KWARA STATE UNIVERSITY, MALETE

...the Green University for Community Development and Entrepreneurship

The Thirteenth (13th) *Inaugural Lecture*

Title:

DESPONDENCY, DESPAIR AND HOPE: TALES OF INTELLECTUAL DISABILITY IN SPECIAL NEEDS EDUCATION

By

Professor Olubukola Christianah Dada

B.Ed, M.Ed, Ph.D (Ibadan); MNASET, MNAEC, MTRCN, MAAIDD, MIASE

Professor of Special Education, Intellectual and Developmental Disability
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Academic Colleagues and Non-Teaching Staffs,
Distinguished staff and students of Department of Special Education,
Gentlemen of the Press,
Great KWASU Students,
Ladies and Gentlemen.

PREAMBLE

Today, I am deeply honoured to have the esteemed opportunity to present the 13th Inaugural lecture of Kwara State University, Malete, Nigeria. This marks the second inaugural lecture from the Faculty of Education, following Prof Titus Umoru's lecture of 18th January, 2023 from the Department of Business and Entrepreneurship Education. Notably, this lecture stands as the pioneering discourse from the Department of Special Education, with me as the sole Professor within the department at present. As customary, an inaugural lecture aims to provide an insight to the audience through the lecturers' journey within their field, by

providing a concise overview. In adherence to this tradition, my lecture will be no exception in offering a brief account of my professional path.

Growing up at Alafara-Olubadan, Ibadan, Oyo State, Nigeria in the 70's was difficult with many young children not ready to go to school but preferred hawking to fetch quick money. Being, the 7th child of a retired Assistant Superintendent of Police, not schooling was never an option. Baba enrolled me at the Vining Day Nursery and Primary School Molete, Ibadan in 1977. My aunt Miss Oluninyo Adedokun of sweet memory took me to school daily from Ojagbo to Molete while she attended Ibadan Grammar School Molete, Ibadan. I had accelerated promotion hence I skipped Nursery two and three and moved to Primary One after a year. On getting to Primary One, I became playful until I was reported to my sister by Mr Faturoti and within 24 hours, my sister, Chief Olufunmilayo Adewoyin reset my brain with cane. I am ever grateful to the duo of Auntie Olu and Sister Funmi, my first teachers for setting me on the right path. By the end of primary two, I was promoted to primary four. By age 9+ in 1982, I attended St. Anne's School Molete, Ibadan, Oyo State for my secondary school education, and I graduated from the school in 1987. To the Glory of the Almighty God, I passed my West African School Certificate Examination (WASC) at 1st sitting. By 14+, I had finished my secondary education. I could not proceed to university because of my age and therefore opted for A' Levels at Olivet Baptist High School, Oyo, Oyo State where I served as the Assistant Senior Girl in 1989.

I passed my A' Level in flying colours but I opted for the preliminary JAMB admission in Special Education. Initially, I wanted to study Law or Mass Communication but my relationship with my friend, Funke Lanihun, who has hearing-impairment and my cousin with intellectual disability made me to fall in love with Special Education. I was so inquisitive about

why Funke could not talk but we always communicated with pen and paper and the reason my cousin was always drooling, not knowing it is all about disabilities. On getting to University of Ibadan where I studied Special Education, the Lectures of Late Dr. Emmanuel Adima, the field trip anchored by Prof. Michael Sunday Eniola attracted me more to Special Needs Education. Ever since my undergraduate days, I have seen Special Education as my Calling, and I am happy being a Special Educator today.

With a first degree in Special Education and English, I continued a master's degree, where I emerged as the best student and capped it with a PhD in Special Education in 2004. My teaching career started at the Federal College of Education Special (Oyo) in 1997 as a Lecturer III where I rose through the ranks and became a Chief Lecturer in 2013. I came to the Kwara State University in 2012 for my sabbatical leave during which I helped in the commencement of Special Education programme and by 2014 I joined the service of the University as a full time Senior Lecturer. By dint of hard work and grace of God, I was promoted as a full Professor of Special Education in 2021. I became the first Professor of Special Education and first female Professor in the Faculty of Education of Kwara State University.

Mr. Acting Vice-Chancellor, this day, I will give a summary of my contributions to this distinguished audience by talking about the challenges facing individuals with disabilities especially those with intellectual disability which I have tagged Despondency, Despair and Hope: The Tales of Intellectual Disability in Special Needs Education. But before that, I will give a brief historical account of Special Education.

1. INTRODUCTION

Special education has a long and complex history, marked by changing attitudes towards disability and evolving educational

practices. Disability and education are not new phenomena, as evidenced in the historical account of special care for individuals with disabilities in ancient times. The history of special education dates to primitive societies and ancient civilizations such as Greece, Rome, and Egypt where individuals with disabilities were often excluded from society because they were thought to be possessed by evil spirits and sometimes even killed. However, there were some instances of special education during these times, such as the education of blind children in ancient Egypt. Some ancient societies, such as the Greeks and Romans, recognized the potential of individuals with disabilities and provided them with specialized education and training. By the 18th century the modern history of special education began with change in attitudes towards individuals with disabilities when Jean-Marc Gaspard Itard worked with a boy named Victor, who was found living in the wild, in the woods of Aveyron, France and unable to communicate (Smith 2013). He was pronounced an incurable idiot. Itard refused to believe that Victor was uneducable and began intensive training with him, alongside another Frenchman, Edouard Seguin. Itard's work with Victor is considered the first documented case of special education at the beginning of the nineteenth century and the first attempt to educate an individual with mental retardation now intellectual disability.



Figure 1: Victor the Wild Boy of Aveyron

During the Middle Ages, individuals with disabilities were often cared for by religious orders, by providing basic education and training, as well as basic medical care. In the 16th century, Juan de Pablo Bonet published the first book on sign language which was used to teach deaf people (Gallaudet University, n.d.). The first specialized educational institutions for individuals with disabilities started in the 18th century and by the 19th century, the idea of institutionalization and segregation became more widespread, and people with disabilities were often placed in separate institutions or special classes. These schools, referred to as "asylums," in the United States of America, were often segregated and provided limited educational opportunities. Similarly, in Europe, some educational institutions also began to provide specialized education for individuals with disabilities. A good example of such institutions is the first school for the blind, which was established in Paris in 1784.

By the late 19th and early 20th centuries special education had evolved to the level of development of specialized methods and techniques, such as Braille, sign language, and behaviour modification, to address the needs of students with disabilities. Samuel Gridley Howe, founder of the Perkins School for the Blind, and Maria Montessori, who developed the Montessori Method for teaching children with disabilities played prominent roles in the advancement of special education during this era.

In the 1920s and 1930s, the field of special education began to gain recognition as a legitimate field of study with the establishment of the first university-based special education program at the Columbia University in 1924. The 1950s and 1960s witnessed several significant developments in special education especially the1954's landmark Supreme Court case of Brown v. Board of Education which ruled that segregation in schools was unconstitutional. That decision paved the way for the integration of students with disabilities into mainstream classrooms. In the

mid-19th century, several individuals began to advocate the rights of individuals with disabilities. Samuel Gridley Howe believed that individuals with disabilities could be educated and trained to become productive members of society.

By the 1960s and 1970s, the Civil Rights Movement and disability rights advocates began to push for greater inclusion and equal educational opportunities for people with disabilities. In 1965, the Elementary and Secondary Education Act (ESEA) was passed, which provided federal funding for special education programs. This was followed by the passage of laws like the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act (IDEA) in 1975, which required public schools to provide free and appropriate education to students with disabilities. The1975 Education for All Handicapped Children Act (EAHCA) was reviewed and passed as the Individuals with Disabilities Education Act (IDEA). This law required that all students with disabilities be provided a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) possible. Additionally, new technologies, such as hearing aids and assistive devices, were provided to greatly improve the quality of life for individuals with disabilities.

Since the passage of the IDEA, there have been several amendments and revisions to the law. Today, special education is a complex and highly regulated system of education and services that cater for millions of students with disabilities in the United States and around the world. Special education continues to evolve and adapt to changing educational, societal, and technological landscapes. New approaches, such as Universal Design for Learning (UDL) and Response to Intervention (RTI), seek to address the diverse needs of students with disabilities in inclusive settings. Special education continues to evolve, with a focus on inclusion and individualized education plans (IEPs) that meet the unique needs of each student. Assistive technology and

other accommodations have also greatly improved the ability of people with disabilities to participate in society and access education (National Council on Disability, 2003).

2. SPECIAL EDUCATION – A DISCIPLINE OF HOPE

Ag. Vice Chancellor Sir, special education or special needs education is the practice of educating students with special needs in a way that address their differences and needs. This process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment, and materials in accessible settings. The interventions are designed to help learners with special needs to achieve a higher level of personal self-sufficiency and success in school and their community, than may be available if the student were only given access to a typical classroom education. It is a unique type of educational provision for students who cannot gain maximally in the regular classroom system without adequate provision of specialized equipment and materials, and this makes special education to be different from other types of education.

Special Educational Needs (SEN) as a concept are an upgraded version of the older special education concept. The older special education concept was introduced to minimize if not abolish dehumanizing practices, such as labelling, categorizing, and segregating or separating learners with disabilities and other learning difficulties. However, special education needs direct efforts toward new thinking and practices which will result in a higher level of integration of disadvantaged learners into the school system. SEN concept ensures that schools provide for the diversity of their pupils without exception or discrimination and to make them more responsive to and inclusive of all. SEN's idea requires all schools to include and connect those with disabilities and other difficulties into mainstream education (Norwich Eaton, 2014).

Special education programmes are designed for those students who are mentally, physically, socially, and/or emotionally delayed. This aspect of delay is broadly categorized as a developmental delay that places them behind their peers. Due to these special requirements, students' needs cannot be met within the traditional classroom environment. People with special needs are, therefore, those who experience/manifest more than the usual difficulties and problems in learning and training as normally offered in regular schools. They are those who need closer personal attention, some modifications and adaptations of the school routines and practice, general curriculum, and approaches to teaching and learning to attain their optimum learning levels and development. However, they are first and foremost, learners like any other learner who can be and should be taught in regular schools and classrooms by teachers who are painstaking enough to recognize and understand their problems and difficulties, and who are innovative enough to find appropriate methods and approaches to meet their special learning needs.

3. SPECIAL EDUCATION IN NIGERIA

The way society views disability is largely influenced by culture and religion. In Nigeria, like most cultures, the intellectually disabled and others with disabilities were usually neglected. Families are concerned about their image in society. So, they managed to hide their intellectually disabled members in the home environment. Otherwise, these persons with intellectual disability would roam the streets and ultimately become object of amusements for the fun-loving member of their society. The intellectually disabled who are also referred to as mentally retarded, cognitively disabled, and developmentally disabled have been major targets of social prejudice and discrimination in western societies. Forced segregation, community-sanctioned abuse and dehumanization, status degradation and public

mortification, involuntary sterilization, denial of fundamental human rights, and even euthanasia occupy prominent roles in the history of the education of the mentally retarded/intellectually disabled in Nigeria. The intellectually disabled have suffered harder in the hands of their non-disabled counterparts.

Children with intellectual disability do not determine where they should be placed in the community, neither have they a say as to what the community should think of them. Unfortunately, children with intellectual disability have been wrongly placed in settings such as psychiatric institutions where they do not belong. They have been called different names such as idiots, "ode" (Yoruba) "dindinrin" (Yoruba), "onyeiberibe" (Ibo) imbecile, fool, animal, and so on. The practice of giving derogatory names and labels to persons with intellectual disability is not only peculiar to Nigeria. There have been periods in Nigeria's history when some tribes believed that persons with intellectual disability are not humans but animals. Such children were taken away from society to either the forest or the seashores and destroyed or left to die slowly and miserably. When the missionaries introduced formal education to Nigeria in 1842, they filtered out the people they saw as intelligent and taught them the act of reading and writing. They set up catechism classes to stimulate students to read and write. They set up schools to indoctrinate the people in their faith. The simple sign of the cross was used to test the students. Those who cannot make the signs were taken as persons with intellectual disability.

Elizabeth Torrey, an American missionary, and a devoted educationist was the first to start the education of the intellectually disabled in Nigeria. She established a child placement treatment school at Apapa, Lagos in 1965. The education of the intellectually disabled in Nigeria ever since, had witnessed tremendous growth. Several schools were established to cater for the needs of the intellectually disabled. Also, the intellectually

disabled were educated alongside other disabled children. In most cases, units were established in special schools to take care of the educational needs of the intellectually disabled, where they were taught subjects such as English Language, Mathematics, Family Living, Elementary Science, Arts, and other basic, school subjects. Oftentimes, emphases were laid on these core subjects for them rather than practical and vocationally oriented subjects with which they could be gainfully employed (Dada, 2006).

4. BASIC STEPS IN SPECIAL NEEDS EDUCATION

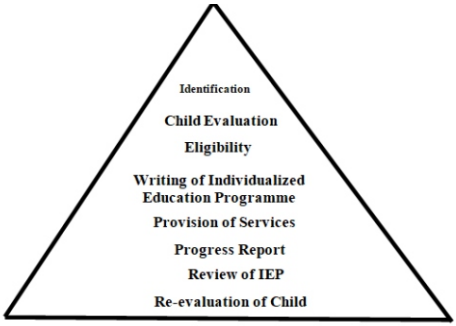


Figure 2: Overview basic steps in Special education

Step 1 – Identification
Step 2 – Child Evaluation
Step 3 – Eligibility
Step 4 – Writing of Individualized Education Programme (IEP).
Step 5 – Provision of Services
Step 6 – Progress Report
Step 7 – Review of IEP
Step 8 – Re-evaluation of Child

5. WHAT IS DISABILITY?

Defining disability is not all that simple, it attracts a classification which is based on the need to discern between disability and impairment, and between disability and handicap. The ways these

terms are used depend on various views by scholars and classified into divisions such as the medical model of disability, social model of disability, capability model of disability studies, and so on. Ag. Vice Chancellor Sir, disability is the loss or reduction of function or ability because of impairment while handicap is the disadvantage, constraint or restriction which results from disability. Disability is therefore "a disadvantage, deficiency—especially a physical or mental impairment—that restricts normal achievements, that is, something that hinders, incapacitates, or disqualifies" an individual from performing or functioning optimally (Adegbindin 2018). This is in line with the definition of disability, stipulated by the Americans with Disabilities Act, 1990, as "a physical or mental impairment that substantially limits one or more major life activities."

According to medical disability scholars, not all disability is visible and individuals with such challenges also face limitations. There are many individuals with conditions, illness, and structural or biomechanical anomalies that are life limiting but not readily discernible to others. These include people with severe depression, chronic pain, or Post traumatic stress disorder (PTSD); people who are violently allergic to common household chemicals, people with a seizure disorder, chronic fatigue syndrome (CFS), or severe fibromyalgia; and those who have sustained a mild traumatic brain injury (MTBI) may all appear "normal" to people with whom they have casual interactions, but are to some extent disabled (Davis 2005; Adegbindin 2018).

6. DISABILITY: THE MYTH AND RELIGIOUS PERSPECTIVES

This theme was exclusively reported by Adegbindin (2018) in his paper titled "Disability and Human Diversity: A Reinterpretation of Ẹni-òòṣà1 Philosophy in Yorùbá Belief.'' It was reported that Hippocrates, the Greek physician, contests the view of those who

argue that disabled parents usually had disabled offspring. But the views of both Plato and Aristotle are not reconcilable with Hippocrates'. Believing that a child suffered from the same deformity as his parent, Aristotle, for instance, suggested that the Greek city-state should ensure that early unions and elderly people having children be discouraged. On early unions, he argues that since the parents are too young with small stature, there is the likelihood that the offspring is defective; he is against elderly people having children on the grounds that old age would have made them to be physically and intellectually imperfect.

Like what obtained in ancient civilization, the mystical connotations of disability are well reflected also in Judaism, Christianity, and Islam. In Judaism, disability is often couched as evidence of God's punishment. The Jewish official religious structures tend to marginalize people with disabilities by exempting them from ritual acts since such acts required that priest or supplicants have no physical defects, implying the view that "holiness involved wholeness" Although Christianity, unlike Judaism, does not trace disabilities to God's wrath, it however suffers the same problem of interpretation as Judaism. While the most popular Christian opinion is that people with disabilities represent "the media through which God communicates messages of mercy and power" (Blanks and Smith 2009), there are other theological interpretations of disabilities that are negative. For instance, it is said that Martin Luther, the sixteenth century religious reformer, once remarked that children with disabilities be drowned on the grounds that they were incarnation of the devil. However, Christianity, through Jesus' encounters with people with disabilities, suggests that a man's disability does not devalue his worth, thereby dissolving the claim that disability has a divine origin.

One aspect of Islamic thought made an effort to "normalize disability and to think of abilities and disabilities as one aspect of human condition within the range of possible characteristics bestowed by Allah" (ibid, 300). Holy Prophet Muhammed was reported as follows: "He reassured the disabled that their disabilities are not punishment, but it is a means for their sins to be forgiven. The Prophet said that every time a Muslim is faced with a calamity, even hurt by a simple thorn, he or she would have his or her sins forgiven". Bazna and Hatab (2005) conclude that the concept of disability, in the conventional sense, is not found in the Qur'an. Rather, the Qur'an concentrates on the notion of disadvantage that is created by society and imposed on those individuals who might not possess the social, economic, or physical attributes that people happen to value at a certain time and place. The Qur'an places the responsibility of rectifying this inequity on the shoulders of society by its constant exhortation to Muslims to recognize the plight of the disadvantaged and to improve their condition, status and the inclusion.

Disability, among the Yorùbá, has a mythological origin. It is strictly associated with Òrìṣà-ńlá or Ọbàtálá, a Yorùbá deity, regarded as the supreme deity of the Yorùbá pantheon (Idowu 1962; Parrinder 1973). A myth relates that, during creation, Olódùmarè, the Supreme Being, charges him (Òrìṣà-ńlá) with the responsibility of molding the physical part of man. For playing this role, Òrìṣà-ńlá is referred to as the sculptor-divinity. According to Ìdòwú (1962) Òrìṣà-ńlá is the sculptor-divinity who has been given the prerogative to create as he chooses, so that he makes man of shapely or deformed features. The hunchback, the cripple, the albino, are regarded to be special marks of his prerogative, either signifying his displeasure at the breach of some taboo, or to show that he could do as he likes. The "defective" in this category are called Ẹni Òrìṣà i.e., the votaries of the Òrìṣà (Idowu 1962). In explaining how certain people

come to be ugly or deformed", Awólàlú (1979) remarked that, "the Yorùbá claim that the albinos (àfín), the dwarfs (aràrá), the hunchbacks (asuké), the cripples (arọ) and the dumb (odi) are created like that by Òrìṣà to make them sacred to him". Òfún-'yẹ̀kú, an Ifá verse, corroborates Awolalu's point by hinting on how the babaláwo pays homage to the disabled before the process of divination.

Ìbàabuké
Ìbàarọ
Ìbààfín
Mo júbàaràrá
Kí n tótẹnàlódù.

(Homage to the hunchback
Homage to the cripple
Homage to the albino
I pay homage to the dwarf.
Before I proceed with divination.)

Reference to these four sets of disabled individuals in a few Ifá verses attests to their strong affiliation with the deity. Another verse of Òfún- Yẹ̀kú reads:

Ìyàndá, Ìyàndilẹ́
A díáfúnAbuké
A bùf'Árọ
A bùf'Aràrá a-borí-pàtàkó, òun Àfín
Tí wọ́ nṣe wọ̀lẹ́wọ̀de Òrìṣà…
Ìyàndá, Ìyàndilẹ́

(Undertook divination for the Hunchback
For the Cripple
For the Dwarf with a big head, also the Albino

Who were Òrìṣà-ńlá's companions…)

As a matter of fact, the Yorùbá language and oral tradition are replete with sayings that establish these individuals as companions of Òrìṣà-ńlá. This, by implication, shows that it is not out of place to categorize the hunchback, the cripple, the albino, and the dwarf as the major ẹni-oòṣà and others—the blind, the dumb, persons with "invisible disabilities", and so on—as the minor ẹnioòṣà.

7 CATEGORIES OF DISABILITIES



Figure 3: Categories of disabilities

Persons with special needs are categorized into two major types. These are Low and High Incidence disabilities. Low incidence disability is a term used to describe disabilities that are rare or occur at a relatively low frequency within the population, typically affecting less than 1% of individuals. These disabilities may be physical, sensory, intellectual, or a combination of these, and may have a significant impact on a person's ability to perform daily living activities and participate fully in society. Low Incidence disabilities include the following categories of persons with special needs:

i. Visual impairment / Low Vision
ii. Hearing impairment / Hard of hearing
iii. Physical and neurological impairments

iv. Health impairments
v. Traumatic brain injury
vi. Autistic spectrum disorder
vii. Developmental disabilities and severe intellectual disabilities
viii. Deaf-Blindness
ix. Multiple disabilities

Ag. Vice Chancellor Sir, High incidence disabilities on the other hand refer to a group of disabilities that are relatively common, occur in 1 in 10 school-age children and affect many individuals. The number of students labelled with disabilities has increased to 15% in the past 20 years, partly because of the increased survival rates of premature babies who are 2-3 times more likely to have High Incidence Disabilities. These disabilities are typically diagnosed during childhood, prevalent in the general population and commonly occur among children. They are often associated with difficulties in learning, communication, and social interaction. Students with high-incidence disabilities make up 80% of all students with disabilities. Friend and Bursuck (2012) opined that students with high incidence disabilities share these characteristics; and often hard to distinguish from students without disabilities, especially in school settings. They often display a combination of academic, behavioural, and social problems and can meet the same standards as students without disabilities when highly structured interventions are put into place. High Incidence disabilities include the following:

i. Learning disabilities
ii. Emotional and behavioral disturbances
iii. Mild intellectual and developmental delays
iv. Speech and language issues
v. Gifted and talented students

(US Department of Education, 2003 & IDEA, 2004).



Figure 4: Cross section of Students with Intellectual Disability and Physical and Health impairment.

Intellectual disability, formerly referred to as mental retardation, is not an inherent trait of any individual but instead, it is characterized by a combination of deficits in both cognitive and adaptive behaviour. The severity of the intellectual disability is determined by the discrepancy between the individuals' capabilities in learning and the expectations of the social environment. The limitations in intellectual functioning and adaptive behaviour often displayed by persons with intellectual disability make it a necessity for teachers to provide direct instruction in some skill areas outside the general curriculum. These skills include money concepts, time concepts, independent living skills, self–care and hygiene, community access, leisure activities, and vocational training, which are more functional and essential for the future independence of the individual. Dada (2006).

Historically, the categorization of intellectual disability has depended on the extent or level of intelligence impairment, as determined by Intelligence Quotient Tests. The prevalent classification approach mentioned in professional literature

encompasses four levels of intellectual disabilities, structured in accordance with the spectrum of intelligence quotient scores. To enhance clarity, the table provided below delineates intelligence test scores, traditional classifications, levels, educational requirements, and the support necessary for individuals with intellectual disability.

Table 1: Classification of Intellectual Disability.

Intelligence Test Score	Traditional	Level	Educational	Support
50-55 to 70	Moron	Mild	Educable	Intermittent
35-40 to 50-55	Imbecile	Moderate	Trainable	Limited
20-25 to 35-25	Idiot	Severe	Totally Dependent	Extensive
Below 20-25	Idiot	Profound	Totally Dependent	Pervasive

The level of intellectual disability is discerned by the type of support required, with intermittent support indicating mild disability, limited support suggesting moderate disability, extensive support implying severe disability, and pervasive support indicating profound disability. Individuals needing intermittent support have occasional medical or social needs without constant assistance. Limited support is consistently required, especially in areas like employment or transitioning to adulthood, with lower staffing needs and costs. Extensive support demands daily, time-consuming assistance at home or work, necessitating continual availability. Pervasive support, the most intense, requires constant, high-intensity care across all environments and is life-sustaining, placing particularly high demands on caregivers.

8. CAUSES OF INTELLECTUAL DISABILITY

Ag. Vice Chancellor Sir, there are many causes of intellectual disability. It is paramount to note that the causes are unknown in most cases. The causes often times are traced to genetic factors and environmental factors. The causes of intellectual disability shall be viewed under prenatal, perinatal and postnatal causes.

Prenatal Causes

Prenatal causes of intellectual disabilities can be grouped into four. These are:

(i) Chromosomal disorders
(ii) Inborn Errors of metabolism
(iii) Developmental disorders affecting brain formation
(iv) Environmental influences.

Perinatal Causes

(v) Anoxia
(vi) Intrauterine disorders (maternal anemia, premature delivery, abnormal presentation, umbilical cord accidents, multiple gestation and misuse of forceps during delivery)
(vii) Neonatal disorders (intracranial haemorrhage, neonatal seizures, respiratory disorders, meningitis, encephalitis and head trauma)
(viii) Infections (syphilis and herpes simplex)
(ix) Low birth weight (LBW)

Postnatal Causes

(x) Traumatic brain injury
(xi) Infections (Meningitis and Encephalitis)
(xii) Lead is also a toxin or poison that has been linked with intellectual disabilities.
(xiii) Children from poor environment circumstances are at risk of developing intellectual disability. Unstimulating environment is also believed to be one of the causes of intellectual disabilities.
(xiv) Demyelization Disorders such as post-infectious disorders and post immunization disorders. Degenerative Disorders include Rhett Syndrome, Huntington disease and Parkinson disease. Seizure Disorders like epilepsy can also lead to intellectual disability. It is important to

note that in many cases, the cause of disability is not known or is a combination of genetic and environmental factors (Dada, 2006).

9. MY CONTRIBUTIONS AS A SPECIAL EDUCATOR

9.1 Place of computer in the education of persons with intellectual disability

Ag. Vice Chancellor Sir, a paper titled the place of computer in the education of persons with intellectual disability posited that computer has become part of everyday activities of human beings Dada (2011). It is now a prominent feature of life. It is used for learning new skills such as drills, mathematical activities, meeting daily needs like the use of microwave ovens in the house and other places, ATM machines and enjoying leisure time activities. The use of computer determines individual's success in this computer age. For some individuals to perform tasks at home, at work and in the community depends on their ability to make use of computer to some extent. Computers have many potentially useful applications in support and services for students with intellectual disability. During early intervention, computers have been used to help children acquire an understanding of cause and effect, to learn basic concepts such as colour, number, shape, social skills for following directions and taking turns. Application of computer to educational programme and curriculum has facilitated access to content in areas such as science and social studies and led to the development of peer relationship through interactive games and collaborative learning. As a result, there is growing recognition that computer skills are critical for students with intellectual disability to achieve successful outcomes.

The use of computer in the education of persons with intellectual disability can assist them in the following areas:

i. Improved academic achievement.
ii. Accessibility to general curriculum.
iii. Development of peer relationships.

iv. Employment opportunity.
v. Improved recreation and leisure activities.

9.2 Use of Electronic Technologies by Person with Disabilities

The use of electronic technologies, like computers, cell phones, internet, and electronic organizers, hold great promise for individuals with intellectual disability as it allows communication with people around the globe, the conduct of work at home during leisure hours, effective organization and retrieval of information, and access to mainstream culture (Dada & Oni 2012; Arun & Jain 2022). For students with intellectual disability, electronic technologies have been shown to create more conducive learning environments by allowing students to learn at their own pace, repeat steps as necessary, develop a feeling of control over the learning process, learn effective systems of organization and thereby enhancing their academic skills (Carey et al. 2005; Dada & Oni 2012). The use of ICT/cell phones have served as a community safety tool when people were taught to call for assistance, use of video phones by individuals with intellectual disability increased community participation and social networking and teaching of community skills. If ICT advances are not adaptable enough to be accessible to persons with disabilities it will further increase the disparity between those individuals and the rest of the population leading to further isolation and economic disadvantage.

A purposive sampling technique was used to select 200 persons with intellectual disability in primary schools in Oyo State. This group comprised 109 males and 91females. Their ages ranged from 10 to 25 years with a standard deviation of 4.12 years. The study revealed that the age of students with intellectual disability does not have significant effect on the use of electronic technologies (Table 2). Although the study showed no significant relationship between age of students with disability and usage of electronic technologies, it however showed that students between

the ages of 13 to 16 have preference for technology use than other age groups (Table 2). The study further showed that male with intellectual disability use electronic technologies more than their female counterparts (Table 2, Dada & Oni 2012).

Table 2: Usability of electronic technologies among different age groups and gender of students with intellectual disability in Oyo State

Usability of electronic		**Age**							
		9 - 12	**13 -16**	. .	**Total**	**XCal**	**XCrit**	**df**	**Sig**
Yes	Freq	33	47	10	90	3.399	5.99	2	0.183
	%	44.6%	50.0	31.3	45.0%				
No	Freq	41	47	22	110				
	%	55.4%	50.0	68.8	55.5%				
Total		74	94	32	200				
Usability of electronic		**Gender**							
		Male	**Female**	**Total**	**XCal**		**XCrit**	**df**	**Sig**
Yes	Freq	45	45	90	1.336		3.84	1	0.248
	%	41.3%	49.5%	45.0%					
No	Freq	64	46	110					
	%	58.7%	50.5	55.5%					
Total		109	91	200					

Our findings also showed that most of our participants made use of simple electronic technologies, such as the fan, radio, DVD, rechargeable lamp, and remote control. Our study also identified the use of more sophisticated technologies like organizers (15%), table phone (analog) (19.5%), laptop computer (23.5%), and the desktop computer (27.5%) among the participants (Dada & Oni, 2012). According to their responses, they make use of most of the electronic devices to make life comfortable for themselves (66%), some make use of them because others are using them (64%).

Upon closer scrutiny of the variables influencing the quantity of technologies employed, it was found that age, socioeconomic status, and personal perception of information replication ability had a substantial impact on the utilization of technology (Dada & Oni, 2012). Students with intellectual disability require some

technical know-how for the storage and retrieval of information, or input of correct website address or phone number into electronic devices. Level of independence, attitude towards technology, and most self-perceived abilities, were found not significant. Since the selected students are unlikely to use these technologies without assistance, the answer to who uses technology may lie more in one's social network and their interest in technology than in individual attitudes and characteristics. As technology continues its rapid evolution and diffusion across our society, future researchers should also continue to examine the benefits of technologies for people with intellectual disability, as the use of these technologies are beneficial to their work, school, community, and leisure activities (Dada & Oni, 2012). Society is therefore encouraged to create effective systems of access and supports that allow students with intellectual disability to utilize and benefit from these technologies.

9.3 Accessibility and availability of instructional materials in the teaching of persons with intellectual and developmental disabilities

In a study by Ajobiewe, Shada, Dada and Ojuawo (2011) it was emphasized that instructional materials are very important in teaching and learning process. Persons with intellectual and developmental disabilities experience considerable difficulties in learning which demands a lot of efforts from the teachers. To achieve significant success the teacher needs to make use of instructional materials. A total of two hundred teachers of persons with intellectual and developmental disabilities in Oyo State were purposively selected for the study. A descriptive design was used, and questionnaire used to elicit responses from them. Data were collected from teachers of persons with intellectual and developmental disabilities in ten (10) primary schools. The result showed that students with intellectual and developmental disabilities performed better when instructional materials are used to teach them ($P<0.002$, $P<0.058$).

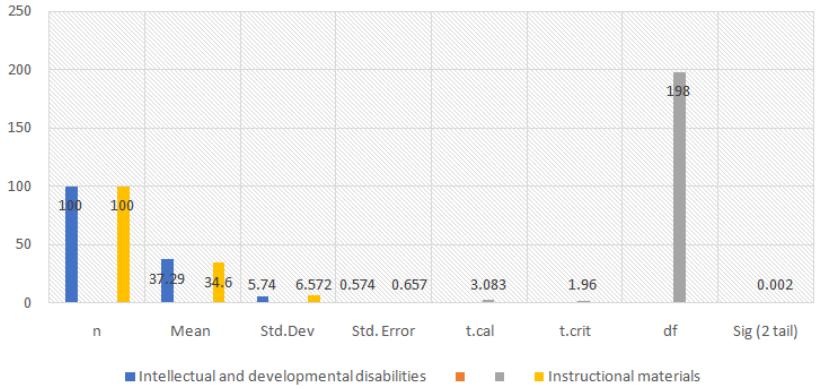


Figure 5: Independent t-test of intellectual and developmental disabilities and its effects on teaching

Ajobiewe et al, 2012

Ag. Vice Chancellor Sir, the importance of instructional materials cannot be over emphasized in the teaching of persons with intellectual and developmental disabilities (Figure 5). Persons with intellectual disability learn faster when instructional materials are available, effective, relevant, and adequate to the subject matter. This collaborate the findings of Afolabi *et al*, (2006) that teaching can only be effective when adequate and relevant instructional materials are used. This finding also supports the view of Abimbade (1997) that the use of instructional resources in teaching facilitates learning, enhances retaining ability and promotes and sustains students' interest. The use of instructional materials also allows students to discover themselves and their abilities. The access to instructional materials has significant effects on teaching persons with intellectual and developmental disabilities. The teachers in this

study have access to instructional materials and they utilized the materials effectively. The materials could be tagged as low tech, but they are highly effective because it enhances the performance of the persons with intellectual and developmental disabilities because they learn faster when real objects are presented to them in the teaching. The use of instructional materials such as stones, boards, pictures, charts, models and so on have tremendously improved the academic performance.

9.4 Teachers' Knowledge of and Attitude towards Autism Spectrum Disorder (ASD)

Efforts towards inclusive education have increased for everyone irrespective of disability since UNESCO's Salamanca Statement. Adherence to an inclusive rights-based perspective is associated with a greater presence of students with disabilities, including Autism Spectrum Disorder (ASD), in regular classrooms. Teachers play a crucial role in the inclusion of children, teenagers, and young people. Teachers' knowledge about ASD is necessary as many of them can act as knowledge broadcasters of social change towards an inclusive education. In this way, sustainable education, and the purpose of ensuring inclusive and equitable education, as well as promoting lifelong learning opportunities for every single person are key points for high-quality education of students with special needs. Sustainable goals require that teachers have the appropriate tools to handle this new and current reality. That is why teachers, as the focal providers of education, must be aware of the benefits of adopting inclusive approaches in education. This awareness depends on intensive training, continuing professional development and improving their knowledge (Vanderpuye et al. 2020).

Most school children do not acquire necessary skills and fail to learn at school due to various conditions. One of such conditions may be developmental disorders such as intellectual disability, learning disabilities, Asperger syndrome, and autism among

others. Autism spectrum disorder (ASD) is defined as a heterogeneous neurodevelopmental disorder characterized by persistent deficits in social communication, social interaction and restricted and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association 2013). Autism is a global health crisis that knows no borders; it does not discriminate based on nationality, ethnicity, or social status. Several studies have reported increasing prevalence of ASD worldwide with 1 in every 100 individuals estimated to be affected (Autism Europe 2016; Lord et al. 2020). Prevalence ranging from 1/54 to 1/36 have been recently documented (Boutot 2017; Gómez-Marí et al. 2021).

In Nigeria, there is paucity of information on the prevalence of ASD as research into this area has receive little attention. Pioneer works are those of Kanner (1943), Longe and Asuni, (1972), Onuora (1993), Bakare and Ikegwuonu (2008) and Bello- Mojeed et al. (2011). Importantly, all these studies reported late presentation and diagnosis of ASD in the cases with associated intellectual disability as a comorbid condition. However, Bakare and Ikegwuonu (2008) highlighted an association of ASD with oculo-cutaneous albinism. Other associated comorbidities with ASD included seizure disorders and attention deficit/hyperactivity symptoms.

Ag. Vice Chancellor sir, in lieu of the above, Dada and Sangobiyi, (2015) evaluated the level of awareness and knowledge of teachers about ASD in schools in Kwara State. One hundred and twenty teachers (120) were randomly selected across ten (10) public schools in Ilorin Metropolis.

Table 3: Knowledge of the Teachers about Autism Spectrum Disorder

S/N	Items	Agreed	Not Agreed	Mean & SD
1	Through continued professional development, have you receiv ed specific trainings on the diagnosis and nature of autism	42 (35.0)	78 (65.0)	1.35 ± .479
2.	Have you studied about autism with the hopes of gaining more understanding outside of work and trainings	23 (19.2)	97 (80.8)	1.19 ± .395
3.	I would like to receive more training on focused on educating students with an ASD	106 (11.7)	14 (88.3)	1.12 ± .322
4.	Autism spectrum disorder is a mental illness	99 (82.5)	21 (17.5)	1.18 ± .382
5.	It is easy to modify negative behaviours from students with ASD	22 (81.7)	98 (18.3)	1.18 ± .389
6.	My undergraduate or post graduate trainings was sufficient for educating students with ASD in the general education classroom	29 (24.2)	91 (75.8)	1.24 ± .430
7.	A student with an ASD has trouble following directions	105 (87.5)	15 (12.5)	1.12 ± .332
8.	Most students with an ASD have friends	58 (48.3)	62 (51.7)	1.52 ± .502
9.	A student with an ASD needs many modifications and accommodation to be successful in the general education classroom	111 (92.5)	9 (7.5)	1.08 ± .264
10.	I completed an undergraduate or a graduate level course that include specific information on autism spectrum disorder	50 (41.7)	70 (58.3)	1.42 ± .495
	Average	91 (75.8)	29 (24.2)	1.24 ± .399

Figures in parentheses are Percentages (%).; SD- Standard Deviation. Dada & Sangobiyi (2015).

Our study on the Teachers' Knowledge of and Attitude towards Autism Spectrum Disorder (ASD) among Primary School Children in Ilorin Metropolis revealed that majority (65.0%) of respondents do not have the knowledge of autism spectrum disorder (Table 3; Dada & Sangobiyi, 2015). Furthermore, majority of the teachers have not received specific trainings on the diagnosis and nature of autism.

We also found that the rate and level of belief about ASD among

teachers varies with different opinions viz:

(i) that the child with ASD intentionally creates problems and they could help lessen the triggers to these behaviour
(ii) that the child is fully responsible for his or her behaviour and think that the child could be upset by the smallest things and
(iii) that the child needs increased counseling and help from experts and that the environment could be changed to lessen the behaviour (Dada &Sangobiyi, 2015).

Autism is a lifelong condition, however children or students with ASD are capable of great improvement, including recovery through adequate knowledge and awareness about this condition and positive attitude by the teachers. Teachers should improve their understanding of the condition through reading of literature, and regular training and retraining (workshops, seminars and in service training). Awareness and sensitization among all stakeholders including teachers are critical to reduce ignorance and promote inclusive classroom learning, irrespective of (dis)abilities.

9.5 The Need for Adaptive Physical and Health Education to Promote Inclusive Education among Pupils with Intellectual Disability

Ag. Vice Chancellor Sir, intellectual Disability (ID) is an extremely stigmatising condition that affects the intellectual functioning and adaptive behaviour of some individuals during the developmental period. Research have consistently shown rise in the number of out-of-school individuals with intellectual disability, which as a matter of urgency must be addressed if the sustainable development goal four (SDG4) is to be achieved. Children with intellectual disability cannot be left out, ignored, or not catered for. That is why inclusive education has been recommended by the Federal Government of Nigeria through the National Policy

on Education. However, teachers need to be educated on some of the possible ways these categories of children can be helped to attain optimal development. Therefore, we posited the meaning of intellectual disability, physical education, importance of adaptive physical education for children with ID, health education, and importance of adaptive health education for children with ID (Dada & Olaniyan, 2019). We advised that physical education should be taught because it helps children develop the knowledge, fitness levels, motor skills, and personal and social skills to obtain the goal of a lifetime of physical activity and health. Regular Physical Education can improve children's muscular strength, flexibility, cardiovascular endurance, and body composition. Physical Education also teaches kids about the health benefits of making healthy food choices (e.g., eating more fruits and vegetables), which in turn can help prevent childhood obesity. Physical Education helps children socialize with others successfully while providing opportunities to build self-confidence through participation in dances, games, and sports.

We concluded that adaptive physical and health education is essential in promoting learning among pupils with intellectual disability in inclusive classrooms. It provides an opportunity for students with intellectual disability to participate in physical activities, promoting their physical health, social skills, academic performance, and overall well-being. By implementing adaptive physical and health education, schools can create an inclusive environment that supports the academic, social, and emotional development of all students, regardless of their abilities.

9.6 Employment of Persons with Intellectual Disability

Ag. Vice Chancellor sir, billions of persons live with disabilities in the world and more than eighty (80) percent reside in the developing countries. Most of these people are marginalized and disproportionately poor, simply because they are excluded from education, employment, and political processes because of their

communication, physical and sensory impairments. To this end, persons with disabilities encounter several barriers as they make the decision to enter or re-enter the workplace, employment, or job. Some of these barriers might be described as external as they involve environmental and workplace supports such as transportation, accommodations, and job opportunities (Loprest & Maag, 2001). Other barriers might be described as internal, as they involve self-perceptions regarding adequacy of work experience, work skills, and vocational beliefs that are necessary considerations in the job search process (Bialik & Mhiri, 2022). Whatever the locus of these barriers, there is ample evidence that they may represent impediments to work. Available data on employment have shown that adults with disabilities have continued to lag their nondisabled counterparts in terms of hours worked, wages earned, and unemployment and under-employment rates.

The 1990 Americans with Disabilities Act require that employers employ 15 or more employees to make reasonable accommodations so that quality workers with disabilities have equal employment rights. Among provisions that address the right of person with disabilities to employment are Discrimination Act (1992) in the USA and Disability Discrimination Act Section 15, 4, b in Australia. Similar provision tagged "The Discrimination Against Persons with Disabilities (Prohibition) Act 2019" was enacted in Nigeria, to provide equal employment opportunities among other rights, to individuals with disabilities in the country.

It is against this background that Adeniyi and Dada (2012) investigated the attitudinal and environmental factors that determine job discrimination against persons with disabilities. Descriptive research design was utilized, and four research questions were generated. Questionnaires were administered to one hundred and nine employers of labour to determine the factors prompting job discrimination against persons with

disabilities. Multiple regression analysis, mean and t-test was used to analyze the data collected from the study. The findings revealed that attitude and the environment are the major determinants of job discrimination against persons with disabilities. There was no significant difference between private and public employers in their disposition towards persons with disabilities in provision of job.

As is true for those without disabilities, people with disabilities have a right to fair and equal wages, working hours and opportunities, and the cultural benefits of being employed in the community. To achieve this goal, individuals with disabilities need to be in customized or supported employment, rather than in sheltered and segregated settings. Since employing people with disabilities has a positive impact on employers, increases in customized and supported employment will not only help individuals with disabilities, but also benefit the workforce and society. Unfortunately, throughout the world, individuals with disabilities remain employed at lower rates than people without disabilities, and when employed, often they are in sheltered settings. For employment outcomes to improve for people with disabilities, policy makers must continue to move from the medical model of disability to social and bio-psychosocial models of disability, and address supply and demand challenges. Based on these findings we recommended that awareness and sensitisation programmes should be done to intimate employers of labour about persons with disabilities in order to know that employing them would be beneficial to both parties and would make persons with disabilities to be less dependent.

9.7 Educational and Vocational Services for Persons with Intellectual Disability

Ag. Vice Chancellor sir, individuals with intellectual disability have unique needs and require specialized educational and vocational services to help them achieve their full potential and

have fulfilling lives. One of the most critical aspects of educational services for individuals with intellectual disability is early intervention. Early intervention programmes provide children with intellectual disability and their families with the necessary support, resources, and services to optimize the child's development and potential. Dada (2011) in a study conducted on the educational service for people that are mentally and physically challenged in Ibadan, Oyo state, revealed that the services provided for intellectually and developmentally disabled were not adequate with only 44% agreeing that educational service is adequate and available while 56% disagreeing with the adequacy as indicated in table 4 below.

Table 4: Percentage of the types of educational services available for persons with intellectual disability

S/N	Variable	Responses		Total
		Yes	No	
Q1	Educational services are provided for Intellectually Retarded in special schools	56(56%)	44(44%)	100 (100%)
Q2	There is enough special school for Intellectual Retarded in Ibadan	19(19%)	81(81%)	100 (100%)
Q3	Full time inclusion is practiced in my place of work	66(66%)	34(34%)	100 (100%)
Q4	Partial inclusion is practiced in my place of work	20(20%)	80(80%)	100 (100%)
Q5	Mainstreaming is provided in my place of work	40(40%)	60(60%)	100 (100%)
Q6	Segregation in a self-contained classroom is available in my place of work	39(39%)	61(61%)	100 (100%)
Q7	Segregation in a special school is practiced in my place of work	51(51%)	49(49%)	100 (100%)
Q8	Most students with intellectual Retardation are not received due to lack of facilities in my place of work	48(48%)	52(52%)	100 (100%)
Q9	Most students with Intellectual Retardation are excluded from schooling in my place of work	51(51%)	49(49%)	100 (100%)
Q10	Residential (Boarding) educational service is available	78(78%)	22(22%)	100 (100%)
Q11	Day care service is available	19(19%)	81(81%)	100 (100%)
Q12	Educational service put together is adequate	43(43%)	57(57%)	100 (100%)
	Total	**44.16%**	**55.84%**	**100(100%)**

(Dada, 2011)

Vocational services are critical for individuals with intellectual disability, as employment is essential for their social, emotional, and financial well-being. Vocational services should focus on developing job skills, work habits, and social skills necessary for successful employment. To access the level of vocational support services provided to individuals with intellectual disability Dada and Akanni (2012) conducted a study on vocational rehabilitation as a channel for enhancing the independence of persons with intellectual and developmental disability using samples of 50 persons with intellectual and developmental disabilities. We found that the parental financial background has significant effect in enhancing the independency of persons with IDD (Dada & Akanni, 2012). Similarly, parental educational and occupational status had significant influence on vocational rehabilitation as a channel of enhancing the independence of the IDD.

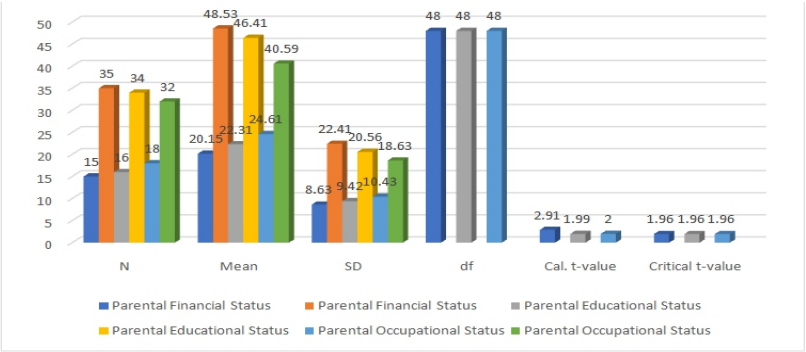


Figure 6: Parental financial, Educational, and Occupational Status in enhancing Independence of the Independence of Persons with Intellectual and Developmental Disabilities

Vocational services should also include job coaching, job placement, and ongoing support to help the individuals maintain their employment.

We also recommended the supported employment approach to further enhance the employability of individuals with intellectual disability and have been shown to be effective in increasing employment rates and job satisfaction for them. Supported employment involves providing ongoing support and assistance to the individual to help them obtain and maintain competitive employment in integrated settings (Wehman, Kregel, & West, 2019). As educators and professionals, it is our responsibility to ensure that individuals with intellectual disability have access to these essential services and supports, and that we are continuously improving and refining our practices to meet their unique needs.

9.8 Self-help Skills Acquisition

Self-help skills are daily and routine activities of personal care activities appropriate to the age, gender, and environment necessary for a living that are gradually attained to give more independence for persons with intellectual disability. It is about learning life skills which includes getting dressed, having a shower, brushing teeth, eating, bathing, grooming, use of the toilet and mobility in the home, so that they can look after themselves without depending on others.

Persons with intellectual disability because of their low intelligence quotient and poor adaptive behaviour lack the necessary self-help skills that are needed for daily living in performing basic skills such as personal grooming, dressing, and eating. The school and the home may not pay particular attention to self-help skills of the trainable intellectually disabled even though it is a vital part of the school curriculum of children with special needs. As a result of this, a study was conducted with the aim of determining whether socio-economic status affect the acquisition of self-help skills (Dada, 2005).

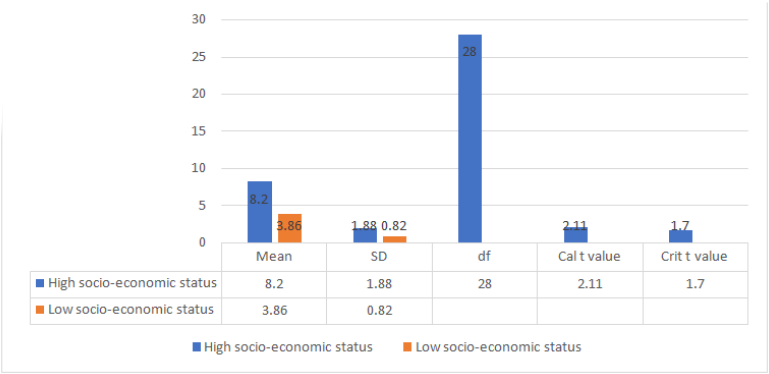


Figure 7: t-test analysis of self-help skills of subjects from low and high socio-economic status

The result indicated that there is significant difference in the self-help skills of persons from low and high socio-economic status. The persons from high socio-economic background performed better than those from low socio-economic background (Dada, 2005). Based on the findings of this study, a child from highsocio-economic class or an enlightened and educated background responded better to self-help skill than one from a non-enlightened and illiterate background. A culturally stimulating background can help a child to develop the right kind of attitude to his/her tasks and this may assist the child in having a good stand in performing self-help skills. Equally, children from low socio-economic status home have little or no intellectual support at home. This reflected itself in their poor performance of self-help skills.

In as much as poor self-help skills exhibition is one of the numerous problems confronting persons with intellectual disability, it is imperative for policy makers, and all concerned educational bodies to fashion a way to attach behaviour modifiers to special schools. This is to ensure that necessary behaviour skills for healthy living and overall positive development could be

acquired, especially for children from low social status whether in public or private institution. Also, parents can help build positive exhibition of self-help skills by providing a strong support system to promote pupils' feelings of control and power over their destiny. Parents should be encouraged to have adequate contributions and expectations towards their children with intellectual disability. They should neither be over-pampered nor abandoned, as there is ability in every disability. Parents need to develop positive attitude towards children with intellectual disability, devote more time to them and be actively involved in their programs.

9.9 Social Interactions and Academic Performance

Research on the influence of social interactions on the academic performance of students with intellectual disability in an inclusive classroom was conducted recently by Dada in 2020. Descriptive survey research design was used to determine the influence of independent variables and a dependent variable. Fifty (50) teachers were purposefully selected for the study. Social interaction questionnaire ($r = 0.83$) was used, with one research question and three hypotheses tested at 0.05 significant levels. Mean, percentage, t-test, and ANOVA were used to analyse the data gathered. The study revealed that social interaction influences the academic performance of students with intellectual disability in inclusive schools in Ilorin East Local Government Area to a high extent (mean= 3.1). It was also shown that there is no significant difference between social interaction of male and female students with intellectual disability ($p<0.05$). It was found out that there is no significant difference between language skills and social interaction of students with intellectual disability ($p<0.05$) and lastly, it showed that there is no significant difference in the mean rating of students regarding the extent of influence of social interaction on academic performance based on religion ($p>0.05$).

Based on the finding it was concluded that social interaction had significant influence on academic performance of students with intellectual disability in an inclusive classroom. Therefore, it was recommended that teachers should be educated exclusively on the proper methods and means of teaching useful skills of social interactions to intellectually disabled learners. Public enlightenment and education programmes should be put in place for teachers, parents, and students on how best to interact and guide learners with intellectual disability.

9.10 Friendship Skills

Ag. Vice Chancellor Sir, school is a social institution saddled with the responsibility of developing learners in all aspects of life. As a social setting, the school enables various interpersonal relationships such as students to teachers, teachers to teachers, students to students and so on. In the school system, academic skills are acquired as well as social skills. One factor that school systems often fail to consider is the impact of friendship on academic performance in school. Based on this a study was conducted on the impact of friendship skills on academic performance of students with intellectual disability in Ilorin metropolis, Kwara State (Dada, 2019). Four schools (special and inclusive) that cater for special education needs within Ilorin metropolis were purposively selected for this study and a total number of sixty (60) students with intellectual disability participated in the study. An Academic Performance Tests (APT) designed by the researcher was also used to assess participants' academic performance in both literacy and numeracy skills. Findings revealed that the level of friendship skills among students with intellectual disability was high. This means that friendship skills had an impact on academic performance of students with intellectual disability in Ilorin metropolis. It was also discovered that friendship skills deficits affect male and female students with intellectual disability the same way. It was recommended that special needs schools should incorporate

friendship skills training into routine teaching of students with intellectual disability to maintain and improve on their current level of friendship skills for improved academic performance (Dada, 2019).

9.11 Determinants of Child Abuse among Persons with Disabilities

Ag. Vice Chancellor sir, child abuse has become a focus of concern today. Persons with disabilities have often suffered more abuse from parents and adults largely because of their disabilities and their lack of assertiveness attributable to poor self-concept. The signs and symptoms of abuse in persons with disabilities have not been effectively recognized, assessed, or treated. Many people have difficulty believing that persons with disabilities can be victims of physical abuse, sexual abuse, emotional abuse, and neglect. This misconception creates an exaggerated level of vulnerability, as persons with disabilities, and their families, are not prepared psychologically, intellectually, or physically to resist or respond to these abuses (Dada, 2016).

In order to have empirical data on the determinants of child abuse among persons with disabilities, two hundred and fifty (250) persons with disabilities were sampled from schools for person with disabilities in Oyo State. A total of one hundred and twenty-one females and one hundred and nine males, with age ranging from 6 to 17 years participated in the study. Multiple regression analysis was applied to the generated data from retrieved questionnaire and findings are as follows: About 50% of the total variability in child abuse of person with disability is accounted for by a linear combination of the four variables.

Table 5: The relative contribution of the four etiological variables to the determinant of child abuse

No. of Variable	Variables Description	B	-	Beta	T	P	S
1	Physical	0.385	0.069	0.316	5.616	0.00	S
2	Emotional	7.51	0.093	0.048	0.808	0.420	Ns
3	Neglect	0.362	0.044	0.432	8.173	0.00	S
4	Sexual	0.154	0.047	0.172	3.282	0.00	S
	Constant	0.413	0.086		4.823	0.01	S

S = significant; ns= not significant. (Dada, 2016)

The combination of the four variables jointly accounted for the total variance in the abuse of person with disabilities. Physical abuse, neglect and sexual abuse contributed significantly to child abuse, whereas emotional abuse was not significant. These three variables are the most important determinants of child abuse. However, the extent of contribution of each of these variables to the prediction of abuse among persons with disabilities differs (Dada, 2016). In order of potency to contribution to abuse, neglect ranked highest, followed by physical and emotional which are both ranked the least (Table 5; Dada,2016).

The implication of these findings for counselling and management of persons with disabilities is that the four independent variables should be incorporated into the strategy for the prevention of abuse among persons with disabilities. Counsellors are advised to create rapport and conducive environment to allow persons with disabilities relate their experience. Despite the low correlation between emotional abuse and child abuse in persons with disabilities, its least prediction value, Counsellors should not discountenance its contribution to abuse in persons with disabilities. Parents and caregivers are, therefore, advised to periodically monitor persons with disabilities for signs and symptoms of abuse and neglect.

9.12 Are we Ready to Marry Persons with Disabilities?

Fundamental human rights include right to sexual relationships because they are critical to overall physical, emotional, and social health and well-being of individuals. Persons with disability are sexual beings, and deserve equal rights and opportunities to have, choices about, and access to their sexuality, sexual expression, and fulfilling relationships throughout their lives (Shah, 2017). United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) guarantees disabled people the right to "enjoy legal capacity on an equal basis to others in all aspects of their lives (United Nations, 2006; Shah, 2017).

Marriage is an institution ordained by God, and if an individual has not decided to practice celibacy, sexual relationship and marriage will be on the front burner when an individual comes of age, irrespective of status of ability. In the field of special education, so many issues concerning persons with disabilities all over the world have been studied and reported which include their education, inclusion, career, empowerment, and recreation, helping them to develop social skills and how to manage them in general. However, issues relating to sexual relationship and marriage of persons with disability have received very little attention in our society. Opposed amendment to the Albanian Disability Law which stated that "a person who suffers from a severe mental illness or lacks the capacity to understand the nature of marriage "may not marry".



Figure 8: Couple with disability

Specifically, in Nigeria, persons with disabilities are still treated with caution by those without disabilities in marriage. The general attitude seems to be un-encouraging. Oladele and Dada (2007) conducted a research on attitude of tertiary institutions students towards marrying persons with disabilities in Oyo State. The choice of the respondents was strategic because they are active sexual groups who are thinking of dating and marriage possibly after school.

Table 6: Attitude of students of Tertiary Institutions towards marriage to person with disabilities

		N	Mean	Std. Dev.	T	df	P	Remarks
Institution	E.A.C.E	100	50.51	12.77	-.237	198	.813	Ns
	LAUTECH	100	50.94	12.86				
Male	E.A.C.E	12	55.33	16.98	.79	74	.432	Ns
	LAUTECH	64	51.68	14.24				
Female	E.A.C.E	91	49.36	12.15	-.68	122	.501	Ns
	LAUTECH	33	50.93	9.36				
Male	E.A.C.E	12	55.33	16.98	1.52	101	.131	Ns
Female	E.A.C.E	91	49.36	12.15				
Male	LAUTECH	64	51.69	14.24	.273	95	.786	Ns
Female	LAUTECH	33	50.94	9.36				

Our findings revealed that the attitude of students is generally negative towards marriage with persons with disabilities (Table 6). Many of the students are not ready to marry any person with disabilities. Female respondents, who were expected to be more liberal, soft, and compassionate, also have negative attitude towards marriage with persons with disabilities. The results showed pronounced negative attitude of the male students than the female students (Table 6).

To think or vehemently oppose the idea of persons with disabilities getting married means the society considers them as lesser human beings who are not fit to mingle with those without special needs. This is not only gross injustice but violation of their fundament right like any other person. Although marriage is a personal issue between two interested people, once they show interest, they should not be discouraged; they should rather be encouraged and supported.

10. MY CONTRIBUTIONS TO THE COMMUNITY

Ag. Vice Chancellor Sir, I have made significant contributions to community development as a Lecturer at Federal College of Education (Special), Oyo and Kwara State University, Malete. I have focused on creating inclusive environments that accommodate diverse populations and promote equal opportunities for all individuals with Special needs which was spurred by openness and encouragement from the college and university authorities.

While at Federal College of Education (Special) Oyo, I was engaged in the rehabilitation of Persons with Special needs and today all of them are standing tall in the society and we still engage in different discourse. In 1999, I met a young man living with cerebal palsy that got admission into the Department of Rehabilitation Education. Aside bagging his NCE certificate, he was also rehabilitated. Today, Omo-Adua Nurudeen Olanrewaju is a master's degree holder and a Chief Examination Officer at National Examination Council (NECO) and happily married with a kid. Others with visual impairments are PhD holders and gainfully employed. Some are intellectually disabled and are gainfully employed in different walks of life. I cannot forget my friend Kabiru, whom I met at HLA Agodi Ibadan during my teaching practice days who told me about the interim government. Though, I thought I knew so much he drew my attention to this (*Ijoba fi idi he*). He also told me that being

hygienic is part of him when I told him to handle my water with care. He told me in plain language that 'do you think I am not equally intelligent?'

At KWASU I have advocated inclusive education by being a vocal proponent of creating learning environments that are accessible to all students regardless of their abilities. My advocacy has led to the implementation of policies and programmes that promote inclusive education such as the provision of assistive technologies, specialized training for teachers, and the creation of support groups for students with disabilities. I have organized several outreach programmes that brought students together and by extension faculty and community members to address pressing issues in the community. These programmes have focused on topics such as environmental sustainability, poverty alleviation, and community health.

Through these programmes, we have created a culture of social responsibility and civic engagement among members of the university community with the admission of students with disabilities (5 visually impaired and 4 hearing impaired in different programmes in the university – Mass Communication, Public Administration and Special Education at both Undergraduate and Postgraduate Levels). We have also organized a few community outreaches in sensitization programme for pregnant women on the causes and prevention of having children with disabilities held at Health Centre, Malete, Kwara State, Assessments, counselling, and reports on clients being referred to the Department of Special Education, self-prompted Community Outreach programme on Providing Drinkable and Hygienic Water for Alapo Community among others. For more than a decade, We have initiated the "Annual International Day for Persons with Disabilities" in the Department of Special Education, KWASU.

In addition to my research, I have also contributed to the development of innovative programs and initiatives in special education, sensitized teachers on High Incidence Disabilities held at Government Day Secondary School, Malete, Kwara State. This program has been instrumental in improving teachers' awareness on high incidence disabilities among general students' populace in regular school settings.



Figure 9: Iyeru Okin School for Special Needs, Offa, Kwara State. 2021

Overall, my contributions to community development at the university and my advocacy for inclusive education, community engagement, research, and innovation in special education have helped to create a more equitable and inclusive environment among students with special needs and their peers, faculty members and community dwellers at large.

11. CONCLUSION

Ag. Vice Chancellor sir, I have been able to elucidate my contributions to the field of Special Education and the discipline of intellectual disability. No doubt, persons with intellectual disability would continue to be part of humanity as people can acquire a disability status at any age, from birth to advanced years. Having a disability, especially intellectual disability, does not

exclude people from discovering and pursing their aspirations in life changing despondency, despair to hope. To make life more meaningful for persons living with Intellectual Disability, there is need for the utilization of assistive technology. Assistive Technology can compensate for limitations relative to mobility and speech for persons with Intellectual Disability. From the foregoing it could be seen that persons with intellectual disability can be included in all phases of life such as school, vocation, employment, marriage among others. There is ability in disability.

12. RECOMMENDATIONS

1. Technology would have a vital role to play in turning intellectual disability to greater ability with the advent of high-powered computing and artificial intelligence. Appropriate technology should be provided for persons with disabilities to make life easy and fulfilling.
2. Parents should seek caring support for a child with intellectual disability because this condition could be challenging. Supports are needed from family, friends, professionals, support groups advocacy organizations and disability service providers in the community.
3. The strengths (passion and interest) of the person with ID should be focused on, as it is important to identify and address the challenges. It is of utmost importance to discover and encourage the interests and their talents and provide opportunities for them to develop new skills to enable them to be self-dependent, assertive, and self-reliant.
4. There is also the need to build a strong team with special educators, health care providers and other professionals to develop a comprehensive support plan that will address the unique needs of each person with Intellectual Disability.
5. The school curriculum should also pay close attention to the peculiar needs of persons with Intellectual Disability as we are in the era of "No child should be left behind".

6. Early identification and diagnosis are also paramount for persons with Intellectual Disability. No child should be left under lock and key as the era of infanticide is long gone. The earlier the diagnosis the better the prognosis.
7. There is the urgent need for the establishment of support centres for persons with special needs in all Tertiary Institutions in Nigeria. I must commend KWASU Management for taking the lead with the establishment of the Disability Support Office. These centres should be equipped with necessary facilities and competent professionals.
8. Commendation should be given to JAMB for the establishment of CBT centres for students with special needs, the JAMB Equal Opportunity Group (JOEG) and provision of free UTME registration for interested students with disabilities. I also want to use this medium to solicit the establishment of more centres in each senatorial district.
9. Funding of Special and Inclusive schools in the country is also pertinent. Evaluation of these schools and personnel should be carried out periodically to enhance quality service delivery.
10. Government should rehabilitate and upgrade special and inclusive schools with modern facilities.

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