

# Determining the Levels of Independent Action of Mild Mental Challenged Learners Using Experimental and Control Groups in Tonongoi Primary School, Sigowet Division, Kericho West District, Kenya

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**Abstract** The study aimed at determining the levels of independent action of mild mental challenge learners using experimental and control groups in Tonongoi Primary, Sigowet Division, Kericho West District, Kenya. Data was collected from a sample of fifteen (15) learners with mild mental retardation. Purposive sampling was utilized. The research design for the study was experimental through the use of pretest and posttest. There were two groups used in the study, the experimental and the controlled groups. The findings reveals that majority of the respondents were female 14(53.8%). Majority of the respondents were aged 10 years and the minority were aged 9 years respectively. The study concludes that, learners with mild mental challenged faces challenges in learning and this may be due to mental challenged they exhibit. Teaching them requires employment of varied learning strategies. The recommendations in the study suggested that, functional skills should be included in the curriculum and all stakeholders should advocate for these persons to give opportunities in order to realize their potentials.

**Keywords** Mild Mental challenge, Mental retardation, Experimental and Control Groups

## 1. Introduction

Mental challenged refers to significantly sub average general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior aid manifested during the developmental period (Armatas, 2009). People with mental retardation have significantly impaired intellectual abilities and deficits in adaptive behavior. This disability must have been manifested during the developmental period from birth to 18 years of age. Smith et al (2001) says most students with mental retardation have mild mental retardation. Approximately 89 percent of all people with mental retardation function within the mild level. Some of these students are not in special education at all, although most will spend time throughout their school careers in special education programs. The education of mental retarded children has evolved from a time when retarded children were hidden away and jailed to a line where individualized learning plans and specialized instructions is provided to meet their needs when they cannot be met in the

regular classroom (Kithure, 2001).

Smith (2001) explain that mild mental retardation is the level of mental retardation that usually includes individuals with intelligent quotient (IQ) from approximately 50-55 to 70-75. Children who have mild mental retardation are mainstreamed in regular classroom, but most will spend them throughout their school careers in special education programs. Frequently their learning goals are similar to or identical with goals of their non handicapped peers. It is also important to provide community –based instructions, instruction in the ordinary environments of the community, so that the student can generalize the skills taught (Smith, 2001). Learning and motivational characteristics of mentally retarded people are critically important.

Armatas (2009) explains some major findings appropriate to mildly metal retarded students which are; Attention variables- which are attention span, focus and selective attention. Mediate strategies mildly mental retarded learners are less likely to employ effective techniques for organizing information for later recall. Memories have difficulty in area of short term memory, but retain information over the long term.

Transfer or generalization tend to show deficiencies in the ability to apply knowledge or skills to new tasks, problem or stimulus situations. Abstraction- the ability to engage in

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Received: May 15, 2021; Accepted: May 31, 2021; Published: Jun. 26, 2021

Published online at <http://journal.sapub.org/edu>

abstract thinking or to work with abstract materials is limited. Incidental learning-mental retarded students are relatively inefficient learners because they tend to pay more attention to identical information (Ogonda, 2002).

Current law requires education of mental retarded students in the least restrictive environment with appropriate services and support. These students have a poor record for being served in general education classroom. Among the objectives of educating mental retarded students in Kenya is to train them to acquire basic self help skills, creative art skills, religious education, perceptual training, adaptive skills, among others (Ogonda 2002).

In Kenya, provision of special need education dates back to 1946 when a vocational training for the blind was established in Thika to cater for the Second World War veterans blinded or impaired during the war (Njoka & Syallo, 2013). Other schools for the mentally retarded, the deaf and physically impaired were established in 1948, 1958 and 1968 respectively, where religious organizations were involved in providing services to disabled children on charity basis (Njoka & Syallo, 2013).

There has been a marked increase in people with disabilities. This has been associated with various factors such as the increase in accidents, congenital disorders, diseases and malnutrition. Various efforts have been made by the Kenya government to address the issue of disability. In 1982, the Kenya government adopted the United Nation (UN) general assembly conventional and recommendations by forming a task force to review laws relating to persons with disabilities (Kithure, 2001).

Education of the mentally retarded in Kenya is spelled out in curriculum of learning. These learners follow a curriculum that is developed in the Ministry of Education Kenya under the section of Kenya Institute of Education. The main objective is to train the learner to acquire basic self help skills to enable them fit accordingly in the community. These training are based on the degree of the disability or the individual (Ogonda, 2002).

Ogonda (2002) further explains how the mental retarded are educational classified. They are referred to as educable, trainable and custodian. The educable has got an IQ of 50-75 or up to 80 percents, the trainable have an IQ of 25-45 while the custodian's IQ ranges between 0-25 percent. The custodians are in somebody's custody to offer them services throughout the day. Most of the mental retarded learners have perceptual problems as well as gross and fine motor problems.

Mild mental retarded children are included in general education classes. The learning goals are similar to or identical with those of their peers without disabilities. Many students with mental retardation however have very complex learning needs (Ogonda, 2002). This is the actual situation for mild mental retarded learners of Tonongoi Primary School in Sigowet Division. These learners might require intensive, specialized instruction from a variety of professionals in setting away from the traditional school

buildings for example learning how to ride a bus by using public transportation. They might even require a different curriculum that includes daily using skills, so that their long term goals of independent living can be met and some of these young stars might need a "balanced curriculum" in which traditional academics are taught along with more functional skills.

## 2. Statement of the Problem

The curriculum for teaching mental retarded children should focus on imparting them with functional skills that will help them be successful in self-care, vocation and self sufficiency. Special education is needed in order to increase learners' self sufficiency by teaching them functional academics and other skills necessary in everyday life. However, Sigowet Division has over 560 children with mild mental retardation who find it difficult to demonstrate independent action in form of self-care, vocation and self sufficiency. This situation is unacceptable as its continued occurrence implies that children with mild mental challenged are left to fate. This study was therefore needed to find out the levels of independent action of learners who are mild mental challenge using experimental and control groups in Tonongoi Primary, Sigowet Division, Kericho District, Kenya.

Despite the fact that the Kenya government adopted the UN general conventional and recommendation for persons with disability in its constitution (the Kenya constitution 2008, chapter 5) the provision of education for persons with disabilities and the Ministry of Education (MOE) provides staff/ personnel with the curriculum but mildly mental challenge children of Tonongoi Primary School in Sigowet division quit school without much acquisition of independent actions skills.

## 3. Literature Review

Armatas (2009) defines mental retardation to refer to substantial limitation in present functioning. It is characterised by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skills areas; communication, self-care, home living, social skills, community use, self direction, health and safety, functional academics, leisure and work. Mental retardation manifests before the age of eighteen .In this definition, it identifies limitations in intellectual functioning as indicated by difficulties in learning, adaptive skills, such as communication, self care and social ability. The characteristics suggest the need for a system of support that shifts the focus from limitations of the person to designing an array of services to meet the person's needs.

Furthermore, Smith (2001) identifies four primary goals of individuals who are mildly retarded which are productive

employment, independence and self sufficiency, life skills competence and opportunity to participate successfully within the school and community. In terms of employment, teachers should build students career awareness and help them see how academic content relates to applied situations and this should include training in specific job skills. In terms of independence and self sufficiency, young adults with mild mental retardation need to become as responsible as possible for themselves. They should be developed to be self-directed learners who can address their own wants and concerns and can advocate for their goals and aspirations. Therefore the use of social learning approach may aid these learners in acquiring various skills.

Armatas (2009) further suggests that programs for students who have mild retardation should focus on creating support systems to argument existing instructional programs. Inclusion often places these students in regular classroom and adopts instructions to the special needs of the students. Attempts are made to help students fit in both socially and academically. These students fail to acquire basic learning strategies such as maintaining attention, organising and memorizing raw material and studying for tests. According to this explanation learners who are mild mental challenged may face various challenges while learning independent actions.

Smith et al (2009) says observational learning occurs when we observe the behaviour of a model. Teachers, parents and coaches often help us learn by intentionally modelling skills. Fears prejudices, likes and dislikes and social behaviour are learnt by watching others. Through observation we may learn desirable response and even may acquire undesirable behaviours. Learning by observation helps us bypass the potentially time consuming and dangerous process of trial and error. For example, we wouldn't want each new generation of brain surgeons or airline pilots to learn their craft only through trial and error.

Smith et al (2009) says social learning theory emphasizes that people learn by observing the behaviour of models and acquiring the belief that they can produce behaviour to influence events in their lives.

According to Bandura (1977) the knowledge or capability to perform behaviour may be acquired at one time but not displayed until a later time when the motivation and conditions are favourable. This could be due to self-efficacy which represents people's beliefs that they have the capability to perform behaviours that will produce a desired outcome.

Ormrod (2000) explains that modelling have several possible effects on human behaviours. Response facilitation effect is one which the observer displays a previously learned behaviour more frequently after seeing a model being reinforced for that behaviour (i.e. after receiving vicarious reinforcement). For example students are more likely to wear ragged old jeans if their classmates appear to be winning popularity with the attire. Similarly they are likely to complete their reading assignment on time and

to work cooperatively rather than competitively with classmates: behaviour that they have learned long ago, if they see others being reinforced for doing so.

Feldman (2009) said that by watching other people you learn new responses without first having had the opportunity to make the response yourself a process called observational learning. He further said underlying observational learning is our capacity to use symbols for comprehending and dealing with the environmental. Verbal and mental symbols allow us to represent events, to analyze conscious experiences to communicate with others, to design to create, to imagine and to engage in planned action.

According to Ormrod (2000), students with mental retardation shows significantly below average general intelligence, as well for instance they learn slowly and perform quite poorly on school tasks in comparison with age mates. They also show consistently poor achievement across virtually all academic subject areas. These students also show limitation in practical intelligence;-managing the ordinary activities of daily living and social intelligences;-conducting themselves appropriately in social situations.

Children who are mental challenged have difficulty transferring or applying ideas from one setting to another. Thus we teach needed social skills directly. We do not expect the children to automatically understand these skills and apply them from experience, (Kirk et al, 2009). These children also exhibit language development problems.

Kirk et al (2009) further says that it was once quite popular to use operant conditioning to train children to repeat words spoken to him or her. Operant conditioning is a technique of behaviour modification that works by controlling the stimulus that follows a response. If the child repeated the words correctly, he or she was rewarded for doing so. Some interventionists achieved success in having the child master a list of words, but they were disappointed when the child did not use the words in his or her own free speech.

According to Feldman (2009), most people with mental retardation have relatively minor deficits and are classified as having mild deficits. These individuals who have IQ scores ranging from 55 to 69 constitute some 90 percent of all people with mental retardation. Although their development is typically slower than that of their peers, they can function quite independently by adulthood and are able to hold jobs and have families of their own.

The mildly mental retarded children may have some limitation such as memory disorder, auditory perception, processing, visual perception and processing, information processing speed and executive functioning that is planning and management (Feldman, 2009). Smith (2000) explains that mild mental retardation usually includes individuals with IQs from approximately 50-55 to 70-75.

Learning would be exceeding laborious if people had to rely solely on the effects of their own action to inform them what to do-fortunately most human behavior is leaved observation through modeling; from observing other ones, forms all idea of how new behavior are performed and on

later occasions this coded information squeeze as a guide for action. This is true for students with mental retardation because they learn when the learning experience involves concrete, observable information rather than instructional lectures, (Kirk et al, 2009).

Ogonda (2002) explains that perceptual-motor theory states that perception develops from motor training. This means that children with motor problems are likely to have perceptual difficulties. Development of perception enhances concept development.

Learner with perceptual motor problems will experience difficulties in forming concepts, learning academic subjects and in executing other cognitive skills. In this theory, perceptual motor development is recognized as the basic foundation for later learning without which learning difficulties arise. In schools, perceptual motor training can be achieved by using physical training such as physical education and co-curricular activities (Ogonda, 2002).

According to Uba et al (2012) the most famous students of observational learning involved children who watched adults punch and kick a three-foot-high plastic doll called Bobo, which bounces back after being hit. After watching the adults, the children one by one spent time in a room with the Bobo. At another time a control group of children who had not watched the adults, aggressive behavior also spent time in the room with the Bobo. The children who saw the aggressive adults were more likely to be aggressive towards the Bobo than were the children who had observed the aggressive models.

Oganda (2002) explains the medicated learning experience, a cognitive development theory. The theory states that for a child to benefit and learn from his/her environment, there has to be due interrelation of another person in the same environment. Such a person is commonly known as a mediator/medicating agent. The mediator can be an adult, a teacher, parent, sitting peer or caregiver.

Kirk et al (2009) explains that children with mental retardation have difficulty processing information. For many, the problem lies in limited memory, perception and the way they organize information and make decision. They also have a general language deficit and specific using interpretative language.

The curriculum for students with mental retardation stress academic skills, communication and language development socialization and prevocational and vocational skills. The emphasis particularly for student with moderate retardation, is on functional learning, social learning theory is generating teaching strategies to help younger stars with retardation to learn and most students with mental retardation name mild disabilities (Smith 2001).

Functional curriculum focuses on life skills, it teaches skills that are used in everyday life which include the skills required for personal maintenance and community use, work and career, recreational activities and travel within the community. Without good life skills, achieving

independence in the community is almost impossible (Smith, 2001). One way to accomplish masters of practical skills is by emphasizing functional academics, students reading, writing and mathematics instruction focuses on practical skills. The reading program would include reading for protection and information. Here survival words, street signs, walk, don't walk stop; safety woods danger, prison keep out night be the topics of instruction. Writing instruction could center on taking phone messages writing directions for getting to a restaurant or taking notes on how to do a job (Smith, 2001).

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## 4. Methodology

The research design for the study was experimental through the use of pretest and posttest. There were two groups used in the study, the experimental and the control. In the pretest both groups performed the activities and for the posttest the experimental group observed a model perform the activities then we asked to perform the same activities, while the control group didn't watch the model, but were to perform the same activities. The results were then compared.

**Study Design:** The study employed experimental design.

**Study Location:** The study was conducted in Tonongoi Primary School, Sigowet Division, Kericho West District, Kenya.

**Study Duration:** December 2012 to December 2013.

**Sample size:**

**Sample size calculation:** The research used the Slovin's formula to calculate the sample size in the study;

$$n = \frac{N}{1 + Ne^2}$$

n = sample size

N = population size (32)

e = margin of error (0.04)

Therefore;

n=30

Sample size is 30 respondents

Slovin's formula also helped the researcher to sample the population with a desired degree of accuracy. This slovin's formula gave the researcher an idea of how large the sample size needs to be to ensure a reasonable accuracy of results.

**Subjects & selection method:** From the selected respondents, the researcher used simple random sampling technique to select 30 learners who were mild mental challenged.

**Inclusion criteria:**

1. Only those learners who attained marks of between 50 and 75%.
2. Both male and female learners.

**Exclusion criteria:**

1. Learners who attained marks below 50% and above 75%.

**Procedure methodology:** The researcher obtained a transmittal letter from the college of higher degrees and research. The researcher who have received the letter proceeded to the selected school aid do identify of self and the intended research study aid how it is to be conducted.

During data gathering procedure, the researcher conducted an assessment test to identify the intended unit of analysis the mildly mental retarded. This assessment was based on the IQ of the subjects.

A sampling list was drafted by the researcher as a basis for the purposive sampling. Topics for experimentation was identified and prepared for the model.

The experimental design was used observation checklist to collect data.

During the data gathering the drawn experimental table was followed strictly the pre test and post test was constructed and scores was recorded.

The researcher used 2 research assistances while conducting the researcher study.

The researcher thanked both the administrations of the selected school and the respondents by writing appreciation letters.

After, the researcher analyzed the data collected using correlation analysis technique.

**Statistical analysis:** The percentage mean for the two groups on the pre test and the post test were compared to see whether social learning approach had an effect on independent actions.

## 5. Results and Discussion

### 5.1. Results

#### Demographic

Demographics can be defined as the physical characteristics of a population such as age, and gender. The socio-demographic characteristics measured in this research are gender and age.

**Table 4.1.** Table showing variance in the targeted and actual respondents

School Codes	Targeted respondents	Actual response
Boy	15	12
Girls	15	14
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Field data

Table 4.1 reveals the responses of the target group of respondents. It is indicated those both male and female

youths were given equal opportunities to participate in the study.

**Table 4.2.** Gender of the respondents

Gender	Frequency	Percent
Male	14	47
Female	16	53
<b>Total</b>	<b>30</b>	<b>100.0</b>

Source: Field data, 2013

The Table 4.2 above reveals that majority of the respondents were the female with 16(53%) while their counterparts the male scored 14(47%). Therefore it was found out that the female respondents participated more than the male counterparts.

**Table 4.3.** Showing age of the respondents

Age	Frequency	Percent
9	5	17
10	11	36
11	5	17
12	9	30
<b>Total</b>	<b>30</b>	<b>100.0</b>

Source: Field data, 2013

Table 4.3 above reveals the responses for age's ranges according to the respondents. It was reported that majority of the respondents were aged 10(36%), those who were 12 years scored 30%, those who were aged 11 years scored 17% and finally those who were aged 9 years also scored 17%.

Therefore, it was concluded that majority of the respondents were aged 10 years and the minority were aged 9 years respectively. It was further considered that the information got from the respondents were valid since they were old enough to give first hand information.

Table 4.4 shows both the control and experimental results both at pre-test and post-tests on demonstrating kitchen skills. An experiment was conducted on the learners to find out the kitchen skills they have. The results show that the mild mentally retarded pupils were not able to perform certain tasks during the pre-test and post-test in the demonstration. There were a slit differences recorded in both levels. The results show that many of the pupils were not able to remember anything before and after introducing them to anything.

A checklist was used to observe independent action during the experiment. The findings revealed that many learners with mild mental retardation were not able to identify basic kitchen utensils e.g. fork, spoons, dish, pot and tin opener during the pre-test. During the pre-test the pupils responded negatively with 65% identify the basic kitchen utensils compared to those who responded positively with 35% and during post-test all the pupils responded equally in identifying basic kitchen utensils both the strongest part and the weakness part had 50% respectively. Therefore it was concluded that during pre-test many respondents were

unable to identify kitchen utensils compared to those who responded positively as they are aware of kitchen utensils.

**Table 4.4.** Level of Demonstration of Kitchen Skills

Control	Pre-test		Post-test	
	Yes (%)	No (%)	Yes (%)	No (%)
Child can identify basic kitchen utensils e.g. fork, spoons, dish, pot and tin opener	35	65	50	50
Child use basic kitchen utensils appropriately;	43	57	55	45
chop vegetable	27	73	45	55
slice bread	54	46	50	50
peel vegetable and fruits	27	74	52	72
open a bottle	46	54	53	48
pour liquids	46	54	50	50
cut up soft foods	46	54	45	55
Child uses cloths to wipe surface clean	31	69	30	70
Child collects and stacks dirty dishes ready for washing	38	62	40	60
Child puts away dishes and cutlery in cupboards and drawers	50	50	45	55
Child uses tea cloth to dry up dishes, cutlery and pans	38	62	49	51
Child can wash up dirty dishes, cutlery and pans	31	69	45	55
Child can lay table with red and blue linen;	36	64	50	50
red on straight line	35	65	34	66
red and blue alternated	58	42	60	40
blue on straight line	35	65	36	64
Child can clean the jiko	42	58	41	59
Child can light a match	35	65	40	60
Child can measure ingredients using a cups and spoons.	42	58	45	55
<b>EXPERIMENTAL</b>				
Child can identify basic kitchen utensils e.g. fork, spoons, dish, pot and tin opener	45	55	42	58
Child use basic kitchen utensils appropriately;	50	50	47	53
chop vegetable	52	57	50	50
slice bread	54	46	51	49
peel vegetable and fruits	30	70	28	72
open a bottle	45	55	53	47
pour liquids	50	50	50	50
cut up soft foods	48	52	47	53
Child uses cloths to wipe surface clean	40	60	30	70
Child collects and stacks dirty dishes ready for washing	33	67	40	60
Child puts away dishes and cutlery in cupboards and drawers	50	50	48	52
Child uses tea cloth to dry up dishes, cutlery and pans.	45	55	38	62
Child can wash up dirty dishes, cutlery and pans	60	60	40	60
Child can lay table with red and blue linen;	65	45	40	60
red on straight line	55	55	47	53
red and blue alternated	51	48	50	50
blue on straight line	55	55	40	60
Child can clean the jiko	50	50	53	57
Child can light a match	51	52	50	50
Child can measure ingredients using a cups and spoons	48	52	55	45

Source: Field data, 2013

It was also found that majority of the learners do not use basic kitchen utensils appropriately. During the pre-test the results shows that minority of the respondents scored 43% that they were able to use basic utensils appropriately and the majority scored (57%) that they were not able to use basic kitchen utensils appropriately. Furthermore it was found out that the results were worse in the post-test because only 39% were able to use basic kitchen utensils appropriately compared to 61% who showed that they were not able to use basic utensils appropriately. Generally it was discovered that

majority of the respondents were not able to use basic kitchen utensils appropriately during pre-test because they scored the highest percentage compared to those of who has some ideas of using basic kitchen utensils properly. It was also revealed that majority of the respondents during post-test responded negatively about use of basic kitchen utensils and those who were using basic kitchen utensils appropriately were a bit few. This meant that both pre-test and post-test, the pupils responded negatively that they were unable to use basic kitchen utensils appropriately.

**Table 4.5.** Level of Demonstration of Domestic Skills

CONTROL	Pre-test		Post-test	
	Yes (%)	No (%)	Yes (%)	No (%)
Child can help adult to do chores around the house or classroom	35	65	36	64
Child can sweep floor with brooms	42	58	45	55
Child can mop the floor	46	54	43	57
Child can dust and polish the furniture	42	58	42	58
Child can wash and rinse towels and items of cleaning by hands	35	65	37	63
Child can open clothes to dry	35	65	36	64
Child can sort and fold clean cloths and put them away in the right place	50	50	50	50
Child can use an iron to press clothing	39	61	40	60
Child can make bed with pillow case and sheets	39	61	40	60
Child can dispose of garbage	46	54	45	55
Child can fetch water	39	61	41	59
Child can clean window	35	65	36	64
Child can sweep and clean compound	50	50	50	50
Child can clean bathroom	36	54	35	56
Child knows which soap, cleaner or detergent to use for each task	42	58	44	66
Child sees when something needs to be cleaned and will do the job without being told	39	61	40	60
<b>Experiment</b>				
Child can help adult to do chores around the house or classroom	40	60	40	60
Child can sweep floor with brooms	55	45	55	50
Child can mop the floor	50	50	45	55
Child can dust and polish the furniture	42	58	48	52
Child can wash and rinse towels and items of cleaning by hands	50	50	40	60
Child can open clothes to dry	53	47	36	64
Child can sort and fold clean cloths and put them away in the right place	50	50	50	50
Child can use an iron to press clothing	40	60	40	60
Child can make bed with pillow case and sheets	41	59	40	60
Child can dispose of garbage	50	50	45	55
Child can fetch water	50	50	41	59
Child can clean window	52	48	36	64
Child can sweep and clean compound	50	50	50	50
Child can clean bathroom	36	54	50	50
Child knows which soap ,cleaner or detergent to use for each task	42	58	40	60
Child sees when something needs to be cleaned and will do the job without being told	48	52	42	58

Source: Field data, 2013

The results also show that many learners could not use clothes to wipe surface clean with 69% and only 31% were able to use clothes in the pre-test. Furthermore, in the post-test, these findings were however worse that only 30% learner used clothes to wipe surface clean compared to those who were unable to use clothes to wipe surface clean with 70%. Majority of pupils reported negatively with 62% that child do not collect and stacks dirty dishes ready for washing and those who reported positively had 50% that child puts away dishes and cutlery in cupboards and drawers 50.

Furthermore, the respondents reported that they do not use tea cloth to dry up dishes, cutlery and pans (62%), child can wash up dirty dishes, cutlery and pans (69%), and that 65% of the children can lay table with red and blue line. Only 35% of the learners can lay table with red on straight line, 58% can lay table with red on straight line red and blue alternated, and only 35% the learners can lay table with straight line blue on straight line. It was however found 42% of the learners can clean the jiko, 35% can light the march and 42% can measure ingredients using a cups and spoons in both during pre-test and post-test in demonstrating kitchen skills. Therefore, it was concluded that majority of the respondents responded negatively both in the pre-test and post-test in demonstrating kitchen skills.

In general, both the pre-test and post-test results still show related findings in both control and experimental stage. There was a slight relationship between pre-test results and post-test results. The learners could not respond to what they were required to do. For example 50% of the children were not able to pour liquids whereas the same number was able to pour liquids.

Table 4.5 reveals responses for demonstrating domestic skills for both pre-test and post-test in control and experiment levels. The results equally showed a slight improvement on the understanding of the pupils during the experimental group as compared to the control group. The results indicated that many pupils could not demonstrate domestic skills before they were advised of what to do domestically. However, on the other hand the findings were a little different at the experimental group as some pupils were at least able to demonstrate domestic skills for the experimental group.

The results shows that the learners with mild mental retardation still failed to perform many tasks during the control group; both in the pre-test and post-test periods. The experimental analysis revealed that many learners cannot help adult to do chores around the house or classroom (58%). Even in the post-test, the learners were found not to be able help adult to do chores around the house or classroom. Furthermore, the study revealed that only (42%) of learners can sweep floor with brooms. These results did not change much after the post-test. Many children (58%) of the child could not dust and polish the furniture, only (35%) of the children can wash and rinse towels and items of cleaning by hands, (65%) cannot open clothes to dry, (50%) of the children can sort and fold clean cloths and put them away in the right place, and that (61%) cannot use an iron to press

clothing.

The findings further reveal that (61%) of the children cannot make bed with pillow case and sheets, (54%) of the children cannot dispose of garbage. It is revealed that majority of the children can fetch water with 39%, furthermore 46% reported that can clean windows and 50% can clean compound. Even after the pre-test and post-test also show that many of the children still failed to perform major tasks, although some of them tried to learn how to perform certain tasks like cleaning widow, compound and disposing garbage.

Furthermore, it was indicated that 42% of the children know which soap, cleaner or detergent to use for each task and 39% could see when something needs to be cleaned and will do the job without being told. These inabilities of the children to perform certain tasks even after the pre-test strongly shows that children with mild mental retardation need more time to be taught most of the domestic skills that may help the children in future.

Table 4.6 shows the pre-test and post-test demonstrating shopping skills of the mild mentally retarded P.4 children at both control and experimental level. The results show many of the pupils had trouble before they were exposed to shopping skills. The findings revealed that showed many of these children did not have shopping skills in the control level. After a period of two weeks, the same children were exposed to both pretest and posttest during the experiential stage. It was found that the pupils somehow had shopping skills. The findings show that during both pre-test and post-test of the control and the experiment groups there was no big margin in percentage gain. In some instance it dropped or rise.

The research findings show that (79%) of the children who were involved in the study can find items on the shelf in the shop or supermarket without help. Of these children, 72% cannot take care of money safely. This result did not change even for the post-test as many children were still found not to be without ability to take care of the money. Only 33% of the children can ask for required items in a shop, 34% can ask for prices of items in shop / market, 32% can buy one or two items independently in the supermarket, and 30% can buy one or two items independently in the market. This figure was then worsened as only 29% of the children could give the right amount of money and wait for change if necessary.

Many of the children (65%) cannot remember a shopping cost of up to five items and buy them from a shop without help, although this slightly improved as 2% of the children could remember a shopping cost of up to five items and buy them from a shop without help during the post-test. Of these children 69% of them knew which shop to go for different items e.g. vegetable – market; stamps -post office; canned food – Supermarket. However, during the post-test, some children learned something. Furthermore, 24% of the children can go shopping for up to five items when they are found in different shops, and the only 37% were able to budget money appropriately for a shopping trip.



**Table 4.6.** Level of Demonstration of Shopping Skills

Category	Pre-test		Post-test	
	Yes (%)	No (%)	Yes (%)	No (%)
Child can find items on the shelf in the shop or supermarket without help	31	79	36	64
Child can take care of money safely	28	72	30	70
Child can ask for required items in a shop	33	77	34	66
Child can ask for prices of items in shop / market	34	76	33	77
Child can buy one or two items independently in the supermarket	32	68	39	61
Child can buy one or two items independently in the market	30	70	37	63
Child can give the right amount of money and wait for change if necessary	29	71	40	60
Child can remember a shopping cost of up to five items and buy them from a shop without help	35	65	38	62
Child knows which shop to go for different items e.g. vegetable – market; stamps -post office; canned food – Supermarket	31	69	40	60
Child can go shopping for up to five items when they are found in different shops	24	76	41	59
Child is able to budget money appropriately for a shopping trip	37	63	42	58
<b>Experimental</b>				
Child can find items on the shelf in the shop or supermarket without help	40	60	40	60
Child can take care of money safely	45	55	35	65
Child can ask for required items in a shop	28	52	40	60
Child can ask for prices of items in shop / market	43	57	30	70
Child can buy one or two items independently in the supermarket	40	60	40	60
Child can buy one or two items independently in the market	44	54	30	70
Child can give the right amount of money and wait for change if necessary	29	71	40	60
Child can remember a shopping cost of up to five items and buy them from a shop without help	35	65	32	72
Child knows which shop to go for different items e.g. vegetable – market; stamps -post office; canned food – Supermarket	31	69	49	51
Child can go shopping for up to five items when they are found in different shops	24	76	50	50
Child is able to budget money appropriately for a shopping trip	37	63	40	60

Source: Field data, 2013

Conclusively, many children failed the shopping skills as many of them were not able to go shopping, protect the money and many could not understand the amount received. Many of these mild mentally retarded children did not know many things on shopping and this affects their well-being.

## 5.2. Discussion

### Profile of Respondents

On the demographic profiles of the respondents in terms of gender and age respectively. The study revealed that all sexes were represented in the study and all age groups were given equal opportunities to participate in the study. The results indicated of the study majority of the respondents were the female with (53.8%) and males had (46.2%) respectively. This shows a fair gender representation in the schools, although females had a better representation as compared to the males.

### Pre-Test and Post Test Demonstrating Kitchen Skills

On pre-testing demonstrating kitchen skills, an experiment was conducted on the learners. A checklist was used to

observe independent action during the experiment. The findings revealed that many learners with mild mental challenged were not able to identify basic kitchen utensils for example fork, spoons, dish, pot and tin opener. Both the pre-test and post-test results still show a small relationship between each other and there was no big difference between pre-test and post-test results of the study. The learners could not respond to what they were required to do. For example 50% of the children were not able to pour liquids whereas the same number was able to pour liquids. Mild mental challenged may exhibit additional barriers such as poor motor control (Ogonda 2000). A learner may be awkward and clumsy in carrying out fine and / or gross motor activities. This affects activities such as pouring, cutting, and even folding items. Poor co-ordination of both sensory and motor activities make learner find difficult to coordinate the use of hands and eyes at the same time as required in laying table with different linen.

### Pre-test and post-test demonstrating domestic skills

An experiment was conducted on the learners and the

results show that the mild mentally retarded pupils were not able to perform certain tasks during the pre-test and post-test in the demonstration of both kitchen and domestic skills and there were no differences recorded in both levels. The results further show that many of the pupils were not able to remember anything before and after introducing them to the skills. On this, the checklist of the pre-test and post-test demonstrating domestic skills was conducted. The results show that the learners with mild mental challenges still failed to perform many tasks both in the pre-test and post-test periods. These inability of the children to perform certain tasks even after the pre-test strongly shows that children with mild mental retardation need more time to be taught common things that other children do even without being taught how to do them. As earlier explained that children with mental challenges have difficulty transferring or applying ideas from one setting to another (Ormrod 2000). Performing the activities was still a challenge even in the post test level.

#### **Pre-test and post-test demonstrating shopping skills**

The results equally showed a slight improvement on the understanding of the pupils during the experimental group as compared to the control group. The findings revealed that many pupils could not demonstrate domestic skills before they were shown what to do. However, the findings were a little different at the experimental group as some pupils were at least able to demonstrate domestic skills during the experimental group. This could have been because the pupils were shown what to do in both demonstrating of domestic, kitchen and shopping skills.

The pre-test and post-test demonstrating shopping skills of the mild mental challenged P.4 children. The findings show that during both pre-test and post-test of the experiment, many children failed the shopping skills as many of them were not able to go for shopping, protect the money and could not understand the amount received. Many of these mild mentally retarded children did not know many things on shopping.

The results show many of the pupils had trouble before they were exposed to shopping skills. The findings of the study revealed that many of these children did not have shopping skills in the control level. After a period of two weeks, the same children were exposed to both pre-test and post-test during the experiential stage and it was found out that the pupils somehow had kept some shopping skills. As Kirk (2000) et al explained that mental challenged individuals have difficulty in processing information. These may have contributed to the difficulty the respondents faced in carrying out the activities.

#### **Correlation between the level of social learning approach and independent action**

The correlation between the level of social learning approach and independent action revealed that there is no significant relationship between these variables. The study shows that the correlated variables have no relationships at any point and this means that there is no significant relationship between the level of social learning approach

and independent action. In testing the hypothesis, the study found that there is no significant relationship in both the pre-test and post-test, within groups (within the experimental group, with in control group); and between groups (experimental groups Vs control groups).

## **6. Conclusions**

The study concludes that learners with mild mental challenges face challenges in learning and this may be due to mental challenges they exhibit. Teaching them requires employment of varied learning strategies.

## **7. Recommendations**

The following are suggested in view of the finding;

1. The researcher recommends that there should be equal representation of gender in the research since different genders may have different knowledge about some facts and this may reduce the bias among the respondents.
2. The study also recommends that there should be equal representation of the different ages of the respondents this is because the pupils of young age may borrow some experiences from the old one and this may build confidence in them. This may aid the research in getting correct information.
3. Early intervention as stated in the literature review by Kirk (2009) can achieve some success in having the child master a list of words. These words could include those of independent action such as shop, market, bottle opener; dirty linen etc. such as a list can be drawn specifically for a specific list, shopping list, domestic list etc.
4. On pre-testing demonstrating kitchen skills, the study recommends that many learners with mild mental retardation should be helped repeatedly to understand basic information and grasp the basic concepts in daily life for example cleaning.
5. The learners should be helped by the teachers and other normal people to learn because young people learn by doing and this may impact the whole life of someone in future.
6. It is also recommended that learners with mild mental challenges should be slowly and carefully taught to understand. This is because many of them failed to perform many tasks both in the pre-test and post-test periods by not repeating for them and not practicing. These inability of the children to perform certain tasks even after the pre-test reveals that children with mild mental retardation need more time to be taught common things that other children do even without being taught how to do them.
7. The researcher recommends the parents and other caregivers to help children with mild mental retardation to be trained on shopping because many

children failed the shopping skills as many of them were not able to go shopping, protect the money and many could not understand the amount received. Many of these mild mentally retarded children did not know many things on shopping.

8. Inclusion of life skills in the curriculum should focus on the importance of competence in everyday activities. The use of community resources, home and family activities, social and interpersonal skills, health and safety skills use of leisure time and participation in the community as a citizen can empower person who are mild mental challenged.
9. The researcher recommends the teachers who teach mild retarded learners to use various teaching techniques to enable them acquire the necessary skills. They should employ the individual, educational plans, task analysis techniques and group teaching with those pupils who are not mild retarded to enable learners to learn and master learning content little by little.
10. Retention can be improved by mental rehearsal (imagining, imitating the behavior) or by actual practice. In the retention phase of observational learning, practice helps us remember the elements of the designed behavior, such as the sequences of steps.
11. The teachers need to train mild mental retarded learners to be aware of the importance of attention. Learners should be taught how to actively monitor their attention i.e. self-monitoring.

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