The Experiences Of Parents Of School Children With Special Education Needs: An Empirical Study

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Abstract

This study sampled 99 parents whose children attended primary schools in Nhlangano area of Swaziland to assess the training, and psychosocial needs of parents of children with special education needs (SENs). It employed the survey research design and followed both qualitative and quantitative research approaches. Data obtained through the questionnaire and semi-structured interview instruments were analysed using frequencies and percentages, and were presented in tables. The study revealed that parents encountered challenges more especially when assisting in the education of their children with SENs at school. Data also indicated that parents were not prepared for the inclusion of their children with SENs in mainstream classrooms. Lastly, there were perceived differences in participants' perceptions on the implementation of inclusive education. Lack of training on their expected roles in educational decisions impacted the home and school experiences of parents of children with SENs. It is recommended that urgent measures be put in place to alleviate the situation.

Keywords: *inclusion, mainstreaming, parental training, parents, school children, special education needs*

1. Introduction

Parents of children with special education needs (SENs) are confronted with numerous and distinctive social and psychological challenges in dealing with their roles as caregivers to their children (Mundia, 2001; Lewis & Doorlag, 2006; Giffing, 2009; Makgopa & Mokhele, 2013) Such challenges appear to have serious and multiple implications on the nature and quality of their care-giving (Bender, 2008; Tshabalala, 2011; Ministry of Education Singapore, 2012). While many studies have researched teacher experiences in teaching children with SENs, no rigorous study has examined the experiences of parents with such children. The nature of caring for children with special needs and its impact on parents had been examined in the past years (Santrock, 2006; Bender, 2008; Nxumalo, 2010; Tshabalala, 2011). What remained to be explored, however, was the training and psychosocial needs of parents of children with special needs for the inclusion of their children with disability in the mainstream classroom.

A child is considered to have special educational needs (SEN) if he/she: i) has been diagnosed with a disability; ii) shows greater difficulty in learning relative to the majority of his/her peers of the same age; and, iii) requires different or additional resources in the absence of which no substantial progress would be recorded (Lewis & Doorlag, 2006; Tshabalala, 2011; Ministry of Education Singapore, 2012). In the context of schooling, a child with special educational needs would commonly struggle to learn or to adapt socially. For instance, both Mundia (2001) and Turnbull, Zuna, Hong, Hu, Obremski, Summers, Turnbull & Stowe (2010) suggest that for such individuals, participating in school related activities such as reading and writing, communicating with peers, socialising with peers and behaving in school appropriate manners in the presence of others would certainly be laborious tasks. In addition, such children may present challenges with hearing and or seeing what peers would normally see or hear in class or at school (Mundia, 2001; Whitbread, Brunder, Fleming & Park, 2007; Ministry of Education Singapore, 2012). They may also present difficulties with mobility around the school as other peers would normally do (Turnbull et al., 2010; Ministry of Education Singapore, 2012).

Some of the SENs commonly seen among school children include: i) autism spectrum disorder (ASD); a developmental disability that affects a person's ability to communicate and interact with others; ii) intellectual disability (ID), which impacts the individual's ability to think, concentrate, formulate ideas, reason and remember; iii) visual impairment; iv) hearing impairment; v) cerebral palsy, which is generally caused by brain injuries or abnormalities; and, vi) learning disabilities (Lewis & Doorlag, 2006; Ministry of Education Singapore 2012). Generally, children with SENs are children with a variety of different disabilities, health and mental health conditions that require special intervention, services, or support.

Many parents experience a range of emotions as they try to understand their child's SENs. Some of these emotions include anxiety, grief, anger, fear, guilt, surprise, as well as relief, acceptance and hope. In their distress, some parents may be confused about the diagnosis, and may not know how to help their children (Tshabalala, 2011; Ministry of Education Singapore, 2012). At times some parents may notice that their children are different from other children from a very early age by defining what a child cannot do. After the family members and friends have noticed these differences much discussion, criticism, unwelcoming advice and disagreements take place. Gous and Mfazwe (1998) argue endless visits to doctors, often caused frustration as doctors themselves do not always know what advice to offer or are hesitant to make premature and hasty diagnoses. The frustration that parents of children with SENs experience could make them distance themselves from participating in educational decisions when their children enter school. Parenting a child with SENs can be particularly challenging (Ministry of Education Singapore, 2012). Yet, there seem not to be much attention from authorities in the way of assisting these parents.

Whitbread et al. (2007) suggest that one best method of fostering effective collaboration in schools is to train parents and school personnel together. This requirement is imperative as parents are expected to cooperate with teachers, psychologists and other educators to share information about their child's abilities in the home and nonschool social environment and to participate in formulating effective learning programme for the child with SENs (Bender, 2008). In addition, participants in Giffing's (2009) study perceived parental training as necessary for successful inclusive education because they would be able to know and learn how to cope. Notwithstanding, many parents, however, do not always play a meaningful role in developing their children's Individualised Educational Programme (IEP). In an interview with teachers and principals of schools Dlamini, Dlamini and Mthethwa (2010) found that parents were not cooperating with the schools in terms of constructing Individualized Education Programme and that they have neglected their responsibilities and left everything to the school. As a result, the principals who took part in Dlamini et al. (2010) study recommended that children with SENs should first enrol at a special school and later to be admitted into the mainstream schools after they had been groomed.

Similarly, an earlier study in Uganda have also shown that many parents of children with SENs do not take an active role in the education of their children and that have led to their limited access to basic education and training (Njuki, Wamala, Nalugo & Niyisabwa, 2008). However, studies by Mestry and Grobler (2007); Felix, Dornbrack and Scheckle (2008); and Makgopa and Mokhele (2013) have also noted that this lack of parental involvement is not a lack of interest, but rather problems of poverty, single-parenthood, non-English literacy, lack of training and not sure where and how to get involved, the effects of the HIV/AIDS pandemic, and cultural and socioeconomic isolation that severely impact some parents' ability to get involved in their children's education. When an individual does not take an active role in any given activity his/her shortfall in knowledge may not be identified. But lack of empirical data on the training and psychosocial needs of Swazi parents of children with SENs meant that policy issues in this regard would possibly be speculative and subsequently flawed.

To have a child with SENs can be a devastating blow to the parents (Wang, 2009; 2011; Tshabalala, 2011). Parents undergo stress as a result of not having the ideal child they expected. This appears to be the case for every affected parent regardless of his/her educational background or socio-economic level. For instance, Tshabalala (2011: 34) witnessed that when her husband ordered her to give up their son who had cerebral palsy to a welfare organization noting that "…when I refused, my husband gave me an ultimatum: give up our son or end our marriage". This shows that parents of children with special education needs need to be stronger, adaptive and optimistic. Seifert (1999) and Blackburn, Carpenter and Egerton (2009) point out that some parents overcome the condition of their children quite easily, while others need a great deal of support. The realization that the child may never become an independent adult, weighs heavily on the parents. The role of parents is undoubtedly increasing and challenging in recent years (Santrock, 2006; Tshabalala, 2011; Ferrel, 2012). They must learn a considerable amount of new information and skills that are pertinent to the new role they must fulfil. Parents need to learn things that would help them cope with real life situations. Such skills could be acquired in properly articulated parent training programmes.

The following research questions were posed to guide the study: i) what challenges do parents of children with special education needs encounter at home, school and in the community?, ii) which training lessons and workshops do parents of children with special education needs receive towards inclusive education; iii) how do parents of children with special needs cope with the nature of their children's SENS?, and, iv) how do parents of children with special education needs view the implementation of inclusive education in Swaziland? It was thought that empirical evidence from this study would impact and strengthen policy issues regarding parental involvement in the education of their children with SENs in Swaziland and elsewhere.

2. Psychosocial Development Theory

The psychosocial development theory was adopted for research on the challenges training and psychosocial needs of parents of children with special needs because it offered a basic framework for understanding the needs of parents in relation to the society in which they live (see Snowman & Biechler, 2000; Woolfolk & Margetts, 2007; Ministry of Education Singapore, 2012). This theory integrated personal, emotional and social development rather than focusing on one aspect of human growth and thus it was called psychosocial development. Eggen and Kauchack (1999) maintain that understanding the psychosocial development can help in making informed decisions about ways that best meet the emotional and interpersonal needs of individuals.

The psychosocial theory was developed by Erick Erickson in 1968 (Eggen & Kauchack, 1999). Erickson's theory encompassed the life span and highlighted the role of the person and culture in development. He hypothesized that "just as the parts of the body develop in interrelated ways in a human foetus, so the personality of an individual forms as the ego progresses through a series of interrelated stages" (Snowman & Biechler, 2000: 26). Erickson's underlying assumption was that as people grow they are forced to become aware of, and interact with a widening social community leading to the development of a healthy personality. Such personality is characterized by the "mastery of the environment, unity of functioning and the ability to perceive the world and themselves accurately" (Gage & Berliner, 1998: 127). Erickson believes that successful resolution of each crisis strengthen the self-concept while the failure to negotiate one or more of the psychosocial crises results in emotional stress.

Snowman and Biechler (2000) concur that crises occur when people feel compelled to adjust to the normal guidelines and expectations that society has for them, but are not altogether certain that they are prepared to fully carry out these demands. The parents of children with SENs are expected to participate in educational decisions on behalf of their children, yet they are being frustrated by not having the ideal child they expected, nor do they have the knowledge to support the child. According to psychosocial theory, when the negatives outweighed the positives for any given stage, difficulties in development and adjustment will arise. The challenges of stages not successfully completed may be expected to reappear in future as problems. This theory appears to give some clear guidelines for understanding human behaviour, hence, its adoption in investigating the training and psychosocial needs of parents of children with SENs. In applying Erickson's theory, the researchers had gained some insight into the personality of parents who took part in the study and how they could be nurtured and strengthened. Such application also allowed the researchers to examine several aspects of the training and psychosocial needs of these categories of parents.

3. Methodology

The researchers adopted a survey research design. This design offered the researchers opportunity to obtain detailed description of the training and psychosocial needs of parents of children with special needs. The mixed methods (qualitative and quantitative) research approaches were also followed. Creswell (2008) advocates for the mixed methods approach, arguing that all methods have limitations and by using the mixed methods approach biases in any single method will neutralize.

The target population of the study were parents of children with SENs in Nhlangano, Shiselweni Region of Swaziland, regardless of their age, gender, marital status, educational background, occupation, and socio-economic background. Children who were identified with SENs in different schools were used to identify their parents. The admission books recorded all the pupils enrolled in the schools showing the names of the pupils' parents or guardians and their physical addresses. This approach enabled the researchers to obtain the addresses of various participating parents in the study. Of the 41 primary schools in Nhlangano area, 29 were identified with children having special education needs, 7 schools did not have any and 5 schools were not accessed because of the very bad condition of the road leading the schools.

Data for the actual study were personally obtained by the researchers. Questionnaires together with the covering letters were then administered by hand to working parents at their places of work and collected later on the agreed dates after completion. The questionnaire instrument was divided into three sections: a) the demographic information of respondents to enable the researchers know more about the people who provided the data for the study and ensure that they were the rightful informants; b) the research questions which guided the study and, c) the open-ended section for remarks. The questionnaire was formatted on a-1 to 5 point Likert scale. Likert scale is a descending rating format in which respondents are asked to strongly agree (5); agree (4); not sure (3); disagree (2); and strongly disagree (1).

For parents who could not complete the questionnaire, appointments were made with them for face to face interviews on different dates and days. The interviews were all conducted in the respondent's natural settings. The semi-structured interview approach was used in interviewing these categories of parents. Through the use of this form of interviewing, the researchers were able to look at the way the responses were given, the tone used, facial expression, hesitation, and gestures. Mundia (2001) says such semi-structured approach to interviewing enable the researchers to read non-verbal cues that are made by the respondents during the interview. Data analyses took the form of a mixed method approach. The qualitative data obtained from semi-structured interviews was presented descriptively. Data obtained from questionnaire was quantified using frequencies and percentages and then presented in tables.

3.1 Ethical Considerations

Banister, Burman, Parker, Taylor and Tindall (1994); Burns, Jacob & Wagner (2008); and, Fouka & Mantzorou (2011) suggest that good research is only possible if there is mutual respect and confidence between researcher and participants. This means that participants need to be protected from harm, their psychological well-being, health and dignities need to be preserved at all times. The researchers were aware of the ethical implications both for the participants and for the researchers throughout the process of the research. As a result, all elements of the research were fully disclosed both in the letter, which was attached to the questionnaires, and verbally during the interview processes. The purpose of the research and what will happen to the material collected were fully explained to the participants. The participants were assured of confidentiality and anonymity should any information obtained were to be published. Participants were meant to complete the consent forms while those who could not write (as was the case for those who were interviewed) only offered their verbal consent to the researchers. In addition, those participants who were interviewed did not say their names and did not permit the use of any form of tape-recording equipment.

4. Findings

4.1 Description of study sample and response rate

Of the 99 parents who participated in the study, 80 (80.8%) were females and 19 (19.2%) were males. In addition, 79 (79.8%) were employed, 13 (13.1%) were self employed and 7 (7.1%) were not employed. A total of 92 (79+13) questionnaire instruments were administered but out of this total, the researchers only received responses from 58 (63%) working parents. It was on this 63% response rate that the analysis of questionnaire was based. The other 34 (37%) in addition to 7 unemployed persons (totalling 41) parents preferred to be interviewed.

4.2 Demographic data of the respondents

The respondents were asked to indicate their gender on the questionnaire instrument. Table 1 below represents the number of males and female parents who participated in the study. A higher percentage (63.8%) of the respondents was female. This would suggest that most parents who look after their children with SENs in the Nhlangano area were females.

Table 1: Distribution of respondents by gender

Gender	Frequency	Percentage (%)
Male	21	36.2
Female	37	63.8
Total	58	100

Table 2 below presents the age of the parents who participated in the study. The age ranged from 20 to above 40. The age range of 36 to 40 had the highest percentage (31.1%). Table 2 below would also suggest that most parents of children with SENs were in the middle age.

Table 2: Distribution of respondents by age

Age range	Frequency	%
20-25	9	15.5
26-30	8	13.8
31-35	7	12.1
36-40	18	31.0
Above 40	16	27.6
Total	58	100

The respondents were asked to indicate their status on questionnaire. Table 3 below shows information on their status which shows the highest percentage of single parents at 48.3%. It could be concluded that most parents of children with SENs in Nhlangano area were single.

Table 3: Distribution of respondents by status

Status	Frequency	%
Single	28	48.3
Married	19	32.8
Divorced	0	0
Separated	5	8.6
Widowed	6	10.3
Total	58	100

The respondents were asked to indicate their level of education. Table 4 above contains information about the qualifications of participants, which showed that a higher percentage of the respondents were 41.4%. It would then appear that most of parents of children with SENs in Nhlangano area were certificate holders.

Table 4: Distribution of respondents by level of education

Level of education	Frequency	%
Certificate	24	41.4
Diploma	11	19
Degree	5	8.6
Masters	1	1.7
Doctorate	0	0
None	17	29.3
Total	58	100

Table 5 below presents the working experiences of parents who participated in the study. The years ranged from 0 to above 15. The year range of 1 to 5 had the highest percentage (36.2%) and it was concluded that parents of children with SENs in Nhlangano area had low working experience. However, it would appear that having a child with SENs also impacted on the ability of these parents to stay in permanent full time jobs.

Table 5: Distribution of respondents by working experience

Year ranges	Frequency	%
1-5	21	36.2
6-10	18	31
11-15	8	13.8
Above 15	11	19
Total	58	100

The respondents were asked to indicate their relationship with the child. Table 6 below presents the documented data, which showed that higher percentage (39.7%) of the respondents, were mothers. This would suggest that most children with SENs in Nhlangano area had mothers.

Table 6: Distribution of respondents by relationship with the child

Relationship with the child	Frequency	%
Mother	23	39.7
Father	13	22.4
Guardian	11	19
Brother	2	3.4
Sister	9	15.5
Total	58	100

The respondents were asked to indicate the gender of the child with special needs. The analysis of the data in table 7 below revealed that the highest percentage (60.3%) of children with special needs was males, and this was an indication that most of the children with SENs needs in the Nhlangano area were males.

Table 7: Distribution of respondents by gender of the child

Gender of the child	Frequency	%
Male	35	60.3
Female	23	39.7
Total	58	100

The respondents were asked to indicate in the questionnaire whether their children with special needs attend school or have dropped out of school. Table 8 below presents their responses which showed that a higher percentage (77.6%) of children with special needs were those who attended school. It was therefore thought that parents of children with SENs perceived education as important.

Table 8: Distribution of children by categories

Category	Frequency	%
Attending school	45	77.6
Dropped out	13	22.4
Total	58	100

The participants were asked to indicate the type of special needs presented by their children. The analysis in table 9 below revealed that the highest percentage of type of special needs is intellectual (37.9%). This suggests that most children in Nhlangano area have intellectual disabilities.

Table 9: Distribution of respondents by type of special needs

Type of need	Frequency	%
Visual	17	29.3
Hearing	3	5.2
Cerebral palsy	10	17.2
Intellectual	22	37.9
Epilepsy	4	7
Multiple	2	3.4
Total	58	100

4.3 Findings from the questionnaire instrument

4.3.1 Research Question 1

What challenges do parents of children with special needs encounter at home, at school and in the community?

Majority of parents who completed the questionnaire items indicated that they had challenges with their children at home and that they were equally failing to cope. Participants also noted with bitterness the way their children were treated at school. They said that they were not satisfied with the way teachers and so called normal children treat children with special education needs. Participants indicated that the teachers did not accept these children. Questionnaire data also revealed teachers' complaints regarding the amount of time required to look after these children. Participants recommended that the government should build special schools nearby because their children did not benefit from the mainstream classroom.

Table 10: Summary of parents who have/have not challenges at home

Variables	Frequency	%
Parents who have challenges at home	34	58.6
Parents who do not have challenges at home	22	38
No responses	2	3.4
Total	58	100

Table 11: Summary of parents who have/not have challenges at school

Variables	Frequency	%
Parents who have challenges at school	44	75.9
Parents who do not have challenges at school	10	17.2
No responses	3	5.2
Neutral	1	1.7
Total	58	100

Table 12: Summary of parents who have/have not challenges in the community

Variables	Frequency	%
Parents who have challenges in the community	7	12.1
Parents who do not have challenges in the community	50	86.2
No response	1	1.7
Total	58	100

Nonetheless, majority of the participants expressed satisfaction with the manner their children were treated in the community. However, parents who indicated challenges they faced in the community revealed that their children were being abused sexually and were stigmatized by other children of the same area.

4.3.2 Research Question 2

Which training lessons and workshops do parents of children with SENs receive towards inclusive education?

In response to this question, forty-eight (83%) of those who completed the questionnaire revealed that no training was given to them, while ten (17%) confirmed that they received some form of training. Those who received training lessons indicated that the training was on sign language. However, when participants were asked about the relevance of their training to their needs, eight of them noted that there was no relevance. Well three of the participants claimed to have blind children, five claimed to have children with intellectual disabilities. Only two of the ten participants indicated satisfaction with the workshop. The responses of the forty- eight parents to the 'why' question who did not have any training lessons has been presented in table 13 below. It would appear as shown from the table below that participants (with a highest percentage 50%) revealed that there was a belief that only teachers need training not parents. Therefore it can be concluded that most parents do not partner with educators because they lack knowledge and that may equally account to why they were experiencing challenges at school.

Table 13: Parents' responses to the 'why' question

Question	Responses	Frequency	(%)
Why you were not trained?	No one is interested in us	6	10.3
	Parents are not trained only teachers	29	50
	Educators do not go to rural areas	10	17
	Are there workshops for parents?	2	4
	No workshop was ever organized in this area.	10	17
	No response	1	1.7
	Total	58	100

4.3.3 Research Question 3

How do parents of children with special needs cope with the nature of their children's disabilities?

The respondents were given statements which they had to rate on a Likert Scale from 5 to 1 as follows: sa-Strongly Agree, a- Agree, ns-Not Sure, d- Disagree, and SD-Strongly Disagree. Responses from the participants on whether parents have the understanding of the nature of their children's SENs, the table below reflects that a majority (51.7%) of the respondents disagreed with the statement, 31% were not sure, 13.9% agreed, 3.4% strongly disagreed, and none strongly agreed.

Table 14: Parents' understanding of the nature of SENs

Likert scale	frequency	%
SA	0	0
A	8	13.9
NS	18	31
D	30	51.7
SD	2	3.4
Total	58	100

It was also found that parents gradually cope with the special needs of their children as table 15 shows that a majority (51.7%) agreed with the statement, 31% were not sure, 13.9% disagreed, 1.7% strongly agreed, and another 1.7% strongly disagreed.

Table 15: Parents gradually cope with their children's SENs

Likert scale	frequency	%
SA	1	1.7
A	30	51.7
NS	18	31
D	8	13.9
SD	1	1.7
Total	58	100

On whether with training parents will understand how to raise children with special education needs, the table 16 below indicates that a majority 68.9% strongly agreed with the statement, 18.9% agreed, 7% disagreed, 5.2% were not sure, and none strongly disagreed.

Table 16: Parents understand how to raise children with SENs

Likert scale	frequency	%
SA	40	68.9
A	11	18.9
NS	3	5.2
D	4	7
SD	0	0
Total	58	100

On whether in a family of two children, a normal child and a child with special education needs, the parent would be neglecting the one with special needs if she/he does not go an extra mile in meeting his/her needs, table 17 depicts that a majority of 53.4% agreed with the statement, while 20.7% were not sure, 17.2% strongly agreed, 7% strongly disagreed, and 1.7% disagreed.

Table 17: Neglecting the one with special needs

Likert scale	frequency	%
SA	10	17.2
A	31	53.4
NS	12	20.7
D	1	1.7
SD	4	7
Total	58	100

On whether parents have lower academic expectations of their children with SENs than they have for nondisabled children, table 18 below shows that a majority 34.5% disagreed with the statement, 32.7% strongly disagreed, 25.9% agreed, 5.2% were not sure, and 1.7% strongly agreed.

Table 18: Lower academic expectations from children with special needs

Likert scale	frequency	%
SA	1	1.7
A	15	25.9
NS	3	5.2
D	20	34.5
SD	19	32.7
Total	58	100

On whether parents have knowledge and understanding of making important decisions about the education of children with special education needs, table 19 reflects that a majority of 60.3% strongly disagreed with statement, 17.2% disagreed, and another 17.2% were not sure, 3.4% strongly agreed, and 1.7% agreed.

Table 19: Parents' knowledge and understanding in making educational decisions

Likert scale	frequency	%
SA	2	3.4
A	1	2
NS	10	17.2
D	10	17.2
SD	35	60.3
Total	58	100

4.3.4 Research Question 4

How do parents of children with SENs view the implementation of inclusive education in Swaziland?

It was found that 29 participants claimed that the rights of human were being respected and inclusive education has come as a relief to them. The participants were happy because their children with SENs were being admitted in nearby schools rather than taking them to far away special schools as was earlier the case. However, participants showed mixed feelings about the curriculum, which put more emphasis on academic achievement rather than providing the children with the opportunity to acquire practical skills. Participants indicated that there was a need to help teachers develop more patience to cope with, and attend to their children with special education needs. Participants found the school environment to be too restrictive in terms of assisting them with counselling services, which they thought would help to reduce emotional frustration. Participants also thought that inclusive education was forcefully implemented, notwithstanding the fact that it offered their children some hope

4.4 Findings from the from Interviews

4.5 Response rate

It would be recalled that 41 parents preferred to be interviewed (see description of study sample and response rate). Of this figure, only 10 were actually interviewed. The rationale for interviewing only ten participants was in line with qualitative principles (see Creswell, 2008). Table 20 shows the interview response rate and participants' experiences with types of SENs.

Table 20: Participants' experiences with types of SENs

Disability	Parents
Chronic illness	2
Multiple disability	5
Visually	3
Total	10

What challenges do you encounter as a parent of a child with SENs at home and in the community?

Participants confirmed that they had great challenges which were sometimes difficult to express. Interview data revealed that two parents, *Mrs Rocks and Sister Maggie* (table 21 below) were confronted with challenges of accommodating their children while attending to their duties. It was also found that parents had the challenge of providing basic needs for their children as noted by *Miss Stone*, and one of the parents had the challenge of transport (*Sister Maggie*). Participants whose children had visual impairment, expressed the feeling of insecurity as they constantly feared that their children might eat something poisonous *(Mr Mamba)*, get lost in the area or even be abused (*Mrs Rocks*) because at times they left them alone at home while attending to family duties. In table 21 below, pseudo names have been used to summarise key issues raised by five of the ten parents who took part in the interview.

Table 21: Parents' responses to the challenges they faced at home

Respondent's name	*Responses to challenges at home*
1. Mrs Rocks	*I have to be near home all the time, yet there is a vegetable garden to attend to. No one looks after the child when I am away. We have had few cases of abuse in this area and nothing serious has been done. You don't know the next victim*
2. Sister Maggie	*I have no problem staying with the child at home , the problem is when I have to take her to hospital because she cannot walk, I have to shoulder her yet she is grow up (18years). There is no transport in my area because of bad road*
3. Mr Mamba	*I work in the Forest Company, so there is no one to look after the child. We are in separation with his mother and it is too risky to leave him alone just like that. He might even harm himself, so it is really difficult*
4. Miss Stone	*I am a single parent, money is a significant challenge because our basic needs are very expensive, I have no food to feed the child, no money to take her to hospital, nothing, nothing, nothing*
5. Aunt Susan	*The government has told us to stay with these children at our homes. We are using our grant to support them. The problem is in supporting these children.*

N = 5

What training lessons have you got towards the introduction of inclusive education?

Participants revealed that no training had been given to them. But as already indicated in the introductory section, no literature was found to support that any training is being given to parents of children with SENs. *Aunt Susan* said that they only knew of community nurses and community policemen who used to be called for training, not parents of children with SENs. In an interview, Mr Mamba had this to say: *"who are we to get training, we are not the learned people, and learned people talk the same language."*

How do you cope with the nature of your children's SENs?

Participants noted that they forced themselves to cope because they could not change the situation. The three parents whose children were visually impaired revealed that they supported their children by taking them to church and by taking them along when shopping. As a coping strategy, *Sister Maggie noted that* with *prayer I am able to hold my head high and move on with my life and that of my daughter.* Other than these, it would seem no formal coping strategies were in place for these parents.

How would you as a parent describe the implementation of inclusive education in schools and what are your suggestions?

The ten parent interviewed discarded the implementation of inclusive education claiming that children with SENs will never benefit from it. The parents revealed that their children were not attending due to the parents' inability to provide their children's basic needs. *Sister Maggie* argued that *"transport will ever remain a problem not unless the schools will have boarding facilities"*. A glaring comment on the issues was made by *Mr Mamba*. He wondered who was going to prepare the child for school and attend to school meetings. *Mr Mamba* claimed that in other countries parents of children with SENs were also teachers. When asked to elaborate on that, he simply claimed that he was aware that *"parents of children with SENs tell teachers how their children should be taught"*. Interview data suggests that parents were willing to learn how they can partner with educators in making educational decisions on behalf of their children have been represented in table 22 below:

Table 22: Suggestions for working hand-in-hand with teachers N = 10

Participant's name	Suggestion
Mrs Moyo	*Train teachers on good mannerism*
Aunt Grace	*Train parents and school personnel together to avoid clashes*
Mrs Rocks	*Hold workshops together with the educators.*
Sister Maggie	*Provide knowledge to parents*
Mr Mamba	*Offer counselling sessions to both parents particularly where the other parent denies the existence of the disability*
Miss Stones	*Educate parents on the governments' policies on the education of children with special needs*
Aunt Susan	*Organize mini workshops to establish communication as early as possible in the school year*
Mrs Gwebu	*Provide accurate information about the Individualized Education Programme*
Thandi	*Parents requesting help should not be stigmatized and their access to services must be provided*
Bongane	*Consider parents needs when establishing schedules for parent meetings*

5. Discussion of Findings

This study assessed the training and psychosocial needs of parents of children with SENs, which impact the inclusion of their children in mainstream classroom. The following themes emerged in the data obtained and analysed from the questionnaire and the semi-interviews instruments.

5.1 Challenges encountered by parents of children with special education needs

Data revealed that parents of children with SENs, who took part in the study encountered challenges at home, school and in the community. The percentage of parents who encountered challenges was very high as compared to those who had none. At home, questionnaire and interview data indicated that parents needed to take a little more time with their children yet they had other duties to perform. Their responses were in line with an earlier finding by Bender (2008) and Giffing (2009) who noted that there is an additional expense, time and energy to care for the child with a special education need.

It was found out that the majority of parents were not satisfied with the way teachers and normal children treat the children with SENs. In a study by Giffing (2009) on the perceptions of agriculture teachers towards the inclusion of students with disabilities in mainstream classrooms, the participants described teachers as lacking patience to cope and attend to children with SENs. One may expect challenges of either transport or feeding to be the major challenge at school but the study has indicated prejudice on the part of the teachers. This could make parents to be nervous to meet educators particularly when their child needs special attention. For this reason, the researchers advocate for the training of these parents so that they could be open to educators and work hand-in-hand with them for the benefit of their children.

Notably, Bender (2008) has discovered that due to prejudice from teachers, parents may become passively resistant to suggestions made by them (the teachers). It is worth noting that schools and parents vary; while some parents have an excellent relationship with their children's school and subsequently are closely involved, others for many different reasons do not enjoy such close relationships. However, an earlier study by Felix et al. (2008); and a more recent study by Makgopa and Mokhele (2013) have noted that some of the reasons that may impact nature of the relationship between a parent and the child's school may include the problems of poverty, non-English literacy, lack of training and not being sure of how to get involved.

Notwithstanding, the interview and questionnaire data indicated that parents expressed happy feelings about the treatment they got from the community, though, others expressed bitterness as they noted that their children were stigmatised and abused. However, with the percentage of 86.2% to 12.1% it can be concluded that the parents who took part in the study, encountered minor challenges in the community.

5.2 Training lessons given to parents of children with special education needs towards the implementation of inclusive education

It was noted that majority of parents did not get any training towards inclusive education. Those who managed to attend indicated that the lessons were irrelevant to their needs. With forty-eight (83%) of participants confirming that no training was being given, this implies that there was a serious need to train parents. Ysseldyke and Algozzine (1995); Kirk, Gallagher and Anastasiow (1997), and UNESCO (2010) confirmed that parents of children with SENs have many problems, which need answers. These authors appear to suggest a training policy to be put in place by schools for parents of children with SENs. It could be concluded that parents in Nhlangano area of Swaziland appear to have any form of formal training resulting to the fact that they work with teachers without any understanding or clear knowledge and definition of their roles. It is therefore imperative that formal training programmes should be set-up for parents to assist them in their expected roles as parents of children with SENs. Following the training programmes, educators and parents should work together to come up with some guidelines on the expectations from each other, in order for them to achieve effectiveness of their relationship.

5.3 Coping mechanism for parents of children with special education needs

Notwithstanding the absence of any formal coping structure for these parents, it was revealed that some of them do gradually support themselves in one way or another. The high scores on the Likert scale appear to suggest an indication that parents were able to cope with their children's SENs while the low scale scores meant that they were unable to cope. Again, reference is made to *Sister Maggie statement where she noted that* "with *prayer I am able to hold my head high and move on with my life and that of my daughter."* An interesting finding was that parents whose children were identified by teachers as having intellectual disabilities were not able to cope with the situation. They were ashamed to tell even the researchers that their children had intellectual disabilities. The parents' attitudes seemed to convey that little is seriously wrong with the children. It would appear the parents who refused to take part in this study may have had this attitude as such parents also allowed limited involvement of other professionals in the family dynamics.

Studies on coping with SENs suggest that a number of strategies may be followed to assist parents with their children's SENs (Ajodhia-Andrews, 2007; Whitbread et al. 2007; Yssel, Engelbrecht, Oswald, Eloff & Swart, 2007). For instance, findings from Ajodhia-Andrews' (2007) study suggest that the mounting of parent support group and parent training were two effective strategies favoured by participants who took part in that her study. Similarly, Yssel et al. (2007) argue that a move towards inclusion that will guarantee effective active involvement of parents is such, in which the school must learn to listen to the voices and perspectives of parents. Particularly, listening to the parents' voices would require the setting-up of parents'-in-need periodic clinics where (depending on the resources of each school) professionals will not only listen, but also attend to the needs of those parents that may be in need. However, for such clinic to achieve its aim, Yssel et al. (2007) argue that such school support an open-door policy that will parents feel welcome at anytime because any school that is committed to effective partnerships must make an effort to hear what parents needs are.

5.4 Parents' perceptions towards the implementation of inclusive education in schools

Participating parents viewed inclusive education differently. This diversity in parents' perceptions in this regard, may imply that the implementation of inclusive education is met with differing views and attitudes. It would be recalled that 50% of the participants thought that inclusive education was 'good', while 29.3% noted that the implementation was 'bad' news for their children and families. Those who thought that inclusive education was good argued that the policy came as a relief since their children were admitted in neighbourhood schools. These observations were however, in line with what Turnbull et al. (2010) and Giffing (2009) said when they advocated for inclusive education.

However, the parents showed mixed feelings about the curriculum for its 'one-size-fits-all' approach. This revelation suggests that there is urgent need for existing curriculum to be modified to meet the diverse needs of their children. Taken into account the concern of the participants with visually impaired children that their children might get lost in the busy shuffle of school life, questions will be raised on the level of preparedness by schools for mainstream learning. Finally, it would equally seem that the queries from participants of children with multiple disabilities regarding whether their children might receive effective help in school appear to necessitate a new research that will aim to investigate implementation of the policy of inclusive education with a focus on special education needs.

6. Conclusion

Parents of children with special education needs have challenges in meeting their expected role in educational decisions as have been demonstrated in this study. In spite of the overwhelming nature of these challenges, majority of parents appear ill-prepared in their roles of providing their children's special needs. The results on training lessons also showed that parents were not prepared for the inclusion of their children with special education needs in mainstream classroom. These findings should alert stakeholders in education sector to devise a wide range of programmes aimed at meeting the parents' needs. Having a child with SENs is a stressful event. The study has noted that the degree of stress, which having a child with special education needs generates, calls for a special attention to be given to affected parents. The greater the continued need for care and attention, the greater is the stress and the chance of a negative outcome. The authors therefore recommend that training programmes be provided to all parents faced with such situation. The imperativeness of formal training programme for parents has been noted above. The aim of such programme is to assist parents with the understanding of what their expected roles as parents of children with SENs should be. Following the training programmes, educators and parents should work together to come up with some guidelines on the expectations from each other, in order for them to achieve effectiveness of their relationship.

It is important to acknowledge some of the challenges the researchers faced during the course of this study. It was noted that matters bordering on disabilities were very quite sensitive, which triggered some defensiveness in some parents resulting to the fact that some of them refused to be interviewed, despite the assured confidentiality and anonymity. This was however, not surprising to the researchers. Cohen, Manion and Morrison (2005) confirm that having gained entry to a setting does not guarantee access to all the data, as not everyone will be willing to talk. Cohen et al (2005) note that even the most willing informant will not be prepared to divulge all the information available to him/her. Given the above limitations therefore, the researchers suggest that the generalisability of the findings of the study must be carried out with. It was therefore recommended that a comparative study covering all the other regions of Swaziland namely Manzini, Hhohho, and Lubombo be conducted, in order to generate data that may facilitate generalisability of the findings to all parents of children with SENs in the country.

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