (1975), efforts were made in the more recent years by various medical personnel to detect abnormalities and pathological features as early as possible. Of course, this was only possible when the child is delivered to a hospital setting. But, except in the more recent years, majority of the children were born in homes and delivered by local midwives.

Thus the enrollment or statistical data for enrollment of handicapped children and youth into special schools seemed in most cases the entire responsibility of parents. With this loophole, parents decided to hide their affected children instead of enrolling them in schools.

### Assessment

However, possible assessment of children and youth with special needs are carried out mostly by the headteacher and teachers of ordinary Elementary Schools who adopted a system described by Ogbue (1975) as "rule of thumb." The headteachers seem to have more potential being the first administrative contact the children have outside their homes.

Kalu (1978) in a pilot study measured the headteachers' awareness, experience, prioritized concerns, involvement and views in special education needs among their school populations.

The study, according to the report, attempted to cover various geographical areas in the country, especially in six States: Ondo, Imo, Anambra, Rivers, Bendel and North-East. The headteachers' responses showed an in-depth, grassroot grasp of special education needs of Nigerian schools (Ibid). The legitimacy of this associated role stemmed from the unique position of the teacher in the society as well as an observer of child growth and their professional training. The pilot study evoked a conclusion that the headteachers' role in special education needed closer attention (Table 3).

Besides capitalizing on the headteachers' role for assessing children with special needs, there is only one well established Child Guidance Clinic in the whole country, based in Lagos. The clinic operates as a referral pool. It offers services such as educational and psychological assessment, remedial education, speech therapy, counseling and guidance services to primary and secondary school graduates. It also offers services to parents of handicapped children and youth (Fed. Min. of Ed., 1977). The 1977 survey indicated that the centre was offering services to about four hundred children annually with a focal point of concentration on Lagos and the neighbouring states. However, occasional referrals from other states were countenanced (Sp. Ed. Research Info., 1977). The survey also revealed that as of July 1975, a total of 1,628 handicapped children were in Special Schools as well as integrated settings. Out of the number, 32 percent were hearing

**TABLE** Head Teacher's view of resources and materials they would employ to meet special needs of students in their schools

Type of Problem	Remedial Resources										
	Distribution of the Special education needs	Special Personnel or Teacher	Parents Counselling Involvement	Institutional Attention	Medical Attention	Punishment	Teaching Techniques	Special Aids	Remedial Work/ Corrective Intervention	School Counselling	Psychological Therapy
	F.%	F.%	F.%	F.%	F.%	F.%	F.%	F.%	F.%	F.%	F.%
Blind	3.31	31.25	-	31.25	6.25	-	-	31.25	-	-	-
Deaf	3.73	27.8	-	22.2	5.5	-	-	44.14	-	-	-
Visual problems	6.01	10.3	-	-	24.13	-	-	58.62	-	3.44	-
Hearing problems	4.14	10	-	5	25	-	-	55	5	-	-
Sickle-cell anemia	3.94	10.52	-	15.7	68.42	-	5.26	-	-	-	-
Albino	2.49	16.66	-	8.33	66.66	-	8.33	-	-	-	-
Epileptic	2.90	14.28	-	14.28	50	-	7.14	7.14	7.14	7.14	-
Lame/Limb deform	2.31	12.5	-	25	31.25	-	6.25	25	-	-	-
Behavior/disciplinary problem	7.7	5.40	-	2.70	-	24.32	10.81	8.10	18.91	27.02	2.70
Serious emotional difficulties	6.82	12.12	-	3.03	3.03	3.03	6.06	6.06	15.15	33.33	18.18
Aggressive or bully	6.2	6.66	3.33	-	-	13.33	3.33	13.33	33.33	20	6.66
Reading difficulties	4.4	14.28	-	-	4.76	-	4.76	42.85	6.66	19.04	4.76
Speech difficulties	5.4	11.53	-	-	3.84	-	3.84	26.92	23.07	26.92	3.84

impaired, 23.6 percent visually impaired, while 44 percent represented a heterogeneous group recorded as "physically handicapped and others." "Others" here have been suggested to mean mental retardation, emotional disturbance, speech problems and other associated handicaps. The survey also reported that about 2,000 cases of special needs children of all categories were on the waiting list for the Special Schools (Ogbue, 1977).

To provide some statistical data, the Tri-Ministry Committee, comprising Health, Education and Social Development Youth and Sports attempted collecting one in 1981, declared as I.Y.D.P. (International Year for Disabled People). For example, Sokoto State registered 19,629 handicapped children, youth and adults. Out of these were:

<u>Blind</u>	<u>Deaf</u>	<u>Crippled</u>
8,295	4,746	6,588

#### The Problem of Unreliable Data

Nigeria has experienced in time without number statistical figures that have posed greater problems than being without them. Data collected for purposes of decision making have always been inflated, duplicated or excessively exaggerated. For instance, a mentally retarded child with other handicapping conditions such as cerebral palsy, speech defect and hearing impaired could be categorized in four places with different

identification names. Example, the child's name is

Abubaker Shehu Gindri

The tendency would be to turn the child's identity thus:

Abubaker Shehu - associated with mental retardation

Gindri Abubaker - associated with cerebral palsy

Shehu Gindri - associated with hearing impaired and

Abu Baker might be classified under multiple handicapped or others.

In other words, a statistical figure that should have read 2,000 would appear on an inflated record of 2,003.

Of course this kind of representation has not only sociocultural implications but socio-economic and socio-political influence. The cultural and ethnic diversity create no less problems in political realm than in social perspective.

Under the above given circumstances with no reliable national census figure, it has been particularly difficult to establish any realistic data for handicapping conditions. Statistics of incidence of all handicapping conditions seemed to be non-existent (Fed. Min. of Ed., 1977).

But from the much which can be seen in the literature, it seems that special education in Nigeria had concentrated on the blind and the deaf (Sp. Ed. Re. Info., 1977).

Kalu (1978), deliberating over what the rationale might be, asserted:



The priority is manifest, their severe deprivation tugs at consciences and their association with non-handicapped individuals is more tolerable than is the case with the mentally retarded. . .

It would be a futile effort to write in affirmation or dispute over the assertion without first defining and having an overview of Mental Retardation. To accept and promote the retarded persons welfare and happiness as a child, youth and adult, one needs knowledge about the retarded and insight into the implications of that knowledge for practice.

So this section of the paper is set up to deal with:

- A. Description of the Population--Mentally Retarded
- B. Characteristics of the Mentally Retarded
- C. Mental Retardation in Socio-cultural Attitude Perspective
- D. Mental Retardation - An Historical Perspective
- E. Socioeconomic Perspective of Mental Retardation in Developing Countries
- F. Mental Retardation in Legal Perspective and
- G. Nigerian Experience

### Description of the Population: Mentally Retarded

#### Definitions

Human conditions may be defined in various ways, not all of which are necessarily in the best interests of the victims or those directly affected. With the consciousness of this fact, the present study does not take for granted the social and

psychological implications of definitions. It realizes that one primary function of a definition is to delimit the nature and scope of an issue or concept. For social issues in the case of this study, the delimitation is usually accomplished by specifying a range of particular conceptual domain. For instance, in mental retardation the current delimitation centers on the domains of intellectual behavior and/or capacities, adaptive behaviors and development.

A definition of any given dimension (e.g. intelligence) therefore, is relative to the status of an underlying conceptual system and relationships of that system with other systems (Kogan, 1967). Such systems however, do not only include various physiological and psychological issues but extend to interpersonal and environmental influences. Definitions serve to establish a consensus about a concept or issue, which facilitate communication.

According to Baumeister and Muma (1975), a definition can only be valuable to a profession, when there is a implicit assumption that it must be functionally consistent. But at the same time, it must not be redundant with definitions of other behavioral conditions. By doing this, according to these authors, a profession obtains functional taxonomy. Besides, internal consistency is vital in the establishment of a criteria. In other words, definitions for a profession are functionally valuable if they interrelate with other

definitions and when the delimitation process provides for criteria for deciding where one condition ends and another begins.

In this study, several definitions of mental retardation will be presented with some detailed analysis; but in the end, the Researcher will focus on the most current and acceptable definitions.

Doll (1972) and other specialists have subscribed to the definitions of mental retardation. Mental retardation is a common problem in all societies. Defining the terms that describe the disorder is, at best, a problematic undertaking and, at its worst, an impossible one. Reacting to a variety of descriptors of mental retardation (e.g., age at onset, I.Q., mental age, educationality), the American Association on Mental Deficiency attempt to combine the concepts of functional proficiency and measured intelligence when they stated: "Mental retardation refers to the significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period" (Grossman, 1977).

Grossman, reporting on this, showed how the Committee qualified their key term thus:

Mental retardation, as defined, denotes a level of behavioral performance without reference to etiology. Thus it does not distinguish between retardation associated with psychological or polygenic influences and retardation associated with biological deficit. Mental retardation is descriptive of current behavior and does not imply prognosis.

Prognosis is related more to such factors as associated conditions, motivation, treatment and training opportunities than to mental retardation itself.

Intellectual functioning within the context may be assessed by one or more of the standardized tests developed for that purpose; Significantly Subaverage, refers to performance which is two or more standard deviations from the mean of the tests. On the two most used tests of intelligence, Stanford-Binet and Wechsler, this represents I.Q.'s of 68 and 70, respectively.

Developmental period, placed the upper age limit at eighteen years and serves to differentiate mental retardation from other disorders of human behavior.

Adaptive behavior on the other hand was described in the strength of the context as "the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group." Since these expectations vary from age to age, deficits in adaptive behavior will also vary at different ages.

For instance:

A. During infancy and early childhood, deficits in adaptive behavior are reflected in:

Sensory motor skills development, communications skills (including speech and language) self-help skills, and socialization (development of ability to interact with others).

These skills are very pertinent to any of the cultures in Nigeria. A child of three is expected traditionally to say

greetings to the elders at any time. The IBO culture would expect the child to say "mma-ma" or "Ndewo," meaning good morning or "Hi." The YORUBA would say "Odaró" while the HAUSA says "Sanu," all meaning the same greeting. Hence, in infancy deficiency in these areas point to the needs for inquiry and medical services.

B. During childhood and early adolescence, deficits in adaptive behavior are reflected in:

Application of basic academic skills in daily life activities, application of appropriate reasoning and judgment in mastery of the environment and social skills (participation in group activities and interpersonal relationships).

C. During late adolescence and adult life, deficits in adaptive behavior are indicated in:

Vocational and social responsibilities and performance.

Grossman then argues that within the framework of the definition of mental retardation, an individual may meet the criteria of mental retardation at one time in his life and not at some other time. Capitalizing on the statement, he stressed that a person may change status as a result of changes or alterations in his intellectual functioning. Or he may change status because of alterations in his adaptive behavior, changes in the expectations or attitudes of the society, or for other known and unknown reasons. Therefore, he warned that decisions about whether an individual is classified as mentally retarded

at any given time should always be made in relation to behavioral standards and norms and in comparison to the individual's own chronological age group (Grossman, 1977).

Some of the early definitions of mental retardation emphasized such factors as a lack of ability, incurability, and problems in adjustment. For example, Tredgold (1963), as previously mentioned, defined mental retardation as

a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control, or external support.

Doll (1941) prior to his publication in 1972, indicated that mental deficiency was a state of social incompetence obtained at maturity, resulting from developmental arrest of intelligence because of constitutional (hereditary or acquired) origin. The condition, he stressed, was essentially incurable through treatment and unremediable through training except as treatment and training instill habits which superficially compensate for the limitations of the person so afflicted while under favorable circumstances and for more or less limited periods of time.

Benoit (1959) gave a definition of mental retardation that closely approximates the modern day acceptance of the disorder. Benoit described mental retardation as

deficit of intellectual function resulting from varied intrapersonal and/or extrapersonal determinants but having as a common proximate cause of diminished efficiency of the nervous system, thus

entailing a lessened general capacity for growth in perceptual and conceptual interpretation and consequently, in environmental adjustment.

These definitions focus on the potential of the mentally retarded individual and do not present educationally relevant information pertaining to the individual. Most professionals tend to bypass any definition that does not go beyond a mere description of the disorder. They prefer a definition which also provides some guidelines for instructional purposes (Osdol and Shane, 1977).

Herber (1977) formulated the most comprehensive definition of mental retardation when he was commissioned by the American Association on Mental Deficiency. Exceeding just a description, he defined mental retardation as follows:

Mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (Herber, 1972).

Besides the comprehensiveness of this definition, Herber clarifies the notion that mental retardation should be under a lifelong, rigid classification; rather, he laid emphasis on the current functioning and behavior of the individual. According to him, there are a variety of circumstances under which the child's functioning and behavior may change. Significantly, such emphasis implies that the problem of mental retardation, especially mild mental retardation, can change. Changes in functioning in this perspective, according to Herber, will not only occur as a result of miracles. They could be experienced if

the significant ones who work with the young mentally retarded children would maintain an attitude and philosophy that the child "is a worthwhile" individual (Herberg, 1972).

### Current AAMD Definition Compared with Herber's

The most significant difference between the current AAMD (American Association on Mental Deficiency) (Grossman, 1977) and the Herber's definitions (1959, 1972) is that the earlier definitions included a "borderline" category of mentally retarded persons. The "borderline" category which comprises persons with I.Q.'s between roughly 70 and 85, is nowadays regarded as psychometrically normal (MacMillan, 1982).

### Other Definitional Perspectives

Other contemporary definitions have looked at mental retardation somehow from different perspectives. For instance, Mercer in the seventies looked at mental retardation from a social system perspective. In his approach, one was designated retarded only if his or her social system has labelled him or her as such. Mercer and other specialists have carried out studies which showed many children considered retarded by the school system but not by the family, neighborhood, or any other agency (Mercer, 1973; President's Committee on Mental Retardation, 1976b).



Mercer (1973b) claims that the label mentally retarded is a socially assigned role and should therefore be defined sociologically. He objected to the AAMD's clinical perspective and argued that the definition is a confusing combination of both medical and statistical models.

Mercer further pointed out how the medical model focuses upon pathology and its symptoms. The model defines abnormality as the presence of pathology and normality as absence of pathology. According to the bipolar logic or ideology of the medical model, he claims an individual is either sick, unhealthy or pathological at one of the either extremes.

On the other hand, under the statistical model, normal is defined in relation to position within a normal distribution. Normal can be defined as some predetermined percentage of the population that score within a certain range. Hence, Mercer presented the social system perspective, which defines normal as appropriate performance according to role expectations. She therefore defined mental retardation sociologically as an achieved social status in a social system (Mercer, 1973b).

This perspective is pertinent, no doubt, to a study on sociocultural attitudes and treatment towards the mentally retarded children and youth in developing countries. However, just as there might be varied expectations from culture to culture and society to society, so there are different characteristics of a person labelled mentally retarded.

### Characteristics of the Mentally Retarded

Trapp and Himelstein (1972), commenting on the problems and possible mistakes in classifying the mentally retarded children and youth, said:

when category names or labels become pejorative (negative connotation); when the defining characteristics for the groups are not relevant to the task or situation for which we are setting up expectations (low relevance); when we forget that although people in a group are alike on defining characteristics, they are different on a number of important characteristics which are not defining characteristics (overgeneralization); and when we stop with the label and do not go on to consider other important characteristics on which people differ (incompleteness).

In other words, classification should be meaningful and relevant to situations and treatment provisions. Osdol and Shane (1977) cautioned educators not to assume that a specific list of characteristics have been presented in a cook book for the identification of an individual child as being mentally retarded. Illustrating this point, they said, "it should not be assumed that a particular child is mentally retarded simply because he exhibits or manifests characteristics possessed by a group of mentally retarded children." In conclusion, they claimed that the determinism of mental retardation is multi-dimensional and that a comprehensive evaluation before taking a decision cannot be overemphasized (Osdol and Shane, 1977).

To have an overview of MR characteristics, therefore, the study proceeds to look at the disorder from a graduated perspective. There are four outstanding levels to be

considered--the mildly retarded, the moderately retarded, the severely retarded and the profoundly retarded.

#### (a) The Mildly Retarded Characteristics

Studies carried out by developmental specialists and educators like Cleland and Swartz stress the uniqueness of every mildly retarded person (Cleland & Swartz, 1982). The mildly or educable mentally retarded child will have a physical appearance that is generally within the normal developmental range. Like a "normal" child, he/she may differ in stature, strength or weight as an individual from other children and youth. Hence, one may rightly say that there is no typical or stereotyped physical appearance associated with these children (Osdol and Shane, 1977).

Nonetheless, the greatest area of deviance in the mildly or educable mentally retarded persons is in learning capacity. His progress in learning will usually be much slower than that of the "normal" population and he frequently will not attain the same chronological age level of academic achievement. The concept of learning in this context is similar to the concept of intelligence in that both attributes are inferred from observing performance. Learning itself may be defined as a change in behavior resulting from practice (Ibid). But behavioral changes characterized as learning are distinguished from those caused by maturation or aging. It is on the basis of this that

Breckenridge and Murphy (1969) claim that maturational changes in behavior are not affected by experience and therefore are mostly related to innate genetic factors.

Routh (1973) describes three orientations to the study of learning among (mildly) retarded persons: the general experimental approach, the developmental approach and the deficit approach.

The General Experimental Approach. Researchers who adopt this approach assume that retarded behavior follows the same behavioral principles that apply to nonhandicapped persons. For example, research stimulated by the theories and writings of B. F. Skinner, frequently described as operant conditioning studies, relates to this general experimental orientation (Routh, 1973).

On the other hand, researchers inclined to a developmental orientation assume that retarded persons progress at a slower rate with a lower developmental achievement level than their nonretarded peers. Accordingly, they argue that differences in the learning process between mildly retarded and nonretarded persons at various developmental levels are explained by additional principles (e.g., less motivation to perform). Finally the deficit approach assumes general behavior principles but seeks to identify performance defects that are characteristic of retarded persons (Ibid).

However, two models are worthy of consideration when dealing with learning characteristics of a mild or educable

mental retardation. There are: Developmental versus Difference (or Defect) Models.

A good number of literature in the Abnormal-Behavioral Sciences have indicated two contrasting models presented to explain the cognitive development of mildly retarded children. This developmental model tends to suggest that the cognitive development of the retarded child with an I.Q. of 70-75 is delayed or slow, but essentially normal. Whereas, the difference (or defect) model contends that the cognitive development of retarded children progresses differently than the cognitive development of nonretarded children (McMillan, 1982).

According to McMillan, a developmental approach builds on the assumption that at least for mildly retarded children, formal cognitive processes seem to be identical to those of more intelligent individuals. However, the assumption concedes two exceptions:

- (1) There is a slower progression through the stages of formal cognitive development and
- (2) the upper state of cognitive development achieved by the retarded will be less than the ultimate stage of cognitive development achieved by an individual of average intellect (Ibid).

Zigler (1969) in his article affirms the developmental model. He critically objects to the difference model and holds the opinion that the mildly retarded children represent a group whose intellectual development is ascertained largely by normal

polygenic considerations. According to him, the group progress from lower to higher developmental levels at the same order with the normals. However, he admits that the only differences noticed are by the rate at which the persons involved progress through these stages and the upper level achievement. Zigler in his argument compares retarded cognitive development with a short person's height. Say the short person develops at a slower rate and does not meet with the same level of maturity as compared with people of normal stature. Nonetheless, in kind and form of typical growth, the short and the retarded are not different from normals (Zigler, 1969).

Ellis (1979), responding to Zigler's criticisms of the difference theory, argued that cognitive functioning of mildly retarded children is different from that of normal persons. He claimed that Zigler unduly criticized the difference theory, thereby implying that all difference theorists inappropriately extrapolate from organic retardation to cultural-familial retardation. Ellis, looking at the difference from physiological perspective, insisted that differences from the norm could be either behavioral or physiological; hence, a different model may be suitable in either case.

However, Piaget's Cognitive Theory supports the assumption that both retarded and nonretarded children undergo the same stages of cognitive development apparently in the very same order. Piaget contended that the groups differ only in the rate at which they progress and their final level of attainment

(Piaget and Inhelder, 1969). While this is said of the educable mentally retarded, one wonders what literature has to say about the characteristics of moderately mentally retarded.

#### (b) Moderate Mental Retardation

Moderately mentally retarded, who are often referred to as trainable mentally retarded, may differ conspicuously in physical appearance. Many of these children moderately retarded usually have some type of clinical syndrome which is characterized as a form of mental retardation with physical manifestations. Say, the child with Down's Syndrome (Mongolism) is often a trainable mentally retarded child (Robinson, 1976).

Describing the characteristics of moderately mentally retarded, Osdol and Shane vividly stated: "The moderately or trainable mentally retarded child may appear physically different, perform differently, and may manifest differences in physical development." According to these authors, however, significant physical differences may not be characteristics of all moderately mentally retarded children. Though they claimed certain characteristics like smaller physical stature, shorter hands, an outstanding larger head compared with the rest of the body, clumsy walking and/or deficiencies in motor activity, a speech impediment, and a visual or hearing difficulty may be significant physical features (Osdol and Shane, 1977).

The moderately retarded children manifest greater dependency needs. The trainable retarded child needs assistance in learning self-help skills, motor skills, and social development because of his diverse difficulties in adaptive functioning. Another obvious characteristic of this level of retardation is delayed language development. According to Cleland and Swartz (1982), speech onset at this level is overly delayed till age five and some frequently manifest speech defects all through life.

Other obvious problems in moderately retarded are (1) the delay in the skeletal-muscular system, dentition and motor development and (2) sensory impairments. With all these in view, the expectation is that the moderately retarded child may exhibit greater stigmata of retardation than the mild or educable category. That notwithstanding, their physical stamina will equally be lower than the mild group, thereby will be experiencing somehow shorter life span (Ibid).

### (c) Severe Mental Retardation

The severely mentally retarded are the second most disabled intellectually and socially. They are characterized by lack of intelligible speech development, inability to form abstract concepts and inability to develop any academic skills. Grossman (1977), realizing that these retarded ones cannot



effectively function independently, described them as "dependent retarded."

Besides, the severely retarded are usually victims of multiple handicaps. These might include hyperactivity, stereotypes, self-abusive behavior, speech disorders and nonambulatory. Walking, height and weights will be subnormal while physical strength fall below the average (Clark et al., 1976).

According to Osdol (1977), the severely mentally retarded are referred to as a group of people with "clinical syndrome." A retarded child of this category may experience one or more of approximately two hundred various clinical syndromes. A good number of the syndromes are caused by factors related to recessive or dominant genes, chromosomal deficiencies, or aberrations, toxins, diseases or unknown etiologies.

Cleland (1979) asserts that a considerable number of the severely retarded children experience sensory impairment superimposed on mental retardation as well. They also explain that the severely handicapped class are unmistakably diagnosed early in life.

#### (d) Profound Mental Retardation

Most literature on mental retardation tend to classify both severely retarded and profoundly retarded together. While there may be no obvious distinctions between the two categories,

yet psychometrically, one might see the need. Say, the profoundly retarded falls over 5 standard deviations (S.D.) below the norm, and in terms of I.Q., below 19. They manifest at adulthood a mental age of about 2 to 2-1/2 years. Whereas the severely retarded reach a mental age of 3-1/2 to 4 (Cleland, 1979).

Thus, the profoundly retarded children have not thrived so well in history as the higher levels of retardation. Yet looking at the profoundly retarded behavior from the human behaviorist perspective as typified by both degree and kind, one might say that their behaviors are not uniquely different in kind. Behaviors, commented Cleland and Swartz, are ordered on a continuum--for instance, self-destructive behaviors such as head banging are not uncommon at the profound level. Nonetheless, a brilliant professor or scientist who indulges in drug addiction or chain-smokes cigarettes is also in a self-destructive behavior (Cleland and Swartz, 1982).

However, there are some behaviors peculiar with the profoundly retarded as distinguished from the other levels. Say, display of "attention riveting," which includes coprophagy (eating feces), enuresis (bed-wetting), self-biting, rumination, fecal smearing and public masturbation. They as well exhibit other behaviors such as using dangerous weapons, (stones, knives, sticks to hurt themselves), altruism, modeling behavior and humor (Cleland and Swartz, 1982) (Table 4).

**TABLE** Typical Adaptive Behavior Expectancies for Persons with General Learning Disabilities by Four Levels of Intellectual Functioning

INTELLECTUAL LEVELS (APPROXIMATE IQ SCORES FOR NATIONAL SAMPLE ON WHOM TEST WAS STANDARDIZED)	AGE LEVELS		
	PRESCHOOL (UNDER 6)	SCHOOL AGE (6-18)	ADULT (OVER 18)
Mildly retarded ( $60 \pm 5$ to $75 \pm 5$ )	Slightly slow in walking, talking, and caring for self; but usually indistinguishable from average children and therefore unidentified before entering school	Capable of learning academic skills between the 3rd- and 6th-grade levels only; therefore literate	Capable of vocational, personal, and marital independence; thus most lose identification in adulthood. The more retarded may need some supervision and guidance
Moderately retarded ( $35 \pm 5$ to $60 \pm 5$ )	Noticeably slow in learning self-help skills; but usually do learn to walk, feed self, and speak simply; toilet training will be minimal at this age	Capable of school learning between kindergarten through 3rd grade; therefore still typically illiterate	Capable of employment in supervised unskilled occupations, often only in sheltered workshops; very rarely attempt marriage or unsupervised independent living
Severely retarded ( $20 \pm 5$ to $35 \pm 5$ )	By 6 may finally have learned to walk and feed self, but very little toileting, speaking, or other self-help skills at this age	Capable only of rudimentary learning of nonacademic skills in areas of self-care, and elementary speech	Some capable of performing chores and other simple tasks even in home or sheltered workshop; need permanent care from parents, relatives, or society
Profoundly retarded (below $20 \pm 5$ )	Usually learn at best minimal ambulatory skills; rarely any feeding, speaking, toileting, or other self-help skills; many permanently bedbound	Some capable of some ambulation and feeding; many continue permanently bedbound and helpless; never learn to speak	Incapable of any self-maintenance or vocational usefulness; need permanent nursing care

The reviewed characteristics in the four categories do not imply that the society should place the characteristics as a rigid blueprint for determining the present or future functioning level of an individual mentally retarded child. Of course, the mentally retarded, like any other "normal" child is a unique individual and should be treated as such. Thus, one must take the attitude that the child should be provided with conducive conditions that will enable him to progress as far as he possibly can without any preset notions as to the level at which he may be capable of performing. This type of flexibility is helpful and should be incorporated into any endeavor which attempts to meet the needs of mentally retarded children.

Historically, definitions of mental retardation have emphasized subaverage learning performance and lack of social competence. Meyen, addressing the implications of this definition, states that as a person's adjustment is affected by his intellectual ability, adaptation to one's environment also is affected by social relationships, emotional development and the responses of others (Meyen, 1982).

## C H A P T E R   I I I

### Mental Retardation in a Sociocultural Perspective

Attitude is never a solitary affair stemming solely from an individual untainted by a social network. Rather, attitude reflects the people in relationship to one another. Gamst et al. (1976) states that each person's uniquely individual personality is formed out of a complex series of interactions between the person and his social groups. Because of this "group rootedness" of people, he claims a social systems perspective is useful in viewing behavior or treatment towards the mentally retarded child. Hence, society is seen as the major holistic unit by which individuals and their behaviors are expressed.

George Herbert Mead debates that ..... the behavior of an individual can be understood only in terms of the behavior of the whole social group of which he is a member, since his individual acts are involved in large, social acts which go beyond himself, and which implicate other members of that group (Strauss, 1964).

The individual must always be viewed in the perspective of a broader social system, a system that does not negate his or her individuality. This implies that each person's relationships throughout a lifetime are rooted in cultures of various kinds. With no gain say, each of these cultures exerts its own influence on the person's developing behavior. Each individual does this

by identifying his or her place within each and every sociocultural group and by placing each group experience in turn within the broader context of all his social groups. Lack of congruence between groups may make it difficult for the individual to define his or her place within any particular group. Incongruent role performances for generations have been expected of the mentally retarded children in different cultures and social groups; thereby creating difficult adjustment problems for such retarded children.

Say a mildly retarded person like a child in an authoritarian family structure becomes a victim of low expectations and so is prone to follow orders. Commenting on the issue, Grace Layton and Camilleri (1977) pointed out that either negative or positive feedback obviously effect the "self" image. In this respect, one can view the "self" as the result of the feedback one receives from varying performances, which in most cases are likely to be negative.

A feedback in this context is a commentary by other people on the behavior an individual exhibits. For instance, the mildly mentally retarded child who does not know instantly what type of group he or she is in may not easily know how to enact his or her role, thereby eliciting considerable negative feedback. But through the interactive process, a group develops a repertoire of shared meanings which the Authors describe as constituting the group's culture and including norms that govern behaviors of group members (Ibid): Responses to the negative or

positive norms similarly distinguish certain individuals as belonging or acceptable and others as not acceptable.

Each group establishes limits as to the degree of variance of individual behavior it will tolerate. Take, for example, differences in religious groups: there are variations in what one is to believe and about rules of conduct. The Liberal Churches are likely to tolerate a variety of definitions as to the nature of an All Powerful - Being, while the more conservative Evangelical Christians demand precise definitions of God.

Gamst and Norbeck (1977) stated how Dollard and Linton, following some psychiatric suggestions of Sapir, have attempted to harmonize the notion of the normative culture. This they did with the facts of individual psychology and sociology, by postulating reciprocal interaction between the culture, society and the individual. Dollard stresses the point that man is not a "cultural robot" wholly determined by the cultural patterns and society. The process of "socialization," he continues is never complete; there is always the residual and unique element in the individuals which resist automatic socialization.

Gamst and Norbeck commented on the persistent difficulty involved in explaining how possibly abstract entities such as behavioral ideals and attitudes could act in any efficient sense of the term. It seems but common sense, they insisted, that the only concrete entities capable of initiating change are the

cultural man and the cultural society. Man being what he is by nature, cultural, is provided with the raw material of biological potentiality which he eventually molds into conformity with his ideals and experiences. In other words, there seems to be a close relationship between human culture and human rationality (Ibid).

Man it appears is a cultural animal because he is also a rational animal. According to sociologists, man lives by the projected ideals of himself. Often, such ideals are thwarted by the social ideals communicated to him by his society. Such circumstances, for generations, have surrounded the mentally retarded person from society to society and culture to culture. Amazingly, instead of changing ideals to conform to the change of practice, societies often continue to profess allegiance to old ideals and notions. At times it is observed they may change their theories without a corresponding change of practice. In either case, there exists a disparity between professed social theory and the actual practices of individuals and societies (Freeman and Jones, 1973). However, it should be noticed in this context that the terms "Theory and Practice" refer to the actual behavior and beliefs of members of society as contrasted with their professed ideals. Hence, conceived practice appears not to be congruent with empirical or observable behavior. On the other hand says Gamst et al. (1976), the terms "theory and practice" may be used in a more limited sense to refer to thought and action respectively. One of the major contributions of



Anthropology to contemporary social science has no doubt been (1) the insight it has provided into the diversity of human cultures and (2) the role of cultural conditioning in transforming the potential of human nature.

The study of attitudes is becoming increasingly more important because attitudes influence the extent to which the retarded ones benefit from society's resources. MacMillan (1982) argues that positive attitudes increase the chances that more resources will be made accessible, whereas, negative attitudes enhance the reverse. Based on sociological view point, mental retardation should be looked at from the larger perspective of social organization as a manifestation of deviance. Viewed in this perspective, "deviance" relates to characteristics or behaviors of an individual which are regarded as unacceptable in a particular social setting (Glaser, 1971). The sociological perspective stresses that deviance (mental retardation) is relative rather than absolute: Becker (1963) argues that it is the society which creates deviance by setting up rules and norms. Consequently, the individual who breaks them becomes isolated from that society. On the other hand, deviance, as Erikson (1964) states it, is not a property inherent in certain forms of behavior; "it is a property conferred upon these forms by audiences which directly or indirectly observe them."

"Deviance theory," according to MacMillan (1982), has four tenets: (1) Deviance exists only when the group judges behavior

exhibited by the individual to be rule breaking; (2) The individual whose behavior is judged to be deviant is formally designated and isolated from the normal patterns of interaction within the society, (3) The moment an individual is so named, a definite role is ascribed and expectations set as to how the person will behave; and (4) Once this is done, removal of such a named individual from the social group becomes almost irreversible (Ibid).

In light of the above discussion, creates the need for an overview of the historical perspective of mental retardation.

#### Mental Retardation - A Historical Perspective

A look at mental retardation from a historical perspective reveals the dynamics of social climate and sociocultural attitudes towards the mentally handicapped. There is significant impact generated in that policies adopted for the care and treatment of the mentally retarded hang on the prevalent attitudes (MacMillan, 1982). It is important, therefore, to note how the social climates or attitudes existing at one period or the other influenced the adoption of various policies as regards certain issues (see Table 5 for detailed breakdown of attitudes as manifested in the treatment).

Kirk and Gallagher (1979) pointed out how the Post - French Revolution period was depicted by the philosophy that man had unlimited possibilities. The period, in their view, claimed

that education could significantly alter the lives and development of the citizens. At the flood of this philosophy, the concept of potential educability became challenging in various ways to the problems of mentally retarded.

Among those motivated by this new ideology was a French physician named Jean Marc Itard. Prior to this time, Itard was working in an institution for the deaf. The French physician determined to employ a technique similar to those used with deaf children on experimental training of a 12 year wild boy captured in the forest of Aveyron. In September, 1799, a nude teenage boy was captured in the woods near Aveyron, France by three hunters. According to historical sources, the boy was not only wild, but deprived of speech, unresponsive to others, indifferent to everything and attentive to nothing (Kirk et al., 1979). In spite of the boy's manifested handicaps, Itard, in a five year period, subjected the child to a very conducive environment that almost reversed his destiny.

Arguing further on the wild boy (Victor) episode, Kirk and Gallagher stressed how Itard's efforts evidenced how environmental enrichment could bring a world of change and hope to children in unfavorable circumstances. Without any hesitation, Cleland and Swartz (1982) supported the claim. They stated how Itard persuaded as he was that environmental forces were prepotent in shaping individual development, outlined in his book some specific strategies. Among these were

ingenious educational and training strategy that included modeling or imitation, reinforcement procedures and sensory stimulation.

Sequin, Itard's notable student, a physician/educator, outlined an educational methodology for idiocy. According to historical sources, he pioneered education of the mentally retarded. In his book entitled "Idiocy, its Treatment by the Physiological Method," he espoused a good diagnosis and a clear recognition of individual differences as Cardinal Principles in working with the retarded. Sequin, an immigrant to the United States became instrumental in the establishment of institution for the retarded in the United States. After twenty-eight years of commitment to hard work, Sequin was honored in 1876 by being elected the first president of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons (currently AAMD) (Cleland and Swartz, 1982).

Another French researcher often mentioned who is relevant to this review was Alfred Binet (1857-1911). Binet, popularly known as "Father of Intelligence Testing," in support of Itard and Sequin, stressed the role of environmental forces on individual development (Cleland and Swartz, 1982; Kirk and Gallagher, 1979). The research commonly used to argue that the environment is important has been of two general types: (a) Studies of stimulus deprivation in animals and (b) Studies of early stimulation of human beings. Hunt (1961), after reviewing most of the animal literature, concluded that when

animals are placed in a situation with little stimulation, there are deleterious effects on a variety of subsequent behaviors. For instance, nesting behavior in rats, maze learning in rats, pecking in chicks, visual perception in chimpanzees, are illustrative of the point.

A number of ingenious experiments on the other hand, performed by Rosenweig (1966) have done much to support the idea that stimulation is important for brain development. Rosenweig and his colleagues, in their experiment, placed some rats in cages that were empty except for food and water. This living arrangement was typical for laboratory animals. Other rats were housed in cages furnished with toys and a tread mill. At the end of the experiment, it was noted that the rats from the stimulus-rich environment had thicker cortexes and higher levels of acetylcholine (a brain chemical related to learning potential).

However, studies with human beings are not as simple to conduct. The importance of the environment in human development is observed in research that instituted some kind of intervention programs for young children. Skeels and Dye (1939) studied the effects of stimulation on the development of institutionalized mentally retarded infants and young children. In the experiment, one group of the subject remained in the typical institutional environment, while the other (controlled) group was provided with stimulation. Hallahan and Kauffman (1978), commenting on the study, said that the differential

effects were significant. There was increased average in I.Q. score for members of the group given the stimulation, whereas the institutionalized children's I.Q. score decreased.

Interestingly enough, Skeels and Dye's follow-up study on the individuals twenty-one years later revealed:

In the adult follow-up study, all cases were located and information obtained after a period of 21 years . . . All 13 children in the experimental group were self-supporting and none was a ward of any institution . . . In the contrast group of 12 children, one had died in adolescence following continued residence in a state institution for the mentally retarded, and four were still wards of institutions, one in a mental hospital, and the other three in institutions for the mentally retarded.

In education, disparity between the two groups was striking. The contrast group completed a median of less than the third grade. The experimental group completed a median of the 12th grade. Four of the subjects had one or more years of college work, one received a B.A. degree and took some graduate training.

Marked differences were seen also in the occupational levels of the two groups. In the experimental group, all were self-supporting or married and functioning as housewives. The range was from professional and business occupations to domestic service. In the contrast group, four (36 percent) of the subjects were institutionalized and unemployed. Those who were employed, with one exception, were characterized as "hewers of wood and drawers of water." . . .

Eleven of the 13 children in the experimental group were married: Nine of the 11 had a total of 28 children, an average of three per family. On intelligence tests, these second generation children had I.Q.'s ranging from 86 to 125 with a mean of 104 (In no instance was there any indication of mental retardation or demonstrable abnormality) (Rosenweig, 1966, pp. 54-55; Skeels, 1966).

Looking beyond the contributions of the French physician - educators stood the theories of Charles Darwin (1809-1882). Darwin, objecting to the positions of the French theorists,

Historical periods in the treatment  
of retarded persons

<b>Period</b>	<b>Sociopolitical emphasis</b>	<b>Treatment</b>
Antiquity to 1700: Neglect and superstition	Varied considerably depending on the specific historical period.	Characterized by neglect, superstition, harshness, and cruelty. Little systematic attention given to retarded people. Occasional, infrequent attempts at providing humane care.
1700–1800: Awakening scientific and humanitarian interest	Dominated by political and social idealism, with an optimistic view regarding the malleability of intelligence and the importance of assuring equality, freedom of thought, and democratic forms of government.	Improvement of the situation of retarded persons with the hope that they may achieve normal functioning and integration into society. Small treatment programs located in community settings.
1880–1925: Era of pessimism and eugenic alarms	Emphasis on application of genetic discoveries and the theory of evolution to social issues. Intense economic competition and industrial development. Assumption that mental retardation results from genetic influences and that retarded persons represented a threat to social order.	Restrictive treatment with emphasis on protecting society from retarded persons (White and Wolfensberger, 1969). Sterilization laws, isolated institutions in remote areas, and other restrictive measures. Habilitation and community integration much less emphasized than during preceding period.
1930–1965: Increased responsibility of government	Realization, largely resulting from the Depression, that government must assume some responsibility for the welfare of less advantaged persons.	Expanded legislation and services, but often based on restrictive treatment (e.g., special settings, remote institutions, large facilities).
1965–present: Individual and human rights	Growing emphasis on the rights of individuals and development of treatment ideologies that de- emphasize effects of labeling. Treatment through generic and alternative service models in settings that minimize the separateness of retarded from nonhandicapped persons	Greatly expanded services, but under conditions of increased self-criticism and experimentation. Models of service stress integration, individualized planning and treatment, advocacy, and accountability for decisions and programs.

became less environmentally oriented. Rather than capitalizing on environmental impact, stressed the involvement of both heredity and environment in modifying physical or mentally handicapped characteristics. On the other hand, Dalton, more philosophically inclined, emphasized that heredity and not environment made the difference (Sloan, 1963).

After reviewing the literature on early experience, Clarke and Clarke (1976) concluded that short and brief intervention for the retarded was out of the question. With him, a child severely deprived can only reach his full potentials by a massive and lengthy treatment of the problems and those of his family. However, the experimental studies of Skeels motivated Kirk (1958), Heber (1977) and others to believe that early intervention with psychologically deprived children will accelerate mental, social and educational development. Such data gave impetus to the concept that environmental experiences provide a cultural etiology in mental retardation (Kirk and Gallagher, 1979).

In view of the said concept, other contributing factors for a conducive environmental experience are herein considered.

#### Socioeconomic Perspective of Mental Retardation in Developing Countries

This section intends to examine some of the socioeconomic factors that could possibly enhance or hinder development. It



also looks into how economic factors could influence the sociocultural attitudes and treatment of the mentally retarded in developing countries.

Very often people in every society are ranked in terms of their income, prestige, education or power. The same is applicable to nations. According to an economist, the underdeveloped or developing countries of the world bear a common brand name: Poor Countries or Third World. This derogatory image of poverty is spelt out in low incomes per capita as compared with industrially advanced countries (Campell McConnell, 1972). A typical American family whose average income in 1969 was \$9,400 would be embarrassed to hear that about two-thirds of the world population persistently lives at the subsistence level. McConnell (1972) puts it in a simplistic form when he states: "The average American is too busy waging a loud but losing battle against obesity or watching his color T.V. set as to acknowledge the abject poverty which characterizes much of our planet."

A nation's endowments of natural resources comprise a crucial element in its capacity for economic development. An inadequate resource base poses a more serious obstacle to growth than does, say a lack of capital goods or a qualitative labor force. What characteristics therefore can define a country as developing in economic terms? Sorkin states that "Nations with per capita annual incomes of less than \$300 are classified as developing, while those with incomes of more than \$1500 per

capita are considered developed" (Sorkin, 1976). By this economic criterion, two-thirds of the world's nations might be categorized as underdeveloped (Table 5.0).

In terms of health, Bryant (1969) comments that life expectancy is low in a developing country. Infant mortality is very high, with high population growth usually exceeding two percent per year (Table 5.1). The cited Table illustrates some of the health differences among eight selected nations in the late 1960s, contrasting four industrial and affluent nations with four other countries at different stages of development (McElroy and Townsend, 1979).

Mental retardation from a socioeconomic perspective is as much associated with poverty as a developing country. Hence, poverty is not only viewed as a social problem in this study but an objective one. Although measures of socioeconomic status often include factors other than income, it is likely evident that the position of the individual within the economic structure determines to a large extent his image in the society. It also determines his own values, life style and his prospects for maximizing his potential for self-gratification and his contributions to society.

Antonovsky (1967), in a study of specific social problems, pointed out how economic status may be a consequence rather than a cause of certain social afflictions. Nonetheless, he stressed the critical role of economic resources in a developing country. Further, he explained the inevitable bond between the

**TABLE** NATIONAL INCOME PER CAPITA IN SELECTED COUNTRIES 1958 and 1968

Country	1958	1968	Country	1958	1968
United States	\$2,115	\$3,578	Portugal	\$216	\$451
Sweden	1,391	2,905	Chile	328	449
Switzerland	1,195	2,294	Costa Rica	324	422
Canada	1,503	2,247	Jamaica	317	411
Iceland	965	1,972	Guatemala	236	276
Denmark	888	1,960	Brazil	139	271
France	853	1,927	Colombia	189	268
Norway	871	1,808	Philippines	193	250
Australia	1,126	1,807	Jordan	139	249
Luxembourg	1,077	1,750	China (Taiwan)	91	247
New Zealand	1,172	1,714	Peru	163	246
Belgium	936	1,696	El Salvador	207	244
West Germany	829	1,682	Dominican Republic	200	238
Netherlands	695	1,604	Honduras	177	230
United Kingdom	1,013	1,451	Syria	155	214
Soviet Union	940	1,351	Ghana	140	198
Finland	727	1,342	Ecuador	157	196
Italy	478	1,149	Paraguay	121	195
Israel	610	1,147	Morocco	158	185
Austria	588	1,146	Tunisia	160	181
Japan	290	1,122	Thailand	80	137
Ireland	464	808	Ceylon	118	132
Venezuela	630	803	Pakistan	62	121
Spain	305	663	Kenya	69	107
Greece	326	651	Sudan	80	97
Trinidad and Tobago	419	633	Indonesia	82	86
Cyprus	450	622	Haiti	75	81
Argentina	489	551	India	64	73
Mexico	272	511	Burma	53	67
Panama	322	502	Uganda	80	60
Malta	337	467	Congo (Leopoldville)	69	52

Source: United Nations, *Statistical Yearbook 1969* (New York, 1970), pp. 557-562

TABLE Selected health indicators in four developed and underdeveloped nations in 1969

	Representative developed countries				Representative underdeveloped countries			
	USA	Sweden	USSR	Japan	UAR (Egypt)	Brazil	India	Chad
Annual Per Capita Income (\$U.S.)	3,578	2,905	—	1,122	156	271	73	60
Population density (per sq. mile)	55	44	26	702	78	26	398	8
No. of inhabitants per physician	670	910	460	930	2,380	2,290	5,780	73,330
Life expectancy at birth								
females	74	76	70	74	53	45	40	35
males	67	71	70	68	51	39	41	29
Five birth rate per 1000	17	14	17	18	36	41	41	45
Infant deaths, under 1 year, per 1000 births	21	12	26	14	83	—	139	160
Daily food intake per capita								
calories	3,200	2,850	—	2,460	2,810	2,690	1,810	—
proteins (grams)	96	80	—	75	81	66	45	—
% of animal origin	40	41	—	13	7	14	5	—

SOURCE: Extracted from Allan Chase, *The Biological Imperatives: Health, Politics and Human Survival* (Baltimore: Penguin Books, 1971), pp. 379-380, 381-382.

problem of poverty and the role of inadequate economic opportunity which he described as the cornerstone of social problems in developing countries.

This is to say that a developing nation is severely disadvantaged in terms of education, medical care, population growth, nutrition and life expectancy in contrast to developed countries. How these could possibly influence or affect sociocultural attitudes and treatment of the mentally retarded may not be overemphasized.

The reasons for underdevelopment can be traced within international economic relations and the history of contact and Colonialism. Although it is beyond the scope of this paper to explore these reasons, it is important to appreciate the fact that nations do not become underdeveloped in isolation. Rather, they are so designated through economic and political relationships with the developed nations to which they are compared.

Roused from this focal point, the debate on African development generated some contrasting opinions between the African and Western perspectives on the direction development should take. One of the central issues responsible for these differences was the reality that the African perspective on underdevelopment was exaggerated by what politicians and scholars perceived as the economic and social legacies of Colonialism. During the debate, the Western perspective tried to put less emphasis on Colonialism as a contributing factor to

current underdevelopment (Crocker, 1983). Goulet, on the other hand, had warned development specialists in his numerous writings - 1971, 1977, 1980, against adopting development strategies that could change the indigenous cultural values.

On the basis of Goulet's assumptions the consensus opinion among development analysts is that many of the problems encountered by developing countries emanated as a result of Colonialism in view of the following observations:

That institutional structures inherited from Colonialism remain the same today;

That the economics of the developing countries continued to be bound to those of the developed countries.

That because of all of the above, the principal aim of development should be to emancipate the underdeveloped people from the negative consequences of Colonialism.

That emancipation can be accelerated by a development strategy which is culture specific (Morris, 1979; Chabal, 1981).

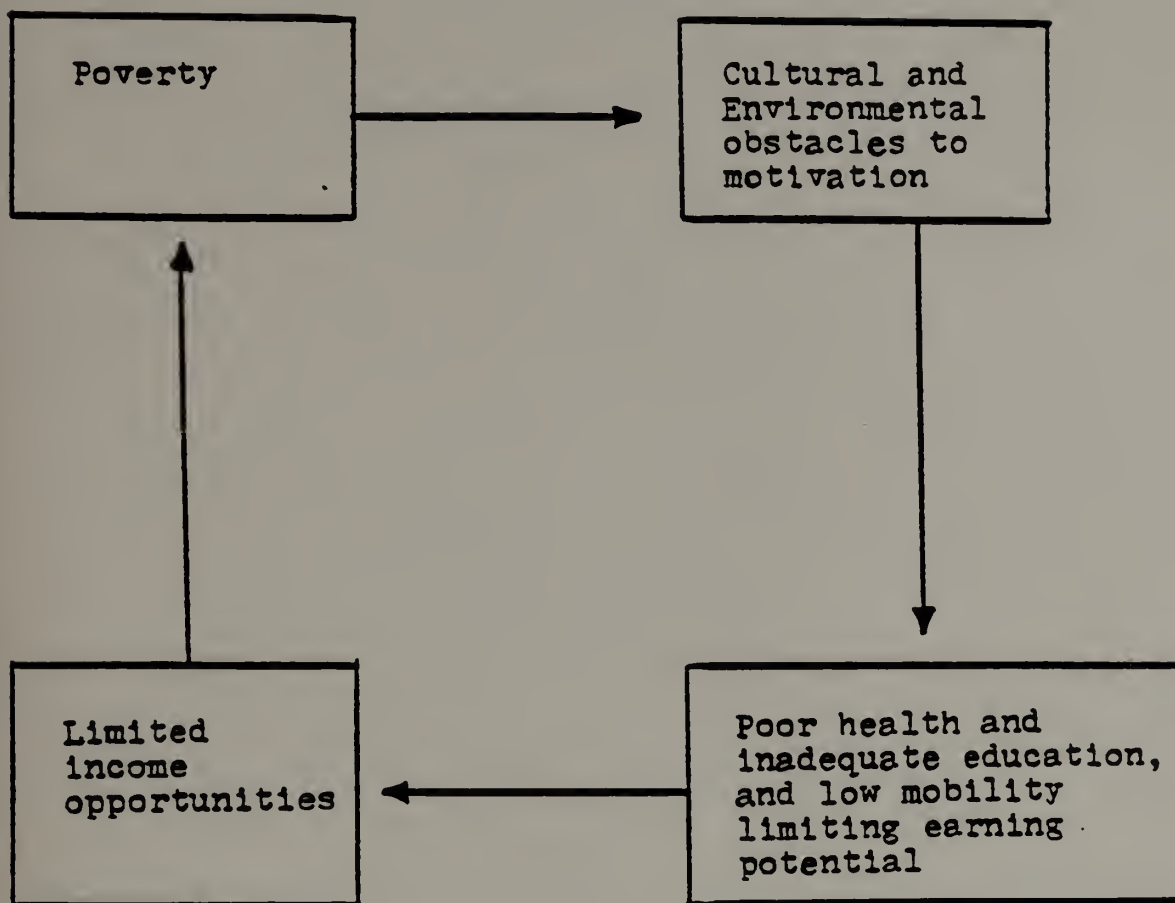
The above observations to some extent may account for most of the ills that do exist in the underdeveloped world. However, poverty is perpetuated by the leadership who drain their countries' poor economy into private foreign establishments. Development cannot happen by accident. It requires planning and sacrifice. The eradication of poverty by providing essentials to life such as food, shelter, education, hospitals, etc. may mean an investment into development.

## Poverty Inhibits Development

Freeman and Jones (1973), writing on characteristics of poverty, stressed its tendency to persist over time, a situation that has been referred to as the cycle of poverty (poverty breeds poverty). According to these scholars, poverty should not be regarded as a transitory phenomenon that affects individuals only temporarily at certain periods of their lives or strike sporadically during periods of dramatic changes in the economy. Rather poverty, they asserted, should be viewed by the fact that thousands of people are born poor, live poor and die poor. Even worse, it is anticipated that their children have little hope of escaping and many will be doomed to repeat the cycle (see Table 6 on the Poverty Cycle).

In developing countries the vicious cycle in which poverty breeds poverty occurs through time and transmits its effects from one generation to another. There is no beginning to the cycle and apparently no end. Worse still, poverty prevails even in the developed countries like the United States and Europe. There is therefore no one "right" place to break of it. Increasing opportunities, however, are aimed at in most of the developing countries, but are of little help if health, educational attainments and motivation are unsuitable. Again, making more education available may bear little fruit unless additional employment opportunities exist. Finally, altering adverse environmental factors may not be feasible or effective

The Poverty Cycle (illustrated)





unless access to education and job opportunities are enhanced (Moynihan, 1969b).

In a socioeconomic perspective, therefore, programs to combat each of the three principal stages in the poverty cycle may be directed at one or more of three levels:

- (1) Prevent the problem from developing any more (to be discussed in later sections in relation to mental retardation).
- (2) Rehabilitate the person who has been hurt and
- (3) Ameliorate the difficulties of persons for whom prevention or rehabilitation are not feasible.

Each type of "treatment" is associated generally with a separate stage in the life cycle. Prevention of poverty calls for attention mainly to youngsters and to their parents insofar as parents attitudes and values affect the children. Rehabilitation of those missed by prevention endeavors or for who the efforts were ineffective seems best designed for adults in their productive work years. To say the least, amelioration of poverty, according to Moynihan, seems called for in the case of the aged, the physically and mentally disabled, and those for whom prevention and rehabilitation are ineffective (Ibid).

Virtually every institution of social control is faced with deficiencies, having immediate bearing on the problem of poverty. If any country therefore is to meet its need of manpower and increase the ability of individuals to cope with employment opportunities, literacy skills, creativity, and some technical knowledge, that country must concern itself with the problem of

poverty and the poor. Most social planners may dispute this concept, but eventually may find that unless the society mobilizes efforts to break the cycle of poverty, now rampant in developing countries, the risks remain great (Freeman and Jones, 1973).

### Causes of Poverty

People in different disciplines like economics, politics, education, health and welfare, have in recent years become concerned with the problem of poverty. This disciplinary involvement has altered considerably the concept about the causes of poverty. For the purpose and scope of this paper, two major causal factors that affect developing countries will be considered. They are both intrinsic and extrinsic.

(1) Intrinsic There are many internal factors that lead to poverty or underdevelopment in less advanced countries.

(a) Adverse climate - poor nations are usually exposed to adverse climate, a paucity of arable land, very scarce mineral resources and few sources of power. Obviously a country so situated finds itself in danger of poverty and underdevelopment. Take, for instance, Ethiopia, Chad Republic and Niger Republic in Africa that have suffered drought persistently in recent years. Consequently, these countries experience hardship, starvation malnutrition and suffer numerous diseases.

The reason for this unfortunate situation, according to McConnell (1972), lies in the fact that little or nothing could

foreseeably be done to overcome a weak resource base. Swamps can be drained and jungles cleared, but the prospects are usually very limited and the process exceedingly slow.

### Overpopulation

Many of the developing countries experiencing the meager and worst natural and capital resources tend to have the largest population to support (see Table 7). Population places untold pressure upon the food supply to the extent that per capita food intake is barely at subsistence level.

### Illiteracy

In most underdeveloped countries, illiteracy accounts for most of the problems of poverty. People have to be equipped with knowledge and skills before they can be gainfully employed. Since more than 50-70 percent of the population lack formal education in these countries, employment opportunities drastically narrow down. Hence the predominance of agriculture is common to virtually all the underdeveloped countries (Nurkse, 1967). With very few industrial jobs and alternative job market available, chances of escaping the poverty line look very remote.

Another factor that could possibly lead to poverty and consequently underdevelopment is diversity in culture. Here in America, for instance, though a pluralistic society, people

**TABLE** POPULATION PER SQUARE MILE  
OF SELECTED COUNTRIES, 1968

Country	Population per square mile
United States	55
Nigeria	177
Portugal	268
Philippines	312
Pakistan	325
India	416
Haiti	437
Ceylon	473
South Korea	803
Taiwan	972

Source: United Nations data.

essentially have things like language in common. In developing countries, for example in Nigeria, cultural differences create problems not only in the economic arena but politically, educationally and socially. Religious and sociocultural factors may tie a worker down to his or her ethnic state. This results in labor immobility. This factor coupled with a lack of centralized indigenous language may not pose a major problem to East or Central Africa that speak Swahili or even China with the Chinese language, but they obviously affect economic development in Nigeria.

(2) Extrinsic Factors: This section will discuss "Colonialism" and "Post-Colonialism" in respect to their impact on developing countries. The discussion is not in isolation to the topic of study. Rather, it is aimed at establishing connections between treatment of mental retardation and socioeconomic development in developing countries.

At the turn of this century, leaders of the underdeveloped nations - Asia, Africa, Middle East and Latin America, etc. experienced the crisis of modernization. They aspired to the economic development of their own countries. These leaders became concerned about the galling contrast between the poverty, illiteracy and disease of their own countries and the affluence of the economically developed areas. According to Sigmund (1964), the leaders insisted that they step up development of improved living standards, economic development and more particularly, in industrialization. Furthermore, the leaders

argued that with development and industrialization, it would be possible to achieve social equality, educational opportunities, and minimum standards of health and sanitation. But without it, population growth and the "revolution" of rising expectations would bring about increased suffering, political frustration and social economic discontentment (Ibid).

The developing countries therefore, faced the growing concern of the right approach to solving the developmental problems. However, these countries were not left without some critical options. These will be referred to as development models: (1) The free world model (2) The Communist Model.

The 1960s were regarded in history as the "Decade of Development," and the Cold War which reached its climax, was fought in the name of development. The question was whether the "Free World Model" or the "Communist Model" of development would suffice. For rich countries, development means increased possibilities of achievement in the affluent society; then its transcendence, a process culminating in a postindustrial world from which scarcity has been banished. Whereas, for poor countries, the word connotes escape from backwardness and foreign domination (Barnet and Muller, 1974).

Incidentally, most of the Third World Countries gained their independence during this decade. It was also a period when a few countries of the world developed, based on this set criteria:

(1) A developing country was one in which per capita income and gross national product were increasing.

For example, if a poor country in which each person was earning an average of \$10 per annum should pursue policies that would increase per capita income to say \$100 within three years, that country was developing indeed at a spectacular rate.

(2) Similarly, if the sum total of goods and services exchanged within this society - i.e. the gross National product - should increase, that too was a test of development. According to the prevailing theories of the 1960s, societies that showed such economic growth were at the "Take off" stage of development (Barnet et al., 1974).

At this point it was assumed that the increasing levels of economic growth would generate the savings needed for twentieth century advancement in roads, schools, hospitals, political stability and industrial capacity that would make their children comfortable. By the end of this Decade of Development, however, it was noticed that despite dramatic economic growth in a few poor countries, the gap between the rich and the poor world wide were increasing. A succession of studies by the United Nations and other International Agencies established the statistics of global poverty.

If a development model is to be meaningful in the poverty-stricken countries of the world, it must, as the development

theorist Amin (1977) has pointed out, provide solutions to the most critical, interrelated social problems - poverty, unemployment and inequality. Patterns of growing poverty and inequality as revealed in studies of Adelman and Morris (1973) raised the concern on what the nature of development should be. Henriot (1979), along with Seers (1969), described the condition as follows:

The questions to ask about a country's development are therefore: What has been happening to poverty? What has been happening to unemployment? What has been happening to inequality? If all three of these have declined from high levels, then beyond a doubt this has been a period of development for the country concerned. If one or two of these central problems have been growing worse, especially if all three have, it would be strange to call the result "development," even if per capita income doubled (Seers, 1969).

Goulet, therefore in his concern about human adaptation to development, stressed a strong need for maintaining indigenous value orientations that have considerations for spiritual as well as cultural values. His rationale was explained as follows:

In as much as the core values of all existence rationalities are designed to nurture survival, basic esteem, and freedom, these values should not be challenged frontally. Such an attack risks being arbitrary and unduly threatening to basic identity. If change is to be welcomed, three conditions must be met: (a) new capacities for handling information must be generated; (b) vital resources hitherto not available must become exploitable; and (c) the alien rationality implicit in "modernization" must be reinterpreted in terms of traditional existence rationalities. Innovation must be rendered compatible with the demands of both present existence and what we may call "expanded" existence (Goulet, 1971, 1977, 1980).



Goulet's note here implies that development models incompatible with culture of the people should be avoided because it would operate on the strength of external premises. According to him, the use of imported models seemed to be inappropriate in the sense that it usually resulted in exploitative and manipulative attitude towards the traditional culture (Goulet, 1980).

### Foreign Impacts

Most of the underdeveloped countries enjoy an independence status primarily in principles but subjected to dependency in practice. In the age of Imperialism, the exploitation of the Colonies was a convenience for the great European Powers, but today only through global corporation and other agencies. For example, corporations like Multinational Corporation, World Bank, (IMF) International Monetary Fund, etc. serve as economic strategies. Their strategic functions depend upon the control of the three basic components of corporate power: finance capital, technology and market place ideology (Barnet and Muller, 1974).

(A) Global Corporation Financial Policies - The adverse effect the global corporations' financial policies have on developing countries has to do not only with the source of its investment but with its character. The standard practice of

overpricing imports are described by economists as cruder ways to divert foreign exchange and tax revenues from poor countries. Other advantages enjoyed by these corporations that have impact on the poor countries include manipulating import and export prices, and minimizing local profits taken in as public relations strategy. According to Barnet and Muller (1974), the profits of global corporations are made from poor countries, no doubt at the expense of the people of those countries. This attitude results in the poor becoming poorer.

(B) Technology - Technology is described by economists as the key to economic power in the modern world. It is also seen as a crucial resource of any society with regards to its capacity to develop the right kind of technology for its own needs. Consequently, this raises a question: "Why is a technological dependence an obstacle to development?"

Barnet et al. (1974) in response made the following statements:

(1) When technology is controlled from abroad, it ordinarily means that funds for research and development go to its foreign firm to develop its technology still further.

(2) Technology that is designed for world wide profit (especially for the third world) maximization is never for the development needs of poor countries.

(3) The conditions under which global corporations transfer technology to poor countries create problems for them. A study of 409 "transfer of technology" contracts between global corporations and their subsidiaries in Ecuador, Bolivia, Peru, Chile and Columbia show that almost 80 percent of them totally prohibited the use of the transferred technology for producing exports. U.N. studies in India, Pakistan,

the Philippines, Mexico and Iran indicate the same widespread use of what the U.N. calls "restrictive business practice."

(4) Technological dependence on foreign corporations enormously enhances the power they can wield in poorer countries - which is usually abused when unchecked.

(5) Global Corporations, impelled by its own interests, transfer precisely the sort of technology poor countries need least. It does not solve the peoples problems and may indeed aggravate the problems of poor countries. In part or mostly, it is technology for enhancing private consumption, not for solving social problems (Barnet and Muller, 1974).

(6) The mechanization of agriculture has had particularly negative impacts on the unemployment problem in developing nations. Economists now agree that the "job crisis" is a consequence of what James Grant calls the "artificial cheapening of the price of capital and the artificial increase in the price of labor" (Ibid).

(C) Ideology - The third aspect of the impact of global corporation on poor countries is the control of ideology. Ideology, in this context, means the value that determines how people live. This domination is experienced throughout the underdeveloped countries as the corporations' control their T.V., movie commercials, comic books, magazines and the education.

It is noticed that the foreign propaganda machinery propels the developing countries into values, tastes, and attitudes that are in some cases detrimental to their development. Hence, it is important for the developing countries to be knowledgeable and consequently aware of their limitations. Lack of such basic knowledge and consciousness render the developing countries economically impotent. For instance, a country can have rivers

of oil and thousands of potential workers to mine, but it can still be on the verge of starvation. This is true if it lacks the technical know-how in order to exploit its natural resources. Worse still if the leadership is unaware of the neocolonialism. Based on these facts, Barnett et al. (1974) stated the following:

No aspect of the technological superiority of the developed world is more important than its mastery of the techniques of ideological marketing. The capacity of developed nations to spread to developing nations the ideological foundations of modern capitalism - man's mission is to conquer nature, the work ethic, the whip of economic necessity, the invisible hand - and to make the elites of poor countries disciples in the science of enrichment, give the industrial nations enormous bargaining power (Barnett et al., 1974).

In conclusion, this section reiterates the words of Robert Heibroner (1967), which stated:

Development requires much more than encouraging economic growth within a given social structure: "It is rather the modernization of that structure, a process...that requires remaking of society in its most intimate as well as its most public attributes." Structural and institutional changes in the government, the education system, the health system, the income distribution system and in the setting of economic priorities are obvious prerequisites to any serious attack on the problems of poverty, unemployment and inequality (p. 174).

### Comments

The economic viewpoints as discussed in this section do not justify any negative attitudes and treatments of the retarded in society. There is sometimes the tendency for families, communities, or nations to neglect their civic duties towards

their disabled, retarded or disenfranchised. Certainly people and society usually will do all they possibly can to maintain "normal," "healthy" and "active" children and youth, but they regard the least expense on behalf of the handicapped, especially the mentally retarded person, as a waste. It must be noted that it is economically more reasonable and appropriate to provide needed services to the mentally retarded than otherwise anticipated.

It may be necessary therefore to summarize this socioeconomic perspective by citing findings in a study carried out in the United States in the late sixties.

In 1969 the United States Senate Committee on Nutrition and Human Needs sponsored a study which came up with these findings:

It was estimated by the study that the elimination of malnutrition would provide economic benefits to the U.S. of between 14 and 50 billion dollars. That a large portion of this amount would be in reduced infant mortality and morbidity (Year Book of Sp. Ed. 1977, 1976-77) (See Table 8).

Based on these economic factors, it may be estimated that proper nutrition would account for nearly thirty percent improved performance, both mental and physical among children. If malnutrition is a contributing factor to mental retardation biologically or functionally, improved nutrition therefore may obviously minimize its costs and prevalence.

In the light of this argument, a review of some treatment measures adopted in the United States is herein presented.

**Estimated Economic Value of Preventing Mental Retardation  
Among Persons Born in 1952, Using 1970 Prices**

	Prevention of Brain Damage or Replacement Birth				Prevent Birth without Replacement			
	Not Discounted		Discounted		Not Discounted		Discounted	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>IQ below 40</b>								
Includes earnings gain but not values of housekeeping and other unpaid work	\$739,000	\$291,000	\$202,000	\$107,000	\$246,000	\$254,000	\$135,000	\$136,000
Includes total productivity gain	891,000	505,000	235,000	152,000				
<b>IQ 40 to 49</b>								
Includes earnings gain but not values of housekeeping and other unpaid work	654,000	258,000	179,000	95,000	193,000	198,000	118,000	118,000
Includes total productivity gain	790,000	442,000	209,000	133,000				
<b>IQ 50 to 69</b>								
Includes earnings gain but not values of housekeeping and other unpaid work	118,000	70,000	25,000	17,000	20,000	21,000	22,000	22,000
Includes total productivity gain	144,000	94,000	30,000	22,000				

Mental Retardation - A Legislative Perspective in the U.S.

For many years in the United States, the exclusion of large number of handicapped children and youth from public education and society went unchallenged. Failure to act in response to the educational needs of these children and youth was not only a denial of democratic right, it was a significant subtraction of potential effort for society as a whole.

According to McNamara and McNamara (1977), the federal government of the United States did not assume any responsibility for the needs of individuals with disabilities until the mid 1800s. In 1867, the Federal office of Education was started. However, it was not until the 1930s that the United States Education Board created a section for exceptional children and youth. Around the turn of the century, individual states began to accept some legal responsibilities for people with special needs. Taking a lead in this was the State of New Jersey which became the first to legislate special education for mildly retarded children. Later the law was extended to the next category - the moderately retarded children.

The early sixties became a period of presidential leadership in the area of handicaps. This was evidenced in the action taken by President Kennedy who established the President's Panel on mental retardation which declared in 1963 that "all rights normally held by anyone (citizen) are also held by the retarded." It might be said that the civil rights

movement of the sixties helped the handicapped persons to recognize their own rights as a minority group (McNamara and McNamara, 1977). This, therefore, was followed by the demand that society share in the responsibility for such essentials as education and the preparation of children for useful, independent and fulfilling lives.

### Legislation

Martin (1976) in his writing points out that a national commitment to the right to a free public education for every individual, including every handicapped person, represents a new level of maturity for America. In the initial years of Special Education, both in Europe and the United States, funding from the government coffers was first appropriated as a support system to "experimental" schools. This was intended to study the experiment as to know whether or not the handicapped could actually be educated.

In the light of persistent denial of the rights of the handicapped, Martin wrote:

Special education shows that the promise of an appropriate education for every handicapped child or for each gifted child will not be fulfilled by the passage of a law, or by enrolling each youngster in a program. Special Education is still evolving as a profession. It does not have all the knowledge it needs and it does not have all the answers.

A close examination of the legislative history for the handicapped will indicate or rather confirm that it has ever



represented public support in the form of legislation and appropriation of funds achieved or sustained only by the most tedious and persevering efforts of individuals who advocate for the exceptional child (Burke, 1976; Martin, 1968, 1976; Melcher, 1976).

### Two Categories of Legislation

Legislation intended to provide special education may be of two categories: permissive and mandatory. For example, permissive legislation states that schools may provide special education whereas mandatory legislation says they must. Historically, it has been legislatively permissive, this is based on the assumption that control over the education dollar is the right of the state. With this understanding, funds are simply provided as incentives for the states to develop their own special education services with a minimum of federal control.

PL 94-142 -- Nevertheless, the nation witnessed within the last decade an overriding legislative landmark designated PL 94-142. PL 94-142 is the education for all Handicapped Children Act, which contains a mandatory provision. This provision states that in order to receive funds under the Act, starting from September, 1978, every school system in the nation must make provision for a free, appropriate public education for every child between the ages of 3 and 18 (Ages 1-21 by 1980). This is regardless of how seriously he/she may be handicapped.

In accordance to the mandates of this law, priority must be given first to education of the handicapped child who is not receiving special education and second, to the most severely handicapped. Responsibility for implementing the provisions of PL 94-142 is shared by local, state, and federal governments. PL 94-142, a bill passed and endorsed into law in 1975, remains to be the most recent and significant bill in a long chain of federal enactments affecting the education of the children with special needs (Hallahan and Kaufman, 1978).

#### Factors that Led to PL 94-142 in the U.S.

Many factors contributed to this legislation. Like any other significant social and educational legislation, it never happened by chance! Cruickshank (1975) pointed out that the historical development of services for the handicapped has been associated with social change, including change of attitude toward handicapped individuals. Most of the factors that prompted the legislation are common to the needs of all handicapped. However, in this paper, only social, educational, and legal factors will be considered.

## Social Factors

The history of handicapped children and youth the world over is that of denial and struggle for full human rights (Bender, 1971; Breunig Nix, 1977).

Prior to the PL 94-142, the education of the handicapped was not seriously viewed. Records show that the majority of exceptional children and youth were kept at a distance from the society. Residential schools were established for them where they remained separated from the social system, while the principle of "separated" but "equal" was claimed. The handicapped were both neglected and rejected by the society educationally because they were considered uneducable. For example, records of the American Annals of the Deaf suggest that 90% of the deaf children received their education from public residential schools for the deaf at the beginning of the century (Brill, 1971).

By the sixties when the percentage had been dramatically reduced to fifty, these students hardly returned to their homes until the vacation period. One can see how families are constantly exposed to what this writer might call "separation syndrome." It was not, therefore, unusual until distances became decreased by modern transportation for the residential schools to assume responsibilities normally executed by families and the locality. So the residential schools became and remain central to both the educational and social

development of the child. In fact, a lot of these changed in recent years as would be discussed later in this paper under the principles of normalization (Bishop, 1979).

With a more aggressive involvement of parents and educators, an attachment of greater value to the role of the family and community in the child's development became pronounced. This kind of awareness compelled parents to advocate for more social options for their children. Among these is the right of their child to become a full member of the community without losing the benefits of special education. Such a social factor could only be satisfactorily expressed within the concept of "normalization/mainstreaming." Hence the concepts of "least restrictive environment and accessibility" imbedded in PL 94-142 stressed what might be considered best by and for the handicapped individual. This, of course, according to Bishop, is different from what is socially most comfortable and least costly to the local community and its institutions (Bishop, 1979).

Normalization. The social movements of the fifties and sixties later developed in the seventies a dynamic movement which questioned the past treatment and the nature of residential programs for the retarded children and youth. This movement was reflected first in the litigation, then in the legislation of the period already being discussed in this paper.

Professionals in the field of mental retardation initiated the movement of institutional reform. The goals of the development of institutional programs for the mentally retarded centered upon integration into the community. This philosophy was first articulated in the late sixties by Benjt Nirje, former Secretary General of the Swedish National Parents Association for Retarded Children. So the initial principle of programming for the retarded in the nineteen seventies became known as normalization. According to Nirje (1969), the normalization principle is based upon "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of everyday society."

Wolfensberger (1972), identified as the leader of normalization movement, along with professionals like Burton Blatt and Gunnar Dybwad, led the normalization movement in the United States. Wolfensberger defined normalization as "utilization of means which are as culturally normative as possible in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (Wolfensberger, 1972, p. 28). He expanded the principle to include "maximal feasible integration of retarded people into the cultural mainstream" as its major corollary.

According to Tawney (1977), normalization therefore meant in the eye of mental retardation what equal educational opportunity was to the civil rights movements of the period. This action was perceived as the direct reaction to the

inadequacy of the society's involvement in caring for its retarded and disabled people (Tawney, 1977). Nonetheless, normalization principles have direct implications in view of the service provisions for the mentally retarded. Distinguished among these was the deinstitutionalization of the mentally retarded population. Based on the normalization principles, institutionalization of the retarded persons was perceived as not a normal environmental setting. It was rather viewed as inappropriate service model. The normalization principles questioned the validity of the paraded concept that the retarded should be separated from the society to enable them to acquire the social norm and return to the society. Of course such a concept remains opposed to the normalization principles which present a different picture that "behavioral deviancy can be reduced to some extent, by minimizing the way such persons are treated differently" (Tawney, 1977; Wolfensberger, 1972).

### Educational Factors

The central theme of PL 94-142 is the declaration of unconditional education for all handicapped children. This is mainly because of the special needs children and youth, especially the mentally retarded who have been traditionally placed in residential and day schools. Again, one has to understand that such a handicap as mental retardation is at times accompanied by other handicapping conditions, e.g. Cerebal

Palsy, learning disabilities, Down's Syndrome, hearing and visual impairments. So, in most cases, these handicapped persons are both rejected by residential schools and denied access entirely to any education. However, today most of the schools for the handicapped have added programs to provide services for such multiple handicapped children (Bishop, 1978).

PL 94-142 in its mission for appropriate education for handicapped persons found none satisfied with the then existing academic and communicative skills among most handicapped children. This dissatisfaction with the educational progress of many handicapped students, says Bishop, coupled with the imperative for additional alternatives was a conspicuous force behind 94-142. Certainly what appears to be appropriate with one child may be inappropriate for another. With recognition of this fact, PL 94-142 calls for an "individualized education program" for each child. It appears that the major concern of the law is to ensure appropriate services within the environment which is least restrictive to the child's development (Brill, Merrill and Frisina, 1973). Besides, parents have had much more exposure to books concerning the possible options for their children both socially and educationally than previously experienced (Katz, Mathis and Merrill, 1974).

## Legal Factors

The roots of this legislation rests with the 14th Amendment to the American Constitution which guarantees equal protection under the laws. It is on the basis of this Amendment that persistent pressure for equal educational opportunity for the handicapped children and youth are being claimed.

By 1971, the Pennsylvania Association for Retarded Children filed a case against the Commonwealth of Pennsylvania for her failures as a state to provide access to a free public education for all retarded children (PARC v. Commonwealth, 1971). Again, the teeth of PL 94-142 stuck out more when a U.S. District Court ruled that the state could not delay, stop, or deny mentally retarded children access to publicly supported education. It was the first important legal breakthrough in the vindication of the rights of mentally retarded. Within that same year, parents filed action against the Board of Education in Washington, D.C. (Mills v. Board of Education, 1971) charging them with failure to provide all children with a publicly supported education. The right of all children, regardless of any handicapping condition to a publicly supported education was reaffirmed by the U.S. District Court. Anything short of this is tantamount to violation of the rights of due process and equal protection under the law. It could be observed in the literature that the legislation and new regulations responsive



to these rulings followed shortly in a number of other states: for example, Massachusetts and Tennessee in 1972.

In another ruling (*Lebanks v. Spears*, 1973), the Court began to address appropriate and least restrictive educational environments. In this ruling, it was stated that:

All evaluations and educational plans, hearings, and determination of appropriate programs of education and training...Shall be made in the context of a presumption that among alternative programs and plans, placement in a regular public school class with the appropriate support services is preferable to placement in special public school classes.

Nevertheless, it should be noted that PL 94-142, the Education for All Handicapped Children Act, is an extension of PL 94-380, the Educational Amendments of 1974. PL 94-142 places emphasis on "due process." Among its provisions are the insistence that states receiving federal support for educating the exceptional children and youth develop and submit a plan showing procedures for ensuring "prior notice to parents or guardians of the child, when the local or state educational agency proposes to change the educational placement of the child." Also, it must indicate an opportunity for the parents or guardian to receive an impartial due process hearing, examine all relevant records with respect to the classification or educational placement of the child and obtain an independent educational evaluation of the child (National Education Assoc., 1978).

PL 94-142 demands that each handicapped child will be identified and that district report data on all handicapped

children served. Section 121 a. 751 of PL 94-142 states:

- (A) In its report the State Educational Agency shall include a table which shows:
- (1) The number of children with special need in special education and related services on October 1 and on February 1 of that school year and average of the numbers for those two dates.
  - (2) The number of those handicapped children within each disability category as defined in the definition of "handicapped children" in 121a 5 of Subpart 4 and
  - (3) The number of these handicapped children within each of the following age groups:
    - (i) Three through five
    - (ii) Six through Seventeen and
    - (iii) Eighteen through Twenty-one.
- (B) A child must be counted as being in the age group corresponding to his or her age on the date of the count: October 1 or February 1 as the case may be.
- (C) The state educational agency may not report a child under more than one disability category.
- (D) If a handicapped child has more than one category, the state educational agency shall report that child in accordance with the following procedure.
- (1) A child who is both deaf and blind must be reported as deaf-blind.
  - (2) A child who has more than one disability (other than deaf-blind child) must be reported as "multi-handicapped" (Federal Register, August 1977).

PL 94-142 highlights particular services which must be available to the child. For instance, it states that "each public agency shall ensure that the hearing aids worn by deaf and hard-of-hearing children function properly." It also requires that the range of educational services available to non-handicapped children is also available to handicapped children.

Art, music, industrial arts, consumer and homemaking education are used as illustrations. That handicapped children are also availed other nonacademic and extracurricula opportunities in a way that is necessary to afford them an equal opportunity for participation in said services and activities. Examples may include counseling services, athletics, transportation, health services, recreational activities, referrals to assisting agencies and equal employment opportunities. Physical education receives significant attention in PL 94-142 (Ibid).

Another aspect that this law impacted upon is the concept of least restrictive environment. This concept has come to be associated with "mainstreaming." In a general statement about the least restrictive environment for handicapped children, PL 94-142 states:

Each public agency shall ensure (1) that to the maximum extent appropriate, handicapped children including children in public or private institutions or other care facilities are educated with children who are not handicapped; and (2) that special classes, separate schooling or removal of handicapped children from the regular educational environment occurs only when the nature and severity of the handicapped is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

While the above statement, it is said, does not hold least restrictive environment to be synonymous with mainstreaming, the implication is that the education of handicapped children with children who are not handicapped should be the first of several alternative placement. Such a continuum must be inclusive of a range of placements, such as "instruction in

regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions." The law also specifies that this continuum "makes provision for supplementary services (like resource room or itinerant instruction) to be provided in addition with regular class placement."

However, the principle of least restriction according to Kaufman and Morra (1978), has been described as a philosophical position. In examining the educational implications of least restrictive environment more closely, it becomes apparent that the concept does not lend itself to the settings of specific steps to be followed in its implementation. In a way, what the principle says is that all children, including the handicapped, should be educated in a manner that does not inhibit interaction with peers or demand unusual instructional arrangement. This position to a greater extent has been interpreted as "mainstreaming" (Stephenlilly, 1979).

Mainstreaming. As defined by Turnbull and Turnbull (1978), mainstreaming may certainly be least restrictive for many handicapped children but it only represents one of several options that may be least restrictive depending upon the needs of the child involved.

Mainstreaming is a method for individualizing an exceptional pupil's education, since it prevents a child being placed in special programs unless it is first determined that he cannot profit from regular educational placement. It simultaneously addresses the requirements of an appropriate education--as individualized education--and no discriminatory

classification. It promotes the concept that curriculum adaptations and instructional strategies tailored to the needs of exceptional children can occur in regular classrooms, as well as in special classrooms (p. 140).

Decisions on least restrictiveness must be weighed from individual perspectives. For instance, the severely/profoundly mentally retarded in Meyens interpretation, the traditional classroom may be too restrictive, whereas for other individuals like the mildly retarded, the same setting becomes least restrictive. However, applying the philosophy of least restrictive environment causes decision makers to become more conscious of their placement decisions. It also increases their sensitivity to the instructional needs of the individual as well as the requirements of an effective instructional atmosphere--a very positive consequence resulting from the principles being incorporated into PL 94-142 (Meyen, 1982).

#### Legal Consequences to PL 94-142

Breaking of the "right to education" law does not go without challenge from the individual victims or the Association for the mentally retarded children. In most cases, the judicial punitive measures are drastic to the intent of deterrent. In spite of the legal steps against the defaulters, many states still deny services to the handicapped.

Here are a few examples of court decisions against some states.

- (1) Florida: Florida ex rel. Grace vs. Dade County Board of Public Instruction (formerly Florida Association for Retarded Children vs. State Board of Education No. 73-2874 (Cir. ct. Dade County), filed November 26, 1973.

In this case, the Association sought from the court enforcement of the Florida Statute which requires local school boards to provide special education services within the districts school system, in cooperation with other district school system. According to the report, the school board stipulated that it had an obligation under the Florida Statutes to provide programming either directly or by contract. The Federal district court that handled the case awarded the plaintiffs some compensation. One received compensatory damages of \$5600 for the school's failure to contract out in the previous school year. The other plaintiff, according to the report, refused a \$7000 compensatory damage award while seeking for a greater amount (Yearbook of Special Education 1976-77).

- (2) Kentucky: Kentucky Association for Retarded Children v. Kentucky No. 435 (U.S.D.G., E.D., Ky). Consent Decree November, 1974.

This right to education class action was settled by consent decree, in which the parties stipulated inter alia, that children with physical, mental, emotional or learning handicaps have the same right to an equal educational opportunity as other children.

- (3) North Dakota: North Dakota Association for Retarded Children v. Peterson (U.S. D. Ct., N.D.), filed November, 1972.

This was another "right to education" suit filed on behalf of the North Dakota Association for Retarded Children and named thirteen children who represent the class of all other children similarly situated. The defendants in this suit include the state superintendent of Public Instruction, the State Board of Education, the State director of Institutions, the superintendent of the State School for the Mentally Retarded, and six local school districts which are representative of all such school districts in the state.

The report alleged that only about 27 percent of the 25,000 children in North Dakota who need special education services are enrolled in such programs. The relief sought included among other things: that defendants provide, maintain, administer, supervise, and operate classes and schools for the education of the retarded and all other handicapped children throughout the state of North Dakota; to provide educational opportunities to these children at the Grafton State School, and to require compensatory education to plaintiff children and their class who have incurred disabilities because they have not been provided with meaningful education suited to their needs. According to the report, the state legislature after the commencement of the suit action, enacted a law providing for virtually all of the demands of the law suit. However, the law did not require full implementation of plans for education of the retarded and the handicapped until July 1, 1980 (Yearbook of Sp. Ed. 1976-77).

### Sweden

The facilitation and/or enforcement of special education programs for the mentally retarded, through legislation, was not unique with the United States. It was equally an acceptable measure adopted in Sweden, one of the Scandinavian Countries.

In Sweden, special education had its genesis by the initiatives of private sectors. These private sectors provided care for the mentally retarded, though in a very slow system. For instance, in the last century, they established "idiot

school," "children's asylums" and six boarding homes. The first hospital for the mentally retarded did not open until 1930.

However, both the local and national governments took over the programs and expanded them with significant private pressure for further developments. A remarkable outcome of such a development was the inauguration of the National Association of Parents of Mentally Retarded Children in 1965 (Cronewald, 1969). The unique features of Swedish institutions is to be noted as regards their early emphasis on suitable occupational training. This emphasis distinguished them from the custodial nature of programs in many other countries of the world (Taylor and Taylor, 1960).

Each mentally retarded or handicapped child or youth is given three alternatives in the Swedish Comprehensive School. First, they are offered individualized teaching in regular class work. Second, they are given the opportunity of remedial teaching, similar to regular class work. Thirdly, they are given the option to be in the special class (or special school) placement. This type of individualized teaching within the regular class is very similar to the resource room in the U.S.A.

Special facilities are reserved for those specifically designed for the severely physically mentally retarded. However, the case of the mentally retarded turns to be different. The gradual public acceptance of their handicapping condition has resulted in legislative changes. For example, instead of the mentally retarded being considered "care cases," these



retarded children became regarded as capable of responding to instruction or pedagogic stimulus (Lundstrom and Nashlund, 1972). The law mandates that programs cover ages 3-21 or 23 and that the pre-school programs be non-residential except where distance to be commuted necessitates stay at the school during the week days.

On the other hand, the educable (EMR) and trainable (TMR) mentally retarded children of ages 7-17 were stipulated to attend either a basic compulsory special school or training school. This mandate makes it imperative that from the age seventeen and above, all young retarded children and youth are exposed to a kind of school or vocational training (Dybwad, 1973). Literature available in Swedish education for children and youth with special need gives the impression that alternative measures could be discretionally utilized. For instance, where residential treatment is inevitable or rather necessary, the system should shift gears from big institutions to smaller units integrated in residential areas (Ibid).

### Summary

Reference in this study to the American legislative Act of PL 94-142 fortifies the researcher with the necessary evidence to show how an administration's attitude can be changed from that of neglect to involvement with her physically and mentally handicapped citizens. Therefore, an attempt is made at this

point to analyze the new law within its broader historical and socio-educational perspective.

In passing the PL 94-142 Act, Congress noticed that the special education needs of almost eight million handicapped children in the United States were not being fully met. For instance, Congress reported that many of these children were not receiving proper services; that many experience handicapping conditions which have not been properly identified and/or diagnosed; that some one million of them are completely excluded from the public school system. "...families are often forced to find services often at great distance from their residence and at their own expense..." [Sec. 601 (3)(b)(g)].

Therefore, the Act was stipulated to overcome the above discrepancies and to make sure that handicapped children, including the mentally retarded, share to the extent which they are able their Constitutional rights as citizens. Perhaps the overriding purpose of the Act was best summarized by Abeson and Ballard in their recent review of "State and Federal Policy for Exceptional Children" (1:83-95):

...the whole purpose and design of the PL 94-142, the Education for All Handicapped Children Act, was aimed at terminating the unconstitutional exclusion of handicapped children from the public education system (1:87), an act which is indicative of the negative attitude towards the handicapped as embedded within the sociocultural context.

### The Nigerian Experience

In this section, a brief discussion is made on three major factors that possibly led to the Nigerian broadened social policies as embedded in the Second (1970-1974) and Third (1975-1980) National Development plans. These are:

- 1) that Nigeria had just ended up a thirty month civil war,
- 2) that Nigeria had significantly emerged into a new scale of economic growth, and
- 3) that Nigeria had consequently assumed a new role of leadership for the African continent and the black world.

In view of the above factors, Nigerian federal military government included a special education program as one of the social policies within the development plans. Nonetheless, the National Development plans indicated no direct formulation of objectives regarding a policy position on mental retardation. It is important to note that the social condition of the handicapped in general, and mentally retarded specifically, was deplorable. Hence it was obvious that any development plans which included the handicapped as before would be more or less meaningless.

First, it has to be realized that the end of the Nigerian thirty-month civil war left the country with some devastating effects. Besides the loss of many lives, thousands were living victims. Some were maimed, some were brain damaged and retarded

due to the effects of shelling, bombing and artillery. Others were blinded.

Consequently, these victims, having no confidence in themselves any longer and having low self esteem, resorted to nothing else but filling up the streets of the major cities and strategic places begging for alms. It was this ugly situation that struck the Nigerian Administration (Supreme Military Council) to include special education and rehabilitation in the National Development plans.

The term rehabilitation in this context is used to cover medical, physical, educational, psycho-social, and vocational processes through which a handicapped individual is restored to a maximum usefulness of which he/she is capable mentally, physically, and vocationally. The rationale behind vocational rehabilitation is that the handicapped has substantially limited prospects of securing and retaining a suitable employment as a result of his handicap, a situation which more often than not compels him or her to beg in order to keep both body and soul together. There is no doubt that the presence of the beggars prior to this arrangement was reflecting on the national image of Nigeria.

It was then observed that problems arising from the disability of an individual do not only affect the handicapped and his family, but also the society at large. It, therefore, became incumbent on the society to assist the victim by means of special education and services designed to enable him/her to

earn a living as other members of society do without undue dependence on others. The bold idea of all-inclusive national social policies that involved the mentally retarded was first conceived by the federal military government in 1975. This was immediately after a conference of commissioners responsible for social development in the Federation. So Nigeria, in an attempt to redeem her national image, could not reconcile her claim of economic and political leadership with the sight of beggars in her streets. It is this situation that brought hope to those who were in darkness - the mentally retarded.

Incidentally, the seventies happened to be very crucial in Nigeria's social, economic, and political development. It was a period fused with increasing socioeconomic change. It was a period of expanding opportunities due to the oil boom, coupled with one of considerable social upheaval due to the civil war. In fact, some Nigerian analysts like Herskovitz (1982), Kirk and Rimmer (1981), and Williams (1976) did not hesitate to confirm that the decade of the seventies was crucial in Nigerian history. Nigeria, escaping the deplorable economic conditions as described earlier in this chapter, fortunately was experiencing its highest rate in economic growth (Herskovitz, 1982) when there was a strong need for human and institutional reconstruction.

The economic growth at this time is visible from the comments of Diejamcah and Anusionwu (1981):

The 1960-1970 decade on the whole did not witness a substantial gain in per capita income because of the disruptions in production as a result of the Nigerian civil war in the 1967-1970 period. On the whole, per capita GDP increased at the rate of 0.6 per cent per annum from 1960 to 1970. The Nigerian economy, however, expanded considerably in the 1970's with GDP growing at an annual rate of 6.2 per cent (1970-1977). Overall GDP per capita increased at the rate of 3.6 per cent per annum in the 1970-1977 period.

The relatively rapid growth of the Nigerian economy has now pulled the country out of the ranks of the poorest developing countries and into the World Bank's category of middle income countries. The GDP per capita of Nigeria was estimated at 420 in 1977 by the World Bank (p. 90).

Nigeria's economic growth was not accidental. It was mostly due to its oil revenues which increased four fold in 1973-1974 financial year (Table 9). With the increment in oil prices per barrel, coupled with increased oil extraction, Nigeria's status was elevated to an official membership in the Organization of Petroleum Exporting Countries (OPEC) in 1971 (Rimmer, 1981).

The newly attained economic status did not only compel Nigeria into a broadened and all-inclusive social policies, but exposed her to a new leadership role.

The emergence of Nigeria into the arena of international affairs confirms an Ibo proverb:

When a child washes his hands clean, he eats with kings  
(Achebe; Things Fall Apart, 1959).

In terms of size, population, human resources, and now economically elevated and bouyant, Nigeria became recognized as the "Giant of Africa." For her to meet up with the demands of this role, like the child desiring to eat with a king, Nigeria

TABLE  
Production and Exports of Mineral Oil  
1966 and 1969-77

Year	Output Million Barrels	Average Export Price (U.S. \$) per Barrel	Value of Export Millions	Percent of Total Nigerian Export
1966	152.4	-----	184.0	33.0
1969	197.2	2.17	262.0	41.6
1970	395.9	2.25	510.0	57.6
1971	568.9	3.05	953.0	73.6
1972	665.3	3.39	1,176.2	82.0
1973	750.4	4.80	1,893.5	83.1
1974	823.3	14.69	5,365.7	92.6
1975	651.3	12.95	4,563.1	92.6
1976	757.6	13.78	6,321.6	93.6
1977	765.7	14.56	7,072.8	91.9

Source: Rimmer, Douglas, 1981, pp. 50

included some objectives that would protect the common interest of African countries. The adoption of an aggressive economic policy to raise the image of the African continent led to the all-inclusiveness of every Nigerian citizen - mental, physical, and emotional condition notwithstanding.

Questions, therefore, remain to be asked. Now that special education had evolved in Nigeria, how are the mentally retarded treated? What sociocultural attitudes enhance or inhibit such treatment? What are the prevalent attitudes toward the mentally retarded in the Nigeria society? Are these attitudes consistent with the observable treatment? These questions and more are to be explored through survey as explained in Chapter Four (Appendix E) and discussed in Chapter Five.



## C H A P T E R   I V

### METHODOLOGY

#### Introduction

Among the issues that professionals struggle with today is the growing awareness of the need, practically and theoretically, for the identification of the type of relationship that exists between a sociocultural setting and the mentally retarded persons. According to Efron et. al. (1967), an important aspect of the social context involves attitudes towards the mentally retarded. People concern themselves especially with such attitudes as held and promoted by the society in general. Mendelsohn (1954) suggested that a good beginning for researchers interested in improving the welfare of the retarded persons is finding out "what informational and attitudinal clusters concerning mental retardation exist among the given population."

Several researchers have carried out studies in which they have demonstrated the significance of attitudes in the acceptance of retarded or handicapped persons within certain cultural, social or educational settings. Among these were studies done by Barker and Wright (1960); Meyerson and Gonick (1953); Berreman (1954); Harring, Stern and Cruishank (1972); to mention but a few. Dunzberg (1958) infers that mental retardation is different from physical disability in that,

unlike the latter, the former is to a great extent a social concept. For instance, the kind of programs a community or society provides for the mentally retarded and is willing to endorse is more or less a function of the prevailing attitude and the society's value system (Ibid).

Another writer puts it differently when he asserted that "attitudes towards the mentally retarded largely determine whether they obtain acceptance, encouragement and guidance necessary for socially useful and independent living (Greenbaum et al., 1965).

It is therefore vital that a meaningful investigation be made to varify the prevailing sociocultural attitudes towards the mentally retarded in Nigeria.

The nature of this study as a new and unexplored area as it is in Nigerian educational context has constantly guided and awakened the investigator's need for choosing among other available options the most appropriate methodologies. The researcher selected the methodologies that would ensure the collection of the full range of data needed in the study, using both qualitative and quantitative techniques.

The adoption of qualitative approaches, according to Sanders and Cunningham (1978), are necessary because they provide the opportunity to gather descriptive and exploratory information which is basically needed for understanding the present study. The purpose of collecting descriptive data is to describe fully and completely what is, and not what should be.

According to Sanders and Cunningham a comprehensive characterization of what is will aid greatly in making judgment and in determining what to revise once some deficits are identified.

Filstead (1979) commented that:

qualitative method as a decidedly human cast in understanding social reality of the idealistic position stress an evolving negotiated view of the social order.

According to him, this type of approach perceives social life as the shared creativity of individuals who are conceptualized as active agents in constructing and making sense of the realities they encounter rather than responding in a robot like fashion due to role expectations established by social structure.

The social world, particularly "culture," is not fixed or static but changing and dynamic. There are no fixed or regulated response sets to situations; nevertheless, agreement could always be reached through interpretative process.

For the purpose of choosing an appropriate inquiry strategy, this study based on the survey type of research questions, considers qualitative methods as not only one of the best means of collecting the most needed information about the sociocultural attitudes and treatment of the mentally retarded children; but also one of the most appropriate methodological approaches for addressing the issues raised by the problem statement in Chapter One. Nevertheless, it also seemed necessary from the perspective of the study that quantitative

techniques be considered in order to receive information which could not otherwise be obtained through qualitative approaches. No doubt, the combination of both techniques is valuable, as one augments the other.

The adoption of both qualitative and quantitative approaches have the advantage of getting all the relevant information and basically applying techniques that are most appropriate in each situation. According to Reichardt and Cook (1979), "a researcher need not adhere blindly to one of the polar extreme paradigms that have been designated qualitative and quantitative. Rather, a researcher can freely choose a combination of attributes from both paradigms so as to obtain maximum responses to the demands of the research problem at hand" (Trend, 1978). Lanin and Orr (1979) asserted that such methodological combination serves as a valuable research technique for the following reasons:

- (i) it provides the means and opportunity for establishing structural corroboration by compelling the researcher to situationally check the validity of his hypothesis.
- (ii) it gives credibility to data and findings.

To sum it up, the authors pointed out that

once a hypothesis has been confirmed by two or more measurement processes, the uncertainty of its interpretation is greatly reduced. And the most persuasive evidence comes through a combination of measurement processes . . .

## Procedure

Before proceeding to the above stated methodologies, the investigator decides to have

- (1) An overview of different survey measurements in the literature such as:
  - the interview/questionnaire technique
  - the questionnaire (general)
  - attitude scale questionnaire (specific)
  - parental attitude scale
- (2) The study methodology
  - the sample
  - data processing and analysis

## Part I An Overview of Survey Measurements

Most of the research done in Nigeria has used questionnaires or live interviews or both (Uche, 1975; Adesina, 1977; Odusina, 1979; Awokoye, 1980). Nonetheless, the use of questionnaires or interviews is not unique to Nigerian researchers. Studies done in other countries indicate similar uses.

1) the interview/questionnaire. A combination of interview and questionnaire was adopted for surveying the needs of students in the state of Washington. According to Boyd's report (1970), this procedure had two phases: 1) a mailed self-administered questionnaire. Here each individual respondent was asked to "check off" from a large list of possibilities ones that applied to him or her. As in any other opinion survey done to develop programs for students, individuals who were surveyed

were not restricted to one group, such as the students themselves, or their teachers (Ibid).

For instance, six groups were designed for the case treated in Boyd's report and are as follows: teachers, staff personnels, senior high school students, parents, business personnels and dropouts from high school. A random sample from each of the six groups was administered the questionnaire. Thirty-four focused interviews were conducted with respondents from the six groups. These interviewees were randomly chosen from the six groups. However, the random sampling in the two phases was further stratified to represent different ethnic, geographical and school districts in the state. Again the school districts were subdivided into urban non-metropolitan, urban metropolitan, rural ethic and others.

This particular survey was beneficial from many aspects: 1) it covered a wide spectrum of the community, 2) it was random sampling to establish objectivity and validity, 3) it involves various kinds of persons in defining student needs and 4) it used interviews in addition to questionnaires to get clarification and identify potential needs that could be operationalized.

The questionnaire that was used asked for two types of information each...from students, teachers, and parents. This made it possible for every item to be checked twice on a 0-100 scale. The first objective was to show where the students were at present functioning and a second objective was to depict where she/he might reasonably be functioning, and his or her

needs for a particular objective. A discrepancy score was computed, and items over a certain percentage were the ones which educators used in making decisions for new programs. Along with the questionnaire, "reverse flow" interviews were conducted as teachers gathered from parents, the latter's perceptions on how well the school was meeting the needs of their children. The new aspect as described is that of measuring need fulfillment and not merely determining the ideal need per se based on data collected from limited resources.

2) another type of questionnaire/interview. One can discover from the literature other factors involved in a typical survey instrument. In some models, the researcher asked the respondents an opinion or goals and applied a three-point scale such as, important, neutral and unimportant. One such instrument applied a 0-100 scale to measure effectiveness of programs (Fitzgerald, 1975). Again many questionnaires can be found with multi-point scales. Wright et al. (1972), in his survey of high school teachers perceptions of needs in Willowdale, Ontario, asked the respondents for a scale rating of perception ranging from strongly agree, agree, disagree, strongly disagree, to no answer/opinion.

New Jersey used a series of regional and statewide conferences to generate and rank a formalized set of goals for the state. It also conducted a public opinion survey through personal interviews with a stratified sample of 1325 residents

(Opinion Research Corporation) (February, 1972). The public opinion survey was used to obtain ratings of attainment and importance on the final set of 16 outcome goals and nine process goals.

Hershkowitz's Maryland study (1972) also asked for a ranking of goal importance on a continual interval scale with three of its five points designated, not at all important, moderately important, and very important. In another study sponsored by the New Jersey State Board of Education, four models of opinion survey are shown in some details.

The Mapleton Public Schools in Denver, Colorado, in 1972, carried out a questionnaire survey. The questionnaire among other things asked the respondents to choose from multiple choice items such as: "The length of the academic year should be 1) six months, 2) nine months, 3) twelve months." Other items on the questionnaire included, length of school week and time of operation. In addition to multiple choice items, the questionnaire used 75 other true-false questions, such as "my teacher always tells me when she/he is pleased or not pleased with my work" (Educational X-ray of Mapleton Public Schools, 1972, p. 120).

3) the questionnaire. It might be argued that every survey as applied to this study using the interview system involves overtly or covertly the application of questionnaires. Yet there are some surveys especially "attitude scales" that employ



questionnaires without interviews. Having said that, the gear will then be shifted to studies that utilized predominantly questionnaires such as the survey carried out by educators at Kentucky University.

These educators used "attitude scales" designed to measure perceptions of basic schools and learners need for parents and professional educators." The instrument is divided into three parts:

Part I contains 55 items with six needs categories. Applying the choices were: more attention, present attention, and less attention and the respondents were expected to classify the 55 items with regards to needed attention within the schools.

Part II utilizes the six categories which the respondents are asked to prioritize, with regard to their attention rank order. Whereas, part III contains a list of certain learner's needs and the respondents are in turn asked to assess the school as to how it meets up with the stated needs (strongly, adequately, weakly).

The Kentucky questionnaire is illustrative of these (Auttman and Foa, 1951). a) A college of professional educators set up certain tasks from their own perspective; b) respondents are then asked to give their own opinion in terms of the significance of the items, c) different groups of respondents are evaluated, d) a kind of prioritization is requested and in the analysis, relative weighting is given to the prioritized items, e) there are many components to the questionnaire...demo-

graphic data about the respondents, checking points that are relevant, rank ordering the points, and occasionally giving a chance for free comments.

The unique things about this kind of survey are: 1) its comparative objectivity for the fact that all respondents work on the same items and just check off appropriate ones. 2) The survey is simple to score and analyze quantifiably. The critical aspects register in the fact that a) a small group of people usually identifies the needs to start with, according to the critics, this forces the respondents to two options--consent or no consent. b) Respondents are usually selected arbitrarily. It is for this reason that Borg and Gail (1983) place emphasis on the importance of the measurement of intensity in attitude scales, especially with regards to the content variable. They argued that a single question cannot differentiate changes due to intensity from those due to direction. A change in response to a single question, Aultman and Foa asserted, may be due to either factor or both. Argument here is based on the concept that any single question is usually biased as is easily noticed from the theory of scale and intensity analysis. This raises the question if the use of a single question for the study of sociocultural attitudes towards the mentally retarded persons is an appropriate approach.

The authors suggest that intensity of attitudes be ascertained by raising a question on intensity immediately

following a content question. To illustrate what he meant, he wrote:

One form used for an intensity question is simply, "How strongly do you feel about this?" With response categories of "very strongly," "fairly strongly" and "not so strongly."

According to Suchman, repeating such a question after each content question provides a series of intensity measures. In applying the same procedure for content answers, the items are scored and each respondent is given an intensity score.

Maierle (1969) designed a system that utilizes the combination of content and intensity items into one score. With the system, Maierle claims this procedure increased reliability as well as measured the strength of relationship between the six attitude-behavior scale for the mentally retarded (Ibid).

Another survey questionnaire that calls for attention is that developed at the U.S. International University in Corvallis, Oregon. Twelder et al. (1972) in the survey asked seven different groups (department heads/chairpersons, teachers, curriculum coordinators, media specialists, and others) to identify different items of information concerning an instructional system for the groups that represented level of priority. Respondents are given an hour to locate 100 (3" X 5") cards that describe the kind of information that they would love to have prior to choosing a set of instructional materials. The first task as to arrange the cards into three arbitrary piles. In the second arrangement, each pile was sorted in three groups

(important, neutral, unimportant). Then the nine piles are placed into nine envelopes and posted to information users for decision making.

Other relevant aspects of the nature of the questionnaire are illustrated in Christofferson's study (1972) of audio-visual needs for providing data to the Madison, Wisconsin community concerning career opportunities. In this case, a kind of sampling was necessary due to the estimated population of 221,000 citizens within the district. The researchers decided on a random stratified sampling. In each of the counties, eighth graders, twelfth graders, and adults were randomly selected.

Questionnaires vary in different aspects: in length, variety of persons required to complete the instrument, and population or groups surveyed. The type of responses needed differs in many ways, with different instructions for recording the response. Some of the questionnaires are typically directed to a relatively few respondents, while others are applicable to hundreds and thousands.

4) attitude scale questionnaire. The literature on attitudes seems to underscore or approve the use of both the unstructured and structured questionnaire formats for the measurements of attitude.

In the structured questionnaire format, most of the instruments tend to run from four to seven response sets,

ranging, for instance, from "strongly agree" to "strongly disagree." A previous review (Jordan, 1968) of the literature on attitude studies indicated that four classes of variables seem to be important determinants, correlates and/or predictors of attitudes: (a) Econo-demographic factors such as age, sex and income, (b) Contact Factors such as the amount, nature, perceived voluntariness and enjoyment of the contact, (c) Socio-psychological factors and one's value orientation and (d) the Knowledge Factor which determines the amount of factual information one has about the attitude-object.

Regrettably, experimental designs for an attitude scale type of study are essentially non-existent because there is often no appropriate control group which can be identified. Again, the differences, for instance, in the handicapping conditions of mental retardation makes experimental attempts impossible. Despite these, no two cultural settings demonstrate uniform attitudes completely towards their retarded persons. Hence, none of the instruments reviewed in the literature specifically measure "socio-cultural attitudes towards the mentally retarded."

However, there are some instruments that are closely related such as (1) The Parent Attitude Research Instrument (PARI), developed by Schaefer and Bell (1958). Significant components in the PARI include: authoritarian control, hostility, rejection, and democratic attitudes, and (2) Parent

attitude Scale towards their mentally retarded children developed by Love (1959).

5) Parental attitudes. Laws (1927) is honored as being a pioneer in the study of parental attitudes. At the time of her study, she administered a four-part questionnaire to fifty mothers in child study groups. But rather she used a non-leading, indirect questionnaire of a disguised, structured type.

Lassar (1956) combined existing instruments with his own instrument and an interview. Subjects then filled out a single combined instrument and subsequently took an interview as a part of the survey administration. This technique was successful but, like the interview approach, was limited by a lengthy administration time and a small number of respondents. Other techniques for measuring attitudes, besides the ones already discussed in this paper include: observation, non-verbal language, case histories and projective designs.

McNemar (1955), the one who surveyed the field of attitude methodology, stated: "There would seem to be no absolute basis for determining the optimal-response set-up." Hall, in the same study, commented that "a rather exhaustive search of the literature uncovered no scale, yet designed none that could be used without alterations for the purpose of any study on attitudes" (p. 83).

The investigator will now proceed to develop an instrument that could be used for an effective measurement of sociocultural attitudes.

## Part II The Study Method

Based on the reviewed literature, the investigator saw the need to develop a unique instrument for the measurement of sociocultural attitudes towards the mentally retarded in Nigeria. This decision was incumbent in the sense that no study has been done specifically on "sociocultural" attitudes towards the retarded.

Thus the instrument is designed to be called Sociocultural Attitudes Towards Mentally Retarded and their treatment in a developing country scale. However, the instrument hereafter in this study is addressed as "Sociocultural Attitude and Treatment Scale" (see Appendix E).

Following Love's (1962) research approach and Rensis Likert's (1954) method of summated ratings, these steps were taken.

- 1) A large number of both positive and negative statements relating to the attitude object in question were compiled.
- 2) The items are written in an attitude scale format. Each item choice is given multiple response categories of "strongly agree, agree, no opinion, disagree, strongly disagree." Here the instrument is intended to represent about fifty percent of the items with positive response, "an agree," which is an indication

of a favorable attitude and treatment towards the mentally retarded. Whereas the other fifty percent of the items conveyed negative attitude, "a disagree," response.

3) A pilot form of the attitude scale was given to eight "reviewers" comprising educators, administrators, specialists in Special Education and psychologists for their review and comments. However, there is some overlapping in the areas of specialization among the reviewers.

4) These eight professionals served as reviewers and critics in selecting those items which in their judgement are important and relevant to the attitude object in question.

5) They were requested to rate each item in the following categories: On a two point scale, write 2 .... against every item that is important and relevant to the study. And write 1 .... next to items that are unimportant to the study.

6) Again, by the alphabets 'P' for positive and 'N' for negative, indicate which of the items is (a) positive (b) negative attitude towards mentally retarded children (see Appendix D).

7) Finally, they were asked to add any items or statements which in their opinion are pertinent in "a Sociocultural Attitude Treatment Scale."

8) After getting back these questionnaires from each of the reviewer members, each item was analyzed on the basis of the two point scale and the 'P' and 'N' item signal.

9) Any item rated by five or more reviewer members as being unimportant was deleted. Again, any item in which three or more



reviewer members disagreed as to whether the item signalled a positive or a negative attitude towards a mentally retarded person was deleted also.

10) The items not eliminated were listed into a revised Sociocultural Attitude - Treatment Scale (see Appendix E).

### The Sample

The subjects in this study were the Nigerian citizens currently residing in the United States. These respondents were regarded as a sample of the elite population in Nigeria. This population has been the National "Actors" such as top Military and diplomatic advisers as well as executive leaders who are involved in the decision-making process within the government agencies and organizational realms. Hence, the ascertainment of the attitudes of this group appears to be critical in the present and future treatment of the mentally retarded citizens of Nigeria.

These subjects were located in ten different states, namely: Alabama, California, Connecticut, Georgia, Kansas, Maryland, Massachusetts, Michigan, Nebraska and Ohio.

The states were not randomly selected. The researcher considered the ten states significant to the study as they met up with the two required criteria. First, the availability of a research assistant to co-ordinate the research in that location. The person must be a Nigerian well known to the researcher who

willingly or voluntarily agreed, co-ordinated and distributed the questionnaires to other Nigerians when he received the package. The research assistant also answered some immediate relevant questions concerning the instrument. It was he who also collected back the questionnaires from the individual respondents to ensure a high rate of returns.

Second, the states chosen have Nigerian citizens from the key regions of Nigeria (North-predominantly, Hausa; West-predominantly, Yoruba and East-predominantly, Ibo). This choice was necessary to allow fair distribution of the instrument to subjects from different ethnic groups in Nigeria.

Most of the subjects held dual, triple or quadruple roles as parents, teachers, students and administrators, who before they came to the United States, were likely to have been either in a position to formulate educational policies or implemented some within the government bureau.

Besides, a limitation was placed on the time duration the subject has remained out of Nigeria. For example, subjects who have been away from Nigeria for more than ten years were eliminated.

The subjects were asked to indicate their own attitudes by checking the response to each item which best describes their feelings as regards the item (Appendix E).

The instrument packages were sent to the co-ordinators with a covering letter attached to each instrument. Self-addressed stamped envelopes were also included in the package with which

the coordinators returned the completed questionnaires. Within an interim period of two weeks, the investigator contacted the coordinators by telephone and subsequently a follow-up letter after another two weeks to facilitate their action. Out of two hundred instruments dispatched, one hundred and sixty-four copies met the criteria needed for such data to be included in the study.

### Hypotheses

Six hypotheses based on the data were developed for this study. Each of these, as listed below, examined the relationship among the variables as well as between the attitude and belief scales. The rationale for the hypotheses are stated in Chapter Six.

#### Hypothesis One

Culture affects attitudes/beliefs to such an extent that people from northern and western Nigerian cultural grouping will significantly differ from their eastern counterparts as regards their attitude toward the mentally retarded.

### Hypothesis Two

Persons related to mentally retarded children are less likely to have negative attitudes toward the mentally retarded than those without any indicated relationship.

### Hypothesis Three

Teachers and Administrators tend to have less favorable attitudes toward the mentally retarded citizens than other professional groupings.

### Hypothesis Four

The older a person becomes (33 or above), the more favorable an attitude the person will show toward the mentally retarded children.

### Hypothesis Five

Males in the surveyed cultures will significantly demonstrate more negative attitudes toward the mentally retarded children than their female counterparts.

### Hypothesis Six

Nigerian citizens who have spent less than four years (1982 to date) in the United States are more likely to have less

favorable attitudes toward the mentally retarded children than Nigerians who have spent a greater number of years in the United States.

### Data Analysis Procedure

All data was entered into Opscan sheets and subsequently stored on disk in preparation for analysis by the computer system at the Graduate Research Center, University of Massachusetts at Amherst.

The program used in data analysis was the statistical package for the Social Sciences (SPSS, Nie et. al. 1975). This program is used mostly to determine frequency analysis and significant relationships. To get maximum benefit from this program Cronbach's Reliability Analysis (1972) was used to test the relationships among the dependent variables.

Further more, the Stepwise Multiple Regression Analysis techniques were adopted to examine the relationships between the dependent and independent variables used in the study, for the purpose of testing the six hypotheses. Detailed discussions on these techniques following the analysis of the data are given in the last two chapters.

C H A P T E R    V  
SURVEY ANALYSES AND RESULTS

Introduction

This chapter presents results of the study on the sociocultural attitudes toward the mentally retarded in developing countries based on a survey of Nigerian citizens in the United States. The rationale for choosing Nigeria for the study cannot be overemphasized. First, the investigator is a citizen of Nigeria. He has lived and worked in different cultural settings of Nigeria. Besides, he has a more likely access to Nigerians now residing in U.S. as to respond to the data. Secondly, Nigeria is a pluralistic society with nearly three hundred and ninety distinct cultural groups. And thus, is representative of the diversity of the "third world" and African cultures.

The study used a survey instrument made up of three major components: Attitude Variables, Belief Variables and Demographic Characteristics (see Appendix E).

Procedure

With the above brief introduction, the chapter proceeds to discuss the process by which the data were analyzed in the three following sections.

### Section One, Attitude Variable Domain

First, frequency results of the items measuring attitudes are presented in Table 10, followed by a rationale for the interpretation in Figure 1, items A and Figure 2, items B.

A Reliability Analyses for Attitude Scale were done in seven runs (see Tables 11 to 17).

### Section Two, Beliefs Variable Domain

In the process of analysis, some items included in the questionnaire were identified to be measuring the Sociocultural Beliefs about the Mentally retarded rather than Attitude toward them. Hence, this chapter presents Results of Frequency Analysis in this domain (Table 18). Rationale for interpretation appears in figure 3 items C and figure 4 items D. Two kinds of Beliefs were identified and designated as Zbel and Nbel respectively. These are treated in that order throughout the writing.

To test these beliefs, reliability analyses were performed in five runs for Zbel (Tables 19 to 23) and also four runs for Nbel (Tables 24 to 27) respectively.

### Section Three, Demographic Variable Domain

In this section, various complex processes were involved, with a view to testing the six hypotheses stated in the previous chapter.

However, this section adopted the following sequence:

First, it presents the results of the frequency distributions of the demographic characteristic (see Tables 29 thru 37). Summary

Second, Discussions on Z-scores Recoding led to Multiple Regression Analyses Scales on ZATT, ZBEL and NBEL (see Tables 38 thru 40).

Results in each of the three scales were precisely interpreted relative to the six hypotheses mentioned above.

Finally, the Chapter Summary is presented with the three Multiple Regression Scales summarized in Table 41.

### Data Analyses and Results

The investigator coded the data collected into opscan sheets and submitted them to Information Processing Center, for entry into opsan tape. Subsequently, data were stored on disc in preparation for analysis by the Computer, in Graduate Research Center of the University of Massachusetts at Amherst.

A priori reasoning suggested that these non-demographic items might be scaled according to two dimensions. The first of these two dimensions that seem to represent items in Table 10 are attitudinal. That is, they appear to indicate positive or



negative attitudes toward mentally retarded children and youth. These items appear in Table 10 below.

Table 10

## Reference Table:

SA	= Strongly Agree	SD	= Strongly Disagree
AS	= Agree Somewhat	DK	= Don't Know
DS	= Disagree Somewhat	MISSING	= Missing Data

## Frequency Results on Items Measuring Attitudes

List of Items Measuring Attitudes	Scaling Pattern					
	SA	AS	DS	SD	DK	MISSING
#2 Mentally retarded children and youth can be useful citizens.	99	55	6	1	3	0
#3 Money spent on service provisions for the mentally retarded is better spent on the gifted children.	14	5	74	59	11	1
#4 Mentally retarded persons can enjoy the same basic needs as any other children.	90	58	9	3	4	0
#7 Creating public awareness will improve people's attitude toward the mentally retarded.	55	101	3	1	4	0
#8 Nigeria's economy is viable enough to include any programs for the mentally retarded.	69	63	19	2	11	0
#10 Mentally retarded persons do not care how they are treated.	19	6	61	63	15	0
#11 It is humilitating to go to a party with a mentally retarded child.	45	11	71	22	13	2

Table 10 (Continued)  
Frequency Results on Items Measuring Attitudes

List of Items Measuring Attitudes	Scaling Pattern					
	SA	AS	DS	SD	DK	MISSING
#12 It is unhealthy to expose the nonretarded children to their retarded peers.	22	12	85	33	12	0
#13 There is nothing the society can do to help the retarded except giving him alms.	3	3	57	96	5	0
#14 There is very little, if any relationship between mental retardation and mental illness.	51	14	41	19	37	2
#17 Given sufficient resources, I will support further research on the causes of mental retardation.	65	91	0	2	5	1
#20 The retarded child does not understand affection.	12	6	87	48	8	3
#22 Diagnosis is an essential service that should be provided for the treatment of mental retardation.	72	75	6	2	8	1
#23 Mental retardation of all categories should be provided for by the service providers.	86	55	8	1	13	1
#15 Attitudes of the administration affects the treatment of the mentally retarded.	94	40	14	3	11	2

The responses "Don't Know" (DK) and all missing data were recorded to the mode to preserve the sample size.

Subjects who responded with "strongly agree" or "agree somewhat" to items (A) figure 1 and "strongly disagree" or "disagree somewhat" to items (B) figure 2, are recognized to hold favorable attitudes towards the mentally retarded.

## Figure 1

## Rationale for Interpretation

Positive responses indicate favorable attitude toward the mentally retarded

## Items A

- #2 Mentally retarded children and youth can be useful citizens.
- #4 Mentally retarded persons can enjoy the same basic needs as any other children.
- #7 Creating public awareness will improve people's attitudes towards the mentally retarded.
- #8 Nigeria's economy is viable enough to include any programs for the mentally retarded.
- #14 There is very little, if any, relationship between mental retardation and mental illness.
- #17 Given sufficient resources, I will support further research on the causes of mental retardation.
- #22 Diagnosis is an essential service that should be provided for the treatment of mental retardation.
- #23 Mental retardation of all categories should be provided for by the service providers.
- #15 Attitude of the administration affects the treatment of the mentally retarded.

Figure 2

Negative responses indicate favorable attitude toward the mentally retarded

## Items B

- #3 Money spent on service provisions for the mentally retarded is better spent on the gifted children.
- #10 Mentally retarded persons do not care how they are treated.
- #11 It is humiliating to go to a party with a mentally retarded child.
- #12 It is unhealthy to expose the non-retarded children to their retarded peers.
- #13 There is nothing the society can do to help the retarded except giving him alms.
- #20 The retarded child does not understand affection.

Conversely, subjects who reported "strongly disagree," or "disagree somewhat" to items (A) above and "strongly agree," or "agree somewhat" to items (B) above are identified as having unfavorable attitudes toward the mentally retarded.

In order to assess the effective contribution of individual items considered to a scale measuring attitudes toward the mentally retarded, the SPSS reliability program was used.

Reliability analysis for scales on both attitudes and beliefs are carried out using Cronbach (1952, 1972) coefficient alpha ( $\alpha$ ) procedure. The coefficient alpha method according to Mehrens and Lehmann (1978), is a generalization of the K-R 20 formula (Kuder-Richardson Formulas), when the items are not scored dichotomously. The  $r_{KR20}$  is a special case of a more general reliability coefficient "alpha" developed by Cronbach (1951). The rationale for Kuder and Richard's most commonly used procedure, KR formula 20, is roughly equivalent to (1) Securing the mean intercorrelation of the K items in the test; (2) Considering items to be the reliability coefficient of the typical item in the test, and (3) Stepping up this average  $r$  with Spearman-Brown formula to estimate the reliability coefficient for a test consisting of K items (Stanley, 1957).

The reliability subprogram in Statistical Package for the Social Sciences (SPSS) allows the user to evaluate the scaling of items thought to represent important concepts in the data. If it makes sense to group items dependent on how well they measure a concept, then the Cronbach's alpha computed for a scale will exceed 0.60.

Scaling the attitudinal items was carried out in seven steps beginning with all sixteen items that appeared in figure 1. At each step the poorest loading item was deleted, thereby

improving the overall alpha coefficient for the scale. An item specified to be deleted conceptually is seen as irrelevant to the concept being measured.

Table 11 shows the result for the first reliability run on attitude toward the mentally retarded persons.

Table 11 Reliability Analysis for Attitude Scale

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15976	.32963
#3	.19500	.35804
#4	.18299	.31378
#6	.12065	.38742
#7	.25767	.30985
#8	.20879	.32310
#10	.25332	.27760
#11	.21869	.29731
#12	.18946	.29595
#13	.26712	.33208
*#14	.06458	.41082*
#15	.14819	.33911
#17	.16959	.34057
#20	.27849	.30551
#22	.19792	.35594
#23	.17107	.36862

Reliability	Coefficients	16 Items
Alpha	= .35019	Standardized Item Alpha = .38053

Notice that the Table 11 provides the alpha that would be obtained if an item were deleted (far right-hand column).

I have also added an asterisk (\*) to the line in the table that identifies the item to be deleted. This deletion no doubt improves the overall scale 'alpha' accordingly.

Table 12 shows the result of the reliability run with this item deleted.

Table 12 Reliability Analysis for Scale with Item 14 Deleted

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15892	.39467
#3	.17689	.40948
#4	.16381	.39052
*#6	.11554	.44501*
#7	.25678	.37262
#8	.20710	.38529
#10	.25249	.34962
#11	.21842	.36379
#12	.18941	.36616
#13	.26707	.39400
#15	.14750	.40067
#17	.16445	.40036
#20	.27847	.37175
#22	.19786	.41851
#23	.17106	.43302

Reliability	Coefficients	15 Items
Alpha	= .41082	Standardized Item Alpha = .41804

In table 12, it is seen that item #6 should be deleted.

Thus the item worded as:

"Financing services for the mentally retarded children appear to some Nigerians as wasting the government fund,"

does not effectively contribute to a scale measuring attitudes toward the mentally retarded.

Table 13 represents the results of a reliability run where this item has been omitted.

Table 13 Reliability Analysis for Scale (Attitude)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15600	.42202
#3	.17443	.45730
#4	.16347	.41863
#7	.23633	.39203
#8	.18372	.40327
#10	.24420	.41960
#11	.21612	.43290
#12	.18749	.42596
#13	.26642	.44564
#15	.12771	.42004
#17	.14069	.43418
#20	.26411	.42292
#22	.19641	.44501
*#23	.16272	.45918*

Reliability	Coefficients	14 Items
Alpha	= .44723	Standardized Item Alpha = .44726

In Table 13 item #23 is earmarked to be dropped thereby indicating that the statement

"Mental retardation of all categories should be provided for by the service providers"

does not effectively enhance a scale measuring attitudes towards the mentally retarded.



Table 14 presents the results of a reliability run with the exclusion of item 23.

Table 14 Reliability Analysis for Scale (Attitude)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15576	.43756
#3	.16027	.46074
#4	.15967	.43799
#7	.22255	.41589
#8	.18358	.41774
#10	.22982	.41778
#11	.21314	.43589
#12	.17912	.43999
#13	.26036	.45622
#15	.12642	.43429
#17	.12260	.45831
#20	.25608	.42485
*#22	.17797	.46894*

Reliability	Coefficients	13 Items
Alpha	= .45918	Standardized Item Alpha = .45922

In Table 14 item 22 worded as

"Diagnosis is an essential service that should be provided for the treatment of mental retardation"

does not prove to be an effective contributor to a scale measuring attitude toward the mentally retarded.

Table 15 therefore shows the result of a reliability run with the deletion of item 22.

Table 15 Reliability Analysis for Scale (Attitude) with deletion of item 22

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15435	.45512
*#3	.15055	.47332*
#4	.15736	.45043
#7	.18800	.44328
#8	.16847	.44101
#10	.22831	.42137
#11	.19735	.43653
#12	.17810	.43927
#13	.23157	.45277
#15	.11345	.45454
#17	.12247	.47254
#20	.25311	.42338

Reliability	Coefficients	12 Items
Alpha	= .46894	Standardized Item Alpha = .46897

With the deletion of item three worded as

"Most people in Nigeria understand the need for providing programs for the mentally retarded."

The reliability analysis brings us to the sixth run.

Table 16 Reliability Analysis for Scale (Attitude)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.15193	.44923
#4	.15681	.44812
#7	.17684	.43516
#8	.14585	.45276
#10	.22828	.42760
#11	.18095	.45052
#12	.17721	.44473
*#13	.18855	.47532*
#15	.10939	.46183
#17	.10735	.46743
#20	.25470	.42999

Reliability Coefficients 11 Items  
Alpha = .47332 Standardized Item Alpha = .47335

The deletion of item 13 worded as:

"There is nothing the society can do to help the retarded except giving him alms"

leaves us with the seventh reliability result as would be seen in Table 17 which is by all means considered as the most reliable.

Table 17 Final Reliability Analysis for Scale (Attitude)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#2	.14430	.43655
#4	.14600	.43448
#7	.17160	.42148
#8	.14418	.44877
#10	.21630	.44326
#11	.16890	.44993
#12	.15079	.46084
#15	.09714	.46807
#17	.10709	.46869
#20	.20449	.45626

Reliability	Coefficients	10 Items
Alpha	= .47532	Standardized Item Alpha = .47533

The above Table 17 shows the final reliability scale for the attitudinal items. It can be noted in the table that deleting any more items from the given list of variables does not improve the overall scale 'alpha.' Thus it is at this point that the scale includes the ten items that optimally measure attitudes toward the mentally retarded children and youth. This leaves the researcher with the second dimensional aspect of the measurement.

Beliefs

A second dimension that can be considered within the 23 non-demographic items concerns beliefs about the mentally retarded persons. Although subjects themselves might not agree that these beliefs reflect their own thinking personally, respondents scores on these items (Table 18) indicate either their own personal beliefs or what they think others in the society believe.

Table 18 Frequency Results on Items Measuring Beliefs

List of Items Measuring Beliefs	Scaling Pattern					
	SA	AS	DS	SD	DK	MISSING
#1 Nigerian policy of equal educational opportunities favor most people including the mentally retarded.	22	12	71	46	12	1
#5 Most people in Nigeria understand the need for providing programs for the mentally retarded.	22	6	86	42	8	0
#6 Financing services for the mentally retarded appear to some Nigerians as wasting the government fund.	90	23	24	8	19	0
#9 In my culture, it is believed that a retarded person as compared with an non-retarded cannot learn.	77	22	48	10	7	0
#16 Unlike the hearing impaired, blind, etc., the mentally retarded have little or no facilities in Nigeria.	76	44	21	6	17	0
#18 My culture associates retardation with divine curse.	61	27	44	12	19	1
#19 The Nigerian society treats both the retarded child and his family with scorn.	52	8	38	22	42	2
#21 In some ethnic groups of Nigeria, begging for alms is the most common practice for the retarded.	80	55	16	6	6	1

The response "don't know" (DK) and all missing data were recoded to the mode to preserve the sample size.

The responses "strongly agree" or "agree somewhat" for items (C) listed in Figure 3 and "strongly disagree" or "disagree somewhat" to items (D) in Figure 4 indicate that respondents think that others in their society hold beliefs that are receptive to the needs of the mentally retarded persons.

Figure 3

Rationale for Interpretation

Items C

Positive response to these items indicates favorable belief about the retarded.

- #16 Unlike the hearing impaired, blind, etc., the mentally retarded have little or no facilities in Nigeria.
- #6 Financing services for the mentally retarded children appear to some Nigerians as wasting the government fund.
- #9 In my culture, it is believed that a retarded person as compared with a non-retarded cannot learn.
- #18 My culture associates retardation with divine curse.
- #19 The Nigerian society treats both the retarded child and his family with scorn.

Figure 4

Items D

Negative responses indicate favorable belief.

- #1 Nigerian policy of equal educational opportunities favor most people including the mentally retarded.
- #5 Most people in Nigeria understand the need for providing programs for the mentally retarded.

Conversely, subjects who responded with "strongly disagree" or "disagree somewhat" to items (C) and "strongly agree" or "agree somewhat" to items (D) above are identified as persons who feel that others are not receptive to the needs of the mentally retarded individuals.

By the word "receptive," the researcher means that the believers in the stated items are sensitive to the needs of disadvantaged groups for special treatment and/or extra resources.

It may be necessary at this point to mention that measurement of belief system is not out of place when dealing with attitudinal scale.

The terms attitudes, beliefs, values and interests are often used synonymously and interchangeably. However there exists some definite distinctions among them. According to Mehrens and Lehmann (1980), attitudes and values are considered as one component, beliefs, and opinions another, and interest a different component. Hence a scale for the belief system emerged from the existing attitudinal instrument.

Table 19 shows the results of the first reliability run using the belief items.

### Belief System 1

This scale designated Zbel, was developed to measure the sociocultural beliefs about the mentally retarded children. It



specifically measured a concept that:

"All Nigerians, including the mentally retarded, are given equal education and social opportunities to develop their full potentials. Thereby believing that the mentally retarded citizen is being adequately treated (served)."

Items considered to measure this belief concerning the mentally retarded children and youth appeared in Table 19 below. Using the SPSS reliability program the items that would form a belief scale were identified.

Table 19 Reliability Analysis for Scale (Beliefs)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#1	.20245	-.07078
#5	.18381	-.06111
*#9	.17249	.12393*
#16	.09183	.09901
#18	.11437	-.10806
#19	.03750	.04285
#21	.02818	.03004

Reliability	Coefficients	7 Items
Alpha	= .01614	Standardized Item Alpha = .01048

In the above table, the asterisk (\*) points out that item 9 did not fit in with the rest of the six other variables in order to improve the overall scale alpha. Thus the item stated as:

"In my culture, it is believed that a retarded person as compared with a non-retarded cannot learn,"

is deemed unsuitable for further use in the present scale.

Table 20 shows the results of the next reliability run with the aforesaid item deleted.

Table 20 Reliability Analysis for Scale (Beliefs)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#1	.17903	-.07467
#5	.17694	-.02050
#16	.07280	.15333
#18	.03529	.16939
#19	.03271	.17233
*#21	.02694	.17938*

Reliability	Coefficients	6 Items
Alpha	= .12393	Standardized Item Alpha = .11739

Item twenty-one is pointed out as not being homogeneous with the other variables as to yield a more reliable coefficient alpha. Hence the next table shows results with its deletion.

Table 21 Reliability Analysis for Scale (Beliefs)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#1	.16832	-.09224
#5	.17092	.03833
#16	.06473	.20563
*#18	.03528	.28209*
#19	.03081	.27498

Reliability	Coefficients	5 Items
Alpha	= .19077	Standardized Item Alpha = .19081

In Table 21 item 18 is seen as irrelevant to the measurement of belief scale being considered. The dropping of this item brings us to the next results.

Table 22 Reliability Analysis for Scale (Beliefs)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#1	.16799	-.04366
#5	.17077	.12363
#16	.03851	.23896
*#19	.02420	.47582*

Reliability Coefficients 4 Items  
Alpha = .28209 Standardized Item Alpha = .28213

With the indication of item 19 to be deleted in table 22, a more reliability run on belief scale was done with results as shown below.

Table 23 Reliability Analysis for Scale (Beliefs)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#1	.16205	.24761
#5	.15419	.29137
*#16	.03580	.55605*

Reliability Coefficients 3 Items  
Alpha = .47582 Standardized Item Alpha = .47584

The table above presents the results of the final run on Zbel scale with an attainment of Cronbach's alpha of .55605 being

its most reliable figure. It therefore leaves the scale with two items (#1, 5).

### Belief System 2

At this point the researcher chose to examine another belief scale using items that were subsequently dropped from the above belief scale (Zbel). This action was deemed necessary unlike the attitudinal scale where attitudes are undimensional. In other words, while the attitudinal items appear to correspond to either favorable or unfavorable disposition toward the mentally retarded, the belief items might relate to more conceptually complex dimensions. That is more than one kind of belief is possibly being measured by these items.

So, the remaining unused belief items were deployed to measure another kind of belief scale herein called Nbel.

The SPSS reliability program was used to assess how well these remaining items might scale in this second category which measures a concept or belief that:

"The mentally retarded is worthless and acursed human being, therefore spending on him tantamount to misusing the national economy."

However, respondents may likely hold other beliefs about the mentally retarded. But that notwithstanding their responses would reflect what might be a belief commonly and consistently shared among the Nigerians.

This second belief scale as discussed above emerged as a necessity. Items that were rejected by the computer in scaling belief system one were considered pertinent for measuring this other completely different concept of belief. There are therefore six items that consequently got involved with this initial run.

Table 24 presents the results of the first reliability run for the Nbel scale.

Table 24 Reliability Analysis for Scale (Nbel)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#6	.12690	-.03606
#9	.13430	.00776
*#16	.08279	.37317*
#18	.14281	-.08361
#19	.02400	.15390
#21	.04407	.06151

Reliability	Coefficients	6 Items
Alpha	= .11997	Standardized Item Alpha = .12006

Item sixteen as indicated above does not seem to contribute effectively to the scaling of belief system two and therefore deleted.

Table 25 shows the reliability results with item sixteen deleted.

Table 25 Reliability Analysis for Scale (Nbel)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#6	.11713	.26123
#9	.10833	.27570
#18	.13750	.22549
*#19	.02022	.45105*
#21	.03907	.36496

Reliability	Coefficients	5 Items
Alpha	= .37317	Standardized Item Alpha = .37321

With the deletion of item nineteen which is worded as:

"The Nigerian society treats both the retarded child and his family with scorn."

The next reliability run was carried out as presented in the table below.

Table 26 Reliability Analysis for Scale (Nbel)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#6	.11008	.30577
#9	.10670	.34989
#18	.12524	.34986
*#21	.03625	.49924*

Reliability Alpha	=	Coefficients	.45105	Standardized	4 Items	Item Alpha =	.45107
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With the deletion of item twenty-one, the final reliability analysis on Nbel was run as shown in Table 27.

Table 27 Reliability Analysis for Scale (Nbel)

Number of Items	Squared Multiple Correlation	Alpha if Item Deleted
#6	.08062	.45592
#9	.10543	.39837
#18	.12423	.33924

Reliability Alpha	=	Coefficients	.49924	Standardized	3 Items	Item Alpha =	.49923
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Table 27 therefore presents the results of the final run on Nbel scale with Cronbach's alpha .49924 obtained as the most reliable. Consequently leaving the scale with three items (Figure 6; Item C).

With this final reliability result we came up with two kinds of belief scales which consequently might have some correlations with the peoples' attitude toward the mentally retarded. So there are altogether three reliability scales Zatt (attitude), the Zbel (belief system 1) and Nbel (belief system 2) as summarized below.

Table 28 Summary of Reliability Results

Scale	# of Items	N	Cronbach's Alpha Obtained
A- ZATT	10	164	.47532
B- ZBEL	2	164	.55605
C- NBEL	3	164	.49924

Based on Cronbach's recommendation concerning minimally acceptable scale alphas, the scale reliabilities presented above, do not appear to be substantially large. Comparatively, however, these reliabilities are considerably larger than those recently reported in high quality social science journals. For



example, Law and Society Review, recently published results of a study where scale reliabilities were noted to be .25, .31, and .08 (see Van Koppen and Ten Kate, 1984).

While absolute conclusions, like in any other research in social sciences, may not be drawn from these results, the alpha coefficients obtained in the scales are not so low that they could not be used for making some salient discussions.

Nevertheless other statistical measurements, apart from reliability were approached. But to do this, it became obvious that the demographic variables must be considered. This takes us to section three.

#### Demographic Independent Variables

As stated in the preceding chapter and noted in Appendix E, there are ten independent demographic variables included in the instrument. These are: (1) marital status, (2) number of children, (3) number of children retarded, (4) retarded relatives, (5) occupation of respondents before they came over to U.S., (6) time of departure from Nigeria, (7) sex, (8) state of origin, (9) academic status and (10) age. Presentation of these characteristics is done as categorical independent variables (see results of the demographic frequency distribution).

## Parenthood

The distribution of the respondents in the sample showed 100 as married and 64 unmarried, a ratio of approximately five to three. This indicates that most of the respondents are matured and responsible men and women in African culture. In African culture a grown up man or woman is not looked upon as fully responsible until he or she gets married.

Table 29

Distribution of Respondents by Marital Status  
(N = 164)

Respondents	Number	Percentage Missing
Married	99	60.4
Unmarried	64	39
Missing	1	.6

## Number of Children

A look at Table 30 indicates that a total of 58.5% of the respondents have children of their own while 41.5% are without children. However it should be noted that the 41.5% mentioned above includes both the unmarried respondents and the married but without yet children.

Table 30  
Distribution by Number of Children  
(N = 164)

Number of Children	Frequency	Percentage
1	20	12.2
2	30	18.3
3	15	9.1
4	14	8.5
5	8	4.9
6	3	1.8
7	4	2.4
8	1	.6
None	68	41.5
0	1	.6

Zero represents a missing data which was eventually recoded to the mode.

### Retarded Children

Table 31 presents the distribution of respondents in accordance to their acceptance or denial of having retarded children. Here it could be noticed that out of the 100 who indicated being married, only one accepted having a retarded child which is less than one percent.

Table 31  
Distribution by Retarded Children  
(N = 164)

Parents	Number	Percentage
Retarded children	1	0.6
Without retarded children	99	60.4
None parents	62	37.8
Missing	2	1.2

Relationship with the Mentally Retarded

This table shows approximately thirty percent of the respondents indicating having relationship one way or the other with mentally retarded children. Whereas, nearly seventy percent did not indicate any kind of relationship whatsoever.

Table 32  
Distribution by Relationship to Mentally Retarded Person  
(N = 164)

Relationship	Number	Percentage
With mentally retarded	44	26.8
No relationship with mentally retarded	113	68.9
Missing	5	3.0
No response	2	1.2

Occupation

The different occupations or professions held by the respondents in Nigeria were considered as significant elements of the data. The distribution shows that 50% of those who responded to the survey instrument were teachers and administrators, 18% were students of one category or the other, 6% nurses/paramedicals. This gives a total of 70% while the remaining 30% are filled up by other professions.

Table 33  
 Distribution by Occupation Prior to Coming Over to U.S.  
 (N = 164)

Code	Occupation	Respondents	Percentage
1	Teaching	64	40.9
2	Student	29	17.7
3	Administration	12	7.3
4	Nursing	9	5.5
5	Clerk/Civil Servant	18	11.0
6	Public Relations	2	1.2
7	Pastoring	6	3.7
8	Others	18	11.0
0	Missing Data	3	1.8

Missing data were recoded to the mode.

#### Time of Departure from Nigeria

In this section time of leaving Nigeria was considered crucial in the attitude of the respondents. The categorized distribution shows that nearly half the population of the respondents came over to U.S. in 1982/1983 category, which accounts for 48.8% of the sample. Second to this was 1980/1981 category with a total of 26.2%, followed by 1978/1979 category with 16.5%.

Table 34  
 Distribution by Time Respondents Left Nigeria for U.S.  
 (N = 164)

Code	Year	Number of Respondents	Percentage Represented
1	1984	4	2.4
2	1982/1983	80	48.8
3	1980/1981	43	26.2
4	1978/1979	27	16.5
5	1976/1977	9	5.5
6	1975/1976	1	.6

### Regional

Table 35 indicates that the respondents were categorized into the country's former regions--North, East and West. The distribution points that approximately 43% of the respondents came from the Eastern cultural groups; 30% from the Northern cultural groups and 27% from the West.

Table 35  
 Regional Distribution of Respondents  
 (N = 164)

Code	Region	Number of Respondents	Percentage
1	North	49	29.9
2	East	71	43.3
3	West	44	26.8

Sex

The distribution in this table reveals high percentage of male respondents over female in the study. The males maintain a record of 76% as against the 24% of their female counterparts.

Table 36  
Sex Distribution  
(N = 164)

Sex	Number	Percentage
Male	125	76.2
Female	38	23.2
Missing	1	.6

Missing data was recoded to the mode.

Age

As indicated in the table below, the greatest number of respondents included in the study range from age 26 to 39 with a total percentage of 62.2%. This figure is followed by 23.8% which the youngest category obtained. So, the overall age ranges from 18 being the youngest to above 40 years old.

Table 37  
Age Distribution of Respondents  
(N = 164)

Age Range	Number	Percentage
18-25	39	23.8
26-32	51	31.1
33-39	51	31.1
40-above	23	14.0

#### Summary of Demographic Data

It is possible at this point to stop and imagine what might be an ideal description of a typical respondent in this study. No doubt such a respondent is likely to be a mythical person with all the characteristics exhibited in the majority column. If that be the case, the search would look out for a Nigerian who is married and a parent to not more than two children. He would neither have retarded children nor related in any way to them. He would have been a teacher who left Nigeria around 1982 or 1983. He is likely to have come from Eastern Nigerian group of cultures. Finally, he must have been a male pursuing a four year degree program between ages 26 and 39 at the time the instrument was completed.



### Z-Scores

The use of Z-score variable transformation is the most common and universally utilized method for standardizing the scale of a variable of interval level measurement. The Z-score transformation generates a new variable with a mean of zero (0) and a standard deviation of one (1). Each case in the file then contains a value equivalent to the number of standard deviation units that it is above or below the mean.

Z-scores are computed by subtracting from the value of each case the original mean of the variable and then dividing that remainder by the standard deviation.

$$Z = \frac{(X_i - X)}{SD}$$

where  $X_i$  is the original value of the variable being transformed,  $X$  is the mean of the variable, and  $SD$  is the standard deviation.

Variables in the standardized Z-score form are useful in a variety types of analyses. Given their properties of zero mean and standard deviation of unity, it is often easier to compare the magnitudes of differences in the means and standard deviations across groups on some dependent variables when performing analyses such as involved in this study.

Z-score transformations are commonly used for the purpose of interval scaling of ordinal level variables. The above formula specifies how Z-scores are obtained from original scores. After adjustment for negative values, the scales are then ready for regression on the demographic variables.

### Recoding for Multiple Regression

In order to prepare the independent variables for multiple regression, recoding of the demographic variables was performed. Dummy coding was the method of recoding adopted (Kerlinger and Pedhazu, 1973).

Dummy coding transforms categorical or quantitative variables into interval level data coded 0 and 1. Based on this principle, the following variables were dummy coded.

#### Occupation

Question twenty-eight--occupation of respondents before they left Nigeria was dummy coded (1, 3 = 1) (Else = 0). Here teachers "1" and administrators '3' were combined as "1" while the rest of occupations indicated in the survey were classified as else with a "0." The combination of teachers and administrators was done on the assumption that both have much in common than any other occupation mentioned. Teachers and administrators get directly or indirectly involved with the education and welfare of the mentally retarded respectively. Furthermore, most of the administrators in Nigeria past and present were one time or the other classroom teachers, thereby making easy transference. Again, a great percentage of the category of teachers involved made such a combination possible. Some of these respondents were holding positions both as school administrators and teachers. This group (teachers and

administrators), was compared as indicated in the study, to all other occupational groupings combined.

#### Time Respondent Left Nigeria

Another variable dummy coded was time respondents left Nigeria for United States, which was question twenty-nine. In the coding, categories '1' and '2' were combined to form category "1" (1, 2 = 1) (Else = 0) while everything else was regarded as "0." This is to say that 1984, 1983 and 1982 immigrants were grouped as '1' compared to "0" which represents all other years 1974 thru 1981.

#### Cultural Group

State of origin represented in question thirty was also dummy coded. Nigeria was considered here as falling into three large geographical divisions - North categorized as "1," East 2 and West 3. This was based on the former political regional divisions based on geographical locations. Attempts to integrate East and West was not favorable. Hence the combination of North and West compared to the East (1, 3 = 1) (2 = 0).

## Cultural Group Rationale

It is not very surprising though to observe Northern and Western cultural segments of Nigeria being agreeable and more easily integrated than their Eastern counterpart. First, both North and West have cultures engraved in their nerves per se. In other words, both regions are strong believers in their culture and tradition. Whereas, the Easterners seem to be less charismatic, less dynamic and intolerant about cultures and traditions that have the tendency of running down one for the exaltation of another.

For instance, the Eastern cultures of Nigeria believe that every person is a potential leader and therefore could manage his own affairs if given every opportunity. But on the other hand, both Northern and Western cultures apparently hold the belief that some are born leaders and enterprisers to cater for those supposedly born to be perpetual pampers and automatically dependents. This could be observed in two ways in both North and West. One, the existence of the traditional ruling class-- Emirate and Oba systems. Two, the tradition of hosting and feeding hundreds of fellow citizens, including the physically and mentally handicapped within the courts of the Emir or Oba (chief), respectively. The above stated situations no doubt create impressions that dependency is being perpetuated.

Secondly, Northern and Western cultures to a certain extent share common religious fate as Moslems, quite unlike their Eastern counterparts.

### Sex

Gender, as contained in question thirty-one, was dummy coded as (1, 3 = 1) (2 = 0). One represents male respondents, three 'none' respondents and two females. So male respondents "1" were compared to their female counterparts "0."

### Age

Age, in question thirty-three, was as well dummy coded, leaving respondents in categories one and two in zero level, i.e., 18-25, 26-32 (1, 2 = 0) (3, 4 = 1) that is 32-39 and 40 and above as level one. In other words people within age range 18-32 were compared to those of 33-40 and above.

### Relationship with Mentally Retarded

Another consideration was on respondents who have any kind of relationship with the mentally retarded. So having mentally retarded children, question twenty-six, and having mentally retarded relatives, question twenty-seven, were collapsed into a single dummy variable. This was done with intent on measuring intimate exposure to a mentally retarded person.

Having a mentally retarded relative (either child or other relative) was coded "1" while not having a mentally retarded relative (child or otherwise) was coded "0." This variable appears in all the tables as "RR."

The only variable not dummy coded was number of children in question twenty-five. It was unnecessary to recode this variable because it already existed as an interval level variable.

The results of the reliability analyses discussed earlier in this chapter indicated three scales that might be examined using multiple regression techniques. One of these scales is attitudinal which contains ten items. The remaining two scales measure two types of beliefs, each contains two and three items, respectively. In order to prepare these sets of items for regression analysis, scale items were each transformed into Z-scores as previously discussed.

Ordinarily least squares regression is appropriate for examining the effects of interval level independent variables on an interval level dependent variable (Blalock, 1979). Multiple regression requires interval level-dependent variables. The three interval level composites produced by scaling the attitude and belief items serve as three dependent variables in the following analysis.

Results and Interpretations of Multiple Regression Scales

ZATT

Scaling for Attitude Toward  
the Mentally Retarded

To examine the effect of the demographic variables on attitudes, multiple regression analysis shown in table 38 below was performed.

Table 38 - MULTIPLE REGRESSION SCALE ON ZATT

VARIABLE	b	p	BETA
Q30	-1.1959490	.081	-.1421894*
RR	.30593249	.670	.0327559
Q33	2.3004528	.005	.2746847***
Q28	- .71436587	.324	-.0856501
Q31	-1.7303239	.027	-.1751816**
Q29	-1.7304203	.009	-.2075488***
Q25	- .71269499E-01	.741	-.0328700

(Constant) 32.233773

0

R-Square = .14152

\*Indicates variables significant at the .10 level  
 \*\*Indicates variables significant at the .05 level  
 \*\*\*Indicates variable significant at the .01 level

Considering .10 as the cutoff point for a statistically significant effect, it could be observed that four variables attain statistical significance at this level or above in table 38.

Variables accounting for the significant effects were items 30, 33, 31, and 29.

Item thirty, a cultural variable, demands for the respondents state of origin (region) which naturally determines his or her cultural group. The negative Beta co-efficient of  $-.142$  obtained means that attitude of people from Northern and Western cultures of Nigeria towards the mentally retarded decrease by a  $-.142$  standard deviation units than those of Easterners. That is to say, Northern and Western cultures of Nigeria exhibit attitudes less favorable for the development of the mentally retarded person's full potentials than their Eastern counterparts.

In item thirty-three, which is the age variable, the positive beta coefficient of  $.275$  indicates that the older generation of Nigeria (age 33 and above), have more favorable attitude toward the mentally retarded children and youth than the younger generation (ages 18 thru 32). That is, the older Nigerians conceptualize mental retardation differently and more favorably than the younger ones. The positive attitude of these older people speak for itself that the mentally retarded children, if given every opportunity, could be useful citizens.



Item thirty-one, the gender variable, the negative beta coefficient of  $-.175$  also reveals that Nigerian males have less favorable attitudes toward the retarded citizens than the females. In other words, being a male accounts for a decrease of a  $-.175$  standard deviation units on attitudes towards the mentally retarded. Hence females have more favorable and empathic attitude toward the disadvantaged than the males in Nigerian society.

With the negative beta coefficient of  $-.208$  in item twenty-nine, being the time variable, it stands out that Nigerians who left the country for the United States after 1982 have less favorable attitudes towards the mentally retarded than those Nigerians who left before 1982. That is, Nigerians who came to U.S. prior to 1982 have a more favorable attitude toward the retarded than the later immigrants who came after 1982.

#### Zbel scaling for belief system I

That every Nigerian is given equal opportunity for development, handicapping conditions notwithstanding. In short, this belief implies that the Nigerian government is doing enough for her citizens.

To measure the impact of the demographic variables on the stated beliefs, a multiple regression was done as indicated on table 39.

Table 39 Multiple Regression Scale on Belief System I (zBel)

VARIABLE	b	p	BETA
Q30	-.13865728	.628	-.0414054
RR	.20478063	.497	.0550697
Q33	.18988025	.571	.0569457
Q28	.58986293	.053	.1776308*
Q31	-.40871366	.210	-.1039299
Q29	-.45740803	.098	-.1377947*
Q25	-.17581175E-01	.846	-.0203659
(Constant)	5.2304156	0	
R-Square = .05036			

\*Indicates variables significant at the .10 level.

With .10 being the cut off point for a beta significant effect, two items within the scale met up with this requirement. These are items twenty-eight (occupation) and twenty-nine (departure time).

Item twenty-eight shows that teachers and administrators with a positive beta coefficient of .178 standard deviation unit increases belief that Nigeria is doing enough for her retarded citizens. So teachers and administrators more strongly believe than other occupational groups combined that the Nigerian government is doing enough for her disenfranchized.

For item twenty-nine, persons coming into United States from Nigeria since 1982 less strongly believe that the government is doing enough for the mentally retarded citizens than immigrants before 1982. In other words, Nigerian citizens in U.S. prior to 1982 believe strongly that the government has done nothing but her best for the mentally retarded. This leaves us the option of scaling for another kind of belief.

#### Nbel-Scaling for Belief System 2

Nigerians believe that a mentally retarded citizen is worthless, thereby deserving no equal share in the national economy.

To determine the effect of the demographic data on the above stated belief, a multiple regression was considered. See table 40.

Table 40 - Multiple Regression on Belief System 2 (Nbel)

VARIABLE	b	p	BETA
Q30	1.0502267	.003	.2461634***
RR	-.39003331	.283	-.0823287
Q33	-.62803376	.122(+)	-.1478393
Q28	-1.2515292	.001	-.2958242****
Q31	1.1372691	.004	.2269917***
Q29	-.16087995	.628	-.0380414
Q25	.17635809	.107(+)	.1603531
(Constant)	3.3108606	.000	
R-Square = .14891			

\*indicates variables significant at the .10 level  
 \*\*indicates variables significant at the .05 level  
 \*\*\* indicates variables significant at the .01 level  
 \*\*\*\* indicates variables significant at the .001 level  
 + Note that these variables approached significance at the .10 level

As under or equal to .10 is beta significant, the above scale on table 40 contains three variables that are significant and two other items that are considered close to being significant.

These variables are Q30 (cultural grouping), Q28 (occupational grouping), and Q31 (sex), followed by Q33 (age) and Q25 (number of children) that are close to the .10 significant level.

Item thirty with the positive beta coefficient means that being from the North or West increases beliefs held by the people toward the mentally retarded by .246 standard deviation units greater than being from the East. That is to say, people from Northern and Western cultures of Nigeria more strongly believe that the mentally retarded children and youth of the country are seen as being less worthy to the society than would be believed by the people from Eastern group of cultures.

For item twenty-eight, the negative beta coefficient indicates that administrators and teachers account for a decrease of  $-.296$  standard deviation units on (beliefs) than do other occupations represented in the survey. This means that administrators and teachers less strongly believe that the mentally retarded are perceived as worthless citizens in Nigerian society, than believed by other occupational groups.

Whereas item thirty-one suggests that being male in Nigeria increases beliefs that mentally retarded persons are seen as useful by a .227 standard deviation units compared to their female counterparts. That is, males more strongly believe that mentally retarded are seen as having a positive worth in Nigerian society than otherwise believed by their female counterparts.

Furthermore, item thirty-three was close to a negative beta coefficient of statistical significance which means that young adult Nigerians ranging from ages 18-32 have nearly less strong faith in the perceived usefulness of the mentally retarded as compared with the older folks within ages 33 thru 40 and above.

And finally, item twenty-five similarly close to a significant level, portrays a positive faith in the perception of mentally retarded persons being useful. This means that as the number of children increase, the tendency is for the individual to more strongly believe that others perceive the mentally retarded as useful.

### Summary

This chapter has carefully presented the results and findings of the survey study. Each of the techniques applied in the study for an effective result is explained and briefly discussed.

The non-demographic variables were categorized into attitude and belief domains. During the analyses process the belief domain was found to be measuring two different kinds of beliefs.

Out of the twenty-three non-demographic variables used in the survey questionnaire, fifteen were found to be relevant to scaling for either sociocultural attitudes toward the mentally retarded or any of the two beliefs held about the mentally retarded within the context. The frequency results of these fifteen items are given in tables 33-41.

With the use of SPSS reliability program, three scales were developed--the ZATT scale, the ZBEL scale and the NBEL scale.

The ZATT scale measured the Nigerian sociocultural attitudes toward the mentally retarded. Ten items of the

fifteen variables were used to define this concept. With a hundred and sixty-four respondents, Cronbach's Alpha .475 was obtained.

At the same time, ZBEL using the same sample measured a belief that respondents perceive that others believe that:

All Nigerians are given equal educational and social opportunities to develop their full potentials, handicapping conditions notwithstanding.

This assumption ended up being measured with two items of the instrument resulting in Cronbach's Alpha of .556. While NBEL scale using three items measured the other belief that respondents believe or perceive others to believe that:

the mentally retarded are accursed and worthless, i.e., spending on the mentally retarded is a wastage of the national economy.

With the same one hundred and sixty-four respondents, Cronbach's Alpha of .499 was obtained.

Multiple regression techniques were used to examine the effects of several sociodemographic factors on respondents scores for the three scales. With a statistical cutoff point of .10 level of significance, nine statistical beta coefficients were obtained throughout the three multiple regressions on the whole (see table 41 - Comparative Summary Results).

Based on these results, brief interpretations of the demographic variables were given. Reflections were made on the six hypotheses. Finally, detailed discussions and conclusions on the findings of the study were made in the next chapter.

Table 41 - Multiple Regression Comparative Results Summary  
 Table of Variables Used in the 3 Scales

Variable	Scales					
	ZATT		ZBEL		NBEL	
	Pos	Neg	Pos	Neg	Pos	Neg
Q30		-.142*		-.041	.246***	
RR	.033		.055			-.082
Q33	.275*		.057			-.148
Q28		-.086	.178*			-.296****
Q31		-.175*		-.104	.227***	
Q29		-.208*		-.138*		-.038
Q25		-.033		-.020	.160	
R.Square =	.14152		.05036		.05086	

\*Results at various significant levels

- \* indicates variable significant at the .10 level  
 \*\* indicates variable significant at the .05 level  
 \*\*\* indicates variable significant at the .01 level  
 \*\*\*\* indicates variable significant at the .001 level



CHAPTER VI  
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter is planned to include in its first section a review of the definition of Attitudes. Followed in the second section are discussions on the research findings in relation to each of the six hypotheses. The third section presents a brief discussion on the effects of the independent variables on the three scales. The fourth section gives the conclusion of the study. While the fifth section handles the General Conclusion on Relationship between Development and Sociocultural Attitude toward the Retarded. The sixth deals with Suggestions and Recommendations for further research on the socio-cultural attitudes and treatment of the mentally retarded children in developing countries. In the final section, a "Re-Entry Plan" by this Investigator is presented.

Section I: A Review of the Definition of Attitudes

Attitude has been defined as a predisposition to respond overtly to social objects. However, there are two schools of thought that could be considered when thinking about attitudes and its appropriate definition. These schools according to

Mehrens and Lehmann (1980) are concerned with the structure of Attitudes being undimensional and Component respectively.

Proponents of the Undimensional approach define attitude as "an enduring system of positive or negative evaluations, emotional feelings or pro or Con tendencies with a respect to a social object" (Krech, 1962). Campbell (1950), coming up with a slight modification looked at attitude as "a syndrome of response consistency with regard to social objects."

Both schools of thought in their definitions deal with feelings, likes or dislikes, affinities for or aversions to something.

The Component theorists contend that attitudes are more than one dimension. They believe that various components are associated with attitude. Hence, Zimbardo and Ebbesen (1970) defined attitude more comprehensively to embrace its affective, cognitive and behavioral components. Thus:

The affective components consists of a perioris evaluation of, liking of, or emotional respose to some objects or persons.

The Cognitive dimension has been conceptualized as a person's beliefs about, or factual knowledge of the object or person. The behavioral component involves the person's overt behavior directed toward the object or person.

It must be noted, however that Attitudes, per se, are not directly observable but are inferred from a person's overt behavior, both verbal and nonverbal. For instance, you cannot see prejudice, but you can observe the behavior of a prejudiced person. Thus on the basis of observation of a person's

consistent behavior pattern to a stimulus, one could conclude that a person displays this or that attitude.

Attitudes are learned, and they can be changed if deemed necessary. However, before one can alter, modify or reinforce something, one must know the status of that "something." Hence, the essence of this study is to find out the sociocultural attitudes that have directly or indirectly affected the lives and treatment of the handicapped in general and the mentally retarded particularly in developing countries.

## Section II

In this section each of the six hypotheses used in the study is restated and discussed.

### Hypothesis #1

Culture affects attitudes/beliefs to such an extent that people from Northern and Western Nigerian cultures will significantly differ in attitude toward the mentally retarded than their Eastern Counterparts.

The summary table of the three scales on multiple regression (Table 41) presents the Northern and Western Nigerian cultures as significantly less favorable in their attitude toward the mentally retarded as compared with the Eastern Nigerian cultures. Correspondingly, the two cultures as compared with the Eastern cultures more positively believe that the mentally retarded person is worthless and consequently

believe that enough is already being done, which is signalled in the ZBel negative result of  $-.041$ .

The findings of this hypothesis confirms in a significant way that culture in two out of every three cases, impacts on the attitude toward the mentally retarded.

For example, the Eastern group of cultures are found to have more favorable attitudes toward the retarded as compared with North and West. In the East, families with retarded children tend to confine them within the homes. Traditionally, they find it difficult to expose them to the general public since it is perceived as a thing of shame. They spend their little resources on the affected child in an effort to safeguard their family image. They would rather deny themselves or the "normal" siblings comfort and amenities than have the retarded family member become an institutionalized beggar. However, in an extreme poverty-stricken environment, begging becomes an alternative offer thereby damming the shame.

Like Paul in the Sixth Chapter of his epistle to the Romans "What shall we say then? Shall we go on sinning so that grace may increase?" In other words, shall the attitude of Confinement of the mentally retarded as the case of the Eastern Nigerian cultures be preferred over the "liberal" attitude of the Northern and Western cultures? By no means, especially when such a confinement is done with the motive of avoiding shame. Furthermore, for such an attitude to be positively effective,

adequate resources and skills are needed (see discussions in Chapter III).

Nevertheless, a study carried out by Kugel et. al. gives the impression that retarded children reared within their family settings do better. This claim was made from a study of seventy-seven institutionalized Down's Syndrome children and their families. Other researchers like Shotwell and Shipe, supporting the claim found that home reared groups of retarded children were significantly superior to their institutionalized counterparts in terms of intellectual and social development (Mehrens and Lehmann, 1978).

Conversely, the less favorable attitude of the Northern and Western cultures of Nigeria toward the mentally retarded seem to be paradoxical. One would have thought it to be more favorable on the interaction between the peoples within the said cultures and their street beggars.

However, that-notwithstanding, two factors could account for the justification of the findings in this study. These are (1) the religious dimension and (2) the leadership dimension of Northern and Western cultures.

Religious Dimension. Northern and Western regions of Nigeria especially the North, are for the greater part Moslems. The Moslems unlike their Christian counterparts from the Eastern group of cultures, have a unique way of looking at diseases and defects in human bodies. The Moslems regard any kind of

diseases or defects as the "Will of Allah." With this concept little or no efforts are made to combat such elements.

A large percentage of handicapped persons in general and the mentally retarded in particular, constitute the beggars flooding the streets in Northern part of Nigeria. This is so because Zakat (giving of alms to beggars) constitutes one of the five pillars of Islam. This might be seen on the surface as a more favorable attitude whereas, it is an attitude of negligence. In the Western group of cultures which constitute some Moslems and some Christians to a great degree, also for religious reasons have a similar nonchalant attitude for their handicapped persons.

The Leadership Dimension. Both the Northern and Western cultures have more structured leadership styles that accommodate master-servant-relationship. In other words, the cultures allow what might be described in this study as a "dependency" concept. The Masters usually the "haves" should feign for the servants, the "have nots." Since the palaces and courts of the "haves" are to host on constant basis, the disenfranchised and handicapped, efforts to develop the later's potentials are undermined. What's more, the affluence of the former will not be paraded if the disenfranchised and handicapped are not left to remain in their beggarly states.

Of course, what is wrong in being so generous and caring? Nothing particularly is wrong with it. However, an English adage says, "What is good for the goose, is also good for the

gander." The Concept of "Dependency" as the case between the Western world and the "Third World" Countries has done more harm than good to human development. This is especially true when considered in the light of the following saying--

Give a hungry child a fish, it will last him for a day.  
But teach a hungry child how to fish, it will feed him  
for life. (Wise Saying)

It is on the basis of the above concept that the Eastern Nigerian cultural groups are considered as being more favorable in their attitude toward the retarded than the other Nigerian cultural groups.

The Eastern Nigerian cultural groups, rather than showing a nonchalant attitude toward their retarded members by allowing them to become street beggars, choose to devote their scarce resources to provide them with the needed care. So in their attempt to shy away from the sociocultural disrepute, they covertly fulfil a scientific model of treatment congenial for an improved development of the retarded family member.

### Hypothesis #2

Persons related to mentally retarded children are less likely to have negative attitudes toward the mentally retarded than those without any indicated relationship.

Although the data on Table 41 do not indicate any significant results, yet one would expect the positive Beta coefficient in the attitude as pointed out on the table for RR (Relatives as with Retarded Children). This means that

respondents who have any kind of relationship with mentally retarded children have a more favorable attitude compared with those who responded as having no relationship. Furthermore, relatives of the mentally retarded children as compared with the non-relatives, more strongly believe that the mentally retarded is a worthwhile person. Consequently, they believe that more can be done for the retarded in order to help them reach their potentials.

In spite of the none significant results indicated for this variable (relationship with the retarded) due to sample size, the obtained results show consistency +-+.

Parents and relatives of the mentally retarded children are the ones directly or indirectly affected by their children's handicapping conditions. Yet results of this finding show that they are more accepting than the outsiders, though not without its problems. From the moments of suspicion about a possible defect in the child to a period of unwillingness to believe a diagnosis, account partially for the said problem. Every family has its own reactionary approach and its own versions of the inner and sometimes outer dialogue. All these often found expression in fear, anger, isolation or withdrawn attitude, guilt, doubting self, distrust and family commotion. Parents are faced daily with what this Investigator might call "parental Ambivalence." The Ambivalence over "acceptance" versus "rejection" appears to be strongest in developing countries especially in socioeconomically deprived families with no



visible alternatives other than professional begging, as discussed in hypothesis #1. However, such an apparent conflicting attitude can be explained as an outgrowth of sociocultural pressure.

### Hypothesis #3

Teachers and Administrators tend to have a less favorable attitude toward the mentally retarded citizens than any other professional grouping.

In testing this hypothesis, multiple regression analysis were applied to the Attitude (ZATT), and the belief systems (NBEL, ZBEL). The three scales as shown in Table 41, indicate consistency in the belief systems, with two significant results in reference to occupation-variable twenty-eight. Though statistical significance was not noted in the attitude scale to make some discriminatory judgments between Administrators/Teachers and other occupational groups, it leaves behind some interesting observations.

Administrators and Teachers have a less favorable attitude toward the mentally retarded than all other occupational groups involved in the survey. One would have expected a positive response in the NBEL scale which could have strengthened the observed attitude. But contrarily the result presents Administrators and Teachers as having a more positive belief about the worth of the mentally retarded than any other occupational groups surveyed. That is to say, Administrators/-

Teachers less strongly accept the belief that mentally retarded children are worthless. However, the ZBEL indicates that the said occupational grouping, more strongly believe that enough is being done for the mentally retarded in view of the limited national resources.

It appears the teachers and administrators are saying we do not like the mentally retarded, but we sympathize with them for many reasons which could be explained in the following observations.

First, the Administrator tends to a great extent to see and regard the individual as a member of the work community. He, therefore, puts a price tag on the individual commensurate to his or her productivity. That-notwithstanding, the handicapped person in general and the retarded person in particular being perceived as low in productivity, may account for the negative attitude towards the retarded persons per se.

Second, the effective Administrator is considered the one who can get his/her co-workers or subordinates producing and keeping the wheels of the administration turning at an acceptable pace. It seems natural that anything that inhibits this goal from being met, stands to be resented. Hence, the retarded person who might be assumed to be a low producer, therefore, poses a threat to the administrator's own ego, thereby, causing a reflection of negative attitude towards the "victim."

It seems logical to argue from the effect of the beta coefficient obtained in NBel that the Administrator/Teacher professional grouping, is more concerned with production than with the personality of the retarded. In other words, Teachers/Administrators believe that a mentally retarded individual is a worthwhile person but negates his productive attributes. This will surface more conspicuously if the Administrator happens to be involved with job placements in which case, specific tasks involving varying work-loads have to be assigned. Here again the problem of placement for effective output surfaces.

Similarly, teachers frequently feel a sense of personal failure when they are unable to have the handicapped or retarded student keep pace with the rest of the class. Teachers unless specially trained to identify the covertly handicapped or retarded, may be ignorant that the student faces certain problems especially the mildly mentally retarded. Once again teachers like the Administrators seem to be self-protective, thereby believing and/or believing that others believe that enough is being done for the mentally retarded. This is noticed in the Zbel beta significant result (.178).

However, the above findings with regards to the teachers and administrators attitude toward the mentally retarded and their treatment model in developing countries, can be dually determined: first, the economic deprivation; second, the role

conflict. This role conflict could be observed as follows: (1) the advocate role, (2) the facilitator-trainer role, (3) the policy-planner role, (4) the monitor-evaluator role, (5) the program manager role and (6) the national resource guard role. Although role conflict must be accepted as a basic, inevitable tenet, the administrator needs to focus more on the guaranteeing of rights and due process with regards to services, rather than focusing on the actual service delivery. For example, the challenge of exercising the client advocate role is an inherent duality in representing both the client and the society at large. It is only at the above understanding can possible changes be effected in the observed negative attitude by the Teacher/Administrator occupational grouping.

#### Hypothesis #4

The older a person becomes, (33 years and above) the more favorable attitude the person will show toward the mentally retarded children.

A look at the summary of the three scales combined (Table 41), shows a significant degree of consistency in the scales--ZATT, NBel and Zbel, with regards to the demographic variable Q33 (Age). Findings here indicate that the older respondents have more positive attitude toward the mentally retarded than the younger ones. At the same time, they (33

and above) more strongly believe that the mentally retarded person is a worthwhile person and subsequently less strongly believe that enough is being done for the retarded children.

Although .057 beta obtained, is not significant, it goes a long way to confirm the more favorable attitude of the older generation earlier discussed. Without reservation, this older generation strongly believe that more needs to be done for the retarded members of the society in order to improve their quality of life.

This finding seems not to be strange or inconsistent with the African culture of which Nigeria is no exception. Peoples attitude, behavior and way of thinking tend to change as they grow older. Thus the positive beta of .275 obtained in the study confirms the assumption that the older one becomes, the more tolerant, more accepting and more empathic. Basically, what this result portrays is that people with age, develop more matured attitude of being appreciative of one another.

This no doubt, explains why the result surfaced a significant difference between the attitude of the older and younger Nigerians who responded to the data. The former having a more favorable attitude toward the mentally retarded children than the latter.

Hypothesis #5

Males in the surveyed cultures, will demonstrate more negative attitude toward the mentally retarded children than their female counterparts.

The multiple regression on the three scales shown on Table 41 suggest that males significantly differ in attitude toward the retarded as compared with their female counterparts. The finding indicates that males have a less favorable attitude towards the mentally retarded than the females. The beta coefficient of  $-.175$  in the ZATT is confirmed in the following scale with a beta of  $.227$  for (NBel). This is to say that males strongly believe that mentally retarded individuals have less worth and thereby fulfilling a prophecy that money spent on the retarded is wasted.

Furthermore, males compared with their female counterparts less strongly believe that more can be done for the retarded.

This result is partially threatening to the retarded population as far as their social welfare and status are concerned. While the above comment may not appeal to the Western ideology, it makes sense to the African community. For instance, in African culture, only the males are consulted for important decisions in the society. Women are merely informed of such decisions with no likely changes in ninety nine percent of the cases. It is on the basis of the

above stereotype that this researcher sees the males' less favorable attitude as threatening. For example, efforts to implement a treatment package such as mainstreaming, community residential programs for the retarded adults, or even building facilities for the handicapped generally, could be thwarted without question by the males once they consider such a program untraditional.

However, this reseacher, sees the men's less favorable position as a partial threat in the sense that more women are today holding key positions educationally. That is to say, that if education is used as a treatment package, awareness programs conducted, and more women become involved in decision making that the retarded population will not only gain acceptance of the males, but also that of educators and administrators.

#### Hypothesis #6

Nigerian citizens who have spent less than four years in the United States are more likely to have a less favorable attitude toward the mentally retarded children than Nigerians who have spent greater number of years in the United States.

This hypothesis using the demographic variable #29 (Time respondents spent in U.S.), was tested on the three scales as summarized on Table 41. The multiple regression Analysis suggests that recent immigrants from Nigeria, (that is those who came to United States between 1982 and 1985), have a

significantly less favorable attitude toward the retarded than their counterparts who came earlier and are still in U.S.

One would have anticipated a consistency between the ZATT, that is the Attitude Scale and the NBEL, (believe) scale. That is, the negative attitude as obtained in the ZATT  $-.208$  would have been followed by a positive response in NBEL scale  $-.038$ . The observed inconsistency in both scales precludes the fact that while these Nigerians who came to the U.S. after 1981 exhibited less favorable attitudes toward the retarded they did value the personality of the retarded. However, consistency is significantly noted between the ZATT  $-.208$  and the ZBEL  $-.138$ . This implies that most recent Nigerian immigrants to United States (1982-1985), less strongly believe that enough is being done for the country's retarded citizens.

This hypothesis deals with a very sensitive area of the study--culture. Has the American culture in any way affected or played any recognizable role in the attitude and beliefs of the Nigerians who entered the U.S. prior to 1981? It might not be all that simple to address this issue. However, findings disclose that Nigerians who have lived in United States longer have a different attitude and different way of perceiving the retarded children from those who have been here shortly. The appraised favorable attitude and beliefs can be attributed to experience in and influence of what obtains in the host country with regards to the handicapped in general and the retarded particularly. The result is significant in a way that it leaves



greater hope for the retarded since these Nigerians who have spent longer time in the U.S. are likely to be the ones to return to Nigeria first to be involved in the national development plan. At the same time, there is every likelihood that the less favorable attitude of the Nigerians who have spent less number of years in the U.S. might change with time. So the end result might possibly be that before they return to Nigeria they might have a more positive attitude contrary to the present findings. This, however, leaves us with the option to discuss cultural change and sociocultural effect on attitudes and beliefs. Nonetheless, the issue of cultural change and sociocultural effects on attitudes and beliefs could be adequately handled as a separate and future research topic.

### Section III

#### Discussions on Significant Effects Among Variables

##### Across the 3 Scales

A look at the effects of the Independent Variable across all three scales simultaneously shows results that are consistent with a priori expectations.

To begin with, it is important to note the pattern of interpretation adopted here. Positive results in the two belief scales should be interpreted as having negative correlation. On the other hand, results in the negative columns of the belief scales represent favorable relationship. Only

results in the Attitude Scale should be interpreted as designated positive and negative respectively.

First, there are four variables that have two significant beta coefficients across the three scales. These are variables 30 (cultural group), 28 (occupational group), 31 (sex) and 29 (time respondents have spent in the U.S.). Among these, three different patterns are observed. Variables twenty-eight (occupation) and twenty-nine (time) fall into two separate patterns, whereas, thirty (cultural group) and thirty-one (sex) have the same pattern.

In variables thirty (North-western group of cultures) and thirty-one (males), negative results in the Attitude Scale are followed consistently with positive results on the Nbel belief system. This means that Northern and Western Nigeria cultural groups (variable 30) and males (variable 31) have negative attitude toward the mentally retarded. This unfavorable attitude is complimented by their positively believing that the retarded child is a worthless human being. Consequently, that money spent on him is wasted.

Both of these variables have negative results on the Zbel belief system. This also means a decrease in belief that enough is being done for the mentally retarded citizens. In other words, results of these variables at the Zbel scale indicate favorable belief that more could be done to maximize the potentials of the mentally retarded. However, based on the results obtained at the Attitude (ZATT) and Nbel scales, the Zbel

result could be interpreted as connoting the intensity of negative attitude toward and increased belief that a mentally retarded child is worthless. Virtually, they are saying, the retarded child cannot be socially accepted as he is, unless he changes. So the decrease in belief that enough is being done for the mentally retarded cannot be interpreted in isolation as having a positive impact.

Another interesting pattern is observed in variable twenty-eight (teachers/administrators occupational group) where the two significant beta coefficients are located in the belief systems. The increased belief by .178 units that enough is being done for the mentally retarded in Zbel scale depicts a negative impact. On the other hand, the decrease by  $-.296$  units on the Nbel scale that the mentally retarded is worthless, shows a positive effect. However, a close look at the interaction of this variable across the three scales, presents an apparent interpretational problem. First, with a negative attitude exhibited at the (ZATT) Attitude Scale, and a negative result obtained at the Zbel scale, the Nbel positive result can as well be interpreted as being defensive. For both belief scales compliment each other.

So teachers and administrators represented in this variable accept the worth of the mentally retarded children inspite of their less favorable attitude toward them. But at the same time, they believe that enough is being done for the mentally retarded population. Hence, teachers and administra-

tors position is seen as being defensive of their civic roles as service providers.

Finally, the third pattern is noted in variable twenty-nine (time spent in the U.S.) with the significant beta obtained at the Attitude (ZATT) and belief (Zbel) scales. This means that the Nigerians who have spent less number of years in the United States, hold unfavorable attitude towards the mentally retarded population than those Nigerians with greater number of years in the U.S.. But at the same time, believe that more can be done to develop the potentials of the retarded individuals. The Zbel scale result could be taken as a truism when correlated with the result of the same variable in Nbel Scale. The Nbel Scale shows a belief that mentally retarded individuals are worthwhile persons. Virtually, these recent immigrants are saying that they dislike the condition at which the retarded are kept in Nigeria. To that effect, they believe that, something must be done to improve the condition.

The difference between the effect of this variable twenty-nine (time spent in the U.S.) and variable twenty-eight (teacher/administrators occupational group) is found at the Zbel belief system. Here both variables impact in opposite directions as regards the treatment of the mentally retarded. While variable twenty-eight (teacher/administrators occupational group) impacts substantially that enough is being done for mentally retarded population, variable twenty-nine (Nigerians who have spent less number of years in the U.S.)

significantly opposes that belief. Instead the latter maintains the belief that more can be done for mentally retarded persons. The position of this variable is crucial to the retarded population as the future hope for the retarded rests with these recent immigrants.

Another point of interest is that all four variables (culture, occupation, sex and time spent in the U.S.) described above indicated negative relationship on the Attitude Scale. Two out of these four variables 30 (culture) and 31 (sex), were followed by the belief that mentally retarded children were worthless beings. However, the very two variables in question (30, culture and 31, sex), in addition to variable twenty-nine (time spent in the U.S.), believe that more can be done for the said population.

Summarily, the six variables considered (30, North-western culture; RR, related to the retarded; 33, age; 28, teacher/administrator occupational group; 31, males; and 29, time spent in the U.S.), see Table 41, could be classified into four behavioral groupings:

Group I      We do not like mentally retarded children  
Q. 30, 31    because they are not like us (worthless),  
                 so they need more help to merit our  
                 approval.

Group II     We like mentally retarded children because  
RR, Q. 33, they are just human beings like us, and we  
                 are doing our best for them. (We accept  
                 them with no strings attached.)

Group III    We do not like mentally retarded children,  
Q. 28        However, they are valuable people and the  
                 society is doing much for them.

Group IV      Although we do not like the mentally  
Q. 29          retarded children, they are human beings  
                 like us therefore something has to be done  
                 to develop their potentials.

#### Section IV: Conclusions

This study examined various factors that could contribute to different treatment levels experienced by mentally retarded children in various societies and cultures in Nigeria. However, focusing on the Sociocultural Attitudes toward/and Beliefs about the retarded in developing countries, vis avis, Nigeria, six variables were predicted as contributing factors leading to the differential treatment levels.

The six variables (cultural background, Relationship with a person retarded, professional alignment, Age, Sex, and Contact with the Western World) were tested in terms of their relationship to each other.

Thus the findings demonstrate that individuals from different cultural backgrounds with the inherent beliefs, are inclined to have different attitudes toward and beliefs about the retarded children. The observed cultural differences appear to be due to traditional style, social concepts, diffuse and anomic family patterns, than any perceived intentional behavior either way. This argument could be supported by the liberal and generous treatment behaviors of the Northern and

Western Nigerian cultures toward the retarded perceived as being less favorable in this study.

The cultural variable demonstrates that no specific culture involved in the study possesses in a reasonably significant way attitudes toward, and beliefs about the retarded that could be modeled by other cultures, especially in their social and educational treatment levels. This conclusion is based on the premise that each sociocultural attitude and belief exhibited seemed to have emanated as an outcome of historical needs and religious forces within the respective cultural groups. Further, that such sociocultural attitude and belief about the given population, cannot be successfully changed except with reference to its own traditions, and cultural emphasis. To say the least, no sociocultural attitude and treatment package toward the retarded can be used as a blueprint for another.

On the whole, it must be noted too, that this study neither concerned itself nor dealt with a cultural analysis. That is to say, that this study is not attempting to be evaluative of the culture involved, but rather to see how each culture impacts on attitude toward the retarded, and consequently impinges on the treatment package.

Secondly, this study also demonstrated that the older one becomes within the given cultures, the more humane and empathic attitude one develops toward the given population. Understanding and acceptance are herein depicted as having

implications on Age within the study cultures. That Age is highly respected in these cultures, can help to explain the tendency of the older adults to perceive individual differences with greater maturity and judgment.

Thirdly, this study further demonstrates that Teachers/Administrators' attitude, more than the other professional grouping, is dependent upon what transpires around them socially and culturally. It also shows that the retarded population stand the chance of obtaining greater care and better treatment based upon the evaluation of this grouping.

Such a conclusion is based on the premise that Teachers/Administrators cannot be ignored in both areas of policy making and service provisions. Hence, their belief on the worth of the retarded population, leaves us with the hope that efforts to maximize the potential of the retarded child become even more crucial.

At the same time, the findings make one puzzle at the less favorable attitude of this segment of the society, entrusted with policy making and service provisions, that would affect the mentally retarded.

That this group exhibit a less favorable attitude toward the mentally retarded is threatening to the latter's welfare. The findings also suggest that the interest of teachers and Administrators are primarily of an economic nature. Hence, in the Nbel and Zbel Scales, teacher/administrator grouping, believe that money is well spent on providing the mentally



retarded with services and that the services provided are adequate. This is not surprising since teachers and Administrators are often recipients of such monies as well as service providers.

However, this situation is excruciating and unfortunate for the mentally retarded population. That this professional grouping do not hold favorable attitude toward the said population, raises an issue. It consequently raises the question, "How can high quality services be distributed to the mentally retarded in their best interests, if service providers are not inclined to care about them?" Therefore, for the interest of the mentally retarded population, one of the following two things must happen. Either other groups be considered as better service providers or the attitudes of educators toward the mentally retarded be changed if the mentally retarded children are to receive reasonable and quality services.

Another important factor was the role of the male and the influence of the educated group. The study shows that within the given cultures, males as well as the educated group play paramount roles in effecting social changes. So like the teacher/Administrators', males should be committed to a greater understanding of the dynamics of these roles; especially with regards to their attitudes toward the retarded members of the society through awareness programs.

Finally, the Nigerian's need to identify who the retarded members of the society are and the extent of the problem (discussed in Chapter Two), especially beyond the obvious, remains a dynamic force that should not be ignored indefinitely.

### Section V

#### General Conclusions on Relationship between Development and Sociocultural Attitude toward Retardation

Literature review done in Chapters II and III pointed out that many factors have to be considered when dealing with the issue of mental retardation and how it is perceived in developing countries.

Among these factors, two will be discussed. First, is the problem of identification. In developing countries quite unlike the more developed areas of the world, "rule of thumb" is the most common process used to identify those thought to be retarded. What does such a system do to the retarded population and its society? Obviously, it creates a superficial low need level. That is, retarded children who need special services, but whose cases are less obvious remain dictated and therefore left out. Could such a situation cause social problems? Of course, especially if the abilities of these children are overtasked. Take for instance, a moderately retarded child apprenticed to become a professional taxi/truck driver, is more likely to increase the rate of accidents on the roads.

Again, lack of identification per se, results in more emphasis being placed on the physically handicapped than the mentally retarded. This is not to say, that the physically handicapped should be given less attention. Instead, it advocates for an equitable distribution of the scarce resources.

Another factor is that these individuals become independent per se, by becoming professional beggars. Furthermore, individuals who are socially deprived often end up with low self-image and diminished social involvement.

Unfortunately, in developing countries as in other nations, emphasis is placed on the promotion of technical competence. This means that individuals without the basic working/social skills as to participate in the national development process, become particularly vulnerable to negative sociocultural attitudes. As Nigeria faces intensive economic crisis coupled with development process, the tendency to bypass the disenfranchised, the unskilled and the handicapped cannot be overemphasized. The dangers of this kind of attitude includes among other things, the perpetuation of poverty a leading signal of underdevelopment.

Therefore a more appropriate attitude not only towards the disenfranchised, but the retarded, and the handicapped in general, should be to recognize everyone at its own level and facilitate growth. This process will likely reduce inequality and dismantle the cycle of poverty, that may likely generate retardation. Secondly, a developing country like Nigeria, in

pursuit of rapid development, should realize that the more technologically advanced a nation becomes, the more exposed to social problems. Hence, it is naive not to face this reality.

In the words of Apostle Paul in his Epistle to the Romans Chapter Seven, "What shall we say then? Is the law sin? Certainly not! Indeed I would not have known what sin was except through the law. For I would not have known what it was to covet if the law had not said 'Do not covet.' But sin, seizing the opportunity afforded by the commandment produced in me every kind of covetous desire. For apart from law, sin is dead" (Romans Chapter 7:7,8).

Like Paul, one would question is advanced technology evil? And the answer will be No. But one may argue that today, there are greater numbers of retarded people than two decades ago. However, all things being considered, it may be appropriate to leave the issue of technology for further research, especially as the present study is not concerned with etiologies of retardation.

The question therefore remains, what type of Attitude or behavioral pattern should a developing nation show toward the retarded? Is it to adapt the Western cultures of Individualism or the African cultural pattern of groupism? The One is based on individualistic, Impersonal and abstract relationships. The other on more personal and comprehensive relations. In either way, peoples Attitude or behavioral pattern cannot be changed without a solid treatment package such as Education. Education

should therefore be seen as a Central Institution whereby the hidden curriculum serves in changing the attitudinal bureau. Here, the critical issue is to ensure that the curricula blends in Western culture with indigenous cultures to affect a continued edification of traditional culture. The term culture is here used in the context Benedict (NDUKA, 1964) and other anthropologists employed it, and using it in its widest sense to embrace not only the people's art, music and literature, but also their science and technology, commerce and political organization, philosophy and religion, all ideas and values, implicit and explicit, which permeate the society and bind its people into a recognizable Unit. Viewed broadly from this standpoint, Western Culture becomes a unit vis-avis the cultures of the peoples of Nigeria. In which case, the involvement of the local people in defining the curricula becomes paramount.

#### Section VI: Recommendations for Further Research

The study of sociocultural Attitudes and Treatment of Mentally Retarded children in developing countries has proved itself to be a challenging task to the researcher.

In the first place, this study for many obvious reasons carried out the survey in a structured fashion. It is this researcher's belief that there is a need; for a less structured methodology for the measurement of sociocultural attitude. For example, peoples attitudes are usually expressed in different

ways. There are verbal and non-verbal aspects of attitude. In which case, the structured format can only measure the verbal whereas, the less structured approach could have allowed both verbal and non-verbal expressions. As it is said in Ibo Adage, "If an elder stamps his foot on the ground against a child, the child understands; but if he tucks in his buttock, the child does not understand." So a greater result could be achieved through a close observation of what relationship does exist between the cultures studied and the referred population.

While providing some invaluable insights into the relationships between the variables from the questions administered in the survey, the present study did not utilize open-ended questions for extensive expressions by the respondents.

Secondly, during the process of data analyses, it became necessary to distinguish between what a respondent's attitude or belief was from what he/she thought others within his/her society or culture think or believe. In order to make such a distinction, some specific questions should be included to address the respondent's own attitude or belief about the study population.

Thirdly, this study separated the attitude of the people from their beliefs. This in itself was not only a big learning experience for the researcher, but an ingredient that added to the flavor of the study.

It would therefore seem appropriate in future studies to develop an instrument that would in separate columns include adequate number of items to measure attitude and belief respectively.

Fourthly, the present study seemed to have sampled only the elite class it failed to draw from the grass roots. It would therefore be suggested that a future endeavor be a comparative study of the Attitudes/beliefs about the retarded, between respondents from the community and the elite groups.

Fifth, the present study attempted indirectly to involve the different cultures of Nigeria by using the regional demarcations. Future researchers considering an undertaking such as Sociocultural Attitudes may like to limit their field of study to a manageable and specific number of cultures.

For example, the three major cultures in Nigeria--Hausa, Ibo and Yoruba could be comparatively used. In which case, the sample size should be equitably distributed among the aforementioned cultures. This is vital to avoid unnecessary dilution of any particular culture by another culture. For instance, in the Northern region, there are many cultures--Hausa, Fulani and Nupe to mention but a few. Hence, the integration of the three would result in cultural dilution as against using a specific culture like Hausa. Sixth, based on the general discussions of this study, it is this Investigator's perspective that there are many factors involved in

Sociocultural Attitudes toward retarded children. It must be noted therefore, that efforts to effect change in the attitudes without matching them with equivalent efforts to change the factors would be frustrating. It would only be compared with the frustrations experienced by "Okonkwo," a central character in Achebe's THINGS FALL APART, whose efforts to succeed seemed to have been thwarted by his personal gods. (Achebe, 1959).

Finally, it should be noted that the locus of treatment for the mentally retarded as well as other handicapped population is changing from family to public system. Therefore, the need for research geared to understanding the effects of sociocultural attitudes and beliefs, become central.

#### Section VII: Re-entry--Action Plan

Often studies not directly sponsored by the government or an existing Organization, such as this, end up in what this researcher might call "'Ear-marked' but not 'Eye-marked.'" To avoid similar incidents, a skeletal action plan is herein presented.

One of the primary issues of this study is the question of Identification of the mentally retarded beyond the obvious. Negligence in this area, is seen as an element or factor that implicitly contributes to the obtained negative attitude.



## Timing

## Action Plan

Upon Arrival  
In Nigeria  
(2-4 wks.)

1. Schedule a meeting with Federal Ministry of Education
  - Special Education Division
  - Present a case for identifying the mentally retarded outside the obvious.
    - How do we assess children in our society to know who needs help and who does not.

Plan of Activities

1. Conference. Arrange a conference of Special Education Chiefs/or representatives in States.
  - Brain-storming on ideas about how to design instrument
  - Set-up a committee or design team
  - Agreeing on the next meeting to assess and adopt the Committee's report
  - Plan of the dry-run or field testing
    - agreeing on extent and areas or parts of Nigeria to be used
2. Dry-run or field testing
  - Training Crew. decisions on who will be involved, venue and timing will be done by the project Committee.

(Basic qualification level of crew members will be High School Certificate).

3. Review and Adoption of testing Instrument by Committee
4. Reporting to and Approval by federal ministry of Education
5. Implementation.
  - (a) Short term. Training teachers who will be responsible for administering the Instrument
  - (b) Long-term. Training teachers in teacher training Colleges on how to use instrument to ensure the needed multiplier effect.

### Results

Obtained results would be followed up with program of services as recommended by the project Committee following the National Education policy.

Detailed Proposal to be submitted.

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APPENDIX A

## Appendix 1 : Recommendations of the 1969 National Curriculum Conference

### Decision Area I

#### NATIONAL PHILOSOPHY OF EDUCATION

What should be the role and function of public education in the development of the individual for national progress and national reconstruction?

What educational values and attitudes are worth developing?

#### *Recommendation 1*

The content of Nigerian education must reflect the past, present and future of the dynamic Nigerian society, in terms of the role the individual is expected to play in the present modernisation process.

#### *Recommendation 2*

The broad objectives of Nigerian education should emphasise:

- (i) the inculcation of the right type of values and attitudes for the survival of individuals and society;
- (ii) the training of the mind in building valuable concept generalisations, and understandings of the world around;
- (iii) the acquisition of appropriate skills, abilities and competencies of both mental and physical nature as an equipment for the individual to live in his society;
- (iv) the acquisition of a relevant and balanced knowledge of facts about local and world phenomena.

#### *Recommendation 3*

In the light of (i) and (ii) above, Nigerian education should be geared towards self-realisation; better human relationships; self- and national economic efficiency; effective citizenship; national consciousness; national unity; social and political progress; scientific and technological progress; national reconstruction.

#### *Recommendation 4*

The implication of the foregoing recommendations suggests equality of educational opportunity for *all* Nigerian children so that each can develop according to his own ability, aptitude and interests.

#### *Recommendation 5*

Nigerian education at all levels should recognise and positively emphasise the following educational values:

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- (i) respect for the worth and dignity of the individual;
- (ii) faith in man's ability to make rational decisions;
- (iii) guarantee of fundamental human freedoms in the social, economic and political spheres;
- (iv) moral and spiritual values in interpersonal and human relations;
- (v) shared responsibility for the common good of society;
- (vi) promotion of the emotional, physical and psychological health of *all* children.

**Decision Area II****GOALS OF PRIMARY EDUCATION**

What are the specific objectives of primary education?

At what age should it begin?

What should be its duration?

Should primary education be consciously geared towards occupational goals?

*Recommendation 6*

Primary education will continue to prepare most children for life while a few talented ones must be given the opportunity to proceed to secondary schools for the development of the future intermediate and high-level manpower needs of the country. The primary school curriculum must be weighted more heavily on the first order of preparing the majority of children for life since primary education may turn out to be terminal education for this category of children.

*Recommendation 7*

Primary education should serve to help the child towards self-realisation and to relate to others through mutual understanding. It should promote self- and national economic efficiency; effective citizenship through civic responsibility; and social and political awakening. It should facilitate national consciousness in cultural diversity and towards national unity and should create scientific as well as technological awareness.

*Recommendation 8*

Specifically, the primary school curriculum must aim at functional permanent literacy to ensure better producers and consumers of goods. It should provide a sound basis for scientific and reflective thinking; inculcate citizenship education and a sound moral character and attitude development; help individuals to adapt and adjust to the changing society; give physical, emotional and intellectual growth; enhance an individual's sense of willpower, creativity and innovativeness; develop their mechanical, vocational and manipulative skills and competencies; enable them to communicate freely and effectively through any media; imbibe in them a spirit of self-discipline.

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*Recommendation 9*

The age of 6 is considered suitable for admission into the primary school. However, where and when the need is felt, younger children between 3 and 5 years old may be enrolled in nursery and kindergarten classes to prepare them for the lower primary classes. For some time to come, the majority of children from both urban and non-urban centres will enter the primary school at 6.

*Recommendation 10*

A six-year primary school course is recommended throughout the federation to make transfers from one state school system to another more convenient. With the right kind of atmosphere (competent teachers, better school surroundings and buildings, more and better teaching facilities, and an improved as well as efficient administrative and supervisory structure at school and class levels) a six-year primary school course is feasible from the psychological point of view.

*Recommendation 11*

Primary education should not be consciously geared towards a specific occupational goal. The end of the primary school course, at 11 or 12 years of age, is hardly the right time to take on a life occupation, labour codes notwithstanding. Nonetheless, primary education must have sufficiently oriented the child to enable him to make useful decisions (with some guidance) about future occupational/vocational/professional interests. The primary school should have sufficiently exposed the child to get him ready to take on future occupational/vocational training after the course.

*Recommendation 12*

The Nigerian primary school child should be well-grounded in his/her mother-tongue apart from learning English and/or any other language as a second or third language of instruction.

**Decision Area III****OBJECTIVES OF SECONDARY EDUCATION**

What are the objectives of secondary education?

What should be the relationship between the secondary school and the primary school on the one hand, and the secondary school and the university on the other?

Should secondary schools prepare youths for jobs?

*Recommendation 13*

Secondary schools will play a dual role of preparing the majority of students for a terminal education that equips them for living in society while, for the minority group of well-motivated youngsters, the



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secondary school will provide facilities for them to go into higher education.

*Recommendation 14*

Recommendation (7) is reiterated; at this level, these goals should be more consciously introduced in depth and quality.

*Recommendation 15*

The secondary school should afford a larger number of primary school-leavers the opportunity of education of a high quality, irrespective of social, religious, political and ethnic backgrounds.

*Recommendation 16*

The secondary school curriculum should be so diversified as to provide useful experiences for the differences in talents, opportunities and roles that students may possess or be called upon to display later in life.

*Recommendation 17*

Secondary schools should be the nation's ground for inculcation of a spirit of self-discipline among the youths, while it should be also incumbent on the schools to equip them to be able to live effectively in our ever-changing world.

*Recommendation 18*

The youths must learn their privileges and responsibilities in society. The schools should start developing and projecting the Nigerian/African culture, arts and language, as well as the world cultural heritage. Students should be able to think reflectively about Nigerian common national problems, for example, Nigerian unity in diversity. All schools must fire students with a desire for achievement and excellence and for continuous self-education and self-improvement.

*Recommendation 19*

There ought to be greater articulation among the different levels of education instead of treating each part as discrete and separate with no tangible relationship. Care must be taken not to make secondary education merely academic in orientation.

*Recommendation 20*

Technical, commercial or comprehensive schools should, in co-operation with business, industry and government (as the case may be), tailor their curricula to the available or projected job markets.

What is desirable is that every Nigerian secondary school-leaver should be equipped with those skills and understandings, values and concepts necessary to sustain him on whichever job/career he may ultimately choose.

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*Recommendation 21*

All secondary school pupils should be exposed to a core curriculum of basic learnings and specialised offerings.

**Decision Area IV**

## PURPOSES OF TERTIARY EDUCATION

What role should the universities and other tertiary institutions serve in the development of the nation?

How shall the different functions be balanced to produce the appropriate educated Nigerian for high-level manpower development?

What is the role of research in nation-building?

*Recommendation 22*

Whether in the short or long run, the role of the Nigerian university should be:

- (i) teaching – imparting knowledge
- (ii) research – discovering knowledge
- (iii) dissemination – contributing to national and international dialogue and criticism
- (iv) service orientation – through community service and professional training for the development of the national high-level and intermediate manpower needs.

*Recommendation 23*

Universities must strengthen the primary objectives of education at all levels, in addition to which they must be actively involved in the process of nation-building. They must develop, transmit and reform our national and world heritage, provide intellectual life, develop national consciousness and loyalty to truth and principles, provoke and promote enlightenment and informed public opinion, co-ordinate national research activities, become instruments of change, develop and encourage Nigerian human-resource talents, foster international relations through scholarships, and disseminate knowledge.

*Recommendation 24*

The service role of our universities should be geared towards continuing adult education for the masses through evening, week-end, vacation and refresher courses. The universities should relate more to other levels of education and education agencies.

*Recommendation 25*

The Nigerian university should be of the multi-lateral type with opportunities to teach, research, disseminate knowledge, and serve the

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community. Not only the traditional 'academic' subjects should be taught, but the more pragmatic (professional/vocational/technical) courses should also form part of the university curriculum.

*Recommendation 26*

Our university undergraduates should be exposed to both general and specialised education to enable them to function effectively in society.

**Decision Area V**

## THE ROLE OF TEACHER-EDUCATION

- What is the role of teachers in the education process of Nigeria?
- How can the status of the Nigerian teacher be improved?
- Should there be a uniform requirement for teacher certification throughout the federation?
- Who is the qualified Nigerian teacher?
- How should we recruit into the teacher-training colleges?
- Is a probationary period in schools necessary before certification of teachers?
- What should constitute both the duration and content of teacher education?
- How can a reasonable balance be maintained in the general, professional and academic preparation of the Nigerian teacher?

*Recommendation 27*

The objectives of Nigerian teacher-education should emphasise the training of highly motivated, conscientious and successful classroom teachers for all education levels; encourage in potential teachers a spirit of inquiry, creativity, nationalism, and belongingness; help the prospective teachers to fit into the social life of home and community; provide teachers with intellectual and professional backgrounds adequate for their assignment; produce teachers who by their training and discipline will be adaptable to the changing roles of education in society; and produce knowledgeable, progressive, and effective teachers who can inspire children to learn.

*Recommendation 28*

There should be a uniform basic requirement for teacher certification throughout the federation within which each teacher-training college will be able to select its own programmes as suitable to the background and conditions of its students.

*Recommendation 29*

If teaching is to become a respectable profession like other learned professions, the Nigerian qualified teacher should possess the minimum

## APPENDIX

of an N.C.E. certificate to enter the teaching profession at the lowest level. The ultimate goal should be in the direction of well-qualified graduate teachers with specialised training for any level of education, or in the secondary schools, in certain subject areas. In the interim period, three classifications of teachers should replace the present multi-classificatory system: that is, qualified teachers (graduates and N.C.E. holders); intermediate cadet teachers (graduates with no teaching qualification, and grades II and I teachers); and unqualified teachers (all others).

### *Recommendation 30*

All teachers must be well-grounded in their academic subject just as they are prepared adequately to understand the child and help him to learn through a well-integrated general education, professional training and academic orientation. The period of training will vary depending upon certification. A minimum of three years is required after secondary school for the N.C.E. teacher and four years for the graduate teacher. Within the course, a minimum of twelve weeks practical teaching period will be required for introducing the prospective teacher to schools and children. In the interim, student teachers with less than secondary school education should spend at least five or six years to get academic and professional training.

### *Recommendation 31*

The B.A./B.Sc. (Education) or the B.Ed. degree structure is recommended as the most effective way for preparing Nigerian graduate teachers. Candidates with a liberal arts degree in arts or science can be encouraged to take diploma courses in education to qualify as graduate teachers with teaching qualifications.

### *Recommendation 32*

In-service training and re-training of teachers at all levels must be embarked upon on a continuous basis with a mind to improve teacher/classroom effectiveness and to encourage him through further incentives for additional experience gained. Prospects of further training should be built into the teacher-education programme and this should be adequately compensated for or remunerated as an additional incentive.

### *Recommendation 33*

There is need for a continuous assessment of the teacher-trainee and teachers on the job on the effectiveness of their work to challenge pupils to learn more and better. This calls for more and better supervisory systems to ensure the professional competence and growth of the teacher.

## APPENDIX

**Decision Area VI****FUNCTIONS OF SCIENCE AND TECHNICAL EDUCATION**

What is the significance of science and technology in the individual and corporate life of Nigerians?

How can science and technical concepts be built into the education programme without destroying the fundamental values we live for?

*Recommendation 34*

Science and technical education require more than teaching facts and imparting information. It is a process of changing people's attitudes. The science curriculum and teaching in Nigerian schools should be flexible enough to permit students to inculcate a healthy scientific attitude to work and life.

*Recommendation 35*

Science and technical education should not be restricted to school children alone but provided on a mass basis to adults who have little or no advantage of formal education.

*Recommendation 36*

Government labour code and service conditions should not only pay lip-service to the concept of dignity of labour. Nigerians with practical and technical training should be encouraged and their status in society raised through a better wage structure and a change in attitude between the so-called white-collar jobs and the blue-collar jobs.

*Recommendation 37*

Industry and business should be called upon to invest more in technical training of the Nigerian youths through a co-operative programme of after-school experience between schools and these concerns wherever practicable.

*Recommendation 38*

We must consciously encourage freedom of experimentation and research through generous grants, flexible curriculum, and continuous evaluation of the curriculum at all levels of our education system.

*Recommendation 39*

We must ensure a balanced school programme between the humanising disciplines and the sciences to allow for the development of abiding values and attitudes that sustain society.

APPENDIX B

Appendix 1 : Tables showing Primary School, Secondary School, Technical and Vocational School, and Teacher-Education Enrolment Figures

(a) Primary School Enrolment Figures by Regions, 1937-1966, and Total for all States, 1970

	<i>East</i>	<i>Lagos</i>	<i>North</i>	<i>West</i>	<i>Total</i>
1937					238,879
1947	320,000	—	66,000	240,000*	626,000
1951	500,000	—	107,561	395,000*	1,002,561
1952	518,944	—	122,615	398,100*	1,039,659
1953	572,705	—	143,809	429,542*	1,146,056
1954	664,707	—	153,696	456,600*	1,275,003
1955	742,542	37,038	168,521	811,432	1,759,533
1956	904,235	38,872	185,484	908,022	2,036,613
1957	1,209,167	50,182	205,769	982,755	2,447,873
1958	1,221,272	56,688	229,164	1,037,388	2,544,512
1959	1,378,403	66,320	250,912	1,080,303	2,775,938
1960	1,430,514	74,468	282,849	1,124,788	2,912,619
1962	1,266,566	98,511	359,934	1,108,999	2,834,010
1963	1,278,706	107,552	410,706	1,099,418	2,896,382
1964	1,173,277	119,013	452,319	1,104,879†	2,849,488
1965	1,199,692	129,894	492,829	1,089,327†	2,911,742
1966	1,236,872	142,118	518,864	1,128,127†	3,025,203
1967-9 WAR YEARS - NO FIGURES AVAILABLE					
1970 FIGURE FOR ALL STATES					3,515,827

\* West figures include Lagos enrolment until 1955.

† West figures include Mid-West Region from 1964 to 1966 (though Mid-West Region was created in 1964).

*(b) Secondary School Enrolment Figures, 1926-1970*

	<i>East</i>	<i>Lagos</i>	<i>North</i>	<i>West</i>	<i>Total</i>
1926					518
1937					3,851
1947					9,908
1952	8,644	—	3,249	(not available)	(not available)
1953	9,182	—	(not available)	7,325	(not available)
1954	9,544	—	2,382	9,259	21,185
1955	10,584	3,157	2,671	10,935	27,347
1956	11,118	3,904	3,263	12,621	39,017
1957	12,242	4,087	3,651	16,208	36,188
1958	13,960	4,591	4,086	18,754	41,391
1959	15,789	4,804	4,683	22,374	47,650
1960	18,263	4,953	6,264	25,755	55,235
1962	32,712	10,058	7,995	144,734	195,499
1963	39,938	11,372	9,881	150,688	211,870
1964	47,806	12,633	12,885	131,688	205,012*
1965	58,556	13,535	15,276	121,648	209,015*
1966	68,737	14,088	17,700	110,780	211,305*
1967-9 WAR YEARS - NO FIGURES AVAILABLE					
1970	ALL STATES				310,054

\* West figures include Mid-West Region from 1964 to 1966 (though Mid-West Region was created in 1964).

*(c) Technical and Vocational School Enrolment Figures, 1962-1970*

<i>Year</i>	<i>Government Schools</i>		<i>Local Authority Schools</i>		<i>Aided Schools</i>		<i>Unaided Schools</i>		<i>All Schools</i>	
	<i>No. of Schools</i>	<i>No. of Pupils</i>	<i>No. of Schools</i>	<i>No. of Pupils</i>	<i>No. of Schools</i>	<i>No. of Pupils</i>	<i>No. of Schools</i>	<i>No. of Pupils</i>	<i>No. of Schools</i>	<i>No. of Pupils</i>
NIGERIA										
1962	26	6,579	—	—	1	138	5	527	32	7,241
1963	26	6,721	—	—	1	140	4	494	31	7,355
1964	27	7,055	—	—	1	148	7	673	39	10,085
1965	—	—	—	—	—	—	—	—	63	12,756
1966	29	7,855	6	626	2	725	29	5,853	66	15,050
1967-9 WAR YEARS - NO FIGURES AVAILABLE										
1970	42	7,353	2	183	17	5,049	4	836	65	13,421

*(d) Teacher-Education Enrolment Figures, 1962-1970*

<i>Year</i>	<i>No. of Schools (a)</i>	<i>Teachers</i>			<i>Pupils</i>			<i>Average Number of Pupils</i>	
		<i>M</i>	<i>F</i>	<i>MF</i>	<i>M</i>	<i>F</i>	<i>MF</i>	<i>Per School</i>	<i>Per Teacher</i>
NIGERIA									
1962	287	1,558	499	2,057	23,715	7,455	31,170	109	15
1963	266	1,548	504	2,052	24,586	7,753	32,339	122	16
1964	257	1,411	499	1,910	23,645	7,409	31,054	119	16
1965	195	—	—	1,925	23,323	7,603	30,926	159	16
1966	193	1,349	488	1,837	22,847	7,646	30,493	158	17
1967-9 WAR YEARS - NO FIGURES AVAILABLE									
1970	160	1,491	366	1,857	—	—	32,314	202	18



APPENDIX C

Dear .....,

You have been chosen as one of the eight professionals to review the attached questionnaire on "Sociocultural Attitudes/Treatment towards the mentally retarded."

This instrument is designed for Nigerians specifically. However, as a "Reviewer," you are asked to rate the items in the following manner.

- (1) 2...for every item that is important and relevant to the study, and 1..for items that are not important.
- (2) With alphabets 'P' for positive and 'N' for negative, indicate which of the items is:

(a) Positive

(b) Negative

with regard to attitude towards mentally retarded children and youth.

- (3) Add any items or statements which in your opinion will be pertinent in a "Sociocultural Attitude-Treatment Scale."

Your prompt response and co-operation will be highly appreciated.

Thanks.

Sincerely yours,

Chibuzo A. Mbubaegbu

This questionnaire is aimed at collecting information about the "Sociocultural Attitudes and Treatment towards the mentally retarded persons" in Nigeria. Please answer the questions as honestly as possible following the given patterns. Your responses will be held in confidence.

1. Name (optional) \_\_\_\_\_
2. Age:-  
 (a) 18 - 25  
 (b) 26 - 32  
 (c) 33 - 39  
 (d) 40 - 46
3. Sex: M. F.
4. State of Origin \_\_\_\_\_
5. Are you a Parent? Yes No.
6. If yes, - number of Children \_\_\_\_\_
7. Is any of these children mentally retarded?  
 Yes No.
8. If No, do you have any relative who is mentally retarded?  
 Yes No.
9. Occupation before coming to U.S.? \_\_\_\_\_
10. Left Nigeria for Overseas in 19....

ITEM #	STATEMENTS	I 2	UI 1	P	N
11.	Nigerian Policy of equal educational opportunities favours everyone including the mentally retarded.				
12.	Mentally handicapped children can be useful citizens.				
13.	Mentally retarded children are usually better off if they are kept out of notice.				
14.	No matter how a MR person is educated, he can not contribute anything to the community.				

ITEM #	STATEMENTS	I 2	UI 1	P	N
15.	It is better to take the money spent on service provisions for the MR and spend it on the gifted children.				
16.	Mentally retarded persons have the same basic needs as any other children.				
17.	Every person in Nigeria understands the need for providing programs for the MR.				
18.	Financing Services for the mentally retarded is wasting the government fund.				
19.	Creating public awareness will better the people's behavior towards the MR.				
20.	Nigeria's economy is not buoyant enough to include any programs for the mentally retarded.				
21.	In our culture it is believed that a retarded person as compared to non-retarded, lack the ability to learn.				
22.	Mentally retarded persons are getting much social attention from the rest of the world.				
23.	MR persons do not care how they are treated.				
24.	It is a thing of shame to go to a party with a mentally retarded child.				
25.	The society has the interest of the retarded at heart.				

ITEM #	STATEMENTS	I 2	UI 1	P	N
26.	MR children should have nothing in common with non-MR children.				
27.	It is unhealthy to expose the non-retarded children to their mentally retarded peers.				
28.	There is nothing the society can do to help the retarded except giving him alms.				
29.	There is very little, if any relationship between mental retardation and mental illness.				
30.	Mentally retarded person can be as useful to the community as any other person.				
31.	Leaders of most organizations are usually regarded by the general public as symbolizing their establishment.				
32.	Programs for the mentally retarded is dependent on the dynamism of the leader.				
33.	Adaptability and innovativeness are required for effective treatment of the mentally retarded in Nigeria.				
34.	Attitude of the administration affects the treatment of the mentally retarded.				
35.	Cultural perceptions have negative influence on planning for the MR.				

ITEM #	STATEMENTS	I 2	UI 1	P	N
36.	Unlike the hearing impaired, blind, etc., the MR have little or no facilities in Nigeria.				
37.	I will support further research on the causes of mental retardation.				
38.	Programs for the mentally retarded is one of the best in the country.				
39.	My culture associates retardation with divine curse.				
40.	The society holds high regards for both the retarded child and his family.				
41.	The retarded child does not understand affection.				
42.	People in my culture respect the feelings of the retarded child.				
43.	Children mentally retarded are usually kept out of the public scene in some cultures of Nigeria.				
44.	In some other cultures of Nigeria begging for alms is the most common practice for the retarded.				
45.	To what extent do you have knowledge of mental retardation prior to your studies in U.S.				
46.	My contact with a mentally retarded person has been only on a street.				

ITEM #	STATEMENTS	I 2	UI 1	P	N
47.	Mental retardation is regarded in my culture as a result of witchcraft.				
48.	Early attempts to change this situation are concentrated very greatly with appeasing the gods.				
49.	Diagnosis is an essential service that should be provided for the treatment of mental retardation.				
50.	Mental retardation of all categories should be provided for by the service providers.				

APPENDIX D



SOCIOCULTURAL ATTITUDE/TREATMENT TOWARDS THE  
MENTALLY RETARDED SCALE.

This questionnaire is aimed at collecting information on "Sociocultural Attitudes and Treatment towards the Mentally Retarded Persons" in Nigeria. For the first 23 statements below, indicate the extent to which you agree or disagree. There are five possible responses: (1) Strongly Agree (SA), (2) Agree (A), (3) Don't Know (DK), (4) Disagree (D), (5) Strongly Disagree (SD) and Comments (Com) if any. Circle your answer beside the statement.

The survey is designed in a way that insures anonymity. Returns therefore cannot be related to the respondents.

ITEM #	S T A T E M E N T	1	2	3	4	5	C O M M E N T S
1	Nigerian Policy of equal educational opportunities favors most people including the mentally retarded.	SA	A	DK	D	SD	
2	Mentally handicapped children can be useful citizens.	SA	A	DK	D	SD	
3	Money spent on service provisions for the mentally retarded is better spent on the gifted children.	SA	A	DK	D	SD	

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SOCIOCULTURAL ATTITUDES AND TREATMENT TOWARDS THE MENTALLY RETARDED SCALE.

ITEM #	S T A T E M E N T	1	2	3	4	5	C O M M E N T S
4	Mentally retarded persons can enjoy the same basic needs as any other children.	SA	A	DK	D	SD	
5	Most people in Nigeria understand the need for providing programs for the mentally retarded.	SA	A	DK	D	SD	
6	Financing services for the mentally retarded appear to some Nigerians as wasting the government fund.	SA	A	DK	D	SD	
7	Creating public awareness will improve the people's attitudes towards the mentally retarded.	SA	A	DK	D	SD	
8	Nigeria's economy is viable enough to include any programs for the mentally retarded.	SA	A	DK	D	SD	
9	In my culture it is believed that a retarded person as compared with a non-retarded, cannot learn.	SA	A	DK	D	SD	
10	Mentally retarded persons do not care how they are treated.	SA	A	DK	D	SD	

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 SOCIOCULTURAL ATTITUDES AND TREATMENT TOWARDS THE MENTALLY RETARDED SCALE.

ITEM #	S T A T E M E N T	1	2	3	4	5	C O M M E N T S
11	It is humiliating to go to a party with a mentally retarded child.	SA	A	DK	D	SD	
12	It is unhealthy to expose the non-retarded children to their mentally retarded peers.	SA	A	DK	D	SD	
13	There is nothing the society can do to help the retarded except giving him alms.	SA	A	DK	D	SD	
14	There is very little, if any relationship between mental retardation and mental illness.	SA	A	DK	D	SD	
15	Attitude of the administration affects the treatment of the mentally retarded.	SA	A	DK	D	SD	
16	Unlike the hearing impaired, blind etc. the mentally retarded have little or no facilities in Nigeria.	SA	A	DK	D	SD	
17	Given sufficient resources I will support further research on the causes of mental retardation.	SA	A	DK	D	SD	

SOCIOCULTURAL ATTITUDES AND TREATMENT TOWARDS THE MENTALLY RETARDED SCALE.

ITEM #	S T A T E M E N T	1	2	3	4	5	C O M M E N T S
18	My culture associates retardation with divine curse.	SA	A	DK	D	SD	
19	The Nigerian Society treats both the retarded child and his family with scorn.	SA	A	DK	D	SD	
20	The retarded child does not understand affection.	SA	A	DK	D	SD	
21	In some ethnic groups of Nigeria begging for alms is the most common practice for the retarded.	SA	A	DK	D	SD	
22	Diagnosis is an essential service that should be provided for the treatment of mental retardation.	SA	A	DK	D	SD	
23	Mental retardation of all categories should be provided for by the service providers.	SA	A	DK	D	SD	

(CIRCLE OR COMPLETE WHERE APPLICABLE)

- 24. Are you a parent?    Yes    No.
- 25. If yes, number of children \_\_\_\_\_
- 26. Are any of the children mentally retarded?    Yes    No.
- 27. If no, do you have any relative who is mentally retarded?    Yes    No.
- 28. What was your occupation before coming to U.S.? \_\_\_\_\_  
(If directly from High School, write "Student").
- 29. When did you leave Nigeria? \_\_\_\_\_
- 30. Your state of origin is \_\_\_\_\_
- 31. What sex are you?    Male    Female.
- 32. What is your present academic pursuit?  

(1) Undergraduate	(2) Graduate
(3) Doctorate	(4) Faculty
- 33. Which of these groups describes your age best?  

(1) 18 - 25
(2) 26 - 32
(3) 33 - 39
(4) 40 and above.

Rev. Chibuzo A. Mbubaegbu  
E-13 North Village  
Amherst, MA 01002.

February, 1985

Dear .....,

The attached questionnaire has been designed to help me collect data for a Research Study on "Sociocultural Attitudes and Treatment towards the Mentally Retarded persons in Nigeria."

I am a Nigerian student at the University of Massachusetts, Amherst where the research study is being done.

You are one of a number of Nigerian citizens in United States who are being asked to complete the questionnaire. Your honest and prompt response will be highly appreciated.

Be assured of complete confidentiality. The questionnaire has an identification number on it to enable me to check your name off the mailing list when your completed questionnaire is returned. Your name will not be placed on the questionnaire itself. Check and return the enclosed post card separately after you have mailed the questionnaire.

I would be very pleased to answer any question/s you may have about this study. Please feel free to write or call me at (413) 549-1030.

Thanks for your cooperation and assistance.

Yours sincerely,

Chibuzo A. Mbubaegbu  
UMASS

