Parents' Expectations About Future Outcomes of Children with MR in Kenya: 
Differential Effects of Gender and Severity of MR

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This study defined and validated three constructs of parents' expectations about future outcomes for children with mental retardation in Kenya: adult responsibilities, community membership, and educational attainment. The purpose was to investigate changes in these constructs across child's gender and severity of mental retardation. Using a maximum-likelihood confirmatory factor analysis on a questionnaire developed for the purposes of this study, it was found that the hypothesized model of parents' expectations was adequate and fit with data. Gender differences in favor of boys were found for the parents' expectations about future adult responsibilities and educational attainment, but not about community membership. Overall, parents' expectations about future outcomes for children with severe mental retardation were much lower than those for children with mild or moderate mental retardation. However, there was also an interaction between the child's gender and level of mental retardation for the parents' expectations about the child's educational attainment.

Parents' involvement in the education of their children has been described in previous research as a multifaceted construct involving several strands of parent behaviors (Zellman & Waterman, 1998). More recently, however, research has suggested that parental involvement is only a small component of family-centered practices in education (McWilliam, Maxwell, & Sloper, 1999). A wide range of positive school outcomes, such as reduced dropout rates (National Center for Educational Statistics, 1992), higher student achievement (Muller, 1993; Stevenson & Baker, 1987), and fewer behavior problems (Comer, 1987), have been associated with parental involvement in education among nondisabled children.

The primacy of decisions families make about their children is at the core of family-centered practices (McWilliam et al., 1999). Although previous studies have revealed the pivotal role of parental involvement in children's attainment of positive school outcomes in general, little is known about how parental involvement affects the educational outcomes of children with disabilities (Hanley-Maxwell, Whitney-Thomas, & Pagoloff, 1995; McNair & Rusch, 1991). Moreover, even less is known about factors that motivate parents to become involved in the education of their children with disabilities. Some researchers have suggested that parents' expectations are an important precursor to the parents' involvement in programs serving their children (Carnie & Orelove, 1988). It has been found that parents of children with disabilities have the same hopes for their children's post-school outcomes as do parents of children without disabilities (Mercer & Chavez, 1990). Previous research has conceptualized parents' expectations in terms of hopes (Mercer & Chavez, 1990), desires (McNair & Rusch, 1991), aspirations (Seyfarth, Hill, Orelove, McMillan, & Welman, 1985), and visions for the child's future outcomes (Hanley-Maxwell et al., 1995).

Previous studies have shown that school performance, type of educational placement, type and severity of disabling condition, and parents' educational level are strong predictors of parents' expectations for children's future outcomes (Masino & Hodapp, 1996; Newman & Caneto, 1993). Some researchers have found correlational evidence associating parents' developmental expectations with outcomes for all children—with and without disabilities (Duran & Weffer, 1992; Entwistle & Hayduck, 1981). These findings reinforce the notion that parents' expectations can create a self-fulfilling prophecy (Merton, 1948) and may determine or affect the level of functioning a child achieves. For example, Newman and Caneto found that parents whose children with disabilities went on to postsecondary education had high expectations about the educational outcomes of those children.

Although a growing body of research on parents' expectations has emerged within the United States, little research has been conducted on parents' expectations of children with disabilities in developing countries. Ortiz (1992), for exam-
ple, noted differences in language, culture, childrearing practices, interaction patterns, perceptions of exceptionality, and parents' views of their role in the education of their children, and highlighted the need to understand diversity. Research from developing regions of the world has supported the notion that parents' beliefs and perceptions can be a valuable source of information about their child (Hornby, 1994; Patching & Watson, 1993; Yousef & Hadidi, 1992). Thus, the purpose of this study was to analyze responses of Kenyan parents to a questionnaire designed to assess their expectations about future outcomes for children with mental retardation.

To help readers understand the context of this study, we provide a brief overview of the social, cultural, and educational aspects of the education of children with disabilities in Kenya. First, Kenya does not have policies that advance the rights of children with disabilities. Although there are schools that provide education to children with disabilities in Kenya, most of them are operated by private entities or by religious or philanthropic organizations. Second, regarding mental retardation (MR), the educational placement of children with MR in Kenya depends on the severity of the retardation. Specifically, children with mild to moderate MR are placed in Special Units (similar to the special class model in the United States), whereas children with severe to profound mental retardation are placed in residential-type segregated schools. The curriculum within each type of placement, although largely mediated by the overall goals of the respective funding agency, conforms to recently adopted national educational policies geared toward achievement of self-sufficiency by all students in Kenya (Eisenmon, Ong'esa, & Hart, 1988). The overriding ethic undergirding children's education in Kenya is one of developing attitudes and skills that will enable the person to pursue either postsecondary education or employment upon graduation from secondary school (see, e.g., Sifuna, 1992). Within this framework, the education of children with MR in Kenya has been oriented toward the achievement of outcomes that lead to self-sufficiency, including adult responsibilities, community membership, and educational participation (Mutua, 1999).

Third, Kenya relies heavily on external sources to finance education and, in turn, adopts criteria set by the funding agencies. For example, the recommendations of the World Bank related to accountability for utilization of funds and other austerity measures in developing countries (Lauglo, 1996) led to a system of cost-sharing in education (Swadener, Kabiru, & Njenga, 1995). This greatly increased families' financial burdens (Gakuru, Koech, & Nduati, 1995; Nkinyangi & Van der Vynckt, 1994). The lack of policies and proper funding, along with negative cultural attitudes toward disabilities, suppress attempts to address important issues related to the education of children with disabilities in Kenya and other countries in the region (see, e.g., Obiakor, Maltby, & Ihunnah, 1990).

Previous research has identified four broad categories of future outcomes for children with disabilities in the United States: (a) postsecondary education (Masino & Hodapp, 1996; Valdes, Williamson, & Wagner, 1990), (b) vocation (McNair & Rusch, 1991; Rusch & Phelps, 1987), (c) independent living and community participation (McNair & Rusch, 1991), and (d) overall quality of life (Halpern, 1993; Heal, Khoji, & Rusch, 1997). To make these four categories culturally relevant, we administered a questionnaire to 67 parents of children with disabilities in one rural and one urban community in Kenya. The parents responded to the questions and made comments and suggestions about specific items, which led to the addition of new items and changes in or deletions to items that did not make sense to the respondents or were culturally irrelevant (Mutua, 1999).

Three constructs were hypothesized as being related to the expectations of Kenyan parents about future outcomes of their children with MR: (a) adult responsibilities—future outcomes such as taking care of their elderly parents, owning property, having a job, living independently, having their own children, and participating in citizenship activities; (b) community membership—being accepted in the community, being law-abiding and respected citizens, using community services, and having a social support network of friends; and (c) educational attainment—being successful in school and getting the highest education possible. The purpose of the study was to investigate changes in these constructs of parents' expectations across children's gender and severity of mental retardation. We first examined whether the questionnaire developed in this study captured the hypothesized constructs of adult responsibilities, community membership, and educational attainment in the context of parents' expectations about future outcomes of their children with mental retardation in Kenya. Then, we asked whether the child's gender and severity of mental retardation had differential effects on the constructs of parents' expectations about his or her future outcomes.

Method

Instrument

The instrument consisted of 14 questions that tapped parents' expectations of their child's outcomes: adult responsibilities, community membership, and educational attainment. The questions were analyzed for cultural relevance in a pilot study with Kenyan parents of children with mental retardation. The parents were asked how likely it would be for their child to achieve the outcome specified by each question. The responses were scored on a 5-point Likert scale (1 = highly unlikely to 5 = very likely). The questionnaire items (future outcomes), grouped by the hypothetical constructs they represent, are shown in Table 1. Three levels of child's MR were used in this study: mild, moderate, and severe. These levels of mental retardation were relevant to the respondents and adequately understood by them in the process of adapting the instrument for cultural relevance. The reliability of the data using this instrument (.87) was adequate for the purposes of confirmatory factor analysis and group comparisons.
TABLE 1. Items of the Questionnaire for the Expectations of Kenyan Parents About Future Outcomes of Their Children with MR (Grouped by Hypothesized Constructs)

<table>
<thead>
<tr>
<th>Hypothesized construct</th>
<th>Item (Future outcome)</th>
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<tbody>
<tr>
<td><strong>Adult responsibilities</strong></td>
<td>My child will own property (Q1)</td>
</tr>
<tr>
<td></td>
<td>My child will take care of me when I am old (Q6)</td>
</tr>
<tr>
<td></td>
<td>My child will have his/her own children (Q10)</td>
</tr>
<tr>
<td></td>
<td>My child will participate in citizenship activities (Q7)</td>
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<tr>
<td></td>
<td>My child will live independently (Q8)</td>
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<tr>
<td></td>
<td>My child will hold a job/vocation (Q9)</td>
</tr>
<tr>
<td><strong>Community membership</strong></td>
<td>My child will be a respected citizen of my country (Q13)</td>
</tr>
<tr>
<td></td>
<td>My child will use community services (Q11)</td>
</tr>
<tr>
<td></td>
<td>My child will be accepted by the community (Q3)</td>
</tr>
<tr>
<td></td>
<td>My child will be a law-abiding citizen (Q5)</td>
</tr>
<tr>
<td></td>
<td>My child will be protected from harm by the government (Q12)</td>
</tr>
<tr>
<td></td>
<td>My child will have a social support network of friends (Q2)</td>
</tr>
<tr>
<td><strong>Educational attainment</strong></td>
<td>My child will be successful in school (Q14)</td>
</tr>
<tr>
<td></td>
<td>My child will have the highest education possible (Q4)</td>
</tr>
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Note. Given in parentheses after each item is the label for this item used in the confirmatory path model in Figure 1 (Q stands for “question” and the number that follows indicates its position in the parents’ questionnaire).

Participants

A total of 425 questionnaires were distributed to families of children with disabilities in four districts in Kenya: Meru (at Eastern Province), Kitui (at Eastern Province), Kiambu (at Central Province), and Nairobi. The return rate was 78%. Information about the child’s gender and level of mental retardation was available for 302 respondents. Most families that completed the questionnaire were of African descent (99%) and Christian religious affiliation (98%), which is representative for the target population in this study. For the sample of 302 families, (a) 45% of the responding parents had at least a primary education and 55% had been educated at the secondary level or higher; (b) 58.9% of the children were males and 41.1% females; (c) 69% of the children were enrolled and 31% were not enrolled in school; and (d) 40.1% of the children had a mild, 36.8% a moderate, and 23.2% a severe level of mental retardation. Three age groups of children with disabilities were defined for the purposes of this study: 10 years of age or younger (31.5%), between 10 and 18 years of age (54.4%), and 19 years of age or older (14.1%). It should be noted that the sample adequately represented the proportional distribution of demographic categories for the study population.

Procedure

This study was approved by the Ministry of Education in Kenya as part of a larger study on factors affecting the education of children with mental retardation. Families with children with MR in three provinces—Eastern, Central, and Nairobi—were chosen for a target population, in light of linguistic, financial, and time constraints, as well as the fact that more than 50% of Kenya’s special education schools are located in these three provinces. Data were collected spring through summer, 1998. Children with mental retardation who were enrolled in school were identified through school enrollment records provided by provincial and district directors of education. From these records, families of children with mental retardation were randomly selected, and consent forms and questionnaires were distributed to them through school authorities. Children with mental retardation who were not enrolled in school were identified through district social services and local authorities. Families were randomly selected from this pool and questionnaires were hand-delivered to their homes by technical assistants involved in this study. An analysis of returned questionnaires did not indicate bias on demographic variables for the sample. An electronic data entry and verification was provided by the Bureau of Educational Research at Kent State University, Ohio, USA.

Data Analysis

A maximum-likelihood confirmatory factor analysis was used to validate the constructs that were hypothesized to underlie expectations of Kenyan parents about future outcomes of their children with MR. The path diagram in Figure 1 shows the hypothesized relationships among observed variables (and see Table 1) and the constructs they were designed to measure: adult responsibilities (AR), community membership (CM), and educational attainment (EA). The curved arrows connecting the circles indicate that the three constructs are hypothesized to be correlated. Each observed variable has an error term associated with it that is analogous to the residuals in a regression analysis in that they represent the part of each observed variable that is not explained by the factors (constructs). The hypothesized model was tested using the computer program Amos (Arbuckle, 1997).

A multivariate analysis of variance (MANOVA) was used for determining possible differential effects of the child’s gender and severity of mental retardation on the constructs of parents’ expectations about the child’s future outcomes. In the MANOVA, the factor scores of parents’ expectations on the three constructs (AR, CM, and EA) were dependent variables, and the child’s gender and level of mental retardation were the between-subjects factors. All procedures were performed using the statistical package SPSS (SPSS, Inc., 1999).

Results

Figure 1 shows the Amos graphical computer printout for the confirmatory factor analysis conducted in this study. The chi-square statistic was not statistically significant, $\chi^2(74) = 94.883$,.
Chi-square = 94.883
df = 74; p = .051
GFI = .956; AGFI = .938

FIGURE 1. Confirmatory path model with three hypothesized factors (constructs) for the expectations of Kenyan parents about future outcomes of their children with mental retardation: adult responsibilities (AR), community membership (CM), and educational attainment (EA). The observed variables (Q1...Q14) are described in Table 1.

$p = .051$, indicating that the hypothesized model was reasonable and fit the data. This was also supported by the fact that (a) the goodness-of-fit index (GFI) and its value adjusted for the population (AGFI) were greater than .90 (see, e.g., Stevens, 1996, p. 399), and (b) the root mean square error of approximation (RMSEA) was smaller than .05 (see, e.g., Arbuckle, 1997, p. 559). The numbers associated with the straight arrows from factors to questionnaire items are the factor loadings of these items. The numbers associated with the squares containing labels of observed variables are squared multiple correlations. For example, the squared multiple correlation for the future outcome labeled Q1 ("My child will own property") is .44. Thus, 44% of the variance in the parents' expectations about outcome Q1 was accounted for by the variance in the construct that this outcome was designed to measure (i.e., adult responsibilities).

Dependent variables in MANOVA were the factor scores of parents' expectations on the constructs adult responsibilities, community membership, and educational attainment. A statistically significant interaction was found between the two target factors in this study, gender and level of mental retardation, Wilks's lambda = .898, $F(6, 588) = 5.41, p < .001$. It was also found that the differential effect of child's gender and level of mental retardation on the parents' expectations did not depend on the child's age group or parents' level of education. Specifically, for the age groups defined in the method section, the main effect, Wilks's lambda = .978, $F(6, 472) = 0.878, p = .511$; interaction with gender, Wilks's lambda = .978, $F(6, 472) = 0.878, p = .511$; and interaction with level of mental retardation, Wilks's lambda = .940, $F(12, 508) = 1.004, p = .444$, were not statistically significant. Similarly, for the level of parents' education, there was no statistical significance for the main effect, Wilks's lambda = .978, $F(6, 472) = 0.878, p = .511$; interaction with gender, Wilks's lambda = .978, $F(6, 472) = 0.878, p = .511$; or interaction with level of mental retardation, Wilks's lambda = .940, $F(12, 508) = 1.004, p = .444$. Consequently, the results for gender and level of mental retardation are reported regardless of the child's age or level of parents' education. The means and standard deviations for the dependent variables across levels of mental retardation and

| Expectation construct | Child’s level of MR | | | | |
|-----------------------|---------------------|----------------|-------------------|----------------|
|                       | Boys | Girls | Boys | Girls |
|                       | (n = 70) | (n = 51) | (n = 71) | (n = 40) |
|                       | (n = 37) | (n = 33) |
| Adult responsibilities | | | | |
| M                     | 56.43 | 49.08 | 55.18 | 49.21 |
| SD                    | 8.50  | 8.12  | 9.83  | 10.62 |
| Community membership  | | | | |
| M                     | 50.54 | 50.66 | 51.11 | 51.67 |
| SD                    | 9.12  | 9.33  | 8.62  | 9.68  |
| Educational attainment| | | | |
| M                     | 52.52 | 52.37 | 61.47 | 48.44 |
| SD                    | 8.64  | 9.53  | 8.31  | 11.51 |

Note. All scores are represented on a common T scale (M = 50, SD = 10).

gender are given in Table 2. Reported below are the univariate between-subjects tests for each dependent variable. When a statistically significant effect was found due to the child’s level of mental retardation, the Bonferroni post hoc test was used because of its high power for a small number of levels being compared. The eta squared ($\eta^2$) was reported as an effect size index (which represents the proportion of variance in a dependent variable accounted for by the differences between the groups being compared).

**Adult Responsibilities.** The differential effects of the child’s gender and level of mental retardation on the parents’ expectations about adult responsibilities of their children are graphically represented in Figure 2(A). The MANOVA results showed a significant effect for gender, $F(1, 296) = 26.25, p < .001$. There was a statistically significant difference in favor of the male children at the mild, $F(1, 119) = 22.95, p < .001$, $\eta^2 = .16$, and moderate, $F(1, 19) = 8.89, p < .01$, $\eta^2 = .08$, but not at the severe, $F(1, 68) = 2.88, p = .094$, levels of mental retardation.

There was also a statistically significant effect for the child’s level of mental retardation, $F(2, 296) = 9.71, p < .001$, $\eta^2 = .07$. The post hoc tests showed that the parents’ expectations about the future adult responsibilities of their children were the same for children with mild and those with moderate mental retardation ($p = .99$) and lower for children with severe mental retardation ($p < .001$). There was no statistically significant interaction between the child’s gender and level of mental retardation, $F(2, 296) = 0.92, p = .399$, for the construct of adult responsibilities.

**Community Membership.** The differential effects of the child’s gender and level of mental retardation on the parents’ expectations about community membership of their children are graphically represented in Figure 2(B). There was no statistically significant main effect for gender, $F(1, 296) = 0.03, p = .866$, and no statistically significant interaction between gender and level of mental retardation, $F(2, 296) = 0.03, p = .969$. However, a statistically significant main effect was found for the child’s level of mental retardation, $F(2, 296) = 16.38, p < .001, \eta^2 = .11$. The post hoc tests showed that the parents’ expectations about their children’s future community membership were the same for children with mild and moderate levels of mental retardation ($p = .99$) and significantly lower for children with severe mental retardation ($p < .001$).

**Educational Attainment.** The differential effects of the child’s gender and level of mental retardation on the parents’ expectations about his or her educational attainment are graphically represented in Figure 2(C). A statistically significant interaction existed between gender and level of mental retardation, $F(2, 296) = 15.35, p < .001, \eta^2 = .10$. For the children with moderate levels of mental retardation, the parents’ expectations were higher for males than for females, $F(1, 109) = 47.31, p < .001, \eta^2 = .31$. No gender differences were found in the parents’ expectations for children with mild, $F(1, 119) = 0.01, p = .931$, or severe, $F(1, 68) = 1.60, p = .211$, MR.

**Discussion.**

The confirmatory factor analysis provided evidence for the validity of the hypothesized constructs underlying parents’ expectations about future outcomes of their children with MR in Kenya: adult responsibilities, community membership, and educational attainment. In addition, results indicated differential effects of the child’s gender and level of mental retardation on parents’ expectations about the child’s future outcomes. These differential effects did not depend on the child’s age or parents’ level of education. Overall, parents had higher expectations about future outcomes for their male children than for their female children. This is consistent with Kenyan cultural
practices, wherein male children are more highly prized than female children (Martin, 1984). Compared to previous research on children with disabilities in Kenya and other developing countries, this study provided new findings related to interactions between the child’s gender and severity of mental retardation across constructs of parents’ expectations.

Parents’ expectations about adult responsibilities of their children with mental retardation were associated with such future outcomes as taking care of their elderly parents, having their own children, owning property, living independently, having a job, and participating in citizenship activities. In this aspect, the parents’ expectations were higher for boys than for girls, especially boys with mild and moderate levels of mental retardation. Also, regardless of gender, the parents’ expectations for children with mild and moderate levels of mental retardation were higher compared to those for children with severe mental retardation. This could be due in part to a bias in parents’ perceptions and attitudes toward children with severe disabilities. Indications of such bias is provided in previous cross-cultural research on parents' attitudes, perceptions, and
expectations about children with severe disabilities (e.g., Meyers, Borthwick, & Eyman, 1985; Rivers, 1990; Yousef & Hadidi, 1992).

Parents’ expectations about community membership of their children with mental retardation were related to such future outcomes as being a respected citizen, using community services, being accepted in the community, being a law-abiding citizen, having a social support network of friends, and being protected from harm by the government. On community membership, the parents’ expectations were not affected by the child’s gender but were affected by his or her level of mental retardation. Regardless of gender, parents’ expectations for children with mild and moderate mental retardation were the same, but much higher than those for the children with severe mental retardation. This finding is another indication of possible bias in parents’ perceptions, attitudes, and expectations about children with severe disabilities, as mentioned earlier in this discussion.

Parents’ expectations for future educational attainment by their children with MR were related to such outcomes as being successful in school and getting the highest education possible. Consistent with previous research about the education of children in developing countries (e.g., Patinos & Psacharopoulos, 1996; Stromquist, 1997), the findings in this study indicate that parents’ expectations about their children’s educational attainment were generally higher for boys than for girls. Somewhat surprising, however, was that (a) the gender difference, in favor of boys, was shown only for the children with moderate mental retardation, and (b) the male children with moderate mental retardation were higher on the scale for expected educational attainment than the male children with mild mental retardation. One way of explaining this finding is to examine the differential educational placement of children with mild and moderate mental retardation in Kenya.

Typically, the educational setting for children with mild mental retardation in Kenya is the general classroom. Within general education classrooms, Kenyan children with mild mental retardation are exposed to an academic curriculum without being provided additional support or modifications. Kenyan’s educational system is characterized by entrance examinations that are used to predict academic success. Nonsuccessful children are often retained in grades until they are deemed successful, drop out, or are too old to remain in the same grade. The rationale for this system dates to research that classified children with mild mental retardation as “educable” and closer in general function to, although lower in educability than, their typically developing peers (Berne-Smith, Ittenbach, & Patton, 1998).

In contrast, the educational placement of Kenyan children with moderate mental retardation is in segregated special classrooms (known as “special units”), and for children with severe MR it is in separate special schools. The curricula in special units and special schools are functional education and life-skills training, respectively. This option is based on the fact that Kenyan children with moderate mental retardation are classified as “trainable” (see, e.g., Berne-Smith et al., 1998). Perhaps Kenyan parents, perceiving male children with moderate mental retardation as trainable, invest their expectations about future educational outcomes for these children in areas of functional education, such as farming or craftsmanship. Although Kenyan parents may expect that the placement of children with moderate mental retardation into special units increases the likelihood of their achieving certain future outcomes, research in the United States indicates that such outcomes are not always realized. For example, Hasazi and Clark (1988) found that although students labeled moderately or severely mentally retarded in the United States were often placed in special education programs that focused on functional life skills, these programs did not emphasize vocational preparation designed to facilitate job placement in the community following graduation from high school.

Understanding parents’ expectations of their children with MR is an important step toward enhancing attitudes and perceptions and fostering services for Kenyan children with mental retardation. Research in the United States, for example, has reported significant correlations between parents’ expectations and children’s outcomes (Duran & Weffer, 1992; Entwistle & Haydik, 1981).

This study extends previously available cross-cultural research by providing findings relevant to developing countries, where disability issues are still at the formative stages or just beginning to take center stage. The importance of parents’ expectations and attitudes toward disability issues cannot be overstated. In the United States, for example, parent advocacy formed the impetus for the development and formulation of disability services and policy (Flexer, Wray, Leavitt, & Flexer, 1996; Hallahan & Kauffman, 2000). Previous research also found a connection between parents’ expectations and services that parents sought for their children with mental retardation (Carrie & Orelve, 1988). In addition, research shows that the self-family-friend triad was the single most important network in the postschool job placement of high school graduates with disabilities (Hasazi, Gordon, Hull, Finck, & Salembier, 1985). Thus, studying parents’ expectations about their children with disabilities plays an important role in our understanding of the evolution of social and educational services for persons with disabilities in developing countries such as Kenya.

Results of this study support the idea promoted in previous research of designing and implementing culturally referenced education for children with mental retardation within an outcomes-oriented model (Ysseldyke, Thurlow, & Shriner, 1992). In terms of practical implications, findings underscore the need for (a) a close examination of cultural practices that sustain perceptions of children with disabilities as being capable (or incapable) of achieving certain specified future outcomes, and (b) an establishment of innovative means of affecting parents’ views in the direction of reducing their biases.
relative to issues of gender and mental retardation. Previous research of children’s access to education in developing countries has provided evidence of widening educational disparities by gender. It has been found that compared to their male counterparts, girls are much less likely to receive formal education, and even less likely to receive higher levels of education (see, e.g., Abrahah et al., 1991). In closing, we note that the target population in this study was families of children with disabilities who lived in regions where over 50% of the special education schools in Kenya were located. Therefore, we recommend caution in generalizing the findings to the entire Kenyan population. The research design of this study can also be adapted and used to study parents’ expectations about children with disabilities in other parts of Kenya and in other developing countries.

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