

**FACTORS AFFECTING THE TEACHING OF PHYSICAL EDUCATION TO
PRIMARY CHILDREN WITH PHYSICAL DISABILITIES IN PRIMARY
SCHOOLS IN KONGUNGA TOWN COUNCIL,
BUKEDEA DISTRICT**

BY

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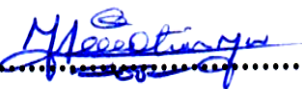
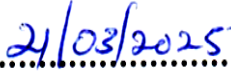
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**A RESEARCH REPORT SUBMITTED TO THE FACULTY OF SCIENCE AND
EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE AWARD OF BACHELORSIN EDUCATION
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FEBRUARY, 2025

DECLARATION

I, the undersigned, declare that this research report is my original work and has not been presented in any other university or institution for academic credit.

Signature..........Date..........

OTIM WILLIAM
(RESEARCHER)

APPROVAL

This is to certify that this research report was compiled by Otim William under the title “Factors affecting teaching of Physical education to primary children with physical disability in primary schools in Kongunga Town Council”, and has been under my supervision and it’s now ready to be submitted to the academic board of Busitema University.

Signature:.....

Date: 21/03/2025.....

MS. NAMUKOSE SARAH

(SUPERVISOR)

DEDICATION

To my beloved family, my wife Otimong Mary Immaculate Otim and children Atebo Genevieve, Atim Felistus, Otimong Noella and Esimu Joseph.

ACKNOWLEDGEMENT

The researcher acknowledges all scholars whose works have been used in this study. Great thanks are to Almighty God for sustenance and strength; He has accorded me to develop this report. I also extend thanks to my family members; my mother, brothers, and sisters for the wonderful support given both financial and words of encouragement. I would also like to extend my appreciation to the Lecturers at Busitema University who gave us skills including Mr Ouma Robert, Mr. Wanda Duncan, Mr. Wakulali Isaac, and Ms Neumbe Jasita for the academic guidance. Gratitude is equally extended to my headteacher of Kongunga PS, teachers and pupils for the good environment accorded to me during my time at school. Special thanks go to my colleagues Ms. Asire Mary Christine, Mr. Okia Julius, Mr. Wanders Bernard and Ms. Atai Harriet for the moral and financial support. Sincere gratitude goes to the headteachers, teachers and pupils from the schools where I conducted the data collection for the services they have rendered towards this report and lastly, I am greatly indebted to my supervisor Ms. Namukose Sarah; my research supervisor for the technical guidance.

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ABBREVIATIONS

EFA	Education for All
CPDCs	Continuous Professional Development Courses
UN	United Nations
US	United States
UPE	Universal Primary Education

ABSTRACT

This study investigated the causes of poor performance by children with Physical disabilities in government primary schools Kongunga Town Council, Bukedea District. The study followed the objectives Establish the participation of children with disabilities in physical education lessons in selected primary schools in Kongunga Town Council, Bukedea District., to find out challenges facing the teachers in the teaching of physical education to physically disabled children in selected primary schools in Kongunga Town council, Bukedea District and to determine the strategies that can be used to mitigate the challenges in teaching of physical education in selected primary schools in Kongunga Town Council, Bukedea District. The study was guided by descriptive survey design and targeted a population of 6523 comprising of 7 head teachers, 98 teachers and 6403 pupils. Both stratified and random sampling was applied to sample the respondents. The data was analysed according to the questions using tables, frequency, percentages, pie charts and standard deviations. It was found that pupil's attendance, teachers' attendance, syllabus completion was not always effective leading to poor performance of PLE and worse was with syllabus completion. Therefore, the study recommended absenteeism to be curbed by the effort of community and local government in primary schools.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Physical education is an essential component of the curriculum in primary schools, providing pupils with opportunities to develop physical fitness, motor skills and social skills.

However, the teaching of physical education to disabled pupils presents unique challenge and requires careful consideration of various factors that can impact the learning experience.

This research proposal aims to investigate the factors affecting the teaching of physical education to physically disabled pupils in selected primary schools of Kongunga Town Council Bukedea District with focus on understanding the barriers and facilitators that influence the effectiveness of physical education programs for this pupil's population. The inclusion of the disabled pupils in physical education classes is a critical aspect for promoting inclusive education and ensuring equal access to learning opportunities for all pupils.

Despite the importance of inclusive physical education, there is lack of comprehensive research on the specific factors that influence the teaching and learning of physical education for physically disabled pupils in primary schools.

By addressing this gap in the literature, this research aims to provide valuable insights that can inform the development of effective strategies and intervention to support the teaching of physical education to disabled pupils.

The proposed research was empty a mixed methods approach combining qualitative interviews to gather and quantitative surveys to gather data from primary school teachers, special education professionals, and physically disabled pupils themselves.

By exploring the perspectives and experiences of various stake holders, the research aims to identify the key factors that impact the teaching of physical education to physically disabled

pupils, including but not limited to teacher attitude and preparedness, accessibility of accessibility to sports facilities and equipment, individualized support needs and social inclusion with the physical education environment.

Ultimately, findings of the research was contribute to deeper understanding of the complex dynamics involved in the teaching physical education to physically disabled pupils in selected primary schools in Kongunga Town Council Bukedea District.

By shedding light on the barriers and facilitators that influence the effectiveness of physical education programs for disabled pupils, this research aims to inform the development of inclusive and equitable practices that can enhance the overall learning experience for all pupils in primary school education settings.

Small amount of research studies available have shown that physical education program may lead to decreased, inappropriate behavior and an increase in the level of physical fitness as well as greater enjoyment, (O' Connor, 2000) and (Pan and Prey, 2006) on the other hand demonstrate that children with disabilities have fewer opportunities for physical activities in respect of the school life where they have less or no access to physical education activities.

In spite of the fact that the right of the children with physical disabilities are acknowledge, some of the provisions to realize them do not meet the standards expected by 1989 convention on the right of children (CRC) and 2006 convention of the right of person with disabilities and as a result, children with physical disabilities have suffered disproportionately.

1.1 Back ground

World over, physical education and sports is an essential component of the curriculum in primary school providing pupils with opportunities to develop physical fitness, motor skills and social interaction. However, the teaching of physical education to physically disabled pupils presents unique challenges that require careful consideration of various factors influencing the learning experience. In recent years there has a growing emphasis on inclusive education aiming to ensure that all pupils including those with disabilities have equal access to educational opportunities.

Despite this focus on inclusivity, there is a notable gap in the literature regarding the specific factors that influence the teaching and learning of physical education for physically disabled pupils in primary schools.

The inclusion of physically disabled pupils in physical education classes is not only a matter of equity and social justice but also has significant implications for the physical and social development of these pupils. Research has shown that participants in physical activities can have a positive impact on the overall wellbeing and academic performance of disabled pupils. However, the effective teaching of physical to disabled pupils requires a serious understanding of the barriers and facilitators that impact their learning experience.

Several factors may influence the teaching of physical education to physically disabled pupils in primary schools, including but not limited to teacher attitudes and preparedness, accessibility of accessibility to sports facilities and equipment. Understanding these factors is crucial for developing inclusive and effective physical education programs that cater for diverse needs of all pupils.

This research proposal seeks to address the gap in the literature by investigating the factors affecting the teaching of physical education and support to physically disabled pupils in selected primary schools in Kongunga Town council Bukedea District. By exploring the perspectives and experiences of primary school teachers, special education professionals and disabled pupils themselves, the study aims to identify the key factors that influence the teaching of physical education and shed light on the complexities involved in creating inclusive and equitable physical education environment.

The findings of this research are expected to contribute to the development of effective strategies and interventions to support the teaching of physical education to disabled pupils in primary schools. By gaining a comprehensive understanding of the factors affecting the teaching of Physical education to disabled pupils, this research aims to inform the development of inclusive practices that enhance the overall learning experiences for all pupils in the physical education setting.

The benefits of physical activity are likely universal for all children, including children and adolescents with disabilities (CWD). The participation of CWD in physical activity, including adaptive or therapeutic sports and recreation, promotes inclusion, minimizes deconditioning, optimizes physical functioning, improves mental health as well as academic achievement, and enhances overall well-being. Despite these benefits, CWD face barriers to participation and have lower levels of fitness, reduced rates of participation, and a higher prevalence of overweight and obesity compared with typically developing peers. Pediatricians and caregivers may overestimate the risks or overlook the benefits of physical activity in CWD, which further limits participation. Preparticipation evaluations often include assessment of health status, functional capacity, individual activity preferences, availability of appropriate programs, and safety precautions. Given the complexity, the preparticipation

evaluation for CWD may not occur in the context of a single office visit but rather over a period of time with input from the child's multidisciplinary team (physicians, coaches, physical education teachers, school nurses, adaptive recreation specialists, physical and occupational therapists, and others). Some CWD may desire to participate in organized sports to experience the challenge of competition, and others may prefer recreational activities for enjoyment. To reach the goal of inclusion in appropriate physical activities for all children with disabilities, child, family, financial, and societal barriers to participation need to be identified and addressed. Health care providers can facilitate participation by encouraging physical activity among CWD and their families during visits. Health care providers can create "physical activity prescriptions" for CWD on the basis of the child's preferred activities, functional status, need for adaptation of the activity and the recreational opportunities available in the community.

Furthermore, the subgroups within CWD are also overlapping and can shift over time, such as the case in which a child with primary motor impairments as a young child might be more impacted by cognitive or behavioral impairments as an adolescent (Fig 1). Regardless of the subgroup, CYSHCN and all children with different abilities are at risk for being "left out," which can adversely affect wellness, community integration, and full actualization of their individuality. Although it is hoped that children with and without disabilities engage in physical activity together, there will be times when CWD and their families opt for adaptive programs that are focused specifically on their needs. It must also be noted that there is a heterogeneity of adaptive recreation and sports programs, varying both by the type of primary impairment they are focused on and by the competitive levels of the programs. For example, Paralympians are high performance competitive athletes who generally self-identify as primarily having physical or visual impairments, whereas Special Olympians are often individuals with intellectual and developmental disabilities who compete in many different

sports at various competitive levels. There are also sports programs for people with hearing impairments, with the most elite being the Deaflympics. Although adaptive recreation programs have existed for more than 50 years, recently there has been accelerated growth in the number of programs, especially those with a primary purpose of fostering physical activity in a noncompetitive, fun environment. Whatever the activity or the level of competition, health care providers can engage in shared decision-making with CWD and their families with the goal of pursuing appropriate opportunities for physical activity.

1.2 Statement of the problem

In Bukedea district, children with disabilities are marginalized against and miss out on the opportunities of talent growth and physical education. This however has demoralized the children and sometimes leads to school dropout, early marriages and suicidal tendencies.

When these children with disabilities are left out in school co-curricular programs, they later become a society burden as needy and the government has to wholeheartedly take up the responsibility to care for them. These children even are segregated if they grow up and start up mini businesses as people prefer their normal counter parts; and consequently, causing psychological and emotional torture to them.

The government has tried to embrace NGOs and society-based organizations to try and alleviate poverty together with counselling and encouraging the disabled to be active society members in politics and other activities; by even providing special slots. The special paralympic games have also been started to further catapult the morale of these disabled children to normal society involvement.

In Kongunga Town Council, the phenomenon still poses a big challenge due to the fact that there are still quite a number of children with physical disabilities hence forth vulnerable to a

number of challenging issues like; isolation, abandoned and regulated as for as the teaching and learning as concerned.

Most of the physically disabled children are given other activities such as keeping able pupils properly yet they can also participate in the physical education lessons. In Kongunga town council, physical education to physically disabled pupils seems not to be taken as important sincere there is no any inspector in charge of special needs and nobody talk about this matter as stated by inclusive curriculum. It is upon this conviction that researcher was be prompted to investigate on the factors affecting the teaching of physical education to physically disabled children within Kongunga Town council, Bukedea district.

1.3 Purpose of the study

The study sought to find out the factors which affect the teaching of physical education to physically disabled children in Kongunga Town Council and determine strategies that could be used to mitigate the challenge.

1.4 Objectives of the study

- i. Establish the participation of children with disabilities in physical education lessons in selected primary schools in Kongunga Town Council, Bukedea District.
- ii. Find out challenges facing the teachers in the teaching of physical education to physically disabled children in selected primary schools in Kongunga Town council, Bukedea District.
- iii. To determine the strategies that can be used to mitigate the challenges in teaching of physical education in selected primary schools in Kongunga Town Council, Bukedea District.

1.5 Research questions

This study was be guided by the following research questions;

- i. To what extent do children with physical disabilities participate in physical education lessons in selected primary schools in Kongunga Town Council Bukedea district?
- ii. What are the challenges faced by the teachers in the teaching of physical education to physically disabled children in selected schools in Kongunga Town Council Bukedea District?
- iii. What are the strategies that can be used to mitigate the challenges in the teaching of physical education to children with physical disabilities in selected primary schools in Kongunga Town Council Bukedea District?

1.6 Scope of the study

1.6.1 Geographical scope

This study was be carried out in Kongunga Town Council located along Mbale – Soroti high way in Bukedea District, 12km from Mbale to Kongunga Town Council headquarters; Kongunga Town council is bordered by Kachumbala Sub County in the north, Akwarkwar Sub County in the south, Aligoi Sub County in the east and Koena Sub County in the West.

1.6.2 Content scope

The study was to cover 9 (nine) primary schools located all within Kongunga town Council Bukedea district. These include Kongunga P/s, Kachumbala Township P/s, Aege – Otimonga P/s, Kachuru P/s, Komelekes P/s, Kachumbala Preparatory Nursery and P/s, Teso Junior Academy P/s, St. Mary’s Nursery and P/s, TEJUS Nursery and P/s.

They were preferred since they were in proximity and had characteristics which would likely fulfill the researcher’s objectives.

1.6.3 Time scope

This study is expected to take five months from April to September 2024.

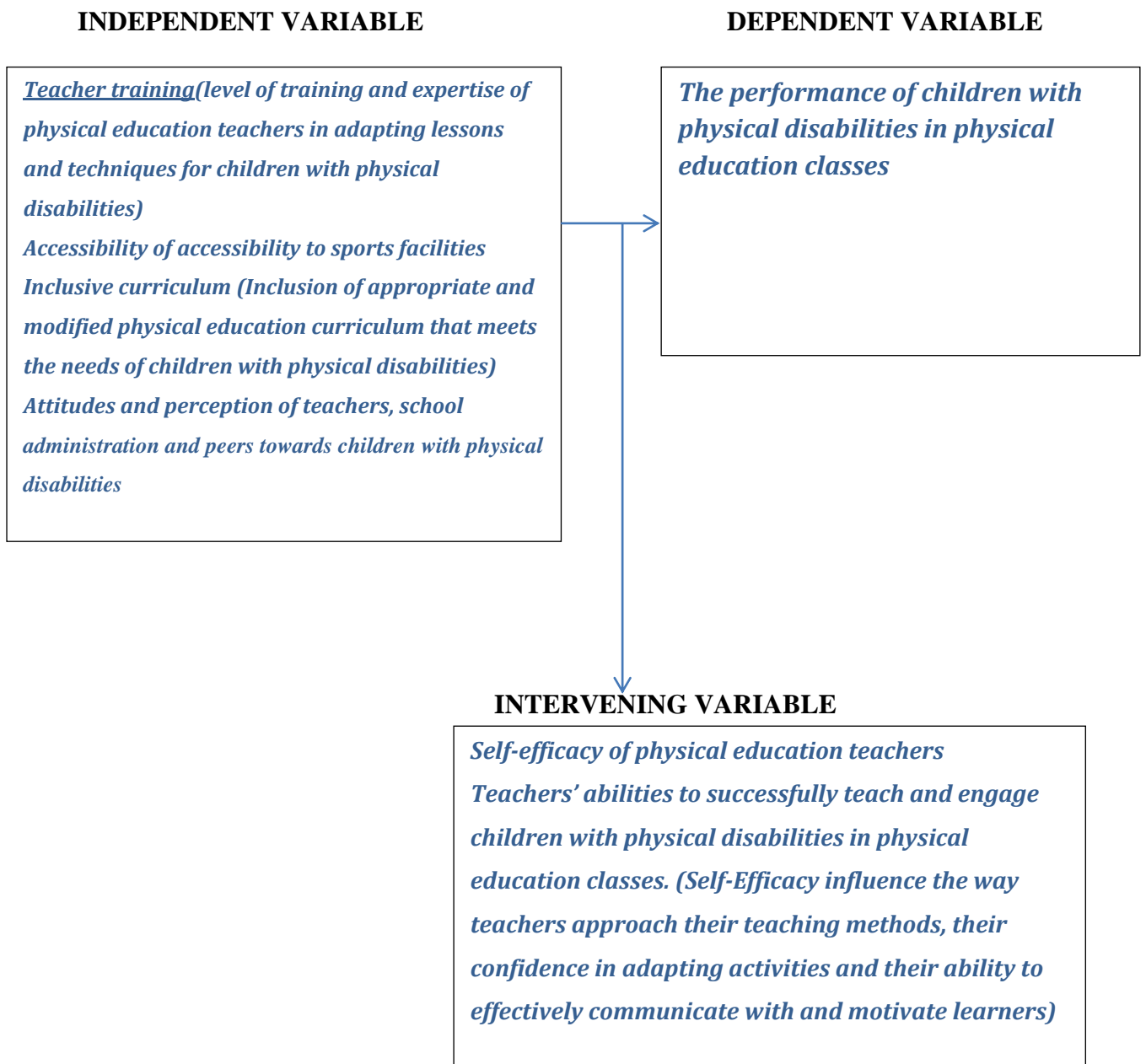
1.7 Significance of the study

The success of the study was be beneficial to a wide range of educational stake holders;

- The government through the Ministry of Education and Sports shall improve on the policies and infrastructure in primary school to enhance inclusivity of learners with disabilities.
- The District sports office could be able to design a comprehensive policy that is in line with the values and objectives of physical education to disabled children.
- It is hoped that the study shall help curriculum developers and concerned bodies to design strategies that promote the teaching of physical education to physically disabled children.
- This study was to provide concrete ways to teachers on how to ways of proper handling of children with disabilities as well as head teachers in proper planning of the materials needed for physical education of disabled children.
- It was be of help to pupils in higher institutions of learning offering sports related courses and further researchers to assess the necessary information concerning the teaching of physical education.
- Finally, a researcher also expects this study to stimulate further research work on the factors affecting the teaching of physical education to the physically disabled children.

1.8 Conceptual frame work

Figure 1: Showing Conceptual framework



1.9 Limitations

The researcher is likely to face the following challenges during the study;

- The study may only focus on specific selections of primary schools which limits the generalization of the findings to a broader population. The factors affecting physical education teaching to disabled children vary across different regions, cultures and school settings.
- Conducting research within a limited number of selected schools may result in a small sample size. This may reduce the statistical power of the study and limit the representativeness of the findings.
- Time constraints. Researching the factor affecting physical education teaching to disabled children requires sufficient time to gather data from multiple schools, observe teaching practices, interview teachers and learners, and analyze data. Limited time may restrict the depth and comprehensiveness of the research.
- Ethical consideration. Conducting research involving disabled children requires careful ethical consideration to ensure their privacy, consent and wellbeing. These consideration may limit the extend of data collection and access to certain sensitive information.
- Some respondents may not return the failed questionnaire with the specific period of time.
- Some respondents may have negative attitudes towards this study.
- Bad weather conditions due to too much rain and bad roads.
- Some respondents may demand for a bribe in order to give the right information.

1.10 Delimitations

In order to curb the above challenges the researcher;

- Was move to various schools in Kongunga Town Council and outside Kongunga Town Council to get adequate data.
- The researcher should design a time schedule in order to plan activities in time.
- The research was have to seek permission from schools that was be involved through the DEO to allow their head teachers to allow teachers and pupils to participate
- May have to make immediate follow up to the respondents who may delay with the questionnaire.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, the researcher presents a review of selected existing literature and knowledge on the factor affecting the teaching of physical education to the disabled children.

Literature is presented according to the study objectives which

- i) Establish the participation of children with disabilities in physical education.
- ii) Find out challenges faced by teachers in the teaching of physical education to the disabled children.
- iii) To determine the strategies that can be used to mitigate the challenges in the teaching of physical education in selected schools.

2.1 Participation of children with disabilities in physical education lessons.

2.1.1 Quality Participation

Quality participation is the high level of skill exertion during physical activities. The United Nations proclaimed 2005 as the international year of sports and physical education, as a year to accelerate action towards ensuring that everyone regardless of gender, race or disability, has the opportunity to enjoy quality participation in physical activity and sports. Also, the United Nations Standard rules on the equalization of opportunities for person with disabilities, declares that member state should take measures to ensure that persons with disabilities have equal opportunities for recreation and sports.

The draft comprehensive and integral international convention on the protection and promotion of the rights and dignity of persons with disabilities contains an article dealing with the participation of people with disabilities. Contains articles dealing with the

participation of people with disabilities in cultural life, recreation, leisure and sports (The UN Assembly resolution 56/108 of 19th/Dec/2001) established an Ad Hoc committee to consider proposals for this convention. The sixth session of the AD Hoc committee took place from 1st to 12th Aug 2005.

Benefits of participation in physical activities

The benefits of physical activity are likely universal for all children, including those with disabilities. CWD are underrepresented in exercise intervention research, resulting in a limited understanding of how research involving children without disabilities can be translated into guidance for physical activity programs for CWD. The limited research conducted to date points to at least short-term benefits for CWD, such as improvements in aerobic capacity, muscular strength, physical and cognitive function, body weight and composition, social skills, relationships, and psychological wellbeing. Although many studies of exercise interventions for children with physical disabilities have small sample sizes and lack randomization, they support safe participation and improvements in fitness and wellbeing. Several studies rated from moderate- to high-quality show that children and youth with physical disabilities who participate in physical activity programs improve their locomotor performance and skills, object control, social skills, peer interactions, and self-confidence. One randomized trial of an 8-month weight-bearing physical activity program for children with cerebral palsy showed improvements in bone mineral density. In some CWD, exercise interventions may even be able to slow disease progression. For example, in 2 randomized trials of assisted bicycle and upper extremity training, functional motor deterioration slowed in normal children with Duchenne muscular dystrophy. Ambulatory children with spina bifida can also increase their walking speed and cardiorespiratory fitness with treadmill training programs. Thus, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition, includes recommendations for health care

providers to help CYSHCN and their families identify appropriate and enjoyable physical activities and implement adaptations on the basis of their needs and abilities.

Physical activity also has benefits for children with primarily cognitive and behavioral disabilities. Children with autism spectrum disorder (hereafter referred to as autism), who are more likely to be diagnosed with overweight or obesity, have this risk attenuated with regular physical activity and sports participation. Short periods of walking or running before educational sessions also help children with autism increase the proportion of correct academic responses and work tasks completed in school settings. Other exercise interventions for children with autism, such as horseback riding, martial arts, swimming, yoga, or dance, can result in better social responsiveness and decreased irritability, stereotypical behavior, and hyperactivity. Although stimulant medication is the mainstay in addressing core symptoms for children with attention-deficit/hyperactivity disorder, aerobic exercise offers a safe and widely beneficial adjunct in decreasing hyperactivity and improving attention and executive function. Youth with intellectual disability who are overweight or obese benefit from participating in an integrative training program, with improved cardiorespiratory fitness, balance, muscle strength, and endurance as well as lower BMI.⁴⁵ Adolescents and adults with Down syndrome who receive individualized progressive resistance training over 10 weeks have increased muscular strength and become more physically active.

Beyond the physiologic benefits, regular physical activity, recreation, and sports participation are associated with both psychosocial well-being and quality of life of CWD as well as with improving academic achievements. For example, participants in Special Olympics show heightened self-esteem, perceived physical competence, and peer acceptance when compared with nonparticipants. Physically active individuals with cerebral palsy experience higher quality of life and happiness compared with those who are less active. Children with autism

who have higher levels of participation in organized activities, including sports, have better social-emotional adjustment as well as reduced loneliness and depression. Children with muscular dystrophies who participate in physical activities, such as swimming, benefit by cultivation of friendships, increased self-confidence, and enjoyment. Children with hearing impairment who participated in a 3-month ice skating program were found by their parents to have improvements in self-esteem, behavior, and sleep quality.

Despite the physical, behavioral, cognitive, and psychosocial benefits of physical activity for CWD, the incorporation of physical activity is often prioritized below other interventions in treatment planning. Yet, as the above examples illustrate, inclusion of physical activity into treatment plans allows CWD real-world and enjoyable opportunities to work on motor, communication, and social skill goals identified in traditional therapies, such as physical, speech, and occupational therapy.

2.1.2 Access to play

Access to play refers to having the opportunity to participate to physical activities. This is done by giving all the necessities like facility and equipment.

None the less, the Irish National Children's strategies (2001) states that children will have access to play, sports, recreation and cultural activities to enrich their experience of childhood and those children with disability was be entitled to the service they need to achieve their full potential. The report of the regarding sports, leisure and recreation for people with disabilities. This report highlights issues that need to be addressed if everyone is to attain their potential in and through physical activity.

2.1.3 Opportunity to participation

Children with disabilities are given opportunity to participate in an inclusive setting or separate setting (Wesson 2005) connected state department of education (2000). In general, each child with disabilities must be afforded the opportunities to participate in the general physical education program available to the so-called normal peers. Unless the child is enrolled full time in separate accessibility to sports facilities or the child specially designed physical education as prescribed in the child individual education program (IPE) modification and adaptation should be based on Knowledge of the pupils strength and weakness, requirement of the courses or classes under consideration.

2.1.4 Participation rate

The WHO (2004) estimate, worldwide, 60% of adults do not engage in levels of physical activity that was benefit their health and that physical inactivity is greater among people with disabilities, women, older adults and those from lower socio-economic groups. Where data exists, people with disabilities generally engage in less physical activity than their non-disabled counterparts. This does vary, however, depending on circumstances, incentives, barriers and personal factors.

Also, sport England, the National sports development agency for England, sent a questionnaire in 1999 to 5,600 disabled children and young people in England and Scotland aged 6 to 16 years (Fich et al, 1999). There was a 50% response rate. The questionnaire was modeled on that used for the young people and sports national 1999 survey so that comparisons covered be made. In nearly all contexts, and for all sports, children with disabilities did not participate in sports and leisure activities as much as non-disabled children.

2.2 Challenges faced by teachers in teaching physical education to disabled children.

2.2.1 Equipment

Materials and equipment are considered as one of the factors affecting the involvement of disabled children in physical education. This had been stated by Jenkinson and Benson (2010) that the barrier to teaching of physical education includes access to equipment, accessibility to sports facilities, access to suitable teaching spaces, access to funding for the subject, support from management and the administrators, leaders from heads of department and access to appropriate professional teachers, In addition to that equipment and accessibility to sports facilities for physical education for learners with disabilities are expensive and yet most schools don't have adequate funds.

2.2.2 Funds

Previous researches have highlighted many institutional challenges including budget constraints, scarce resources, and reduction in time provision in the curriculum. The absence of professional development, the crowded curriculum itself and lack of accessibility to sports facilities and equipment.

Commonwealth of Australia, 1992; Hardman, 2008; Le Masurier and Corbin, 2006; Morgan and Hansen, 2008. Similarly, Diryer et al (2003) reported that the lower priority given to physical education, the absence of performance measures for physical education and activity, and insufficient infrastructure were the three major institutional barriers identified by elementary teachers to the provision of a curriculum that was capable of meeting the health and physical education guidelines.

2.2.3 Attitude

Most teacher-related barriers have been reported in primary school studies (Decorby et al 2005). The barriers described include possessing low levels of attitude or interest in teaching

physical education, being un able to provide safety planned and structured lessons, having had personal negative experiences in physical education and lacking training, knowledge, expertise and qualifications to provide education. (Decorby et al, 2005). This specialization should equip teachers with the skills to overcome barriers more easily and enable them to plan and implement programs accordingly.

2.2.4 Curriculum

All schools must follow the curriculum which has been well organized by Uganda National Center and there are policies regarding the implementation of the curriculum. But according to Hardman, (2008), there is a gap between official policy and regulations and actual practices in geographically wide spread factors contributing to it and are seen in development of responsibilities for curriculum implementation. More so, (Marshall and Handman 2000), also said that there seems to be some problems with school curriculum because in many countries academic subjects are taught at the expense of physical education.

2.2.5 Policy

Article 30 states that all persons have a right to education and 1996 children statue talks about the role government and other stake holders towards pupils with and special needs are supposed to be supported in education but according to Van Deventer (2002), physical education takes many challenges, chief of them is failure of policy implementation since academic subject are seen as key to a bright future, physical education is regarded as a nonproductive educational activities, a view that is shared by teachers too. The studies urge that, while physical education is compulsory in the curriculum, there are big disparities between policy and implementation because head teacher's time table is only to satisfy school inspector.

Though chapel (2001) put forward that curriculum recognizes physical education, it is not implemented in many schools. There remain a vast difference between official policy and actual delivery of physical education and how it is supposed to be assessed.

2.2.6 Assessment

Whip, Arderson, Yes and Tan (2006) demonstrated that assessment is necessary if the goal of physical education is to enhance pupils' wellbeing, motor skills and knowledge about physical activities. They said that evaluation assessment and grading in physical education must be valid, reliable and consistent in order to enhance pupils' achievements. While teacher and mostly recognized the importance of assessment and reporting for physical education, they have reservation about it, especially the reporting component. The biggest weakness outcome focus assessment is cited as locks charity with teachers behaving that most parents are so trusted with outcome reporting that they would prefer grades. Pupils on the other hand are unable to see their progress.

Physical education is neither assessed nor examined in schools. Wamukoya (1992) comment "one in orders the Mofire of making physical education mandatory, yet it remains a more examinable subject within the school". Although an innovative t teacher may decide to conduct assessment in physical education, any mark for physical education is not reflected in the student overall school grades. Of on filling in learners' report card, teachers have the physical education column blank. Some schools do not even bother to include physical education column in their learners' report cards. According to (Woolman 2001), this heavy reliance on competitive examination is a colonial legacy that has resisted change and therefore old methods have continued for years.

Although physical education teachers may make accommodations for some, budget constraints and lack of training are cited as barriers to participation. Pediatricians, other professionals, and parents may also overestimate the risk of injury during physical activity, although involvement in sports has been shown to be reasonably safe for CWD; one recent study found a lower risk of injury in CWD after controlling for personal and environmental factors. Nevertheless, parents of CWD are justified in desiring high quality, accessible, and safe adaptive recreation programs, yet they report marked variation in recreational activity availability, long waiting lists for adaptive programs, absence of suitable transport to these accessibility to sports facilities, a reduced number of skilled instructors to run these programs, and poor advertisement of programs in the community. Likewise, pediatricians may be unaware of adaptive recreation opportunities within the community or of the family's interest in pursuing these opportunities.

Overall, misconceptions and attitudinal barriers at the level of the individual, family, and community need to be addressed to integrate children of all abilities into recreational and physical activities. Pediatricians can help families and children balance the benefits of participation with the potential risks, recognizing that historically, being “too safe” and assuming that CWD “can't do that,” has been a persistent barrier to participation.

Facilitators to participation

The combined efforts of well-informed health care providers, parents, educators, coaches, and others are needed to ensure and promote the participation of all children in sports, recreation, and physical activity (Table 1). Health care providers can facilitate participation by asking about current levels of activity and using tools, such as a physical activity vital sign (PAVS) in the electronic health record, to start the conversation about physical activity during visits. The PAVS consists of 2 screening questions that are used to assess how many

days per week the individual engages in physical activity that is moderate (causes the child or youth to sweat a little and breathe harder, such as bike riding or playground activities) to vigorous (causes the child or youth to sweat and be out of breath, such as running or swimming) and how many minutes this level of physical activity is maintained. Use of the PAVS has been associated with a greater likelihood of physician exercise counseling and improved metabolic outcomes in adults. Clinicians can then create “physical activity prescriptions” for CWD with goals for participation and referrals to specific programs or resources that are based on baseline physical activity, preferred activities, functional limitations that may require adaptation of the activity and pre-participatory planning, and the evidence base of the physical activity regarding risks and benefits. Providers can explore the child and family’s beliefs and attitudes about physical activity through motivational interviewing and arrive at a treatment plan through shared decision-making (Appendix 1). Lastly, by their own commitment to physical activity, health care providers can serve as role models for CWD and their families. For example, pediatricians with self-reported higher levels of fitness are more likely to discuss physical activity during health supervision visits.

To facilitate participation, providers can refer CWD to specialized adaptive programs staffed by recreational, physical, or occupational therapists that create a safe and fun recreational environment while allowing coordination with the primary care provider if medical concerns occur. Specifically, health care providers and care coordinators within practices can partner with local adaptive recreational programs that address traditional barriers to participation (time, cost, transportation) and share this information with families. For example, many city and county parks and recreation departments offer low-cost adaptive recreation opportunities for CWD, and some adaptive recreational programs offer scholarships and provide transportation to and from activities. Therapists and coaches at specialized adaptive recreation programs facilitate participation for CWD by having lower participant to coach or

instructor ratios (fewer than 4 participants for each coach), using positive feedback, and individualizing activities to the preferences of each participant.

Lastly, providers can work with local and state public health agencies to promote physical activity to create and strengthen recreational programs for CWD. The Title V Maternal and Child Health

Services Block Grant Program has a National Performance Measure on physical activity, with only 25% of CYSHCN with more complex health needs meeting the measure of being physically active at least 60 minutes per day. At the federal level, the Centers for Disease Control and Prevention funds and supports 2 national centers on disability: Special Olympics and the National Center on Health, Physical Activity and Disability. These centers identify and expand physical activity programs, provide training for professionals, and provide data to establish best practices.

Parents, caregivers, and peers are important facilitators of physical activity for CWD. Parents who believe in the benefits of physical activity report higher levels of activity in their CWD. In one study, CWD whose parents were physically active at least 3 hours per week were 4.2 times as likely to be physically active compared with those whose parents were less active. Therefore, an important message from pediatric health care providers to parents of CWD is to prioritize their own physical activity and to include CWD in family recreational activities. Additionally, CWD are too often left behind regarding organized sports participation despite the clear benefit of participation for CWD. Parents can advocate for and support organized sports that encourage inclusion and focus on fun instead of winning, such as Special Olympics, because these are important influencers of sustained participation by CWD. In addition, peer-mediated interventions to facilitate play skills and foster inclusion and acceptance of CWD by modeling behaviors can be an effective counterbalance to the barrier of systematic exclusion that has (in the past) resulted in opportunities for bullying behaviors.

The American Heart Association has called for schools to play a central role in ensuring all students participate in enough physical activity to develop healthy lifestyles. With only 24% of CWD engaging in 60 minutes of physical activity daily, schools can help a greater proportion reach this level of activity. The Centers for Disease Control and Prevention recommends that a substantial percentage of students' overall physical activity should be obtained through school physical education. The right of CWD to participate in physical activity and sports in school is rooted in several federal laws. The IDEA mandates free, appropriate public education in the least restrictive environment, and Section 504 of the Rehabilitation Act of 1973 requires that no individual shall be excluded because of disability in programs that receive federal funds. Physical education is a federally mandated component of special education services, including the promotion of physical fitness, fundamental movement skills, and skills in individual and group games and sports. However, many school districts allow exemption from physical education requirements for students with cognitive and other disabilities. Physical education curricula for CWD can promote enjoyment of movement and skill development that can be incorporated before, during, and after school hours. Pediatric providers and parents can partner with the educational team to include physical activity goals in progress metrics within a child's IEP to facilitate participation in physical activity at school. Physical activity can be accurately measured for CWD through subjective and objective measures. Adaptive physical education teachers can address physical activity goals by modifying recreational programs to accommodate the motor skills, muscle strength, and fitness of each child. Strategies physical education teachers use to accommodate CWD may include simplified instruction, additional skill modeling, peer teaching, equipment modification, and coordinating activities with a special education teacher. Beyond physical education, the Comprehensive School Physical Activity Program developed by the Centers for Disease Control and Prevention and the Society of Health and Physical Educators, is a

framework to capture all opportunities for school-based physical activity for CWD. School nurses can coordinate with pediatricians in developing and implementing health care plans that promote safe participation in physical activity. School-based physical activity programs, such as recess or physical education that are focused on fun and enjoyment are strongly associated with daily physical activity in CWD.

2.3 Mitigation of the challenges in the teaching of physical education to disabled children

2.3.1 Curriculum

More effective use of the comprehensive National council for curriculum and assessment (NCCA, 2002) Draft guidelines for teachers of pupils with learning difficulties would be beneficial. This might be done through the provision of training for teachers on the guidelines. This could be carried out in a number of ways including a visiting service to train management and staff on their use.

Guidelines for teachers of pupils with physical and sensory disabilities would also be useful. There are curriculums for inclusive schools and for special schools which are supposed to be followed.

2.3.2 Provision of equipment

Equipment are materials which are used in teaching of physical education to physically disabled children and according to Auxer, (2010) making instructional modifications for pupils with disabilities in physical education may be as simple as finding a different type of equipment for the pupils to use while learning. There are different options to utilize equipment in physical education.

It is possible to enhance opportunities for inclusion by providing the learner with a disability with specially designed equipment. Provision of equipment and its effective use lead to a conducive learning environment.

2.3.3 Conducive learning environment

In addition, learners with supportive environment may have high levels of self-efficacy and self-motivation (Godwin and Watkinson 2000) emphasizes that it is important to create learning environment that are welcoming to children irrespective of their status.

Teachers should create learning environment and active learning environment which influence participation of learners in physical education activities, this makes learners with disabilities fill as a part of the class.

2.3.4 Teacher – Learner interaction

The level of interaction to learners with disabilities encourages them to learn and according to the research by Wang et al (1990) identified learner – teacher social interaction on a key factor in influencing student learning and participation. Student identifies relationship with their teachers as being among the most important part of their school experience (Alerby, 2003). This could probably explain interaction between the teacher and the learners with physical disabilities in physical education are fundamental. This is because of physical education activities; learners with physical disabilities may require teachers' close proximity and help in performing the activities more than in any other academic subject, without it cannot be achieved.

2.3.5 Peer support

Peer support creates a calm environment in which children can learn, play, develop and grow where bullying as a signature is reduced (Naylor and Calvie 1999). Peer support encourages both those being helped and the helper to develop personal skills, improve self-esteem, learning to negotiate with one another.

It gives children the opportunities to experience difference and responsibilities and to learn leadership skills and team working (Davis 2000).

2.4 Theoretical review

Physical education plays a crucial role in the overall development and wellbeing of children, including those with physical disabilities. However, the effective teaching of physical education to children with physical disabilities presents unique challenges and requires careful considerations of various factors.

This theoretical review examines factors that affect the teaching of physical education to children with physical disabilities, including, inclusive practices, individualized instructions, environmental adaptations, teacher attitudes and collaborations between different stakeholders. Understanding these factors and their impact on teaching practices can contribute to the development of effective pedagogical strategies and inclusive physical education programs for children with physical disabilities.

- i) **Introduction;** Physical education aims to promote physical fitness, motor skills development and socialization among children. For children with physical disabilities, physical education serves as an essential component of their educational experience providing opportunities for enhanced physical abilities, and social integration.
- ii) **Inclusive Practices;** These emphasizes the involvement of all pupils regardless of their abilities in physical education activities, creating an inclusive environment includes modifying the curriculum, equipment and instructional strategies to accommodate diverse needs.
- iii) **Individualized instructions;** Children with physical disabilities have unique needs and abilities that must be addressed through individualized instructions. Personalized teaching strategies such as one on one instructions, peer teaching and task modification help cater to the specific goals and capabilities of each.

- iv) **Teacher attitudes and competence;** Teachers play a fundamental role in shaping the learning experiences of children with physical disabilities in physical education. Positive teacher attitudes, knowledge and competence in adapting physical activities can significantly impact the inductivity and success of the program.

2.5 Research gap

This study was done with inclusive mind set and teacher attitude and perceptions towards inclusive physical education for children with physical disabilities by investigating the factors that influence teachers' beliefs, understanding their perceived barriers and challenges in implementing inclusive practices and identifying any gaps and actual classroom practices. Another research gap pertains to the teacher preparedness and ongoing professional development of physical education. Teachers to effectively teach children with physical disabilities, this could involve exploring the extent and nature of training and support provided to physical education teachers in inclusive practices. Also, another potential research gap concerns the long-term outcomes and impact of inclusive physical education on lives of individuals with physical disabilities. This might involve investigating the influence of physical education on various domains such as physical fitness, motor skills, psychological wellbeing, self-esteem and overall quality of life

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter explains the research design, area of the study, target population, sample size, methods of data collection, validity of research instrument, reliability of research instruments, data collection procedures, data analysis, and ethical considerations to be applied in this study.

3.1 Area of study

This study covered three schools located within Kongunga Town Council, Bukedea District. These are Town ship primary school, Kongunga primary school and Kachumbala primary school. These schools are preferred because of being within the reach of a researcher as he may be constrained financially and the language used is familiar to the dialects of the researcher.

3.2 Research Design

This research applied descriptive design. The design was given preference because it helped to depict the participants in an accurate way besides the preference, the result can be generalized to a large population.

3.3 Target Population

The target population was selected from three government aided primary schools out of the many; including Town ship primary school, Kongunga primary school and Kachumbala primary school. They were given preference because they are within the easy reach by the researcher.

3.4 Sample Size

The sample size included head teachers, teachers and pupils with disabilities and without disabilities. The Head teachers was given preference because they carryout administrative role to ensure effective running of the school and therefore it was be easy for them to provide the information on the factors affecting the teaching of physical education to disabled children, then Seven teachers per school totaling to 21, one teacher from each class, they are targeted because they have direct link with these pupils in their respective classes and so can give the required information about the study and 14 pupils with disabilities and without disabilities from each school shall be picked making a total of 42, 2 pupils from each class from P.1-P.7 was made part of the study because they are the target group whose disabilities can affect their learning physical education in one away or the other.

3.4 Sampling Techniques

This research employed purposive sampling techniques as a means of selecting information rich cases to study the factors affecting the teaching of disabled children in primary schools.

3.5 Methods of data collection

The methods of data collection were interviews, questionnaires and observations.

3.5.1 Interviews

This was applied to pupils. They were preferred because it allowed social interaction that influence interviewee to give the interviewer a lot of extra information to supplement the information that was be solicited from other sources.

3.5.2 Observation

This was applied by the researcher to see practically whether the equipment and accessibility to sports facilities for teaching physically disabled children physical education were available or not.

Measurements of reliability and validity of instruments of data collection like questionnaires, interviews and observations for the topic of research, I considered the following;

Reliability

i) Test – Retest Reliability.

This researcher administered the instruments to the sample of participants twice with a gap between and compare the responses to ensure consistency overtime.

ii) Inter – Rater Reliability.

The study also involved multiple observers to establish procedures for consistency in observing and recording data and assess the degree of agreement among observers.

Validity

i) Content validity

The study ensured that the instrument covers all the relevant aspects of the topic by having experts in the field review for completeness and relevance.

ii) Face validity

The study assessed if the instrument appears to measure what it intends to measure by obtaining feedback from potential participants.

iii) Construct validity

The study also used statistical techniques such as factor analysis to examine if the instrument measures the underlying construct or factors related to the teaching of physical education to physically disabled children.

3.6 Data Collection Procedures

This was done by getting introductory letter endorsed by head of department (DEO), the researcher was be allowed to administer the questionnaire to the head teachers, teachers and give interview guide to pupils in that first day. The researcher agreed with the respondents on the day to collect the filled questionnaire on the second day, researcher wasto go to another school again and administer the questionnaires to the head teacher, teachers and give interview guide to pupils.

For teachers and head teachers, the researcher agreed with them on when to collect the filled questionnaires but for the interview guide, the researcher administered and return with them immediately. On the third day the researcher does the same to the remaining school.

3.7 Data Analysis

The researcher recorded all the relevant information that was be obtained from the questionnaire and interview guides immediately they are gathered from the field. The information was organized topically for easy accessibility and discussions.

Qualitative method was used for in depth description since was be filled in different categories that was make it easier to quantity in to percentages.

3.8 Ethical Consideration

The information given was treated confidentially and was be used to find the factors affecting the teaching of physical education to physically disabled children. The ethical aspect that was considered includes privacy, confidentiality and gender.

The research sought for permission from the schools that was be involved through their head teachers to be allowed to be given access to teachers and pupils.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

4.0 Introduction

This chapter gives results of the study. It represents data collected and analyzed and interprets findings accordingly. The study sought to establish the causes of high girl drop out and in primary school education in Kongungha Town Council in Bukedea district. To achieve this purpose, three research questions were used as a basis for data collection. Respondent's background information is presented in order to provide an insight about the child in primary schools.

The researcher answered the following research questions;

1. Are there adequate resources and accessibility to sports facilities for the comfort of the child with disabilities?
2. What is the level of guidance and counseling in primary schools?
3. To what extent is the community involved in teaching of physical education?

4.1 Demographic factors

Table 1: Distribution of respondents by sex

Sex	Head teachers		Teachers		Children with disabilities	
	No.	%	No.	%	No.	%
Male	00	00	09	36	00	00
Female	05	100	16	64	50	100
Total	05	100	25	100	50	100

No. = Total number of respondents expected

n = total number of respondents to a particular item

Table 2: Respondent's marital status

Marital Status	Head Teachers		Teachers		Children with disabilities	
	No.=05	%	No.=20	%	No.=25	%
Single	00	00	00	00	25	100
married	05	100	25	100	00	00
Widowed/divorced	00	00	00	00	00	00
Total	05	100	25	100	25	100

No. = Total number of respondents expected

n = total number of respondents to a particular item

The above table shows that the head teachers and teachers are married.

Table 3: Respondent's classes

Class	No.=50	%
P.1	00	00
P.2	00	00
P.3	00	00
P.4	05	10
P.5	10	20
P.6	15	30
P.7	20	40
Total	50	100

No. = Total number of respondents expected

n = total number of respondents to a particular item

Table 3 Shows the classes in which the child with disabilities responds study from table 1, high school dropout among children with disabilities began from primary for 10% of the

children with disabilities respondents were selected from P.4. from P.5, 20%, from P.6,30% and from P.7, 40% respectively.

Table 4: Head teachers’ and teachers’ highest level of education

Highest level	Head teachers		Teachers	
	n=30		n=25	
	N	%	N	%
Primary seven	00	00	00	00
U.C.E “O” Level	00	00	00	00
U.A.C.E “A” Level	00	00	00	00
Grade III	00	00	17	68
Grade V (D.P ED)	00	00	07	28
Graduate (BED)	03	100	01	04
Masters (MED)	00	00	00	00
Others	00	00	00	00
Total	03	100	25	100

No. = Total number of respondents expected

n = total number of respondents to a particular item

Table 4 above shows the head teacher’s highest level of education. This table indicates that Grade III teachers form the majority of the teaching staff in the primary schools. All the Head teachers hold degrees in education. Grade III respondents were 08, Diploma holders were 28% and Degree holders were 100% of the Head teachers.

4.2 Research question one

Are there adequate resources and accessibility to sports facilities for the comfort of the pupils in school?

Answers to this question can be obtained from views in the Head teachers' teachers' and children with disabilities' responses in table 5.

Table 5: Head teachers' views on resources and accessibility to sports facilities for the children with disabilities

Item	Responses	A		B		C	
		n	%	N	%	n	%
Does the school have enough resources and accessibility to sports facilities for the children with disabilities?	Yes	00	00	00	00	00	00
	No	01	100	01	100	01	100
	Total	01	100	01	100	01	100

Table 5 reflects head teachers' views on resources and accessibility to sports facilities for the pupils with disabilities in schools. In item (1), all the teachers consented that the resources and accessibility to sports facilities for the pupils with disabilities are not enough. This has taken 100% on the causes of inadequate resources and accessibility to sports facilities for the children with disabilities in school.

The Head teachers of the three schools, A, B & C pointed out poverty, ignorance, inadequate support from the parents and insufficient aids by the government, negative response from the parents to children with disabilities needs.

Among the accessibility to sports facilities the schools lacked include adequate fields of play, sports equipment, urinals, physical education resource books, sanitary pads, counseling rooms, basins, soap, changing & washing rooms and boreholes for water.

The following suggestions were given by the Head teachers as solutions to the inadequate resources and accessibility to sports facilities for the children with disabilities.

- They advocated for sensitizing parents about the value of educating the children with disabilities on physical education for paralympics.
- They suggested government to build more sports facilities and classrooms, counseling rooms and drilling boreholes in every school which are compliant for use by children with disabilities.
- More support should be lobbied from government and non-government organizations to target the children with disabilities

Table 6: Teachers’ view on resources and accessibility to sports facilities for the children with disabilities

Item	Responses	A		B		C		Total
		N	%	N	%	N	%	
Guidance room	Satisfactory	02	20	02	20	02	20	100%
	Fair	06	60	01	10	02	20	
	Unsatisfactory	02	20	07	70	06	60	
Accessibility to sports facilities guided by senior woman teacher	Satisfactory	03	30	02	20	04	40	100%
	Fair	04	40	01	10	03	30	
	Unsatisfactory	03	30	07	70	03	30	
Children with disabilities’ special access to urinals, latrines and sports facilities	Satisfactory	03	30	03	40	01	10	100%
	Fair	02	20	03	30	06	60	
	Unsatisfactory	05	50	04	40	03	30	
Adequate physical education teachers in school	Satisfactory	01	10	02	20	03	30	100%
	Fair	01	10	04	40	02	20	
	Unsatisfactory	08	80	04	40	05	50	
Enough furniture in classrooms compliant for use by disabled children when learning PE	Satisfactory	02	20	03	30	02	20	100%
	Fair	02	20	02	20	03	30	
	Unsatisfactory	06	60	05	50	05	50	
Scholastic materials provided for children with disabilities	Satisfactory	04	40	04	40	04	40	100%
	Fair	06	60	04	40	03	30	
	Unsatisfactory	01	10	02	20	03	30	

Enough play materials like for indoor games, balls and other implements	Satisfactory	02	20	03	30	02	20	100%
	Fair	03	30	03	30	06	60	
	Unsatisfactory	05	50	04	40	02	20	
Personal effects like shoes, dresses, jelly, clutches, hearing aids, gaggows	Satisfactory	02	20	06	60	03	30	100%
	Fair	06	60	04	40	04	40	
	Unsatisfactory	02	20	05	50	03	30	
Special access to sports accessibility to sports facilities to school	Satisfactory	04	40	05	50	02	20	100%
	Fair	03	30	03	30	06	60	
	Unsatisfactory	01	10	02	20	02	20	
Sanitary materials like soap, jerry cans, water accessibility to sports facilities	Satisfactory	02	20	04	40	03	30	100%
	Fair	05	50	05	50	04	40	
	Unsatisfactory	03	30	01	10	03	30	

A, B, C are the school codes for the schools selected

N = Total number of respondents expected

n = Total number of respondents to a particular item.

Table 6 shows the teachers' views on resources and accessibility to sports facilities for the children with disabilities in primary schools.

Pertaining quantity of furniture in the classrooms, 24% of the respondents are satisfied with the adequacy of the furniture they have. 52% say it is fair and 24% are unsatisfied with the available furniture. The results therefore indicate that there is average distribution of furniture among pupils in every school.

All people were not satisfied with the guidance and counseling rooms. 12% said that their guidance and counseling rooms are fair and 88% were unsatisfied with their rooms. This shows that most of the sampled schools lack guidance and counseling rooms and those which are not adequately facilitated; hence leaving the children with disabilities stigmatized.

About the facilitation of physical education teachers, 40% of the respondents said that they are satisfied with the physical education teachers' facilitation. 52% revealed that senior woman teachers are unsatisfactorily facilitated. The results therefore indicate that the physical education teachers who are charged with responsibility of guidance and counseling the children with disabilities are not adequately facilitated.

Pertaining accessibility of children with disabilities' to urinals and latrines, 16% of the respondents were satisfied with them. 36% said that they were fair, and 48% revealed that they unsatisfied. This implies that most of the latrines and urinals are not reaching the standard of that meets the children with disabilities' demands; like the walk ways and supports while squatting.

About adequacy of physical education teachers in the schools, it was revealed that 24% of the respondents are satisfied with the number of physical education teachers they have. 28% revealed that the total number of physical education teachers they have is fair and 48% are unsatisfied with the total number of physical education teachers they have in their schools.

This item generally reveals that most schools have inadequate physical education teachers who would serve as role models to the children with disabilities and help them where need be.

The scholastic materials provided to children with disabilities; It was revealed that 12% of the respondents are contented with the scholastic materials provided to children with disabilities by the parents. 56% revealed that there is fair provision of scholastic materials provided to children with disabilities and 32% revealed unsatisfactory provision of scholastic materials to children with disabilities. This therefore means that at least some children with disabilities are sent to school without books, pen, pencils, uniforms, e.t.c.

Concerning play materials, It was revealed that 04% of the respondents are satisfied with the adequacy of the play materials provided to children with disabilities in schools. 32-% say that there is fair provision of play materials to children with disabilities and 64% revealed that there is unsatisfactory provision of play materials to children with disabilities in the school. This item shows that the children with disabilities are not generally provided with adequate play materials while at school. These materials could include balls, skipping ropes, jerseys, among others

As concerns personal effects like dresses, shoes, jelly, It's revealed that 12% of the respondents are contented with the personal effects children with disabilities are provided with. 52% said that the children with disabilities are fully provided with adequate personal effects and 36% are not satisfied with the personal effects children with disabilities are given. This shows that at least some children with disabilities lack basic personal effects like dressing, knickers % shoes among others.

About sanitary materials like soap, basin, jerry cans, water used by girls during accessibility to sports facilities. 12% of the respondents scored satisfied, 44% scored fair and 44% scored unsatisfactory. This analysis therefore shows that most schools sampled are unable to provide Sanitary materials like soap, basins, jerry cans, and water accessibility to sports facilities to their children with disabilities and this creates negative impact on the children with disabilities.

Table 7: Children with disabilities views on resources and accessibility to sports facilities

S/No	Aspects	Response	A		B		C	
			N=10		N=10		N=10	
			n	%	n	%	n	%
01	There walk ways to sports facilities	Yes	04	40	00	00	00	00
		No	06	60	10	100	10	100
		Total	10	100	10	100	10	100
02	Your school has enough fields	Yes	04	40	00	00	08	80
		No	06	60	10	100	02	20
		Total	10	100	10	100	10	100
03	There are separate urinals compliant for use for children with disabilities	Yes	10	100	08	80	03	30
		No	00	00	02	20	07	70
		Total	10	100	10	100	10	100
04	Special needs teachers are many in school and teach PE	Yes	04	40	03	30	00	00
		No	06	60	07	70	10	100
		Total	10	100	10	100	10	100
05	Play materials are enough for children with disabilities	Yes	03	30	04	40	02	20
		No	07	70	06	60	08	80
		Total	10	100	10	100	10	100
06	Children with disabilities have easy transport to school PE lessons	Yes	00	00	00	00	08	80
		No	10	100	10	100	02	20
		Total	10	100	10	100	10	100
07	All children with disabilities are provided with enough scholastic materials for PE	Yes	05	50	07	70	03	30
		No	05	50	03	30	07	70
		Total	10	100	10	100	10	100
08	The department of physical education provides children with disabilities sports equipment	Yes	03	30	02	20	03	30
		No	07	70	08	80	07	70
		Total	10	100	10	100	10	100

A, B, C are the school codes for the schools sampled respectively

N = Total number of respondents to a particular item.

Table 7 shows views of primary school children with disabilities on accessibility to sports facilities available to them.

Aspect 1, about walk ways to sports facilities indicates that 40% of the respondents have guidance and counseling rooms. It is therefore an indicator of poor walk ways to sports facilities services rendered to the children with disabilities.

Aspect 2, about the adequacy of fields revealed that 66% of the respondents have adequate furniture in their schools and 44% always have to struggle for the available seats, hence causing unrest among the affected children.

Aspect 3, About the separation of compliant urinals and latrines for the children with disabilities in schools near sports fields that 100% of the respondents said that the children with disabilities' urinals and latrines are separate from those of the normal children, and this indicates an improvement. The only challenge is about inadequacy and maintenance.

Aspect 4, about the adequacy of special needs teachers of PE shows that 80% of the respondents revealed a serious lack of enough female teachers in their schools. 20% of the respondents revealed that they have adequate female teachers. This is really a serious matter because female teachers would play a pivotal role in the retention of children with disabilities in schools.

Aspect 5, about play materials for children with disabilities, reveals 26% of the respondents agreeing that they have enough play materials for the children with disabilities reveal that 26% of the respondents agreeing that they have enough play materials for the children with disabilities, 74% of the respondents indicate that play materials for the children with disabilities in schools are not adequate. It is important to note that play is a basic need for children and therefore there is need to avail them with enough play materials and this motivates them to stay in school.

Aspect 6, about children with disabilities having easy transport means to school sports facilities for PE lessons, shows that 04% of the respondents accepted that, children with disabilities have easy transport means to and from school, 96% of the respondents revealed that transport means is difficult to most children with disabilities especially those coming from long distances. This is indeed a very big challenge because it de-motivates children with disabilities from attending school daily and persisting in school until they complete primary seven.

Aspect 7 about adequate provision of scholastic materials scholastic materials for PE that 60% of the respondents agreed that children with disabilities are provided with adequate materials and 40% of the respondents reveal that some children with disabilities always have problems with materials to use in school. These results therefore reveal that some children with disabilities will always have learning problems in school due to lack of scholastic materials scholastic materials for PE. This makes them to lose interest in PE lessons and hence feel like dropping out when forced.

Aspect 8; About the department of PE teacher providing materials for PE to children with disabilities. During PE lessons shows that 22% of the respondents only acknowledged that children with disabilities are totally ignored by PE teachers and 70% said that they are mocked by the teachers. The question to education stake holders and especially education planner is that “what then happens to children with disabilities who may fall victims of the circumstance, under menstruation periods while at school?”

Aspect 9; whether children with disabilities benefit from first aid box. Most head teachers and teachers have claimed that the funds they receive are inadequate. This is why they are failing to avail to the children the first aid accessibility to sports facilities.

Aspect 10, about children with disabilities having enough space in the classrooms, revealed that at least 54% of the respondents have adequate space in the classrooms, 46% have inadequate space in the classrooms. This is due to large numbers which have caused overcrowding.

4.2 Research question two

What is the level of guidance and counseling for children with disabilities in primary schools?

To answer this question, views from the head teachers, teachers and children with disabilities in primary schools on the level of guidance and counseling services were obtained. This was done on assumption that the head teachers and teachers directly interact with these children with disabilities in school. The children with disabilities were also directly affected. So, they were expected to know the factors that affect them.

Table 8: Head teachers' views on guidance and counseling

S/N	Item	Response	A N=01		B N=01		C N=01	
			N	%	N	%	N	%
01	An established G/C room	Yes	00	00	01	100	00	00
		No	01	100	01	100	01	100
		Total	01	100	00	00	01	100
02	Whether G/C is helpful to children with disabilities	Yes	01	100	01	100	01	100
		No	00	00	00	00	00	00
		Total	01	100	01	100	01	100
03	Reasons why G/C is helpful	Guides the child with disabilities in the future career	To know the children with disabilities' needs to advice	To develop life skills	Helps retain children with disabilities in school	Helps children with disabilities cope with		

			parents			different environments
04	Challenges in children with disabilities	Children with disabilities fear to approach teachers and parents	Unhealthy love by teachers and sugar daddies	Lack of team work and cooperation	Some children with disabilities do not take the advice	Some children with disabilities are not open to the SWTs
05	How to improve G/C in school s	Register G/C in school	Having special room. Regular meeting with children with disabilities	More training for teachers	Teachers should counsel children with disabilities effectively	Constructing counseling training SWTs on G/C

A, B, C are codes of the schools sampled.

N = Total number of respondents expected

n = total number of respondents to a particular item.

Table 9 indicates the head teachers' views on guidance and counseling in schools.

In item 1, about an established guidance and counseling room, 40% of the respondents said they had guidance and counseling rooms. 60% of the respondents said that they did not have

guidance and counseling rooms. 100% of the respondents said that guidance and counseling is helpful to children with disabilities this data was yielded from item 2 in table 9.

The major reasons the respondents gave for child with disabilities guidance and counseling include;

- It helps the children with disabilities in getting the future careers in PE.
- Helps in identifying the children with disabilities' needs and talents.
- Helps in developing life skills among children with disabilities.
- It's a tool used in retaining children with disabilities in schools.
- Helps the children with disabilities to cope with different environments, for example through induction programs.

The respondents identified mainly the following problems;

- Some children with disabilities fear to approach teachers for assistance.
- Children with disabilities are lured into early secret sex and are abandoned afterwards leading to dropout from school.
- Lack of team work and cooperation from peers without disability.
- Some children with disabilities don't follow pieces of advice given to them

In order to improve guidance and counseling, the respondents gave the suggestions like regular guidance & counseling sessions and having special rooms for guidance and counseling skills.

Table 9: teachers' views on teaching PE to children with disability in primary schools:

S/N	Item	Response	A		B		C	
			N	%	N	%	N	%
01	Children with disabilities are adequately guided and counseled about PE lessons	Yes	02	40	02	40	01	20
		No	03	60	03	60	04	80
		Total	05	100	05	100	05	100
02	Having regular training sessions to develop skills of children with disabilities	Yes	01	20	03	60	02	40
		No	04	80	02	40	03	60
		Total	05	100	05	100	05	100
03	Children with disabilities have well developed life skills	Yes	00	00	00	00	01	20
		No	05	100	05	100	04	80
		Total	05	100	05	100	05	100
04	Teachers get incentives for guidance and counseling children with disabilities	Yes	00	00	00	00	00	00
		No	05	100	05	100	05	100
		Total	05	100	05	100	05	100
05	Peer group influence contribute to stigmatization of children with disabilities	Yes	05	100	05	100	05	100
		No	00	00	00	00	00	00
		Total	05	100	05	100	05	100
06	All teachers are bothered to guide and counsel children with disabilities	Yes	03	60	01	20	02	40
		No	02	40	04	80	03	60
		Total	05	100	05	100	05	100
07	Children with disabilities have full knowledge about child growth and development in relation to PE abilities and skills	Yes	02	40	02	40	03	60
		No	03	60	03	60	02	40
		Total	05	100	05	100	05	100
08	Poor performance in PE scares children with	Yes	05	100	05	100	05	100
		No	00	00	00	00	00	00

	disabilities away from school	Total	05	100	05	100	05	100
09	The school has active sports clubs inclusive of the children with disabilities	Yes	05	100	05	100	05	100
		No	00	00	00	00	00	00
		Total	05	100	05	100	05	100
10	Parents come to guide children with disabilities in school freely	Yes	00	00	01	20	01	20
		No	05	100	04	80	04	80
		Total	05	100	05	100	05	100

N = Total number of respondents expected

n = total number of respondents to a particular item.

A, B, C are the codes given to schools sampled

Table 10 above shows teachers' views about guidance and counseling in primary schools.

Item 1 about the children with disabilities being adequately guided and counseled to develop skills in PE; it has revealed that 40% of the respondents agreed that their children with disabilities are adequately guided and counseled, 60% of the respondents contented that their children with disabilities are not adequately guided and counseled on careers in PE.

Item 2 about having regular meetings with adolescent children with disabilities, 44% of the respondents agreed that regular meetings are held with children with disabilities and 56% asserted that meetings are irregular.

Item 3 about children with disabilities having well developed life skills, 12% of the respondents only agreed that their children with disabilities have well developed life skills and 88% said that children with disabilities have less developed life skills.

Item 4 reveal that 100% of the schools sampled don't give incentives to PE teachers as an appreciation for guiding and counseling the children.

Item 5 show that, peer group influence highly contributes to child with disabilities dropout from school. 100% of the respondents consented this according to table 10.

Item 6 in table 10 reveal that 56% of the respondents which indicated that all teachers bother to guide and counsel the children with disabilities about importance of the skills acquired from PE. 44% of the respondents said that at least some teachers don't mind to guide and counsel the children. This is one of the careless attitudes that needs a concern to build the confidence of these children.

In item 7, 44% of the respondents revealed that children with disabilities have full knowledge about child growth and development in relation to skills development vital for PE lessons and sport. 56% consented that, children with disabilities have little or no knowledge about child growth and development.

In item 8, it sites that a good number of children with disabilities drop out of school due to poor performance in academics and stigmatization. This is reflected by 100% of the respondents in item 8.

16% of the respondents in item 9 said that they have active clubs in their schools and 84% reflected dormant or no sports clubs in their schools. This negatively impacts on children with disability since they interact little in school with peers who do not have disability.

Only 40% of the respondents revealed that parents come to school to guide and counsel their children. 60% of the respondents said that most parents don't come to school to guide and counsel their children with disabilities.

Table 10: Children with disabilities’ view on guidance and counseling for children with disabilities in primary schools:

S/N	Item	Response	A		B		C	
			N=10		N=10		N=10	
			n	%	n	%	N	%
01	Children with disabilities are free to address their problems to the teachers	Yes	03	30	04	40	03	30
		No	07	70	06	60	07	70
		Total	10	100	10	100	10	100
02	Teachers keep secrets about the problems children with disabilities tell them.	Yes	02	20	02	20	02	02
		No	08	80	08	80	08	08
		Total	10	100	10	100	10	100
03	PE sessions are held regularly	Yes	04	40	07	70	05	50
		No	06	60	03	30	05	50
		Total	10	100	10	100	10	100
04	All teachers mind to teach PE to children with disabilities.	Yes	06	60	02	20	05	50
		No	04	40	08	80	05	50
		Total	10	100	10	100	10	100
05	Parents come to schools to share with teachers about the problems affecting children with disabilities	Yes	05	50	06	60	08	80
		No	05	50	04	40	02	20
		Total	10	100	10	100	10	100
06	Teachers visit children with disabilities at their homes to share with parents about children with disabilities’ issues	Yes	06	60	03	30	06	60
		No	04	40	07	70	04	40
		Total	10	100	10	100	10	100

07	Administration gives gifts to children with disabilities who behave and perform well	Yes	07	70	05	50	00	00
		No	03	30	05	50	10	100
		Total	10	100	10	100	10	100
08	Fellow children with disabilities mislead others to love normal children or men to prove that they are normal	Yes	01	10	02	20	03	30
		No	09	90	08	80	07	70
		Total	10	100	10	100	10	100
09	Children with disabilities are happy with all the punishments their teachers and parents give them	Yes	06	60	06	60	06	60
		No	04	40	04	40	04	40
		Total	10	100	10	100	10	100
10	Children with disabilities have guidance and counseling clubs	Yes	05	50	04	40	09	90
		No	05	50	06	60	01	10
		Total	10	100	10	100	10	100

N = Total number of respondents expected

n = total number of respondents to a particular item.

A, B, C are the codes given to schools sampled

Table 11 reflects the children with disabilities' views on guidance and counseling in primary schools.

In item 1, 44% of the respondents agreed that they are free to address their problems to the teachers, 56% consented that the children with disabilities are not free to address their problems to the teachers and this is at a greater percentage.

In item 2, 60% of the respondents said that teachers try to keep secrets about the problems children with disabilities tell them and 40% said that teachers don't keep their secrets. They don't observe confidentiality.

44% of the respondents asserted that, guidance and counseling meetings are conducted in their schools and 56% revealed that, guidance and counseling meetings are really conducted. This is revealed in item 3.

52% of the respondents revealed that, all the teachers mind to guide and counsel the children with disabilities, 48% said that, some teachers are no mindful to guide and counsel the children with disabilities.

In item 5, 20% of the respondents revealed that, parents come to school to guide and counsel children with disabilities and 80% revealed that, parents don't come to school to guide and counsel the children with disabilities

About teachers visiting children with disabilities at their homes to share issues with parents affecting the children with disabilities, 12% of the respondents accepted that, teachers do so and 88% said that, teachers don't do so. Item 6 in table 11 reflects this;

24% of the respondents accepted that, the school administrations give incentives to children with disabilities who perform and behave well. 76% revealed that, no incentives are given to those children with disabilities. This in turn demotivates them.

In item 8, 86% of the respondents asserted that, fellow children with disabilities mislead them into loving normal children or men. This is because of the gifts they get from normal children or men to prove that they are normal in secrecy. 14% only disagreed that fellow children with disabilities don't lure them into love affairs with normal children or men and are later abandoned since the normal peers are ashamed of associating with them.

In item 9, 24% of the respondents revealed that, children with disabilities are happy with all the punishments their parents and teachers give them. 76% on other hand are not happy with those punishments. This means that, punishments greatly contribute to high dropouts among children with disabilities from schools.

In item 10, 100% of the respondents revealed that, they do not have guidance and counseling clubs in their schools. This is an oversight which schools need to correct.

4.3 Research question three

To what extent is the community involved in the education of the child with disabilities?

To answer the question, views from the head teachers, teachers and children with disabilities in primary schools were obtained.

Table 12: head teachers' views on community involvement on the participation in physical education:

Item	Response	A		B		C	
		n	%	N	%	n	%
1 (a) All parents attend meeting to support PE sessions for children with disabilities	Yes	00	00	00	00	00	00
	No	01	100	01	100	01	100
	Total	01	100	01	100	01	100
(b) Challenges faced as parents fail to attend meetings		Failure to implement what others discuss Failure to facilitate children with disabilities		Failure to facilitate children with disabilities		Non-compliance	
2 (a) being connected with the way parents facilitate their children with disabilities		n	%	N	%	n	%
	Yes	00	00	00	00	00	00
	No	01	100	01	100	01	100
	Total	01	100	01	100	01	100
(b) loophole areas		Personal effects		Improper facilitation on sanitary pads and knickers		No lunch, inadequate stationary	
3 (a) The community gives full support to the school		n	%	N	%	n	%
	Yes	00	00	00	00	00	00
	No	01	100	01	100	01	100
	Total	01	100	01	100	01	100
(b) The support needed from the community for Children with disability in PE		Building more structures, feeding children, supply scholastic materials		Providing equal opportunities to both children with disabilities and normal children to access education		Provide lunch to children with disabilities at school	

4 (a) Culture affects children with disabilities' participation in Physical education		n	%	N	%	n	%
	Yes	01	100	01	100	01	100
	No	01	100	01	100	01	100
	Total	01	100	01	100	01	100
(b) Cultural habits that have affected children with disabilities over the years		Early marriages, Funeral, baby sitting, child labor		Early marriages		Child labor, early marriages	

N = Total number of respondents expected

n = total number of respondents to a particular item.

A, B, C are the codes given to schools sampled

Table 12 reflects the views of head teachers on community involvement on participation in physical education.

In item 1(a) in table 12 reflects 100% of the respondents who said that, not all parents attend parents' meetings organized by the respective schools. This means that at least some parents remain out of information about the school programs.

In item 1(b), the head teachers sited the challenges they face as a result of parents' failure to attend meetings. They include failure to facilitate the children with disabilities, inadequate implementation of what was discussed on communication barriers.

100% of the respondents are not contented with the way parents facilitate their daughters. This leaves a lot to be desired. Table 12 also reveals the loophole areas which need immediate attention. They included lack of land, inadequate stationery, inadequate personal effects and no pads among others.

20% of the respondents revealed that the community gives full support to the schools and 80% redetected the views. The respondents in item 3(b) outline the areas that need support from the community. They were building more structures; feeding children, supply more scholastic materials, parents to provide opportunities to both normal children and children with disabilities and building more latrines and urinals

100% of the respondents consented that culture affects the children with disabilities' education. The major cultural habits sited in item 4(b) included early marriages, long funerals, baby seating and child labor

Table 13: teachers' views on community involvement on participation in physical education

Aspect	Response	A		B		C	
		n	%	N	%	n	%
Community leaders regularly sensitize the parents	Yes	01	20	00	00	02	40
	No	04	80	05	100	03	60
	Total	05	100	05	100	05	100
Contentment with the support the community and parents give to children with disabilities about PE	Yes	00	00	00	00	01	20
	No	05	100	05	100	04	80
	Total	05	100	05	100	05	100
Community parents' attitude towards perfecting the PE skills	Negative	They give support because they want bride price		They encourage early marriages		Partially negative	
Piece of advice given to the community about their children with disabilities	Taking children with disabilities to school	Develop positive attitude towards children with disabilities' education		Provision of necessities needed at school		Sensitize the children, giving moral support	
Education status of mothers	Very low	School dropouts mostly		Low education status		Primary dropouts	
Impact of the mothers' education status	Most children with disabilities have dropped out of school	High marriages High dropout rate		Most children with disabilities have dropped out of school		Negative impact	
Things needed by the parents or community to provide	Provision of effect, scholastic materials	Providing children with disabilities with enough necessities		Sanitary pads, knickers, soap, jelly, shoes and pens		Feeding children with disabilities Provision of scholastic materials and sanitary pads	
Evils community parents commit to children with disabilities	Defilement	Failure to guide and counsel their children with disabilities		Sexual harassment, child neglect		No sensitization, exposure to bars, discos and films	

In table 13, 28% of the respondents revealed that community leaders regularly sensitize the masses about the need to educate children with disabilities. 72% said that the community leaders don't regularly sensitize the public about educating children with disabilities.

12% of the respondents are contented with the support parents give to their children with disabilities while in schools. 88% were not contented with the parents' support for children with disabilities.

In table 13 still, the community attitude towards children with disabilities' education is revealed. The community is divided into two, those with positive attitude and those with negative attitude towards children with disabilities' education. Parents have been advised to support their daughters accordingly. Most of the children with disabilities' parents are of low education. They dropped out of school and got married. Due to this, there is little encouragement for children with disabilities to go to school. Defilement, exposure to bad social places, sexual harassment are examples of social evils mentioned.

Table 14: Children with disabilities’ views on community involvement in children with disabilities’ education:

Item	Response	A N=10		B N=10		C N=10	
		n	%	n	%	n	%
Parent provide children with disabilities with lunch at school	Yes	03	30	02	20	06	60
	No	07	70	08	80	04	40
	Total	10	100	10	100	10	100
Community leaders talk to children with disabilities’ parents about the value of education	Yes	06	60	06	60	02	20
	No	04	40	04	40	08	80
	Total	10	100	10	100	10	100
Most of the children with disabilities’ parents are educated	Yes	05	50	03	30	06	60
	No	05	50	07	70	04	40
	Total	10	100	10	100	10	100
All the children with disabilities’ parents attend meetings at school	Yes	02	20	06	60	03	30
	No	08	80	04	40	07	70
	Total	10	100	10	100	10	100
People in the community don’t ask children with disabilities for sex	Yes	03	30	02	20	09	90
	No	07	70	08	80	01	10
	Total	10	100	10	100	10	100
Children with disabilities get married and pregnant early	Yes	06	60	03	30	02	20
	No	04	40	07	70	08	80
	Total	10	100	10	100	10	100
Ex-pregnant children with disabilities go back to school	Yes	09	90	05	50	05	50
	No	01	10	05	50	05	50
	Total	10	100	10	100	10	100
Most defilers are arrested and taken to court	Yes	02	20	06	60	03	30
	No	08	80	04	40	07	70
	Total	10	100	10	100	10	100
Some children with disabilities are kept at home as baby sitters and helping at home	Yes	02	20	09	90	05	50
	No	08	80	01	10	05	50
	Total	10	100	10	100	10	100
Parents favor normal children than children with disabilities	Yes	09	90	02	20	06	60
	No	01	10	08	80	04	40
	Total	10	100	10	100	10	100

N = total number of respondents expected.

n = total number of respondents in a particular item.

A, B, C are the codes given to schools sampled.

In table 14, 30% of the respondents revealed that, parents provide lunch to their children with disabilities. 70% said that, parents hardly provide lunch to their children with disabilities while in school. 70% of the respondents contented that, community leaders talk to the children with disabilities' parents about the importance of educating the child with disabilities. 30% said that, community leaders don't talk to their parents. According to these results, it clearly indicates that community leaders have tried their level best to sensitize parents.

100% of the respondents acknowledged that, most of the children with disabilities' mother's are not educated. This is a serious problem which needs to be addressed. 24% of the children with disabilities selected said that all the children with disabilities' parents attend school meetings. 70% of the respondents said that not all parents attend school meetings.

72% of the respondents acknowledged that, people in the community disturb children with disabilities, asking them for sex. Only 28% refused the allegation. 76% responded that children with disabilities get married and pregnant early. 24% of the respondents didn't agree on the statement.

Review:

Arising from presentations and interpretations in this chapter, therefore, the major findings of the study are as follows;

- The respondents revealed that, their schools lack adequate accessibility to sports facilities and resources that are helpful for the retention of the child with disabilities in school.
- The majority of the respondents acknowledged that, guidance and counseling is not effectively managed in school. This is mainly due to lack of resources like funds.
- Community involvement in participation in physical education is a very big challenge in terms of inadequate provision of lunch at school, scholastic materials and cultural ties like high demand for bride price which accelerates early marriage and favor normal children at the expensive of children with disabilities' education

The findings conclusively, therefore, revealed that, there is inadequate attendance of children with disabilities in PE lessons in primary schools. Observable negation of attitude towards the PE lessons emanates from primary four and worsens in primary six and seven respectively. The next chapter discusses the findings, draws conclusions and makes recommendations from the study.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Overview:

In this chapter, the results are discussed according to the three research questions that were passed to guide the study. Besides this, conclusions and recommendations are drawn from these findings.

5.1 Discussion:

Research question one

Are there adequate resources and accessibility to sports facilities for the comfort of the children with disabilities in PE lessons?

The researcher in this question was interested in finding whether there is adequate resources and accessibility to sports facilities for the comfort of the child with disabilities in schools.

The researcher reveals that, larger numbers of children with disabilities are admitted in primary one every year and somehow manage to complete the lower primary classes with a constant number but as they reach primary four, they begin dropping slowly. By the time they reach primary six and seven, the number reduces below a half of the number admitted in primary one. The evidence to this is in table 4 in chapter 4.

The head teachers consented that the resources and accessibility to sports facilities for the children with disabilities in primary schools are inadequate. They said that inadequate resources and accessibility to sports facilities is due to poverty in the community, ignorance of the parents, inadequate support from the parents, insufficient funding by government and negative response of parents to children with disabilities' needs. The teachers and children with disabilities also agreed with the head teachers that, there is serious lack of resources and accessibility to sports facilities in schools for children with disabilities. All the three parties,

children with disabilities, teachers and head teachers revealed that schools lack soap, basins, guidance and counseling rooms, sanitary pads, changing and washing rooms, water sources, Jerry cans, furniture, brushes, access to sports facilities and shoes among others. Absence or inadequacy of these resources and accessibility to sports facilities has affected the retention of children with disabilities in schools. This finding matches with what William K said. He asserts that, in order for effective learning to take place, the learner needs to be provided with a conducive learning environment; and physical education is vital for fitness of the learner physically, emotionally and mentally. This includes constructed classrooms, a set of text books, exercise books, counting tools, furniture and relevant learning and teaching aids and guidance and counseling equipment. Sheirhamann (2014) points out the reasons why children with disabilities do not participate actively in PE and sports lessons and sessions in primary schools. They include the lack of appropriate accessibility to sports facilities and places, limited prospects in the labor market, lack of security both inside and outside the school, family poverty and competing demands on children with disabilities' time.

Teachers and children with disabilities revealed that the respected school administrators don't facilitate the PE teachers and those who are directly charged with responsibility of guidance and counseling the children with disabilities in schools. PE teachers lack guidance and counseling rooms, facilities, equipment for indoor games, and personal effects for the benefits of the children with disabilities. Children with disabilities find it hard to cope with school programs in PE due to inadequacy and insufficiency of utilities. There is evidence that some children with disabilities have had talents handicapped due to being uncomfortable and stigmatized at school since they lack utilities and have unique gait from the peers who are normal. This concurs with what Chide M (2014) said about the challenges of UPE. He contended that large numbers have implications for the resource availability and budget

allocation among the sub sectors. The researcher's view is that the school administrations are failing to facilitate the PE teachers due to inadequate funding, so, they put other priorities into consideration like stationery in order to make the whole school operate.

The teachers' and children with disabilities' respondents revealed that in most of their schools, children with disabilities lack walk ways and special seats in latrines. However, the major challenge the children with disabilities revealed is inadequacy of latrines stances and urinals and lack of equipment of cleaning them like soap, brushes, scrubbers, gumboots among others affecting the hygiene yet some of the children are immune suppressed. The researcher also observed this challenge in all the schools sampled. Ocklas (2022) observed that children with disabilities face more imitational barriers than the normal children. She cited that inadequate rooms like classrooms, latrine stances, affect children with disabilities the more. She appealed to the communities to contribute to the construction of the schools through financial or in kind contributions. In the researcher's view, it's really the duty and responsibility of all stake holders in the child's learning to ensure that necessary accessibility to sports facilities like latrines, urinals and classrooms among others are available. This is the only way children with disabilities can be made comfortable in schools.

On the issue of human resource, this study has proved that there are very few female teachers in schools. Some schools have only one female teacher on the staff according to the teacher respondents, children with disabilities' respondents and the researcher's analysis of the school's records. Schools with fairly reasonable number of female teachers experience a lower dropout rate and schools with fewer or no female teachers project a higher dropout rate. It is so because female teachers help in guiding and counseling the children with disabilities and can handle issues which are too hard for male to handle like management of special sports needs. PE teachers are also required to act as the role models for the children with

disabilities to emulate and be encouraged to work hard in schools and be like those teachers in future. Leeds (2012) revealed that the inadequacy of careers, guidance and counseling systems in developing countries affect children with disabilities' education. Children with disabilities are more ill prepared than the normal peers who already have better chances of entering higher education. She observed Uganda's education system to be lacking enough PE role models to motivate children with disabilities to enter higher education. Scholastic and play materials are not adequately provided to children with disabilities. Teachers in this study revealed that some children with disabilities come to school without enough writing tools like books, pens, pencils, and other personal effects like uniforms, sportswear and shoes. Teachers also said that play materials are not adequately provided by schools. Children with disabilities also confirmed this. Absences of all these materials keep children with disabilities idle in schools. Once they are harassed by teachers due to lack of sportswear for doing PE lessons, they decide to leave school. Most children with disabilities also complain of personal effects which they are not sufficiently given. These include things like knickers, shoes, jelly, dresses, and shirts, among others. Transport of children with disabilities to and from schools is difficult. Children with disabilities who move for long distances don't have easy means of transport like bicycles. A greater percentage of both teachers and children with disabilities consented this. During my interaction the with both teachers and children with disabilities, the research found out that, despite the many schools which government has established, some children still move to school far away from their homes, claiming to be looking for schools with fair standards and those of their religious affiliations. This has put children with disabilities to risks like child sacrifice, kidnapping, truancy late coming and reaching school when tired. In school, they also lack furniture. This has made the children with disabilities uncomfortable when in classes and more so when they are in their menstruation periods. Normal children also disturb them in the process of struggling for the desks. Consequently,

they become frustrated and tend to lose interest in studies. According to children with disabilities, they said that due to their numbers in classrooms, space in some classrooms is not enough. This has caused overcrowding.

Generally according to question one of this study, whether schools have adequate resources and accessibility to sports facilities for children with disabilities in schools, there is no clear proof that schools sampled have adequate resources and accessibility to sports facilities for children with disabilities. The resources and accessibility to sports facilities are mainly physical, material, financial and human. Improper coordination of all these has led to serious dropout among children with disabilities from schools.

Researches question two:

What is the level of participation of children with disabilities in physical education primary schools?

The researcher in this question was interested in finding out the level of guidance and counseling in primary schools.

The research findings revealed that most of the schools do not have guidance and counseling rooms. This was consented by all respondents; the head teachers, teachers and children with disabilities. The researcher also confirmed this by touring the respective schools.

Ministry of Education and Sports (1995) points out that. Uganda has no law reorganizing guidance and counseling services. Many education planners, policy makers and heads of institutions are not trained in guidance and counseling methods. Due to lack of training, guidance and counseling are neglected. It is against this background that the researcher can now say lack of guidance and counseling rooms in schools is due to what the ministry of Education and Sports observed. So, there is need for an urgent intervention.

However, the respondents pointed out the challenges that refrain them from conducting effective guidance and counseling. They said that;

- Some children with disabilities fear to approach teachers for assistance.
- Children with disabilities are seduced into sex and early marriages by the community.
- There is lack of team work and cooperation among teachers and parents.
- Children with disabilities don't follow pieces of advice given to them.
- Ministry of Education and Sports, PIACSY (2004) asserts that negative gender relations like early sex and marriages endanger children with disabilities greatly

These have failed children with disabilities from completing the primary school course and have high chances of contracting HIV/AIDS.

There is clear evidence that guidance and counseling is not regularly conducted in most schools. This was consented by teachers and children with disabilities who were sampled. The researcher also confirmed this using the documentary analysis. Guidance and counseling records were not seen in schools. Evidence of meetings with the children with disabilities was fertile. Children with disabilities revealed that they fear to present their problems to teachers because teachers are harsh and they fear their problems to be exposed to other children since confidentiality is not assured.

There is also complete lack of active clubs in schools and yet these clubs would be helping children with disabilities to express themselves and develop skills. Examples of these clubs ignored include debating clubs, subject clubs, games and sports clubs and other groupings. Absence of these clubs has made the children interact little.

From teachers and children with disabilities responses, there is clear evidence that some teachers are not bothered to guide and counsel these children with disabilities. Therefore, some children with disabilities live with their problems without any help. These teachers who try to do so, end up being over loaded and over worked. Similarly, most parents don't come to

school to help in guidance and counseling their children. Some fear schools due to their low level of education, so, they have inferiority complex. Teachers on the other hand don't take the initiative to pay courtesy visit to their children with disabilities' homes to discuss pertaining to the children with disabilities' education. These poor relationships have impacted on children with disabilities negatively. This is consistent with the ministry of Education and Sports report (1995) that, guidance and counseling services are neglected and therefore children are prone to face many challenges.

The research findings also revealed that some children with disabilities dropout of school education due to poor performance. Teachers highly consented this. Once these children with disabilities perform poorly in examinations or tests, they feel embarrassed and consequently lose interest in learning. Ministry of Education and Sports (2004) points out that the ratio of normal children to children with disabilities in primary schools has improved from 55:48 in 1986 to 52:48 in 2000 to 51:49 in 2003.

However, it was said equity still needs to be achieved. Also worrying is that children with disabilities perform worse than normal children and are less likely to make the transition to post primary education and training institutes. Farrant (2985) asserts that the training of teachers should be full of sufficient knowledge and skills of what they teach in order to promote pupils' interests in the subjects they teach.

Findings from children with disabilities and teachers reveal that peer group influence accelerate the rate of child with disabilities dropout from schools. Children with disabilities mislead one another to love normal children or men. Consequently, this has resulted into early marriages, early sex, and unwanted pregnancies. This is in line with the ministry of Education and Sports report (2004) that, harmful cycle. Negative gender relations like early sex, wanted or unwanted pregnancies endanger children with disabilities greatly. The

ministry adds that this has failed children with disabilities from completing the primary school course and have high chances of contracting HIV/AIDS.

In summary, the major obstacles to children with disabilities' education under guidance and counseling according to this study are;

- Lack of guidance and counseling accessibility to sports facilities in schools
- Lack of motivated and dedicated staff to guide and counsel the children with disabilities
- Poor relationships between parents and teachers
- Negative peer group influence among the children with disabilities
- Low levels of life skills developed in children with disabilities.

Once the above areas are addressed, children with disabilities will lead to a comfortable life in schools.

Research question three

Is the community actively involved in the education of the child with disabilities?

This question specifically sought to establish whether the community is actively involved in the education of the child with disabilities. To answer this question, the head teachers, teachers and the children with disabilities' views were sought.

In table 20 about the head teachers' views on the community involvement in education, they revealed that some parents don't attend parents' meetings when convened. This keeps them out of information about school programs. Consequently, they become non-compliant and rebellious to the programs. Children end up not being facilitated well in terms of stationery, uniforms, sanitary pads, among others.

The parents' participation in schools' activities becomes low. For example, in helping to buy country materials and funds to build structures like classrooms, latrine, urinals, kitchens and guidance and counseling rooms. The parents and the community therefore are important stakeholders in schools, so they need to be actively involved in school affairs and activities. This replicates what Anywar ; O, (2006) said. It was said that a school can gain resources from the community and the community can help in guidance and counseling and in constructing school structures. In line with Anywar's views, the head teachers outlined the areas they need support from the parents and the community. They included helping in building more classrooms, latrine, urinals, in order to supplement government's effort. They need parents to help to feed children at school, provide enough stationery, personal effects like uniforms, jelly, underwear, soap, among others. Children with disabilities and normal children should be given equal opportunities to access school education and be facilitated equally. This also concurs with the citation of Christina E.E et Al (1997) that most poor families had it that they would rather educate the normal children for family headship of households and property inheritance since the children with disabilities will marry and go away.

The head teachers and teachers consented that those cultural beliefs affect children with disabilities' education in this sub county. The major cultural habits they cited included early baby-sitting, neglect by parents, stigma by friends and child labor and inferiority complex of children with disabilities in the society. These have created negative impact in children with disabilities' education. This is against Obanya S (2010) said. He advises teachers to spend much time with pupils preparing them to be responsible people. He said that pupils should be told about the neglect and stigmatization of children with disabilities. Action Aid Uganda (2009) noted that although the number of pupils reaching P.7 has been slightly increasing, still about 90% of the pupils with disability who sat P.1 together, don't survive up to P.7 since

the inception of UPE. Among other reasons for school dropout include abandoning schools, lack of interest, lack of scholastics, inaccessible facilities and segregation by teachers in class. The findings also revealed that, community leaders have played their role to sensitize the masses about the value of educating children with disabilities. However, the challenge still remains to the particular parents who have not embraced the call. Some deliberately keep their children with disabilities at home without sending them to school. Even some of those sent to school are not adequately facilitated. Some parents have taken in for granted to send only normal children to school, leaving children with disabilities at home. This matches with the ministry of Education and Sports (1998) contents. It asserts for quite some time, education of the children with disabilities has been sacrificed for that of the normal ones. Usually if the choice must be between paying school fees for children with disabilities or normal children, it's most likely that the funds available will be used on educating the normal children rather than the children with disabilities. Even when parents are not poor, there are cases when children with disabilities' education have been kept to a bare minimum.

Most parents have negative attitude towards children with disabilities' education because of their low levels of education. According to the respondents, most of the children with disabilities' parents, especially mothers are lower primary dropouts. Due to this, there is little encouragement and support for children with disabilities to go to school. This conforms with what Kotwal et Al (2007) revealed. It revealed that, the main factors for dropouts among the children with disabilities from schools in rural areas were the reluctance of parents and negligence to the demands of such children. The parents' education statuses were poor and they didn't give us much importance to the education of the children with disabilities as they did to their sons. Due to failure to go to school, these pupils cannot as well access physical education opportunities.

The research findings also revealed that, social injustices also accelerate the rate of child with disabilities dropout from schools. Defilement and rape on these children doesn't attract the required attention since most society members undervalue children with disabilities. This makes them learn with fear. Men and normal children in the community disturb these children with disabilities, asking them for sex in secret, disorganize them and this has crippled their education. This was according to the children with disabilities who responded in anonymity. Geoffrey (2010) points out in the young talk about violence as being common in our homes and community. It has led to death, injury, unhappy families, shame, fear, school dropout, poverty, disability and spread of HIV/AIDS (Sexually Transmitted Diseases). Generally, the question of community involvement in participation in physical education has yielded positive and negative effects. The most positive results from this question are the involvement of community leaders in participation in physical education by creating sports facilities, supporting Paralympic sporting events and sensitization of children to accept their conditions and explore their ability. They have endeavored to sensitize the masses to cherish the value of educating the child with disabilities. However, the biggest challenge is on the side of the individual parents. Some are yet to implement what they have been sensitized to do; while others have a negative attitude towards helping the special needs children. Cultural ties are still the major obstacle to children with disabilities' education and the researchers' appeal is that the enlightened stake holders should not give up continuing sensitizing the illiterate parents to embrace educating children with disabilities.

5.2 Conclusion

The study established the causes of low completion of children with disabilities in primary school education in Kongunga Town Council in Bukedea District. From the findings, the following can be made;

The resources and accessibility to sports facilities for the children with disabilities are really inadequate. There is complete lack of deliberate efforts to elevate the access to and motivation of learners with disability from enjoying PE. Other utilities which are in short supply include classrooms in schools, latrines and urinals and stances are not enough to cater for the children with disabilities, personal effects like uniforms, sports shoes, and sports equipment. Some schools have few or no materials for children with disabilities to use at school like basins, soap, Jerry cans, latrine and urinal brushes for cleaning and there are few play materials. Absence or inadequacy of all these have tended to affect children with disabilities negatively.

Guidance and counseling is ineffectively conducted in primary schools. All schools sampled do not have guidance and counseling rooms. As a result, privacy and confidentiality are not observed as required. Most teachers had no signs of guiding and counseling children with disabilities. Absence of guidance and counseling records clearly proves this. Meetings with children with disabilities are irregularly conducted and therefore children with disabilities are not sensitized properly about the challenges they go through and how to overcome them.

Physical education teachers are very few in schools, hence lacking PE role models in schools and the society at large. Poor performance among children with disabilities is also a challenge. The findings have proved that some children with disabilities leave school due to poor performance in examinations and tests. Poor between children with disabilities and teachers has made children with disabilities to fear to address their problems to teachers. Therefore, guidance and counseling loopholes need to be corrected in order to help the children with disabilities stay in school until they complete primary seven.

Low community participation in educating children has greatly affected children with disabilities in schools. The findings have proved that parents have not helped their children well to provide them with enough scholastic materials like books, pens, pencils, uniforms, among others. The most serious outcry is failure to provide mid-day meals to their children with disabilities at school. Most children with disabilities are not encouraged by their parents to go to school. This is because of the parents' low levels of education and cultural beliefs which cherish bride price and this has forced children with disabilities into early marriages. There is evidence of poor relationship between teachers and parents. Parents rarely visit their children in schools to share problems affecting them. Similarly, teachers have ignored to visit children in their homes and this could help them know the conditions in which those children live.

During the oral interviews and interaction with the respondents, the researcher discovered the problem of low funding in schools. This has made schools to be in a sub standard way. Providing necessities to children with disabilities at school has then become a challenge. All resources and accessibility to sports facilities the schools lack need adequate funding in order to procure them.

5.3 Recommendations:

Following the discussions of the findings and conclusions of the study, the researcher made the following recommendations on how to retain the children with disabilities in schools;

The government through the ministry of Education and Sports should increase the funds sent to schools in order to help them (schools) procure adequate resources and accessibility to sports facilities necessary for the comfort of children with disabilities in schools, for example, building guidance and counseling rooms, enough latrines and urinals, buying sanitary pads, play materials, soap, basins, first aid kit and drugs among others.

Using inspectorate department; the ministry of Education and Sports should intensify the supervision and monitoring of guidance and counseling services in schools. Teachers should be trained and retrained on guidance and counseling skills for effective guidance and counseling programs in schools. Incentives should be given to teachers who excel in guidance and counseling. This will motivate them.

Parents and community should be adequately sensitized about the challenges affecting children with disabilities in schools in order to devise means together with the teachers on how to overcome these challenges. They should also be sensitized about the importance of educating children with disabilities and help them to embrace those values.

The government should intensify adult literacy programs to help most of the illiterate and ignorant parents to acquire skills, knowledge and values which help them cherish school education and develop positive attitude towards educating children especially children with disabilities.

Continuous assessment should be done effectively; This will reduce examination pressures which have consequently led to high levels of dropouts among children. Continuous assessment emphasizes assessing and evaluating all domains because very few individuals are gifted in all domains.

The urgent need is on the welfare of children in schools. Parents should be allowed by the government to contribute money for their children's lunch in schools. This will improve on the physical well-being and learning conditions of children in schools.

5.4 Areas for research

This study was not exhaustive. The researcher therefore makes the following suggestions for further research;

1. A study on the role of school administration in the provision of resources and accessibility to sports facilities to schools.
2. Challenges faced by primary schools in acquiring school accessibility to sports facilities.
3. An investigation on teachers' motivation on guidance and counseling.
4. The impact of mid-day meals in the learning of children in primary schools.
5. The cause of low parents' participation in primary school affairs.

Review:

In chapter 5, the discussion of the results, conclusions from the discussions were made and recommendations have been put across.

The main issues that were discussed were;

The inadequacy or absence of resources and accessibility to sports facilities for the effective handling of children with disabilities in primary schools. The accessibility to sports facilities lacking or which were insufficient ranged from material, physical and human resources. Physical meant inadequate latrines, urinals and guidance and counseling rooms. Material meant sanitary pads, play materials, scholastic materials, furniture, soap, basins among others. Human resources meant very few female teachers, unskilled or less skilled teachers in guidance and counseling. The conclusion was really that, many children with disabilities have dropped out of school due to those Factors. For the correction of the above loopholes, the researcher made the following recommendations like a need for the government to increase on funds for primary schools to use for acquiring resources and accessibility to sports

facilities, training and retraining teachers on guidance and counseling skills and there is need to sensitize and educate the parents and the community about the benefits of educating children with disabilities in the community.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FORM TO THE HEAD TEACHER

BUSITEMA UNIVERSITY

FACULTY OF SCIENCE AND EDUCATION

DEPARTMENT OF EDUCATION

QUESTIONNAIRE FORM TO THE HEAD TEACHER

Dear respondent, the purpose of this questionnaire is to assess the factors affecting the teaching of physical education to physically disabled children/pupils. You have been identified to help the researcher get some information about this study and therefore you are kindly requested to provide genuine information, since it was be treated confidentially.

I would like to thank you in advance for your cooperation.

SECTION ONE: Background information

1. Sex Female Male
2. Age 20-30 31-40 50 51-60
3. School -----

SECTION TWO

4. Do you have disabled pupils in your school?
Yes No
5. Do teachers at yours teach physical education to pupils with physical disabilities?
Yes No
6. Are there opportunities for pupils with physical disabilities to participate in physical education lessons?
Yes No Not Applicable

7. Does the school have equipment and accessibility to sports facilities for teaching adapted physical education?

Yes No

8. To what extent does children with physical disabilities participate in physical education lessons.

(Use a tick for any one)

- High intensity
- Medium intensity
- Low intensity
- Not aware

9. Does your school support teachers in the teaching of physical education to physically disabled children?

Yes No

10. Please indicate whether you agree, disagree and uncertain whether the challenges listed below affect the teaching of physical education to physically disabled children.

(put tick mark)

POSSIBLE CHALLENGES	AGREE	DISAGREE	UNCERTAIN
• Large classes			
• No accessibility to sports facilities and equipment			
• Lack of skills to handle children with physical disabilities in physical education lessons			

<ul style="list-style-type: none"> • Negative attitude from; <ul style="list-style-type: none"> - Disabled pupils to physical education - Teachers in handling disabled children 			
<ul style="list-style-type: none"> • No text for teaching physical education to physically disabled children 			
<ul style="list-style-type: none"> • Disruption of non-disabled by disabled pupils. 			
<ul style="list-style-type: none"> • Limited time 			
<ul style="list-style-type: none"> • Lack of sensitization to teachers on the importance of physical education to physically disabled pupils. 			

11. How is your school overcoming the above challenges?

YES

NO

I. Addition of more time

II. Professional development

III. Providing equipment and accessibility to sports facilities

IV. Motivation

V. Teacher Pupil Relationship

VI. Having special skills

If there are others, specify.

APPENDIX II: INTERVIEW GUIDE FOR PUPILS

BUSITEMA UNIVERSITY

FACULTY OF SCIENCE AND EDUCATION

DEPARTMENT OF EDUCATION

INTERVIEW GUIDE FOR PUPILS

Dear respondent, the purpose of this questionnaire is to assess the factors affecting the teaching of physical education to physically disabled children/pupils. You have been identified to help the researcher get some information about this study and therefore you are kindly requested to provide genuine information, since it was be treated confidentially.

I would like to thank you in advance for your cooperation.

SECTION ONE: Background information

1. Name of the school -----
2. Sex Female Male
3. Age 05-10 11-15 above 16
4. Indicate your class -----

SECTION TWO:

Factors affecting the teaching of physical education to physically disabled pupils

5. Do you like physical education?
Yes No
6. Have you got opportunities to go for physical education lessons?
Yes No
7. Are you taught physical education lessons together with pupils with physical disabilities and non- disabilities?
Yes No

8. How often do you participate in physical education?

9. Do physical education taught in this school?

Once a week Twice a week Thrice a week

10. Please indicate whether you agree, disagree and uncertain whether the challenges listed below affect the teaching of physical education to physically disabled children.

(put tick mark)


POSSIBLE CHALLENGES	AGREE	DISAGREE	UNCERTAIN
<ul style="list-style-type: none"> • Large classes 			
<ul style="list-style-type: none"> • Lack of accessibility to sports facilities and equipment 			
<ul style="list-style-type: none"> • Lack of skills to handle children with physical disabilities in physical education lessons 			
<ul style="list-style-type: none"> • Negative attitude from; <ul style="list-style-type: none"> - Disabled pupils to physical education - Teachers in handling disabled children 			
<ul style="list-style-type: none"> • No text for teaching physical education to physically disabled children 			
<ul style="list-style-type: none"> • Disruption of non-disabled by disabled pupils. 			
<ul style="list-style-type: none"> • Limited time 			
<ul style="list-style-type: none"> • Lack of sensitization to teachers on the importance of physical education to physically disabled pupils. 			

11. How is your school overcoming the above challenges?

	YES	NO
I. Addition of more time	<input type="checkbox"/>	<input type="checkbox"/>
II. Professional development	<input type="checkbox"/>	<input type="checkbox"/>
III. Providing equipment and accessibility to sports facilities	<input type="checkbox"/>	<input type="checkbox"/>
IV. Motivation	<input type="checkbox"/>	<input type="checkbox"/>
V. Teacher Pupil Relationship	<input type="checkbox"/>	<input type="checkbox"/>
VI. Having special skills	<input type="checkbox"/>	<input type="checkbox"/>

THANKYOU

APPENDIX IV: LETTER OF INTRODUCTION TO THE FIELD

 **BUSITEMA UNIVERSITY**
Passing Excellence

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**FACULTY OF SCIENCE AND EDUCATION
DEPARTMENT OF EDUCATION**

06th May, 2024

TO WHOM IT MAY CONCERN

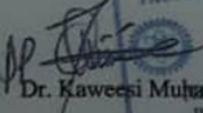
BACHELOR OF EDUCATION, PRIMARY


MR/Ms. OTIM WILLIAM is a student
of Bachelor of Education, Primary of Busitema University, Faculty of Science and Education,
Nagongera Campus. His/her Registration Number is... BULUP/2021/2876

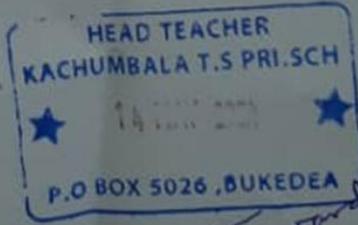
The purpose of this letter is to formally request you to allow him/her to access any information in
your organization which is relevant to his/her research.

His/her research topic is... FACTORS AFFECTING THE TEACHING OF PHYSICAL
EDUCATION TO PRIMARY CHILDREN WITH PHYSICAL DISABILITIES
IN PRIMARY SCHOOLS IN KONGUNGA TOWN COUNCIL, BUKEDEA DISTRICT

Yours Sincerely,

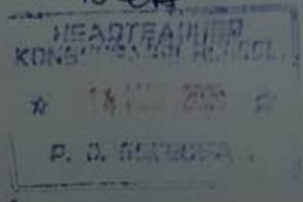

Dr. Kaweesi Muhombed
Ag Head of Department, Education



BUSITEMA UNIVERSITY
DEPARTMENT OF EDUCATION
FACULTY OF SCIENCE AND EDUCATION
06 MAY 2024
NAGONGERA CAMPUS
P.O BOX 236, TORORO (U)


HEAD TEACHER
KACHUMBALA T.S PRI.SCH
P.O BOX 5026, BUKEDEA

30/05/2024

*Forwarded to
Collect data
Linda Sny*


HEAD TEACHER
KONGUNGA T.S PRI.SCH
P. O. BUKEDEA


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