

## *Post-intervention multi-informant survey on knowledge, attitudes and practices (KAP) on disability and inclusive education*

### **Introduction**

This study was part of a larger research project funded by The United Kingdom Department for International Development and GPAF ‘*Promoting the provision of Inclusive Education for children with disabilities in Mashonaland West Province, Zimbabwe*’. The overarching aim of this project was to contribute towards the achievement of Universal Primary Education ( [Millennium Development Goal 2](#) ) by ensuring that around 3,000 children with disabilities (CWDs) were enrolled and retained in mainstream schools during the period 2013-2015. The overall objective of this study was to demonstrate the effectiveness of Leonard Cheshire Disability International’s (LCDI) Inclusive Education (IE) approach for girls and boys with disabilities in mainstream primary schools. The research



compared control and intervention schools on several metrics including outcomes of teacher training, parental sensitisation, and peer support on teachers, families and children with disabilities. This research, analysing the effect of the LCDI IE programme, is the theme of [another briefing paper](#).

This briefing paper is drawn from the Research Report ‘[Post-intervention survey on knowledge, attitudes and practices on disability and inclusive education \(pdf\)](#)’. The research presented here summarises the information gathered on the knowledge, attitudes and practices (KAP) of parents (or caregivers) of children with disabilities, and their teachers and head teachers - based on end of

project data collected in 2015 through a survey - in intervention and control schools. The research was undertaken in mainstream primary schools in four districts (Kariba, Hurungwe, Mhondoro Ngezi, and Sanyati) in Mashonaland West Province, a large province in northern Zimbabwe. This Province was initially chosen to roll out the IE project because of low enrolment rates of children with disabilities.

## Sample

The sample population was drawn from 30 model primary schools, 240 cluster schools as well as nine control schools from four districts (Kariba, Hurungwe, Mhondoro, Ngezi, and Sanyati) in Mashonaland West Province, Zimbabwe.

Each model school represents a cluster, influencing an average of 8 cluster schools, each less than 20km from the model school. Control schools were selected on the basis of their distance/proximity from both cluster and model schools. No intervention took place in control schools.

### KAP Survey

The multi informant survey measured the levels of knowledge, attitudes and practices (KAP) of 148 parents (or caregivers), 179 teachers and 68 head teachers for a total of 395 case and control informants



## Methods

A survey containing both quantitative and qualitative components was conducted with a set of multi informant questionnaires that were developed in 2013 by the research centre at LCD based on standardised sets of questions used internationally in research of this kind. The same questionnaires were then re-administered in 2015 to enable comparison. The multi informant survey measured the levels of knowledge, attitudes and practices (KAP) of 148 parents (or caregivers), 179 teachers and 68 head teachers for a total of 395 case and control respondents after they had participated in a comprehensive IE training programme, delivered in the field by LCD. The research was complemented by focus group discussions and key informant interviews

When possible the survey was implemented to the same participants. Nevertheless, in cases where it was not possible to collect the information from the same person, sampling by replacement was used. Some attrition was inevitable and this briefing summarises the report that was drafted of the whole sample of 395 respondents interviewed in 2015, six months prior to the completion of the project activities.

There is an [additional briefing paper](#) summarising the pre and post intervention research, consisting of 287 respondents.

## Findings

Overall results tend to show a positive trend in the intervention schools, with teachers and head teachers gaining confidence about their knowledge, attitudes and practices with regard to the inclusion of children with disabilities in their classes. However, there are still systemic challenges to the education system which perpetuate barriers to inclusion, in particular around administration and resources (funds, infrastructure, support teachers, teaching materials and aids). Daily practices were also challenging due to poor infrastructure, high pupil-teacher ratios and poor sanitation arrangements and parents face ongoing challenges about direct and indirect costs of schooling.

## Knowledge

Head teachers and teachers reported an increase in the amount of training they received in special education needs/inclusive education, with a subsequent increase in their knowledge. The need for more training in IE was recognised by both intervention and control groups, with particular need for training in communication and behavioural skills as well as for children with multiple disabilities. The intervention schools showed a clearer understanding of IE and how the components required for successful IE include links with policymakers, parents and communities.

## Attitudes and Beliefs

Typically attitudes and beliefs were positive. A large majority of teachers and head teachers reported that children with disabilities should be included in mainstream schools *regardless of the severity of their disability*. Similarly, with regard to attitudes and beliefs of caregivers, these are mainly positive. Most disagreed with the statement that *'it is not worthwhile for children with disabilities to learn'*; almost all believed that *'children with disabilities should go to school'*, and that *'children with disabilities can learn (the same) as non-disabled children'*. With regard to teaching, there was a positive perception about the skills teachers had to teach children with disabilities, but a mixed picture about the numbers of support staff (such as classroom assistants) that schools have to help teach children with disabilities.

## Barriers

Head teachers, teachers and caregivers think that the lack of assistive devices is a major barrier. Furthermore, the majority of head teachers stated that assistive devices and teaching aids are rarely available. Head teachers and teachers think schools are a long distance from home (82.1% and 76.4% respectively). Further analysis of the data revealed that differences exist in teachers' responses between those in control and those in model schools with regard to statements related to accessibility (schools and toilets) and transportation.

Once they are in school, teachers think that accessibility becomes an issue, particularly toilets in the school not being physically accessible. The majority of head teachers are frequently convinced that the lack of expertise of teachers may represent a barrier to children with disabilities going to school (82.4%). Teachers themselves recognise their lack of expertise and see it as a barrier (59.8%). A significant number of teachers (71%) think that parents are worried their children with disabilities will be abused (bullied, teased, ill-treated, etc.), and that parents think that children with disabilities cannot learn. Teachers and head teachers perceive parents' attitudes towards the education of their children with disabilities as a barrier.

Head teachers and teachers tend to recognise less frequently the direct costs (uniform, books, fees) as a barrier for parents (52.9% and 55.3% respectively).

The most significant barriers identified by parents or caregivers are related to the direct costs for schooling (e.g. uniform, books, fees), secondly the lack of assistive devices and thirdly the

indirect cost of schooling (e.g. meals, transportation). There was a mixed response regarding the extent to which caregivers felt the natural environment presented a barrier which was found to correlate to rural areas.

When the data were disaggregated by type of school, caregivers in control schools agreed in a higher percentage than those in model schools that aspects related to the direct and indirect costs of schooling and the lack of assistive devices were barriers to education for children with disabilities. Moreover, aspects related to school accessibility, toilet accessibility and transportation were also identified as major barriers by informants in control schools. It is important to highlight that, contrary to what was expected, parents in control schools agreed in a smaller percentage that attitudinal barriers (other parents in the community) were a barrier preventing children with disabilities from going to school.

### Concerns

Overall there is a less positive picture regarding concerns linked with the inclusion of children with disabilities. In particular, head teachers and teachers identify potential critical issues surrounding administration and resources. The main area of concern for head teachers was the lack of para-professional staff available to support students (e.g. speech therapist, physiotherapist, etc.). The major concern expressed by teachers was that their school would not have adequate special education instructional materials and teaching aids (e.g. Braille).

Head teachers in control schools had higher levels of concern than head teachers in model schools. 65.4% of

teachers in control schools were concerned about not having the knowledge to teach children with disabilities, compared to 34.2% in model schools. In addition, 69.2% of teachers in control schools indicated that not having enough para-professional staff available to support those students with disabilities who were included in their classroom was a major concern. 54% of teachers in control schools stated that their school will have difficulty in accommodating students with various types of disabilities because of inappropriate infrastructure.

This might indicate a positive effect of implementation of the LCDZT IE project in model and cluster schools.

### Daily Practices

The majority of teachers enjoyed working as a teacher (more teachers in model schools than in control schools), and looked forward to going to school every day. However, there was a moderate picture from responses as to whether they found working as a teacher to be extremely rewarding. There was also a more mixed response to the statements about the extent to which the lack of accessible toilets and large class sizes were affecting daily practices in the schools, and their teaching was limited by poor infrastructure in school. Differences were found in the level of agreements to statements related to infrastructure and lack of accessible toilets between teachers in control and model schools.

Head teachers reported that there were a number of challenges in their daily experience at school, agreeing that large class sizes; poor infrastructure; and the lack of accessible toilets were significant challenges. With regard to job satisfaction and motivation, there was

some divide around responses to the statement about working as a head teacher being rewarding. By way of contrast, almost all agreed that they looked forward to going to work in school each day, and the majority agreed that they enjoyed working as a head teacher.

### Children with Disabilities

Head teachers reported on numbers on numbers of children with disabilities enrolled in schools, in mainstream classes, in special classes and in resource units. The results of the number of CWDs enrolled in mainstream schools indicate a surprisingly high number of students with learning disabilities as well as health related disorders in mainstream classes; this does call into question what classifies as a 'learning disability' in Zimbabwe, what the labelling entails and entitles the child to, and what support the children are given.

Interestingly, most of teachers who teach in mainstream classes reported not having any experience teaching children with multiple disabilities and emotional and behavioural disorders. It is evident that typically teachers did not have any experience teaching students with disabilities other than children with learning disabilities; particularly inexperience was reported for students with multiple disabilities and students with emotional and behavioural disorders.

More than 70% of teachers in special classes had no experience in teaching students with disabilities other than with learning disabilities. With regard to resource units, these mainly cater to four types of impairments (visual impairment; hearing impairment; mental challenges;

and multiple disabilities). Most teachers in resource units reported mainly teaching students with visual or hearing impairments.

### Difficulty to teach by type of disability

Head teachers reported that teachers in their schools found it '*somewhat difficult*' to teach children with all types of disabilities in mainstream classes except for gifted and talented students (who are categorised as having SEN in Zimbabwe). Head teachers perceived that the majority of teachers did not have experience teaching children with learning disabilities, or multiple disabilities. With regard to mainstream teachers themselves, who reported having experience teaching children with disabilities, the majority found it '*difficult*' or '*extremely difficult*', except for teaching gifted and talented students. Interestingly, most of teachers who teach in mainstream classes reported not having any experience teaching children with multiple disabilities and emotional and behavioural disorders.

Of those teachers who have experience teaching children with learning disabilities in special classes, more than 60% found it '*easy*' or '*extremely easy*'. A relatively high number of teachers also noted they had '*no experience*' of teaching children with certain impairments, the highest reported for teaching students with multiple disabilities (89%), the lowest reported for teaching children with learning disabilities (25%).

## Recommendations

- Pre-service training is likely to be the most effective (including cost-effective) measure to ensure teachers are adequately prepared to teach children with disabilities in mainstream classes. However, teachers need sufficient information and practice with a variety of impairments, in particular with those they currently find challenging, including children with multiple disabilities, and those with speech and language difficulties. Teachers also need more information about where they can identify and access additional support for these children.
- Teachers need more information on, and support with, assessment procedures - especially for children with learning difficulties.
- Training of teachers (or other related staff) must make it clear that successful inclusion relies on many components (school, community, family, etc.) which must be combined to ensure meaningful inclusion, and quality learning for children with disabilities.
- There is a strong need for additional classroom support, such as classroom assistants though to date these are not a feature of any IE programmes or interventions in Zimbabwe, and there are a number of challenges to be overcome with this role.
- As teachers become more aware of, and exposed to, the needs of children with disabilities, they may also become more aware of the gaps and specific resource and other requirements, many of which are not widely available - this can make teachers more wary of inclusion, as while they are willing to include children with disabilities in their classes, they perceive it may create more work without the necessary support or resources. This needs to be acknowledged and addressed to ensure successful implementation of IE.
- In order to improve communication and understanding there needs to be improved linkages, exchange of information and support between teachers and parents/care givers to improve and ensure continuity and provision for the child.
- Stronger collaboration between and across sectors and ministries (e.g. Education, Health, Transport, etc.) to deliver a fully inclusive education for children with disabilities.
- Families of children (and adults) with disabilities would benefit from access to targeted social protection/assistance mechanisms. For example, assistive devices, medical care, and assistance with funds for the direct and indirect costs associated with sending their child to school, without which parents may be more reluctant to send them to school.

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