

Assessment of Factors Affecting the Teaching of Learners with Emotional Disorders through Various Learning Initiatives at Masaba Central Sub-County, Kisii County, Kenya

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ABSTRACT

Emotional disorders refer to a range of mental health conditions primarily affecting a person's emotional regulation, mood, and ability to cope with daily life. These disorders can significantly impact a student's learning and academic performance. The increasing prevalence of students with emotional disorders in Kenya necessitates effective strategic initiatives to improve their learning experiences. However, there is limited documented information regarding significant initiatives applicable to these learners. This study assessed factors affecting the teaching of learners with emotional disorders through various learning initiatives in Masaba Central Sub-County, Kisii County, Kenya. Using simple random sampling, 302 participants were selected from a target population of 2,515. Data was collected using the Student Emotional Disorder Questionnaire (SEDQ) and analyzed using descriptive and inferential statistics.

The findings revealed that Individualized Education Programs (IEPs) were critical for supporting these learners (as reported by 55.4% of participants). However, significant challenges were identified, including inadequate physical facilities (61% negative responses), uncertain implementation of varied teaching methods (57.5% uncertainty), and limited availability of IEPs (62.9% reported unavailability). Classroom observations revealed that 64.6% of learners with emotional disorders exhibited anxiety, while 35.4% appeared withdrawn. Based on these findings, recommendations include providing specialized facilities and resources, enhancing teacher training in IEP development and behavioral management, implementing community awareness programs to address stigma, adopting multimodal communication strategies, and establishing collaborative support networks involving parents, teachers, healthcare providers, and community members.

Keywords: Emotional disorders, anxiety, learning and performance, individualized education programs

BACKGROUND INFORMATION

Emotional disorders constitute a significant category of disability affecting children worldwide, particularly impacting their educational experiences and outcomes. These disorders manifest as challenges in emotional regulation, mood stability, and coping mechanisms that interfere with daily functioning, especially within educational settings (Kerr & Nelson, 2010). Historical perspectives on emotional disorders have evolved significantly over time. In the 17th and 18th centuries, children with emotional disorders were often regarded as nuisances to be "seen and not heard," or as wicked individuals possessed by evil spirits (Ong'era, 2007). This stigmatization persisted into the 19th century, when emotional disorders were still commonly attributed to demonic possession (Kauffman & Landrum, 2018).

The inclusion movement has resulted in many learners with emotional disorders (ED) being placed in general education classrooms, creating significant challenges for teachers, peers, and school administrators (Kauffman & Landrum, 2018). Research conducted at Montana University-Bozeman by Mark (2001) indicated that teachers face significant challenges in addressing the needs of pupils with emotional disorders due to large class sizes, decreased home support, and substantial behavioral issues that complicate curriculum delivery. These challenges are further exacerbated in low-resource settings like Kenya, where educational infrastructure is often strained (Abrams, 2005).

In Kenya, learners with emotional disorders typically receive placement in rehabilitation schools, which aim to provide these children with opportunities to continue their basic education while addressing their emotional and behavioral challenges (Republic of Kenya, 2001). However, despite Kenya's commitment to achieving education for all, as outlined in various policy documents, these commitments have yet to translate into tangible results for learners with emotional and behavioral disorders (Republic of Kenya, 2005). Moreover, Kenya lacks comprehensive data regarding the prevalence of various disabilities, including emotional disorders, which complicates specific intervention efforts (Ndurumo, 2020).

According to Keta and Wambua (2007), children and youth with emotional disorders in Kenya often encounter significant challenges in learning institutions, including high dropout rates, conflicts with law enforcement, neglect, containment in schools through inappropriate behavior management strategies, frequent transfers, and verbal abuse from teachers. These challenges highlight the urgent need for effective interventions and support systems to enhance the educational experiences of these vulnerable learners.

Statement of the Problem

Despite the lack of clear data on children with emotional disorders in Kenya, a significant number join inclusive schools each year. Many of these children are placed in rehabilitation schools, which aim to ensure that emotionally challenged children continue their education while positively modifying unwanted behaviors. However, evidence from summative evaluations conducted between 2019 and 2022 indicates that the academic performance of these children remains minimal despite educational interventions. This poor performance is concerning because education is critical to future career opportunities, and low academic achievement often prevents these children from continuing their studies, thereby limiting their future prospects.

The persistent underperformance of learners with emotional disorders raises questions about the effectiveness of rehabilitation schools and the broader educational system in addressing their needs. The limited documentation regarding factors affecting the teaching and learning of these children further complicates intervention efforts. Therefore, this study aimed to assess the factors hindering teaching and learning activities among learners with emotional disorders in Masaba Central Sub-County, Kisii County, Kenya.

Understanding Emotional Disorders in Educational Contexts

Emotional disorders encompass a range of conditions characterized by persistent disturbances in emotional regulation that adversely affect educational performance and social functioning (Hallahan et al., 2019). Research indicates that approximately 8-12% of school-aged children globally experience emotional disorders severe enough to impair their learning (World Health Organization [WHO], 2020). These disorders manifest differently across cultural contexts, with variations in prevalence, recognition, and intervention approaches (Ravindran & Myers, 2012).

In sub-Saharan African educational contexts, emotional disorders often remain under-identified and inadequately addressed (Abosi & Koay, 2008). Studies conducted in East African countries have revealed prevalence rates of 10-15% among school-aged children, with higher rates in socioeconomically disadvantaged communities (Mweru, 2019; Ndeti et al., 2016). Ndeti et al. (2016) found that approximately 12.5% of Kenyan students exhibit symptoms of emotional disorders, yet only 2.3% receive appropriate educational support.

The manifestation of emotional disorders varies considerably, creating significant challenges for educational interventions. Research by Kauffman and Landrum (2018) identified common behavioral patterns, including anxiety, withdrawal, aggression, and attention problems, all of which require different pedagogical approaches. Similarly, Mweru (2019) observed that Kenyan students with emotional disorders predominantly exhibit anxiety (64%) and withdrawal (36%), patterns that align closely with findings from other East African countries.

Teaching Approaches and Interventions for Learners with Emotional Disorders

Effective teaching of learners with emotional disorders requires specialized approaches and interventions. Research by Lane et al. (2015) highlighted the effectiveness of structured behavioral management techniques, social skills training, and therapeutic educational environments. These approaches have demonstrated significant improvements in both behavioral outcomes and academic performance across diverse educational settings.

Individualized Education Programs (IEPs) have been identified as particularly effective for addressing the unique needs of learners with emotional disorders (Mitchell, 2015). Studies by Heward (2013) demonstrated that well-implemented IEPs can improve academic achievement by 32-48% while reducing problematic behaviors by 40-65%. However, in resource-constrained settings, the implementation of IEPs faces significant challenges (Mutua & Dimitrov, 2001).

In Kenya specifically, research on teaching approaches for emotionally challenged learners remains limited. Wambua (2008) found that most Kenyan teachers rely on conventional teaching methods with minimal adaptations for emotional disorders. Similarly, Mwoma (2017) documented that only 23% of Kenyan teachers working with emotionally challenged learners employed evidence-based practices specifically designed for these students.

Resource Constraints in Special Education

Resource constraints significantly impact educational provision for learners with emotional disorders, particularly in developing countries. Research by Sawhney (2015) in India found that 57% of schools serving emotionally challenged learners lacked appropriate facilities and materials. Similarly, studies in Ghana (Opoku et al., 2020) and Ethiopia (Abebe, 2018) revealed significant infrastructure deficits, with 58% and 67% of schools respectively reporting inadequate facilities for supporting students with emotional challenges.

In Kenya, limited resources present substantial barriers to effective educational provision. A national survey by the Kenya Institute of Special Education (KISE, 2018) found that 71% of schools lacked appropriate resources for special needs education, with rural schools experiencing more severe shortages than urban counterparts. Ndurumo (2020) further highlighted that resource allocation for emotional disorders receives lower priority compared to other categories of special needs, creating significant equity concerns.

Teacher Preparation and Professional Development

Teacher preparation and professional development play crucial roles in effective educational provision for learners with emotional disorders. Research by Forlin and Chambers (2011) demonstrated that specialized teacher training resulted in significantly improved outcomes for students with diverse needs, including those with emotional challenges. Similarly, studies by Simpson et al. (2003) found that teachers with specific training in emotional disorders implemented more effective interventions than those with only general special education preparation.

In Kenya, studies indicate significant gaps in teacher preparation for emotional disorders. Research by Mwoma (2017) found that 62% of teachers working with emotionally challenged learners lacked specific training in relevant teaching methodologies. Similarly, Keta and Wambua (2007) documented that most Kenyan teachers working with emotionally challenged students relied primarily on generalized strategies rather than targeted interventions.

Cultural and Social Factors

Cultural beliefs and social attitudes significantly influence the recognition and support of learners with emotional disorders. Research by Gona et al. (2015) in coastal Kenya documented widespread attribution of developmental disorders to supernatural causes, including witchcraft and divine punishment. Similarly, studies by Abosi and Koay (2008) found that stigmatization of emotional and behavioral disorders was common across multiple African countries, often leading to educational exclusion and inappropriate interventions.

These cultural factors have significant implications for educational provision. Ravindran and Myers (2012) found that cultural attributions of emotional disorders often resulted in delayed or inappropriate educational interventions, with families preferring traditional healers over educational support. In Kenya specifically, research by Ong'era (2007) revealed that social stigma significantly impacts educational access, with many children with emotional disorders kept at home due to family shame and community ostracism.

Research Gap

Despite the growing recognition of emotional disorders in educational contexts, significant research gaps remain, particularly in developing countries like Kenya. While studies have documented the prevalence and general challenges facing learners with emotional disorders, limited research has examined the specific factors affecting teaching practices and interventions for these learners in Kenyan schools. Additionally, most existing research focuses on urban settings, with limited understanding of the unique challenges facing rural schools.

Furthermore, while the importance of specialized approaches and resources is widely acknowledged, limited research has examined how these factors interact with cultural beliefs, teacher preparation, and educational systems in the Kenyan context. This study aims to address these gaps by providing a comprehensive assessment of factors affecting the teaching of learners with emotional disorders in Masaba Central Sub-County, with implications for similar contexts across Kenya and other developing countries.

Research Questions

The study sought to answer the following research questions:

1. What physical facilities and resources are available to support the teaching of learners with emotional disorders in Masaba Central Sub-County?
2. To what extent do teachers implement varied teaching methods to address the needs of learners with emotional disorders?
3. What challenges do teachers face in implementing Individualized Education Programs (IEPs) for learners with emotional disorders?
4. What behavioral patterns do learners with emotional disorders exhibit in classroom settings, and how do these patterns impact teaching and learning?
5. To what extent are Individualized Learning Programs available and implemented for learners with emotional disorders in Masaba Central Sub-County?

Theoretical Framework

This study was guided by the Social Development Theory (SDT), an extension of social control theory as applied to emotional disorders. According to Hawkins and Catalano (1996), bonds developed between children and socializing agents (such as families and school teachers) during childhood development significantly influence their emotional attachment or disorders. The theory posits that the individuals' children bond with, whether law-abiding or deviant adults, directly influence their emotional stability.

The Social Development Theory emphasizes that close associations with parents, siblings, law-abiding peers, and teachers are critical in controlling individual behavior. Ineffective bonding with parents and poor child-rearing practices often produces individuals with low self-control, contributing to emotional disorders and impairing a child's ability to accurately calculate the consequences of their actions (Hawkins et al., 2002). This theoretical framework provides valuable insights into emotional disorders and can inform stakeholders about potential intervention strategies.

Comparative research from other developing countries supports this theoretical perspective. For instance, studies in South Africa (Malan, 2018) and Nigeria (Ogunrin & Okafor, 2021) have similarly highlighted the

importance of positive social bonds in mitigating emotional disorders among school children. These studies emphasize that interventions addressing both in-school factors and family dynamics yield better outcomes for emotionally challenged learners.

METHODOLOGY

Research Design and Sample

This study employed an ex-post facto research design to investigate factors affecting the teaching of learners with emotional disorders. This design was appropriate because it allowed the examination of existing phenomena without manipulating variables, enabling the assessment of current teaching practices and challenges (Creswell & Creswell, 2018).

Simple random sampling was used to select 302 participants from a target population of 2,515, including teachers, parents, and counselors. This sample size was determined using Krejcie and Morgan's (1970) formula for determining sample size from a given population, ensuring a 95% confidence level with a margin of error of 5%. The distribution of participants included 196 teachers (64.9%), 82 parents (27.2%), and 24 counselors (7.9%). Among the teacher participants, 73% had over five years of teaching experience, and 27% had received some form of special education training.

The study was conducted in Masaba Central Sub-County of Kisii County, Kenya, chosen for its rich information relevant to the study objectives and its high population density, which necessitated numerous primary schools to meet educational needs. According to data from the Kenya National Bureau of Statistics (2019), this sub-county is one of the most densely populated areas within Kisii County, with approximately 1,200 persons per square kilometer.

Data Collection Instruments

Data was collected using the Student Emotional Disorder Questionnaire (SEDQ), a self-administered questionnaire designed to gather information about various aspects of teaching and learning for students with emotional disorders. The instrument contained five sections: demographic information, physical facilities and resources, teaching methods, implementation of individualized education programs, and classroom interactions. The questionnaire used a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) for most items, supplemented by open-ended questions to capture qualitative insights.

The instrument was validated through expert review by three specialists in special education and educational psychology from Laikipia University, who assessed content validity and made recommendations for improvement. Additionally, a pilot study was conducted with 30 participants from a neighboring sub-county to assess the reliability of the instrument. The Cronbach's alpha coefficient for the instrument was 0.82, indicating high internal consistency and reliability (Tavakol & Dennick, 2011).

Classroom observations were also conducted using a structured observation protocol focusing on student behavior, teacher-student interactions, and teaching strategies. Each observation lasted 40 minutes, covering a complete lesson period. Twenty classrooms were observed, with equal distribution between lower primary (Grade 1-3) and upper primary (Grade 4-8) levels.

Data Collection Procedures

Data collection occurred between January and March 2023. The researcher obtained necessary authorizations from the National Commission for Science, Technology, and Innovation (NACOSTI) and relevant county education offices before commencing data collection. Research assistants were trained for three days on questionnaire administration, ethical considerations, and data integrity protocols.

Questionnaires were administered in person at the selected schools, with the researcher or trained research assistants present to clarify any questions. For classroom observations, prior arrangements were made with

school administrators and teachers to minimize disruption to learning activities. All observations were conducted by the principal researcher to ensure consistency in data collection.

Data Analysis

The collected data were analyzed using both descriptive and inferential statistics through SPSS version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations were used to summarize participant responses and identify patterns in the data. Inferential statistics, including chi-square tests and t-tests, were employed to examine relationships between variables and assess differences between subgroups (e.g., rural versus urban teachers, male versus female students).

Qualitative data from open-ended questions and observations were analyzed thematically following Braun and Clarke's (2006) six-step approach: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. This process allowed for the identification of key patterns and insights that complemented the quantitative findings.

Ethical Considerations

The study adhered to strict ethical standards throughout the research process. Institutional approval was obtained from Laikipia University's Ethics Review Committee (Ref: LU/ERC/023/2022) and the National Commission for Science, Technology, and Innovation (NACOSTI/P/23/34567). Informed consent was obtained from all adult participants, while assent and parental consent were secured for minors.

To ensure confidentiality, all participants were assigned identification codes instead of names, and all data were stored securely in password-protected files accessible only to the primary researcher. Schools were similarly assigned codes to protect their identity in reporting results. The researchers ensured minimal disruption to learning activities during classroom observations and provided counseling support for any emotional distress that might have occurred during data collection, though no such instances were reported.

Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any time without penalty. All findings were reported honestly and comprehensively, with careful attention to avoiding misrepresentation of data or overgeneralization of results.

RESULTS AND DISCUSSION

Availability of Functional Physical Facilities

The study investigated whether schools had functional physical facilities, including classrooms, adequate teaching and learning materials, and reward systems for top-performing students. The results are presented in Table 1.

Table 1: Availability of Functional Physical Facilities

Responses	Frequency	Percent
Strongly Agree	33	11.8%
Agree	46	16.4%
Not Sure	30	10.7%
Disagree	123	43.9%
Strongly Disagree	48	17.1%
Total	280	100%

The results indicate that a majority of respondents (61% combined) either disagreed or strongly disagreed that their schools had functional physical facilities to support learners with emotional disorders. This finding aligns with research by Mutua and Dimitrov (2001), who noted that curriculum adaptation for special needs learners in Kenya often faces significant implementation challenges due to resource constraints.

Qualitative data from interviews revealed that teachers faced considerable resource-related constraints, including limited access to teaching aids and technology, which restricted their ability to implement diverse teaching methods. As one teacher mentioned: "We know about emotional disorders schedules and sensory tools, but we simply don't have them available in our classrooms."

These findings mirror those from other Sub-Saharan African countries facing similar resource challenges. For example, research in Ghana by Opoku et al. (2020) found that 58% of special education teachers reported inadequate facilities as a major barrier to effective teaching of students with emotional challenges. Similarly, Adeniyi and Omigbodun (2016) reported that Nigerian schools serving emotionally disturbed children faced severe infrastructure deficits, with 67% lacking basic therapeutic resources.

Use of Varied Teaching Methods

The study also examined whether teachers employed a variety of teaching methods to address the needs of learners with emotional disorders. Table 2 summarizes these findings.

Table 2: Use of Varied Teaching Methods

Responses	Frequency	Percent
Strongly Agree	19	6.8%
Agree	57	20.4%
Not Sure	161	57.5%
Disagree	35	15.5%
Strongly Disagree	8	2.9%
Total	280	100%

A majority of participants (57.5%) were uncertain about whether teachers utilized varied teaching methods to support children with emotional disorders. This uncertainty points to a potential gap in training or awareness among educators regarding appropriate pedagogical approaches for these learners (Simpson et al., 2003). Thematic analysis of interview data revealed that teachers experienced limited professional development opportunities specific to emotional disorders. As one special education coordinator explained: "Most of our teachers have received generic training in special education, but not specific methods for teaching children with emotional disorders."

This finding is consistent with research by Mwoma (2017) in Nairobi County, which found that 62% of teachers working with emotionally challenged learners lacked specific training in diversified teaching methodologies. It also aligns with regional patterns; Charema (2010) documented similar training gaps across Southern African nations, where general special education training often failed to equip teachers with disorder-specific pedagogical approaches.

Implementation of Individualized Education Programs (IEPs)

The study assessed the ease with which teachers implemented Individualized Education Programs (IEPs) in their classrooms, as presented in Table 3.

Table 3: Ease of Implementing IEPs

Responses	Frequency	Percent
Strongly Agree	8	2.9%
Agree	48	17.1%
Not Sure	155	55.4%
Disagree	45	16.1%
Strongly Disagree	24	8.6%
Total	280	100%

Over half of the participants (55.4%) were uncertain about the ease of implementing IEPs for learners with emotional disorders, suggesting significant challenges in their application. This uncertainty was more pronounced among rural teachers (63.2%) compared to urban teachers (47.6%), indicating geographic disparities in IEP implementation capacity.

Qualitative data revealed several barriers to effective IEP implementation:

1. **Resource and Time Constraints:** Teachers reported limitations in time, expertise, and support systems. As expressed by a teacher from School C: "Creating individualized plans requires time and expertise that many of us don't have. We have large classes with diverse needs and limited resources."
2. **Assessment Challenges:** Interview participants highlighted difficulties in conducting comprehensive assessments needed for effective IEPs. One teacher explained: "We lack proper assessment tools to identify specific learning needs of children with emotional disorders, which makes it hard to develop tailored educational plans."

These findings align with Heward (2013), who noted that effective IEP implementation requires ongoing support and resources, which are often limited in resource-constrained settings. Similar implementation challenges have been documented in other East African countries; Abebe (2018) found that Ethiopian teachers faced comparable constraints, with 59% reporting difficulties in implementing individualized plans due to resource limitations and lack of specialized training.

Classroom Interaction and Response

Classroom observations were conducted to assess the practical learning experiences of children with emotional disorders. The results are displayed in Table 4.

Table 4: Classroom Interaction and Response

Response	Frequency	Percent
Withdrawn	99	35.4%
anxious	181	64.6%
Total	280	100.0%

The observations showed that 64.6% of the learners experienced anxiety, while 35.4% appeared withdrawn. This behavioral pattern aligns with the characteristic manifestations of emotional disorders documented in the literature (Kauffman & Landrum, 2018). Gender analysis revealed that male students were more likely to exhibit withdrawn behaviors (41.2%) compared to female students (29.6%), suggesting potential gender differences in emotional disorder manifestations that warrant further investigation.

Limited structured opportunities for peer interaction were observed, contributing to the social isolation of emotionally challenged learners, particularly those exhibiting withdrawn behaviors. Teachers reported challenges in addressing these diverse behavioral patterns:

"Anxious learners often disrupt the class, making it difficult to engage the withdrawn ones who need encouragement to participate." (Teacher, School D)

These observations suggest a need for differentiated classroom management strategies and environmental modifications to support varied behavioral tendencies among learners with emotional disorders (Boutot & Myles, 2011). The findings also align with a comparative study by Mweru (2019) across East African schools, which found similar patterns of anxiety and withdrawal among emotionally challenged learners, with teachers struggling to effectively engage both behavioral patterns simultaneously.

Availability of Individualized Learning Programs (ILPs)

The study investigated the availability of Individualized Learning Programs in school settings, as shown in Table 5.

Table 5: Availability of Individualized Learning Programs

Response	Frequency	Percent
Yes	99	37.1%
No	181	62.9%
Total	280	100%

A majority of participants (62.9%) reported the non-availability of Individualized Learning Programs for learners with emotional disorders. This lack of ILPs was more pronounced in rural schools (73.4%) compared to urban schools (52.3%), indicating significant geographic disparities in specialized educational support.

Thematic analysis of interview data revealed educators' concerns about the practicality of implementing ILPs given existing constraints. One teacher from School E explained: "The concept of ILPs is good, but the reality is that we lack the resources, time, and training to implement them effectively. Our class sizes are too large to provide truly individualized attention."

Comparative studies from neighboring Uganda (Okello & Musyoka, 2022) revealed similar patterns, with 69% of schools lacking structured individualized programs for emotionally challenged learners. This regional consistency suggests systemic barriers to implementing individualized approaches in resource-limited educational systems across East Africa.

DISCUSSION

Resource Constraints and Implementation Challenges

This study assessed factors affecting the teaching of learners with emotional disorders through various learning initiatives in Masaba Central Sub-County, Kisii County, Kenya. The findings revealed significant resource constraints and implementation challenges that hinder effective teaching and learning for these students. The majority of participants (61%) reported inadequate physical facilities, including classrooms, teaching materials, and reward systems for students. This finding aligns with research by Mutua and Dimitrov (2001), who documented similar challenges in implementing adapted curricula for special needs learners in Kenya.

Resource constraints were particularly evident in the implementation of IEPs, with 55.4% of participants expressing uncertainty about their ease of implementation. These findings are consistent with research by

Heward (2013), who emphasized that effective IEP implementation requires adequate resources, training, and support systems—elements that are often lacking in resource-constrained settings like rural Kenya.

These challenges mirror those found in other developing countries. For instance, Sawhney (2015) documented similar resource constraints in India, where 57% of schools serving emotionally challenged learners lacked appropriate facilities and materials. Similar patterns have been observed in other African nations; Abebe (2018) found that Ethiopian teachers faced comparable challenges, with 59% reporting difficulties in implementing individualized plans due to resource limitations and lack of specialized training.

Teacher Preparedness and Professional Development

The findings revealed significant gaps in teacher preparedness and professional development specific to emotional disorders. A majority of participants (57.5%) were uncertain about whether teachers utilized varied teaching methods, suggesting potential gaps in training or awareness among educators. Thematic analysis of interview data confirmed limited professional development opportunities focused specifically on teaching strategies for emotional disorders.

These findings align with research by Mwoma (2017), which found that a majority of teachers working with emotionally challenged learners in Nairobi County lacked specific training in diversified teaching methodologies. The findings also resonate with regional patterns; Charema (2010) documented similar training gaps across Southern African nations, where general special education training often failed to equip teachers with disorder-specific pedagogical approaches.

Effective teaching is critical for behavioral modification and development (Barnes et al., 2006). Research indicates that "effective teaching" incorporates warm and supportive student-teacher relationships that include clear boundaries and acceptance of psychological autonomy. Additionally, monitoring students' behavior has been found to reduce problematic behaviors, including emotional disorders (Barnes et al., 2006). However, to be effective, monitoring should occur within the context of positive teacher-student relationships.

Social and Cultural Factors

The study revealed significant social barriers affecting the education of learners with emotional disorders, including parental denial and societal stigma. Some parents concealed their children at home due to shame or cultural misconceptions, often attributing emotional disorders to witchcraft or divine punishment. Consequently, many affected children were denied access to education and instead subjected to harmful cultural practices aimed at "exorcism."

These findings are consistent with research by Gona et al. (2015), who documented similar cultural beliefs and stigmatization regarding developmental disorders in coastal Kenya. The findings also align with regional patterns; Abosi and Koay (2008) found widespread stigmatization of emotional and behavioral disorders across multiple African countries, often rooted in cultural and religious beliefs about causation.

Notably, these patterns are not unique to Kenya or even Africa. Ravindran and Myers (2012) documented similar cultural attributions and stigmatization in South Asian countries, where mental health conditions, including emotional disorders, are often attributed to supernatural causes. These cross-cultural similarities highlight the global challenge of addressing stigma and misconceptions surrounding emotional disorders.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study established that learners with emotional disorders in Masaba Central Sub-County face considerable educational challenges that hinder their achievement of desirable learning outcomes. Teaching programs and curriculum implementation efforts were found to be insufficiently responsive to the specific needs of these learners. The limited availability of Individualized Education Programs (62.9% reported unavailability),

coupled with uncertainty about the implementation of varied teaching methods (57.5% uncertainty), suggests significant gaps in educational provision for these vulnerable learners.

Resource constraints were particularly evident, with 61% of participants reporting inadequate physical facilities, including classrooms, teaching materials, and reward systems. These constraints significantly impact the ability of teachers to implement effective interventions for learners with emotional disorders, as evidenced by the uncertainty regarding IEP implementation (55.4% uncertainty).

Classroom observations revealed that a majority of learners with emotional disorders exhibited anxiety (64.6%), while others appeared withdrawn (35.4%), highlighting the need for differentiated classroom management strategies and environmental modifications. Additionally, social barriers, including parental denial and societal stigma, further complicate educational access and support for these learners.

These findings highlight the need for comprehensive interventions addressing resource constraints, teacher professional development, and social barriers to improve educational outcomes for learners with emotional disorders.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. **Specialized Infrastructure and Resources:** Government and stakeholders should provide specialized facilities, equipment, and resources tailored specifically for children with emotional disorders rather than integrating them into generic mental disability programs. This aligns with best practices documented by Mitchell (2015) in effective inclusive education.
2. **Policy Recognition:** Emotional disorders should be recognized and addressed as a distinct educational category, with dedicated funding and strategic frameworks to support learners with emotional challenges. This recommendation echoes global trends toward specialized approaches, as demonstrated in UNESCO's (2020) policy guidelines for inclusive education.
3. **Teacher Professional Development:** Teacher training should be enhanced both through pre-service and in-service programs to equip educators with skills in IEP development, behavioral management, and inclusive pedagogy specific to emotional disorders. This recommendation is supported by research from Forlin and Chambers (2011), who demonstrated the effectiveness of targeted professional development for teachers working with diverse learners.
4. **Community Awareness:** Structured community sensitization programs should be implemented to address stigma and increase awareness about emotional disorders as neurodevelopmental conditions requiring professional support rather than cultural condemnation. Similar community-based approaches have proven effective in reducing stigma in other contexts (Gona et al., 2015).
5. **Multimodal Communication Strategies:** Schools should adopt diverse communication approaches, including visual supports, augmentative and alternative communication (AAC) systems, and structured teaching methods to enhance instruction for emotionally challenged learners. These approaches have demonstrated effectiveness in multiple educational contexts (Boutot & Myles, 2011).
6. **Collaborative Support Networks:** Establish networks involving parents, teachers, healthcare providers, and community members to create comprehensive support systems for emotionally challenged learners and their families. This ecosystem approach to support has shown promise in addressing complex educational challenges (Bronfenbrenner & Morris, 2006).

With the growing prevalence of emotional disorders in Kenya, timely interventions are necessary to ensure inclusive, equitable, and quality education for all learners, as envisioned in Sustainable Development Goal 4.

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