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## Discriminatory and Non-discriminatory Practices Influencing Education and Educational Outcomes of Children with Disabilities in North Central Geo-Political Zone, Nigeria

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**Abstract**: This research sought to examine discriminatory and non-discriminatory practices influencing education and educational outcomes of children with disabilities in North Central geo-Political zone. The study adopted a survey research design. The sample included 400 teachers from the 2 select states through simple random sampling techniques to respond to the questionnaire and 20 children with disabilities through purposive sampling techniques interviewed. Mean and standard deviation ratings were used to answer the research questions, t-test and ANOVA statistics were used to test the hypotheses at 0.05 level of significance. Results showed that to enhance educational and educational outcomes of CWDs, all forms of discriminatory practices must be reduced to the barest minimum while inclusive education and all other forms of non-discriminatory practices must be enhanced to encourage CWDs education and performance; discriminatory practices hinders education, educational outcomes and performance of children with disabilities and non-discriminatory practices promotes education, educational outcomes and performance of CWDs. Some of the recommendations were: formulation of reasonable policies to promote CWDs education, with accompanying strategies for effective implementation of the policies; increase of funding for the erection of physical structures that address the plight of CWDs, provision of relevant resource materials that include professional teachers development, assistive learning and teaching aids; supply of necessary resources and facilities, including physical infrastructures like buildings, classrooms, trained educators, and supportive teaching technologies to meet the requirements of CWDs among others. Key words: Children with disabilities, discriminatory and non-discriminatory practices, education, educational outcomes, influence

### INTRODUCTION

The United Nations Charters acknowledge the fundamental dignity, value, equality, and inalienable rights of all individuals as the cornerstone for achieving freedom, justice, and peace globally. Also, every nation

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has asserted that every individual is entitled to the rights and freedoms without any form of discrimination. Pivotal in these declarations is emphasis that all children including children with disabilities receive full enjoyment of their rights without facing any form of discrimination.

Disabilities poses limitations to a person's physical and mental capabilities. According to the United Nations Relief and Works Agency (UNRWA) (2013), disability is defined as long-lasting physical, mental, intellectual, or sensory impairments that, in combination with various obstacles, impede a person's full and genuine participation in the community on the same level as other individuals within that community.

Disabilities manifest in various forms, including cognitive (intellectual), developmental, physical, and sensory types. Intellectual disability (ID), also referred to as general learning disability or mental retardation include conditions that lead to shortcomings in mental capabilities, social skills, and essential daily living activities when compared to peers of the same age (Kaneshiro, 2015). This is revealed by an IQ below 70, combined with deficits in adaptive functioning before the age of 18 years and can be linked with developmental disability.

Developmental disabilities encompass a wide range of chronic conditions, consisting of mental or physical impairments that arise before reaching adulthood and can often take time to become fully apparent (Centers for Disease Control and Prevention 2013). The major areas affected by developmental disabilities include: language; mobility; learning (challenges in grasping simple age appropriate information); self-help; and independent living (Centers for Disease Control and Prevention 2013). These disability is often instrumental to physical and sensory disability.

Physical and sensory disabilities pertain to conditions that are observable and relate to sensory malfunctions. Bopp and Smith (2001) indicate that the physically disabled comprises individuals who are blind or visually impaired, those who are deaf or hard of hearing, and people who have mobility challenges. The origins of disabilities differ, with many unexplained. Genetic influences have been linked to some disabilities, which also likely have significant environmental factors. Being born prematurely is recognized as a potential indicator of future developmental disabilities, since preterm birth may stem from pre-existing difficulties. Also, being born at an early stage can cause immediate harm to vital organs like the lungs and brain or lead to such injuries in the neonatal phase. The stress or strain from adapting could also hinder development. van Baar, van Wassenaer, Briët, Dekker, and Kok, (2005) assert various individual or combined factors can lead to disabilities for extremely preterm infants.

In certain regions, disabilities are linked to witchcraft beliefs, leading to the perception that a child with a disability is cursed. Consequently, many of these individuals are confined, receiving inadequate medical care. As a result, a significant number suffer fatal outcomes simply due to lack of medical intervention. The remainder are left to fend for themselves right after birth, with some being discarded in forests where wild animals may encounter them, or even thrown into garbage bins. Certain mothers take the extreme step of abandoning their children with disabilities at hospitals upon discovering any kind of imperfection.

Many nations, along with the United Nations, stand against any type of unfair treatment to CWDs. Disability discrimination refers to any sort of differentiation, exclusion, or limitation based on a person's disability that seeks to undermine or erase their recognition, enjoyment, or exercise of all human rights and

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fundamental freedoms equally alongside others in the education, political, economic, social, cultural, civil, or other spheres. Instances of discriminatory behavior involve environments and resources that aren't suitable for children with disabilities. According to the United Nations Relief and Works Agency (UNRWA) (2013), these characteristics do not foster an atmosphere that enables individuals with disabilities to participate fully and effectively in public affairs without facing discrimination and on an equal footing with others, nor do they encourage involvement in public life.

Conversely, non-discriminatory practices aim to eradicate all discriminatory practices by providing necessary care and support to children with disabilities. These practices include offering various forms of personal assistance and intermediaries, such as guides, qualified sign language interpreters, improve access to buildings and facilities, other suitable support for children with disabilities, ensuring they can fully enjoy and lead their lives. These provisions are crucial for qualitative and quantitative education of children with disabilities.

Children with disabilities possess distinct characteristics that need to be addressed for them to lead lives similar to normal children experiences. To tackle these issues, the Americans with Disabilities Act (ADA) promotes the elimination of architectural and structural communication barriers in existing facilities, provided that such changes can be made easily and without significant cost or difficulty. The right to education is among the fundamental rights that all human beings should experience. Bamisaiye (1989) describes education as a progressive process involving the development of knowledge, skills, and attitudes (KSA)—the educational outcomes that enhance performance and success, shaping diverse perspectives and motivations for action in life.

To achieve the right to education universally and without discrimination, inclusive education system at all levels is inevitable to promote lifelong learning to fully develop individual potential, dignity, and self-worth. The meaningful involvement of children with disabilities (CWDs) is often unattainable because they face obstacles in education due to discriminatory practices or insufficient support structures. Viney (2006) points out that CWDs face physical barriers regarding accessibility to necessary facilities. Many educational buildings lack proper pathways to classrooms, libraries, offices, and other areas, as well as suitable seating and resources to meet their unique needs. Okoli (2010) highlighted the alarming state of many educational facilities, discouraging numerous CWDs from pursuing education. As a result of these challenges, Crisp (2002) asserts that disability can lead to frustration, sometimes resulting in individuals being unable to achieve their goals.

Adding to these shortcomings, there is a notable lack of trained professionals to meet the specific and personal needs of these children. There is a serious lack of qualified teachers vested with knowledge and skills to cater for children with disabilities. This align with the researchers' observation of the inadequacy of facilities and the qualifications of staff that are necessary support for the education and development of individuals with disabilities, particularly in the North Central region.

The lack of facilities, trained professional teachers, assistive technologies and others may be due to much disregard contributes to the stigma faced by people with disabilities. Okoye (2010) observed that when a child with a disability struggles, it often leads to labeling with negative stereotypes, and a loss of individuality. Consequently, many individuals with disabilities experience exclusion, loneliness, and

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maltreatment from society. Terms like "retarded," "lame," "wheelchair-bound," "mongolism," "handicapped," and "olodo," among others, are intentionally derogatory labels that negatively impact individuals with disabilities. Such labels not only demean but also damage the dignity of these individuals.

Considering the needs of those with disabilities as fellow human beings presents a significant challenge and often demands considerable time and resources. Across the globe, these vulnerable populations are frequently sidelined as their primary issues receive little attention. Society appears to have forgotten the intrinsic value of all human lives and the need for individuals with disabilities to receive special attention rather than neglect. It seems the government has not fully embraced the responsibility to enhance support for these children and to effectively address their educational challenges. There is a lack of adequate educational facilities and resources designed for this children with disabilities. There are no promising initiatives aimed at improving the educational opportunities for these children. However, it is important to provide infrastructure, resources, and supportive environments that take care of physical, social, and psychological needs to promote the welfare of individuals with disabilities and their contributions to personal and national progress. In light of this, this paper examines the discriminatory and nondiscriminatory practices influencing the education and educational outcomes of children with disabilities in the North Central geopolitical zone, Nigeria.

#### Statement of the problem

Throughout history, children with disabilities are confronted with challenges in leading fulfilling and productive lives independently within a society filled with stigma, prejudice, and obstacles both in attitudes and the environment. The laws, policies, and practices in most countries have often deemed children with disabilities as unqualified, ill, limited in their abilities, and incapable of contributing to society. Disability is primarily viewed negatively, leading to unequal rights and treatment for those who are disabled. However, children with disabilities are human beings deserving of the same rights and privileges as any other child.

For fair treatments, rights, and privileges to be realized, it is crucial to provide the necessary facilities, resources, and develop policies that consider the needs of children with disabilities. Children with disabilities possess needs, and potentials similar to those of children without disabilities. Just as other children can easily access education, read, and navigate spaces both within and outside the school environment, children with disabilities should have the same opportunities, given the necessary resources to cater for their unique situations by addressing discriminatory practices, such as physical barriers and ensuring qualified teachers, while encouraging inclusive education, accessible infrastructure, and adequate support systems. Thus, this study examines the discriminatory and non-discriminatory practices influencing the education and educational outcomes of children with disabilities in the North Central Geo-Political Zone of Nigeria.

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### **Objectives of the Study**

The study sought to investigating discriminatory and non-discriminatory practices influencing the education and educational outcomes of Children With Disabilities in North Central Geo-political Zone, Nigeria. To attain the goal, the study examined the following stipulated objectives:

- common discriminatory practices towards CWDs education in the North Central geo-political zone, Nigeria;
- 2. non-discriminatory practices towards the education of the Children With Disabilities in the North Central;
- 3. Influence of discriminatory practices on CWDs Educational Outcomes (performance);
- 4. Influence of Non-Discriminatory practices on the Education of the CWDs in the North Central;
- 5. consequences of discriminatory practices on Children With Disabilities in the North Central; and
- 6. consequences of non- Discriminatory practices on CWDs in the North Central.

## Statement of hypotheses

The following null hypotheses are formulated to direct the study;

- Ho<sub>1</sub>: There is no significant difference on the respondents from Nasarawa and Niger states on the common discriminatory practices towards CWDs education.
- Ho<sub>2</sub>: There is no significant difference of male and female respondents of non-discriminatory practices on the educational outcomes of children with disabilities in the North Central.
- Ho<sub>1:</sub> There is no significant influence of Respondents means from Nasarawa and Niger states of nondiscriminatory practices on the education of children with disabilities in the North central.
- Ho<sub>4:</sub> There is no significant difference between respondents mean from 4 LGAs of discriminatory practices on the education outcomes of children with disabilities in the North central.
- Ho<sub>5</sub>: There is no significant difference between male and female respondents on the consequences of discriminatory practices on children with disabilities in the North central.
- Ho<sub>6:</sub> There is no significant difference between respondents mean from LGs on the consequences of non-Discriminatory practices on children with disabilities in the North central.

## **REVIEW OF LITERATURE**

## **Concept of Children with Disabilities**

United Nations International Children's Emergency Fund (UNICEF), defines a child as any individual under the age of 18, unless local laws state that adulthood is reached earlier (UNICEF, 2018). While many nations establish 18 as the legal age of adulthood, some set it lower, while others set it higher. Countries with a legal adulthood age surpassing 18 include Algeria, Canada, South Korea, and some states in the United States at 19; New Zealand and Thailand at 20; and Cameroon, Grenada, and Zambia at 21 years (Youth Policy (country fact sheet)). Emenike (2023) describes a child as human being from birth to the age of 12. Considering the age of majority as 18 implies the inclusion of other developmental phases, such as puberty and adolescence, which are not strictly part of childhood but rather extensions of it.

Children come from various backgrounds, and some have different types of disabilities. Disability represents one facet of humanity based on a spectrum of abilities. The United Nations (2005) describes

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disability as enduring physical, mental, intellectual, or sensory limitations that, when combined with various obstacles, may impede a person's ability to engage fully and effectively in society alongside others. The World Health Organization (WHO) (2007) notes that for children, disability refers to a functional limitation that arises from a prolonged health issue, influencing the child's capacity to carry out age-appropriate activities.

Children with disabilities as human beings have fundamental rights. The Disability Rights Movement that emerged in the 20th century champions the rights, independence, and dignity of disabled individuals (Longmore, 2003). Based on disabilities, they need support and encouragement from their families and society to function and operate effectively. Engaging families not only enhances the caregiving quality and results for children but also promotes empowerment, resilience, and advocacy within the family contexts (McWilliam, 2010). Family-focused supports include joint decision-making, tailored support strategies, and availability of community resources, to meet the comprehensive needs of children and their families (Dunst & Trivette, 2012).

### Concept of Education of Children with Disabilities

Education is a social construct that offer access to gaining of knowledge, skills and attitude (KSA). Emenike (2023) observed that it is an obligatory instrument for human development and empowerment. Based on the role, the education of every child is highlighted by a complex interplay of legal mandates, including international conventions, national legislation, and educational policies. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Education for All (EFA) etc,. initiatives stress the fundamental right of every child to include education for all children (UNESCO, 2000).

With a view to realizing this right, nations ensure an inclusive education system at all levels and geared towards:

- (a) the full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
- (b) the development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- (c) enabling persons with disabilities to participate effectively in a free society. (United Nations 2006).

According to UNESCO, (2009), inclusive education denotes a main swing in addressing the educational needs of children with disabilities, upholding access, participation, and equity within mainstream educational settings. The principles of inclusive education as pointed out by Ainscow (2005) advocate for diversity, differentiation, and universal design, ensuring that all children, receive quality education in supportive environments. Forlin et al. (2011) added that inclusive practices encompass curriculum adaptations, assistive technologies, and collaborative teaching strategies, fostering belongingness, social integration, and academic success for children with disabilities.

Accessing quality education through inclusive practices is a means of empowerment for CWDs. Gill, and Chalmers, (2007) rightly observed that empowering children with disabilities involves fostering self-determination, autonomy, and agency in their lives, enabling them to advocate for their rights and participate fully in society. This empowerment approach encompasses skill-building, peer support

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networks, and opportunities for self-expression and leadership (Werner, 2005). Empowerment and advocacy in support of CWDs wellbeing reduces the pains of disabilities.

The involvement of parents and communities is essential for supporting the education and well-being of children with disabilities. Epstein and Sanders (2006) noted family-school partnerships foster collaboration, communication, and shared decision-making, ensuring that parents are active participants in their children's educational journey. Also, Turnbull et al., (2015) added, community-based organizations, advocacy groups, and support networks provide resources, information, and advocacy services for families of children with disabilities in promoting empowerment, resilience, and social inclusion.

#### **Concept of Educational Outcomes (Performance)**

Educational outcomes are expected attainments from exposures to education activities and consist of Knowledge, Skills, and Altitude (KSA). These outcomes serve as the basis for enhancing performance and are gained through both quantitative and qualitative educational methods. To perform simply refers to how well or poorly something works or operates. When looking at the performance of children with disabilities across various settings, such as academic, social, and physical realms, it is crucial to understand their specific challenges, strengths, and possibilities for growth.

The performance of children with disabilities includes a diverse array of abilities, accomplishments, and results across different areas like academics, social skills, and physical activities. Performance pertains to the display of educational skills, knowledge, and competencies, while social performance pertains to interactions, relationships, and inclusion with peers. Evaluating educational outcomes takes into account individual strengths and challenges, environmental supports, and the effects of interventions and accommodations.

Numerous factors have been recognized as impacting education, educational outcomes, and performance, such as personal characteristics, family dynamics, educational methods, and societal perceptions. According to Huang and Gove (2015), individual factors including the type and severity of the disability, cognitive ability, and adaptive skills significantly influence outcomes and performance. Also, family support, parental engagement, and access to resources and services play a crucial role in shaping the performance trajectories of children with disabilities, as identified by Turnbull et al. (2015).

Support from family substantially enhances performance of children with disabilities. The family unit serves as a foundation for all achievements and satisfaction. Family support largely influences the educational levels and outcomes that are critical for the performance of children with disabilities. Other factors, such as teacher qualifications, teaching methods, provision of space and assistive technologies, also influence educational outcomes as stated by Edyburn (2010). These are the essential requirements that foster educational success. Furthermore, Pfeifer and Whitehead (2003) highlighted that societal attitudes, stigma, and systemic barriers can significantly obstruct the performance and inclusion of children with disabilities in various environments.

Potential obstacles to achieving high-quality educational outcomes and performance can be identified early. Early intervention initiatives, such as early childhood education and developmental services, as noted by

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Guralnick (2017), have proven effective in reducing developmental delays and enhancing long-term outcomes for children with disabilities.

#### **Theoretical Framework**

#### **Ecological Systems Theory: Bronfenbrenner (1979)**

This research is based on Bronfenbrenner's Ecological System theory, which was introduced in 1979. This theory offers a comprehensive understanding of the complex interactions between individual traits, the environment and societal influences that affect the education and success of children with disabilities (Bronfenbrenner, 1979). This theory highlights the significance of various sub-systems, such as the microsystem (family, school), mesosystem (connections between microsystems), exosystem (community, societal factors), and macrosystem (cultural beliefs, regulations), in influencing children's development and achievements.

The microsystem is the environment that is closer to the child and consists of the objects that the children interrelate with precisely. This includes the relationships and connections a child has with nearby elements, such as family, school, neighborhood, or childcare settings. Bi-directional influences are highly prominent at the microsystem level and have the most major effect on the child. Following this is the mesosystem, which extends beyond just a two-party relationship. It links various systems where the child, parents, and family exist together (Bronfenbrenner, 1979). Mesosystems create links between the objects in the child's microsystem. For instance, the relationship between a child's teacher and their parents, as well as between their church and neighborhood, exemplifies mesosystems.

The exosystem includes the larger societal system that the child may not interrelate with directly. Structures within this system affect the child's growth by influencing elements within their microsystem. Examples include parental work schedules or community family support resources. Exosystems can either empower or undermine. The macrosystem represents the larger cultural outlook that includes attitudes and social conditions prevailing in the child's environment. This layer is the most external aspect of the child's surroundings. Lastly, the chronosystem serves as the final layer and accounts for the temporal aspect concerning the child's environment (Bronfenbrenner, 1989). Components present in this framework might be outside factors, like the moment a parent passes away, or inside factors, such as the physical transformations that happen as a child grows older.

The relationships among these systems aid in promoting children's health, learning, and achievements in different areas. This concept is important and meaningful for this research, as practices that do not discriminate benefit and improve education and, performance. The understanding of the 5 sub-systems and the way they operate influences the dynamics of CWDs education, educational outcomes and performance. CWDs do not operate in the vacuum, but functions within these systems.

#### **RESEARCH METHOD**

#### **Research Design**

The study employed both quantitative and qualitative approaches, utilizing surveys for the quantitative aspect and interviews for the qualitative component. As stated by Bassey, Antai, Diji, Babajide, Yoriyo,

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Bashir, and Ekei (2014), survey-based research is aimed at collecting data about the present circumstances of the phenomena in question and illustrating the existing factors or conditions relevant to specific variables.

#### **Population of the Study**

The population of this research comprises two groups: children with disabilities and teachers in Nigeria's north-central region. The specific population of interest comprises 18,645 primary school teachers from the states of Nasarawa and Niger, along with 10,350 disabled children from these two states.

#### Sample and Sampling Techniques

The sample for the research was obtained using simple random sampling methods. Two states located in the north-central geopolitical region were chosen via random sampling, and two local government areas were picked from each of these two states using simple random sampling, leading to a total of four local government areas for the research. A total of 420 participants were selected, comprising 200 teachers and 10 children with disabilities through simple random sampling technique to select the sample size of 100 for each of the four local government areas from the two states in the North Central region.

#### **Instrument for Data Collection**

Two instruments were used for data collection, namely questionnaire and interview. The questionnaire titled: "Discriminatory and Non-Discriminatory Practices towards Children with Disabilities Questionnaire (DANPCQ)" consists of six clusters. Each of the cluster has 10 items structured in 4-point Likert scale response format that included Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) as response options for the participants. A mean score of 2.5 or higher was considered acceptable, whereas a mean score of 2.49 or lower was deemed unacceptable for each item.

#### Validity and reliability of the Instrument

The instrument's validity was established through face validity by three specialists in Early Child Care and Education, Guidance and Counseling, and Measurement and Evaluation departments, all from the Federal College of Education, Kontagora. They were tasked with validating the instruments based on factors like language clarity, conceptual ambiguity, and relevance of the items to the research questions.

The instrument was pilot-tested with 30 primary educators and 5 children with disabilities from other Northern Central states not used in the actual study. The data obtained was analyzed using Cronbach's Alpha Coefficient and percentage scores for the interviews to determine the instrument's reliability. A reliability score of 0.89 and 68% were achieved, indicating a sufficient level of reliability of the instrument for the research purposes.

#### Method of Data Collection and Analysis

The researchers administered the questionnaire direct to the respondents. and conduct interviews with available children with disabilities. The questionnaires were gathered the following day, while the interviews were documented using a recording device.

Mean and standard deviation scores were used to answer the research questions, while independent t-tests and Analysis of Variance (ANOVA) were utilized to test the hypotheses at a significance level of 0.05.

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### RESULTS

This section presents the results based on the research questions and hypotheses that directed the research

### **Research Question One:**

What are the common discriminatory practices towards CWDs education in the North Central geo-political zone, Nigeria?

# Table 1: Respondents Mean and Standard Deviation Scores on Common Discriminatory Practices towards Children With Disabilities (CWDs) Education

S/N	Item Statements	Mean	Std. Dev D	
3	Children with disabilities are not provided with equal educational opportunities	2.0300	.91169 <sup>E</sup>	Disagree
5	Teachers are not adequately trained to cater for the educational needs of CWDs.	2.1925	.90193	Disagree
6	Specialized educational resources facilities for CWDs are not available in schools.	2.1200	.94490 <sup>E</sup>	Disagree
7	Children with disabilities face discrimination in terms of enrollment and admission.	2.5700	1.02113 <sup>A</sup>	
8	Parents of CWDs encounter challenges in accessing educational support services.	2.3775	.95408 <sup>E</sup>	Disagree
9	There is a lack of awareness among educators about the needs and rights of CWDs.	2.7750	.91732 <sup>A</sup>	Agree
10	Government policies address the educational needs and rights of CWDs disabilities.	2.6375	.93984 <sup>A</sup>	Agree
11	There are co-curricular activities and events within schools for CWDs.	2.2075	.96138D	Disagree
12	CWDs receive appropriate support to participate fully in educational activities.	2.4025	.99521	Disagree
13	Children with disabilities have access to assistive technologies and learning aids.	2.3200	1.01448 <sup>E</sup>	Disagree

Cluster  $\mathbf{x} = 2.36$ 

Table 1 show that the respondents disagree on items 4, 5, 6, 8, 11, 12, and 13, which have mean scores of 2.03, 2.19, 2.12, 2.37, 2.20, 2.40, and 2.32, respectively. This suggests that these practices are prevalent in the North Central region. Conversely, items 7, 9, and 10 are the only ones on which there is agreement that these practices negatively impact the education of CWDs in the North Central zone

### **Research Question Two:**

What are the non-discriminatory practices towards the education of the Children With Disabilities in the North Central?

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## Table 2: Mean and Standard Deviation Scores of Respondents on Non-Discriminatory Practices towards Children With Disabilities Education

C/NT	Itam Statementa	Maar	Std Dar	Dagisier
S/N	Item Statements	Mean	Std. Dev	
14	Provision of inclusive classroom environments that incorporates all	3.0650	.85299	Agree
	children	3.0050	.05277	
15	Collaboration of parents and caregivers to develop plans for children with			Agree
	disabilities to ensures continuity of care and consistency between home	2.9625	.92370	
	and school environments			
16	An individualized education plans (IEPs) to take care of CWDs specific	2.8450	.87343	Agree
	needs.	2.8430		
17	Available trained and qualified teachers and other staff for creating a	2.6375	.88773	Agree
	supportive learning environment for CWDs.	2.0375	.00773	
18	Assistive technologies and learning aids to help CWDs overcome barriers	2.6500	.98230	Agree
	to learning.	2.0300	.98230	
19	Bullying practices and other harassment are forbidden to foster safe and	2.7175	.97728	Agree
	inclusive environment for children with disabilities.	2.7173		
20	The physical structures have with ramps, elevators, and adapted facilities	2.7000	.99119	Agree
	to ensure that children with disabilities movement.	2.7000	.99119	-
21	Universal design principles are applied in curriculum development and			Agree
	instructional materials to ensure that educational content are relevant to	2.7300	.88264	-
	CWDs.			
22	Available counseling and emotional support services for children with			Agree
	disabilities to address psychosocial challenges and enhance their overall	2.6125	.93784	
	well-being.			
23	Provision of co-curricular activities and recreational opportunities which	2 6975	.98604	Agree
	allows children with disabilities to develop skills and interests.	2.6875	.98004	-
	Cluster Meen (x) = 2.74	075		

**Cluster Mean** (x) = 2.76075

Table 2 above unveil that respondents in all the item statements agree on the non-discriminatory practices listed towards CWDs education in the North Central zone. Item 14 with a mean score of 3.06 has the highest mean to reveal inclusive classroom environment is inevitable for CWDs education.

#### **Research Question Three:**

How does discriminatory practices influence CWDs educational outcomes?

## Table 3: Mean and Standard Deviation Scores of Responses on Influence of Discriminatory Practiceson Educational Outcomes of CWDs

S/N	Item Statements	Mean	Std. Dev	Decision
24	CWDs educational outcomes are hindered.	3.0600	.88224	Agree
25	Discrimination against CWDs leads to lower self-esteem and confidence levels among CWDs.	2.8900	.75454	Agree
26	Negative stereotypes and biases towards CWDs reduce equal opportunities with other children.	2.3550	.85604	Agree

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27	CWDs experience higher levels of stress and anxiety in some places.	2.1850	.91535	Agree
28	Discriminatory practices hinder CWDs social integration and peer relationships .	2.6892	.95825	Agree
29	Discriminatory treatment constitute barrier to CWDs success and well- being.	2.4550	.92092	Agree
30	There are unequal opportunities for participation in so many areas.	2.6250	.98580	Agree
31	Discriminatory attitudes towards CWDs contribute to a hostile and unwelcoming climate.	2.1200	1.02627	Agree
32	Discriminatory behaviors from the society do not have detrimental impacts on the CWDs.	2.1950	.94297	Agree
33	Physical barriers and inaccessible infrastructure do not pose challenges for CWDs.	2.4775	.94351	Agree

Cluster Mean (x) = 2.51

Table 3 above reveals the results of responses on the influence of discriminatory practices on the educational outcomes of CWDs. The responses on the items agree that discriminatory practices influence Educational outcome/ performance.

### **Research Question Four:**

How does non-discriminatory practices influence education of the CWDs in the North Central?

 Table 4: Mean and Standard Deviation Scores of Respondents on Influence of Non-Discriminatory

 Practices on the Education of CWDs

CI /NT		N	CI D	
S/N	Item Statements	Mean	Std. Dev	Decision
34	Access to specialized educational resources and support services.	2.9150	.92190	Agree
35	Inclusive classroom environments to promote learning.	2.8250	1.64046	Agree
	Individualized education plans (IEPs) are not tailored to the specific needs of every child.	2.1175	.93186	Disagree
	Access to assistive technologies and adaptive aids that promote learning.	2.7000	1.00625	Agree
	Positive and supportive relationships with teachers and peers do not contribute to learning.	2.1625	1.00555	Disagree
	Parental involvement and support do not play a crucial role in promoting learning and well-being	2.2775	1.72073	Disagree
	Conducive physical environments and inclusive facilities encourages CWDs education.	2.5600	1.02422	Agree
	Appropriate assessment and evaluation strategies that recognize the strengths and progress	2.7600	1.68805	Agree
	Access to co-curricular activities that provides opportunities for CWDs development.	2.5150	.96805	Agree
	Adequate training and preparation of teachers to meet the needs of CWDs.	2.6550	.91546	Agree

Cluster Mean (x) = 2.59

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Table 4 unveil that items 34, 35, 37, 40,41, 42 and 43 with mean scores of 2.91, 2.82, 2.70, 2.56, 2.76, 2.51, and 2.65 all agree that these non-discriminatory practices have influence on CWDs education. On the other hand, items 36, 38 and 39 with means of 2. 11, 2.16, and 2.27 disagree that these non-discriminatory practices have no influence on CWDs education.

#### **Research Question Five:**

What are the consequences of discriminatory practices on Children With Disabilities educational outcomes in the North Central zone?

## Table 5: Respondents' Mean and Standard Deviation Scores on Consequences of Discriminatory Practices on CWDs Educational Outcomes

		1		
S/N	Item Statements	Mean	Std. Dev	Decision
44	Discriminatory practices experienced negatively impact the self-esteem and confidence.	1.8875	.98604	Disagree
45	Exclusion of CWDs from educational opportunities leads to limited employment prospects and financial independence.	2.8675		
46	Discriminatory attitudes towards CWDs result in difficulty of meaningful relationships	2.2500	1.78479	Disagree
47	Discriminatory practices contribute to higher rates of anxiety and depression of CWDs.	2.7125	.90104	Agree
48	Limited access to quality education impedes the intellectual development and lifelong learning capabilities.	2.8250	.88958	Agree
49	There is resentment and mistrust towards authority figures and institutions.	2.3550	1.00623	Disagree
50	Discriminatory treatment hinders the acquisition of essential life skills.	2.5975	.91246	Agree
51	Discriminatory practices support displaying of CWDs skills.	2.2025	.94934	Disagree
52	Discrimination experienced contributes to feelings of inferiority and marginalization.	2.5150	.88642	Agree
53	Discriminatory attitudes and behaviors towards CWDs have a lasting impact on CWDs attitude.	2.6375	.98794	Disagree
	Cluster Meen	() 7	10	

Cluster Mean (x) = 2.48

Table 5 above shows responses on the consequences of discriminatory practices on the educational outcomes/performance of CWDs. Items 44, 46,49,51 and 53 with mean scores of 1.88, 2.25, 2.35, and 2.20 respectively disagree that these discriminatory practices has no consequences on CWDs educational outcomes. On the other hand, items 45, 47, 48, 50 and 52 respectively agree that these discriminatory practices have consequences on CWDs educational outcomes/performance.

#### **Research Question Six:**

What are the consequences of non-Discriminatory practices on CWDs in the North Central?

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 Table 6: Mean and Standard Deviation Scores on Consequences of Non- Discriminatory Practices on CWDs

S/N	Item Statements	Mean	Std. Dev	Decision
54	Non-discriminatory practices do not contribute to CWDs self-esteem and confidence.	2.0250	.92548	Disagree
	CWDs education lead to greater employment opportunities and financial independence.	2.7550		
56	Access to inclusive education fosters strong social networks and supportive relationships.	2.3200	.91799	Disagree
57	Non-discriminatory practices promote positive mental health outcomes.	2.2600	.91295	Disagree
58	Education equips CWDs with knowledge, skills and attitude.	2.7125	1.08757	Agree
59	Non-discriminatory environments foster a sense of belonging and community acceptance.	2.6775	1.72944	Agree
60	Inclusive education experiences foster a sense of autonomy.	2.3450	1.35594	Disagree
61	Non-discriminatory environments promote active participation in community activities and civic engagement.	2.4400	.97662	Disagree
62	It result to positive outlook of life and a sense of optimism for the future.	2.5675	1.05747	Agree
63	Non-discriminatory environments promote resilience to tackle challenges.	2.3125	1.06191	Disagree

Cluster Mean  $(\bar{\mathbf{x}}) = 2.59$ 

Table 6 above reveals that items 54, 56, 57, 60, 61, and 63 with mean scores of 2.02, 2.32, 2.26, 2.34, 2.44, and 2.31 respectively disagree that these items have no consequences on CWDs. On the other hand, items 55, 58, 59 and 62 respectively agree that these non-discriminatory practices have consequences on CWDs.

#### **Hypotheses Testing**

Ho<sub>1</sub>: There is no significant difference of the respondents from Nasarawa and Niger states on the common discriminatory practices towards CWDs education.

Table 7: Independent t-test Analysis of States on the Common Discriminatory Practices tow	vards
Children with Disabilities (CWDs) Education	

State	Ν	X	Std. Dev.	Df	t-value	t- Crit.	Sig.	Decision
Nasarawa	200	26.97	5.54	398	88	1.96	.000	Rejected
Niger	200	27.37	2.95					

The result presented in table 7 unveiled that the calculated t-value is -.88 which is far lesser than the critical table value of 1.96 at 0.05 alpha level of significance. The null hypothesis is rejected and the alternate hypothesis is accepted. This means there is a significant difference based on the respondents from Nasarawa and Niger states on the common discriminatory practices towards CWDs education.

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Ho<sub>2</sub>: There is no significant difference between male and female respondents of the nondiscriminatory practices on the educational outcomes of children with disabilities in the North Central.

## Table 8: Independent t-test analysis of gender on the Influence of discriminatory practices on educational outcomes of CWDs

Gender	Ν	x	Std. Dev.	Df	t-value	t- Crit.	Sig.	Decision
Male	196	27.84	4.38	398	1.97	1.96	.317	Accepted
Female	204	26.99	4.16					_

The finding of the result on table 8 showed that the calculated t- value is 1.97 which is greater than the critical t- value of 1.96 at the chosen 0.05 alpha level of significance. Thus the null hypothesis is accepted. This implies that there is no significant difference on the responses based on gender on the influence of discriminatory practices on CWDs educational outcomes.

## Ho3: There is no significant influence of Respondents means between Nasarawa and Niger states of non-discriminatory practices on the education of children with disabilities in the North central.

 Table 9: Independent Samples t- Test Analysis of states on Influence of Non-discriminatory practices on the education of CWDs

State	Ν	X	Std. Dev.	Df	t-value	t- Crit.	Sig.	Decision
Nasarawa	200	26.49	5.56	398	-1.74	1.96	.000	Rejected
Niger	200	27.31	3.60					

The result presented in table 9 show that the t- value calculated is -1. 74 which is less than the table of critical value of 1.96 at 0.05 alpha level of significance. Thus the null hypothesis is rejected and the alternate hypothesis accepted. This means there is a significant influence of Non-discriminatory practices on the education of CWDs.

## Ho4: There is no significant difference between respondents mean from 4 LGAs on discriminatory practices on the educational outcomes of children with disabilities in the North central.

## Table 10: Analysis of Variance of LGAs on Discriminatory Practices on the Educational Outcomes of Children with Disabilities in the North Central.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	2443.297	4	814.432		
Within Groups	4870.946	396	12.363	65.878	.000
Total	7314.244	400			

\*P>0.05

The finding of the result on the above table reveals that the significant value is 0.000 is lesser than the 0.05 alpha level of significance. Since the Probability value is lesser than the alpha level of significance, the hypothesis is rejected, therefore, the alternate hypothesis is accepted. Thus at the LGAs discriminatory practices has influence on the educational outcomes of CWDs.

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Ho<sub>5</sub>: There is no significant difference between male and female respondents on the consequences of discriminatory practices on children with disabilities in the North central.

## Table 11: Independent T- test Analysis of Gender on the Consequences of Discriminatory Practices on CWDs Educational Outcomes.

Gender	Ν	X	Std. Dev.	Df	t-value	t- Crit.	Sig.	Decision
Male	196	27.8878	4.87985	398	.793	1.96	.994	Rejected
Female	204	27.5025	4.83016					

From table 11 above, it is clear that from the calculated t- value of 0.793 is lesser than the t-critical value of 1.96 at 0.05 alpha level of significance. The null hypothesis is therefore rejected and the alternative hypothesis accepted. This implies that male differ significantly from female in terms of the consequences of discriminatory practices on CWDs educational out comes.

## Ho6: There is no significant difference between respondents mean from 4 LGAs on the consequences of non-Discriminatory practices on children with disabilities in the North central.

Table 12: Analysis of Variance of LGAs on Non-Discriminatory	Practices	on the	Educational
Outcomes of Children with Disabilities in the North Central.			

Sum of Squares	df	Mean Square	F	Sig.
385.288	4	128.429	8.658	.000
5859.288	396	14.834		
6244.576	400			
	385.288 5859.288	385.288         4           5859.288         396	385.288         4         128.429           5859.288         396         14.834	385.288         4         128.429         8.658           5859.288         396         14.834

\*P>0.05

The finding of the result on table 13 reveals that the significant value is 0.000 is lesser than the 0.05 alpha level of significance. Since the Probability value is lesser than the alpha level of significance, the null hypothesis is rejected, therefore, the alternate hypothesis is accepted. Thus at the LGAs non -discriminatory practices has consequences on the educational outcomes of CWDs.

#### **Interview Results**

#### 1. What form of disability do you have?

Out of the twenty, 40% were physically impaired with disability of movement, 30% with sensory impairment of sight, 20% deaf and 10% dumb.

#### 2. How do you feel about your disability?

96% of the children experiencing disabilities felt too bad about their condition and agrees with the finding that disability of every form pose a huge challenge to the person with disability, 3% has no opinion and only 1% accepts the condition as coming from Allah and cannot but accept it as such.

## 3. How satisfied are you with the facilities and what do you suggest to make education and your operations better?

65% of the children do not have adequate facilities enhancing their operations and education, 20% are not satisfied with the facilities due to the inability to maintain some of the local facilities provided to them through some generous and philanthropic organization. One of the children lamented that the bicycle given

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to him is giving him problems as sometimes he finds it difficult to fix some of the problems like patching and pumping the tyres. All of them are praying for the provision of modern facilities to learn.

### 4. Does your disability make you feel inferior among your peers?

74% of the children felt inferior to other normal children. 60% of them do not like to be in the midst of normal persons. 21% are nonchalant about what they feel.

### 5. What kind of assistance and support do you get and want from the society?

- i. Family Members
- ii. Teachers
- iii. Community
- iv. Government
- v. Others

55% is of the children get little or no support from the general society. 96% attest to get support from family members. Only 4% talked about family members neglect and assistance. 78% of the children receive teachers assistance and cooperation at schools, 17% averred that teachers show little concern about their condition. 100% of the interviewed children said the government are not doing anything about their plight. 10% of the children want the government to place them on salary to enable them get some facilities for their education

#### 6. Mention ways and areas of expectation of support towards education, and development?

99% of the children mentioned financial support to assist them and their families in taking care of their well being and education. 38% mentioned facilities and equipment like bicycles, briars, facilitating buildings/classrooms and other tools.

# 7. What is your general perceptions and experiences of other children regarding relating and associating with them?

100 % of children avoid children with disabilities as if they are not normal to relate and identify with them. This makes CWDs to conclude that it's not good to be physically disabled.

### **DISCUSSION OF THE FINDINGS**

The research revealed that discriminatory practices obstruct the education of children with disabilities. Among these practices are: unequal access to education, barriers in enrollment and acceptance, and lack of access to assistive technology and educational resources, among others. The finding aligns with Marks (1997), who noted that simply having legal provisions does not ensure that children with disabilities receive proper acceptance or fair treatment from teachers, classmates, and the community, even though these provisions allow them to join regular classroom activities. The findings also resonate with those of Preeti and Kiran (2012), who found that students with disabilities face significant neglect within government institutions, particularly regarding the availabilities are overlooked in academic libraries, which marginalizes them and denies them their unique rights. These results are consistent with the investigation by Singh and Moirangthem (2010), which examined visual impairment in the context of academic libraries and identified

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a lack of proper facilities. Children with disabilities not only experience discrimination but also face marginalization, which hinders many from reaching their full potential due to these barriers.

The results support the conclusions of Mfabo Mbakop (2017), who asserted that the architectural designs at the Government Bilingual High School Etoug-ebe are not conducive for inclusive education. The environment inhibits those with impairments, as it is not sufficiently accessible for students to navigate, function, and communicate as effectively as their non-impaired counterparts. The findings indicate that many of the school buildings are multi-story and equipped with stairs, making it challenging for physically disabled students to access different levels.

The findings of the research reveal that discriminatory practices impede educational outcomes/ performance of children with disabilities (CWDs). This is consistent with the findings by Adjei, Osei, Edusei, & Nakua (2024), that CWDs perform academically worse than their peers without disabilities. Also, the finding correlate with earlier studies (Okyere, Aldersey, & Lysaght, (2019); Lamport, Graves, & Ward, (2012); Nario-Redmond, (2010) that discovered that CWDs have the potential to enhance their fundamental learning abilities through the encouragement and assistance of their parents and educators. The finding confirms Mulat, Lehtomäki, and Savolainen (2018) discovery that improved treatment and motivation from teachers lead to a rise in literacy rates. Likewise, the research by Pitchford, Kamchedzera, Hubber, and Chigeda (2018) supports the idea that while self-motivation can foster literacy and numeracy, the support provided by teachers and parents can further this improvement.

The results of the research revealed that both discriminatory and non-discriminatory practices significantly affect the education and educational outcomes of children with disabilities (CWDs) in different ways. Discriminatory practices were evident in various aspects like infrastructure and non-inclusive classroom settings. On the other hand, non-discriminatory practices foster inclusive environments and provide classrooms that are suitable and beneficial for improving the educational experiences and achievements of CWDs. This finding aligns with Mantey (2017), who discovered that students with disabilities frequently encounter difficulties stemming from discrimination by peers, teachers, and non-teaching staff at school.

#### **Educational Implications**

The emphasis on inclusive education and the provision of infrastructure in schools aimed at enhancing the education and outcomes for Children with Disabilities (CWDs) suggest that existing school structures fail to support the inclusion of children with disabilities. This is evident because classroom settings are predominantly found in buildings that are not suitable for the needs of CWDs, and the arrangement of educational materials does not support the integration of these children. The significance of various systems, such as microsystem, mesosystem, and macrosystem, is essential for improving the education and educational outcomes of CWDs.

In terms of the professional aspects of inclusive education that promotes equality, it is crucial to demonstrate a strong level of teacher confidence in inclusive practices. To achieve this, teachers should receive thorough training that enables them to take initiative in their learning and seek professional development opportunities. This underscores the necessity for specialized departments aimed at equipping teachers to better address the education and outcomes for CWDs. These departments focus on the principles

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and strategies relevant to either special or inclusive education. Colleges should prepare professionals and teacher trainers, who, after their education, will share their expertise with CWDs. Knowledge gained from these training programmes will equip teachers to effectively accept and assist children with special educational needs.

Moreover, the findings of this study imply the need for effective policies that bolster the education and educational outcomes for CWDs. Simply creating inclusive education policies is insufficient for achieving high-quality educational outcomes, thus implementing strategies is crucial to achieve the objectives of these policies.

#### CONCLUSIONS

From the above discussion, it is clear that discriminatory practices impacting the inclusive education of CWDs, as well as the absence of non-discriminatory practices, present ongoing challenges. Factors contributing to these challenges include the disregard for appropriate school building designs, insufficient teacher preparation for addressing the needs of CWDs, a lack of assistive technologies for learning, social stigma, misconceptions, and other issues. Effective inclusive education relies on high-quality teaching tailored to individual student needs, given that all students are expected to learn together in diverse groups based on abilities, interests, motivations, needs, gender, backgrounds and others. Minimizing all forms of discriminatory practices is crucial for achieving quality education and favorable educational outcomes for Children With Disabilities.

In light of the study's findings, the researchers have proposed the following suggestions:

- 1. Development of fair and relevant policies that effectively address the education of CWDs, along with strategic methods for policy implementation.
- 2. Supply of necessary resources and facilities, including physical infrastructures like buildings, classrooms, trained professional teachers, and supportive teaching technologies to meet the requirements of CWDs.
- 3. Involvement of parents and the entire family is vital for the success of inclusive education, requiring genuine collaboration between home and school.
- 4. Society must eliminate negative perceptions of CWDs to end all discrimination and stigmatization against individuals with disabilities.
- 5. Children with disabilities should develop coping strategies to continue their education effectively.
- 6. Implementation of a flexible curriculum that accommodates the education of CWDs, along with personalized instruction and plans, is essential for a successful inclusive education programme.

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