**Educating Children with Intellectual Disabilities in Pre-Primary Education, Tanzania**

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**Abstract**
*This study investigated the issues of educating children with intellectual disability at one Primary School in Lindi Region, Tanzania. The data were collected using in-depth interviews and thematically analyzed. The findings indicated that children with intellectual disability were integrated in primary school. Adaptive skills like how to eat, use toilet, dress, sit on chair and academics were offered. There was minimal parents support. Parents lacked the capacity because of their poverty and ignorance about disability. Teachers, Head Teachers and other education leaders had no capacity of assisting children with intellectual disability. The study concluded with emphasis that children with intellectual disability are human beings therefore, they needed to be facilitated and assisted to make them more self-reliant in schools and community. Their education was problematic and not embraced. A combined effort of different stakeholders was needed and recommended for educating these children and with disability in general.*

**Key words**: Pre-Primary Education, disability, intellectual disability, children with intellectual disability

**Introduction**
Disability in relation to an individual means loss or limitation of opportunities to take part in the normal life in the community on an equal level with others due to physical, mental or social factors. In Tanzania, the 2009 Law of the Child defines a child with disabilities as 'a child who has long-term or permanent physical, mental, intellectual or sensory impairment which hinders his full and effective participation on equal basis with others' (URT, 2009:10).

On the other hand, a Person with disability has been defined by the 2010 Persons with Disability Act as 'a person with a physical, intellectual, sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental and institutional barriers' (URT, 2010:9). This definition corresponds with Article 1 of the United Nations UN Convention on the Persons with Disabilities of 2006 which describes persons with disabilities as those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The quality Pre-primary Education is advantageous for all children. It leads to the long-term improvements in school success; reduced delinquency and crime in childhood and adulthood; and train for job for employment in future (Barnett, Youn, Jung & Frede, 2013). Specifically, for children with disabilities, the quality Pre-primary enables early identification and intervention of impairments and for certain children with disabilities, it facilitates transition into mainstream schools (UNESCO, 2006).

In many cases, children with disability are denied from their rights to Pre-Primary Education and other social services. In cultures where guilt, shame and fear are associated with the birth of a child with a disability they are frequently hidden from view, ill-treated and excluded from activities that are crucial for their development (Tavola & Whippy, 2010; UNICEF, 2007a). As a result of discrimination, children with disabilities may have poor education outcomes; they may have low self-esteem and limited interaction with others; and they may be at higher risk for violence, abuse, neglect and exploitation (WHO & World Bank, 2011; UNICEF, 2007b). This study investigated issues educating children with intellectual disability.

**Conceptualizing Intellectual Disability**
Intellectual disability, sometimes called cognitive disability, formerly referred to as mental retardation, is described as a disability characterized by significant deficits both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills that occur before age 18 in which needs for supports become imperative (Schalock et al., 2010; Tassé, Luckasson, & Schalock, 2016). As Schalock et al. (2010) pointed out, intellectual disability results in in impaired cognitive abilities and adaptive skills and the need for extraordinary supports for a person to participate in activities involved with typical human functioning. Intellectual disability is, therefore, not only an inherent trait of any individual, but instead is characterized by a combination of deficits in both cognitive functioning and adaptive behavior in which systems of supports become imperative.

However, it should be noted, as Tassé (2016) asserts, intellectual functioning and adaptive behavior are two separate and distinct constructs that complement each other and significant deficits in each is necessary but alone insufficient to meet criteria for a diagnosis of intellectual disability. This is to say, intellectual disability is diagnosed through the use of standardized tests of intelligence and adaptive behaviour.

The World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) defines disability within a bio-psychosocial model, which integrates both factors of the individual and their environment in defining disability. Within the ICF framework, disability is viewed as impairment in body function or structure; limitation in activity; and restriction in participation (UNICEF & University of Wisconsin, 2008). Therefore, the construct of disability has changed from focusing on a defect within the person to a socio-ecological person–environment fit conception that focuses on understanding human functioning and disability based on the interactions between personal and environmental characteristics (Buntinx & Schalock, 2010).

Reflecting from the ICF framework, Wehmeyer and Thompson (2016) describe intellectual disability as a state of functioning in which impairments to the central nervous system (example, body functions and structures) result in activity limitations and participation restriction. Specifically, central nervous system impairments manifesting in intellectual disability, result in limitations to intellectual functioning. According to Buntinx and Schalock (2010), the construct of disability is best viewed within the larger context of human functioning. They define disability as "the expression of limitations in individual functioning within a social context that represents a substantial disadvantage to the individual" (Buntinx & Schalock, 2010, p.284).

According to Schalock et al. (2010) and Tassé et al. (2016), the condition of intellectual disability is described and defined in terms of three major components: the deficits in intellectual functioning, and adaptive behaviour as well as the needs of systems of support. However, there are no universal biomarkers associated with intellectual disability, hence, a determination of intellectual disability is made relying on a robust clinical evaluation of child functioning (Tassé, 2016).

*Intellectual Functioning*
Intellectual functioning is a type of human functioning, and is defined as referring to a general mental ability that includes reasoning, comprehending complex ideas, learning quickly, problem solving and abstract thinking (Schalock et al., 2010).

As Schalock et al. (2010) indicate, intellectual functioning is best conceptualized and captured by a general factor of intelligence. Intelligence refers to a general mental capability which involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience (Arc, 2009). Intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by trained professionals (Arc, 2009).  Intellectual functioning is usually measured by a test called an IQ test. The average score is 100. People scoring below 70 are thought to have an intellectual disability (Arc, 2009).

### *Adaptive Behaviour*
Adaptive behaviour is the collection of three major areas of adaptive skills of practical, social, and conceptual skills that children learn in order function independently in everyday life situation (Schalock et al., 2010; Arc, 2009; Tassé et al. 2016). Practical skills include such activities of daily life as eating, dressing, toileting, mobility, preparing meals, managing money, housekeeping and medication, and using telephone; social skills include skills related to interpersonal skills, responsibility, self-esteem, follows rules, obeys laws, and avoids victimization; and conceptual skills include receptive and expressive language, reading and writing, money concepts and self-direction (Schalock et al., 2010; The Arc, 2009; Tassé et al. 2016). As emphasized by these authors, children with intellectual disability usually have sub-average level of adaptive skills. Teachers and parents can help children work on these skills at both school and home.

As Tassé (2016) asserts, significant deficits in adaptive behaviour are present when the individual presents significant deficits in one or more of: conceptual, social and/or practical skills. Measurement of adaptive behaviour uses individually administered instruments, as well as other sources of relevant clinical information, and focuses on whether the person has significant limitations in one or more of the three adaptive skill areas (Tassé et al., 2016). Significant limitations in adaptive behaviour are objectively established through the use of standardized measures normed on the general population, including children with disability and without disability.

### *Systems of Supports*
Supports are defined as ''resources and strategies that aim to promote the development, education, interests, and personal well-being of a person and that enhance individual functioning'' (Schalock et al., 2010, p.105). Supports can be broadly categorized as formal supports from professionals and informal supports from family or friends (McIntyre, 2016).

As Wehmeyer and Thompson (2016) assert, the most important distinction between children with intellectual disability and the general population is that children with intellectual disability have more intense support needs than social supports needed by most others in the general population.  It is through social supports, individual functioning can be enhanced. Thompson et al. (2009) pointed out that individual with intellectual disability experience mismatch between their personal competency and environmental demands. This creates support needs defined by Thompson et al. (2009, p.135) as "a psychological construct referring to the pattern and intensity of supports necessary for a person to participate in activities linked with normative human functioning".

According to Thompson et al. (2009), human functioning is enhanced when the person–environmental mismatch is reduced and personal outcomes are improved. Therefore, support needs demand thoughtful planning and application of individualized supports which provides supports

leading to improved personal outcomes in terms of competency to meet the environmental demands (Thompson et al., 2009). Outcomes of individualized supports may include more independence; better personal relationships; enhanced opportunities to contribute to society; increased participation in school and/or community settings and activities; and greater sense of personal wellbeing or life satisfaction (Thompson et al., 2009).

According to Wehmeyer and Thompson (2016), the critical feature of individualized supports is that they bridge the gap between limitations in personal functioning and environmental demands. Therefore, anything that increases the capacity of the environment to fully include a person (i.e., mitigates the demands of settings or activities) is as much of a support as something that increases the competency of the person (Wehmeyer & Thompson, 2016). Planning for individualized supports has emerged to be important for supporting individuals with intellectual disability as summarized by Seo, Shogren, Little, Thompson & Wehmeyer (2016):

> … The importance of assessing and planning for support needs using individualized supports has received increased attention in the disability field, particularly as social-ecological models of disability have emerged which define disability by the gap, or mismatch, between personal competencies and environmental demands. This mismatch creates a need for support that must be systematically assessed and planned for to improve quality of life outcomes for people with intellectual disability ... (p.550)

## Causes of Intellectual Disability

As Tassé (2016) indicates, intellectual disability can be the result of any number of known or unknown genetic cause, neurophysiological or environmental cause, trauma or combination thereof. According to Tassé (2016), intellectual disability is a multifaceted and complex condition that comes in a wide range of clinical presentations defined by long-standing criteria related to the significant deficits in intellectual functioning, adaptive behaviour and the onset of these deficits being during the developmental period before age 18. The risk factors leading to impaired human functioning associated with intellectual disability can originate prenatal (example, genetic or chromosomal factors, inborn errors of metabolism, maternal alcohol or drug consumption during pregnancy and so on), perinatal (example, anoxia, infections, trauma), and postnatal (example, deprivation, brain injury, exposure to teratogens) (Tassé, 2016).

## Effects of Intellectual Disability to Individuals

The effects of these disabilities vary considerably among individuals who have them, just as the range of abilities varies considerably among all individuals. As Arc (2009) pointed out, children with intellectual disability may take longer to learn to speak, walk and take care of their personal needs, such as dressing or eating. They may take longer learning in school. With proper individualized supports, many children may be able to lead independent lives in the community. A small percentage may have serious, lifelong limitations in functioning. However, with early intervention, an appropriate education and supports as an adult, all can lead satisfying lives in the community (Arc, 2009). This study intended to investigate how children intellectual disabilities are assisted in schools to catch wit school learning environment. Findings could help to improve the whole process of educating them.

**Purpose and Objectives of the Study**
The purpose of the study was to investigate the issues of educating children with intellectual disabilities in Pre-Primary Education. The study intended to attain the following objective:
1. To identify approach and admission of the children with intellectual disability.
2. To investigate skills offered to children with intellectual disability.
3. To explore parents support in educating children with intellectual disability.
4. To investigate capacity of providing adaptive skills for children with intellectual disability.

**Methodology**
*Approach and Design of the Study*
The researcher chose a qualitative paradigm. Within the qualitative paradigm, among other things, the study is characterized by collecting data in participants' natural contexts and reporting multiple perspectives in wholeness (Stake, 2010). This implies that this qualitative study provided the researcher with in-depth knowledge and understandings of multiple perceptions of respondents on the issues of educating children with intellectual disabilities in Pre-Primary Education in their contexts or environments. Therefore, this study was conducted in the qualitative paradigm with the assumption that there is no only one correct version of reality or knowledge, instead, it comes from a perspective of multiple versions of reality – even for the same person – and that these versions are very closely linked to the context they occur in (Braun & Clarke, 2013). For this study, the researcher intended to gain in-depth knowledge and understandings of seven (7) respondents on the issues of educating children with intellectual disabilities in Pre-Primary Education.

The study was guided by the case study design to investigate the issues of educating children with intellectual disabilities in Pre-Primary Education. The design involves the study of an issue explored through one or more cases within a bounded system that is a setting or a context (Creswell, 2007). It is categorized into three types namely: Instrumental (understanding something more general than the particular case), collective (multiple cases in one research study) and intrinsic (understanding a specific case) (Creswell, 2007). Intrinsic case study design was employed for this study in which the focus is on the case itself. The aim was to gain in-depth understanding of the issues of educating children with intellectual disabilities in Pre-Primary Education at the case. The selected case was one school in which seven (7) respondents were involved. The case was purposively selected because it enrolled children with intellectual disability.

*Site of the Study*
The study was conducted at one school in Lindi Region, Tanzania. Participating school was purposively selected in the Urban Council on the basis that the school had children with intellectual disability.

*Sampling, Population and Sample Size*
The idea behind qualitative study is to purposefully select participants of the study that best help the researcher to understand the problem and question from the point of view of the participants of the study (Creswell, 2007). The population for this study included educators. This study employed purposeful sampling technique to select the participants of the study. The study employed convenience and critical sampling strategies as purposeful sampling techniques (Creswell, 2007; Gall, Gall & Borg, 2005; 2007). Convenience sampling helped the researcher to select teachers as respondents of the study who were available and likely to participate. Two teachers were involved. These teachers were teaching children with intellectual disability. Critical strategy helped the

researcher to involve the Head Teacher, District Education Officer and two quality education assurers because of their education management position as researcher expected to earn huge information on educating children with intellectual disability.

*Data Collection and Analysis*
Data were collected through the in-depth interviews. The in-depth interviews enabled the researcher to gain in-depth amount of information from the respondents. Seven (7) respondents were involved in the in-depth interviews. Questions for in-depth interviews were established by the researcher prior to interviews sessions. In data collection process, the researcher was the main research instrument. He assumed the role of the guider, motivator and interviewer.

The collected data were thematically analyzed. According to Braun and Clarke (2006), thematic analysis means organizing the data by breaking them into manageable units, synthesizing them, searching for patterns, and discovering what is important and what is to be learned. This process of analysis reflected on the meaning of what the researcher heard and experienced from the respondents in the field. Thereafter, the data collected through focus group discussion were subjected to thematic analysis.

**Findings**
The study was guided by three objectives. The first objective aimed at identifying approach and admission of the children with intellectual disability. The second objective investigated skills offered to children with intellectual disability. The third objective explored parents support in educating children with intellectual disability. The fourth objective investigated capacity of providing adaptive skills for children with intellectual disability. These objectives formed main themes of the study in which sub-themes emerged in each theme. Findings for all objectives are subsequent presented.

*Approach and Admission of the Children with Intellectual Disability*
The current study revealed that educating children with intellectual disability operated in an integration of Special Unit in primary school. The Special Unit in this school helped the children with intellectual disability to become independent and self-sufficient through a variety of intervention techniques. In terms of admission in Special Unit, at the time of this study, a total number of 17 children (16 male and one female) had been admitted in the Special Unit. The children were admitted in stages as indicated in Table 1.

**Table 1: Enrolment of Children with Intellectual Disability**

| Stage | Sex | | Total |
|-------|-----|-----|-------|
|       | **M** | **F** |       |
| One   | 3   | -   | 3     |
| Two   | 5   | -   | 5     |
| Three | 8   | 1   | 9     |
| **Total** | **16** | **1** | **17** |

**Source:** Field Data

The Head Teacher and teachers explained that children with intellectual disability admitted at the Special Unit in the first stage to adaptive skills like how to eat, use toilet, dress, tying shoelace, sitting on chair and so on. By the time they completed learning of skills, they were promoted to the

second stage or third stage depending on the achievement in the prior stages. Those who qualified were taken to mainstream classes. There were no practices of including the children in the Pre-Primary Education with their peers without disabilities. It was also informed that the children with severe intellectual remained within one stage for quite long time. In relation to the admission procedure, the Head Teacher insisted:

> We don't have inclusion practices for children with intellectual disabilities in pre-primary education here. Children with intellectual disability are admitted in stage one and then evaluated and promoted to stage two or three as per their performance. The evaluation mechanism is based on their performance in different activities. But a child may stay for quite long, even for four years or more...

One teacher arguing in the same vein as his Head Teacher stated as follows:

> I receive children with intellectual disability at any age but not more than 15 years… I place them in stage one where they learn simple skills like how to eat, use the toilet, dress. They are taken to other levels… Some of the children with intellectual disability may stay in one stage for many years. My experience shows that the child may remain in one stage for average of 3 - 4 years.

### Skills Offered to Children with Intellectual Disability

In terms of skills offered to children with intellectual disability, the respondents informed that, at the Unit, children were provided with different skills. The respondents insisted that such skills would make children function well in school and community settings. The Head Teacher informed that:

> Our major aim in this Special Unit is not only academics, but to help them adapt in the school and society contexts. Teachers have efforts to help the children with intellectual disability to function successfully in the community and school settings. The efforts have been related to the skills that make the children function well in the community or school contexts.

The respondents pointed out that the children with intellectual disability were provided with skills such as eating, dressing, mobility, toileting, preparing food, washing body and cloths, and cleaning house and environment as well as taking care of the environment. One teacher said:

> The children with intellectual disability learn toileting, combing, brushing. We teach them how to brush teeth, wash their cloth and body, prepare food, dress communicate, read and write, count, greet, obey and respect adults, keep safety, and clean house and environment as well as take care of the environment and so on.

According to the respondents, the purpose in helping and teaching the children with intellectual disability was to make them self-sufficient or independent as it was pointed out by one teacher:

> We know that children with intellectual disabilities cannot go to higher institutions; we help them to learn and lead themselves, work to their level best, direct themselves in different aspects and live independent life. We teach them to be free from others' help and let them work and experience independent life.

The respondents also revealed that some functional academics were provided to the children with intellectual disability and children with other kinds of disabilities in order to prepare them for future life and employment as the Head Teacher said:

We prepare the children with intellectual disability in different academic subjects to be self-sufficient and have their own source of income whatever it is. If there is an opportunity, the children with intellectual disability can be employed in different private and public companies, institutions.

### *Parents Support in Educating Children with Intellectual Disability*

Throughout the In-depth interviews the respondents insisted upon the necessity of having parental support in educating the children with intellectual disability. Unfortunately, parents' support was minimal in terms of working hand in hand with teachers in educating the children with intellectual disability.

In the in-depth interviews, repeatedly, teachers talked about the minimal parental support in educating the children with intellectual disability. On this matter, three teachers' responses were as follows:

Parents' support is important for a child to learn. In my experience, I don't see any parental support. We work alone with these children.

Another teacher added:

Although parental support is crucial…parents don't support their children's education…they don't follow their children's progress.

The Head Teacher also perceived parental support as an important aspect in educating children with intellectual disability. However, he expressed his concerns on how lack of the parents' support hindered educating children with intellectual disability. The Head Teacher had the following to say:

No support from parents. They don't donate anything to schools. Parents are not ready to visit school. Only few parents come to school during parents' day.

The District Education Officer and Word Education Coordinator also supported that there was no parents' support in educating children with intellectual disability. In this way, the District Education Officer and Word Education coordinator complained that parents were a barrier to the education of their children with intellectual disability, because they abandon their children once they are enrolled in schools. The District Education Officer lamented that:

Parents do not have any support. In fact they are a problem; they abandon their children once they are in schools.

Similarly, Word Education Coordinator observed that:

Parents don't give any cooperation; once their children are in schools they abandon them completely, and they don't want to be contacted for anything!

### *Capacity of providing adaptive skills for children with intellectual disability*

Respondents concurred that a critical factor in providing education for the children with intellectual disability in Pre-Primary Education was the capacity to deliver adaptive skills to these children. According to the respondents, the stakeholders of education such as parents, teachers, Ward Education Coordinator, and quality assurers had less or no capacity to support the provision adaptive skills to the children with intellectual disability. This affected the effectiveness of the provision of adaptive skills learning for the children with intellectual disability.

Throughout the in-depth interviews, respondents informed that parents lacked the capacity to support education for their children with intellectual disability. This was attributed to poverty of parents. According to respondents, poverty limited parents' capacity to send their children with intellectual disability to school. The parents did not have capacity to meet and afford costs for school needs such uniforms, transport costs, books and other learning materials. The District Education Officer disclosed:

> … Most of parents in this area are poor and therefore, they are incapable to educate their children with intellectual disability… They fail to accommodate the school needs of their children…

Supporting District Education Officer's statement, Word Education Coordinator emphasized:

> …The economic condition of our people in this area is not good … Parents are poor…they don't have money to spend on their children's education. For parents of the children with intellectual disability, if they don't have money, automatically they are incapable to send their children to school…

Similarly one teacher indicated that:

> … Many parents lack the capacity of educating their children with intellectual disability because of their poverty… they earn low income to meet family needs and education….

The lack of knowledge about the children with intellectual disability and their values, potentials and rights on the part family members also limited parents to support adaptive skills and education in general. Discussing on the lack of knowledge and awareness of disability and their basic rights on part of parents, the Head Teacher informed that:

> … Families in this area are not aware and lack knowledge of disabilities… They are incapable to educate their children because of their ignorance…

In terms of teachers, respondents informed that there was shortage of teachers to handle children with intellectual disability. At the time of collecting data, for example, there was only one teacher (male) trained in the special needs education for children with intellectual disability at Grade A certificate level. On the matter, the Head Teacher said:

> …there is only one Grade A teacher, specialized in children with intellectual disability. He is forced to handle even deaf pupils…Mainstream teachers are not trained in special needs education. I can assure you that the children with intellectual disability are not well served because all teachers are not trained in special needs education...

It was informed that some teachers resisted including children with intellectual disability in normal classes. This was associated with the lack of knowledge and training on how to accommodate children with intellectual disability in inclusive classes. Mainstream teachers reported that, although they taught the children with intellectual disability, they lacked knowledge and skills to meet the full needs of children with intellectual disability.

Respondents, throughout in-depth interviews, identified the role of the school Head Teacher being critical to the delivery of adaptive skills for children with intellectual disability. Respondents termed the Head Teacher as manager, leaders and decision maker at school level. However, respondents

voiced out that the Head Teacher was not trained in special needs education and therefore, he could not know exactly the needs of the children with intellectual disability and give them priority. For example, one teacher who was teaching children with intellectual disability had the following to say:

> … If the Head Teacher has knowledge on education and needs of the children with intellectual disability, he offers appropriate supervision to teachers who handle the children with intellectual disability. Our Head Teacher is not trained in the special needs education. The needs of the children with intellectual disability are not a priority to him. Once we take to him the needs of the children with intellectual disability, he doesn't respond immediately.

When Head Teacher interviewed, he admitted that he was not trained in the special needs education and therefore, he used experience in managing education for the children with intellectual disability. Similarly, the In-depth interviews with Ward Education Coordinator, Education officer and quality assurers revealed that many primary school head teachers were not trained in the special needs education. This led to head teachers to lack the perfect capacity to support education for the children with intellectual disability. The Ward Education Coordinator said the following:

> Many head teachers lack skills to handle the children with intellectual disability. If head teachers do not have knowledge of dealing with the children with intellectual disability, it is difficult for them to meet the needs of these children.

Similarly, it was found that the Head Teacher and teachers lacked appropriate leadership and supervisory support from the Ward Education Coordinator, education officer and quality assurers. This was attributed to the fact that the Ward Education Coordinator, education officers and quality assurers did not have knowledge and skills in special need education. Therefore, they could not offer appropriate supervisory and advisory support to the head teachers and teachers dealing with the children with intellectual disability. This was revealed in the following utterance of the Head Teacher:

> I'm not trained in special needs education; our Ward Education Coordinator, education offers and quality assurers are not trained too in the special needs education! You can see… how can we help or support teachers to handle the children with intellectual disability while we are not sure of what to do with the Children with intellectual disability?

In the same vein one teacher pointed out:

> …what I know is that our Ward Education Coordinator is not an expert in special needs education. Also education officers as well as quality assurers in our districts are not expert in special needs education. They are not trained in the special needs education. They just use experience only.

Another teacher added that:

> We lack supervisors who are trained in special needs education… teachers dealing with the children with intellectual disability do not get enough advices because supervisors lack knowledge and skills to handle such learners…

Through in-depth interviews, the Ward Education Coordinator, education offers and quality assurers agreed that they were not trained in the special needs education. They informed that they used the

general knowledge in education to advise and supervise education for children with intellectual disability in their districts.

The respondents informed that teachers need teaching aids for children with intellectual disability to learn practically. Thus, visual materials were important. For example, one teacher indicated as follows:

> Teachers need shoes and shoelaces to teach the children with intellectual disability how to tie shoelaces. Teachers use cups to teach them how to drink tea, coffee, and water and let them identify materials. Teachers need different materials to teach how to eat, prepare food, wash dishes and so on.

Unfortunately, it was revealed that schools lacked potential teaching/learning materials for the children with intellectual disability to practice various activities. On this issue the Head Teacher had the following to say:

> Teachers are committed to help the children with intellectual disability, but there are no facilitative teaching/learning materials. For example, there are no shoes, dishes, cups and other materials to teach self-help and care skills practically.

**Discussion**

In terms of education provision, it was found that the educational practices for children with intellectual disability in Special Unit and schools in general were given in different ways. As Schalock et al. (2010) assert, children with intellectual disability need extraordinary supports for them to participate in activities involved with typical human functioning. The findings indicate that efforts had been made by teachers to help the children with intellectual disability to function successfully in the community and school settings. According to Thompson et al. (2009), outcomes of supporting and helping children with intellectual disability may result into more independence; increased participation in school and community settings and activities; and greater sense of personal wellbeing or life satisfaction. In this study, congruent with assertions by Schalock et al. (2010) and Tassé et al. (2016), the findings indicate that children with intellectual disability were supported and helped in the skills such as eating manner, dressing, mobility, toileting, preparing food, washing body and cloths, communication, reading and writing, counting, greetings, obeying and respecting adults, health and safety, recreation, and cleaning house and environment as well as taking care in the environment. Such skills aimed at making the children with intellectual disability self-sufficient.

As noted earlier, children with intellectual disability need supports in terms of the resources and individual strategies necessary to promote the development, education, interests, and well-being of a person (McIntyre, 2016; Schalock et al., 2010; Seo et al., 2016; Thompson et al., 2009). Supports enhance individual functioning. Supports can come from family, friends and community or from a service system. As emphasized by Wehmeyer and Thompson (2016), in educational system, a child with intellectual disability can do well in school but is likely to need individualized help, such as special education and related services. The level of help and support that's needed will depend upon the degree of the problem involved (Matonya, 2016). Moreover, these children need supplementary aids and services. It is often crucial to provide support to students with intellectual disabilities in the classroom. Supplementary aids and services are supports that may include instruction, personnel, equipment, or other accommodations that enable children with disabilities to be educated with children without disabilities to the maximum extent appropriate (Matonya, 2016).

**Conclusion**

It is the fact children with intellectual disability are human beings. They are members of families. They have relationship with peers without intellectual disability. They have personalities shaped by their innate characteristics as well as by their life experience. They go to school, have ambition for the future life and hope for a good life. They should be assisted and taught in different skills to make them more self-reliant. Since their education was problematic and not embraced, a combined effort of different stakeholders is needed and recommended for educating these children and with disability in general.

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