

PERCEPTIONS OF TEACHERS ON USING THE ZIMBABWEAN SCHOOL CURRICULUM ON STUDENTS WITH MENTAL DISABILITIES

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ABSTRACT

This study focused on the perceptions of teachers in Zimbabwean schools who work with pupils with disabilities and are expected to use the ordinary Zimbabwean school curriculum.. The Zimbabwean government has adopted the education for all policy. There is a curriculum that is expected to be followed by all students in Zimbabwean schools including those in special schools that cater for students with disabilities. The study was conducted using descriptive survey design. A sample of fifteen schools was randomly selected from a list of special schools that work with pupils with disabilities to participate in the study. A sample of sixty teachers was randomly selected from the fifteen schools to participate in the study. The researcher used questionnaires as a research instrument which had both closed and open ended questions. The results showed that the Zimbabwean Schools Curriculum did not meet the needs of the students. There was a general lack of resources in the schools to be used by students with disabilities. The curriculum did not help the students become independent in the community and get employment. There is need to have a curriculum that meets the needs of students with disabilities by preparing them to productively participate in society. There is need for the Ministry of Primary and Secondary Education to design a curriculum specifically for students with special needs that is less academic and more focused on what the pupils actually meet in life. The curriculum has to address the needs of the students in the community and in the world of work.

Key Words: *perceptions, curriculum, mental disabilities, impairment, mental retardation.*

INTRODUCTION

At independence Zimbabwe adopted a policy of education for all which have seen Zimbabwe's literacy rate reaching a high of 90%. It may however be impossible to reach higher than that level if some sections of the populace are not receiving education that is relevant to them. If children with mental disabilities continue to receive curriculum that is not relevant to their circumstances then is the same as receiving no education. UNESCO (1994) at The Salamanca Declaration clearly states that it is imperative for the state to give each citizen education that is relevant to the needs of that particular citizen. In Zimbabwe there is only one curriculum that caters for all children in schools irrespective of the disabilities they will be living with. This curriculum spells out what all children are expected to have covered after a given stage. It is against this background

that this research to find out the perceptions of teachers of teachers who teach children with mental disabilities was undertaken.

RESEARCH QUESTION

What are the perceptions of teachers on using the Zimbabwean curriculum when teaching students with mental disabilities?

LITERATURE REVIEW

Mental Disabilities Defined?

There are many different definitions of mental disability which have changed over time becoming more socio-politically correct. Mpofu (2000:3) states that, communities all over the world define mental disabilities in ways consistent with the perceived demands of their ways of life. In other words people's perceptions of mental disabilities differ and change over time.

At the beginning of the twentieth century people who were mentally disabled were called imbeciles or idiots and were thought to be uneducable, possibly even un-trainable (Trent, 1994). Now more socially correct terms are being used such as "mentally challenged" and "intellectually disabled" rather than mentally retarded.

Some societies look at the functional approach and focus on what people are incapable of doing, some look at the developmental perspective and see people who are mentally disabled as just slower than their peers. Some societies may not want to classify people at all and look at everyone's strengths rather than differences that are known as the non-categorical perspective. The psychosocial perspective "regards mental disability as a social invention rather than an objective condition" (Sarason, 1985; Trent, 1994) and is a reflection of discrimination by society. The last perspective is one of learning difficulties and focuses on the education side of things.

Doll (1941:215) suggested six criteria to be considered essential for defining mental disabilities namely, social incompetence, due to mental sub normality, which have been developmentally arrested, which obtains at maturity, is of constitutional origin, and is essentially incurable. The American Psychiatric Association (APA) (1994) defines mental disability as a disorder which is characterized by significantly sub-average intellectual functioning, which must be supported by three factors namely; intellectual impairment, significant difficulty in adaptive function and on set before the age of 18. Gearheart, Weishahn and Gearheart (1987:249) define mental disability as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviours and manifested during development period. In essence APA (1994) and Geraheart et al (1987) agree with Doll (1941) although they have condensed the six points to three as Doll (1941) went further to point out that intellectual disability is essentially incurable and therefore permanent once detected in children.

In Zimbabwe mental disability is defined in the Disabled Persons Act (Chapter 17:01, 1996 p51) as a;

Physical, mental or sensory disability, which gives rise to physical, cultural or social barriers inhibiting an individual from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society.

Mental disability is measured by cognitive testing instruments such as the Wechsler Intelligence Scale or the Stanford-Binet test however according to Symanski and King (1999) for this test the child must have an intellectual quotient (IQ) that falls below 70 or 75. All children receiving the diagnosis must also demonstrate significant impairment in two or more of the adaptive skill areas namely communication, self-care, home living, social skills, community use, self-direction, health and safety (Diagnosis and Statistical Manual of mental Disorders 4th Edition Volume IV (DSM-IV)).

The diagnosis of mental disability can be classified based on the child's level of impairment. The four categories adopted by the DSM-IV are mild where the IQ is 55-70 and the student is thought to be educable which means that although the student will struggle to learn, he/she will be able to learn some academic skills. Moderate where the IQ is 35-54 and the student is deemed trainable, where although academic skills may be impossible to be taught, the student will be able to learn some self care and social skills. Students with severe mental disabilities have an IQ between 20-34 and by adolescence their academic and adaptive behavior will be that of a five year old. These students will always be dependent on supervision (Mpofu 2000) and lastly profound where the IQ is below 20 and the student is deemed custodial. These students will require complete care and supervision throughout their lives (Kanhukamwe & Madondo 2003:55).

Hallahan and Kauffman (1997) stated that the "IQ tests are far from perfect and that they have but one indication of a person's ability and function". Szymenski and King (1999) agree and note that despite having the standardized scales to measure these behaviours, they often do not capture all of the functional domains, therefore a multidisciplinary approach needs to be employed where psychologists, educators, medical doctors, physiotherapists and parents need to be involved and no-one should rely solely on the IQ levels. They also suggest that intellectual function must be supported by three factors namely; intellectual impairment, adaptive skills and development period.

Mental disability can occur before, during or after birth, through genetic factors, Demographic/environmental factors, trauma or physical factors, infections and intoxication.

The defining of a child with mental disabilities is of paramount importance to this study as the study is based upon looking at the Zimbabwe school's curriculum for teaching students with mental disabilities so it is important to define who a student with mental disabilities is. Hallahan and Kauffman (1997) believe that defining mental disability levels assist in making informed decisions in as far as provision of special needs services are concerned and that informed decisions are reached by defining and describing each child's level of mental disability.

CURRICULUM DEFINED

In order to research teacher's perceptions of using the Zimbabwe school's curriculum for teaching students with mental disabilities, it was first important to understand what a curriculum is. In 1918, John Franklin Bobbit came up with the idea of a curriculum that was to be a general syllabus with specific topics which must be understood to achieve specific levels (McNeil 1990). Mr Bobbit felt children should be taught what they "ought" to know as adults in a working environment (Bobbit 1918). This was during the Industrial revolution when the majority of school leavers were working in factories so the curriculum was centered on this notion. Although curriculums vary from country to country they all have similar subjects and have not changed much since 1918.

The Webster Dictionary (1984:176) gives a brief definition of curriculum as, "A course of study offered by a school". Doll (1996:15) gives a more comprehensive definition,

The formal and informal content and process by which learners gain knowledge and understanding, develop skills and alter attitudes, appreciations and values under the auspices of that school.

However UNESCO feels that the curriculum should have a purpose within the school as well as outside the school.

These days a regular school curriculum is derived by governments and heads of schools to provide structure within the schools so teachers know what they must have taught before the children move on, and similarities between the schools in case children change schools and all schools maintain the same standards. The curriculum is a specific learning program with a range of subjects that all schools must follow. It is age appropriate whereby although the subjects may stay the same, the content becomes more detailed the further up the children go in a concentric manner. The curriculum is also goal orientated as children are tested at the end of each year to make sure they have learnt everything in the curriculum.

According to Badza and Chakuchichi (2000:7) regular school curriculums are influenced by many historical factors. These may include firstly, political development of the country. Some politicians may change the curriculum to suit their beliefs while others may change it as it was previously based on a foreign curriculum from the colonial era. Adolph Hitler, Chancellor of Germany in 1939 changed all the text books to be pro Nazi and anti Jews (Baine 1991). The curriculum must also be updated when political governance changes.

Secondly economic developments such as technological changes affect the curriculum. Schools and thus the curriculum must keep up with the continuous advances in technology. In developed countries such as Australia, 60% of all work in all subjects is now done on the computer whereas

in developing countries where schools do not have as much access to computers everything is still written and the children go for computer lessons.

Thirdly the introduction of examinations such as the General Cambridge Ordinary and Advanced level examinations made the curriculum even more relevant as all schools had to follow a specific curriculum in order for the pupils to pass the exams. Fourthly the curriculum is influenced by society changes with the modernization of family traditions, structures and needs. In the past females stayed at home so were taught to cook and sew at school, however this is no longer the case as females are now demanding other subjects and some males are taking up sewing and cooking. Society can also influence the curriculum in other ways, for example schools in areas where agriculture is the main activity differ greatly from coastal schools where the communities rely heavily on fishing (Brennan 1985). Lastly current trends and issues can affect the curriculum (Doll, 1996:362-378) such as the global trend to "go Green" and find environmentally friendly renewable energy.

THE ZIMBABWE SCHOOL'S CURRICULUM

Zimbabwe's education has a complex history, starting off with a colonial system that divided education along racial lines. However new policies were introduced at independence in 1980 to redress the past. The most significant outcome was the unprecedented increase in student enrollments in the first two decades of independence. This expansion produced other consequences and side effects such as reduced levels of resources at educational institutions and overcrowding. There were shortages of books and other necessary educational materials. During the first 25 years of independence, the government in partnership with local communities, made great strides in the building of schools, teacher training and resource improvement. As a result Zimbabwe boasts the highest literacy rates in Africa with 90% followed by Tunisia with 87% .

Zimbabwe's education system consists of 7 years of primary and 6 years of secondary schooling, before students can enter tertiary institutions. Most Zimbabweans children, between 4-6 years, attend pre-schools, and begin Grade 1 during the year in which they turn six. On average pupils enter Secondary school at the age of 13 years and complete Ordinary level and Advanced level at 16 and 18 respectively.

The Zimbabwe curriculum is examination based with national exams being written at the end of Grade 7, in Mathematics, English, Shona/Ndebele and a General Paper. The Primary school curriculum offers a total of 13 subjects. Grade 1 to 3 is taught in the mother language. Practical subjects are non-examinable but schools offer such subjects according to their resources, i.e. Art and Craft, House Economics, Music, Sports, Physical Education.

At secondary school there are two terminal examinations: The "Ordinary Level Certificate Examination" taken after four years of secondary education and the "Advanced Level Certificate Examination" taken after six years. Students in Zimbabwe are expected to master the national curriculum at all levels of schooling, regardless of ability (Education Secretary's Policy Circular

36 of 1990). The minimum expected educational outcome for all students is functional literacy and numeracy by the end of primary school or Grade 7 (Education Secretary's Policy Circular No. 12, 1987).

Teachers are the single, most important component in the Zimbabwean education system. They are also the only measure parents, students, and administrators have to evaluate the effectiveness of the school system. Teachers have been institutionalized in the education system, and remain the focal point of all curricular and classroom organisation. They are the implementers of the curricular. This input, however, lends itself to being influenced by administrative decisions, and remains the focus of the Ministry's school improvement efforts.

For this research study, looking at and understanding the Zimbabwe school's curriculum and how it has been designed is of paramount importance as we need to take a closer look at it and see how suitable it is for special needs education and if it needs to be adapted or changed. The researcher noted that the Ministry of Education, Sport, Art and Culture (MOESAC) through the Curriculum Development Unit and the help of UNICEF, undertakes to plan and conduct the comprehensive Curriculum Review during the period 2012-2015, whose objectives are to; "develop a Framework for Curriculum in Zimbabwe which reflects the Zimbabwean context and is consistent with international trends and standards; develop and implement a process to identify the strengths and weaknesses of the current curriculum using the Framework for Curriculum in Zimbabwe as the principal frame of reference and provide a detailed analysis of the quality of the current curriculum".

It is therefore extremely important a research study such as this one is undertaken in order to highlight problem areas in the curriculum for teaching students with mental disabilities so when the comprehensive curriculum review is done they take into account the findings in this study.

REGULAR SCHOOL CURRICULUM AND SPECIAL NEEDS EDUCATION

According to the Secretary for Education and Culture students in Zimbabwe are expected to master the national curriculum at all levels of schooling, regardless of ability (Education Secretary's Policy Circular 36 of 1990). The minimum expected educational outcome for all students is functional literacy and numeracy by the end of primary school or Grade 7 (Education Secretary's Policy Circular No. 12, 1987). Zimbabwean schools use up to four curriculum and instruction options to support school participation by students with disabilities: locational inclusion, inclusion with partial withdrawal from ordinary classroom settings, inclusion with clinical remedial instruction, and unplanned or de facto inclusion (Mnkandla & Mataruse, 2002; Mpofu, 2001).

In cases where the student has mild mental disabilities, including the student in regular classes, following the regular school curriculum, may be adequate but the minority of the students take the national school achievement examination at the end of primary school, with only a miniscule amount (less than one percent) of the students proceeding to high school (Mpofu, Kasayira et al., in

press). Students also may be served through inclusion with partial withdrawal from regular classroom settings. In this instance, they are taught the core subjects of reading and math in the resource room and attend the regular classroom with the other students for social studies, science, and religious and moral education (Mpofu, 2000a, 2004). About one percent of Zimbabwean primary schools offer inclusion with partial withdrawal (Mpofu, Kasayira, Mutepfa, & Chireshe, in press). It is offered only at primary schools. In other cases where the disability is more severe, the student may still be in a regular class but have an assistant or special needs teacher to help and the student may do extra work in the afternoons such as remedial work, speech therapy, occupational therapy and so on. In severe and profound cases of disability a whole new curriculum is required that does little academic work and is more skills centred. For inclusive education, school psychologists select students with significant disabilities who typically are not taught the full national curriculum by the time they transition from school to community at the end of primary school. They typically do not take the national examinations, which are required to transition to secondary school, instead transitioning directly to the community from primary school.

The main difference between the Zimbabwe school curriculum and a special needs curriculum are that the Zimbabwe school's curriculum focuses mainly on academics and examinations and is age and goal orientated and are structured to teach big classes while special needs education needs to focus on the individual and more one on one basis. Specific goals are made through the Individual Education Program (I.E.P) for each student and he/she can achieve these goals at his/her pace.

Students who are mentally disabled need to be taught life skills such as eating, cooking, personal care, dressing etc, social skills as in how to behave in public, self control and emotional maturity and vocational skills so they can become employed. Some students with intellectual difficulties can be taught basic math, writing and reading but this would be at a much slower rate than the regular schools and these skills would stem from other skills such as fine motor and gross motor skills being taught first. Most importantly specific goals for each student must be met which would not happen in regular schools following the regular curriculum.

According to Dart (2002) despite government's awareness of the need to empower persons with disabilities and knowledge of many that not all will follow an academic curriculum, an examination of all school curricular shows that they remain very academic in nature with no elements of vocational or practical training (Overeem 1999). Dart (2002) states "the curriculum for students with severe disabilities emphasises functionality...functional skills have applications in everyday life...home living and community use."

In addition Dart (2002) states that Botswana has a similar problem with a curriculum that is too academic by saying.

"it must be noted that not all learners will follow an academic path on completion of their schooling. Some do not experience school at all, others leave the academic curricular

during or at the end of primary schooling, junior secondary schooling and very few at higher levels.

Despite government's awareness of the need to empower persons with disabilities and knowledge of many that not all will follow an academic curriculum, an examination of all school curricular shows that they remain very academic in nature, no elements of vocational training (Overeem 1999). Thus this far the empowerment of those with special needs especially children with mental disability remains largely theoretical as these are most likely to drop out of the heavily academic curriculum than those with other types of special needs.

The Salamanca Statement (UNESCO 1994) states that curriculum should be adapted to children's needs, not vice versa. Schools should therefore "provide curricula opportunities to suit children with different opportunities and interests." It is hoped that this research study will highlight the importance of a curriculum that meets students with mental disabilities needs and find ways of adapting the current curriculum as the statements above prove that a curriculum needs to be adapted for teaching students with mental disabilities.

Comparing other countries, according to the National Curriculum Statement Gr R –12 and the Curriculum and Assessment Policy Statements (CAPS) in South Africa (2006) they state, "One curriculum for all" however there needs to be, "effective differentiation and support ensuring that everyone can obtain meaningful qualifications". The Ministry of Education in South Africa (2001) claims that there are currently 380 special needs school in South Africa educating about 104 633 students. In South Africa they are focusing mainly on inclusion whereby students with disabilities are included in mainstream classes.

In The United Kingdom, according to the National Council for Curriculum and Assessment in UK (1999), after the introduction of the 1971 primary curriculum, most special schools and classes provided a modified curriculum for their special needs students. In the nineteen-seventies the Department of Education developed Curriculum Guidelines for Schools for the Moderately Handicapped. A short set of guidelines for post-primary schools "designated as centers making special provision for mildly mentally handicapped pupils" was also issued to schools in the early eighties. Since 1986, specific educational provision has been made for students with severe and profound general learning disability. Special classes for these students have been established in schools for students with moderate general learning disabilities or through the assignment of teachers to Child Education and Development Centres (CEDs). Teachers in the United Kingdom felt that the main school's curriculum is not suitable for teaching students with mental disabilities and new and adapted curriculums have been made specifically for special needs education.

TEACHERS PERCEPTION OF USING THE ZIMBABWE SCHOOL'S CURRICULUM

Most of the information found was regarding teacher's perception of including students with mental disabilities in main stream schools (Munyi 2012, Marira 1994). This shows the extreme

importance of this study as it is vital to know how teachers perceive the current Zimbabwe school's curriculum for teaching students with mental disabilities. In a study in 6 African countries by SADC (2013) The teachers interviewed indicated that though they are given some theoretical content on handling children with special needs, they lack the practical experience and adequate grounding in skills to deal with different forms of impairment. They also indicated that they will find it difficult to handle cases of special needs in their classes though they feel they are morally obliged to. Teachers felt that focusing attention on one or two pupils with special needs might present serious discipline problems in their classrooms given the teacher pupil ratio of around 1: 40 at primary school.

In the study by Dart (2002) teachers felt that curriculum relevance for learners with mental disability can be looked at in terms of how well the curriculum addresses the age appropriate needs of the learners and how much it prepares them for adult life rather than their academic ability. In a research study by Chimanywa, Ncube, Hlatywayo & Karikoga (2010) their study showed that, "In general teachers and school heads concurred to say that the curricula used for children with disabilities is not comprehensive enough to prepare them for transition into adulthood and employment and 61% of the teachers and heads they interviewed felt that the Zimbabwe school's curriculum is not comprehensiveness in preparing children with disabilities for adulthood and employment.

Having seen in other studies that generally teachers in Zimbabwe feel the curriculum is not suitable, this research study is extremely important as it looks at why the teachers feel this way and how it may be adapted.

WEAKNESSES OF THE ZIMBABWE SCHOOL'S CURRICULUM

A study carried out by Marira (1994) in mainstream schools showed that the Zimbabwe curriculum is subject-based with Math and English being the most important subjects and taking up the most time in a timetable. The study also highlighted that very little vocational skills were being taught and teachers' felt that doing more subjects that would benefit the students after they left school would be useful.

According to UNESCO(2013), Zimbabwe, through the Ministry of Education, Sport, Arts and Culture (MOESAC), has resolved in 2013/2014 to undertake a comprehensive review of the school curriculum in order to enhance the curriculum's pivotal role in the country's education reform process. Although Ministry has been reviewing and developing syllabuses over the years in accordance to policy, no comprehensive curriculum review has taken place over the last three decades specifically for students with mental disabilities.

Chitiyo (2004) stated that curriculum experiences come mainly from three sources which are: the formal curriculum that is planned by the school for example subjects like Mathematics, languages, and sciences; the co curricular activities for example sports, cultural activities and educational tours as well as from the hidden curriculum that results from the student's interaction with the school environment and the school community. There is need for a holistic approach which seeks

to revamp the way Education has been perceived and handled when it comes to teaching students with mental disabilities

With the above studies in mind, the researcher believes that this study on looking at the perception of teachers on using Zimbabwe school's curriculum for teaching students with mental disabilities is vital and to actually take a good look at the weaknesses and how they can be changed or adapted

METHODOLOGY

This study sought for information that had to do with people's perceptions. The essence of the study was to find out the perceptions of teachers of students with mental disabilities on the use of regular curriculum on their students. The nature of the information to be gathered required one to use qualitative techniques. According to Bogden and Bilken (1998) qualitative techniques in research are ideal where one needs to understand human behaviour and experience. In addition Merriam (1998) state that qualitative researchers are interested in the meanings people have constructed and a key concern is to understand the phenomenon of interest from the participants' perspectives.

In this study a descriptive survey research method was used. Borg and Gall (1979) state that, "descriptive studies collect information that permits the researcher to describe the characteristics of persons or an educational process or an institution". Carroll (2009) says a descriptive survey research attempts to describe and explain conditions of the present by using many subjects and questionnaires to fully describe a phenomenon. This research method suited the study the aim was to find out perceptions of teachers on using ordinary curriculum on children with mental disabilities.

This study was conducted using fifteen randomly selected schools that offered special education in Harare Metropolitan Province in Zimbabwe. From each school four teachers were randomly selected to make a total of sixty research participants. The research used questionnaires as research instruments. Quantitative data analysis with descriptive statistics was used to analyse the data.

RESULTS

Demographic data

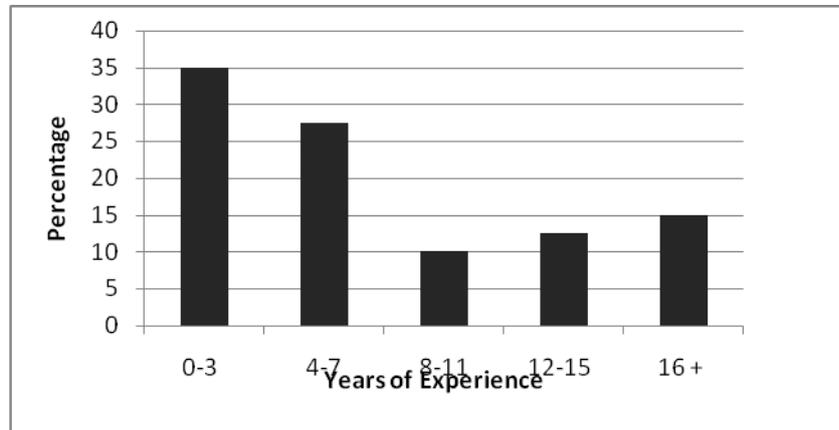


Figure 1: Teachers' Experience

Figure 1 show that the majority of teachers (35%) had 0-3 years teaching experience with students with mental disabilities. 27.5% had 4-7 years experience and 15% had over 16 years experience. 12.5% had 12-15 years experience while 10% had 8-11 years teaching experience.

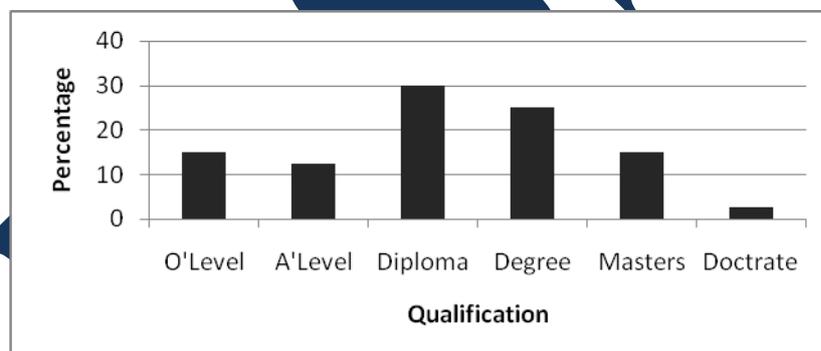


Figure 2: Qualifications of teachers in Schools of pupils with mental disabilities

The figure 2 above shows that the majority of teachers have a diploma in teaching (30%) while 25% have a degree in teaching. 15% had Masters and 15% have O'Levels only while 12.5% had A'Levels. 2% had a doctorate in teaching.

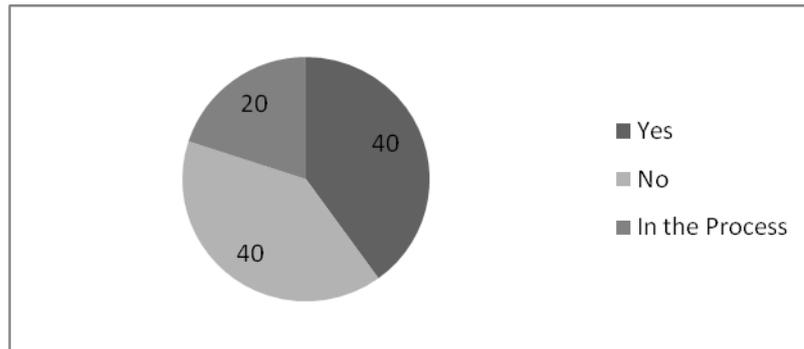


Figure 3: SNE Qualification

40% had a special needs qualification and 40% did not. It was encouraging to see that 20% of the teachers were in the process of getting a special needs education qualification.

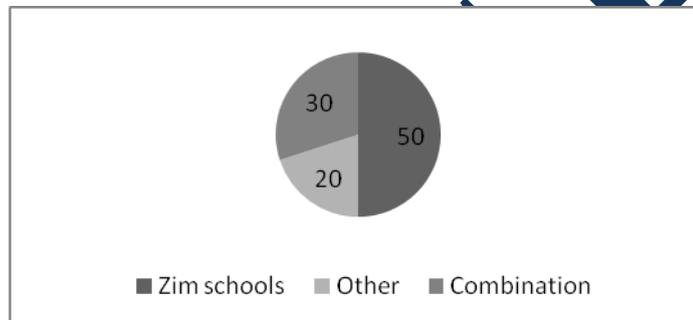


Figure 4: Curriculum Used

The figure 4 above shows that 50% of the teachers used the Zimbabwe school’s curriculum only, while 30% used a combination of the Zimbabwe School’s curriculum and other curriculums. 20% do not use the Zimbabwe school’s curriculum.

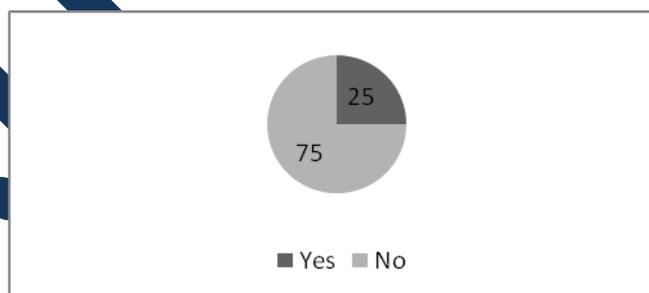


Figure 5: Is the Zimbabwe’s Curriculum Suitable

75% of the teachers felt that the Zimbabwe school’s curriculum is not suitable for teaching students with mental disabilities while 25% feel that it is suitable.

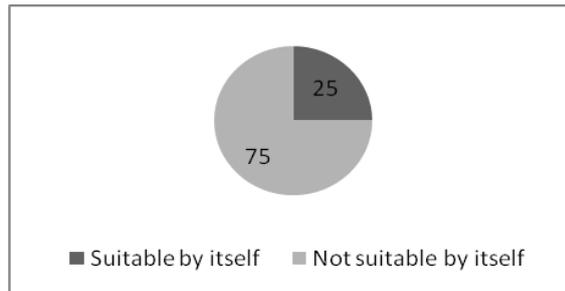


Figure 6: Opinions of Teachers who use a Combination of Curriculums

Figure 6 shows that 25% of the teachers who used a combination of curriculums felt that the Zimbabwe school's curriculum was suitable on its own while 75% of the teachers felt that the Zimbabwe school's curriculum by itself was not suitable.

Whether curriculum met individual student needs

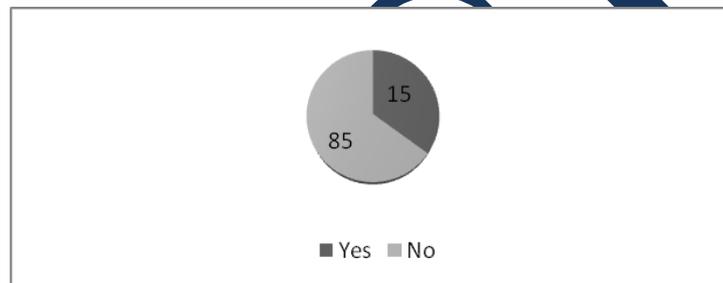


Figure 7: Curriculum Meeting Students Needs

Figure 7 shows that 85% of the teachers felt that Zimbabwe Schools Curriculum did not meet the goals and needs of students with mental disabilities while 15% felt it met their needs.

Table 1. Ways of improving the curriculum

Responses	Frequency	Percentage
Include more practical subjects	26	43
Lower the level	32	53
Repeat lessons	22	37
Include Technology	35	58
Make it less academic	52	87
Make it more flexible	40	67
Include more life skills	50	83
Make the students play while learning	45	75

Table 1 shows that 87% of the teachers felt the curriculum of students with mental disabilities needed to be less academic, 83% felt it needed to include more life skills, 75% felt there was need to involve the students in play activities while learning, 67% felt the curriculum needed to be more flexible, 58% thought there was need to include more technology in the curriculum, 53% felt the curriculum needed to be lowered for them while 43% felt there was need to include more practical subjects in the curriculum.

Table 2. Ways of improving Teaching children with mental disabilities

Response	Frequency	Percentage
Emphasise specialised teacher training	52	87
Be more creative	40	67
Create own resources	28	47
Individualized teaching	42	70
Repeat lessons	25	42
Simplify lessons	40	67
Leave out certain subjects	15	25
Increase the use modern technology	55	92
Emphasise the use of information from the student's environment.	22	53

Table 2 shows that 92% thought for teaching of students with mental disabilities to be more effective there was need to emphasis use of modern technology, 87% thought there was need to have teachers receive specialised training in teaching students who have mental disabilities. 70% were for more individualised teaching. 67% thought the lessons needed to be simplified and teachers had to be more creative. 53% thought there was need to include information in their lessons from the student's environment. 47% believed there was need for the teachers to create their own resources to assist in teaching. 42% thought there was need to repeat lessons until the students mastered the information while 25% felt there was need to leave out certain subjects.

Table 3. Ways of improving the curricular

Response	Frequency	Percentage
make it not time specific	35	58
Focus on individual needs	42	70

Simplify curriculum	48	80
Include more practical subjects	58	97
do less academic work	45	75
Make lessons more interactive	48	80
Have more suitable resources	52	87
Lower teacher/pupil ratio	55	92
Include technology	50	83
Include therapy	42	70

Table 3 shows that 97% of the teachers were of the opinion that students with mental disabilities needed to be taught practical subjects like agriculture, metal work and dressmaking. 92% thought in addition there was need to reduce teacher pupil ratio so that each student had adequate time with the teacher. 87% thought more resources needed to be availed. 83% thought in addition there was need to avail modern technology to assist in teaching. 80% thought lessons needed to be made more interactive and the curriculum further simplified. 75% thought there was need for the students to be given less academic work while 70% were of the opinion that there was need to include therapy and focus on individual needs of the students. 58% thought there was no need to limit the students in terms of time they were supposed to master given concepts.

DISCUSSION

The study showed that 40% of the teachers were qualified to teach students with mental disabilities while another 40% did not have the qualification to teach students with mental disabilities though they had teaching qualification. 20% were in the process of acquiring a qualification in teaching students with mental disabilities. While the country is suffering from brain drain efforts need to be improved to make sure only teachers qualified to teach students with mental disabilities are engaged in teaching these students. The study showed that 50% of the teachers who took part in the study used the Zimbabwe school's curriculum, while 30% use a combination of the Zimbabwe school's curriculum and other curriculums and 20% do not follow the Zimbabwe school's curriculum at all. 75% of the teachers felt that the Zimbabwe school curriculum is not suitable for teaching students with mental disabilities while 25% said it was suitable. However the researcher had to look more closely at the data as the 20% who do not use the curriculum all felt that the Zimbabwe curriculum was not suitable and that is why they do not use it. The more interesting and relevant data was looking at the teachers who do use the Zimbabwe school curriculum and how they felt about it and it was interesting to note that 55% of the teachers even though they use the Zimbabwe school's curriculum do not feel that it is suitable for teaching student's with mental disabilities. The teachers were using it because they did not have an alternative curriculum to use otherwise they also would actually use an alternative curriculum. These findings are in agreement with those found by Chimanyiwa et al (2010) where

they stated that “In general teachers and school heads concurred to say that the curricula used for children with disabilities is not comprehensive enough to prepare them for transition into adulthood and employment”. The curriculum needs to fully prepare the child so as to be able to face the various challenges one is likely to meet with confidence. If the child was not participating in the curriculum options given by the school then the child can not be said to have taken part in any education at all. The study found out that 75% of the teachers were convinced that the ordinary curriculum they used to teach students with mental disabilities was not suitable for them. The curriculum did not offer the students skills to use to tackle life problems due to the limitations they had by having mental disabilities. The curriculum needs to address the various challenges that are peculiar to students with mental disabilities.

According to Dart (2002) a sound curriculum must; have appropriate content, be relevant to the short term and long term needs of learners and society, and in terms of both content and process be flexible enough to accommodate diversity and individual needs of learners. Indeed the ultimate goal of education should be preparation of all learners including those with special needs for social integration and all demands of adult life including employment (NCE 1993). In this study 85% of the teachers felt that the Zimbabwean curriculum did not meet the needs of the students with mental disabilities. The curriculum had weaknesses in that it failed to meet the individual needs of the students, the teaching resources were in most cases inadequate, the students do not get a qualification because they will not be competent enough to sit for the national examination and the timetables were rigid. This was compounded by the requirement of the Government to have teachers complete the syllabus by the end of the year. In addition the Government demands for tangible results at the end of the year implying that the teachers are forced to produce results which might not easily come when considering the challenges faced by students with mental disabilities.

In the study 87% of the teachers were of the opinion that the curriculum for students with mental disabilities did not have to be too academic. Emphasis need not be placed on being able to master given maths concepts or scientific ideas. This is in agreement with the findings of Dart (2002) where the emphasis has to be placed on preparing the student for transition to adult life. Similarly in this study 83% of the teachers had the opinion that more emphasis should be on equipping the students with life skills. They need skills that they use in solving everyday problems. These skills should enable them properly fit in communities where they live. They should prepare them to positively contribute to society and not be societal burdens.

In order for the curriculum to meet the needs of students with mental disabilities there is need for the curriculum to be less rigid. The curriculum needs to address the individual needs of the students. 67% of the teachers emphasised that need for flexibility, being creative and simplifying lessons. 75% of the teachers thought there was need to involve the children in activities where they learn while playing. This calls for a lot of innovation on the part of teachers in addition to a change in the rigidity of the curriculum. More emphasis has to be placed on the need to have the student benefit rather than completing the syllabus.

As a way of improving learning of the children with mental disabilities 87% of teachers were of the opinion that there was need to invest more training teachers who teach children with mental disabilities. Children with mental disabilities will then benefit by receiving the correct type of tuition. At present due to the phenomenon of brain drain at times the children are being taught by teachers who only received ordinary teacher training. This is reflected by the fact that 40% of the teachers had no qualification in special needs education. The teachers also need to be equipped with skills of using modern technologies like computer aided machines as shown by the responses of 92% of the respondents. While 70% of the teachers felt there was more need for individualised teaching it may require for more lobbying with the government to further reduce the teacher pupil ratio so that teachers who teach children with mental disabilities take a lighter load.

When preparing students with mental disabilities for adult life most 97% of the teachers felt there was need to place more emphasis on practical subjects and avail adequate resources so that students get maximum benefit. This was supported by Murira (1994) when he found out that the Zimbabwean curricular was mostly focused on academic subjects like Maths and English. In support 75% of the teachers were of the opinion that these children need not concentrate on academic subjects. In addition their lessons had to be more interactive focusing on the individual needs of the students.

RECOMMENDATIONS

On the basis of the findings of the research study the following recommendations are proposed:

- All special needs schools and classes follow curriculum related to the area of their disability
- The Ministry of Primary and Secondary Education consider the Zimbabwe school's curriculum being adjusted and adapted to meet the needs of students with mental disabilities by making the curriculum less academic and include more practical subjects and therapies
- A system be devised to evaluate students with disabilities' progress that is recognized nationally by the government and employers.
- Teachers have in-depth special needs training and learn how to do I.E.P's and meet the specific goals of their students
- The Ministry of Primary and Secondary Education makes textbooks and resources suitable for teaching students with mental disabilities be readily available
- Teachers at special schools be equipped with skills to create cheap resources to meet student's specific needs.
- Special needs schools and classes embrace technology and allow it to become part of their curriculum.

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