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The Impact of Parental Attitude and Practices toward Children with Special Needs in Oyo State

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Abstract

This paper reports the findings of a study designed to explore the impact of parental attitude and practices toward children with special needs in Oyo State. Participants included 25 parents of children with special needs. Their attitudes were assessed using an adapted Parental Attitude Scale (0.71). The result revealed differences in the attitude of parents on various domains of the scale. They indicated that their attitude has brought about positive academic performance and social development of their children irrespective of their level and type of disability. The study however, revealed that parents' attitude is a strong determinant of academic performance and social competence of children with special needs. Based on these findings, it was recommended among others that parents should look beyond their children's disability and improve on their attitudes toward them in order to fulfil their potential.

Keywords: Parental Attitude, Parental Practices, Children With Special Needs

Introduction

Every child needs education irrespective of any real or imagined disability. Persons with special needs have been denied education for years, until about three decades ago when the Federal Government implemented some changes in the policy and practices of education which gave the children with special needs access to educational opportunity like any other child. The federal government of Nigeria has declared its stand concerning the education of children with special needs which is to give concrete meaning to the idea of equalising educational opportunities for all children their physical, sensory, mental, psychological or emotional disability notwithstanding (FGN 2013).

Despite the position of the federal government on the education of children with special needs, a number of factors have been affecting and inhibiting the education of children with special needs. Some of these factors are, our cultural values, superstitious beliefs, our society and parents' attitude among others. These factors are present with us because most Nigerians are yet to accept children with special needs as human beings and part of society because of their

conditions (Fehintola, 2019, Mba 1995). Worst still, the parents of these children are not helping matters, they put up incessant attitude that adversely affect these children especially their academic performance.

Children with special needs are those with disability that are physical, intellectual, sensory, or age-related disability or mental illness or combination of these, who faces barriers in the social and physical environment. Physical disability reduces physical capacity which for example affects mobility. Sensory impairment affects the senses, mostly the sight and hearing. Mental illness is a mental health condition arising from continuous or intermittent disorder related to thinking, feeling, volition or behaviour. Intellectual disability is permanent impaired learning ability which prevents people from developing the range of physical and social skills usually found in a person of that age. Age related disability could be physical, sensory, intellectual disability, or mental illness related to onset of old age. These include conditions which can affect younger people, such as Alzheimer's disease or stroke, but which are more often found amongst older people.

Moreover, looking critically at the academic performance of children with special needs, especially in core subjects like English language, there is need to pay attention to the attitude of parents because of its serious implication on the academic performance of these children. Rousseau (1996) carried out an assessment on the relationship between school performance and emotional problem as reported by parents and discovered that academic achievement is associated with emotional problem. Most parents display negative attitude to these children as a result of their emotional problems. (Gwanshak and Milaham, 2015), Aremu (1999) posited that students whose parents adopt the democratic style of parenting fare better academically than their counterparts whose parents are autocratic (Kosterelioglu, 2018). From Taylor's findings, he discovered that parental expectations of a student's ability did not significantly predicts academic outcomes, students whose parent adopted autocratic parenting style scored lower grades in school. Also, students whose parents were permissive scored lower grades (Taylor 1995). There are researches that have placed high premium on the importance of positive parenting. This has indicated that positive parent-child interaction could serve as a boost to academic performance (Aremu 2000).

Parent's attitude towards children with special needs should improve. Although there have been serious considerations on the well-being of parents of children with special needs, in many instances, parental reactions to the birth of a child with disability can be compared to description made by (Diagnostic and Statistical Manual of Mental Disorders of 1987). It is obvious that family attitude especially that of parents contribute to prognosis in these children. It has been established over the years that negative parent's attitude has contributed immensely to poor academic performance of children with special needs. The major feature of this traumatic disorder is the development of characteristics symptoms following a psychologically distressing event that is outside the range of usual human experience. This can happen to anyone that is in this terrible situation. And the experience is accompanying with fear, terror, rejection and helplessness.

Gibran (1986) opined that children are the perfect extension and expression of a couple's love and care. There is a kind of serious emotional expectation from expectant parents of a glorious

and perfect baby but contrary is the case as it appears like a mirage when the long expectation of a perfect child suddenly turns to something else, this may be the cause of the negative attitude of parents. The most common trauma is the threat it plays on one's life, integrity, and possibly one's family or profession. Accepting the child is the number one problem that the parents are confronted with. Bhan (1995) posited that series of emotions, such as denial, guilt, blame, frustration, anger and despair, sweep through the parents as they are confronted by their children's disability. They suddenly and unexpectedly lose hope of having a perfect baby. This often causes grief and condemnation and this makes them to shift blame on themselves that they are possibly the cause of the problem. Most parents are plagued by feelings of pessimism, hostility, and shame (Rangaswamy, 1989).

Parents of children with special needs develop terrible sorrow that are characterised by periodic recurrence of sadness, guilt, shock, and pain (Wikler, Wasow, and Hatfield 1981). Denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are some of the usual parental reactions (Drew, Logan, and Hardman 1984). Every child is special in his or her own way, but parents are confronted with the challenges of preparing these children to face life challenges and how to handle personal problems that they encounter. Every parent wants his child to be physically, mentally, and emotionally perfect. It is certain that the birth of any child with a disability or sudden discovery that a child is having a form of disability has serious negative effects on the family. It is much more devastating for a family to have a child born with disability.

The fact that every parent needs to know is that every child and family is unique. Although initially, parents' responses, reactions, and attitude may not be palatable so also is the entire community. Whatever the level of birth defect that a child might be having, parental attitude and practices can go a long way to affect a child's behaviour and bring about either a positive or negative academic performance. Negative attitudes cycle is limiting opportunities for children with disabilities (Cologon, 2013). Some of the domains of attitude to be considered in this study are: over-protection, acceptance, rejection, hostility and education.

Moreover, there are lots of factors that can influence the well-being of a family. One of these factors is the emotional and physical health of the parents. According to the Journal of the Indian Academy of Applied Psychology (2007), parents are the heart of the family. They are mostly concerned with the issues related to their child's disability. This is the more reason why parents should be careful of their relationship with their children in order not to allow the disability or birth defect of any kind to affect their well-being. It is certain that having a child with disability affects everyone in the family. The presence of a child with special needs leads to lots of crisis and misunderstanding in the home, but when parents' relationship is strong and supportive, it enriches the life of all family members. Most clinical observations show that parents are often portrayed as exhibiting guilt, ambivalence, disappointment, frustration, anger, shame, and sorrow, even many researches revealed that most parents are prone to be affected with various problems in their families and as well experience emotional problems (Beckman, 1991). A study was carried out by Friedrich and Friedrich (1981) where he studied the differences between parents of children with intellectual disability and those without intellectual disability. The result revealed that parents of children with intellectual disability have less marital satisfaction, less socio-support, lower physical well-being than parents of children without intellectual disability.

Teachers generally agreed in the study that parents' involvement is important for children's success and teachers' effectiveness also. Mothers especially experience lots of trauma and marital difficulties because they are faced with indifferent attitudes and non-cooperation when it comes to the care of their children with special needs (Shamin, 2002).

Attitudes to children with disabilities can be one of the key facilitators or a serious barrier to their inclusion and participation in mainstream education. Inclusive education provides an opportunity for the development of appropriate attitudes toward people with disabilities. Westwood and Graham, (2000) confirmed that exposure to children of all types on a daily basis allows typical children to observe that, just like themselves; children with disabilities have strengths and weakness.

Parents of children with special needs in most cases develop coping strategies to deal with the behavioural problems of these children. One of the ways is to overprotect the child. The overprotection may be to avoid our own parental pains and disappointment. Every parent dreams of having a perfect child before the birth of a child, but the moment it is discovered that there is disability, feelings of anxiety, guilt, insecurity, self-pity and hopelessness set in. These disappointed parents develop negative attitudes toward the child. They fail to make realistic demands on the child (Perosa and Perosa 1982). They end up over-protecting them. Unfortunately, the danger in overprotection is even bigger than the parent could imagine

Over-protection affects the personality development of children, being an over-protective parent will not in any way help a child with special needs. This parenting style has severe effects on children such as robbing them the essential life skills that they need in order to have a healthy personality and to face life problem (Radwan 2006). As a result, the child grows up with fears of taking risks and belief that he is not capable of facing life on his own and thus his self-esteem deteriorates. Being too permissive is another sign of being overprotective, when we allow these children to be involved in anything that is not profitable to them or in order not to upset them or make them feel uncomfortable, we often allow them to have their ways making case because of their disability. Whenever a parent is too permissive, agreeable, and supportive, without making appropriate attempts to correct, and challenge the child's bad behaviour it is overprotection (Radwan 2006).

The moment parents of a child with special needs discover that the child is having a specific disability, to accept the child becomes problem. Parents find it difficult to recognise that these children have strengths, despite the disability. Accepting the fact that there is ability in disability becomes impossible. Whereas many of these children can perform excellently in vocations and creative activities, like singing, drama, sports, drawing and painting if only the parents can accept them and help them identify their areas of strength and work towards developing it. According to Williams, Vaughan, Huws, and Hastings (2014), Acceptance Commitment Therapy (ACP) has been found helpful in rehabilitating those with brain injury. Emotional acceptance is also important in helping those with special needs to get over their distress. If parents can only work toward accepting their children with any form of disability, it will result in all round development and well-being of those children.

Children with disabilities often experience serious rejection from parents, they experience significant difficulties and encounter additional risks within family and school context to be

victims of rejection (Kourkoutas and Tsiampoura 2011). Parents find it difficult to be identified with these children. They go to the extent of denying them simply because of the disability. This is not good enough in that it is a way of denying a child of his or her right. Such a child will not have a sense of belonging. It becomes obvious in most parents the way they relate with their children with disability that they are reacting to the fact that they are not what they expect during pregnancy period.

The moment it is established that a child is with disability, parents begin to react and behave in such a way to show to everyone around that the child is not accepted. Few of these parents take time to even sit down and flash back on their attitude, eating and drinking habit and lots of other things they got themselves involved in during the period of pregnancy that could have possibly resulted in having a child with disability. They also fail to seek counsel on what could be done in times like this. They are just ready to totally reject the innocent child.

The moment parents discover that their children are with one disability or the other, they begin to put up hostile behaviour towards these children as if they are the cause of their predicament. People with disability are the potential victims of violence and hostility both in the home and outside home. Findings have shown that people with disability are victims of avoidance and hostility (Sin, Hedges, Cook, Mguni, and Comber, 2011). People with disability should be meaningfully included in every sector instead of being hostile to them, they should be shown love.

There is need for more inclusive approach where people with disability will be involved in different working sectors, important decision making forums and perform other important roles rather than being inflicted with the attitude of hostility that the family and environment at large are displaying toward them. This will make life worth living for them and give them a sense of belonging to a serene environment and society. It will also afford them the opportunity of contributing their own quota to the development of their immediate environment.

Parents of children with disability should know that it is the joint responsibility of the parents, teachers, and the government to provide educational services for children with disability. Education of these children should be the primary focus of the parents. Educational inclusion encompasses a right for children with disability to enrol with peers without disability and learning alongside in the same classroom with provision of additional support for those with specific disability. The concept of inclusive education has been extended to address socially constricted and contextual aspects of diversity, arising from culture, ethnic opportunity and linguistic barriers to effective educational opportunities (Elkins, Van Krayenoord, and Jobling, 2004).

It is clearly stated in the National policy on Education (FGN, 2008) that every Nigerian child has a right to equal educational opportunities their level or type of disability notwithstanding. It is quite unfortunate that the aim of the federal government of Nigeria is yet to be realised as related to the National Policy on education (FGN 2008, 2013). There have been series of conflicting views between the parents and educators on what the education of persons with special needs should look like. The right of children with special needs to be enrolled in regular schools and to be included in regular classroom setting has brought lots of difficulties. This right has been otherwise influenced with issues like parental aspiration, teachers' expertise, school resources,

and system policy. There have been multiple confirmation of unresolved perspectives on parents' attitude and lots of discrepancies according to attitudinal research on Inclusion (Elkins, Kraayenour, and Jobling 2004). Thus, this study investigated parents' attitude and practices toward children with special needs in Oyo State.

Existing research have focused on societal attitude and practices toward persons with special needs. Most parents of children with special needs have not realised that their attitude towards these children may have significant impacts on their academic and social competence. Few researches have been carried out in the area of domain of attitude and practices of parents of children with special needs. This study therefore explored the impact of parental attitude and practices towards children with special needs.

Research Questions

- (1) What is the attitude of parents towards their children with special needs?
- (2) What is the experience of children with special needs with their family members at home?
- (3) Would parents' attitude and practices have a negative or positive impact on children with special needs?
- (4) How do parents of children with special needs treat their children when visitors are around?
- (5) What is the level of involvement of children with special needs in house-hold chores?
- (6) How do parents communicate with children with special needs?

Method

This study adopted the descriptive survey research design. The sample for this study consisted 100 parents of children with different type of disabilities in Oyo State that were purposively selected haven satisfied the criteria that they have children with one disability or the other. The parents' age ranges from 30-50 and their children were of both genders. The parents are either from Christian or Muslims religion with different income levels. The samples were classified based on their religion, income, and education. One adapted and validated instrument titled: Parent Attitude Scale (Rangaswamy, 1989) was used to gather the data. Parents' attitude towards their children was assessed through the administration of a 3-point, 40-items on Parent Attitude Scale. The items in the scale spread equally into 5 areas, namely: over-protection, acceptance, rejection, hostility and attitudes toward education. The sensitivity of the scale was established by comparing scores of children without special needs and those with special needs. The scale has high test re-retest reliability value of 0.91, and is found to be a highly valid tool in measuring the parent attitude towards children with special needs. The study data were analysed using descriptive statistics of frequency count, percentage, mean and Standard deviation.

Results

The summaries of data analysis are as discussed below;

Table 1: Name of Location of Respondents

Location	Frequency	Percentage (%)
U.I Special school/clinic	14	14.0
Omoyeni school for the handicapped	33	33.0
HLA (Hisgibulilahi, Agodi Ibadan school for the handicapped)	53	53.0
Total	100	100.0

Table 1 reveals that 53.0% of the respondents are from H.L.A and 33.0% of the respondents are from Omoyeni. 14.0% of the respondents were from University of Ibadan Special Clinic. However, it implies that majority of the respondents were from H.L.A. Agodi, Ibadan.

Table 2: Frequency distribution of Respondents by Age

Age group	Frequency	Percentage
30 to 35 years	13	13.0
36 to 40 years	14	14.0
41 to 45years	26	26.0
46 to 50 years	8	8.0
51 to 55 years	26	26.0
56 years and above	13	13.0
Total	100	100.0

Table 2 reveals the frequency distribution according to age range of respondents. The result shows that respondents with age range of 41-45 years and 51-55 years were (26.0%), while age range of 36-40 years were (14.0%) of the total respondents, and age range of 30-35 years and 56 years and above were (13.0%) while age range of 46 to 50 years were (8.0%). This shows that respondents with age range of 41-45years and 51-55 years have the highest percentage.

Table 3: Frequency distribution of Respondents by Gender

Gender	Frequency	Percentage(%)
Male	31	31.0
Female	69	69.0
Total	100	100.0

Table 3 reveals frequency distribution according to gender with high percentage of female as (69.0%), while male was (31.0%). This implies that female has higher percentage use for the study.

Table 4: Frequency distribution of Respondents by Educational background

Educational background	Frequency	Percentage (%)
Primary Education	17	17.0
Secondary Education	36	36.0
No formal Education	30	30.0
Unable to finish	17	17.0
Total	100	100.0

Table 4 reveals that 36.0% of the respondents has secondary education, 30.0% of the respondents has no formal education, while primary education and those that were unable to finish were (17.0%) of the total respondents respectively. However, it implies that majority of the respondent has secondary education.

Research Question Q1: What is the attitude of parents towards their children with special need?

Table 5 Attitude of parents towards their children

S/N	Items	SD	D	SA	A	Mean	SD
1	Everything a student's needs to go to school is made available for me	17.0	26.0	45.0	12.0	2.52	.915
2	I love to go to school like others but I am always asked to stay at home	46.0	26.0	27.0	1.0	1.83	.865
3	I am always sent out of the school	39.0	17.0	19.0	25.0	2.30	1.227
Weighted Average						2.23	1.00

Weighted Average = 2.21

Table 5 shows the attitude of parents towards children with special need. Out of 100 respondents, (67.0%) agreed that everything a child needs to go to school is made available for them as against (33.0%) that disagreed, supported with (mean=2.52), while (28.0%) of the respondents agreed that they love to go to school like others but they are always asked to stay at home as against (72.0%) that disagreed supported with (mean=1.83), and (44.0%) agreed that they are always sent out of the school as against that (56.0%) that disagreed, supported with (mean=2.30). Meaning that the attitude of most parents towards their children with special need was positive.

Research Question 2: What is the experience of children with special needs with their family members at home?

Table 6 Children with special needs and their experiences with family members at home

S/N	Items	SD	D	SA	A	Mean	SD
1	My daily experience of hostility from every member of my family is becoming unbearable for me	42.0	13.0	35.0	10.0	2.13	1.079
2	I don't have people to play with because they are not friendly	28.0	45.0	23.0	4.0	2.03	822
3	I always enjoy the company of people at home because they will always make me feel like playing even when I don't feel like	16.0	12.0	54.0	18.0	2.74	939
Weighted Average						2.3	0.95

Weighted Average =2.3

Table 6 shows that the children with special needs have better experience at play with their family members at home. Out of 100 respondents, (45.0%) agreed that their daily experience of hostility from every member of their family is becoming unbearable for them as against (54.0%) who disagreed on this as supported with (mean=2.13), and (27.0%) agreed that they do not have people to play with because they are not friendly as against (73.0%) who disagreed, supported with (mean= 2.03), while (72.0%) of the total respondents agreed that they always enjoy the company of people at home because they always make them feel like playing even when they do not feel like, as against (27.0%) that disagreed supported with (mean=2.74). Meaning that children with special needs have better play experiences with their family members at home.

Research Question 3: What is the impact of parent attitude on their children with special needs at home?

Table 7 Parents' attitude and practices at home and the impact on their children with special needs

S/N	Items	SD	D	SA	A	Mean	SD
1	I always feel bad because of the type of treatment I am exposed to often at home	27.0	28.0	36.0	9.0	2.27	.962
2	My siblings are better treated unlike myself in everything	52.0	16.0	23.0	9.0	1.89	1.053
3	My parents don't have any trust or believe in me	36.0	40.0	13.0	11.0	1.99	.969
Weighted Average						2.05	0.99

Weighted Average = 2.05

Table 7 shows parent attitude and practices have a negative or positive impact on children with special needs. Out of 100 respondents, (45.0%) agreed that they always feel bad because of the type of treatment they are exposed to often at home as against (55.0%) that disagreed supported with (mean= 2.27), and (32.0%) agreed that their siblings are better treated unlike themselves in everything as against (68.0%) that disagreed supported with (mean=1.89). while (24.0%) agreed and indicated that their parents do not have any trust or believe in them as against (76.0%) that disagreed supported with (mean=1.99). Meaning that majority disagreed that parental attitude and practices have a negative or positive impact on children with special needs.

Research Question 4: How do parents of children with special needs treat their children when visitors are around?

Table 8 How parents treat their children when visitors are around.

S/N	Items	SD	D	SA	A	Mean	SD
1	I don't like how daddy treats me when visitors are on visit	23.0	16.0	44.0	17.0	2.55	1.029
2	I enjoy the company of mum's friends whenever they are around	17.0	19.0	39.0	25.0	2.72	1.026
3	I am treated like a full fledged member of the family	21.0	25.0	49.0	5.0	2.38	0.874
4	I doubt if of a truth I am bonafide member of my family the way my parents treat me	43.0	14.0	32.0	11.0	2.11	1.091
Weighted Average						2.44	1.01

Weighted Average = 2.44

Table 8 shows how parents of children with special needs treat their children in the presence of visitors. Out of 100 respondents, (61.0%) agreed that they do not like how daddy treats them when visitors are on visit as against (39.0%) that disagreed, supported with (mean = 2.55), while (64.0%) of the total respondents agreed that they enjoy the company of mum's friends whenever they are around as against (37.0%) that disagreed supported with (mean = 2.72), and (54.0%) agreed that they are treated like a full fledge member of the family as against (46.0%) that disagreed supported with (mean = 2.38), while (43.0%) of the total respondents agreed that they doubt it if of a truth they are bona-fide member of their families the way their parents treat them as against (54.0%) that disagreed, supported with (mean = 2.11). Meaning that majority of the children with special needs accepted that their parents display positive attitude toward their children.

Research Question 5: What is the level of involvement of children with special needs in house hold chores?

Table 10 The level of involvement in the house chores by children with special needs

S/N	Items	SD	D	SA	A	Mean	SD
1	My parent were surprised the first time I swept the surroundings	7.0	16.0	50.0	27.0	2.97	.846
2	I don't like doing some house chores	18.0	34.0	24.0	24.0	2.54	1.049
3	There is no work my parents don't allow me to attempt	15.0	31.0	37.0	17.0	2.56	.946
4	I like arranging the dining table	7.0	8.0	59.0	26.0	3.04	.790
Weighted Average						2.77	0.907

Weighted Average = 2.77

Table 10 shows the level of involvement of children with special needs in house hold chores. Out of 100 respondents, (77.0%) agreed that their parent were surprised the first time they swept the surroundings as against (23.0%) that disagreed supported with (mean= 2.97), and (48.0%) agreed that they do not like doing some house chores as against (52.0%) that disagreed supported with (mean= 2.54), while (54.0%) agreed that there is no work their parents do not allow them to attempt as against (46.0%) that disagreed supported with (mean= 2.56), and (85.0%) agreed that they like arranging the dining table as against (15.0%) that disagreed supported with (mean= 3.04). Meaning that the level of involvement of children with special needs in house hold chores is encouraging.

Research Question 6: How do parents communicate with children with special needs?

Table 9 How Parents Communicate with their children with special needs

S/N	Items	SD	D	SA	A	Mean	SD
1	I am always shut down whenever I try to talk when others are discussing	15.0	27.0	44.0	14.0	2.57	.913
2	My parents are always ready to hear and learn from me about what we learnt in school	16.0	20.0	45.0	19.0	2.67	.965
3	I am always allowed to speak my mind on any issue	13.0	26.0	38.0	23.0	2.71	.967
Weighted Average						2.65	0.948

Weighted Average =2.65

Table 9 shows the consequence of parent’s communication on children with special needs as displayed for positive learning outcomes of their children. Out of 100 respondents, (58.0%) agreed that they are always shut down whenever they try to talk when others are discussing as against (42.0%) that disagreed supported with (mean= 2.57), also (64.0%) agreed that their parents are always ready to hear and learn from them about what they learnt in school as against (36.0%) that disagreed, supported with (mean= 2.67), while (61.0%) agreed that they are always allowed to speak their minds on any issue as against (39.0%) that disagreed, supported with (mean= 2.71). Meaning that majority agreed that the consequence of parent’s communication on children with special needs affect their learning outcomes in their children.

Discussion

The aim of this study is to assess the parents’ attitude towards their children with special needs, whether sensory, intellectual, physical or mental disability. The result indicated that there are differences in the parents’ perception of their children. It was discovered that most parents tend to overprotect their children the moment they discover that they are with one disability or the other. They themselves put up feeling of guilt, self-pity, hopelessness, and emotional instability, as a result, they feel the way out is to over-protect the child. Perosa and Perosa (1982), Nabuzoka and Smith (1993) confirm that over-protection and rejection are the common parental attitude towards children with disability. Whenever parents discover that their children is with one disability or the other they automatically develop negative attitude towards the child instead of working towards helping the child to maximise his potential, they become overprotective. Such parents need to work on themselves to be able to cope with the challenge of nursing a child with special needs to the state of becoming self- reliant. Many of these children do better in

vocational skills and creative activities, parents just need to be painstaking to identify the areas of interest and strength of these children and help them develop it maximally.

Parents of children with special needs will have a change of attitude if they can be fortunate to be exposed to mental health professionals and support system where they will meet with experienced parents that can share their own experiences with them. This will help the parents to overcome the stress and the negative attitude towards their children and probably help them to know what strategies to use to bring the best out of their children. McGraw, Ball, and Clark (2002) affirmed that there is a strong association between supportive social networks and the positive psychological well-being of parents of children with disabilities. Most parents find it difficult to share burden with their neighbours and family members, but they feel free and open up within support group to discuss pertinent issues bordering them meeting those they are in the same shoes. Wong, Wong, Martinson, Lai, Chen and He (2004) confirmed that support group is an effective forum to help parents develop realistic expectation for the child and to engender feelings of competence.

Parent should stop being hostile, overprotecting and rejecting these children, they should look away from expecting excellent academic performance from these children but painstakingly source for the gold in them and help them develop it. They should be allowed to run errands at home and be fully involved in every activities going on at home, by so doing, their self-esteem and sense of belonging become very strong and as a result they will be able to do so many thing independently.

Conclusion

Parents' attitude has been seen as the major determinant of overall performance and achievement of children with disability. If parents can have access to social support network where their emotional problem can be attended to immediately they discover they have a child with disability, learning that an end of the world has not come, if they can only patiently learn from the experienced ones how to cope and overcome their shock, feelings of insecurity, hopelessness and fear. If they can develop positive feelings of assertiveness, hope, confidence, self-esteem and endearment, there will be no limitation in how far their positive attitude can take their children.

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