PERCEPTION OF INCLUSIVE EDUCATION AMONG THE MOTHERS HAVING CHILDREN WITH CEREBRAL PALSY

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We the under sign certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

PERCEPTION OF INCLUSIVE EDUCATION AMONG THE MOTHERS HAVING CHILDREN WITH CEREBRAL PALSY

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Declaration

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of the study. I would be bound to take written consent from my supervisor & Head of the physiotherapy Department of Bangladesh Health Professions Institute (BHPI).

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CONTENTS

Acknowledgement

Acronyms

ADL   : Activities of Daily Living

BHPI   : Bangladesh Health Professions Institute

BMRC   : Bangladesh Medical Research Council

CWD   : Children with Disability

CP   : Cerebral Palsy

CRP   : Centre for the Rehabilitation of the Paralysed

IE   : Inclusive Education

IEP   : Individual Educational Plan

IRB   : Institutional Review Board

SE   : Special Education

SEN   : Special Education Needs

UNESCO   : The United Nations Educational, Scientific and Cultural Organization

WHO   : World Health Organization

WMTS   : William and Marie Taylor School

List of tables

Abstract

Purpose: The purpose of the study was to find out the perceptions of mothers having children with CP towards inclusive education. *Objectives*: The objectives are to find out mothers understanding about inclusive education, to find out the socio-demographic information of the parents, to find out the barriers of inclusive education and to find out suggestion regarding inclusive education for children with CP and to explore the mother's positive and negative experience to continue their children inclusive education. *Methodology*: The study was conducted by using of Qualitative method. Ten participants were selected and this qualitative study conducted in the William and Marie Taylor School in CRP, which is a non-government organization, located in Savar. Participants were selected by purposive convenience sampling. All data collected through face-to face interview by using a semi-structured research question and given freedom to explain their feelings in their own words. They also received opportunity to talk and described their feelings and real facts or incidents. The entire interviews were recorded by the audio recorder and transcribed the interview in Bangla. Finally, Bangla data were translated into English and then the researcher coding and themes were made from the participants answer. *Result*: From the result of the study it is found that mothers having CP children have understanding about inclusive education, they understood the importance of inclusive education for their children.

Key words of this study: Children with CP, Education for all, special education, Inclusive education, mother's perception,

1.1 Background Information

Education is an important human right and is seen as the key to having a better and more rewarding life survival, protection and development of human potentialities and education is gradually considered vital to the inclusive and constant development of a society (UNESCO, 2011). Access to quality education regardless of race, religion or other traits, therefore, is basic right of every citizen. In Bangladesh the vast majority of children with disabilities have never attended schools and a large percentage of the ones who do attend mainstream schools soon drop out due to inaccessible school infrastructure, unfriendly school environment and non-inclusive teaching practices (Mallick and Sheeshb, 2013). The minority of children with disabilities that do get places are often not sitting in the same classroom as other boys and girls because of a sense that they need to be separated and treated differently. Globally it is estimated that 70% of children with disabilities, including those with mild mental retardation, can attend regular schools provided the environment is designed to be accessible and the institution is willing to accommodate them (European Agency for Development in Special Needs Education, 2007).

According to Mallick and Sheeshb (2013), inclusive education refers to the practice of including another group of students in regular classrooms: students with physical, developmental, or 2 social-emotional disabilities, and those with chronic health problems. Parents are accepted as the most powerful factor in inclusion (Ozyurek, 2012). The continuation of inclusive education for disabled children will expedite these students through higher education and into a world of independent living and accomplishment. (Daveni and Finkelstein, 2006). It is helpful to acknowledge disability as one of many issues of difference and discrimination, rather than an isolated form of exclusion, and inclusion as a strategy for addressing all forms of exclusion and discrimination (Unicef, 2011). Lacking adequate educational services and opportunities, children with disabilities will likely grow up to become economically and social dependent and vulnerable to long-term poverty (Lundahl, 2005). Stigma persists around disability – many people see little

value in educating children with disabilities, and believe they are incapable of learning or living independent lives. Inadequate infrastructure and human resources, lack of essential teaching and learning materials, lack of transport to reach school, vision and hearing based pedagogy, exam based evaluation systems, an absence of essential facilities and a lack of awareness of advanced technology are all major barriers to education (Rugmini et al., 2014). All children with disabilities, like any other children, have the right to education. If properly trained, they are also capable of making very useful contribution to the society and nation as a whole. This is evidenced by the various products produced by the visually impaired, such as baskets, trays, brushes, brooms, among other things. Hyman (2014) suggested that inclusion can meant different things to different people, depending on the explanation and implementation within different contexts. It is said, "Inclusive education are the key policy objective for education of children and young people with disabilities" (Das and Kattumuri, 2009).

According to the World Health Organization (WHO) 10% of total population in Bangladesh are disabled (Akhter and Rahman, 2004).Parents are accepted as the most powerful factor in inclusion (Ozyurek, 2012). Therefore, it is important to find out this perception of parents and to explore the parent's experiences to continue their children inclusive education in inclusive schools; therefore, it is important to conduct the study. Physical disability in the child may also occur due to lack of oxygen to the child's brain during delivery, use of instruments to help the child birth. Therefore, it is important that the delivery be done by a trained person at home or in the hospital (Conachie et al., 2006). When the disability arises later in childhood, for example, due to an accident or diseases, problems in training can be greater because the individual, who has already got accustomed to one way of living, has to adapt again to an entirely different set of circumstances (Carlson, 2002). Physical disabilities can be caused by: damage to the brain or spinal cord, damage to the muscles or bones and effects of diseases and illnesses on general health (Conachie et al., 2006). Mother's perception constitutes a crucial aspect of quality of care. Accordingly, assessing patient perception is assuming an increasingly prominent role in the current health care system (Pruitt et al., 2007). The researchers assert that it is important to understand and accurately measure healthcare quality from a

2

patient-based marketing prospective because the patient's feedback provides the healthcare provider with insight into alternative methods of organizing, providing or improving the health care (Fitzpatrick and Hopkins, 2008). This observation has resulted in many researchers citing and using the assessment of patient perception as a trustworthy approach for monitoring and evaluating health service quality (Goldstein et al., 2000). This kind of feedback cannot be obtained from administrative data or by observing care directly. Few studies have been written up in literature on parent perception in physiotherapy. However, (Unwin and Sheppard, 2008) in their study recommended that parent perception should be investigated as an outcome measure for paediatric physiotherapy services.

1.2 Rationale

Inclusive education continues to be a dry area in education with a lot of unanswered questions, especially pertaining to the views of mothers of children with CP. Therefore, a study such as this is likely to generate information that would add significantly to the existing body of knowledge on inclusive practices in schools in CRP. It would provide information on perceptions and values attached to inclusive education by mothers and their roles in the strengthening of inclusive practices in schools. From the review of literature, one of the features that surfaces is that, quite a number of mothers actually know about inclusive education system for cerebral palsy children. However they have some points towards the improvement of inclusive education. Cerebral Palsy is one of the causes of physical disability in our country. The number of affecting people is increasing day by day due to lack of awareness. It affects a large number of individual that create devastating effect on a family a society as well as in whole country.

Mothers have a major role in the challenging and dynamic inclusion process that starts with the mother's decision to place their child in an inclusive setting. For a successful inclusion, mother should be willing and have a positive attitude towards inclusion. This research would provide information on parents understanding about inclusive education and the importance of an inclusive education program for children with cerebral palsy. The purpose of this study was to examine mother's perceptions toward the inclusive education of their children with cerebral palsy. It is important to identify the perceptions of parents about inclusive education for their children, because if the researcher knows the mothers perceptions then they will be able to provide a clear clarification easily according to their needs and expectation about what they want for their children. After completing this study, it may help the therapists to know mothers perception about inclusive education. Based on this physiotherapist can plan their intervention plan with children with CP, parents, teachers, classmates and other related people.

1.3 Research Questions

What are the perception of inclusive education among the mothers having CP children?

1.4 Objectives

General objective

To find out the perception of inclusive education among the mothers having CP child.

Specific objectives

To find out the socio-demographic information of the parents.

To find out the mothers view about inclusive education.

To find out the barriers of inclusive education.

To find out suggestion regarding inclusive education.

1.5 Operational definitions

The terms used in the present study are as follows:

Basic Schools – an education institution providing education to pupils from grade 1 up to grade 9 level of education in Bangladesh.

Inclusive Education – a philosophy in which schools have a responsibility of meeting the needs of all children within ordinary education. In addition, teachers are able to differentiate and adapt curriculum and unstructured strategies to suit the differing needs and abilities of each child in an ordinary school.

Inclusive practice – placement of pupils with disabilities and those with specific learning difficulties in ordinary education setting where their special needs are met. The able-bodied and disabled children learn together in an ordinary school or classroom. This may take a particular form such as children with disabilities learning in an ordinary classroom all the time (full inclusion) or periodically with drawing for specialist attention in a resource room. It may also be an arrangement whereby children with disabilities learn separately within an ordinary school through a special class arrangement.

Inclusive schooling – implies that all children no matter how severe their disabilities or how intensive their needs are, should be accommodated in an ordinary class in their neighborhood school. The school they would attend if they did not have a disability. Existing facilities and distribution of resources should be strengthened to enable inclusive practices to be run smoothly.

Ordinary School – a general educational institution exclusively designed for children without disability

Ordinary teacher – An individual who has undergone a formal training in general education and teaching.

Special Education Teacher – an individual who has undergone a formal training in teaching pupils with disabilities and those with specific learning difficulties.

Mainstream – ordinary education, it may also mean an ordinary class or school. Special Education (SE) education exclusively or intended for children with disabilities and those with specific learning difficulties.

Special Education Needs (SEN) - Appropriate education provision for children with disabilities. These include special schools, units within ordinary schools and inclusive classrooms.

Parents'/guardians' views – the parents'/guardian's acceptability of their children with and without disabilities to be schooled in the same classroom.

Mainstreaming – providing the most appropriate education for each child in the least restrictive setting. Combining the skills of general education and Special Education so that all children may have education opportunity in an ordinary school.

It is widely recognized that parental support and involvement is essential for the effective implementation of any educational reform movement (Mudekunye and Ndamba, 2011). That means how positively or negatively parents will accepts there child. Mother's undoubtedly play a critical role in the lives of their children therefore examination of parents views is an important aspect of the evaluation of the inclusion movement. Different study shows different results about mother's views towards inclusive education for their children with disability. Mwanza (2010), studied mother's attitudes towards inclusive education for disabled children. Proper inclusion programs that are applied by providing necessary conditions offer several advantages to disabled and normal developing children and to their mothers. For a successful inclusion, the parents should be willing and have a positive attitude towards inclusion and CP children besides having knowledge and skills about them. The parents of disabled and normal developing children should prepared for the inclusion; necessary physical measures should be done and essential equipment's should be supplied; and the school staff should be informed about the child (Ozyurek, 2012). His results showed that some of the respondents gave a negative answer about inclusion. Findings suggest that these mothers are in favor of an inclusive class setting. Parents reported increases in self-esteem, social skills and academic achievement. Generally, parents of children with disabilities are in favor of inclusion.

Another study of Mwanza (2010) whose finding recorded that mother's firmly action that inclusive education for their children was good. In his studies they show that males had more positive attitudes towards disabled persons than females. One study report that all most all agreed they were satisfied similarly, when both groups of parents were asked about the emotional development of their child, some agreed that their child's emotional development has been nurtured. They also report parent's perception of their child's social needs, again all of the parents agreed that their child's social needs were best meet in an inclusive classroom. Moreover, some of parents did not seem to consider that inclusion is likely to harm the emotional development of their children. Another study

shows that parents are generally in favor of an inclusive education. In a study shows a report on Parents perceptions on children most of the parents thought it was all right to have these children learn together while some felt that it was not alright for the children with and without disabilities to learn side by side in the same classroom's with and without disabilities learning in the same classroom (Booth, 2001).

In literature, mother's views towards inclusion needs have been both positive and negative. However, the present study exposes that there is both positive and negative experiences towards inclusive education (Narumanchi and Bhargava, 2011). In recent times, mothers are more in favor to the inclusive education system. They think and it would provide a stimulating environment for learning. Children who are included have exposure to increase independent communication, learn of augmentative and alternative communication (AAC) strategies and increased speech and language development when providing appropriate care for inclusive education (Cologon, 2013). This inclusive education improved communication and language that indications to greater independence and beginning of communications and increased active participation. Thus, it looks that inclusive education supports communication and language development, which in turn supports greater inclusion. Physical education is extremely resourceful in supporting the participation and learning practices of all students, regardless of their educational needs and individual characteristics. Inclusive PE can bring considerable benefits to all students, teachers and the local community. "All children, and especially those with disabilities, learn to communicate and interact with others and develop cognitive and motor skills in physical education" (Rouse, 2009).

The teachers with experience in teaching such children and those who had a chance to meet and know people with developmental disabilities manifest a more positive perception of their own competence. As the teachers' beliefs and attitudes change to the greatest degree when they gain practical experience and/or participate in effective programs of advanced training (Ben-Yehuda et al., 2010). The fact should serve as a guideline as to the priority steps to be taken in order to further develop inclusive PE in our country/province. Children with cerebral palsy have showed improvements on areas

like- language, communication, play, social skills, cognitive, motor ability and their independence and decision-making skills (Andrews, 2007). The views on the program components showed that majority of the parents (90%) specified that an inclusive setup was helpful for children with disabilities, as they learn from typical children and accepted by all (Company et al., 2001).

Cerebral Palsy (CP) as a "generic term for various types of non-progressive motor dysfunction present at birth, or beginning in early childhood" (Kibel and Wagstaff, 2007). however, clarified that although the lesion is non-progressive; these clinical manifestations often change with neurological maturation. These changes in turn change the functional abilities of the individual, their health and social needs (Backheit et al., 2004). This makes CP a lifelong condition with outstanding effects on the individual child and the carers, and as a result, also contributes to the increasing numbers of children with disabilities that the physiotherapists have to manage.

According to Khan, Anisuzzaman (2011) the definition of disability is "person who has long- term physical, mental, intellectual, or sensory impairment which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others." That means incapacitation in which the affected person can hardly engage in gainful activity due to medical, mental or physical limitation. In cerebral palsy children, eight children died: two of 49 (4%) from an urban area and six of 43 (14%) from a rural area (Collingwood, 2007). Cerebral palsy is common disability condition in Bangladesh. Total number of children with cerebral palsy in Bangladesh is 2.8 million among 144, 109,214 populations. Cerebral palsy is one of the most common causes of chronic childhood disability, with a frequency of 1.4-2.7/ 1000 of live births (Tabib, 2009). The ability to perform daily activities is crucial in order to achieve the goals of almost all activities in everyday life. Many activities require that we are able to handle objects that are fragile and/or can change shape in response to compression forces, like an egg or the stem of a flower. This means that we risk to damage or break the object if the grip forces applied to the surface of the object are too high. If we consider the opposite, applying too little force so as to be on the safe side not to squeeze too hard, we risk that

11

the object slips and is dropped. Most of us learn how to handle objects and adjust our hand and finger movements to perform increasingly difficult tasks during childhood and adolescence. The medical model defines disability scientifically, as a physical, medically diagnosed deficit which handicaps. It is impairment-focused, isolating the experience of disability from external influences such as societal attitudes (Lindsay, 2007). Combine of both the medical and social models in its definition of disability as "long term impairment leading to social and economic disadvantages, rejection of rights, and limited opportunities to play an equal part in the life of the community" (Lindsay, 2007). CP is the most common cause of motor disability in childhoods describes a group of permanent disorders of the development of movement and posture, causing activity limitation that occurred in the developing foetal or infant brain (Karen & Krigger, 2006). The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behaviour; by epilepsy, and by secondary musculoskeletal problems. CP is a condition that occurs early in life and is present throughout a person's lifetime. Actual brain damage of children with CP does not change but symptoms can become more severe over time. As a result, functional impairment or limitation may change as the child grows up. The ability to live independently with CP varies 6 widely depending on the severity of each case (Mobarak et al., 2008). Some individuals with CP will require personal assistant for all activities of daily living. Others can lead semi-independent lives, needing support only for certain activities. Still others can live in complete independence. Children with CP may need assistance in everyday activities, overall health, well-being and physiotherapy performance and the need for personal assistance often depends on age and functional limitation (Thomas et al., 2012).

Physiotherapists play their role in early intervention by focusing on promoting function through remediation, compensation, adaptation and education techniques, while providing family support throughout the entire process (Stephens and Tauber, 2009). The goal physiotherapy is to enable individuals to achieve independence in areas of physiotherapy performance. Such independence can be achieved through self-independence or through an individual directing others such as in an assistant care situation.

Physiotherapy uses purposeful activity and task analysis to prevent and minimize the impact of disability on functional independence and facilitates the development of those skills and behaviours essential to meeting the demands of everyday life (Verschuren et al., 2008).It is widely recognized that parental support and involvement is essential for the effective implementation of any educational reform movement (Slinger et al., 2008) hence, the success of inclusive education requires parental and community support and beliefs in the competence of the education system to meet the needs of all students (Winnick, 20011: Zindi, 2009).

According to the UN report disabled people in Bangladesh comprises of nearly 3% of the total population and according to the report, of the Bureau of Statistics in Bangladesh there are 0.44 mentally disabled persons among each 1000 persons (Nasreen and Tate, 2007). The Bureau of Statistics in Bangladesh says that each population of 1000 persons contains 0.16 physically impaired persons 1.02 persons are lame and another 0.84 persons are disabled. In Bangladesh, a great number of disabled persons are children. Due to the majority, physically and visually disabled children numbers are many. Education for All (EFA), which represents an international commitment to ensure that every child and adult receives basic education of good quality, which is based both on a human rights viewpoint, and on the generally held belief that education is vital to individual well-being and national development (Bennett et al., 2006). However, EFA has given sufficient attention to some relegated groups of children, in particular those seen as having 9 special educational needs or disabilities (Hyman, 2014). Children with disabilities have persisted invisible in the efforts to achieve universal access to primary education. It has become clear that, without targeted methods to help them overcome the barriers, the goals of EFA will not achieved for children with disabilities (UNICEF, 2011).

However, there are parents who prefer and advocate for inclusive education while others favor separate placement (Chakuchichi et al., 2010; Zindi, 2009). The majority of parents of CSN with negative attitudes towards inclusion argue that they want their children with disabilities to learn in special schools where there is safety, resource availability and specialist services. Parents are more concerned about the degree to which their child's

individual education plan (IEP) addresses the needs of their child in an inclusive setting but it may be difficult for schools to find personnel who are sufficiently knowledgeable about inclusive educational goals in order to provide appropriate services to their child (Chakuchichi et al., 2010). Parents are aware that many teachers have negative attitudes towards CSN in physical education because they do not know how to teach them (Winnick, 2011), that is, they do not have adequate specialist knowledge regarding handling learners with disabilities, hence they need knowledge in sport medicine, bioenergetics, sport psychology, sport sociology, kinesiology, biomechanics and exercise physiology (Kanhukamwe and Madondo, 2003). However, even when knowledgeable personnel were available, conflict may arise from divergent perspectives about the child's needs (Lake and Billingsley, 2000). A gradually increasing number of parents want their client to attend a regular school, that is, the same neighborhood school that siblings and children without disabilities attend. Such parents believe that their children receive education that is as near to normal as possible as they are prepared for adult life (Winnick, 2011; Chakuchichi et al., 2010). There are parents who also reiterate that inclusive education in physical education promotes assimilation, accommodation, adjustment and adaptation among learners in a free atmosphere (Kanhukamwe and Madondo, 2003).

It is well known that children with disabilities in developing countries have negligible access to basic education. According to UNESCO, studies indicate that only one to two percent of children with disabilities in developing countries have access to basic education. Bangladesh is no exception. There are as many as 1 in 10 children with special needs in education in the world (Lindsay, 2007). Accessibility is also a big issue in rural or urban for children with disability. A report show that the 96 percent of children with disabilities, who exist in in the rural areas of Bangladesh, have very limited opportunity to attend school (Ahuja and Ibrahim, 2002). Not only is lack of access to schooling, a violation of an article UN Convention on the Rights of the Child, which states the right of all children to free primary education (Ahuja and Ibrahim, 2002) Some parents of children with disabilities feel that regular classes are not accommodating enough for their client for it is a common characteristic that teachers complain that they are overburdened

by the large class sizes, teaching conditions and demands of teaching a diverse range of students (Papadopoulou et al., 2004).

Inclusive education as a process of speaking and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and an opinion that it is the responsibility of the state to educate all children" (Walkar, 2013). It "offers a way of dealing with the negative meanings of "normalization. That means Inclusive education is an approach to educating students with special educational needs, where students with special needs spend most or all of their time with non-disabled students. Hyman (2014) suggested that inclusive education is the process of ensuring that the school attempts to view all learners as unique individuals through the reassessment and reform of its organization. It also attempts to transfer resources and enhance the equality of opportunity (Fox and Ysseldyke., 2001). All children, with or without disability, have a right to education. Children with disability, no matter how serious their disability, have a right to education that promote their fullest potential and their inclusion into the society. The education of the children with disabilities is much more vulnerable in comparison to the other learners of the same age groups. A study on situation of street children with disabilities indicates that only 20% of street children with disabilities go for government primary schools, 57% attend non-formal primary education and again a large number (63%) do not get access to any kind of education (Nasreen and Tate, 2007). Rehabilitation services are internationally recognized as one of the key components of heath care. Presently, only 2% out of over one million people with disabilities in rehabilitation Physiotherapy is one of the rehabilitation services that parents/caregivers of children with CP seek to alleviate the effects of disability on their children. In order to empower parents/caregivers in the care of children with CP and enable them to participate in the establishment of mutual goals of treatment for their children highlighted that physiotherapists need not only to treat the children but also to appropriately educate parents/caregivers about the diagnosis, expected outcome and services available. Furthermore, the issue of health care quality

and customer perception has drawn considerable attention from both academics and practitioners over the last past years. Thus the necessity to measure and monitor quality is critical in public health-care institutions (Anderson and Hinojosa, 2006). In terms of getting along with peers during physical activities as they interact, seek and lend assistance to one another Some parents of children with severe disabilities believe that inclusion in physical education has social and emotional benefits of both children with and without disabilities who are educated in regular classrooms (Calaluce and Chesley, 2007; Kanhukamwe and Madondo, 2003).

Inclusive education is a contentious term that lacks a tight conceptual focus, which may contribute to some misconception and confused practice. In relation to students with disability, the United Nations Educational, Scientific and Cultural Organization (UNESCO) first stated that inclusive schools were the most effective way to counter discriminatory approaches and attitudes towards students. International legislation and policy subsequently evolved to challenge exclusionary practices and focus attention on equity and access to high-quality education for all, while respecting diversity (UNESCO, 2008). According to UNESCO (2009) "an 'inclusive' education system can only be created if ordinary schools become more inclusive – in other words, if they become better at educating all children in their communities)". Article 24 of the UN Convention of the Rights of Persons with Disabilities recognizes that education should be accessible. Without discrimination and on the basis of equal opportunity within an inclusive education system at all levels .It is widely acknowledged, nonetheless, that children with disability continue to experience different forms of exclusion which vary depending upon their disability, domicile, and the culture or class to which they belong (UNICEF,2013).

Kalabula (2005), investigated the views of parents and guardians of visually impaired children learning at schools within the community. It was observed that the parents and guardians of the visually impaired children presented a very positive picture. This was seen in the high percentage (60%) of parents who answered "yes" to the question "are you happy that your visually impaired child is learning at a school within your community?" However, Kalabula's (2005) study, focused only on the parents and

guardians of the visually impaired children. Their views may not be the same with those of parents and guardians of children with other disabilities as well as parents of children without disabilities. Parents of children with other disabilities and parents of children without disabilities may have different views regarding the inclusion of children with disabilities within the community. Secondly, Kalabula's (2005) study does not address any gender issues. His study does not show how many women as mothers or guardians, or how many men as fathers or guardians of visually impaired children responded that they were happy to have their visually impaired children learn in an inclusive setting. This study therefore, endeavored to elicit the views of parents of children with other disabilities as well as the views of parents of children without disabilities.

Cerebral palsy (CP) is the most common chronic disability of childhood today. It is ubiquitous and it occurs all around the world. In developed nations, the incidence is about 1 to 2 per 1000 births. In spite of improved obstetrical and perinatal care, CP remains with us. As a result of injury to the brain, these children have motor defects which will affect them for their entire lifetime. In spite of all these numerous difficulties, cerebral palsied children can be helped (Baker and Selim, 2005). Implementing the right to education requires a focus on individuals' educational needs instead on their inabilities. This allows for referring disability, as suggested inter alia by the Salamanca Statement, to the ability of the education system to meet the diversity of educational profiles within the school system. It is an approach that considers that all students may have an educational need in their career and may require some support to be successful in school, independently from the existence of impairment. It requires schools to be more receptive to diversity of educational needs and profiles and to commit themselves to become pedagogically, socially and physically accessible. By contrast to this educational approach, a diagnostic approach relates disability to individuals' inabilities and associates school difficulties with the latter. It does not present diversity as a core issue for the education system and access to education then depends on individuals' ability to adapt to the system and to cope with existing norms. Access to education depends less on schools' policy than on teachers' goodwill and sense of initiative. Supports are seen less as an opportunity for students' success than as a means to solve the problems students with

difficulties cause to schools (Ebersold, 2008). In countries providing education in special schools, students may start in fully inclusive education, or special classes, but end up in special schools as they get older (Wapiennik, 2008). In some countries, they may also reflect barriers in from education systems that provide different curriculum routes for disabled and non-disabled youth, which may prevent disabled students from applying to higher education and the most professionally-oriented of training routes, even if they do well at school. These opportunities affect some groups more than others and, particularly, those groups that are most at risk of segregation during secondary level schooling.

Chilufya (2004), studied parents' attitudes towards inclusive education for disabled children. His results showed that 77 percent of the respondents gave a negative answer particularly in Kalulushi district where the pilot project for inclusive education was first piloted in Zambia by the Education Sector Support Programme (ESSP) project. His finding sharply differs with Kalabula (2005), who's finding recorded 79 percent of parents and guardians firmly registering that inclusive education for their children was good. Parents'/guardians' views should be considered in designing educational programs because they should be taken on board by professionals as partners in their own right. The physical disability may be present since birth or it may come about later in a person's life. However, a physical disability may or may not be a handicap to a person, as the following real life situations show. Childs who have non-sensory physical limitations i.e. limitations not because of sense organs like eyes or ears, but because of other organs like limbs, bones, joints or muscles. Another thing is health problems which limit the individual's ability to lead a normal, healthy life (Stainbook and Mcleod, 2005).

The Bangladesh Bureau of Educational Information and Statistics undertook a study in 2008 on the "Inclusive Secondary Education Environment for the Children with Special Needs." More information about primary school students with special needs is needed about the broad range of challenges (not just physical) that they face, and information needs to be directly meet from students, parents and teachers. Barriers in example of inclusion of students with disabilities in typical education are often mentioned. Some of these are the inadequate training and attitudes of general education teachers, the huge

class size and the lack of equipment and support personnel (Dimitrios et al., 2008). The lack of specialized training and support for Childs care providers to provide inclusive Childs care as well as concerns about the attitudes of care providers and general education teachers regarding serving 13 children with special needs in their programs (Dimitrios et al., 2008). Access to education also increases individuals' ability to be included into society. Young adults with disabilities accessing mainstream education have better community participation and closer personal relationships than those who do not enjoy such access (Newman et al., 2009). Those who completed upper secondary education are also more likely to gain a satisfactory level of residential independence, a parental status and to be engaged in community activities that can provide opportunities to meet people with like interests, to develop new skills, to experience the satisfaction of shared accomplishments and to make a contribution to the community (Townsley et al., 2010). Parents have greater confidence in boys to take decisions on important life matters as compared to girls. Many parents feel that young people have the right to make decisions; however, they are not sure about their capability to do so. Academic achievement is additionally influenced by children's perceptions of their parents' educational expectations of them. Children are usually aware whether adults have high or low expectations, which influences academic achievement (Eggen and Kauchak, 2001).

Anderson and Hinojosa (2006), stated that in case of inclusive education, parents have various positive and negative attitude and perception about educating their children, so a physiotherapist can provide education based on their incorrect perception. The current and possible roles of the school-based physiotherapist in schools need to be clearly distinct. So that physiotherapy service in school will be easy to applied locally and countrywide to other schools in the developing inclusive education system. Children's use of Internet has some positive effects such as access to information, communication, support to education and individual development. Additionally, it is asserted that children's Internet use also has some negative effects such as exposure to violence and pornography (Yan, 2002). Parent involvement is linked to children's total learning. The greater parent involvement in children's learning positively affects the school performance including higher academic achievement. Cerebral palsy is the most common

motor disability in young people, "it comprises of a group of conditions, heterogeneous in causation and manifestations, grouped together mainly for purposes such as the planning of habilitation and support" (Himmelmann et al., 2005). Key risk factors for the development of the condition are "low birth weight, intrauterine infections and multiple gestation" (Odding et al., 2006). By them a persistent but not unchanging disorder of posture and movement, caused by damage to the developing nervous system, before or during birth or in the early months of infancy". Stokes (2004) stated that the different classifications of CP are based on two things: the impairment and the distribution of this impairment (Graff and Davies, 2008).

Halvorsen and Hanline (2009), common parents' concerns include safety, attitudes of other students, staff and program quality, transportation, district commitment, and potential for failure related to the severity of the child's disability. Identified diagnosis, age, and current placement as factors that have an impact on parent perceptions toward inclusion, recognized that parents' education level, marital status, and number of children were associated with their inclusion beliefs. Parents have a major role in the challenging and dynamic inclusion process that starts with the parents' decision to place their child in a mainstream setting. Consequently, over the last two decades a number of studies examined parent views and concerns about inclusion, leading to contradictory results. Several of these studies concerning parents of children with mild or moderate disability.

| CHAPTER-3 | METHODOLOGY |

3.1 Study design

Qualitative research approach was applied to find out perception of inclusive education among the mothers having CP children. Perception, believe, fear attitude cannot be described in quantitative method. So qualitative research method is used to find out perception of the mothers. In addition, the qualitative research design also permits the description of problematic moments in the individual's life (Denzin and Lincoln, 2003). The qualitative approach was thus used to describe the expectations, experiences, satisfaction attained, and the problems encountered by the mothers of children with CP.

The qualitative method has been used to show the figure. The emphasis has been given on qualitative method to analyze the overall data. The researcher has used three different techniques to integrate other scholars of ideas into this research project (Bailey and Diana, 2007). Qualitative content analysis is one kind of systematic research method used in qualitative research. According to Bowling (2002), "A researcher carried out a content analysis when he would like to present the qualitative data in a categorized manner." This research design utilized open ended questionnaire and face to face interviews because this was suitable for collecting research description in this topic (Hammell and Crepenter., 2006).

Following this information, the researcher analyzed the data in a categorized manner. The process of content analysis is begins with data collection, then data organize into categories way and at last the categorize data represented by coding and thematic analysis (Bowling, 2002). For these reason the researcher thought that qualitative content analysis would be an appropriate study design for this study.

3.2 Study site

This qualitative study was conducted in the William and Marie Taylor School (WMTS) at (Centre for the Rehabilitation of the Paralysed) CRP, which is a non-government organization, located in Savar. For data collection, the researcher used places that recommended by the participants and where the participants feels comfortable.

3.3 Population

The populations of this study were the mothers of children with cerebral palsy in inclusive schools.

3.4 Sampling technique

Sampling procedure was purposive convenience sampling technique. According to this sampling process, the researcher has the ability to select the sample towards the study purpose. By using this sampling procedure can make a judgment about sample & able to collect in depth data from participant according to research needs. The participants were selected by those who meets inclusion and exclusion criteria.

3.5 Sample size

For this study small sample size was taken. So, the researcher could analyze the data from the participant deeply & easily. Only 10 participants was taken as sample until data saturation point was reached. Small numbers of potential study participants are appropriate for a qualitative methodology. They selected according to the researcher purpose and their willingness and accessibility for interview.

3.6 Inclusion criteria

Mothers of the CP children are the participants. Because most of the cerebral palsy children's career is their mother. And for this reason they can always able to stay with their children for this reason mothers of CP child was taken as participant.

Who are agreed to participate and easily accessible. Because the mothers willingness were helpful for coordinating with them & avoiding bias.

Cerebral palsy children study in inclusive school. Children with cerebral palsy and read in inclusive school. Likewise reading in any mainstream school is not necessary for conducting this research. So inclusive school was chosen for this research purpose.

Participants who were able to communicate and had no hearing problems. Clear communication will require for providing answer during the interview session. It is important for collect and collate data.

3.7 Exclusion criteria

CP children who were admitted in the school more than 5 years. Because the more time she was with the school the more she knew about the inclusive education .So for research purpose it was conducted.

Children with un-diagnosed cerebral palsy. If the child whose diagnosis is not confirmed were included in the study the perspective of the mother of other condition child mixed up and influenced the study.

Children without mother or constant career because if the career was not constant she did not able to give appropriate information.

Mothers who are not interested for the participation in this study due to not interested subject selected are unethical.

3.8 Data collection tools

To conduct the study data was collected through using different types of data collection tools. The several materials were organized to successfully complete the interview session. The organized materials were questionnaire, consent form, a tape recorder, paper, pen & a pencil. For a data collection open ended questionnaire were designed to conduct the interviews, during the interview instrument were paper, pen & pencil to write field notes. Which include close ended questionnaire & open ended questionnaire to obtain patient's identification, Socio-demographic information & finding out complicated information about research objectives.

3.8.1 Data collection

Data was collected by the researcher himself. The questionnaire form are completed and filled up in front of the researcher. Face to Face interview by the researcher were held by providing a semi structured questionnaire form. Data was collected in between 12th October 2015 to 23th October 2013. Within 11 days data collection was completed because of patient's availability. Each data was collected carefully & confidentiality is maintained. Data was collected from the mothers who have CP children and used face-to-face interview with open ended questionnaire. That's why participants get more freedom to explore their opinions. Face to face interviews helped to determine participants

understanding of the questions by observed their facial expressions. Questionnaires used in Bengali for easy understanding of the participants. Face to face interview were more effective allowing the participants to interact directly & have feeling, satisfaction & experience to make a good rapport with the participants. The researcher collected the data by own self.

At first, arranged a quiet place by communicating with the regarding authority, and spent some time building rapport and a trusting therapeutic relationship with participants. Initially the interviewer explained the titled & aim of the study to promote the trust of the participants. This was very important for the interview as the participants might have felt uneasy to share some sensitive issues & express their feelings & views. Then the opinion of the participants by using an information sheet and consent form was taken. After completing these primary steps, asked questions to identify the understanding, learning, and importance of this program. All questionnaires and information sheets were translated into Bangla. Interviews were conducted in Bangla and recorded by recorder. Duration of interview was approximately 10-15 minutes for each participant. Venue of interview was WMTS at CRP, Savar, Dhaka.

3.8.2 Questionnaire

For data collection a semi structured questionnaire are used to find out the perception of inclusive education among the participants. Which includes close ended question in some cases to obtain socio-demographic information and open ended question to find out the perception of the participants. Participants were given freedom to explain their feelings in their own words. They also received opportunity to talk and described their feelings and real facts or incidents. This interview procedure provided the opportunities to observe the facial expression of participants and helps the researcher to determine their understanding of the questions. The researcher started from the initial stage of the data collection procedure. At first the researcher verbally presented the details of the study, for example- aim, objectives and purpose of the study, then explained the rights, roles, benefits and importance of the written consent forms in a descriptive way and arranged the interview in a suitable place. Before starting the interview, the researcher asked the participants about the place and time of interview. When the participant agreed with the researcher

and they felt comfort with the place, then the researcher started to interview. During the interview, a recorder used to record the conversations and discussion of the participants and interviewer. Beside recorder, paper and pens also used by researcher during interview for writing the extra information from the participants.

3.9 Data analysis

The qualitative content analysis was used to analyze data of mother's perception about inclusive education. The aim of data analysis was to find out actual meaning of information, which was collected according to the participant's opinion. In this study, data was analyzed by using content analysis. Content analysis is a methodology for determining the content of written, recorded, or published communications via a systemic, objective, & procedure. Thus, it is a set of procedure for collecting & organizing information in a standard format that follows analysts to draw inference about the characteristics & meaning of recorded material the analysis of data began from transcribe of interviews. At first, the researchers organized the interviews and transcribed the entire interview in Bangla from the audio tape recorder. The researcher also read it several times to find out what the participants want to say. Following that, the researcher verified the data and find out the actual themes of the study. When the researcher noticed some similarities between the data, the researcher organized the data according to some major categories and under those categories, some codes established. The codes came out from the research question and each code separated from each other The aim of the data analysis was to find meaning from the information collected. Data analysis is the process of systematically arranging & presenting information in order to search for ideas. In the study all the participants were asked the same questions through semi-structured recording interview. After transcribing the entire interview the data was organized according to interview questions. All transcripts were several times to gain the themes and find out what the participants wanted to say.

3.10 Ethical consideration

The ethical guideline of WHO (World Health Organization), IRB (Institutional Review Board) & BMRC (Bangladesh Medical Research Council) was strictly followed. The research proposal was submitted to the ethical review committee of Bangladesh Health Professions Institute (BHPI) for approval & to CRP's ethical committee for getting permission for data collection. After the proposal was approved to carry on with the study the researcher had moved the study. Researcher takes concern of participants prior to collect interview who are interested to participate in the study. Before starting the interview, signatures obtained from each participant on a Bangla consent form It is clearly explained to the participants that their information may be publishing, but their name and address not be connecting with the research study. The tapes not at harm or risk for them and it not being share with others. It informed that the participant has the right to withdraw the study any time if she would want. In that consent, form the researcher committed to the participant about confidentiality, participant's right and potential benefits of the study that is all inform to the participant during interview. All the participants give their consent to participate in the interview. Before participating in the study the researcher had provided them a written consent form to sign, responsible physiotherapist sign as a witness. The researcher had also signed in the consent form. Only principle investigator had the access of that information. The raw data destroyed after the completion of the research & all the data on computer file were deleted. Finally the study was reviewed & appropriate by the authorities. Considering all those ethical norms & values no ethical problem arises as there were some personal & sensitive questions. The participants were informed that they have the right to withdraw consent & discontinue participation at any time without any prejudice.

3.11 Rigor of the study

The rigorous manner was maintained to conduct the study. This study was conducted in a systemic way by following the steps of research under supervision of an experienced supervisor. During the interview session and analyzing data, never tried to influence the process by own value, perception and biases. Be accepted the answer of the questions whether they were of positive or negative impression. The participants' information was coded accurately and checked by the supervisor to eliminate any possible errors. Try to keep all the participants' related information and documents confidential.

CHAPTER-4	RESULTS

The qualitative study results were analyzed by content analysis. By using this analysis process, the researcher organized collected data according to categories, coding and themes. The participants in this study offered some important insight on the perspectives about the inclusive education. Participants respond according to their perception.

Socio-demographic information at a glance:

Socio-demographic Information	Number of participant
Age	
21-30	6
31-40	4
Religion	
Islam	7
Hindu	3
Residential area	
Rural	7
Semirural	3
Urban	0
Occupation	
Housewife	10
Student	0
Teacher	0
Other	0
Educational status	
Illiterate	0
Primary School Certificate	5
Junior School Certificate	2
Secondary School Certificate	2
Bachelor	1

Table-1: Socio-demographic information of the participant**.**

Among ten participants, most of the participant's age were 21-30 years old and a little number of participant was 31-40 years old. Most of participants were Muslim. The majority of participants were lived in rural area. Most of the participants were literate. All of the participants were housewife. (Table-1)

In the result section, it has been possible to understand the mothers' opinions by content analysis, where some categories have been found. Under the different categories, mothers' different opinions are expressed by different codes. Five major categories were found these are: schooling of their children, perception about inclusive education, children's educational needs, developing their children's social skills, suggestion regarding inclusive education.

Summary of theme that emerged from data analysis

Theme-1: Schooling of CP children

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Schooling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table-2: Schooling of their children

All of the participant's children goes to inclusive school regularly. Their parents actually know about the present need of education of their children (Table-2).

Theme-2: Perception about inclusive education

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
The Chance of studying with the normal child	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clear perception about inclusive education	✓		✓		✓	✓		✓	✓	✓

Table-3: Perception about inclusive education

Most of the participants have a good knowledge and understanding about inclusive education. In the study, it was showed that most of the participant knew well about inclusive education. (Table-3)

Theme-3: Children's educational needs

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Educational need provided by school authority.		✓	✓			✓	✓	✓		✓
Provided by themselves	✓		✓	✓	✓				✓	

Table-4: Children's educational needs

Maximum participants think that their children's educational needs are fulfilled by the school authority. According to their statement school authority provide books, pencil, and other educational accessories which are necessary for their children for learning. (Table-4)

Theme-4: Developing their children's social skills

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Changes behavior, personality and other sides	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Get all kinds of facilities and can adjust easily	✓			✓	✓	✓	✓		✓	
Learn how to go through normal life and environment and can follow the normal children	✓	✓		✓	✓	✓			✓	✓

Table-5: Developing their children's social skills

Most of the parents mentioned that an inclusive classroom is very helpful for their disabled children. Generally, parents whose children have participated in integration programs have more positive views towards integration. Most of the parents said that in an inclusive classroom the students and the teachers help a lot.

Most of the mothers agreed that children with CP could benefit academically from inclusion. Many parents mention that their child did not like to study before, but when being mixed with the normal children now they are doing well on their study more than previously and their interest level also increased in study. (Table-5)

Theme-5: Suggestion regarding inclusive education

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Should set it to higher school	✓	✓	✓		✓	✓	✓	✓	✓	✓
Needs in rural area	✓	✓			✓		✓	✓		✓
Publicity of the school			✓		✓		✓	✓		

Table-6: Suggestion regarding inclusive education

Most of the participants have same opinion regarding inclusive education system. As they all live in rural area they want that this kind of school should be provided in all rural areas. So that many of the children can get proper knowledge and treatment .Some of the participant said that the school is for primary level only if the authority can set it to SSC they will be very helpful for their children for higher education. Some of them emphasized that this school needs proper electronics media for publicity. (Table-6)

Theme-6: Participating in inclusive classes

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Follow the normal children behaviors, wants to play		✓			✓	✓	✓		✓	✓
Improves language, academically			✓	✓	✓	✓			✓	✓
Understand entertainment	✓		✓		✓	✓	✓	✓		

Table-7: Participating in inclusive classes

An inclusive education program helps the children with disabilities to learn from peers. In the category 6 out of 10 participants mentioned that their child has improved a lot in academically, 6 participant mentioned that they improved socially. In an inclusive classroom, children with disabilities can follow the normal behaviors‟ of the normal children. (Table-7)

Theme-7: Participants expectation

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Thoughtful about their children good future	✓	✓	✓		✓		✓		✓	✓
Happy with child's improvement		✓	✓	✓	✓	✓			✓	
No changes occur								✓		

Table-8: Participants expectation

Most of the mothers of CP children are thoughtful about their children good future. (Table-8)

Mothers of children with CP go through various emotional phases, like coping approaches. Mothers go through sorrow, frustration, rejection and anger, for the child's conditions. They are thoughtful about their children future because of rejection affects negatively on children who experience disability, their peers and the adults who engage with them, resulting in demotion, stigmatization and often bullying and abuse.

CHAPTER-5	DISCUSSION

5.1 Discussion

The analysis & discussion is about to identify published papers & determining the relevance with the acquired data. In this chapter the results of the study are discussed in relation to the research questions and objectives of the study. The discussion focus on dimensions of Mothers perception about inclusive education.

Schooling of children

All the participant's children goes to inclusive school.

In a literature, it is found that 47% of the women and 41% of the men did not know that a child with disabilities learning together with children without disabilities in the same classrooms is known as inclusive education. Mwanza, (2010) mentioned in Zambia, it is found that most of the parents/guardians did not know about inclusive education and inclusion was a strange word to most of them. After that researcher explaining that the word "inclusive" meant the learning of both children with and without disabilities in the same classroom, then the respondents understood.

Narumanchi and Bhargava, (2011) stated in India, inclusive education was a modification that was introduced with the understanding that learning difficulty is not necessarily due to a problem within the child but can also be due to the school system.

Perception about inclusive education

Maximum participant actually know about the inclusive education.

One percipient said-

"*I don't know what inclusive education is*"

Another said-

"*I don't know anything about inclusive education*"

Inclusive education can be a difficult concept to define due to a lack of understanding about what „inclusive education‟ means, therefore it is a barrier to inclusion in and of itself. Most of the participants have a good knowledge and understanding about inclusive education. In the study, it was showed that most of the participant knew well about

inclusive education. Five participants out of eight said that their ideas about what inclusive education meant to them. The mother of CP has an idea about the inclusive education but they did not know that their idea was right due to their educational level, and the school authority did not make their idea clear. It is evident that knowledge and ideas of parents of children with disability about inclusive education need to considered, since that will decide the success of inclusion.

Educational need

Maximum participants think that their children's educational needs are fulfilled either by the school authority or by themselves.

One participant said that-

"My child was unable to write before but after admitting in the school he is able to write by his own '

Another participant said that-

"School authority tries to fulfill her child's educational needs by proper therapy and educational accessories"

Through this inclusive education, parents mentioned that their Childs" academics could improve as well. Helpful learning groups increase the academic performance of children because children learn the material more carefully by teaching it to their peers. Students with disabilities who were in inclusive classrooms had higher gains academically and in functional skills than students in segregated classroom. For the children with disability, communication learned naturally in a natural setting (Wright, 2008). Wright (2008) reported that, academic gains as well as gains in self-esteem for students in an included classroom. According to Andrews (2007), it is estimated that children with disability have shown improvement in such areas such as- language and communication, social and play skills, as well as their independence and decision making skills.

Developing child's skills

Maximum participants said that inclusive education helped their child to grow up social skills. Most of the parents of children with disabilities said that before their child did not like getting mixed with people. Now children without disabilities are becoming friends

with children with disabilities and it could enhance the inclusion movement. According to Andrews (2007), children with disability who participate in inclusive classrooms have improved in social behavior more than the normal classroom. These children motivate through a higher frequency of peer engagement and peer influence in the inclusive classroom.

One participant said that-

"Before this he did not understand how to get mixed with children, how to go with normal children. By this inclusive education now she can understand how to get mixed with normal children and learn their normal behaves, and also learn how to go through normal environment"

According to Yssel et al., (2007) parents generally support inclusion because it promotes acceptance, which is vital to their children's social and emotional development. They also include the effect of inclusion on their children's academic, social, and behavioral development. In another literature it is estimate that specific gains were achieve in terms of social cognition, like awareness of other children's needs, social and personal characteristics and greater acceptance (Narumanchi and Bhargava, 2011).

Wright (2008) mentions that, 90.32% of the parents agreed that children with disabilities could benefit academically from inclusion. Many parents mention that their child did not like to study before, but when being mixed with the normal children now they are doing well on their study more than previously and their interest level also increased in study.

Factors for accessing and participating in inclusive schools

Maximum participants said that physical and attitudinal barrier are responsible for their children to accessing and participation in inclusive schools.

While we cannot neglect the importance of inclusive education it remains unanswered why the practice of inclusive education is presenting problems. It appears that it is both at the level of government policy but rather at the level of implementation. While the policy states that all children should go to school - and governments are enforcing this rule - in many cases quality learning is not taking place, which is contradictory to the ethos of inclusive education. The reasons for the non-implementation of the inclusive education, is because of various barriers which are both external and as well as internal. The external

barriers are confronted before coming to and getting enrolled in schools, which includes physical location of schools, non-availability of school, social stigmatization or economic conditions of the learners (Pivik et al., 2002). The internal barriers are mostly psychological barriers like self-concept, confidence etc which are sometimes imposed by the external factors and first step to remove the internal barriers is to remove the external barriers (ibid). The following are some of the external barriers

-Physical Barriers

Along with the attitudinal barriers which are faced by the learners on the daily basis, another important barrier is the physical barriers, which includes school buildings, playgrounds, washrooms, library etc. Apart from this, the majority of schools are physically inaccessible to many learners because of poor buildings, particularly rural areas (Pivik et al., 2002). Since most schools are not equipped to respond to special needs, poses blockage for learners in physically getting into school. For example, many of the students require a personal assistant for such basic activities as taking lunch in recess, personal care, remedial education efforts.

Most school buildings don't respond to the requirement of these learners properly. For example, if there is a ramp, sometimes it is too steep, often the doors were too heavy for the student to open unaided which impedes the access. Hence, it is important for implementing the inclusive education in schools, it is important to overcome such physical barriers. Along with basic changes in the architectural designs such as widening doorways, removing unnecessary doors, installing proper ramps, technology could be used in the form of motion sensors to open doors, flush toilets and automatic door buttons for easier access through doors. Voice recognition technology can also use for activating many of the above-mentioned barriers. Since, there is an inadequacy of resources available to meet the basic needs in education, it is estimated that for achieving the inclusive education goal will require additional financial support from the government (Pivik, et al., 2002).

Criteria of inclusive education

Maximum participant said that this inclusive school far different from mainstream schools. Because in this school education is provided with normal child on the other hand other mainstream school does not provide these services.

One participant said that-

"My child can get all facilities here, where normal and disable children are together but in normal school he cannot adjust with the normal students"

Another participant also mentioned-

"They helps a lot, if something fall down then they pick up that, or if he called someone then they come or even if he want something then they give that to them"

Findings indicate that children with disability who participate in an inclusive classroom have improved in a high degree of social behaviors‟ than a normal classroom (Andrews, 2007). According to Andrews (2007), children without disabilities are willing to play with the child with disabilities and this helps them to improve their coping skills, improve peer relationship and improve play skills. In this category researcher also found that parents thought inclusive education is important to them because its help their children to get special care, special facilities, and for love and affection. This is very important for children with disability.

Participant's expectation

Most of the participants said that their children will be able to do their job by themselves and in future they can they can take care their parents.

One participant stated that-

"*In future he (child) can get well, can improve self-development, can take self-responsibilities and can do something in future for himself"*

Inclusive education involves recognizing impairment as one of the many forms of human diversity, and welcomes and views diversity as a source rather than a problem. Inclusive education creates a situation where all children can be valued and can experience a sense of fitting in and where all children are stimulated to reach their full potential in all areas of development (Cologon, 2013).

Suggestion regarding inclusive education system

Most of the participants have same opinion regarding inclusive education system. As they all live in rural area they want that this kind of school should be provided in all rural areas. So that many of the children can get proper knowledge and treatment .Some of the participant said that the school is for primary level only if the authority can set it to SSC they will be very helpful for their children for higher education.

5.2 Limitation

In this case, it is the first time for the researcher to conduct this study as a part of 4th year course curriculum in Physiotherapy department. Therefore, researcher's skill to conduct interview may influence in-depth information. However, the researcher offered maximum effort to collect information and collect information from participants two times.

A limited study found in Bangladeshi context about inclusive education. However, researcher found several study on perception of mothers having children with CP towards inclusive education on other countries of the world. So researcher uses their findings in this research. Due to there are lacks of inclusive schools are availability in Bangladesh the sample size was small. This is a main limitation for collecting data. Besides certain factors might have had an effect on mothers perception of inclusive education, including the nature of the child's disability as well as the fact that all learners were in different stages of inclusion, and parents'' educational background.

CHAPTER-6	CONCLUSION AND RECOMMODATION

6.1 Conclusion

The study has been conducted to find out the perception of mothers having children with cerebral palsy towards inclusive education. From the result of the study; it was found that most of the mother supported inclusive education rather than separate schooling. The result of the study implements that inclusive program shows positive as well as little negative responses from the parents. But there are some factors contributing to the lack of knowledge about what inclusive education is, due to lack of collaboration between professionals in the school system and the community prior to the innovation of the inclusive schooling program, mothers education level. Studies show benefits for the children with cerebral palsy being included with the children without disabilities in an inclusive classroom. If concerns are removed concerning isolating parents of non-disabled children, inclusive schools can more freely include children with cerebral palsy.

To know the perception of mothers having children with cerebral palsy towards inclusive education is very important. Because children with cerebral palsy have a right to education as the normal, they are also a major part of the society. If we exclude them from education, a huge part of the country will remain illiterate. Therefore, by identifying what the mothers having children with cerebral palsy perceive about their child's education with the normal children, professionals and service providers can find suitable ways to support the parents. Therefore, the findings of the study will help the physiotherapist to provide an effective intervention and education to the mothers having children with cerebral palsy

6.2 Recommendations

After completing the research, the researcher found some recommendation. In case of result discussion researcher found both positive and limited negative experiences of parents. A physiotherapist can apply the study results in their professional life; it will help them to provide positive motivation towards mother's negative experiences. Further research can be conducted with large number of participants of both parents with and without children with cerebral palsy towards inclusive education in Bangladesh.

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Appendix-A

Informed consent

(Please read out to the participant)

Assalamualaikum.I am Abdullah Ibn Abul Fazal, 4th Year B.Sc in Physiotherapy student, Bangladesh Health Professions Institute(BHPI), affiliated to the University of Dhaka .To fulfill the requirement of B.Sc. in Physiotherapy degree I have to do research project .My research title is "Perception of inclusive education among the mothers having children with Cerebral Palsy "The purpose of this research is to find out the Perception of inclusive education among the mothers having children with Cerebral Palsy. This will take approximately 20 - 30 minutes.

I am committed that the study will not harmful or risk for you. There is no payment for taking part in the study. All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains confidential.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want during interview.

If you have any query about the study, you may contact with myself (Abdullah Ibn Abul Fazal) or my supervisor Md. Obaidul Haque. Associate professor & Head. Department of Physiotherapy (BHPI, CRP).

Do you have any questions before I start?

So may I have your consent to proceed with the interview?

YES ☐   NO ☐

Signature of Physiotherapist

....

Signature of Participants & Date   Signature of Researcher & Date

....

Appendix-B

সম্মতি পত্র

(অংশগ্রহণকারীর কাছে পড়ুন)

আসসালামুআলাইকুম।আমি আব্দুল্লাহ ইবনে আবুল ফজল,৪র্থ বর্ষ বিএসসি ইন ফিজিওথেরাপি (বাংলাদেশ হেল্থ প্রফেসন্স ইন্সটিটিউট, ঢাকা বিশ্ববিদ্যালয় অধ্যুষিত) বিভাগের ছাত্র । বিএসসি ইন ফিজিওথেরাপি ডিগ্রি অর্জনের জন্য আমাকে গবেষণা প্রকল্প করতে হয় । আমার প্রকল্পের শিরোনাম হলো– "সেরেব্রাল পালসি তে আক্রান্ত বাচ্চাদের মায়েদের একিভূত শিক্ষা সম্পর্কে ধারনা'' । এই গবেষণার উদ্দেশ্য হলো সেরেব্রাল পালসি তে আক্রান্ত বাচ্চাদের মায়েদের একিভূত শিক্ষা সম্পর্কে ধারনা কতটুকু । এতে আপনার সময় লাগবে ২০–৩০ মিনিট।

আমি প্রতিজ্ঞাবদ্ধ যে আমার এই গবেষণাতে আপনার কোন ক্ষতি হবেনা। এরজন্য আপনাকে কোন ধরণের আর্থিক সহায়তা দেয়া হবেনা। আপনার সকল ধরণের তথ্য এবং চিকিৎসা বিষয়ক তথ্য এবং প্রতিবেদন গোপন রাখা হবে অথবা এই তথ্যগুলোর উৎসগুলো নামবিহীন রাখা হবে। এই গবেষণাতে আপনার অংশগ্রহণ হবে স্বেচ্ছাকৃত এবং আপনি নেতিবাচক ফলাফল ছাড়া এই গবেষণায় যে কোন সময় নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও আপনি পছন্দ করেন না এমন কোন নির্দিষ্ট প্রশ্নের উত্তর না দেয়ার অধিকারও আপনার আছে।

যদি আপনার আরও কিছু জানার আগ্রহ থাকে তাহলে আপনি আমার সাথে অর্থাৎ আব্দুল্লাহ ইবনে আবুল ফজল অথবা আমার তত্ত্বাবধায়ক মোঃ ওবায়দুল হক,সহযোগী অধ্যাপক এবং ফিজিওথেরাপি বিভাগের প্রধান (বিএইচপিআই, সিআরপি) যোগাযোগ করতে পারেন।

শুরু করার পূর্বে আপনার কোন প্রশ্ন থাকলে করতে পারেন?

আপনার সম্মতি থাকলে আমি কি আপনার সাক্ষাত আরম্ভ করতে পারি?

হ্যাঁ	না

ফিজিওথেরাপিস্ট এর সাক্ষর এবং তারিখ

....

অংশগ্রহণকারীর সাক্ষর এবং তারিখ   গবেষকের সাক্ষর এবং তারিখ

....

<div align="center">

Appendix-C

QUESTIONNAIRE

</div>

Personal details   Patient ID no:

Name:

Age:

Occupation:

Address:

Living area: (a) Rural   (b) Urban

Education:

1. Does your child go to school?

        If yes-which school?

        If not-why?

2. Have you ever heard of inclusive education?

        If yes-how?

        If not-why?

3. Do you feel your child's educational needs were met?

        If yes-how?

        If not-why?

4. Do you feel the inclusion class will help develop your child's social skills?

        If yes-how?

        If not-why?

5. Which factors are responsible for accessing and participation of your child in inclusive schools?

6. In your opinion what are the most relevant characteristics of inclusive education?

7. What do you expect from your child if proper education is provided?

8. Do you have any suggestion regarding inclusive education system?

Signature of the participant   Signature of the researcher

....

Appendix-D

প্রশ্নাবলী

ব্যক্তিগত বিবরণ   রোগীর রেজিঃ নম্বরঃ

নাম :

বয়স :

পেশা:

ঠিকানা :

এলাকা   : (ক)পল্লী   (B) শহর

শিক্ষা :

(১) আপনার বাচ্চা কি স্কুলে যায়?

যদি হ্যাঁ হয়-কোন স্কুল?

যদি না হয়-কেন যায়না?

(২) আপনি কি কখনও একিভূত শিক্ষার নাম শুনেছেন?

যদি হ্যাঁ হয়-কিভাবে?

যদি না হয়-কেন?

(৩) আপনি কি মনে করেন আপনার সন্তানের শিক্ষাগত চাহিদাগুলি পূরণ করা হয়েছে?

যদি হ্যাঁ হয়- কিভাবে?

যদি না হয়-কেন?

(৪) আপনি কি মনে করেন একিভূত শিক্ষা আপনার সন্তানের সামাজিক দক্ষতা অর্জন করতে সাহায্য করবে?

যদি হ্যাঁ হয়- কিভাবে?

যদি না হয়-কেন?

(৫) আপনার বাচ্চার একীভূত বিদ্যালয়ে পড়তে এবং অংশগ্রহণ করতে কি কি প্রভাবগুলো দায়ী ?

(৬) আপনার মতে একীভূত শিক্ষার সবচেয়ে প্রাসঙ্গিক বৈশিষ্ট্য কি ?

(৭) যদি সঠিক শিক্ষা প্রদান করা হয় তাহলে আপনি আপনার সন্তানের কাছ থেকে কি আশা করতে পারেন?

(৮) আপনার কি একীভূত শিক্ষা ব্যবস্থা সম্বন্ধে কোন পরামর্শ আছে?

অংশগ্রহণকারীর সাক্ষর   গবেষকের   সাক্ষর

....

Appendix-E

<u>Permission letter</u>

October 7, 2015

To

Head of Physiotherapy Department,

Through: Head, Department of Physiotherapy, BHPI, CRP.

Subject: Seeking permission of data collection to conduct my research project.

Dear Sir,

With due respect and humble submission to state that I am Abdullah Ibn Abul Fazal, student of 4th Professional B.Sc. in Physiotherapy at Bangladesh Health Professions Institute. The ethical committee has approved my research project titled on "**Perception of Inclusive Education among the mothers having children with Cerebral Palsy** " which is observed   under the supervision of Md. Obaidul Haque, Associate professor & Head. Department of Physiotherapy (BHPI, CRP).Conducting this research project is partial fulfillment of the requirement for the degree of B.Sc. in Physiotherapy. I want to collect data for my research project from the mothers of CP children. I would like to assure that anything of my study will not be harmful for the participants. I need your permission for data collection.

I, therefore, pray & hope that you would be kind enough to grant my application & give me permission for data collection and oblige thereby.

Sincerely Yours

Abdullah Ibn Abul Fazal

Abdullah Ibn Abul Fazal

B.Sc. in Physiotherapy (4th year)

Roll-20, Session: 2010-2011

Bangladesh Health Professions Institute (BHPI)

CRP, Chapain, Savar, Dhaka-1343

He maybe allowed for data collection

Allowed for Data collection at WMTS.

20-10-15

59