
**FEDERAL UNIVERSITY OF AGRICULTURE**
**ABEOKUTA NIGERIA**

# 74th INAUGURAL LECTURE

# THEY ARE HUMANS TOO: GIVE THEM A CHANCE!

by

**Professor Julia Tolulope Eni-Olorunda**
*(Professor of Intellectual Disability)*

*Department of Home Science and Management*
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*Federal University of Agriculture, Abeokuta, Nigeria.*

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**FUNAAB INAUGURAL LECTURE**
**Series No. 74**

Wednesday April 26, 2023

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**The 74th Inaugural Lecture was delivered under the Chairmanship**

**of**

The Vice-Chancellor

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Published Wednesday April 26, 2023



**ISBN: 978-978-796-673-0**

# FUNAAB INAUGURAL LECTURE SERIES

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Members of my immediate and extended families,
Gentlemen of the Press
Distinguished Ladies and Gentlemen,
Great FUNAABITES!

## 1.0 INTRODUCTION

### Preamble

It is with great joy and gratitude to God that I stand before this audience this day to deliver the 74th Inaugural lecture of this great University. I give God all the glory, all the majesty and all the adoration for this wonderful privilege. His name be praised for evermore.

I see this inaugural lecture as a significant one, being the 4th in the College of Food Science and Human Ecology (COLFHEC), and the second from the Department of Home Science and Management (HSM). The first inaugural lecture was given by Professor (Mrs) A.A Addo on the 27th 0f July, 1998, and the title of the lecture was 'Freedom from Hunger and Malnutrition; An Elusive Right of the Nigerian Child'. In actual fact this was when HSM was still in College of Agricultural Management, Rural Development and Consumer Studies (COLAMRUCS), so my inaugural lecture is the very first in HSM under the COLFHEC. Mr. Vice Chancellor Sir, I crossed from the nursing career to academia in 1999, and I see this inaugural lecture as a privilege to give an account of my work as an academic staff at the University of Ibadan and the Federal University of Agriculture Abeokuta these past 24 years.

Mr. Vice Chancellor Sir, I am sure it would interest this audience to know more about the journey of a nurse into the field of special education with a bias in intellectual disability. I consider this as a divine destiny. In the first instance, obtaining a university degree was not in my plan because I was enjoying my nursing career at the University College Hospital (UCH) Ibadan, first, as a Clinical Nurse and later as a Nurse tutor. Moreover, it was a pride to be a nurse in the premier hospital of UCH, Ibadan in the 70s and 80s.

I rose to the position of Principal Nurse Tutor before I crossed over to academics in my mid 40s. I am, therefore, eternally grateful for

the persistence and encouragement of my husband Dr. Akin Eni-Olorunda that made me find my way to the university, and after my first degree, I thought I had arrived. He insisted that I should go further to obtain both the Masters and Ph.D. degrees and I obliged and the rest is history today.

Mr. Vice Chancellor Sir, may I also say that my nursing education really laid a good foundation for my discipline, and this put me at a more vantage position in delivering lectures to my students. I have been involved in the management of persons with special needs such as cerebral palsy, down syndrome, hydrocephalus among others., during my clinical nursing and by divine arrangement also, the very first seminar I attended in my Department when I came in 2010 was the SIWES. Some of the students that had their SIWES at the institutions for persons with special needs came across children with Down syndrome, intellectual disability, cerebral palsy and autism. They all lamented during their presentations that they wished they had a good knowledge in dealing with this category of children before going for SIWES. I then concluded that God had an assignment for me for asking me to transfer my services to FUNAAB. This was how I initially introduced them to developmental disabilities and was later introduced into their curriculum. My students in the Department, especially those in Child Development and Family Studies option, are gaining maximally from the knowledge being impacted unto them.

## 1.2 Clarifications/Distinctions in Terminologies

It has become the norm which seems to have been the general acceptable term, especially in Nigeria, to refer to persons with special needs as "physically challenged"; this is totally a misuse of word. I want to assume that it was in a bid to provide a more acceptable term that would be devoid of stigma that the word physically challenged was coined out.

Globally, especially in the parlance of Special Education, persons

with disabilities are referred to as "Persons with Special Needs" or "Exceptional Children." There are many categories of persons with special needs and these include persons with physical impairment, visual impairment, hearing impairment, intellectual disability, autism, cerebral palsy, learning disability and those at the other extreme are the Gifted and Talented, just to mention a few. It would be totally wrong to refer to these groups of individuals as physically challenged persons.

Some people also refer to persons with intellectual disability (an aspect of developmental disabilities) as persons with mental illness. Again, this is totally wrong because the two are distinctly different. Mental illness is a health problem that affects how a person thinks, behaves and interacts with others while intellectual disability is a permanent condition. Five signs that further distinguish mental illness are:

1. Excessive paranoia (delusion of persecution)
2. Long lasting sadness or irritability
3. Extreme changes in moods
4. Social withdrawal
5. Dramatic changes in eating or sleeping

Most of these behaviours are not usually exhibited by children with intellectual disability. Depending on the causative factors of mental illness, often times, it can be to a large extent managed mostly with medications, while intellectual disability on the other hand "is a disability characterised by significant limitations in both intellectual functioning and adaptive behaviour which covers many everyday activities. This is manifested before age 18 years." Intellectual disability is a permanent condition (AAIDD, 2012). Mainly, the intelligence quotient of persons with intellectual disability is usually between 0-70; they are slow learners, have difficulty in communication and social skills. They therefore receive services under special education. Special education is the education of children that differ socially, mentally or physically from the average to such an extent that they require modifications

of usual school practices.

For many decades, persons with intellectual disability were not considered as human beings at all, especially because of their low cognition when compared with other categories of persons with special needs such as visual impairment, hearing impairment, orthopaedic impairment among others. Mba (1995) remarked that this category of children are maltreated, and in many cases, put to death. In the same vein, Abang(2005) submitted that children with intellectual disability were either left as jesters in the king's palaces or taken to the mountain tops as meat for the animals. However, over the years with advancement in technology and education, the society, has to a large extent, come to realise that children or persons with intellectual disability are also human beings and they should not be denied their fundamental human rights. They should be accorded every opportunity like those without special needs in the society (Eni-Olorunda, 2001). However, in Africa and particularly in Nigeria, the society seems to be merely tolerating them especially those with intellectual disability because of their low intelligence quotient. It is often said that 'there is ability in disability'.This is very true of children with disability. They are humans too: so, give them a chance.

### *1.3 History of Special Education*

History of special education started from the era of extermination, where disability was seen as a punishment by the gods, consequently they were killed through various heinous ways. In the middle ages, which was the era of ridicule, people with disabilities were used as clowns and servants. Some were ridiculed and even put to death. The era of asylum came, where they were attended to in isolation (Tramblay, 2007). Beginning of 18$^{th}$ century was the period of enlightenment and ideas about education of persons with disability started to emerge. Jean Jacques Rousseus (1712-1778) published his Emile which is a book on the education of children. He believed learning should be in

agreement with a child's cognitive speed. The idea of letting children learn in their own pace set the ground for many educators (Johnson, 2005).Charles Michel L'Epeé- one of the pioneers of education of people with disabilities in 18th century founded the 1st public school in 1760 for people with disabilities in France. The first school in the world for the blind was founded in 1784 by Valentin Hiiy. (Irana, Martha, Sara and Xiomara, 2021). Jean-Marc-Gaspaid Itard (1775-1835) the physician who trained the "wild boy of Averyon" found among woods by some farmers in a forest in France, who was later called Victor, was able to achieve a little normalcy with Jean-Marc-Gaspaid Itard.

- 1817 marked the 1st special education school in the US-school of the deaf(Devery, Jennifer and James, 2021)
- 1829 – 1st school for the education of the blind founded by Gridley Howe.
- 1848-1st school for the idiotic and feeble-minded children
- 1851, and 1853 respectively, schools for the feeble minded were opened in Albany and Pennsylvania. Also, in 1857, Ohio state- school for the feeble minded 1858, school for retarded children in Connecticut and many more States in the United States of America started schools for persons with disabilities (Wright and Wright, 2021).

In 1975, United States of America started a legal action to ensure that all children regardless of their differences should have access to free public school education. The law was called the "Education for all Handicapped Children Act" (EAHCA). This act helped in bringing Federal funds into schools to help children with disabilities. The law was amended in 2004 to read "Individuals with Disabilities Education Act".The United States has moved from keeping all children with disabilities in isolated classrooms to inclusive classroom (Arkansas State University, 2016, revised 2021).

### *1.3.1 Special Education in Nigeria*

Special Education began in an informal way in Nigeria on humanitarian grounds through the influence of European and

American educationists, in the same manner in which these two countries influenced the regular educational system. The Christian Missionaries were also of great help and among the early Christian missionaries that came to Nigeria were the Sudan United Mission, Roman Catholic Missionaries and Church Missionary Society among others. They provided care and support for persons with diverse kinds of disabilities. The first formal education of children with special needs was established in 1950 at Gindiri, Plateau State by Sudan United Mission and this was for Persons with Visual Impairments (Mba, 1995 and Adebiyi, 2011). Other schools for Persons with hearing impairments and orthopedically impaired were also established by the missionaries. The establishment of schools for those with mental retardation (intellectual disability) came up much later. This may be due to the fact that the society believed that children with intellectual disability cannot learn school work because of their low intelligence quotient.

- In 1965, the centre at Oji River was established by Dr. (Mrs.) D. F. Money, Rev. (Dr.) Badan and Dawn which offered primary education for those that were blind, deaf and also physically impaired.
- In 1961, Miss Beth Torrey assisted the "Women's Voluntary Organisation" in Lagos to begin a home and school for persons with intellectual disability.
- In 1965, the Anglican Diocese of Lagos founded the "Atanda Olu School" for Orthopaedically impaired persons.
- The Government in late 1970s became responsible for persons with special needs by providing special education and related services to individuals with disabilities.
- In 1977, the University of Ibadan established the Department of Special Education. Federal College of Education (Special) Oyo was also established the same year.
- University of Jos also established the Department of Special Education in 1978.

Some institutions of higher learning that offer special education include: Bayero University Kano, University of Calabar, University of Uyo, Kaduna Polytechnic among others. These institutions offer certificate, diplomas and degree programmes in special education.

Mr. Vice Chancellor Sir, one would expect that with the many years of the introduction of special education in Nigeria, the society would have embraced persons with special needs much more than what we have today, but alas, the attitude of people generally towards persons with special needs is not too encouraging.

*1.3.2 Population of Individuals with Special Needs in Nigeria*

The estimates of the population of people with disabilities vary in Nigeria. The World Report on Disability published in 2011 indicated that about 25 million Nigerians had at least one disability while 3.6 million of these had very significant difficulties in functioning (Christian Blind Mission, Nigeria retrieved in 2016). The 2006 Nigerian Census reported 3,253,169 people with disabilities, or 2.32% of the total population of 140,431,790 in that year (Umeh and Adeola, 2013). However, the Centre for Citizens with Disabilities, a Nigerian NGO, claims the census did not capture the full extent of disability in Nigeria. As at the year 2020, there were reportedly over 27 million Nigerians living with some form of disabilities.

Umeh and Adeola, (2013) observed that the most common types of special needs that have received attention in Nigeria are those with visual, hearing and physical impairments. Unfortunately, those with Intellectual Disability are the most neglected, probably due to their low intelligence quotient (Eni-Olorunda, 2005).

*1.3.3 National Educational Policy and Legislation for Persons with Special Needs in Nigeria*

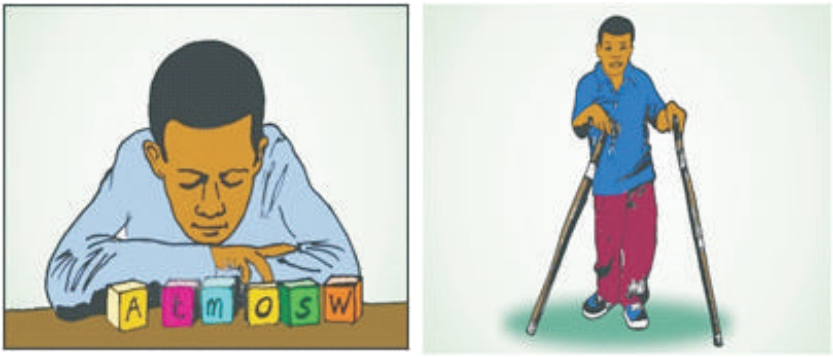
The National Policy on Education (NPE) 1977 paid attention to the

issues on Special Needs Education by creating a section for it in the National Policy on Education. The implementation of the policy between 1978 and 2013 has been subjected to various interventions which include among others: teacher development, establishment of special schools, curriculum reviews and other initiatives by the Government (Federal Ministry of Education, 2015).

Nigeria ratified the United Nations Convention on the Rights of Persons with Disabilities on 30th March, 2007 (Umeh and Adeola, 2013) and in January 2019, President Muhammadu Buhari signed into law the discrimination against Persons with Disabilities (Prohibition) Act. The law enshrined recommendations of the Convention on the Rights of Persons with Disabilities with recommendation of punitive measures to prevent discrimination against people living with disabilities (Iroanusi, 2019).

Mr. Vice Chancellor Sir, it is pertinent to state here that though the policy looks good on the surface and tends to be in favour of persons with special needs, most of the provisions are yet to be implemented in Nigeria, and the reasons may not be too far fetched This inaugural lecture focuses on persons with intellectual disability, but permit me to shed some light on **developmental disabilities** before going on to discuss intellectual disability which is also an aspect in developmental disabilities. Developmental disabilities are severe, long term problems which affect mental and physical abilities which are usually life long and can affect everyday living. Common developmental disabilities are:

- Autism: is a neurodevelopmental disorder characterised with communication challenges, social interaction and repetitive behaviour.
- Cerebral palsy: is a group of disorders that affect muscle movement and coordination. The word “cerebral” implies the brain and the word “palsy” refers to challenges with moving the muscle or body.




**AUTISM** **CEREBRAL PALSY**

*Figure 1: Developmental disabilities*

## 2.0 INTELLECTUAL DISABILITY

The birth of a child with intellectual disability in a family often represents the collapse of expectations, dreams and hopes previously nursed by the family prior to the birth of the child with disability (Nwazuoke and Eni-Olorunda, 1995). The conception and birth of most children are planned and expected, although, some are not. In a situation where the child is planned and being expected, both parents, relations and friends look forward to the arrival of the baby. The day the child is born, if he/she turns out to be a child without disabilities, there is joy, and the mother would be treated specially by all. However, if the child turns out to have disability, such as intellectual disability, the expectations, dreams and hopes of the family are completely shattered.

Intellectual disability is a state or condition of incomplete mental development which results in intellectual challenges as well as difficulties in adaptive skills (Smith, 2007). The United States Department of Education (2000) defines intellectual disability as significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behaviour and manifested during the developmental period, that adversely affects a child's

educational performance. The American Association on Intellectual and Developmental Disabilities (2012) elaborates more on the definition of intellectual disability when it notes that apart from the characteristic significant limitations in intellectual functioning and adaptive behaviour which covers many everyday social and practical skills, the disability originates before age 18.

Intellectual disability exists as a combination of three major characteristics. These are: (1) Intelligence quotient of 70 and below, (2) significant limitations in adaptive behaviour (i.e. the ability to adapt and carry on everyday life activities, such as socialising and communicating, and (3) the onset of the disability occurring before age 18.

## 2.1 Aetiology of Intellectual Disability

Intellectual disability is not synonymous with mental illness. It is not contagious and it is not a disease. Negative societal attitude and stigma has made many people hide such children and this should not be so. Factors associated with intellectual disability could be grouped into three:

- *The prenatal factors:* This is more of genetic abnormalities. Genes are the basic unit of hereditary information occupying a fixed and specified position on a chromosome. They carry information leading to what is observable externally (Phenotypically). Studies have identified the strong link between genetic mutations and intellectual disability and this extends to developmental disabilities as a whole. Other pre-natal factors are: maternal malnutrition, excessive exposure to radiation (x-ray) by mother, infectious diseases in mother, Rhesus factor or blood incompatibility, maternal fall/accident metabolic diseases as galactosemia, phenylketonuria among others.

- *Perinatal factors:*premature delivery, umbilical cord accidents, misuse of forceps, head trauma at birth, intracranial haemorrhage, among others.

- *Postnatal factors:*Head injury in the child, infections in the baby, malnutrition in the child, environmental deprivation, among others.

## 2.2 Categories of Intellectual Disabilities

| | | |
|---|---|---|
| Mild | - | 55 - 70 |
| Moderate | - | 45 – 55 |
| Severe | - | 25 – 45 |
| Profound | - | 0 – 25 |

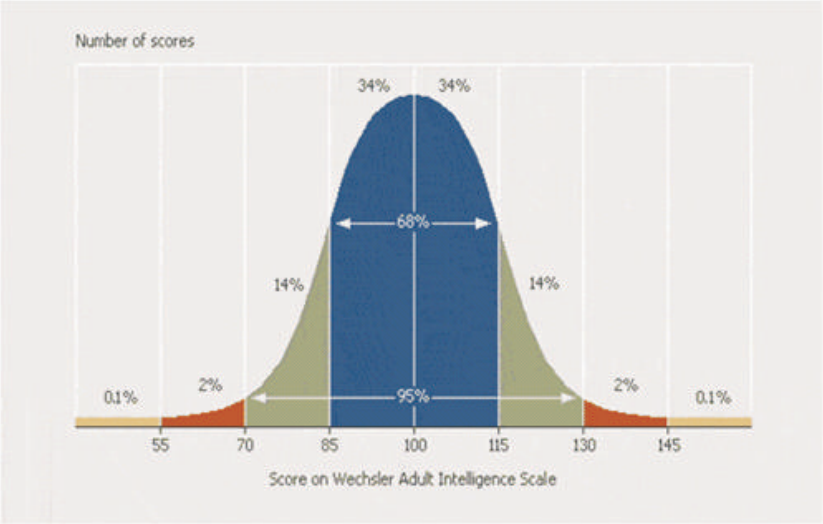



**Figure 2: Wechsler Intelligent Scale**
Source: Wechsler(2014)

### *2.2.1 Mild Intellectual Disability*

This constitutes the largest class of individuals with intellectual disability. Their IQ ranges between 55 – 70. Most often, those who

suffer this do not exhibit obvious physical or behavioural deviations. They have difficulty with learning school subjects. Howbeit, they can learn at their own pace in special or inclusive settings with appropriate methods of teaching. They can excel in other areas such as sports, games, crafts, farming etc.

*Figure 2: Mild Intellectual Disability*

### *2.2.2 Moderate Intellectual Disability*

In this group, disability is often more obvious than the mild group. IQ ranges between 45 – 55. Those who suffer this display more of the physical and behavioural characteristics. They can benefit from sustained appropriate training and education in special and inclusive setting. The content of their learning is often focused on functional levels of reading, writing and arithmetic, self-help and vocational skills.

*Figure 3:Moderate intellectual disability*

*2.2.3 Severe Intellectual Disability*

This is more obviously noticed. IQ is between 25 – 45. With a lot of efforts, they can be trained in a few self-help skills such as feeding and toileting. Those who suffer this level can learn a few 'sight words' that can make them to be aware of common dangers. They may require life-long supervision:

*Figure 4: Severe intellectual disability*

*2.2.4 Profound Intellectual Disability*

This refers to more and gross disability. IQ is between 0 – 25. This requires life-long care in mental deficiency hospitals or institutions.

The cognitive inefficiencies of children with mild to moderate intellectual disabilities lead to persistent problems in academic achievements (Hughes *et. al.,* 2002). The majority of the children with ID as indicated by the body of research can be taught academics as a means to gain information, participate in social settings, increase their orientation and mobility and make choices (Browder *et. al.,* 2006).

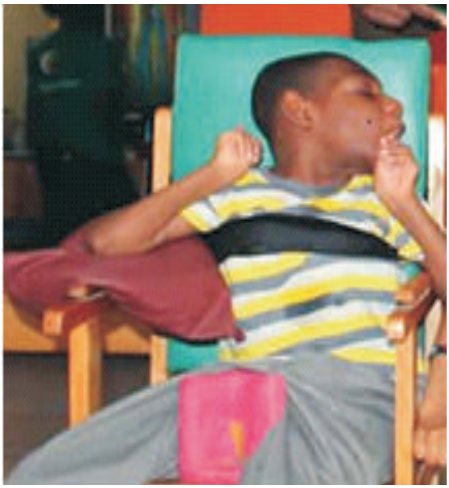


*Figure 5: Profound intellectual disability*

*2.3 Characteristics of Children with Intellectual Disability*

Children with these levels of disability exhibit the following characteristics

1. Inability to pay attention: They are restless, hyperactive and have short attention span which tends to affect their learning.
2. Inability to use abstractions in the solution of problems: The child may not know the relationship

between "1" written in numerals and the "one" written in words.

3. Inability to remember: They cannot remember things heard or taught. They are so forgetful that you need to repeat a statement several times.
4. Problem of verbal communication: They have speech problem and at times they slur while talking.

It is obvious that learning school work in the general classroom would be with great difficulty both for the teacher and persons with intellectual disability. For this reason, many regular schools do not admit them because they do not know how to handle or manage them academically. Even the so-called special schools are not encouraging and the environment is not learning friendly, hence, the children are left unattended to most of the time.

Many parents of these children are very frustrated and burdened about the future of their children. If a child with intellectual disability is able to learn basic academic skills,s/he can always become self-reliant and independent in life, which is the goal of special education. The Sustainable Development Goal 4 (SDG4) as stated by the United Nations (2015) is quality education and this seeks to ensure equal access to all levels of education and vocational training for the children that are vulnerable including persons with special needs. The agenda's core commitment to "Leave no one behind" means that the SDGs cannot be considered a success unless they are meant for everyone, persons with special needs inclusive. This was what prompted my research focus on appropriate teaching strategies for this category of children with the intention of putting smiles on the faces of parents and persons with intellectual disability.

## 3.0 MY RESEARCH AND CONTRIBUTIONS TO KNOWLEDGE

Mr Vice Chancellor Sir, today's inaugural lecture would be

anchored on these three areas:
(A) Appropriate Teaching Strategies for Persons with Intellectual Disability.
(B) Inclusive Education for Persons with Intellectual Disability.
(C) Sexuality of Persons with Intellectual Disability

Persons with intellectual disability are unique and they require appropriate teaching strategies to be able to learn and cope with school work. Many of our schools in Nigeria use the conventional methods of teaching. This is a situation in which the teacher stands before the pupils/students to teach the class. In most cases, the class is large and the teacher wants to cover the curriculum hence, there is little interaction between the teacher and the students. Obviously with this method, it would be practically impossible for persons with intellectual disability to cope academically in this type of a system. Often times they are neglected and they become frustrated. The goal of special education is for these individuals to be independent in life and be self-reliant. Over the years, this is what goes on in our regular schools and even in the special schools. I had an experience when I was gathering data for my Ph.D. work. When I got to one of the special schools in Ibadan where I was to gather data, I approached the class teacher to make my intention known. Listen to what she said.

> *How do you want to use these children for any research work, they are good for nothing.They don't know anything at all.*
>
> *When I was posted here initially, I didn't like it, but now I am enjoying myself here. I don't want to be posted elsewhere.*
>
> *This is because I don't have to bother myself preparing lesson notes everyday.*

I was very sad when I heard the statement simply because a teacher who is supposed to be a stakeholder in the education of children with intellectual disability did not have a clue about what to do and why she was in the school after she had been there for quite some time. She has written off the children and concluded that they

could not learn anything. This, among other things, spurred my interest to explore appropriate teaching strategies that could help enhance the learning abilities of these children. Mr Vice Chancellor, Sir, the question is did I succeed? Yes, I did as can be seen in what I later discovered.

## 3.1 Appropriate Teaching Strategies for Persons with Intellectual Disability

Mr. Vice Chancellor Sir, distinguished audience, please permit me to share some thoughts on the various teaching strategies for children with intellectual disability. For this category of children to be self-reliant and independent in life, which is the main objective of special education, it requires a painstaking understanding of their characteristics especially as they relate to learning. Doing that will help in providing a way out for them. I have discovered through experimentation that the following strategies can help children with disabilities to learn and cope well.

### *3.1.1 Modelling and Shaping Strategies*

Modelling is a behaviour change strategy. The major concept of the principle is that human behaviour is powerfully influenced by that which the human being observes, hears, feels, perceives or participates in. The child (learner) observes another person (model) demonstrating the desired behaviour with apparent favourable consequences. Reinforcers such as token economies or words of praise are major tools in modelling technique.

*Figure 6a: Modelling Strategy*

Shaping on the other hand is a process in which cues, prompts and instructions are used to initiate children in performing specific behaviours and every effort of the child is also reinforced. Hence, shaping attempts to teach a child to be his/her own agent of change (Obianika, 1981). Eni-Olorunda (2010) determined the efficacy of modelling and shaping strategies on the attitude of children with intellectual disability towards reading in Ibadan. Forty-five children with mild intellectual disability that were purposively selected from three special schools participated in the study. Fifteen (15) participants each were in modelling, shaping and control groups and the study lasted 8 weeks. Pre-test was administered to the 3 groups, after which the 2 experimental groups were exposed to treatment for 8 weeks. Post test was then administered to the three groups to determine the efficacy of the treatment which was teaching through the strategies.

*Figure 6b: Shaping Strategy*

Table 1: ANCOVA Table on Attitude Towards Reading

| Source of Variation | Sum of Squares | DF | Mean Squares | F | Sig. of F |
|---|---|---|---|---|---|
| Covariates | 95.757 | 1 | 95.757 | 48.707 | 0.000* |
| Main effects | 49.843 | 3 | 16.614* | 8.451 | 0.000* |
| Sex | 7.861 | 1 | 7.861 | 4.000 | 0.041* |
| Group | 42.637 | 2 | 21.319 | 10.844 | 0.000* |
| Explained | 154.458 | 4 | 38.615 | 19.641 | 0.000* |
| Residual | 78.653 | 40 | 1.966 | | |
| **Total** | **233.111** | **44** | **5.298** | | |

Source: Eni-Olorunda (2010)
*= significant at $p<0.05$

Table 1 shows attitude towards reading among children with intellectual disability and the F-ratio of 10.844 associated with the main effects of treatment on attitude towards reading. This was found to be significant at 0.05. Sex (F =4.00, df=1) and group (F =10.84, df=2) had significant ($p<0.05$) influence on attitude towards reading among children with intellectual disability. In order to determine the contributions of each treatment condition on attitude towards reading, Multiple Classification Analysis (MCA) was done**.**

Table 2: Multiple Classification Analysis (MCA) on Attitude towards reading (Grand-mean = 17.556)

| Variables + Category | N | Mean | Unadjusted | ETA | Adjusted for Independent COV deviation | Beta |
|---|---|---|---|---|---|---|
| 1. Modelling | 15 | 18.32 | 0.58 | | 0.76 | |
| 2. Shaping | 15 | 18.18 | 0.91 | | 0.62 | |
| 3. Control | 15 | 16.18 | -1.49 | | -1.38 | |
| | | | | 0.47 | | 0.43 |
| Multiple $R^2$ | | | | | | 0.625 |
| Multiple R | | | | | | 0.79 |

Source: Eni-Olorunda (2010)

Adjusted post-test mean scores were 18.32, 18.18 and 16.18 for groups 1,2 and 3. Treatments therefore have effect on the attitude towards reading of children with mild intellectual disability.

Modelling was found to be the most appropriate technique to improve attitude than shaping and the control, although shaping was significantly different from the control. This corroborates the studies by Ainegbuna (1984), Abosi(1986) and Ikujuni (1995) where they found the effectiveness of modelling and shaping on mathematics achievement of some blind secondary school students, language achievement of deaf secondary school students and reading skills of students with learning disabilities respectively. Beckley (2008) concluded that behaviour modification techniques such as modelling and shaping generally could be considered as very powerful strategies for changing the lives of children with intellectual disability and other learning difficulties.

In an earlier study, Nwazuoke and Eni-Olorunda (1996), using modelling and shaping techniques to examine the gender differences in reading achievement among children with intellectual disability in primary 4 of selected special schools in Ibadan. The study found that female children have higher reading skill ability than their male counterparts. This finding was consistent with that of Nasser (2016), who found that girls are better off in verbal ability than boys. They, thus, recommended that modelling and shaping techniques should be acknowledged by the stakeholders concerned in the teaching of children with intellectual disability, male should also be motivated to get more interested in reading skills.

3.1.2. *Distinctive and Watered-Down Strategies*
These strategies were used in enhancing language skills in children with intellectual disability (ID). Children with ID are known to have difficulties in language acquisition hence, they require considerable help and encouragement if they are to become confident language users. Harris (1998) suggested that this category of children require special strategies and facilities that regular schools cannot provide.

Distinctive strategy which was developed by Alfred Strauss in early 1940s permits a considerable amount of individualised instruction in order to deal with such specific problems as perseveration, distractibility and perceptual disturbances of some children with intellectual disability. Watered-Down strategy on the other hand was developed by Annie Inskeep in the 1920s. The idea in this approach is to modify the content of the elementary school curriculum for children with ID. Watered-Down approach emphasised the importance of games and recreational activities for teaching children with intellectual disability.

Ikujuni, Eni-Olorunda and Dada (2005) carried out a study using the two strategies on 12 children that were purposively selected from two special schools in Ibadan and 6 each were in Distinctive and Watered-Down strategies respectively. A pre-test was given to the two groups and post tests were also given after 4 weeks of consistent teaching.

Table 3: Language Achievement of Children with mild intellectual disability exposed to Distinctive and Watered-Down Strategies

| Variables | N | Mean | Std. Dev. | Std. Error | Df | t.obs | t-crit. | P |
|---|---|---|---|---|---|---|---|---|
| Distinctive Strategy | 6 | 16.7500 | 2.217 | 1.109 | | | | |
| | | | | | 6 | 3.58 | 2.45 | <0.05 |
| Watered Down Strategy | 6 | 10.2500 | 2.872 | 1.436 | | | | |

***Source: Ikujuni, Eni-Olorunda and Dada (2005)***

The t-observed value was 3.58 while that of t-critical was 2.45, the t-observed value was greater than t-critical. The findings revealed that there was a significant difference in the language achievement of children exposed to distinctive strategy than those in the watered-downstrategy. This corroborates the study of Ursala (1988) that indicated that distinctive approach enhances the language of children with intellectual disability. Watered-down

strategy was also found to be effective. Teachers are therefore encouraged to avail themselves of these strategies in teaching this category of children to enhance learning.

Table 4: Language achievement of Male and Female with mild Intellectual Disability exposed to distinctive methodology

| Variables | N | Mean | Std. Dev. | Std. Error | Df | t.obs | t-crit. | p-value |
|---|---|---|---|---|---|---|---|---|
| Female | 6 | 16.75 | 2.217 | 1.109 | | | | |
| Male | 6 | 8.00 | 2.944 | 1.472 | 6 | 4.75 | 2.447 | <0.05 |

***Source: Ikujuni, Eni-Olorunda and Dada (2005)***

The study further investigated the difference in language achievement between male and female children with ID. There was significant difference in male exposed to watered-down and distinctive strategies than the female. For distinctive strategy, the t-observed value was 4.75 while that of t-critical was 2.47. Therefore, the female performed better using distinctive methodology.

Table 5: Language achievement of Male and Female with mild intellectual disability exposed to watered-down strategy

| Variables | N | Mean | Std. Dev. | Std. Error | Df | t.obs | t-crit. | p-value |
|---|---|---|---|---|---|---|---|---|
| Female | 6 | 10.2500 | 2.872 | 1.436 | | | | |
| Male | 6 | 8.00000 | 2.944 | 1.4721 | 10 | 2.44 | 1.09 | <0.05 |

***Source: Ikujuni, Eni-Olorunda and Dada (2005)***

For the watered-down strategy, the t-observed value was 2.44 while the t-critical value was 1.09. This implies that there were significant differences in the language achievement of male and female children with mild intellectual disability. The female had better language achievement through the watered-down approach/methodology. This agrees with Andersson *et al.* (2011) and Eriksson *et al.* (2012), who reported that girls tend to develop language faster than boys.

3.1.3. Explicit and Visual Instructional Strategies

Explicit strategy involves carefully designed materials and activities that provide structure and support that enable all persons with intellectual disability to make sense of new information and concepts. It directs persons with intellectual disability's attention towards specific learning in a highly structural environment, thereby producing specific learning outcomes (Sowath,2007). Visual instructional strategy on the other hand has to do with visual aids such as charts, pictures, graphs etc. (Helson, 2009).

Eni-Olorunda and Ayodele (2013), employed explicit and visual instructional strategies to look at the way of enhancing vocational interest of the youths with intellectual disability for effective community living in selected special schools in Ibadan.

Thirty (30) youths with ID were purposively selected from 3 Special schools in Ibadan and assigned into two experimental and control groups. Group 1 was exposed to explicit instructional strategy, group 2 was exposed to visual instructional strategy and group 3 was the control. Pre-test assessment was conducted using the Reading-free Vocational Interest Inventory (RFVII) to ascertain the entry behaviour of the youths. Participants were exposed to 8 weeks treatment which was patterned after the description of career development of Super (1992). At the end of the 8$^{th}$ week, post-test using Reading-Free Vocational Interest Inventory (RFVII) that was used for the pre-test assessment was also administered to the 3 groups again (Table 6 and 7).

Table 6: Two-Way Analysis of Covariance (ANCOVA) of Treatment of youths with mild Intellectual Disability on vocational interest

| Source of Variance | | Hierarchical Method | | | | |
|---|---|---|---|---|---|---|
| | | Sum of squares | Df | Mean square | F | Sig |
| | | | | 3434.308 | | |
| Covariates | Pre-test | 3434.308 | 1 | 113.355 | 303.712 | .000 |
| Main Effects | (combined) | 340.065 | 3 | 125.718 | 10.023 | .000 |
| | Treatment | 251.436 | 2 | 88.628 | 11.116 | .000 |
| | SES | 88.628 | 1 | 11.310 | 7.836 | |
| Residual | | 249.060 | 26 | 141.131 | | |
| Total | | 4092.973 | 29 | | | |

*Source: Eni-Olorunda and Ayodele, 2013*

Table 7: Duncan Post Hoc Test on Vocation by Treatment

| Treatment | $\overline{X}$ | Explicit | Visual | Control |
|---|---|---|---|---|
| Explicit | 63.61 | | | * |
| Visual | 67.02 | | | |
| Control | 60.32 | * | * | |

*Source: Eni-Olorunda and Ayodele (2013)*
* Pairs of groups significantly different at < .05

The study revealed a significant difference in the explicit, visual and control groups respectively. Results showed a significant ($p<0.05$) covariance ($F= 303.712$). There was a significant ($p<0.05$) difference across the three treatments ($F= 11.116$). However, the visual group was found to have the highest mean score (67.02) followed by explicit (63.61) and the control (60.32) as shown in Table 7. This implies that visual instructional strategy is more effective in enhancing vocational interest of persons with ID.

This study agrees with Anna (2009), and Reynolds and Dombeck (2006) which showed that visual instructional strategy increased youths' interest and motivation to learn. This is because visual strategy gives meaning to words as concrete materials are presented to learners. Those in the explicit group were also found to perform better than those in the control group. These findings inform the decision that appropriate and specific instructional strategies should be used at all times for persons with intellectual disability so that learning can take place.

Vocational interest is the process undertaken by youths and adolescents to test ideas about what they want to be in the future.Unfortunately, for youths with intellectual disability, they have fewer vocational options when compared with their counterparts without disability.

3.1.4. *Individualised and Audio-taped Instructional Strategies*

Eni-Olorunda and Adediran (2013) also carried out a study on English language comprehension achievement of 30 pupils with mild intellectual disability that were purposively selected and assigned to treatment and control groups. Group 1 was assigned to individualised instruction, Group 2 audio-taped and Group 3 the control. Pre-test was administered to the 3 groups before exposing the experimental groups to treatment sessions for 8 weeks after which they were administered the post test. From Table 8, the main effects of treatment on reading comprehension achievement of pupils with ID was significant ($F_{(3,26)} = 37.138$; $p<0.05$). This means that the difference in reading comprehension achievement among the pupils exposed to the audio-taped, individualised and control strategies was significant. Furthermore, pupils in the individualised instructional group had the highest mean score (28.50) when compared with those in the audiotaped group (23.12) and the control group had the lowest mean score of 13.98 (Table 9). However, the two instructional strategies contributed 88.3% to the reading comprehension achievement of pupils. Therefore, individualised instructional strategy is more effective in achieving reading comprehension for the students with ID.

***Figure 7: Individualised and audiotape strategies***

Table 8: Comprehension Achievement of Pupils by Treatment

| Source of Variance | Hierarchical Method | | | | |
|---|---|---|---|---|---|
| | Sum of squares | Df | Mean square | F | Sig |
| Covariates pretest treatment | 1202.948 | 1 | 1202.948 | 122.523 | .000 |
| Main effects | 929.247 | 2 | 364.624 | 37.138 | .000 |
| Model | 1932.195 | 3 | 644.065 | 65.600 | .000 |
| Residual | 255.271 | 26 | 9.818 | | |
| Total | 2187.467 | 29 | 75.430 | | |

Source: Eni-Olorunda and Adediran (2013)
Significant at $p < .05$

Table 9: MCA table for pupils' English language reading comprehension achievement and mean = 21.87 by treatment

| Treatment category | N | $\bar{x}$ | Hierarchical Method | | | | |
|---|---|---|---|---|---|---|---|
| | | | Adjusted for factors and covariates | Unadjusted dev. | Eta | Adjusted for factors and covariates | beta |
| 1. Audio-taped | 10 | 23.12 | 23.12 | 1.0333 | .898 | 1.25 | .702 |
| 2. Individualised | 10 | 28.50 | 28.50 | 8.8333 | | 6.64 | |
| 3. Control | 10 | 13.98 | 13.98 | -9.8667 | | -7.89 | |
| R = .940 | | | | | | | |
| R square = .883 | | | | | | | |

*Source: Eni-Olorunda and Adediran (2013)*

This corroborates the study of Favell *et al.* (1978) and Ntukidem (T997) which shows that individualised instructional strategies are very effective in instructing pupils with intellectual disability. This clearly shows that when pupils with intellectual disability are engaged in individualised and audio-taped strategies, they learn better. Stakeholders should imbibe these strategies for better achievement.

In another study, Adediran and Eni-Olorunda (2013) went further using the same instructional strategies to investigate gender differences in reading comprehension of pupils with intellectual disability. Results in Tables 10 and 11indicated a significant difference with female pupils obtaining higher mean score ($\bar{x}$=22.36) than their male counterparts ($\bar{x}$=21.37). This corroborates the studies of Nwazuoke and Eni-Olorunda (1996), and Eni-Olorunda (2010) where it was shown that female perform better in reading skills, language achievement and attitude towards reading using behaviour modification approaches than male.

Table 10: Comprehension Achievement of Pupils by Treatment

| **Source of Variance** | **Hierarchical Method** | | | | |
|---|---|---|---|---|---|
| | **Sum of squares** | **Df** | **Mean square** | **F** | **Sig** |
| Covariates pretest treatment | 1202.948 | 1 | 1202.948 | 122.523 | .000 |
| Main effects | 7.255 | 2 | 8.467 | 0.200 | .658 |
| Model | 1210.203 | 2 | 406.627 | 16.718 | .000 |
| Residual | 977.264 | 27 | 37.215 | | |
| Total | 2187.467 | 29 | 75.430 | | |

*Source: Adediran and Eni-Olorunda (2013)z*

Significant at $p < .05$

Table 11: MCA table for pupils' English language reading comprehension achievement and mean = 2.87 by treatment

| Sex | | | Hierarchical Method | | | | |
|---|---|---|---|---|---|---|---|
| | N | $\bar{x}$ | Adjusted for factors and covariates | Unadjusted dev. | Eta | Adjusted for factors and covariates | beta |
| 1. Female | 15 | 22.33 | 21.37 | 0.47 | .06 | -.50 | .06 |
| 2. Male | 15 | 21.40 | 22.36 | -0.47 | | .50 | |
| R = .74 | | | | | | | |
| R square = .55 | | | | | | | |

*Source: Adediran and Eni-Olorunda (2013)*

### 3.1.5.*Video Modelling andDramaTherapy*

Isawumi, Oyundoyin and Eni-Olorunda (2021) carried out a study on the self-help skills of 75 pupils with moderate intellectual disability that were purposively selected from three special schools in Lagos. Specifically, the study looked at the eating and brushing of the teeth skills respectively. Video Modelling and Drama Therapy were the teaching strategies utilised.Twenty-five pupils each were assigned to the experimental groups 1 and 2 of video modelling and drama therapy respectively. Pre-test was administered to all the groups after which the experimental groups were exposed to treatment for 8 weeks.Post-test was administered to all the groups after the treatment. Findings from the study revealed that video modelling and drama therapy were effective in enhancing self -help skills (eating skills and brushing of teeth skills) of pupils with moderate intellectual disability than those in the control group. It was, therefore, recommended that special educators and regular teachers should adopt these treatment strategies in enhancing the self-help skills of pupils with mild intellectual disability.

***Figure 8: Video modelling***

**Table 12: Pupils' Self-help skills (Eating skills) by treatment (Video modelling, drama therapy and control)**

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 1771.96a | 12 | 147.66 | 40.19 | 0.00 | 0.87 |
| Intercept | 321.39 | 1 | 321.39 | 87.47 | 0.00 | 0.56 |
| Pre-Test self help | 225.25 | 1 | 225.25 | 61.31 | 0.00 | 0.47 |
| Main Effect | | | | | | |
| Treatment | 448.62 | 2 | 224.31 | 61.05 | 0.00 | 0.64 |
| Parent Involvement | 0.28 | 1 | 0.28 | 0.08 | 0.78 | 0.00 |
| Age of entry | 9.51 | 1 | 9.51 | 2.59 | 0.11 | 0.04 |
| 2- Way Interaction | | | | | | |
| Treatment * Parent Involvement | 11.31 | 2 | 5.65 | 1.54 | 0.22 | 0.04 |
| Treatment * Age of entry | 19.67 | 2 | 9.84 | 2.68 | 0.08 | 0.07 |
| Parent Involvement * Age of entry | 5.29 | 1 | 5.29 | 1.44 | 0.23 | 0.02 |
| 3 -Way Interaction | | | | | | |
| Treatment * Parent Involvement* Age of entry | 0.07 | 2 | 0.03 | 0.01 | 0.991 | 0.00 |
| Error | 257.19 | 70 | 3.67 | | | |
| Total | 59708 | 83 | | | | |
| Corrected Total | 2029.16 | 82 | | | | |

a R Squared = 0.873 (Adjusted R Squared = 0.852)

**Sources: Isawumi, Oyundoyin and Eni-Olorunda (2021)**

Table 12shows the summary of pupils' post-test eating skills by treatment. It was revealed that after adjusting for the covariance (pre-test score), the effect of treatment on pupils eating skills was statistically significant ($F_{(2,70)}=61.05, p<0.05$).

Table13: Estimated marginal means of pupils' self-help skills (Eating skills) by treatment (Video modelling, drama therapy and control)

| Treatment | Mean | Std. Error | 95% Confidence Interval | |
|---|---|---|---|---|
| | | | Lower Bound | Upper Bound |
| Video modelling | 28.04a | 0.714 | 26.611 | 29.46 |
| Drama therapy | 28.45a | 0.426 | 27.596 | 29.295 |
| Control | 22.02a | 0.427 | 21.17 | 22.875 |

Covariates appearing in the model are evaluated at the following values: pre self-help skills eating skills = 22.58.

It shows the estimated marginal means of pupils eating skills by treatment. However, there was actually no distinct difference between the mean values of drama therapy (28.45) and video modelling (28.04). This implies that both strategies are good and can be used in enhancing the self-help skills of the children with intellectual disabilities.

Table 14: Pupils' Brushing of the teeth skills by treatment (Video modelling, drama therapy and control)

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 610.102" | 12 | 50.842 | 28.13 | 0.00 | 0.83 |
| Intercept | 189.012 | 1 | •189.012 | 104.59 | 0.00 | 0.59 |
| Pre-Brushing Skill | 62.292 | 1 | 62.292 | 34.47 | 0.00 | 0.33 |
| Main effect | | | | | | |
| Treatment | 194.027 | 2 | 97.013 | 53.68 | 0.00 | 0.61 |
| Parent Involvement | 0.317 | 1 | .317 | 0.18 | 0.68 | 0.00 |
| Age of entry | 13.442 | 1 | 13.442 | 7.44 | 0.01 | 0.10 |
| 2-Way Interaction | | | | | | |
| Treatment: Parent Involvement | 0.717 | 2 | .358 | 0.20 | 0.82 | 0.01 |
| Treatment: Age of entry | 9.889 | 2 | 4.944 | 2.74 | 0.07 | 0.07 |
| Parent Involvement: Age of entry | 0.833 | 1 | .833 | 0.46 | 0.50 | 0.01 |
| 3 -Way interaction | | | | | | |
| Treatment: Parent's Involvement: Age ofentry | 1.016 | 2 | 0.508 | 0.28 | 0.76 | 0.01 |
| Error | 126.500 | 70 | 1.807 | | | |
| Total | 23218.000 | 83 | | | | |
| Corrected Total | 736.602 | 82 | | | | |
| a R Squared = .828 (Adjusted R Squared = .799) | | | | | | |

*Source: Isawumi, Oyundoyin and Eni-Olorunda (2021)*

Table 14 shows that after adjusting for the covariance (Pre-test score) in brushing of the teeth skill, the effect of the treatment was statistically significant ($F_{(2,70)}$=53.68 $p<0.05$). The estimated marginal means of pupils' brushing of teeth in Table 15 shows that video modelling had the highest mean score(18.40) followed by drama therapy (17.64) while the least was the control(13.86). Video modelling and drama therapy were found to be statistically significant in brushing of teeth skills. Special educators, regular teachers, parents and all stakeholders in the teaching of children with intellectual disability should adopt these strategies.

**Table 15: Estimated marginal means of pupils' brushing of the teeth skills by treatment (Video modelling, drama therapy and control)**

| Treatment | Mean | Std. Error | 95% Confidence Interval | |
|---|---|---|---|---|
| | | | Lower Bound | Upper Bound |
| Video modelling | 18.400" | .501 | 17.401 | 19.398 |
| Drama therapy | 17.640" | .285 | 17.072 | 18.208 |
| Control | 13.861" | .298 | 13.266 | 14.456 |

A Covariates appearing in the model are evaluated at the following values: pre- brushing of the teeth skills = 13.55.

*Source: Isawumi, Oyundoyin and Eni-Olorunda (2021)*

Mr Vice Chancellor Sir, the question is, did I succeed in the use of these teaching strategies in enhancing the lives of children with intellectual disability?The answer is **YES**. I have since introduced these teaching strategies in some institutions for children with intellectual disability such as the Child Clinic, Department of Special Education, University of Ibadan. Also, one of my students that I supervised at the Ph.D. level at the University of Ibadan, has established aschool that admits both children with intellectual disability and those without in Abuja. I am happy to announce to this audience that she is impacting these children positively. A few special schools in Ibadan are also instructing the pupils using majorly individualized, watered down and modelling and shaping strategies and positive results are being recorded.

However, just two of the strategies (the watered down and modelling) are being used presently in some public special schools in Abeokuta. Mr. Vice Chancellor Sir, children with intellectual disability may not be able to become Engineers, Medical Doctors, Lecturers, Lawyers just to mention a few, but they can become the best of what they can.The goal of special education is to ensure

they are independent and self-reliant. About a year ago, I had the opportunity to attend to a pupil with learning difficulty at the FUNAAB staff school, and this was an opportunity to address informally a few teachers on how to handle such children in the classroom. Subsequently, I was invited by the Headteacher to share with the members of staff, how to identify and manage children with some learning difficulties.It was an eye opener to all the members of staff, which I believe is being utilised by the teachers in the classroom as the need arises.

### 3.2 Inclusive Education

Mr. Vice Chancellor Sir, the education of children with special needs has been facing many challenges in Nigeria for some decades now. Factors such as culture, beliefs, religion, level of education of members of the community among others have been identified as the major stumbling blocks (Alade and Eni-Olorunda, 2005). On the contrary, education of children with special needs in developed countries such as Europe and America has undergone tremendous changes. For instance, in the past, segregation type of education and mainstreaming were practised, however, parents frowned at the system because they believe their children were disadvantaged in many ways. Hence, they advocated for inclusive education with other children without disability. Advocates of inclusive education, Stainback and Stainback (1992) and Mittler (2000) argued that inclusion of children with special needs in education is a fundamental human right and that any form of segregation is seen as a potential threat to the achievement of this basic right.Following the strong advocacy of the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC),the 2030 Agenda and the SDGs contain 11 explicit references to disability and persons with

disabilities as a key target group in global efforts to eradicate extreme poverty, as stated by the United Nations. Paragraph 19 of the Agenda on Human Rights emphasises the responsibilities of all states in conformity with the United Nations (UN) Charter to respect, protect and promote human rights and fundamental freedoms for all, regardless of disability and other risk factors. The UNESCO and the Salamanca Declaration of 1994 made provision for the international and theoretical frames for inclusive education because it was thought to be the most effective way of getting rid of discriminatory attitude against persons with special needs.

Eni-Olorunda (2001) carried out a study on the views of special and regular teachers on inclusion of children with intellectual disability in the regular schools. Tables 16 and 17 show that the teachers were of the opinion that the environment in regular system is not conducive for inclusive education( $\bar{x}$ =3.00)

Table 16: Teachers' view about the capability of persons with mild intellectual disability in an inclusive system of education.

| Item Statement No | SA 4 | A 3 | D 2 | SD 1 | $\bar{x}$ value |
|---|---|---|---|---|---|
| 1.Children with mild intellectual disability cannot cope in the regular system of education | 43 (20.8) | 75 (36.2) | 42 (20.3) | 47 (22.7) | 2.55 |
| 2. For better education, segre gation rather than inclusion, is preferable for persons with mild intellectual disability. | 55 (26.6) | 69 (33.3) | 35 (16.9) | 48 (23.2) | 2.63 |
| 3. Putting persons with mild intellectual disability with others in the same class would slow the progress of other children without ID in the class. | 62 (30.0) | 63 (30.4) | 32 (15.5) | 50 (24.2) | 2.66 |
| 4. Parents o f children without intellectual disability would frown at inclusive education | 44 (21.3) | 72 (34.8) | 47 (22.7) | 44 (21.3) | 2.56 |
| 5. The environment in our regular system i s not conducive for inclusive education. | 66 (31.9) | 95 (45.9) | 24 (11.6) | 22 (10.6) | 2.99 |

*Source: Eni-Olorunda, 2001*

Table 17: Inclusive education would be more beneficial to persons with mild intellectual disability than special schools

| Statements | SA 4 | A 3 | D 2 | SD 1 | $\bar{x}$ value |
|---|---|---|---|---|---|
| 1.Inclusive education, contributes to change in societal attitude towards persons with intellectual disability. | 36 (17.4) | 67 (52.4) | 43 (20.8) | 61 (29.5) | 2.38 |
| 2. Persons with mild intellectual disability would learn better in a special school setting rather than in an inclusion | 75 (36.2) | 68 (32.9) | 35 (16.9) | 29 (14.0) | 2.91 |
| 3. Person with mild intellectual disability would learn better in an inclusion setting rather than special school being in the midst of their peers without intellectual disability. | 29 (14.0) | 61 (29.5) | 64 (30.9) | 53 (25.6) | 2.32 |

*Source: Eni-Olorunda, 2001*

Table 18: Student t-test comparison of the views of special and regular school teachers about inclusive education

| Type of school | N | $\bar{x}$ | df | MD | t-value | Significance |
|---|---|---|---|---|---|---|
| Special school | 67 | 44.16 | 205 | 4.22 | 3.78 | .000* |
| Regular school | 140 | 48.38 | | | | |

*Source: Eni-Olorunda, 2001*

Eni-Olorunda and Ogunleke (2005) carried out a study on acceptability of children with intellectual disability by the regular pupils before and after inclusion. Four children with mild intellectual disability that were randomly selected out of 9 and 30 regular pupils in Oyo town participated in the study. The four children with intellectual disability were included among the 30 regular pupils for six weeks. The regular pupils did not readily accept children with ID before inclusion, but after six weeks of inclusion, they readily accepted them (Table 19). Also, the social interaction among the regular pupils and children with ID was a lot better after the 6 weeks inclusion (Table 20).

***Figure 9: Inclusive setting***

Table 19: Acceptability of Children with Mild Intellectual Disability (CWMID)by the Regular Pupils before and after Inclusion

| SN | Items | % Before Inclusion | | % After Inclusion | |
|---|---|---|---|---|---|
| | | Yes F (%) | No F (%) | Yes F (%) | No F (%) |
| 1 | I can accept CWMID as my friend | - | 30 (100) | 28 (93.3) | 2 (6.7) |
| 2 | I can sit with CWMID in the classroom | 5 (16.7) | 25 (83.3) | 30 (100) | - |
| 3 | I can afford to play together with CWMID | 5 (16.7) | 25 (83.3) | 30 (100) | - |
| 4 | I would not feel comfortable if other pupils in my school see me playing with CWMID | 23 (76.7) | 7 (23.3) | 7 (23.3) | 23 (76.7) |
| 5 | Presence of CWMID can hinder my academic progress | 30 (100) | - | 6 (20.0) | 24 (80.0) |
| 6 | I can eat together with CWMID | - | 30 (100) | 18 (60.0) | 12 (40.0) |
| 7 | I am afraid of CWMID | 24 (80.0) | 6 (20.0) | - | 30 (100) |
| 8 | I would rather stay away from CWMID because I don't want to be like them | 27 (90.0) | 3 (10.0) | 12 (40.0) | 18 (60.0) |
| 9 | I would not be bothered if children with CWMID remain in my class permanently | - | 30 (100) | 24 (80.0) | 6 (20.0) |
| 10 | I will change my school if CWMID would have to be in the same class with me permanently | 30 (100) | - | 6 (20.0) | 24 (80.0) |

*Source: Eni-Olorunda and Ogunleke, 2005*

Table 20: Social Interaction of CWMID with the Regular Pupils Before and after Inclusion

| | Statements | % Before Inclusion | | % After Inclusion | |
|---|---|---|---|---|---|
| | | Yes | No | Yes | No |
| 1 | I prefer this school to my special school because we are many. | 1(25) | 3(75) | 4(100) | 0 |
| 2 | I am lonely in the midst of the pupils in the regular school. | 4(100) | 0 | 0 | 4(100) |
| 3 | I am happy playing with the pupils in the regular school. | 2(50) | 2(50) | 3(75) | 1(25) |
| 4 | I wish to remain in the regular school permanently because I have many friends here. | 0 | 4(100) | 4(100) | 0 |
| 5 | I prefer to go back to my special school. | 4(100) | 0 | 0 | 4(100) |
| 6 | I like regular school activities than the activities in the special school. | 1(25) | 3(75) | 3(75) | 1(25) |
| 7 | I feel ashamed being in the regular school. | 3(75) | 1(25) | 1(25) | 3(75) |
| 8 | I enjoy talking to my mates in the regular school everyday. | 1(25) | 3(75) | 4(100) | 0 |
| 9 | I am happy sharing my food with my classmates | 2(50) | 2(50) | 3(75) | 1(25) |
| 10 | I prefer the isolated life in my special school to the type of environment in this school. | 2(50) | 2(50) | 0 | 4(100) |

*Source: Eni-Olorunda and Ogunleke, 2005*

The studies by Farrel (2001) and Eni-Olorunda (2001) corroborated this study and showed that pupils benefit socially and academically from being placed in an inclusive setting and that their peer group develop a better understanding of disability.

Mr. Vice Chancellor Sir, in a similar study, Eni-Olorunda and Adeboye (2014) worked on exclusion of children with intellectual disability from regular classroom. Most (57.4%) of the regular teachers agreed that children with ID are not supposed to be in the inclusion class because in their opinion these children cannot learn anything. In addition, (50.1%) of the teachers also responded that since they were not special teachers, they did not have the experience to teach the children if they were included in the regular

setting. Fakolade and Adewuyi (2009) earlier remarked that the last three decades have witnessed an international debate particularly in developing countries such as Nigeria on why children with disabilities should be accepted and included rather than excluded in the regular classroom.

Table 21: Regular Teachers' Acceptability of Children with Intellectual Disability (ID)

| S/N | Items | SA | A | D | SD | N | Mean | Std.D |
|---|---|---|---|---|---|---|---|---|
| 1 | I do not have the educational knowledge of handling children with ID if I have them i n my class | 38 (22.5) | 62 (36.7) | 41 (14.3) | 24 (14.2) | 4 (2.4) | 3.63 | 1.06 |
| 2 | Children with ID are not supposed to be in the regular schools because they cannot learn anything | 49 (29.0) | 48 (28.4) | 33 (19.5) | 34 (20.1) | 5 (3.0) | 3.60 | 1.19 |
| 3 | I do no t have adequate ex perience in the teaching of children with ID, hence I cannot afford to have them in my class | 37 (21.9) | 48 (28.4) | 39 (23.1) | 45 (26.6) | - (0.0) | 3.46 | 1.11 |
| 4 | I am not a special educator; hence I do not want any child with ID in my class | 40 (23.7) | 42 (24.0) | 29 (17.2) | 53 (31.4) | 5 (3.0) | 3.35 | 1.23 |
| 5 | Teaching children with ID is too difficult, hence I do not want them in my class | 24 (14.2) | 46 (27.2) | 34 (20.1) | 52 (30.8) | 13 (7.7) | 3.10 | 1.21 |
| 6 | Despite my years of teaching experience, I cannot still cope with having a child with ID in my class | 23 (13.6) | 45 (26.6) | 29 (17.2) | 65 (38.5) | 4 (2.4) | 3.03 | 1.21 |
| 7 | I am often irritated by the outlook of children with ID, the reason why I do not want them in my class | 15 (8.9) | 36 (21.3) | 42 (24.9) | 66 (39.1) | 10 (5.9) | 2.88 | 1.09 |
| 8 | I hate relating with children with ID because it could be infectious | 5 (3.0) | 29 (17.2) | 77 (45.6) | 54 (32.0) | - (0.0) | 2.83 | 90 |

***Source: Eni-Olorunda and Adeboye, (2014)***

From the outcome of this study, inclusive classroom was introduced to some private institutions in Abuja and Ibadan with this, the regular pupils have a better understanding of children with intellectual disability and have accepted them in their classroom. Parents of children with intellectual disability are also really excited that these children could fit into an inclusive setting, and for the progress the children are making educationally and socially. We also tried to introduce this to a few public primary schools, but there were too many challenges- lack of teachers, too large a class, lack of teaching resources among others. Efforts are

being made to encourage more private institutions to embrace inclusive education.

### 3.3. Sexuality of Persons with Intellectual Disability

Mr. Vice-Chancellor Sir, distinguished audience, as I draw towards the end of this lecture, permit me to share my exciting experience in the sexuality of persons with intellectual disability.

Precisely in the year 2007, one of the cleaners in the Department of Special Education, University of Ibadan where I was lecturing then, drew my attention to two of our adolescents with intellectual disability attending the Child Clinic in the Department(child clinic is where children with intellectual disability and other developmental disabilities are admitted for better learning).She said,'*Dr. Eni-Olorunda, I am so sorry for all of you lecturers in this unit; very soon you would have a pregnant girl in your hands'.* When I asked why she said that, she narrated the whole story and it was that she had consistently watched this boy and the girl, that come early to school and discovered how they trail each other. It was obvious that they were developing affection for each other and something needed to be done to arrest the situation playing out.

This revelation led to a study that I investigated on the sexual behaviour of adolescents with intellectual disability. Prior to this development in 2009, even many of us in that unit did not believe that adolescents with intellectual disability can be sexually active.
The study sample was purposively drawn from the Child Clinic, Department of Special Education, Ibadan and Ijokodo Home School for the Handicapped, Ibadan. 21 adolescents, 11 teachers and 14 parents out of the 21 parents of the adolescents that were willing, making a total number of 46 participants for the study. Questionnaire was the instrument used in collecting data.

Table 22: Responses of adolescents with mild intellectual disability

| S/N | ITEMS | YES | % | NO | % |
|---|---|---|---|---|---|
| 1 | I love to play with the opposite sex | 15 | (71.4%) | 6 | (28.6%) |
| 2 | I have a girlfriend/boyfriend | 6 | (28.6) | 15 | (71.4%) |
| *3* | I always enjoy sex with my boyfriend /girlfriend | 7 | (33.3%) | 14 | (66.7%) |
| 4 | I love to play with my sex organs | 12 | (57.1%) | 9 | (42.9%) |
| 5 | I don't have boyfriend/girl friend | 11 | (52.4%) | 10 | (47.6%) |
| 6 | I love being in the midst of opposite sex almost all the time. | 21 | (100%) | | |
| 7 | My parents are worried about my sexual activity | 10 | (47.6%) | 11 | (52.4%) |
| 8 | 1 am aroused when 1 am with adolescents of opposite sex. | 10 | (47.6%) | 11 | (52.4%) |
| 9 | 1 hate the boys/girls in my class. | 1 | (4.8%) | 20 | (95.2%) |
| 10 | 1 am not interested in sexual activity. | 11 | (52.4%) | 10 | (47.6%) |

*Source: Eni-Olorunda (2009)*

Findings revealed that adolescents with ID are sexually active. All (100.0%) the respondents said that they enjoyed the company of opposite sex all the time, 71.4% love to play with the opposite sex and 46.7% responded that their parents are worried about their sexual activity (Table 22).

Table 23: Responses of the Teachers about sexual behaviour of adolescents with mild intellectual disability in their classes

| S/N | ITEMS | SA | A | SD | D |
|---|---|---|---|---|---|
| 1 | Some adolescents in my class are always in company of the opposite sex. | 5 (45.5%) | 5 (45.5%) | 1 (9.1) | - |
| 2 | I have consistently observed that some adolescents in my class arouse themselves sexually. | 5 (45.5%) | 4 (36.4%) | 2 (18.2%) | - |
| 3 | Adolescents with MMR are not sexually active. | 3 (27.3%) | - | 2 (18.2%) | 6 (54.5%) |
| 4 | Sexual behaviour exhibited by adolescents in my class is really low. | 1 (9.1%) | 6 (54.5%) | 2 (18.2%) | 2 (18.2%) |
| 5 | Adolescents in my class don't like interacting with each other. | 2 (18.2%) | 1 (9.1%) | 5 (45.5%) | 3 (27.3%) |
| 6 | I am worried about the level of sexual activity of the adolescent girls in myclass. | - | 6 (54.5%) | 2 (18.2%) | 3 (27.3%) |
| 7 | Boys exploit the adolescent girls in my class. | 1 (9.1%) | 2 (18.2%) | 7 (63.6%) | 1 (9.1%) |
| 8 | I notice that the adolescents are always seeking attention in the class. | 3 (27.3%) | 6 (54.5%) | 1 (9.1%) | 1 (9.1%) |
| 9 | The adolescents in my class are veryreserved. | 1 (9.1%) | 3 (27.3%) | 7 (63.6%) | - |
| 10 | Adolescents in my class do not show any interest in sexual activity. | 1 (9.1%) | 1 (9.1%) | 6 (54.5%) | 3 (27.3%) |

*Source: Eni-Olorunda(2009)*

A higher percentage of the teachers, as shown in Table 23indicates that some adolescents are always in company of the opposite sex, arouse themselves sexually and seek attention in the class.

Table 24: Responses of the parents of the adolescents with mild intellectual disability

| S/N | ITEMS | SA | A | SD . | D |
|---|---|---|---|---|---|
| 1 | I am worried about the sexual behaviour of my adolescent. | 2 (14.3) | 2 (14.3) | 5 (35.7) | 5 (35.7) |
| 2 | My adolescent enjoys moving in company of the opposite sex. | 2 (14.3) | - | 5 (35.7) | 7 (50.0) |
| 3 | I am aware of the sexual activity of my adolescent | - | 1 (7.1) | 4 (28.6) | 9 (64.3) |
| 4 | I don't believe my adolescent child can be sexually active. | 5 (35.7) | 3 (21.4) | 4 (28.6) | 2 (14.3) |
| 5 | I have never seen my adolescent child with the opposite sex. | 3 (21.4) | 5 (35.7) | 2 (14.3) | 4 (28.6) |
| 6 | My adolescent child is very reserved. | 4 (28.6) | 4 (28.6) | 2 (14.3) | 4 (28.6) |
| 7 | My adolescent child has been sexually abused. | 2 (14.3) | 6 (42.9) | 3 (21.4) | 3 (21.4) |
| 8 | I noticed my adolescent child has a boyfriend/girlfriend. | 3 (21.4) | 5 (35.7) | - | 6 (42.9) |
| 9 | I notice that my adolescent child masturbates. | 4 (28.6) | 4 (28.6) | 2 (14.3) | 4 (28.6) |
| 10 | My adolescent child is morally upright. | 2 (14.3) | 1 (7.1) | 2 (14.3) | 9 (64.3) |

*Source: Eni-Olorunda(2009)*

Most (64.3%)of the parents reported they were not aware of the sexual activity of their children with intellectual disability, 57.1% each believe that their adolescent children with ID cannot be sexually active and have never seen them with the opposite sex(Table 25). This may be due to the fact that parents of these adolescents could not imagine the adolescents with low cognition and who are behaving far below their chronological age would be sexually active. However, a few of the parents agreed that their children are sexually active.

Table 25: Caregivers (Teachers) knowledge about the sexuality of children with developmental disabilities

| Items | NO F (%) | YES F (%) |
|---|---|---|
| I don't believe the adolescent in my class can be sexually active. | 61 (63.5) | 35 (36.5) |
| I do not know how to communicate with the adolescent in my class about sexuality. | 73 (76.0) | 23 (24.0) |
| I believe my students are vulnerable beings | 40 (41.7) | 56 (58.3) |
| My students talk about the need for a relationship among themselves and in class | 63 (65.6) | 33 (34.4) |
| The adolescentsin my class are morally upright | 20 (20.8) | 76 (79.2) |
| My students have usually expressed frustrations about not being able to establish or maintain a relationship | 70 (72.9) | 26 (27.1) |
| I would let the female adolescent under my supervision use a contraceptive because I wouldn't want her to get pregnant | 75 (78.1) | 21 (21.9) |
| I need some form of education and training to be able to discuss sexual related issues with my students | 41 (42.7) | 55 (57.3) |
| I think reproduction will be difficult for the adolescents in my class | 68 (70.8) | 28 (29.2) |

Source: Eni-olorunda and Ojurabesa (2022)

As shown in Table 25, 63.5% of the respondents believe their adolescent children can be sexually active while 76.0% knows how to communicate with their children about sexuality. This is in line with Eni-olorunda (2009) that teachers/caregivers know that children with developmental disabilities are sexually active.

Table 26: Parents knowledge about the sexuality of children with developmental disabilities

| Items | NO F (%) | YES F (%) |
|---|---|---|
| I don't believe my adolescent child can be sexually active. | 67 (65.7) | 35 (34.3) |
| I do not know how to communicate with my child about sexuality. | 69 (67.6) | 33 (32.4) |
| I believe my child is a vulnerable being | 54 (52.9) | 48 (47.1) |
| My child talks about the need for a relationship | 68 (66.7) | 34 (33.3) |
| My child is morally upright | 23 (22.5) | 79 (77.5) |
| My child has expressed frustrations about not being able to establish or maintain a relationship | 72 (70.6) | 30 (29.4) |
| I would let my female child use a contraceptive because I don't want her to get pregnant | 68 (66.7) | 34 (33.3) |
| I need some form of education and training to be able to discuss sexual related issues with my adolescent. | 42 (41.2) | 60 (58.8) |
| I think reproduction will be difficult for my child | 76 (74.5) | 26 (25.5) |

Source: Eni-olorunda and Ojurabesa (2022)

It is worthy of note, that in a similar study carried out by Eni-olorunda and Ojurabesa (2022), 65.7% of the parents believe that their adolescent children with developmental disabilities can be sexually active and 67.6% indicated that they know how to communicate with their children about sexuality. This result is at variance with the earlier findings by Eni-olorunda (2009) who reported 57.1% of the parents believe that their adolescent children with ID cannot be sexually active and have never seen them with the opposite sex (Table 26).

Literature shows that sexual behaviour is a natural phenomenon, and that physiologically, the body would respond spontaneously to sexual activities irrespective of whether the individual has

intellectual disability or not (Asuzu,1994). Asuzu (1994) also reported that between the ages of 12 and 14 years, adolescents usually develop a normal sexual drive which is normally present in everyone. There is a natural feeling of wanting to be touched, loved and cared for by someone of the opposite sex. This of course includes adolescents/persons with ID.

Mr. Vice – Chancellor Sir, unfortunately, adolescents with intellectual disability have been ignored and professionals working with this group find little or no empirical work to assist them (Timms and Croreczny, 2002). Persons with ID often times are sexually abused simply because of their low cognition. Mayer (2009) posited that those persons with intellectual disability are not given sex education or training related to appropriate sexual behaviour like their counterparts without any disability because it is overlooked that they can be sexually active. Unfortunately, some of them have exhibited inappropriate sexual behaviour due to lack of attention. Again, the excerpts in Saturday Vanguard of January 3rd 2009 however disapproved the thinking of the society about the sexuality of persons with intellectual disability. Mr. Vice Chancellor Sir, the headline reads, *'Incredible story of newly wedded mentally challenged'* (intellectual disability). They both resided at the Eru-obodo Orphanage Home, Ijebu-ode in Ogun State. They were asked why they decided to wed each other. Although they had some difficulty in expressing themselves because of their disability, they were still able to audibly say "we love each other".


**Figure 9: Excerpts of the Wedding of two persons with ID**
Source: Vanguard Newspaper, January 3rd 2009

This goes to confirm the fact that sexual drive is a natural phenomenon irrespective of the nature of disability. Obviously, persons with ID are humans too, the society at large should give them a chance. To corroborate the study in Nigeria, similar studies were also carried out in The Netherlands and Canada on children with developmental disabilities such as autism and intellectual disability respectively (Medina-Rico *et al*., 2018; Stoffelen, 2018).

A study on parental awareness of sexual experience in adolescent boys with Autism Spectrum Disorder (ASD) was carried out by Dewinter *et al* (2016) in The Netherlands. A comparison of parent report and self-report data on lifetime sexual experience in adolescent with ASD was done in 43 parent-adolescent dyads. It was revealed in this study that parents tend to underestimate the lifetime sexual experience of their sons. Almost all the boys in this study reported to have had sexual intercourse, masturbation and had experienced orgasm, however, about 25% of the parents stated that they did not know if their sons had experienced sexual intercourse.

Another study conducted in Canada by Dupras *et al* (2013) corroborated the fact that adolescents with mild intellectual disability are sexually active. From the focus group discussion, some parents are actually aware of their children sexual needs. For instance, they said some of the children expressed their sexual interest verbally or with physical manifestation e.g., masturbation. From the foregoing therefore, it has been confirmed that children with intellectual disability or any form of developmental disability are sexually active because sexuality is a natural phenomenon in every human, disability not-withstanding. Mr Vice Chancellor sir, ladies and gentlemen, I believe that from the foregoing, everyone is convinced that there is a great ability in children with intellectual disability. They are humans too, give them a chance!!!!!!!

However, let me crave your indulgence as I summarise the lecture with this short video clip.

## **4.0** CONCLUSION

Mr. Vice Chancellor Sir and distinguished ladies and gentlemen, I have in the past hour tried to discuss the fact that persons with intellectual disability are humans too and should be given a chance! I have been able to distinguish between "physically challenged" and persons with special needs. I have made a distinction between mental illness and intellectual disability. I have also indicated that persons with disability can be taught when appropriate strategies that address their needs are used. There is no doubt that if these strategies are put into use in special and regular classrooms in Nigeria, the performance of children with ID will improve, thereby helping them to live independent lives and become less burdensome to their families, communities and the society at large. It is hoped that when schools, parents and stakeholders avail themselves of these teaching strategies that the ability in persons with ID will manifest fully. I have in this lecture pointed out some of the benefits of inclusive education and pointed the way forward for inclusiveness in education in Nigeria. Education is dynamic, and Nigeria do not have a choice but to move with the global trend of inclusiveness. Mr Vice Chancellor, Sir, I believe that this lecture has convinced this audience that irrespective of disability, persons with intellectual disability are sexually active and should be given adequate attention to enable them to fully benefit from this abundant gift of nature.

## **5.0** RECOMMENDATIONS

Mr. Vice Chancellor Sir, permit me to make the following recommendations.

1. Children with ID, among persons with special needs, have been neglected for too long. The government should therefore invest in the education of persons with ID if the Sustainable Development Goal 4 which focuses on inclusive, equitable, quality education and promotion of lifestyle learning opportunities for all would be achieved. They currently constitute a sizeable number of the population and they cannot

be continuously ignored;

2. Training individuals with ID is quite cumbersome and will require a lot of human and material resources. Hence, adequate budgetary allocation should be made a priority for special education which also serves persons with ID;

3. Inclusive education is what is practised in majority of the developed countries, and Nigeria should not be an exception in this global move. Thus, to achieve this, public enlightenment will go a long way in dispelling the myths and conceptions which have remained major barriers in recognising children associated with intellectual disability;

4. Parents and the society at large should love, understand and accept these children with intellectual disability as human beings that have no control over their disability. Acceptance by parents and the society will help them to adjust emotionally, psychologically and socially thereby helping them to live independent lives. Without love, the society will continue to take undue advantage of them;

5. The government should ensure that the Disability Bill which has been passed into law is implemented to the letter, so that children with intellectual disability can have enabling environment to live independently and enjoy their rights to education;

6. Presently, child development and family studies unit of the Department of Home Science and Management offers courses on developmental disabilities at the undergraduate and post graduate levels. This has helped our students to have a good knowledge of developmental disabilities and has changed their perception and orientation towards these individuals. Hence, the Federal University of Agriculture, Abeokuta in conjunction with the National University

Commission (NUC) should consider introducing elements of Special Education into its general studies programme to afford the student population in general the opportunity to have knowledge of disabilities, its causes and preventive measures as it is being done in most universities in the country.

## 6.0 ACKNOWLEDGEMENTS

First and foremost, I want to thank my God and my father, the Great and mighty One, the I Am that I Am, the glory and the lifter of my head. I bow before You this day for the grace given me to deliver this inaugural lecture. Your name be praised forever and ever in Jesus Name.

I sincerely want to appreciate my loving parents, Very Rev'd. Solomon Adekola Adeosun and Mrs. Eunice Ibidun Adeosun, wonderful parents they were, both of blessed memory. I thank them for those trainings to ensure I was on the right path in life. I thank them for the values of hard work, integrity, discipline and sound character which they inculcated in me. They are of eternal value and have obviously laid the solid foundation for whatever I am today. I wish they were here today seated, to see the fruit of their labour. Continue to rest in peace in the bosom of our Lord Jesus Christ.

I thank my siblings, Brother Dele (Late), Adedayo, Aderonke and their spouses for their love and support, I appreciate them all. My nieces and nephews too numerous to mention them one by one, they are well appreciated. I also acknowledge my Aunty and the husband, Dr. and Mrs. Femi Oladimeji here today. I thank them for their love and for being there always. I appreciate my beloved brother from another mother, Prof. Segun Alegbeleye, immediate past Dean of the Postgraduate School, FUNAAB, we were both raised in the vicarage. I thank him for his love and assistance always.

I want to specially thank the Eni-Olorunda family for their love over the years. I specially remember my late father-in-law, Pa. Adenuwe Eni-Olorunda, a father in deed. Although we were together for just few years before he departed this world but his impact within those few years would always be remembered. He encouraged me to go for my degree programme so that I could advance in my career as my husband was advancing. How I wish he were alive today, seated at this inaugural lecture. May his soul continue to rest in peace. I also acknowledge my in-laws, Mr. and Mrs. Yemisi Orunmuyi and Prince and Dr. (Mrs.) Wale Adedinsewo. I am grateful to God for our cordial relationship. I love you all.

My gratitude goes to all my secondary school teachers at Christ School Ado-Ekiti, for imparting so much knowledge and for bringing out the best in me. My special thanks also go to Rev. Mike Oye, who was the then Scripture Union Travelling Secretary to secondary schools of which Christ School was one. His teachings really laid a good foundation for my Christian life. Late Mrs. Vaughn-Richards, my Principal at the Lagos State School of Nursing and my teachers, late Mrs R. O. Bashorun, Mrs. E. O. Igbi and others too numerous to mention are appreciated. I also appreciate my teachers at the School of Midwifery, University College Hospital, Ibadan. They include late Mrs. R. O. Babalola, late Mrs.R. Obemeata and others. I thank them all for making nursing and midwifery enjoyable and enviable. I have many people to thank at the Department of Nursing, University of Ibadan. They include late Dr. Winifred Ogundeyin who through her comportment and method of teaching made me embrace nursing education as a discipline. Mama (Dr.) Adebimpe Okunade, a great disciplinarian, Dr. Bola Ofi, Prof. J. O. Aina, Prof. Lolade Alade and others were all simply awesome. I acknowledge my postgraduate teachers and senior colleagues in the Department of Special Education and the Faculty of Education, University of Ibadan, Prof. Moji Oyebola who was the

HOD during my Ph.D. programme for allowing God to use her to facilitate the completion of the work. Prof. I. A. Nwazuoke my supervisor at my Masters and Ph.D. programmes for his contribution and assistance. I appreciate late Dr. Juliana Onwuchekwa, Mama (Dr.) Elizabeth Adesokan, Dr. J. A. Ikujuni (my baba oko, now late), Prof. J. A. Ademokoya,late Dr. Kola Abiodun, Prof. M. S. Eniola, late Dr. T. C. Obani, late Prof. C.G.M. Bakare, Prof. C.B.U. Uwakwe and many others.

I started my very first job in 1977 as a Staff Nurse at the University College Hospital (UCH), Ibadan after completing the nursing training in December, 1976. I am immensely grateful to the Management of UCH for appointing me as a Staff Nurse. That actually opened many doors of opportunity to me. I had the midwifery training within two years of my appointement through in-service opportunity. Again, it was at UCH that I met my husband. I appreciate my mentors in the Clinical Nursing practice and also my colleagues in nursing. I want to specially appreciate Prof. O. B. Osuntokun of blessed memory, the Chief Medical Director in 1987 for approving my request for study leave for 3 years to study B.Sc. Nursing at the Department of Nursing, University of Ibadan in spite of all odds. I am also eternally grateful to Prof. M. O. Olatawura also of blessed memory, the then Chairman Medical Advisory Committee (CMAC). While I was contemplating whether or not to take up the Lecturer II job offered to me at the University of Ibadan after my Ph.D because I did not want to lose the position I was holding and the 'big' salary I was earning at UCH, he encouraged me to take up the offer if even as an Assistant Lecturer. He said to me 'Tolu, your organogram is no longer here in UCH with your Ph.D. although you are very hard working, I would have loved to retain you here but I would not be fair to you if I do not tell you the truth'. With his counsel and because of the respect I had for him, I opted for a start as an academic staff in University of Ibadan. There would not have been any reason for me to stand

before you to deliver this inaugural lecture today if I decided otherwise then. I assumed duty as a Lecturer II in 1999 in University of Ibadan, Ibadan. I am grateful to the then Vice Chancellor, Prof. Ayodele Falase for offering me the appointment. I served the University of Ibadan from 1999 to 2010 when I transferred my services to FUNAAB. I appreciate my colleagues in the Department of Special Education and the Faculty of Education, University of Ibadan, especially Prof. John Oyundoyin, my brother from another mother. I thank him for his love, assistance and support, Prof. O. A. Fakolade, is appreciated for all the efforts he put in facilitating my sabbatical leave three years ago. Prof. Ade Oyewunmi, Dr Kelechi Lazarus, Dr A. Adelodun, Dr. I.Ojo, Dr. A.Osisanya, Dr.Biodun Adewumi and others are highly appreciated. Most of these lecturers were my students while I was a lecturer at the Department of Special Education. Today, by the grace of God, they are all my colleagues, they have their PhDs and some are already Professors, Associate Professors and Senior Lecturers. In deed the young shall grow. I appreciate them all. Let me specially thank my beloved daughter, Dr. Esther Oyefeso and my beloved sons, Dr Gabriel Ogunsola and Dr Udeme Jacob for their immense contributions towards this inaugural lecture. To all the non-academic staff, past and present in the Department, I appreciate them all. I acknowledge my senior colleagues and colleagues in the Faculty of Education, University of Ibadan, Prof. Oluremi-Ayodele-Bamisaye, late Prof. J. O. Osiki, a brother and a friend, whose impact in my academic work is worth mentioning. I miss him so much.May his soul continue to rest in peace.I say a very big thank you to Prof A.O. Aremu, Prof Bola Adelore, Prof Ayotola Aremu, Prof Temisan Ige, Prof Medinat Momoh, Prof S. O. Popoola, Prof M. K. Akinsola, Prof Andy Fadoju, ProfD.A Oluwole and a host of others.

My special appreciation goes to Prof. C. O. O. Kolawole, a dear brother and 'a mentor'. I thank him for his assistance always, for painstakingly reading through this inaugural lecture and for

providing excellent guidance. I want to also register my sincere appreciation to Dr. Gani Adeniran for always rendering assistance even when not convenient. I acknowledge Prof. C. O. Onocha, a Godsent at a point I was getting frustrated about my Ph.D. work. He took interest in my work and reassured me that all would be well. His support is indelibly written in my heart.

I transferred my services to the Federal University of Agriculture, Abeokuta in 2010 when Prof. O. O. Balogun was the Vice Chancellor. I appreciate him for his understanding and for accepting my transfer from University of Ibadan. It was also during his tenure that I was appointed a Reader in 2012. Let me also appreciate Prof. O. B. Oyewole (former Vice- chancellor) for his support while I was the Ag. Head of Department, Home Science and Management during his tenure. I appreciate the immediate past Vice Chancellor, Prof. Felix Kolawole Salako for his visionary leadership. Many thanks to the current Vice-Chancellor, Prof O.B. Kehinde for giving me the opportunity to present my inaugural lecture. Thank you, Sir!

While I was transferring my services from the University of Ibadan to FUNAAB, God made the Department I could fit in to be in the College of Food Science and Human Ecology (COLFHEC). Honestly, I want to believe that this is the best college in FUNAAB. I appreciate Prof. Folake Henshaw (The then Dean) when I assumed duty in FUNAAB in 2010, her warm reception and encouragement made me feel at home and was a confirmation that I was in the right place. Since then, she has been like a sister to me. I appreciate her.

I thank my colleagues in the Department of Home Science and Management, Prof Toun Amubode, Prof Grace Sokoya, Dr. Kikelomo Adubi, Dr. Bolanle Lasode, Dr. Motunrayo Ariyo, Dr. Funmi Braide, Dr. Bola Oyundoyin, Dr. O. J. Labode, Mr. A. O. Adeboye, Mrs. Bukola Falode,Mrs. Taiwo Ajike, Mr. O. O.

Akinbode, Dr. Beatrice Olajide and Mr. O. O. Oginni, I appreciate their love and a good working environment. My special appreciation also goes to Dr. Temitayo Olurin, my academic daughter, who was also my Ph.D. student for her contributions in putting this inaugural lecture together. To all the non-teaching staff in the Department, past and present, I express my gratitude. I appreciate Mrs. B.E. Ewuoso, the Secretary, Mr. O.J. Agboola, Mrs.J.O. Abu, Iya Pupa, Mrs. Azeez. Mrs.E.K. Okoh, Mrs. Sarah Emmanuel the two comedians– Mr. R.O Ganiyu and Mr.A.A. Ganiyu, with them, there is never any dull moment in the Department and even the College.

I am also indebted to my COLFHEC Family members, our Baba in the College, late. Prof. S. O. Awonorin. I thank him for being such a blessing to me.His words of encouragement, especially when I became the Acting HOD within a year of my joining FUNAAB were acknowledged. He would forever be remembered. I appreciate Prof. M. A. Idowu, the immediate past Dean, and the current Dean, Prof. W. A. O. Afolabi, Prof. L. O. Sanni who was the Dean during my second tenure as HOD, we had a good working relationship.

I appreciate Prof. Ibiyemi Olayiwola, Prof. Bolaji Omemu, Prof Joan Babajide (late), Prof T. A. Shittu, Prof (Mrs)S. A. Sanni, Prof A. Adebowale, Prof H.A. Bakare, Prof Wale Obadina, Prof O.O. Onabanjo, Prof. O. P. Sobukola, Prof. Moji Adegunwa, my lovely daughter, for her useful suggestions to this lecture, Dr Ganiyat. O. Olatunde, Dr Catherine Oladoyinbo, Dr Funke Akinbule, Dr Yetunde Adebayo, Dr A. Adedipe, Dr I.A. Kukoyi, Mr. L.A. Adebanjo, Dr. E.A.Adeyefa, Dr Oyinkansola Kevin-Israel, Mrs O.A. Oladosu. I also want to thank the college officer, Mrs O. M. Olokode, the college accountant, Mrs B. S. Adenekan and the secretary to the Dean, Mrs C. B. Fatunbi, Mr. M. T. Shodunke and all other non-teaching members of staff in the college for their love and support. I appreciate Prof. T. A. Arowolo rtd., Prof and Prof

(Mrs) I.C. Eromosele, I specially appreciate my dear brother and friend, Prof. O. D. Akinyemi especially for his interest and contribution to this inaugural lecture, Prof. O. A, Enikuomehin, a dear brother, Prof. Chris Onwuka, Prof C.O.Adeofun, Prof. and Prof. (Mrs)J. G. Bodunde, Prof. M. T. Ajayi, my senior in Christ School, and for his interest and useful contribution to this lecture, Prof. Comfort Sodiya, Dr. and Prof. (Mrs) O.S. Sotiloye, Prof. Oluwakemi Fapojuwo, her useful suggestions are appreciated and many too numerous to mention. My past and present undergraduate and postgraduate students, in them I have fulfilment of my career as a lecturer, I love you all.

I really thank God for surrounding me with good and trusted friends who are always there through thick and thin. I appreciate Prof. and Mrs Yemi Omotade, Prof. and Prof. (Mrs) Ayo Oluwatosin, Dr. and Mrs. Wale Osinaike, Prof. and late (Mrs.) Victor Adegboye, Prof. and Dr. (Mrs) Femi Babalola, late Dr. Jide Oluwawemitan and his amiable wife, Sis. Pat Oluwawemitan, late Pastor. (Mrs.) Olukemi Ijagbulu, a sister and a prayer partner. I miss her so much. May her soul continue to rest in peace, Rev. Dr. and Prof(Mrs) Tola Falaye, Engr and Mrs Biodun Fijabi, Mr and Mrs Kola Lambo,Mrs Teniola Balogun Prof and Prof (Mrs) Bayo Adejumo, Pastor and Pastor. (Mrs.) Alex Adegboye, Prof. and late (Mrs.) Yinka Ayankogbe and many more too numerous to mention, are appreciated.

I must register my appreciation to my classmates (67-71 set) at Christ's School, Ado Ekiti. I thank them for their love and for their presence here today. UP SCHOOL!!!!!!!! My committee of friends in the Nursing profession, Dr. Bola Babalola, Dr. Ronke Adeola, Mrs Anne Mosunmola, Mrs Sola Adeleke, Mrs Funmi Arinola Mrs Nike Akintola Dr.Taiwo Otufale, Dr.Dupe Olorundas and others, I cherish our friendship.

I salute all the members of Education Youth Gender and Family

Network (EduGuf-N) for your collaboration in making the world a better place for everyone.

I appreciate my brethren at the Christ Chapel, UCH, Ibadan, I enjoyed our fellowship together for the many years we were together, Pastor (Prof) and Prof Mrs Sam Omokhodion, Mr and Dr (Mrs) Ayo Ehimiyien, Dr and Dr (Mrs) Sam Ajayi, Pastor (Dr) and Mrs Charles Doku, Mr and Dr (Mrs) Emeka Akuche, Prof and Dr (Mrs) Biobele Brown, the list is unending. I acknowledge my late Senior PastorUzodimma Obed and his amiable wife, Pastor Mrs. Chi Obed of the Glory Tabernacle Ministry Ibadan. I thank them for those sound teachings which have remained indelible in my heart. Pastor (Prof.) and Mrs. G. E. Akinbola, the current Senior Pastor, Pst. and Mrs. E. Joseph, Elder and Mrs. J. Okponi, Elder and Elder Mrs. O. J. Bamgbose all of the Glory Tabernacle Ministry Ibadan,just to mention a few are all appreciated. The Glory Voices, my immediate family in Glory Tabernacle, especially Bro. and Mrs Dolapo Abraham, I appreciate and miss those ministration times we had together, I love you all.

I want to specially appreciate my General Overseer (Jubilee Christian Church, Abeokuta), Rev. Dr. Kunle Adesina and his lovely wife, Rev. Mrs. Remi Adesina for their love, sound teachings and prayers. Special Adviser to G. O. on Education, Pastor (Prof.) and Mrs Mike Ozoje, Pastor and Pastor (Mrs.) Segun Ogunpola, Pastor and Pastor (Mrs.) Taiwo Sobowale, Pastor and Mrs. E. O. Junaid, Pastor and Mrs. O. Sonde, Pastor and Mrs. Taiwo Akintobi, Pastor (Mrs.) Bola Akintayo, Deacon and Mrs. Dara Adebimpe, Deacon (Dr.) and Mrs. Femi Oyenekan, Deacon and Mrs. A. A. Adekunle, Deacon and Mrs. Wale Ojo, Elder (Mrs.) Maria Tokun, Elder and Elder (Mrs.) F. O. Alaran, Elder and Elder (Mrs.) A. A. Adeyemi, Elder and Mrs. A. Williams, Elder (Mama) Eunice Falola, Elder (Mrs.)Patience Eleshin, Elder A.Ashiru and all members of the Organising group are appreciated. My special appreciation to all my children, the

Pace Setters, JCCI and others too numerous to mention are very much loved. They are all appreciated.

The Full Gospel Business Men's Fellowship International has been a place of fulfilment for me since I became a member in 1983. I appreciate the love and joy we share together and the sound Biblical teachings. I want to appreciate the past Regional Vice President (South West) and his amiable wife Engr. and Mrs. Niyi Ogunnusi, during his tenure my husband became the District Coordinator (Southwest 5) Ogun State and also the current RVP and His lovely wife, Mr. and Mrs. Fola Aguda.Special thank you also goes to my big uncle, Dr. Adebola Olubanjo, for his interest in my career. I appreciate Prof. and Prof(Mrs.) Sam Oluwalana for their love and prayers. To all the District Coordinators in South West Region, Prof. and Dr. (Mrs.) Ranti Familoni, Dr. and Mrs. Shadrack Ijagbemi, Mr. and Mrs. Ayo Badejo, Mr. and Mrs. Tom Ogboi, Mr. and Mrs. Clifford Onyeje and Mr. and Mrs. Sunny Bayioku. How do I thank my Full Gospel Family in Southwest 5 District, they are all awesome. I find love, joy and fulfilment in our working together. Specifically, let me appreciate Engr. and Mrs. Biodun Fijabi,Pharm. and Pharm (Mrs) Wole Odukoya, Prof. and Prof. (Mrs.) Tunde Idowu, Engr. and Mrs. Tunde Oduyemi, Baba and Mama Doja Adewolu, Engr. and Mrs Wole Olunlade, Prof. and Mrs. Tunde Otesile, Prof. and Prof. (Mrs.) Wale Dipeolu, Engr. and Mrs Peter Ogunkunle, Dr. and Dr. (Mrs.) Akin Akinhanmi, Mr. and Mrs. Kola Lambo, Prof. and Mrs. Dapo Fasae, Engr. and Mrs. Femi Odedina, late Dr. and Mrs. Ayotunde Balogun, Surveyor and Mrs. Yinka Adesanya, Dr. and Engr (Mrs.) Yinka Aladesida, Engr. and (Mrs) Adebiyi, Dr. and Dr. (Mrs) Emmanuel Oke, my lovely children, Mr. and Mrs. Yomi Ayanbode the list is unending, please, pardon me if your names are not listed. I appreciate you all.

I want to specially appreciate the publication committee members led by Prof. Helen Bodunde (Chairperson) for their time and

useful contributions to the improvement of the quality of the manuscript of this lecture.

I appreciate Mr Charles Getcloma, I would like to thank Mr Kenneth Apochi for typing this manuscript and Mr Akinola (ICTREC) for his assistance. I cannot thank Prof. Oluwakemi E. Fapojuwo and Mr Adeoye Okubena enough for their help in preparing this lecture. God bless you abundantly.

The Lord blessed our marriage with three wonderful children, Arc. Otito Eni-Olorunda (late), Barr. Iranlowo Orunmuyi (Nee Eni-Olorunda) and Engr. Ifejesuposimi Eni-Olorunda. Otito, I really thank God for the opportunity given me to be your mother for 25 years. You departed this world 17 years ago, you were such a rare gem and a lover of God indeed. You accepted Jesus very early in life and you loved and served Him till you took your last breath. Thank you for believing in me, thank you for your words of encouragement. You were always telling me, 'Mum, I'm proud of you, I love you so much'. I love you dear, even in death. I will ensure I serve God diligently till the end so we can meet on the resurrection morning. Continue to rest in the bosom of the Lord whom you loved so much.

Barr. Iranlowo Orunmuyi and Engr. Ifejesuposimi Eni-Olorunda, how do I thank you enough for being such loving and caring children? You are both a gift from the Lord. Thank you for your encouragement, spiritual and emotional support in ensuring I stayed alive after the demise of your brother who I still cherish till now, the Lord will grant you all long life and greater heights you will attain in Jesus' name.

God in His own wisdom gave me another son, Engr. Ayotunde Orunmuyi, indeed, you brought joy to my life and our home when you got married to our daughter Iranlowo. I appreciate you so much, you are not a son-in-law but a son. I also thank God for

giving me a daughter and not a daughter-in-law, Dr. Demilade Eni-Olorunda. Thank you for your love and care and for always welcoming me in your home. Darling children, I love you **loads.**
The Lord has blessed me (for now) with three wonderful grandchildren, Oluwamayokun Orunmuyi, Oluwatofunmi Orunmuyi and Nathan Eni-Olorunda. You are all for signs and wonders and you shall all be great and serve Jehovah God all the days of your life. I love you all.

Finally, I want to thank my dearly beloved husband, my crown, the joy of my life, an Ophthalmologist par excellence, Dr. Akin Eni-Olorunda, a lover and a servant of God, always thinking the best for me, always looking for my progress and ensuring I excel in all my ways. Thank you for standing by me through the thick and thin. Thank you for your unreserved love for me and for helping me to get to the peak of my career. You are simply the best. Honey, you shall live long to enjoy the fruit of your labour.
Mr. Vice Chancellor Sir, distinguished ladies and gentlemen, I want to thank you all for making time out to be here to honour me today. The Lord will honour you all.

Please join me to sing one of my favourite songs
***"Oluwa Etobi, Etobi o, Etobi (2ce)***
***Ko se ni ta le fi sa kawee re O, Etobi (2ce), Oluwa"***

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ISBN: 978-978-796-673-0