Absence Epilepsy as a barrier for effective teaching and learning in underprivileged communities

by

PRETTY ZAKHI MABELE

submitted in accordance with the requirements for the degree of

MASTER OF EDUCATION

in the subject

INCLUSIVE EDUCATION

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF: M O MAGUVHE

JANUARY 2016

Absence epilepsy as a Barrier for Effective Teaching and Learning in Underprivileged Communities.

Submitted by: Pretty Zakhi Mabele

Supervised by: Professor Mbulaheni Obert Maguvhe

Submitted in partial fulfilment of the Degree of Master of Education in the Faculty of Education (Inclusive Education), University of South Africa, Pretoria.

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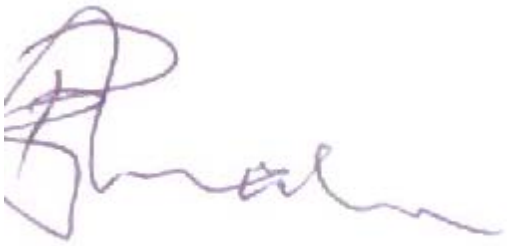
I declare that,

Absence Epilepsy as a Barrier for Effective Teaching and Learning in Underprivileged Communities

is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

None of the participants were known to the investigator during data collection.



Signature

Dedication

This work is dedicated with love to my late parents Elizabeth and Moses Mabele and my two precious gems Bianca and Olwami Mabele, including Asbulele Mabele my granddaughter and all children experiencing with absence epilepsy.

Acknowledgements

- **I would like to thank our Creator, the Almighty God for taking me this far.**

- **My former supervisor Dr. Catherine Gous - Kemp for giving me hope when all was lost, your exceptional support and constant feedback during the initial stages of this journey. You were a wonderful mentor.**

- **A very special thanks to my current supervisor Professor Mbulaheni. O. Maguvhe and his team for your outstanding guidance, knowledge, motivation, professional feedback and support when I needed it the most, and for your aptitude when I wanted to give up.**

- **To my late parents Mr. Moses Muzi Mabele and my mother Elizabeth Tozo Mabele (Ma-Mkhize) for teaching me that education is a weapon to fight all wars and never to give up and that family is everything; you are the foundation of my life.**

- **A big thank you to all my siblings (Nonhlanhla, Nonkosi, Nomkhosi, Thuthuka and Linda) for being there when I needed you the most in my life, during this study and always. For your advices, support, encouragement and financial support. You are my inspiration, my strength, and the rock of my life. I know what family is because of you. I love you guys.**

- **To my daughters (Bianca and Olwami), for all the understanding and support you have given me, for your belief in me and for perseverance when I was not able to be there for you when you needed me at times and for the sacrifices you have made so that I could conduct this study. My love for you is priceless.**

- **To my adored family and friends, for understanding that at times I could not be with you, for your prayers and for the moral support you have given me over the years. I will not be able to mention your names because you are so many. You are always in my heart.**

- **To the Umgungundlovu Department of Education and all Circuit inspectors who trusted me and gave me consent when I was collecting data. The principals who believed and trusted me to work with the teachers in their schools. Your support was invaluable.**

- **To teachers and parents who participated in this study; your contribution was incalculable.**

- **Lastly to parents who sacrificed their precious time to be interviewed and for trusting me with their children during observations. Your experiences were incomparable.**

Thank you so much, may God bless you all.

TABLE OF CONTENTS

Abstract

After the dispensation of the White Paper 6 in schools, there were no detailed guidelines to accommodate the learners with invisible impairments like absence epilepsy, especially those who live in underprivileged communities. Affected learners are still struggling and not receiving proper instruction in ordinary schools because of the nature of absence epilepsy. It seems like it is unknown that they are suffering, because the symptoms are absent. These learners are performing poorly; they are having learning and behavioural problems. At home parents are ignorant of their plight, teachers are oblivious of their problems and at schools they are being discriminated against by other children. As a result, they repeat grades and some end up leaving school to join the unemployed. They have a low self-esteem and remain unsociable. This is because they suffer from absence epilepsy which is a medical problem. Absence epilepsy is unknown to both parents and teachers in these communities. Cultural beliefs and ignorance prevent parents from taking these children to clinics for identification, which results in them not being supported in schools.

Key terms

Absence epilepsy, Absence seizure, Behavioural problems, Cultural beliefs, Epilepsy, Identification; Learning problems, Invisible impairments, Teaching and learning, Underprivileged communities.

CHAPTER 1

ORIENTATION

1.1 Introduction

Educators often have to deal with learners who cause trouble because they struggle to master tasks and activities in the classroom. Some educators, out of frustration and lack of knowledge, label these children and call them with derogatory names such as, slow, stupid, lazy or sluggish. These learners have nothing to motivate them. Some of them bunk classes or leave school because they believe they will never succeed in life. In fact these learners suffer from emotional abuse from adults who do not know how to handle the situation.

Parents need to be aware if there is something wrong with the child even though they may not be able to know the cause. Parents do not always consider the possibilities that their children may have learning impairments, because of ignorance and denial, they do not realise that their children need urgent intervention with their schoolwork since they themselves may have been school dropouts.

Parents often believe that it is only the teachers' responsibility to teach their children. They wake up very early in the morning to go to work and come back late in the afternoon, too tired to assist their children with school work. They believe that, due to the unequal sharing of resources and social class, they will not participate in their children's school work Raty, Kasanen and Laine (2009: 278). Such parents' level of education is minimal. Some of them do not have an insight into school work. They do not understand the subject content; as a result they will always be unable to assist with the school work. It is so unfortunate that, in underprivileged communities, both the parents and the teachers are not equipped with the skills of identifying learning impairments or barriers.

The teacher, as a professional, must be able to identify the learning barriers in the classroom. Many teachers are not trained to recognise impairments they are, as a result, frustrated with learners that they do not understand. Most teachers take their frustrations out on these children by uttering very negative and sensitive comments. They neglect these children because they are unaware that these children have learning barriers and therefore need help. Moreover, this is exacerbated by the fact that most classes are overcrowded and it is difficult for teachers to deal with these problems. Teachers are also faced daily with learners who are

on different levels of academic competency; as such, they are unable to identify the learning barriers in learners.

Learning impairments may be caused by a number of factors. Causes of these problems can be intrinsic or extrinsic (Mwamwenda, 1989: 182). Extrinsic problems are learning problems that stem from the situation outside the learner's control, for example, environmental and emotional problems caused by dysfunctional schools, homes, or communities. Intrinsic problems may include genetic abnormalities, neurological problems or chemical imbalances in the child's brain. This means that these problems are medical or physiological. In 1998, in Kwazulu Natal Province, it was estimated that about 195 150 children had learning problems. Most of these children lived in rural areas and they did not attend school. Out of this number only 6 050 were catered for educationally because they lived in urban areas and some mostly comes from affluent white families. The rest were not catered for (Muthukrishna and Schoeman, 2010: 317).

One of the contributing causes of learning problems is epilepsy. Epilepsy is not a single disturbance but viewed as a group of disturbances (Kapp and Kruger, 2005: 274). The focus of this study is a form of epilepsy called ***"petit mal".*** Petit mal is no longer functional because of its association with witchcraft, stigma, madness, negativity and evil. It has been replaced by absence seizures which have a positive connotation (Ozdemir, Demir and Cura, 2013: 342) or 'typical absence' or 'absence seizures' (Kapp and Kruger, 2005: 275). Absence seizure is a condition that is not easily identifiable because, most of the time, it is seldom noticed. In addition to this, very few parents are informed or educated about the subject. These children are not educationally catered for since their problems are not based on either the social model (Inclusion) or medical model (Exclusion) (Uys, 2005: 406). They are not medically diagnosed and the majority of them are in ordinary schools and it is not known whether they are sufferers or not. The investigator strongly feels that the topic on absence epilepsy and absence seizures still needs to be researched since more work needs to be done, medically and educationally to help learners from underprivileged communities.

Absence seizures are so invisible that a person suffering from it may not realise that he or she is having them (Kapp, and Kruger 2011: 312). That is the problem with invisible impairments. A person would pass as normal when, in fact, she/he has a problem. This works as a disadvantage since his or her barrier may be overlooked as there is no physical symptom which exposes the barrier (Lingsom, 2008: 3). The person looks healthy and does not realise

that he or she has a seizure. The person's friends would not notice because these seizures are "absent." They become unconscious of their surroundings and they recover without any assistance and may not remember having a seizure. The teacher would not notice the barrier, but the affected learner misses out on information for a few minutes. Nobody realises that there is a serious problem. These learners eventually miss out on a lot of information and it is difficult for them to catch up. Everybody assumes that they are slow learners.

The problem with absence seizures is that people's opinions shape the self- image of learners. Traditionally, people believed that such children were cursed. Even today there are parents who do not understand this condition especially in underprivileged communities. One influential parent believed that her child was condemned. Some of these children are excluded from their families and homes, whilst some of the parents take them to inyangas (traditional healers) believing that they need ancestral intervention. Some of them are bound in chains because schools fail to accommodate them and turn them away.

At the end they feel worthless, and become nobodies and sadists because of rejection. Some of them also become parents of children with the same condition. Parents and teachers in underprivileged communities are not aware of the relationship between absence seizures and epilepsy. On the other hand parents from underprivileged communities are unable to afford medical intervention as medical costs are expensive. They also have their own cultural and traditional beliefs that supersede medical knowledge in cases like these.

When absence seizures go undiagnosed, this has negative consequences in the life of the child since the learner is intellectually capable and the problem remains unknown by both ignorant teachers and parents. These seizures go unnoticed, unobserved and unidentified in underprivileged communities and in some cultures they do not have a name for it, hence they are "absent". Even the learner does not know whether he or she has the condition. This investigator feels that absence epilepsy and absence seizures need to be dealt with because they are a serious barrier to effective teaching and learning. Its practical implications need to be researched and recommendations be made to assist with diagnosis and treatment in underprivileged communities.

The investigator believes there are a lot of practical hazards if teachers and parents are not informed about absence epilepsy and absence seizures. Learners end up being neglected and this has long lasting negative effects on their lives. Some become repeat offenders and school drop outs; some have very low self- esteem. Others are labeled and stigmatised and end up

being unemployed as they suffer from poor decision making. There are those who commit suicide because they do not know that they suffer from a medical condition that can be treated or controlled.

This investigator is a teacher at a secondary school in Pietermaritzburg. She is serving poor learners who come mostly from underprivileged communities, and these children live in extreme poverty. She has seen over the years more than one percent of learners who suffer from absence epilepsy and absent seizures. These children fail and as a result, they constantly repeat grades or are condoned. They are often subjected to ridicule by their peers. They end up leaving school since they believe that they are failures and they will never achieve anything in life. She did not know this is a form of epilepsy, as in her culture there is no name for absence epilepsy, and this is not treated seriously. She would witness learners being unresponsive and lacking attention for prolonged periods, and then later on they would return to their normal state. She was always intrigued by this type of behaviour and thought that the children were daydreaming.

1.2 Literature Review

In South Africa many learners are affected by a number of unidentified learning barriers and one of these disturbances is undiagnosed absence epilepsy, especially within the underprivileged communities. Epilepsy subject has been a topic of interest in medical circles for more than 400 years (Chadwick and Usiskin, 1987: 9), but the investigator of this study strongly believes that not enough research has been conducted on undiagnosed absence epilepsy and seizures and its consequences on the education of the child especially in underprivileged communities. There has been a lot of research going on from the early nineteenth century when it was discovered that it is not always associated with mental illness (Buchwald, 1988: 803). Research has shown that, due to technology and the advancement of medicine, epilepsy and seizures can be diagnosed using electroencephalograph (EEG) and can be controlled by administering medication; the condition, however cannot be cured (Chadwick and Usiskin, 1987: 94).

In a study conducted by Ackerman and Van Toorn (2012: 16) in a small rural village in the Northern Province, the incidents of children affected by seizures and epilepsy was shocking; the study showed an active prevalence of almost seven percent. Ackerman and Van Toorn, also, estimate that more than eight percent of the population will be affected by seizures in their lives especially in South Africa. As South Africa is still a developing country, it is

worrying to note that "epilepsy is more common in developing nations because of increased rates of birth, trauma and head injury, lack of health services, high rates of alcohol and substance abuse and poor sanitation, leading to the high rate of central nervous system infection" (Levenson, 2008: 21).

When a child finds it difficult to concentrate in class and ends up repeating grades without anyone knowing that the child is suffering from undiagnosed absence epilepsy, it hinders his/her educational performance. When a child is having an absence seizure there are no convulsions. A child suddenly loses consciousness for up to hundred times a day, and gazes into space. Whatever the child is doing will be disrupted. This results in a child losing a lot of academic activities each day (Du Toit, 1994: 262). A child's lack of consciousness may vary from being "severe to non -conspicuous" but this depends on the time the seizure lasts (Panayiotopoulos, 2001: 380).

It is difficult for teachers to teach these children and this frustrates them; and they end up neglecting them, believing that they are stupid or lazy and do not pay attention. This neglect results in these children suffering for the rest of their educational lives (Laidlaw and Laidlaw, 1980: 26). The level of stress in these children is very high since they are unable to predict when there will be a seizure and there is no way to avoid them; this result in them suffering from depression and anxiety (Levenson, 2008: 23).

An alternative view presented by Freemon, Douglas and Penry (1973: 911) is that, a learner may forget events that happened before a seizure. They are supported by Cavanna and Bayne (2011: 47) who use the term "disengaged" because the child does not respond to or understand questions when having a seizure. What is disturbing is the fact that girls are more frequently affected than boys (Iannetti, Spalice, De Luca, Boemi, Festa and Ludovico, 2001: page unspecified). Moreover girls are at a greater risk of having absence seizures, especially when they are menstruating (Svalheim, Tauboll, Bjornenak, Roste, Morland, Saetre and Gjerstad, 2003: 14).

Since the focus of this study is on undiagnosed absence epilepsy and absence seizures in underprivileged communities, most studies suggest a diagnosis, but only if there is a recurrence of seizures (McGovern, 1982: 3). According to Norwich and Duncan (1990: 319-320), there are different categories of impairment. He warns against deciding on identifying individual learners who have frailties and who do not, since, in most cases, absence seizures are misunderstood; and sometimes misdiagnosed and confused with other impairments. On

the other hand, the situation is difficult for the parents of these children; due to their socio-economic status. Their involvement in school activities is minimal and unsuccessful due to their social and cultural responsibilities. It is generally parents with a higher level of education, who actively participate in the education of their children because of their intellectual and economic status (Raty et al. 2009: 278).

Parents need to be motivated to become involved and make sure that their affected children are included in the mainstream education, so that their academic achievement will be assessed according to their level of intelligence, not because of their impairments (Engelbrecht, Oswald, Swart, Kitching and Elloff, 2005: 466). According to Herman (2008: 2143), seizures need immediate attention or they could become a threat if they are ignored after the period of twelve years because at this stage, they show a significant trend which demonstrates longer absences.

According to Kapp (1994: 317), even though teachers have a responsibility to" support the child affectively and cognitively" the greatest challenge is the training of teachers (Muthukhrishna & Schoeman (2010: 320), since most of them see inclusion as a challenge to their profession (Engelbrecht et al. 2005:473). Furthermore Engelbrecht et al. (2005: 474), recommends that the training of teachers should focus on "collaborative partnership." It is fortunate that in this era, a lot of progress has been made in the field of medicine to treat epileptic seizures and other learning problems (Du Toit, 1994: 302).

One of the findings of the study, conducted by Burneo, Tellez-Zenteno and Wiebe (2005: 64) was that, the greatest challenge faced by the world health is to identify people with epilepsy in developing countries. Moreover, most studies estimate that over ninety percent of the affected population living in the developing world are not taking any anti- epileptic medication because of the so called "treatment gap"(Mbuba, Ngugi, Newton and Carter, 2008: 1491). Some people who are on medication complain that it has negative side effects which may include "withdrawal syndrome, insomnia, anxiety and tremors (Galloway, Frederick, Staggers, Frank, Gonzales, Stalcup and Smith, 1997: unspecified). It is worrying to know that people affected by epilepsy, including absence seizures, are at a greatest risk of committing suicide Svalheim et al. (2003: 15).

The Conference that was held in Salamanca in June 1994 proposed that schools, internationally, should accommodate children with mild learning barriers at ordinary schools, despite their learning barriers, irrespective of whether the impairment is visible or

invisible (Naicker, 1999: 42). In South Africa it was proposed in 1996, that learners with learning barriers should be identified as early as possible, so that they could receive appropriate support. Those learners with mild barriers should be accommodated in mainstream schools and be catered for in accordance with their special needs. Educational resources had to be distributed equally and no child was to be excluded from receiving an education (Education White Paper 6, 2001: 24).

Most teachers become stressed when they have to accommodate children with learning impairments. They view these children and their barriers as a challenge in their classrooms. As a result, most of these children are shunned and denied entry in some schools. The National Education Policy Act (NEPA) states clearly that no learner should be denied entry or admission because of his/her background or disability (Education Law and Policy Handbook, 1999: 13). NEPA also specifies that public schools need to respect and take into consideration the learners' rights and wishes if such learners seek admission (Education Law and Policy Handbook, 1999: 1-13). The concern brought about by Engelbrecht et al. (2005: 472) is the limited options when placing learners with impairments. She criticises schools that do not open their doors to children with problems, thereby violating the Schools Act.

The South African Schools Act (Education Law and Policy Handbook, 1999: 2A-6) requires schools to admit learners with special needs in mainstream schools if the school can provide for the learners' needs. Such learners must not be excluded. If there are no facilities to accommodate such learners, the principal of the school should inform the Head of Department so that he can consult with relevant stakeholders to assist, support and provide for learners' needs. The admission of the child should be treated with urgency so that he/she would not be denied access to education. Such learners must be fully presented in the school by all relevant stakeholders (Education Law and Policy Handbook, 1999: 2A-21). In fact, it seems as if these children are denied education because they come to school and leave without learning because their barrier is ignored.

The Constitution of the Republic of South Africa (1996: 7) protects citizens by legalising equality. It is stated that everyone is equal and free to benefit from all state resources. Every citizen has a right not to be discriminated on the basis of disability, race, gender, religion, and creed. The South African Constitution (1996: 13) further views maltreatment, neglect, abuse and degradation of children as a violation of rights. In other words, learners with barriers must not be abused, whether emotionally, spiritually, verbally or physically. They need to be

safe from being labeled and stigmatised. They need to be protected, supported and accommodated.

Everyone deserves to be respected and his/her dignity should be protected (The South African Constitution, 1996: 7). Schools need to respect people and learners with barriers, including those with absence epilepsy and absent seizures. If they are denied entry that will mean that the education authorities are violating the country's constitution. Learners with barriers also need to be protected from any harm that is directed to them. They must be protected from their peers, teachers and any other people.

1.3 Problem Statements

In the light of international and national policies, all learners should be supported in inclusive classrooms, yet these learners are in ordinary classrooms but they are not supported. Learners who experience "invisible impairment" such as absence seizures; are often not supported in the classroom (Lingsom, 2008: 2). Firstly, because their parents might not realise that their children need intervention, or they are ashamed of them. Secondly, teachers are not necessarily trained to recognise the signs, so these learners do not achieve according to their potential; they suffer from low self-esteem, because they do not understand why they experience difficulties with learning. The problem is to determine how learners who experience absence seizures can be supported in the inclusive classroom, so teachers can acquire the skill of identifying and supporting such learners.

Research Questions

How can learners who experience absence seizures be supported in the inclusive classroom?

In order to solve this problem, the main research question is divided into six sub-questions that are investigated first so that the solution to these sub- questions can contribute to the solution of the main research question. The following six **sub-questions** are stated as follows:

- What is an absence seizure?
- To what extent can absence seizures hamper teaching and learning?
- What are the needs of learners experiencing absence seizures?
- How can parents assist the teacher in supporting their children?

- How does the Department of Education provide for learners experiencing absence seizures?
- What should teachers know in order to help children who experience absence seizures?

Research Aims

To determine how learners experiencing absence epilepsy can be supported and assisted in inclusive classroom.

Sub Aims

- To describe what absence epilepsy is.
- To determine the needs of learners experiencing absence seizures.
- To ascertain how parents can assist the teacher to support their children.
- To determine how the Department of Education could provide for learners experiencing absence epilepsy.
- To conclude: on what teachers should know in order to help learners who suffer from absence epilepsy?

The aims include, *inter alia*, how learners from underprivileged communities with unidentified absence epilepsy can be supported in the classroom and at home. To address the learning needs of these learners, their place in the mainstream education system and inclusive education. One of the aims refers to the type of support that needs to be provided by professional personnel and educators, as well as the provision and assistance by the Department of Education and the Minister of Education. The assessment strategies and criterion that are especially designed for these learners will also be looked at, as well as the additional provision and specialised tuition within the classroom environment.

1.4 Research Design

The proposed methodology of the investigator refers to the descriptive, observatory, interactive, exploratory (causes and the effects) and explanatory approaches. A qualitative approach will be adopted since the writer will be using interviews, field observations, documents, questionnaires and supplementary techniques to test and confirm current literature. She will also view the number of learners affected in her sample to determine the extent of the problem.

1.4.1 Data Sources

The investigator will collect data relying on books that pertain to the subject, journals, primary sources (affected learners /sample) from special schools. Primary and secondary schools will be observed and interviewed through face to face interactions. Teachers and parents will also be interviewed.

Before the commencement of the study, the investigator will obtain informed consent from all participants to consider research ethics. Data will be collected from two special needs school, two primary schools and two secondary schools.

1.4.2 Data Collection Techniques/Instrument

To start with, the investigator will use a snap survey (an instrument used by the Department of Education to determine the numbers of affected learners in each school) to locate schools from underprivileged communities where learners are experiencing absence seizures. Books and journals will be used as references to cite the investigator's discussion. The internet will be used to compare and contrast current literature concerning the topic and to determine the trends and statistics. Teachers will be interviewed in schools. A tape recorder will be used for all interviews, and a transcript of the interviews will be made as well as written notes.

1.4.3 Ethics

The investigator will observe and apply ethical consideration measures by seeking permission to interview the people concerned. She will request appointments with relevant personnel starting from the Department of Basic Education, and to explain her purpose and modus operandi. Consent would be secured before the writer continues with the research. All the names and places of participants will remain confidential. In the case of minors, parents shall be informed about the research and written consent be obtained. Nobody will be forced to participate against his/her will. All names will remain confidential and the researcher will be truthful and transparent in all her efforts, concerning the research.

1.4.4 Data Analysis

Data from research will be analysed in three stages by comparing all participants' responses. The focus will be based on the pattern of absence seizures on individual cases, related to issues like their teaching and learning as well as assessment. The results will be given once the research has been finalised.

1.4.5 Sampling

Sampling of informants will be done through purposive sampling in the classroom and out of the classroom but in the school premises.

1.4.6 Validity and Trustworthiness

The investigator will try by all means to use trustworthy, valid and up to date sources.

1.4.7 Limitations of Study

The study is limited to an extent because most researchers suggest a diagnosis when dealing with absence seizures. This poses a threat to this study because the investigator wants to bring to light those learners who are not diagnosed and may never be diagnosed, in ordinary schools, if the subject matter is not probed. Because of their nature, absence epilepsy and absence seizures are, in most cases, misdiagnosed with other impairments. It was proposed as early as 1996 that learners should be identified early, but to date there is no visible development.

1.5 The Structure of the Study

Chapter 1

Introduction

i. Title of study.
ii. Background information of inclusive education.
iii. Introduction of learning problems.
iv. Problems encountered by teachers in the classroom when dealing with children with learning barriers.
v. A synopsis of epilepsy and epileptic seizures and its implication in the classroom.
vi. The threat that is posed by invisible impairments like absence seizures.
vii. The consequences of absence seizures culminating in the problem statement.

Chapter 2

Literature Review

i. An outline of the causes and types of epilepsy and absence seizures.
ii. How absence seizures hamper teaching and learning?

iii. The extent of the damage caused by undiagnosed absence seizures.
iv. Intervention and support for the child.
v. Inclusive education in South African classrooms.
vi. Current educational policies on learning barriers.
vii. Provision and support of special needs from the department of education.

Chapter 3

Research Design and Methodology

In this chapter, the investigator will discuss the type of research that she will use e.g. the qualitative research design. She will collect data using field observations, face-to-face interactions with informants during in depth semi-structured interviews. The proposed methodology would be observatory, exploratory, explanatory and descriptive.

Chapter 4

Data Presentation, Discussion and Analysis

This chapter will focus on suggestions relating to the topic, decision making, synthesis and statistics using qualitative information. The recorded information and interviews will also be edited and analysed. Data will be limited to six schools: two special schools, two primary schools and two secondary schools in Greater Edendale in Pietermaritzburg.

Chapter 5

Summary, Conclusion and Recommendations

This chapter will focus on a brief review of this subject as well as the significance and the urgency of the study.

1.6 Conclusion

The investigator feels very strongly that invisible impairments like absence seizures and other learning barriers, can lead to adults who have no direction in life, who are not employed, who lack self- esteem, who are violent in society and can end up killing innocent people or committing suicide (Svalheim, et al. 2003:15) This needs urgent intervention on the part of the state to avoid a community of sadists and school dropouts. Many learners are suffering in their communities and they do not have a voice; it is also important to assist these learners

through diagnosis and remediation, consultation by interacting with the relevant bodies to provide support in their schools and classrooms, focusing on special skills in their teaching and learning. They must have a special way of assessment which caters for their special needs.

CHAPTER TWO

LITERATURE REVIEW

2. 1 Introduction

When a child is born he/she becomes the pride and joy of his/her parents. These parents dream that their child is perfect, but those dreams are shattered once the child is diagnosed with a medical condition, especially epilepsy. The challenges that affect these parents differ from one parent to another but the common challenge that they face is the uncertainty about the future of the children affected by epilepsy, including their families and themselves (Duffy, 2011: 29). These parents do not realise that having epilepsy does not always indicate a limitation or intellectual disability and a person affected with epilepsy is indeed a normal person (Waye, 2007: 8). Some parents worry too much and become overprotective if their children are affected by epileptic seizures (Fisher, Boas, Blume, Elger, Genton, Lee and Engel, 2005: 472).

Many learners with learning barriers are still struggling to date, to be taught by teachers who accept and understand them. Poor teaching attitudes will destroy the future of these innocent souls. Some of the challenges in teaching these children are the teachers' negative attitudes and poor training due to the scope of training they received in their institutions when they trained to become teachers (Stofile and Green, 2007: 57). Many teachers see these children as a threat in their classrooms because they lack the necessary skills to teach them. They are not supported and the number of children in their classrooms does not allow them to give individual learner attention. This problem is not only faced in South Africa; in fact many developing countries are faced with overcrowding in their classrooms. In Lesotho, for an example, most of the classes are overcrowded and as a result, teachers find it difficult to focus on teaching and addressing the diversity of learners in their classrooms (Johnstone, 2007: 34).

Identification is still a challenge in schools; most of the children are neither identified nor diagnosed because of their learning barriers. According to the Screening, Identification, Assessment and Support Document (SIAS) (2014: 29), learners must be identified as soon as possible. This must be done, primarily, by the teacher and he/she must be in consultation with parents to verify if his/her identification is correct. One of the fundamental aims of SIAS (2014: 17) is adjusting assessment scores. Because of identification, assessment of these

children is still not clear fair and sensitive to barriers because these barriers are not identified. These children, are therefore, not taught to effectively. Another challenge with identification is in not knowing the symptoms for learning barriers. This is the main challenge, especially in underprivileged communities. It is very difficult to observe that there is a problem but not knowing its name presents greater challenges. This happens mainly with invisible impairments. Documents like the SIAS (2014: 20) excluded these impairments even though there are many children affected. One of these impairments is absence epilepsy.

The focus of this study is absence epilepsy as a learning barrier for teachers and for the learners in the underprivileged communities. Absence epilepsy was previously known as ***"petit mal"*** which is no longer used, because it was associated with stigma, madness, negativity, labeling, shame, witchcraft and evil. It has been replaced by the term absence seizures or absences or absence epilepsy, and typical absence which has a positive connotation (Ozdemir, Demir and Cura, 2013: 342), (Panayiotopoulos, Obeid and Waheed, 1989: 1040), (Kapp and Kruger, 2005: 275).

2.2 Epilepsy

Epilepsy is medical condition that does not always reflect a disability or a limitation. People with epilepsy can lead a normal healthy life as long as they are able to manage their lives and use proper medication (Kyrkou, 2007: 8), (Hoppe, Elger and Helmstaedter, 2006: 26). Epilepsy is viewed as a group of disturbances reflecting the underlying brain abnormalities that may result from various causes Fisher et al. (2005: 470). Seizures, on the other hand, are a reflection of epilepsy (Snape, Wang, Wu, Jacoby and Baker, 2009: 7). Absence epilepsy is one of these disturbances (Kapp and Kruger, 2005: 274).The discussion in this research will not separate epilepsy and absence seizures as they are closely related. Seizures are a reflection of epilepsy (Snape et al., 2009: 14). Even though absence seizures are common, they are not always recognised as seizures. They are often misunderstood (Waye, 2007: 9) and there are many beliefs and misconceptions about them, since a larger part of society lacks appropriate studies and knowledge about epilepsy (Lewis and Parsons, 2008: 322). This is the case in developing countries and underprivileged communities.

It is further stated by Kyrkou (2007: 9) that because of the complexity of epilepsy, it may affect "cognitive performance, learning and long term memory." Furthermore, a person affected may have learning difficulties at school, may fail to attend and concentrate fully to any given activity and may have difficulty making friends. In a study conducted by Snape et

al., (2009: 11) in China, it was found that people in urban settlements have better medical exposure and manageability of epilepsy than rural people. Urban communities even know the type of terminology as well as the type of seizures that affect them or their families.

The term “underprivileged” is scarce in this literature review so the most used term in literature is “developing”. The complaint brought about by Senanayake and Roman (1993: 247), Lewis and Parsons (2008: 322) as well as (Baker (2002: 29) suggests that there is a lack of information about epilepsy in developing countries and mainstream education. They maintain that this condition needs to be prioritised; otherwise the consequences would be severe for the patients, children and their families. Moreover, it has been noted that there are “powerful interest groups” who are ensuring that non-communicable diseases, including epilepsy, are not treated in developing countries. Currently, in America more than eighty present of cases are not receiving medication (Joseph, Sivern, Patricia and Shefer 2014: page unspecified). It is also noted that in developing countries especially in underprivileged communities, about ninety percent of the population with epilepsy do not receive treatment at all. Moreover, Burneo, Tellez- Zenteno and Wiebe (2005: 64) maintain that the main challenge faced by the world health organisation is in effectively identifying people with epilepsy in the developing world.

Clarification of terms

Epilepsy is a symptom of a disorder of the cerebral hemispheres with a diverse aetiology which is principally determined by the age at which habitual seizures start (Smith, Defallia and Chadwick, 1999: 15).

Epilepsy is the name of a brain disorder characterised predominantly by recurrent and unpredictable interruptions of normal brain functions, called epileptic seizures. Epilepsy is not a singular disease but a variety of disorders reflecting underlying brain dysfunction that may result from many different causes (Fischer et al. 2005: 470).

2 .2.1 What is Absence Epilepsy?

Absence epilepsy is a form of epilepsy, which occurs “when the electricity in the brain switches off and it can take the form of just a flicker of unconsciousness, or a short period of total unawareness” (McGovern, 1982: 18). When there is an attack, (seizure) a patient loses consciousness, does not respond to stimuli, stares in one place and does not know what is happening in his/her surroundings. Sometimes a patient may blink or roll his/her eyes

upwards but there are no convulsions. Sometimes the absence will be manifested by automatism (Sinclair and Unwala, 2007: 799), (Ozdemir et al. 2013: 342). If a child is speaking, his/her speech is interrupted and he/she would be silent for few seconds. After the seizure, the child would continue with the activity without realising that he/she was unconscious. Even the onlookers may not realise that the child was attacked; moreover absence seizures reflect further severe impairment of expressive speech (Panayiotopoulos, Obeid and Waheed, 1989: 1040).

These seizures may take about 20-30 seconds (Waye, 2007: 12) and sometimes they occur up to one hundred times in one day, Mc Govern (1982: 17-18) suggests otherwise. She states that absent seizures may occur in "clusters" in a period of five minutes and sometimes the child may be unconscious for two whole minutes. A child will cease all activity that was taking place. At the time, he/she does not transmit any messages from the brain. When he/she regains consciousness, things do not make sense. This, as a result, leads to social problems because the child ends up confused, not believing in herself/himself. She further advises that absent seizures are "not always noticeable," so it is important for people who deal with the child to be aware and be able to identify them. Absence seizures are more common in children than in adults (Waye, 2007: 12). Senanayake and Roman (1993: 249), further state that absence seizures are grouped under generalised seizures because they do not affect a specific part of the brain but the whole brain is affected i.e. seizures occur in the left and right hemisphere (Exam No 1259958, 2011: 5).

Clarification of terms

Absence seizures is a term for generalised, predominant non-convulsive, seizures of children and young adolescents Panayiotopoulos, et al. (1989: 1040).

Seizure - a seizure is a disruption in normal brain functioning that can cause a disturbance of consciousness and/or body movements. This movement occurs due to the uncontrolled, over activity of brain cells and is seen as a seizure that can last several seconds, minutes, or occasionally hours. Once this abnormal activity ceases, so does a seizure (Kyrkou, 2007: 7).

2.2.2 Types of Absence Epilepsy

Absence epilepsy is divided into two categories, i.e. typical (in a normal child) and atypical absences (if there are developmental problems), (Khan, Hussain, and Whitehouse, 2012: 202). Absence seizures derive from typical seizures because their origin is unknown, hence

"idiopathic" (Panayiotopoulos, et al., 1989: 1040). Khan et al., (2012: 203) write that the electro- encephalograms (EGG) will show 'generalised spike slow wave discharges of 3 or 4 Hz' in a typical absence. With atypical seizures, one finds that a child will have seizures that are partial and complex. They may take longer than typical absence, even minutes (Khan et al**.,** 2012: 202). The EEG would reflect slow spike waves which are irregular, gradual and sometimes mixed with fast rhythms (Khan et al., 2012: 203).

Clarification of terms

Idiopathic epileptic syndrome - is a syndrome that is only epileptic, with no underlying structural brain lesions or other neurological signs or symptoms. They are presumed to be genetic and are usually age dependent (Engel, 2001: 797).

According to the International League Against Epilepsy (ILAE), absence seizures may be classified in three epileptic syndromes i.e. childhood absence epilepsy (CAE), juvenile absence epilepsy (JAE) and juvenile myoclonic epilepsy (JME) (Panayiotopoulos et al., 1989: 1040).

Khan et al., (2012: 204) presents ages as thus:

- CAE- 4 to 10 years
- JAE-5 to 20 years
- JME- late childhood)

2.3 How Absence Epilepsy Affects Teaching and Learning

The best aspect of life for children, affected by epilepsy, is determined by their school experiences. These children are mostly underachievers and are short of friends. In most cases they are isolated, shunned and prejudiced. They are not accepted by their peers and, as a result, school life is difficult for them. Since most communities, especially in rural and underprivileged communities, lack understanding of this condition, they are not educated and have insufficient knowledge about epilepsy (Lewis and Parsons, 2008: 321-2). Besag (2006: 123) warns about the seriousness of this condition. He states that epilepsy leads to learning incapacities without causing brain damage.

According to Kapp and Kruger (2011: 312), absence seizures could occur without any perceivable symptoms and could disturb whatever the child is doing, whether it is writing or reading. He warns of gaps in the learning and teaching of the child which hinders the thinking

processes. On the other hand, absence seizures are very dangerous at school because during teaching and learning, a child misses a lot of information when he/she is affected because he /she is not even aware that he/she had an attack, particularly because absence seizures are not in many instances recognised as seizures (Waye, 2007: 12). The warning provided by Kyrkou (2007: 9) is that damage that is caused by the frequency of "invisible seizures" which occur during day time. These seizures could affect the processing of the brain memory when one tries to retrieve and consolidate information. The seizure persistence is believed to be affecting the child most severely. Many pieces of valuable information are lost during these seizures and it is difficult for the child to retrieve it because the child was not engaged.

The statement made by Bayne (2011: 47) is that during an absence seizure a person may "fail to understand and respond to questions or commands and may have amnesia for the period in question." This is particularly so because a person's consciousness is "absent or disengaged." According to Williams, Sharp, and Bates (1996: 143) children with epilepsy are at risk of performing below average than their peers, due to tension and learning incapacity. In addition, the need for special education is imperative more if seizures are poorly controlled. Absence seizures are known to be harmless seizures but it has been noted that children affected by absent seizures have serious cognitive and behavioural problems (Besag, 2006: 124), as well as severe attention problems and their performances on complex tests; auditory and visual sustained attention is very poor (Hamiwka and Wirrell, 2009: 734-735).

2.3.1 Absence Epilepsy as Part of Invisible Impairments

The invisible nature of absence seizures supports the argument presented by Stone (1995: 413) and Lingsom (2008: 3) about the lack of studies and research concerning invisible impairments. Much focus has been placed on visible impairments. That is why most people with invisible impairments, like absence epilepsy, "deliberately" try by all means to hide the existence of their invisible challenges. In addition to that, they do not want to talk openly, and expose and betray themselves about their impairments (Lewis and Parsons, 2008: 330). It has been noted that those with visible impairments relate better between themselves than with those with invisible impairments (Zahn, 1973: 122). According to Goodley (2001: 211), people with learning difficulties are often "left out in the cold" because of the fact that they are not taken into account by the disability theory. They are excluded in these circles because of the way they look.

Clarification of terms

Invisible impairments are impairments not readily apparent to the untrained eye (Lingsom, 2008: 2).

2.3.2 Accommodation of Invisible Impairments

The claim made by Matthews (2009: 22) is that it is difficult for teachers to accommodate learners with invisible impairments in their classroom since, in most cases, they are not aware that they have them in their classrooms. Even when these people disclose, nobody will believe them, they will be condemned, labeled and judged since their impairment is not visible (Matthews, 2009: 23).

2.3.3 Deceiving Others as a Strategy for Survival

Epilepsy and absence seizures make it easy for the child to hide behind the condition, simply because of the conditions of invisibility, especially in secondary school (Lewis & Parsons, 2008: 330). This is probably because; a child can live with epilepsy and perform his/her daily activities without an attack and absence seizures are so invisible that even a child may not know that he/she has them. Even an onlooker or a friend or a member of the family may not notice that the child is having a seizure (McGovern, 1982: 6).

The reference made by Lingsom (2008: 3) and Stone (1995: 421) is “passing for normal”, for people with invisible impairments. These people have to live a lie because they look healthy and hide their incapacity so that they will deceive people that they are normal. In the process they suffer silently and emotionally because of their imperfection. They hide their dilemmas from their colleagues and their friends. It is worse if a person is affected by epilepsy because of many negative connotations that are attached to it (Lewis & Parsons, 2008: 330).

The discussion, provided by Lingsom (2008: 4), is the urgency and advantages of passing as normal for people with invisible impairments. She argues that hiding the impairment detaches the stigma and devaluation from their daily lives. Moreover, it creates and opens a new world of opportunities which were never going to be given to them were it known that they have these difficulties. She argues that it is easy to be accepted by others when they do not know about your imperfection, but once they know they will treat you negatively and indifferently.

2.3.4 Learning Impairments

The alternative view presented by Khan (2011: 242) is that, in dealing with learning barriers, the target should be those learners who are like other learners around the world who, at the same time, face a number of learning barriers when they are learning. Unfortunately this is not the case. In fact, a number of researchers including Kapp and Kruger (2011: 312) and McGovern (1982: 18) complain about the lack of symptoms in absence seizures.

Invisible learning impairments are a problem at home and at school, more so because physically, the child shows no sign of a disability (Kale and Landreth, 1999: 36); and Goodley (2001: 210) maintains that people with 'learning impairments' are often segregated and excluded by those who are in the disability movement and those who are disabled, even those who are normal because their impairments, are hidden. Furthermore, Goodley (2001: 213) claims that even the social model has isolated people with invisible learning impairments. It only accommodates those with "physical impairments." Du Toit (1994: 24) concurs that a child may have impairments without anybody knowing and could show no remarkable symptoms of a learning impairment. A claim made by Prinsloo (2001: 347) is that the challenge with learning impairments is the difficulty in identifying them. The only remarkable thing about them is the child's repeated poor academic achievements at school. If they are lucky they are identified and when they are identified, it's too late; they have repeated the same grades a number of times.

According to Prinsloo (2001: 344), the education system should provide equal access and opportunities to all learners so that every learner, including the disabled and those who experience learning barriers, must participate and contribute fully to society. In fact, Artiles, Harris-Murri and Rostenberg (2006: 262) concur with Prinsloo when they state that in order to build inclusive education structures, there should be collaboration of all stakeholders including the "oppressed groups in society."

<u>Clarification of terms</u>

Impairment is a general reference to conditions of long term limitations in functional capacities due to illness, injury or from congenital conditions (Lingsom, 2008: 2).

Impairment also refers to any deviation from a biomedical norm, and whether or not impairment interferes with the enjoyment of daily life (Stone, 1995: 415).

2.4 Epilepsy and Memory

The argument further presented by Waye (2007: 10) is that people need to understand that having epilepsy does not always mean that a child is having a learning difficulty. If, however, there are learning difficulties, a child must be assisted and supported. It has been noted that in all cases involving epilepsy, the patients are always complaining about memory problems and this results in children performing poorly at school since they under-perform. In addition to that, this has a negative impact on the behaviour and social and cognitive development of the child (Exam No. 4535947, 2009-10: 5). Williams et al., (1996: 143) add inattention, learning and below average function at school.

The statement brought to light by Beghi, Cornaggia, Frigeni and Beghi (2006: 15) is that it is common for people with epilepsy to have learning disorders. They give an estimate that about fifty percent of children with epilepsy perform poorly at school. Their difficulties differ from mild to severe problems but this has no relation to intellectual incapacity. They conclude that there is a correlation between "epilepsy, disability and handicap," in a study that they conducted in Finland. They further argue that due to the high frequency of absence seizures, the disturbance caused by lack of sleep and non-convulsive status epilepticus, the challenges are dire in the classroom because a child's awareness is disrupted a number of times during teaching and learning (Beghi et al. 2006: 16).

The conclusion made by Radhakrishnan, Pandian, Santhoshkumar, Thomas, Deetha, Sarma, Jayachandran and Mohamed (2000: 1031) is that, in the study they conducted in India, thirty eight percent of respondents believe that epilepsy has a negative effect on their normal schooling. It is sad to note that, despite the identification of these disorders in children with primary generalised epilepsy (absence seizures) and complex partial seizures, these children are still "under diagnosed and undertreated" (Ott, Siddart, Gurbani, Koh, Tournay, Shields and Caplan, 2003: 596). It can be seen that Pal, Carpio and Sander (1999: 141) share the same view with Williams et al., (1996: 143); they mention studies of 'the disability aspect of epilepsy' which are a risk and important yet neglected part of epilepsy. They believe in the exploration of this.

2.4.1 Prevalence, Diagnosis and Treatment in Underdeveloped Communities

The claim given by Aziz, et al. (1997: 1069) is that the prevalence of epilepsy in rural and under-developed communities doubles the number of those in urban communities. Mbuba, et

al. (2008: 1491) dispute Mbuba and state that the prevalence rate of epilepsy in the developing countries is ninety percent than those in developed countries. Burneo, et al., (2005: 64) found that about eighty five percent of people affected with epilepsy around the world are living in the developing world. These people live with this condition everyday yet they have never been diagnosed in their lives and are not on medication to treat epilepsy either. Ott et al., (2003: 596) are concerned that people with epilepsy from developing countries lack diagnosis; some are not treated at all and some are undertreated for this condition.

Clarification of terms

Prevalence is the measure of the disease burden in the community, which has to be considered when planning the health needs at local, regional and national levels. Radhakrishnan, et al. (2000: 1027).

2.4.2 Attitudes and Beliefs of Society

In the developing countries and rural communities, there is a lack of knowledge and understanding about epilepsy. There is a failure to communicate openly about epilepsy and its repercussion in society as a whole. Many young people are in denial, hide its existence and are also scared of seizures, especially when it is their first occurrence (Lewis and Parsons 2008: 330). This is caused by the negative attitudes and cultural beliefs that exist in communities, such as spiritual possession, witchcraft, contagion Snape et al. (2009: 8). Due to a lack of understanding and knowledge, people affected by epilepsy end up resorting to traditional healing methods, religious intervention and sometimes changing diet other than seeking medical intervention Snape et al. (2009: 4).

The study conducted by Snape et al., (2009: 4) confirms that eighty two percent of adult people, both from rural and urban communities, do not know about the causes, management and treatment of epilepsy since they are influenced by traditional beliefs and attitudes. This result in people who are affected being shunned, mocked, isolated, stigmatised, and in most cases, restricted Fisher, et al. (2005: 472). Moreover, Baker (2002: 29), argues that for people with epilepsy it is difficult to get married to people without the condition due to certain beliefs about epilepsy. Even in educational sectors, these people face isolation, discrimination and stigma and as adults they are not employed. As argued further by Lewis (2008: 321), many young people with epilepsy do not want to accept that it is part of their life because of

stigmatisation, ridicule and discrimination. Moreover, Snape et al. (2009: 3), Lewis and Parsons (2008: 321), believe that to manage the condition, clinicians, patients and families, affected by epilepsy, need to improve communication about the condition. Patients must have a better understanding of the condition, the choices of interventions and support they have.

2.4.3 Emotional and Behavioral Problems in Children with Epilepsy

It has been noted with grave concern that children who are affected by epilepsy also have emotional problems, mood disorders as well as behavioural and social difficulties (Hamiwka and Wirrell, 2009: 739). Ott et al., (2003: 591) warn that for epileptics, behavioural challenges may develop early in the life of the child and continue until adulthood. Ott et al**.,** (2003: 592) further write that boys with epilepsy are not only having behavioural disorders. They are also disruptive. In addition to that, children with absence seizures were found to be 'neurotic', having mood disorders, attention problems, and disruptive behaviour and anxiety problems. Nevertheless, Swiderska, Gondwe and Gibbs (2010: 96) suggest that as long as there is an emotional distress, there are also severe learning problems.

According to Baker (2002: 26) the unpredictability of epilepsy makes patients lose control since the seizures attack anytime and anywhere and there is nothing that prepares a patient that he/she will have a seizure. This makes a patient depressed, anxious and apprehensive and results in very low self-esteem. Furthermore, Besag (2006: 122) concedes that with juvenile myoclonic absence, patients tend to fail to adjust socially and this result in them being loners. They have immature personalities, are unable to make their own decisions and they become irresponsible and insecure. Kapp (1994: 265-6) maintains that with absence seizures, the sudden disengagement that is caused by a seizure leaves a child with gaps in what is happening, thereby alienating the child further from the spectator. The child is terrorised, embarrassed, rebellious, disruptive, and aggressive and, at the same time, that interferes with the teaching and learning of the child.

2.4.4 Lack of Syndromes

The complaint brought by Smith, Defallia and Chadwick (1999: 15) is about the lack of epileptic syndromes in diagnosing epilepsy which results in misdiagnosis and patients given inappropriate medication. According to Ngugi, Bottomley, Kleinschmidth, Sander and Newton (2010: 883), about seventy three percent of people living with epilepsy in poor countries of the world remain untreated. Moreover, Kwan and Sander (2004: 1377), refer to

the “treatment gap” where they give speculations about the reasons as to why epileptic patients are not on anti-epileptic medication in developing countries.

2.4.5 Medication

According to Ngugi et al., (2010: 883) the comparison between urban and rural people is that in the urban areas twenty seven percent of the population affected take anti-epileptic drug whereas, only two percent in rural areas are taking these drugs. The level of education also contributes to diagnosis, treatment and support between these areas. The more a person is educated, the more she /he understands epilepsy and its management. Most of the studies done so far have been conducted in medical institutions, including hospitals. These studies neglect the populations from rural and underprivileged communities as they mostly focus on affluent communities which have access to Western medicines and have a lot of professional support. This means that people, who believe in traditional healers, religious leaders, cultural cults and diet, are excluded since they do not believe in Western intervention.

This makes it difficult to reach them so that they will get proper support according to the type of seizures they have (Goodridge and Shorvon, 1992: 641). Ngugi et al., (2010: 883) also concur with Goodridge and Shorvon. They state that the lack of information around the world about epilepsy hinders the correct and proper statistics of the condition in developing countries. There is also the lack of “systematic reviews” to ameliorate the problem of the treatment gap of epilepsy in the developing counties as stated by Mbuba, Ngugi, Newton, and Carter (2008: 1491). According to Senanayake et al., (1993: 254) lack of diagnosis and treatment is aggravated by the fact that physicians and neurologist are unable to have access to the underprivileged people where the majority of affected people are. Even in places where there are physicians, there are no medical resources such as ‘CT scans and encephalography.’ Moreover, Duffy (2011: 33) mentions that the focus of research on epilepsy is always made on the adult population and that child epilepsy is neglected.

2.5 The Needs of Learners Experiencing Absence Epilepsy

According to McGovern (1982: 18), if a child is having a seizure, people need to practically support the child instead of pitying the child. People who deal with children experiencing absence seizures need to be able to identify them. If a child missed a lesson whilst he/she was having a seizure, that lesson needs to be repeated so that the child will not be left out.

In assisting the learner experiencing absence seizures Kapp and Kruger (2011: 315), suggest that the following needs to be considered in the classroom:

- The teacher must not grant an affected child a special position in class.
- Must not be overprotective and lenient in instilling discipline and encourage scholastic achievements.
- Must set realistic expectations and maintain good discipline.
- Avoid unnecessary tension and frustration.
- Must not spoil or reject the affected child
- Involve the child in school activities.
- Create awareness by informing classmates with regard to the condition.
- Understand that the learners' restrictions must be realistic.
- Arrange for the child to take medication. For learners in underprivileged communities; the use of medication is still a dream. Until the issue of epileptic seizures, including absence seizures and learning, is properly addressed, these children will not be able to receive proper education and medication.

The suggestion made by Kapp and Kruger (2011: 315) is that children experiencing epileptic seizures need to be diagnosed and should start using appropriate medication. There are still challenges in underprivileged communities especially, in South Africa. Most learners are not diagnosed and it is not known that they are affected by absence seizures since they occur and end within seconds. The review presented by Joseph et al., (2014: page unspecified), is that more than ninety percent of people living with epilepsy in developing counties do not receive relevant treatment. The treatment gap is caused by, amongst other things, lack of knowledge about the condition and anti- epileptic drugs. Cultural beliefs, socio-economic status, misdiagnosis, stigma, shortage of qualified health personnel lack of prioritising, infrastructure and inadequate resources are some factors that causes the treatment gap Scott, Lhatoo and Sander (2001: 3).

On the other hand, Kapp and Kruger (2005: 285-6) provide the following guidelines as specific learning support to learners' with epilepsy:

- Adjusting the curriculum.
- Use of multi-sensory stimuli.
- Restricting external influences that could absorb the attention of the learner.

- Repeating work after a seizure.
- Giving a child the recovery period after the seizure.
- Photocopying work to assist the learner not to fall behind.
- Appointing a buddy for the learner.
- Breaking down instruction to simplify tasks.
- Structuring the learner's environment according to set routine.
- Work from the known to unknown.
- Linking previous work to current work.
- Revising frequently especially after school holidays.
- Reading tasks to the child.
- Using typewriters or notebooks when hand writing is untidy, poor or slow.
- Allowing oral assessment for testing programmes using a third party to write down answers.
- Ignoring spelling mistakes.

Clarification of terms

Treatment gap is referred to "as the number of people with active epilepsy not on treatment, expressed as a percentage of the total number of people with active epilepsy. It includes the influence of epilepsy on mental and social well-being and having one at least one unprovoked seizure in the last five years" (Mbuba et al. 2008: 1491).

2.6 Parent's Involvement in Supporting Children with Seizures during Teaching and Learning

The unpredictability of epilepsy and seizures creates problems (physically and emotionally) and affects parents, family and the patient. The future for them is bleak and uncertain because of the challenges they are facing (Duffy, 2011: 29). This is depressing and stressful for the family because family life is put on hold so that the child would be supported; this is draining financially and emotionally. It is found that the level of stress increases as a result of the breakdown of communication and family relationships are negatively affected. Family life collapses, and family members end up not knowing how to reach out to each other. Sometimes they worry and think the worse could happen to the child (Duffy, 2011: 30).

2.6.1 Adjustment of Parents

According to Pal, Carpio and Sander (2000: 141), it is more of a challenge for parents to adjust, especially in the underprivileged communities. More so, because in countries like South Africa where the level of poverty is rife; it is difficult to take care of a person with epilepsy because everybody else within family structures have to assist with the household support and maintenance. Baker (2002: 29), Hamwika et al., (2009: 734) and Ott et al. (2003: 595), maintain that the lower level of the education of parents, poverty and socio-economic status are a great hindrance to these families because it increases the financial burden in assisting the child with epilepsy.

The argument presented by Ziegler (1982: 438) is that most parents have feelings of guilt since they believe that they are the ones who caused the condition on the child. It is noted that in some cases they blame each other for the things they did or did not do. Sometimes parents run away from the responsibility of looking after the child and are scared because of losing hope. As a result, some become overprotective, thereby creating reliance and dependency for the child. According to Ziegler (1982: 436), parents feel unable and helpless when the child and seizures are out of control. Aziz, Akhtar and Hasan (1997: 1072) believe that overprotection of epileptic people leads to them being spoiled and irresponsible because less is expected of them; some family members do their chores for them. This, as a result, makes these children dependent and unable to take charge of their lives. For fear of the condition and suffering, some parents try at all costs to avoid the issues that have reference to epilepsy since they are confronted by the child with epilepsy every day.

2.6.2 Involvement of Parents in Teaching and Learning Regarding Children with Special Needs

According to Engelbrecht, Oswald, Swart, Kitching and Eloff (2005: 461), it is essential to involve parents so that day-to-day teaching and learning will be effective. Parents will be seen as partners in making informed decisions about the teaching and learning of their children. They will also be committed to addressing potentials, challenges and the needs of their children since they know their children better.

The Education Law and Policy Handbook (1999: 1-13), maintains that children with special needs must be accommodated in ordinary schools. Parents need to be consulted and all relevant stakeholders need to be involved in the process of admitting the child. It is stated

that parents of learners with special needs must be included as members of the governing body so that their children cannot be excluded and left out in the participation and the decision making of the school (The Education Law and Policy Handbook, 1999: 2A-21). Parents need to be actively involved in their children's schoolwork and if they feel that any person within the school is violating the constitution, they have a right to take legal action (South African Schools Act, 1999: 2B23-24).

2.6.3 Educational Policies Concerning Parental Involvement

The ministry of education, (Education White paper 6, 2001: 6), commits the department of education to promote rights and responsibilities of parents, educators and learners, for effective teaching and learning. In the study conducted in the rural Western Cape, Engelbrecht, Oswald and Forlin, (2006: 127), it was confirmed that parents are willing and prepared to open communication with schools and to be involved in knowing about the progress of their children. According to Screening, Identification, Assessment and Support (SIAS) (2014:39) parents must be informed of the specific learning support that is relevant for the child. It is their fundamental right to have access to whatever support that is available to help the child to learn. Teachers need to be open and transparent to parents about the type of support that is given to learners with barriers.

According to Engelbrecht et al. (2005: 460), who refer to the Individuals with Disabilities Education Act (IDEA) which acknowledges parent's rights in making decisions about the education of their children, IDEA recommends and validates the role and collaboration of parents in working with educationists to improve the quality of education. This means that working with teachers will make it easier for parents to understand what is taught in schools. In return, parents will be able to commit themselves to working with teachers and their children. Furthermore, the involvement of parents gives "shared ownership among teachers, administrators, parents and learners and shared responsibilities for nurturing the development of all learners, making sure that all needs are met and that learners and teachers are supported in reaching their goals" (Engelbrecht et al. 2005: 462).

2.7 Strategies Employed by the Department of Basic Education to Enhance Learners Experiencing Seizures

There is currently no specific strategy that is directly employed by the department of basic education to improve the quality of teaching and learning of learners experiencing seizures.

However, the government and the department of basic education have made provision to support children who have barriers in learning, including those with epileptic seizures in Education White Paper 6 (2001: 19-45):

- Changing the curriculum to benefit all learners' needs.
- Changing attitudes.
- The content and the language of instruction should be flexible.
- Organisation and management of classroom.
- Assessment should be according to the needs of learners.
- Learners learning according to their own pace.
- Availability of learning material.
- Identification of medical conditions that create barriers to learning.
- Modifying buildings to be user friendly to children with physical disabilities.
- Providing human resources to come to school to assist learners.
- Reserving funding to accommodate the needs of learners.
- Collaboration of parents, educators, district personnel, including psychologists, social workers, and other relevant structures.

Moreover, the Department of basic Education is willing to reach out and give quality education to all children. That is evident in the main aim of SIAS (2014: 9), which is to manage and support all structures of teaching and learning within the framework of National Curriculum Statements from grade one to twelve.

2.7.1 Restructuring of the Education System

According to Engelbrecht et al. (2006: 121), the democratic government had a "desire to restructure and transform" education and, as a result, there is a single department of education in South Africa. Hence, the Education White Paper 6 of 2001 (The Inclusive Education), South African Schools Act of 1996 and the Admission Policy for Ordinary Public Schools, SIAS document and The Constitution of the Republic of South Africa are some of the supporting legislations provided by the department of education.

2.7.2 The Salamanca Statement

In June 1994, at the conference that was held in Salamanca, the Special Needs Education was discussed. It was acknowledged that education is the basic right of all individuals and must be

accessible to all people, including minority groups. Its main objective is to provide education that is of the highest value to all people. Regular classrooms need to be used equally by normal children as well as those with learning impairments and learning disabilities. No child should be confined to an educational institution and excluded if he/she is having mild learning challenges (Lindsay, 2003: 3).

At the same time, the political and educational system in South Africa was changing from apartheid to democracy. The education for children with special needs was then to align and adapt to inclusive education as it was suggested in the Salamanca Statement (Engelbrecht, 2006; 253). Eloff and Kgwete (2007: 351) conclude that "the introduction of Inclusive Education in South Africa was a direct response to Act 108 of 1996, the Constitution of the Republic of South Africa and also the national commitment to the Education for All Movement as stated in the UNESCO Salamanca Statement 1994."

2.7.3 Effective Implementation of Inclusive Education

It is believed that with the implementation of Inclusive Education, the quality of education will provide each individual with skills to achieve the best in his/her life (Prinsloo, 2001: 144). According to Artiles, et al. (2006: 260), to achieve social justice in the educational system, one needs to implement inclusive education so that the system is reformed to benefit all members of society, including the disabled.

On the other hand, Wiener and Tardif (2004: 20), note that it is assumed that inclusive education could benefit learners with learning disabilities, socially and emotionally, since they will be exposed to opportunities that they are lacking when they are confined to private institutions. Moreover, inclusion will make learners with disabilities perform better if they are placed in ordinary classrooms. According to Artiles (2006: 261), Lomofsky and Lazarus (2010: 314), in order to prepare for effective implementation of Inclusive Education, the South African government is "conducting pilot projects" to develop inclusive education as well as monitor in-service training for teachers and appropriate support materials.

2.7.4 South African Educational Policies

According to Daniel and King (1997: 67) who cites IDEA, children who have difficulties must be placed in the "least restrictive environment" and they are entitled to relevant mainstream education which is designed to accommodate their diversity and individual needs. The admission policy which is found in the South African School's Act (2003: B63) as

well as the Education Law and Policy Handbook (1999: 1-11), also states clearly that learners need not be discriminated against when seeking admission to public schools. Their right to education needs to be considered as urgent when a child with special needs seeks placement in ordinary school so that schools could "provide relevant educational support" Education Law and Policy Handbook (1999: 1-13). In return, these children need to be protected, treated with respect and given the dignity they deserve (Education Law and Policy Handbook,1999: 2B-20).

2.7.4.1 Admission and Support of Learners with Special Needs in Public Schools

The ELRC (2003: A-10-11) acknowledges that a child with special needs ought to be admitted to a public school. The rights of the child must not be violated by not being refused admission because of his/her learning difficulty or learning barrier. If it is impossible to admit the child, the principal needs to urgently take it upon himself or herself to ensure that the child is given the relevant support by reporting to the Head of Department so that the child is placed in a suitable public school. The curriculum of the school needs to be flexible so that the child can be included and his/her needs are addressed Education White Paper 6, (2001:20). Education White paper 6 (2001:18) acknowledges that "learners with disabilities and impairments" need to have their barriers identified and once that is done, these children need to be assisted by all relevant structures in the education system. Furthermore, the South African Schools Act (SASA) (2003: 63) maintains that public schools need to admit learners with barriers unconditionally, if this is practical and the educational needs of the child are to be achieved Education Law and Policy Handbook (1999: 1-13).

According to Education Law and Policy Handbook (1999: 1-11), the admission policy of learners should not be discriminated against when seeking admission to public schools. SIAS (2014:17) further emphasises that children must not be subjected to standardised tests in order to exclude them in admissions and in giving support. Parents have the right to make decisions and to choose where their children must be taught.

2.7.4.2 Protection of Learner's Human Rights

According to The South African Constitution (1996: 13-14), children have a right to be protected from being mistreated and neglected; it is also stated that everyone living in the country has a right to education which is free from any form of discriminating practices. If there is any violation of human rights, the matter needs to be reported to the Human Rights

Commission as soon as possible. The Commission will intervene by protecting those minorities which had their human rights violated South African Constitution, (96: 107). In addition, the Education Law and Policy handbook (1999: 2B-20), maintains that no learner should be treated in an unfair manner, including unfair discriminatory practices. If the learner is exposed to such practices, he/she has a right to protection from the law. The learner also has a right to have his privacy and dignity respected.

2.7.4.3 Degradation of Learners

In The South African Constitution (1996: 13), it is also stated that children have a right to be protected from being degraded from any kind abuse, whether it's physical, emotional or physical. One of the founding values of the South African constitution is based on equality which means that every child has a right to equality and, under no circumstances should be given inferior status or education which is not flexible. The child's human dignity must be respected, protected and his/her freedom observed. It is stated also that no person should be discriminated against on the grounds of disability to ensure that these children are protected by the law.

The South African Schools Act 84 (ELRC, 2003: B5) states clearly that all parents must ensure that all children of school-going age must attend public schools. Parents are obligated to enroll their children in public schools and no child should be discriminated against. If this fails, it is the duty of the principal and the head of department to ensure that the child is placed in a normal school and the child is given proper support. Schools and governing bodies need not conduct any tests to children in order to exclude children from attending ordinary schools. Should they conduct the test then, they will be violating the law.

2.7.4.4 Motivation of Inclusion

It is also suggested that the quality of education must provide each individual with skills to achieve the best in his/her life (Prinsloo, 2001: 144). According to Artiles et al. (2006: 260), to achieve social justice in the educational system, one needs to implement inclusive education so that the system is reformed to benefit all members of society, including the disabled and those with impairments.

On the other hand, Wiener and Tardif (2004: 20), note that it is assumed that inclusive education could benefit learners with learning disabilities socially and emotionally since they will be exposed to opportunities that they are lacking when they are confined to private

institutions. Inclusion, moreover, will make learners with disabilities perform better if they are placed in ordinary classrooms. This will benefit those learners with impairments to embrace their diversity since they view themselves equal as partners with normal children, and they participate in the same way and environment. Inclusion is also seen as a weapon to fight inequalities which are dominant in schools (Artiles et al. 2006: 261). Inclusion also enables collaboration and support of the minority groups and the previously disadvantaged communities to have access and equal distribution of resources in schools (Artiles et al. 2006: 262).

2.7.4.5 Threats and Challenges to Inclusion

In ordinary schools, most educators lack knowledge and education to identify and support learners with learning impairments like epilepsy and seizures. They are also not trained in other learning barriers that affect children in the normal classrooms (Prinsloo, 2001: 347). Prinsloo (2001: 347) further discuss the challenges and helplessness of educators when dealing with learners who have learning difficulties, mostly in the under-resourced schools. Overcrowding in the classroom is also a big threat since teachers are expected to give individual attention to each learner (Engelbrecht, 2006: 260).

Parents play the most important part in the education of their children. In the research conducted by Engelbrecht, Oswald and Forlin (2006: 125), it was found that non-involvement of parents in the teaching and learning of their children is a challenge in schools. On the other hand, parental involvement in supporting their children remains a threat. Most parents in underprivileged communities are illiterate, poor, unemployed; and those who are employed are providing unskilled and manual labour, and they work long shifts. It will be difficult for them to be actively involved in the education of their children because when they come back from work they are always exhausted and do not understand what is taught at school because of being illiterate. This, results, in children dropping out of school, being absent, coming late to school and repeating classes for a number of years.

Teachers play a vital role in teaching and learning. Their approaches, methods, strategies of implementation of the curriculum and beliefs need to change. Their attitudes are a threat to inclusion. They must regard inclusion as an opportunity, as it will make them understand learners' different talents (Lomofsky, Roberts and Mvambi, 2003: 70). The relationship between the teacher and the learner might have a long lasting effect on the learner and destroy the learner if the teacher shows signs of excluding the child. This is evident in the

work of Norris and Class, (2003: 23) where the teacher excluded a child because of her medical condition. This, as a result, drove not only the teacher away but other learners as well. The child ended up feeling different from other learners and was seen as an outcast in the class because the teacher failed to accept and understand her condition.

Lomofsky, Roberts and Mvambi (2003: 88) further view language as a threat to inclusion. They believe that learners would be able to learn if a multiple of texts are used. They suggest that teachers must expose learners to multiple texts, for as example, reading, viewing, listening and writing. The assessment strategies that are used in the classroom are also a threat to inclusion. Accoding to Rossouw, Lomofsky and Oliver (2003:115) assessment in the classroom must consist of a variety of activities. Human beings are unique individuals, if children are assessed through different tasks every child will have a chance to learn. Assessment must not focus on writing and answering questions only, participation is crucial here. Learners who experience barriers must be given tasks that will make them part of learning. They must also be involved in a variety of activities which will give learners marks at the end of the day.

2.7.4.6. The Relationship between Epileptic Children and Educators

According to Khan (2012: 242), teachers need to adjust to accommodate all learners that are at risk. In a study conducted by Lewis and Parsons (2008: 323), it was noted that when the study was conducted, schools and teachers at first consented to participate but later withdrew, citing that they do not have children with epilepsy in their schools when they actually had. That proves that teachers need to be knowledgeable about these conditions and be trained to accommodate and support these learners. Lewis and Parsons (2008: 327) furthermore maintain that children with epilepsy feel that teachers need to have a clear insight and awareness about their condition. These children felt that if teachers are aware of their condition and how to handle it, they will feel protected and comfortable should they have a seizure.

The concerning factor submitted by Du Toit (1994: 265) is about the relationship between the teacher and the child. He feels that the number of teachers that are familiar with epilepsy is below, by far, the number of those unfamiliar with the condition. This negatively affects the teaching and learning of the child because the educator is unable to associate the loss of consciousness of the child and poor performance. If the teacher is seen to have an attitude towards the child, he/she becomes cheeky and irritable. The child withdraws and this leads to

failure on the part of the child. Sometimes a child shows signs of aggression and inattention. This could be a symptom that the child is about to have a seizure. If the teacher is not aware, he/she will accuse the child of laziness and rudeness. It is therefore important that teachers are trained and empowered to accommodate children with impairments, by using "pre-service and in-service" as recommended by Prinsloo (2001: 347).

There is still further hope that the Department of basic education will be able to support learners experiencing absence seizures by working with medical professionals in diagnosing and providing "a systematic clinical assessment" within the school premises and the teachers are properly trained to deal with seizure management so that the education of these children will not be compromised. The children will instead be able to learn effectively and achieve according to their best abilities (Khan et al. 2012: 202).

2.7.4.7 Relevant Training of Educators

The training of teachers is essential to implement effective collaboration and inclusion. The statement made by Eloff and Kgwete (2012: 353), is that, teachers need appropriate training to prepare for inclusive settings. It has also been noted that teachers are stressed, ill-equipped and not prepared for inclusion. Their attitude is also negative because of uncertainty about what is expected of them. Most of them, moreover, were only trained during the old dispensation for their diplomas and degrees when education was not catering for diversity, and these educators have never received any training in inclusive practices. Naicker (2006: 20) contends that, the training of teachers acquired was that of being in control and autocratic in their classrooms; it was their voice that was heard not the child's.

2.7.4.7.1 Duration of Training

Those who had some sort of training complained about the short duration of the period in which they were trained and that the training was conducted after a long day of work when their minds were no longer active (Eloff & Kgwete, 2012: 353). In spite of this, Naicker (2006: 1), furthermore, worries about the lack of knowledge, awareness and conceptualisation of office holder's in the case of South Africa. He maintains that "it is extremely difficult to train or orientate others if one does not possess sound understanding of epistemological issues and how they impact on thinking, practices and transformation in general." According to Engelbrecht (2006: 257), teachers are major role players in inclusive education; but the result of a number of researches that were conducted in various parts of South Africa, reflect

that teachers are not effectively prepared to accommodate children with special needs in their classrooms.

Clarification of terms

Epistemology- is the branch of philosophy that studies knowledge. The first theories of knowledge are absolute, permanent character, whereas the later theories place the emphasis on its relativity or situation dependence, its continuous development or evolution, and its active interference with the world and its objects. The whole trend moves from a static, passive view of knowledge towards a more and more adaptive and active one Naicker (2006: 1).

2.7.4.7.2 The Urgent Need for Training of Educators

According to Hay, Smit, and Paulsen (2001: 213), to implement a new policy, the country needs to adequately train teachers especially in South Africa where a large number received insufficient training. They argue that, to effectively prepare and implement inclusion, teachers need to receive highly professional training using pre-service and in-service training. Moreover, there is still another hindrance other than the training of teachers i.e. “large classrooms, negative attitudes to disability, examination-oriented education systems, rigid teaching methods, standardised tests, assessment dominated by the medical model, lack of parental involvement and lack of clear national policies” (Eleweke and Rodda, 2010:119). They are concerned that even though inclusive education has been adopted, there are still challenges in developing countries. Due to economic problems, lack of infrastructure, attitudes and other challenges, the idea of inclusion is still unrealistic. There still needs to be a critical examination of “teaching and learning practices” in developing countries.

2.8 What Should Teachers Know in Order to Help Children Who Experience Absence Epilepsy

The research that was conducted by Lewis and Parsons (2008: 325) shows that those children that are diagnosed with epileptic seizures and are on medication prefer that teachers and the school be informed about their condition. It was found that many teachers lack information about epilepsy and seizures and this is why teachers in most schools refused to participate, stating that there were no learners experiencing epilepsy in their schools (Lewis and Parsons, 2008: 323). In one school, it was found that children were able to describe convincing experiences of epilepsy but teachers through their ignorance of epilepsy, told the researcher

that the “diagnosis of epilepsy was doubtful (Lewis and Parsons, 2008: 324). This reflects the urgency of teachers being trained about epilepsy if the parent or the child is not aware of the seizures.

According to Kapp and Kruger (2011: 316) teachers need to be careful about their attitude in dealing with learners with seizures. They advise that:

- Teachers must have knowledge of epilepsy so that they will be able to be on the lookout for signs of epileptic seizures.
- Be watchful of abnormal and irregular behaviour of all learners in class.
- Should, after receiving consent from parents and the affected learner, inform other learners in the classroom that the learner is having epilepsy.
- Avoid giving special favours to affected children.
- Enlighten learners about epilepsy and explain to them that it is a medical condition and is not contagious, so that other learners will accept and understand that anyone could have it.
- Be able to educate the class on what to do in case of a seizure.
- Involve the affected children in school events.
- Avoid stressful and tense circumstances.
- Be mindful of the use of medication.
- Be observant of all learners in class for symptoms of epilepsy. By so doing, he/she may even be able to identify those who hide their condition and those who are unaware of having the condition.
- Teachers must not be overprotective and lenient to the epileptic child and should not grant a special position in class.

The advice given by Kapp and Kruger (2005: 279) is that, it is of outmost importance for teachers to be able to identify the symptoms and manifestations of epilepsy if these are repeated and are frequent and there are no provocations. The following are the main symptoms:

- Repeated signs of confusion and disorientation without any reason.
- Sudden signs of fear, anger, tantrums, anxiety and any emotional disturbance.
- Inexplicable disturbance of memory. Forgetting familiar things like names, siblings, instructions and remembering them.

- Unexpectedly feeling strange and acting strangely in a familiar environment, like being unable to open the door which he/she usually opens easily.
- Being suddenly clumsy, awkward, lacking co-ordination, stumbles and bumps into things and feels astounded.
- Being difficult and sometimes impossible.
- Wets his/her bed and is incontinent.
- When a child loses contact with his/her environment, is not aware of what is happening to him/her, feeling out of place.

2.9 Conclusion

Children with epilepsy and absent seizures are mostly typically developing children if there are no seizures. Their intelligence is also normal but the interference of seizures disrupts their daily lives particularly school life. As a result, they do not perform according to their potential. They receive poor grades and repeat grades and suffer silently because in underprivileged communities; few people know about epilepsy and the different sub-types such as absence seizures, grand mal, myoclonic seizures, clonic seizures, tonic seizures atonic seizure nocturnal seizures, incontinent seizures and others.

This problem is further exacerbated by the fact that teachers are also ignorant of absent seizure and even epilepsy. These are some of the challenges brought by invisible impairments; children are prejudiced, labeled, stigmatised, shamed and discriminated against. It is hoped that through effective implementation of inclusive education their problems will be addressed, teachers will receive relevant training and children's needs will be attended and adopted as advised by Kapp and Kruger (2005:279). The treatment gap in South Africa should also be adjusted for the children as well as teaching communities about epilepsy and treatment since most of them are dominated by cultural beliefs.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3. 1 Introduction

In this chapter, the researcher focused on presenting the research design and methods that were used in this study. The qualitative approach was the research design that was adopted for this study. The purpose of this study was exploratory, explanatory and descriptive. The researcher elaborated on how data was collected, and the techniques that were used to collect data. The researcher explored the issue of ethics and how data was analysed after it was collected. The researcher also explained the roles that were played by the participants in the study. Data limitations were described in detail.

3.2 Research Design

Research "is a process of trying to gain a better understanding of the complexities of human experience and, in some genres of research, to take action based on that understanding. Through systematic and sometimes collaborative strategies, the researcher gathers information about actions and interactions, reflects on their meanings, arrives at and evaluates conclusions, and eventually puts forward an interpretation, most frequently in written form" (Marshal and Rossman, 1999: 21).

According to Creswell (2003: 3), if one is designing a framework, one need to choose from three types of research methodologies, namely; quantitative approach, qualitative approach and the mixed method approach. He advises that if a researcher wants to understand how each framework works, he or she needs to consider the following three elements in choosing the appropriate approach he or or will use in conducting the study:

- The "philosophical assumptions about what constitutes knowledge claims."
- "Strategies of inquiry."
- Procedures used for "data collection, analyses and writing."

He further states that there are four questions that underpin a foundation for a research design that a researcher needs to ask in the planning stage. These questions enlighten and give insight to the researcher on how to choose an approach that will be most appropriate for his or her design. These questions will be answered later in this chapter and are listed as follows:

- What epistemology will inform the research?
- What theoretical perspective lies behind the methodology in questions?
- What methodology will be used in conducting the research?
- What methods will be desired by the researcher? (Creswell, 2003:3)

In addition, (Creswell, 2003: 5) further conceptualised another three questions using Crotty's model. These questions are fundamental in dealing with research design.

- "What knowledge claims are being made by the researcher?
- What strategies of inquiry will inform the procedure?
- What methods of data collection and analysis will be used?"

The above elements of inquiry determine the three different approaches to research; and, are translated at a later stage, translated into the research design that a researcher can identify as either the quantitative, qualitative or mixed approach. This researcher implemented a qualitative inquiry in conducting this study. The rationale for implementing this approach revolved around its underlying principles. The research design therefore took on a descriptive, observatory, interactive and explanatory nature. The investigator also looked into the causes and their effects.

3.3 Qualitative Research

The aims, characteristics and features of qualitative research are described briefly below:

3.3.1 Aims of Qualitative Research:

- In any given population, qualitative research has the ability to reflect different activities whereby the researcher goes to the field to seek rich information by engaging, interacting, observing and, in some instances, interviewing participants (Barbour, 2001: 1115).
- It aims at finding accurate information about social experiences of the investigated group. These are day-to-day experiences which the researcher tries to understand through data taking (Onwuegbuzie and Johnson, 2006: 49).

3.3.2 Characteristics of Qualitative Research

According to Merriam (2002: 5), the investigator, when adopting qualitative approach, must:

- Try by all means to have an understanding and make sense of how and why people relate to their environment in relation to their their individuality, differences and experiences. This also involves the way in which they work together with others.
- In qualitative approach, the investigator plays the most important role in collecting and analysing data because once data is collected, it needs to be clarified, synthesised, analysed, summarised. Conclusions must then be made. The researcher may use any form of communication, that is suitable, to check that the information is precise.
- To avoid bias, the investigator must be able to identify and examine any weaknesses that pose a threat to the collection and interpretation of data.
- The qualitative approach is normally adopted because there are gaps in existing theory. As a result, the investigator "builds towards theory from observations and intuitive understandings gained from being in the field" just to make sense of a point.
- The qualitative approach is effective because the researcher uses descriptive methods to find meanings and interpret facts. It uses an in-depth mode of inquiry and face-to-face interactions with respondents to collect data in their natural settings. The researcher has the responsibility of describing each setting, selecting respondents and interpreting the pattern amongst respondents in detail. The data is analysed and concluded through descriptive methods (McMillan and Schumacher, 2001: 35).

3.3.3 Functions of Qualitative Research

According to Hammersley (2000: 394-400), there are five functions of qualitative research. These functions are derived from Hargreaves (1978) and are called capacities.

- **The appreciative capacity:** In this capacity the ability of qualitative research is seen to represent the power of scrutinising and understanding deserted and hidden behaviour by respondents, especially minority groups. In this capacity, qualitative research tries to identify problems and give different answers as to why and how certain behaviour is taking place. Finally, it provides material for adopting and implementing change that is relevant.

- **The designatory capacity:** In this capacity, a function of qualitative research explores and assists in developing proficiency, insights and abilities. Though qualitative research, good teaching is identified and explained. It has the ability to enlighten and simplify issues when describing people's behaviour, patterns and experiences, so that an inquiry may be made to assist in dealing, supporting and improving the behaviour or experience at hand. It has the potential to teach people about things that they were not fully exposed to or which were rather hidden. It is also able to identify those experiences by formulating appropriate words for understanding.

- **The reflective capacity:** In this capacity, the function of qualitative research is compared to a "mirror to the world and to people's behaviour." Educationists are able to view diversities between what is normal or general and what differs from what is general or normal. In this function, planners and policy-makers are expected to face the reality of what is actually going on in schools instead of planning what is not realistic.

- **The immunological capacity:** It is believed that little is known by policy-makers and planners about what is actually happening daily in schools. Here qualitative research is able to identify and diagnose the problem and provide the necessary panacea. This can also mean limiting policy makers to setting high expectations for teachers because this leads to more experienced teachers leaving the profession in order to start over in other professions because of changes that are taking place.

- **The corrective capacity:** This function refers to the qualitative research function which serves to find a remedy to the problem and give light to understanding and finding truths in the validation of concepts.

According to McMillan and Schumacher (2001: 14-15), in adopting qualitative research, the researcher seeks to gain much insights into respondents' views by drawing on their life experiences with the researcher being a spectator, a listener and recording observations and interactions with respondents, McMillan and Schumacher (2001: 396). In conducting qualitative research, the researcher is able to reduce the injustices that are done to the respondents who, in most cases, are the vulnerable, silenced, and from the oppressed and the minority groups (Dixon-Woods, Bonas, Booth, Jones, Miller, Sutton, Shaw, Smith and Young, 2006: 3). Moreover, Bashir, Afzal and Azeem (2008: 38), suggest that in qualitative

research, participants must be observed in their natural settings. In this way, the researcher visits the site and the participants; so that the researcher may not try to influence the respondents. This helps to maintain credibility.

Some researchers, like Johnson and Onwuegbuzie (2004: 20), maintain that there are many descriptive and active processes in qualitative research. These processes provide the investigator with rich information to analyse data. On the other hand, Sale, Lohfeld and Brazil (2002: 45) state that the foundation of qualitative research is on "interpretivism and constructivism." These realities provide vigorous participation between the researcher and the participants and works well in observation, documentation, interaction using audio-visual aids and interviews.

Triangulation of data in qualitative research is recommended by Guion, Diehl and McDonald (2011: 2). They regard it as a useful foundation for qualitative research because it is able to give accurate and precision from its findings. The researcher is able to use interviews and observational methods and the results will be accurate even if another researcher were to conduct the same research. Triangulation also offers new methods and a clear understanding for qualitative researchers.

Theoretical Perspectives

There are five theoretical perspectives that are discussed by Creswell (2003: 10):

(a). Feminist perspective,
(b). Radicalised discourses,
(c). Critical theory perspective,
(d). Queer theory, and
(e). Disability inquiry.

- **Disability inquiry**

Disability inquiry "addresses the meaning of inclusion in schools and encompasses administrators, teachers and parents who have children with disabilities" (Creswell, 2003: 10).

Disability inquiry was applied in this study because informants were teachers who taught learners experiencing learning problems. This researcher also engaged with parents of children who have neurological and invisible impairments. The investigator wanted to

explore how learners, affected by epilepsy and absence epilepsy, could be supported in inclusive classrooms, through observations and interviews. Learners experiencing absence epilepsy were indirectly observed in and outside the classroom. Teachers and parents were interviewed and the results will be discussed in chapter four.

3.4 Action Research and Narrative Research

Action research is a form of investigation whereby the researcher studies the social situation, with a view to improving the quality of action within (Altrichter, Feldman, Posch, and Somekh, 2008: 5). This is done in conjunction with the narrative research.

3.4.1 The Intention of Action Research

Action research assists researchers and practitioners in managing problems and difficulties that are encountered by professionals in their everyday practices and intervenes by offering solutions to problems through expansions (Altrichter et al. (2008: 6). According to McMillan and Schumacher (2001: 20) action research involves teachers, studying classroom problems and through research study and methods they come with solutions. The focus lies in a local problem and in a local site. The investigator of this study believed that, through action research, she was going to be able to identify some of the challenges that are encountered by teachers in their daily teaching and learning situations, and make recommendations on the basis of empowering teachers to solve some of their existing problems and frustrations. This was done in the vicinity of the schools in which they were teaching.

3.4.2 Features of Action Research

Altrichter et al. (2008: 13), outlines the following features:

- It is supported by people who are directly involved with the subjects or social circumstances that are being investigated.
- It starts with daily demands arising from everyday professional activities.
- It must be in tune with educational principles, as well as working conditions.
- It offers a wide range of procedures in order to improve practices concerned.

3.4.3 Narrative Research

Narrative research is a “form of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives. This

information is then retold by an investigator into a narrative chronology. At the end, the narrator combines views from the participant's life with those of the researcher's life in a collaborative narrative," (Creswell, 2003: 15).

According to Creswell (2003: 15), there are five strategies of inquiry; writing, data collection and data analysis are the focal points of these strategies of inquiry. These strategies are: ethnography, case studies, phenomenology, grounded theory and narrative theory. The focus, in conducting this particular study, was on the narrative form of enquiry. The investigator explored the themes of absence seizures in relation to teaching and learning through, observations and interviews in which participants were asked about the stories of their lives. These stories were related face-to-face (to the investigator) and in the respondent's words. Teachers of affected learners were asked open-ended questions that related to their experiences of living with children with the condition and how the condition interfered with the day-to-day functioning of their lives. Questions also focused on how those children managed and coped at school. Parents of the affected children were also interviewed about their personal experiences, as they were the ones who taught their children basic education in the context of the hidden curriculum.

Narrative research can be "understood as a spoken or written word giving an account of an event/action or series of events/ actions" (Creswell, Hanson, Clark and Morales (2007: 240). The participants related their stories and experiences in spoken word and the investigator recorded the actions and events as they happened. Using the topic, "*Absence Epilepsy as a Barrier for Effective Teaching and Learning in Underprivileged Communities,*" the investigator identified a number of affected school-going children. The investigator collected data from parents by asking them to relate stories about their experiences. She also observed and recorded those stories and later analysed them chronologically. These stories provided the investigator with raw data and this raw data is referred to as "field texts" (Creswell et al. 2007: 243-4).

The aim in selecting narrative theory enables the investigator to answer the research questions of this study, practically. The questions: "what, who, why, where and how", were addressed at the highest levels. These questions were framed as follows:

- What is absence epilepsy?
- To what extent can absence epilepsy hamper teaching and learning?

- What are the needs of learners experiencing absence seizures?
- How can parents assist the teacher in supporting their children?
- How does the Department of Education provide for learners experiencing absence epilepsy?
- What should teachers know in order to help children who experience absence seizures?
- How can learners experiencing absence epilepsy be supported in the inclusive classrooms?

3.5 Data Collection

Data was collected through the use of documented sources, like journals, books, and international and national educational policies related to the subject of absence seizures. Learners' workbooks, formal and informal school- based assessment tasks were analysed to monitor their school performance. Participants were selected and settings were identified in detail. This was done firstly by issuing a questionnaire (which was not part of this study) to teachers to determine their knowledge, attitudes and beliefs relating epilepsy and absence epilepsy. Secondly, a training programme in which teachers were empowered with the characteristics of absence epilepsy was implemented. These included: the age onset and manifestations, staring, abrupt disruption of activities, sudden termination, differences in absences, (childhood daydreaming and pre-occupation and epileptic absences), the role of traditional and cultural beliefs, the role of the medical doctor, learning problems and support. During and after the training, teachers were allowed to ask questions. Participants, who included learners affected by absence seizures, some parents of affected learners and teachers of affected learners were selected.

The setting included special schools as well as primary schools with learners affected with absence epilepsy. Field observations of affected learners by absence epilepsy were also carried out. This included the document analysis of learners' (formal and informal) written work, and their performance and the indirect observation of learners in and out of the classroom, to determine their learning problems and behaviour. Semi-structured in-depth interviews of parents and the teachers of affected learners were conducted. Notes were taken during observations. The interviews were interactive and face-to-face, using a tape recorder

to record the conversation. This was done with the consent of parents. Permission for teachers to participate in the study was sought from the department of education and principals. Teachers were requested to sign the consent forms.

Data Collection Techniques

3.5.1 Interviews

One of the data techniques that were used for this study was in-depth interviews. Interviews give the researcher individual perception of teachers and parents, their experiences and understanding of the world around the children (McMillan and Schumacher, 2001: 443). According to Merriam (2002: 12-12), interviews "range from highly structured questions, where specific questions and the order in which they are asked are determined ahead of time, to unstructured, where one has topic areas to explore but neither the questions nor the order are predetermined." The interviews were guided by the list of questions that were asked. The interviews were conducted, informally, for an hour with each participant.

The interview questions differed from one participant to the other and questions were flexible. Participants included teachers who were involved daily in the teaching of learners affected by absence epilepsy. Parents were also involved. This investigator used general open-ended questions which were different for each participant. The investigator's questions were based on topics of interest like; education, the memory of the child, behaviour, self-esteem and learning problems, to name a few. Each interview was recorded and written notes were taken. Informants were flexible when relating their experiences, as suggested by (McMillan and Schumacher (2001: 42).

3.5.2 Observations

According to McMillan and Schumacher (2001: 454), "qualitative field observations are detailed, descriptive recordings of field notes of events, people, actions and objects in settings."

The investigator conducted field observations of learners affected with absence seizures. Observation presented the investigator with first-hand information because the investigator observed the phenomenon directly (Merriam, 2002: 13). In this instance, the investigator was looking for direct patterns of the condition, how this affected performance, behaviour, interactions and relationships (stigma) with others. This was done in class during teaching

and learning and on the playground during break times when the child was playing and having lunch. Reactions which were verbal and non-verbal were be used and recorded as they formed the basis of this study. The detailed descriptive observations were recorded in a notepad, as advised by (McMillan and Schumacher, 2001: 454).

3.5.3 Documents

Documents are records of past occassions that are inscribed or published (McMillan and Schumacher, 2001: 42).

Data was collected using documents from schools where affected learners were enrolled. Documents such as learners' written work and school-based assessment tasks were used for analysis. This investigator also used field observation. In this instance, the investigator indirectly observed each child for five days, once per week, and how the child interacted with others. Identified learners were also indirectly observed in their classrooms at school and in the playground during break times. The investigator took notes, describing detailed patterns of absences in school and of the behaviour of learners affected with absence epilepsy. Each observation lasted about two hours per day (McMillan and Schumacher, 2001: 41).

3.5.4 Journals

Journals were also used to collect data. They supported the investigator in employing previous and developing theories that were used by other investigators. This also assisted the investigator in identifying gaps in knowledge, discussed there in literature. This investigator used her own data collection strategies, her own settings and her own participants that diverged from any other research that had taken place. She chose her own period of time. This, it is believed spread out and intensified the current theory on the subject and oversimplified and fine-tuned the proposal drawn up by the investigator (Marshall and Rossman, 1999: 35).

3.5.5 Policies

Policy is regarded as the most important instrument for any study. This investigator in this study used the existing policies that are used by the South African National Department of Basic Education such as: the Constitution of the Republic of South Africa (1996), Education Labour Relations Council: Policy Handbook for Teachers (2003), White Paper 6 of (2001), Screening, Identification, Assessment and Support (SIAS, 2014) Education and Law Policy

Handbook (1999) and other international educational policies like the Salamanca Statement UNESCO (1994), and the Inclusion Discourses, No Child Left Behind (2001). Marshall and Rossman (1999: 36) maintain that in order to improve a crisis, researchers need to examine "formal policy development" so that the crisis will be catered for. The investigator did use such policies that were at her disposal to present the problem that needed to be addressed, i.e. "absence seizures." She, further, examined the contributions made to the subject and described and developed a hypothesis of how significant the problem was.

3.5.6 Supplementary Techniques

The investigator also used supplementary techniques in conducting the study. Visual techniques assisted during the observation phase especially for non-verbal behaviour. They are recommended for the valid qualitative study (McMillan and Schumacher, 2001: 454). This means that, a camera and a video camera were used to take pictures. This was done with the consent of all stakeholders.

3.6 Ethics

Ethics plays a major role in research. In conducting rigorous research, the investigator needed to consider ethics because this represented the actions of the investigator and the way she conducted her research. Ethics entail important issues which one may take for granted.

In considering ethics, this investigator needed to be truthful, uncluttered and honest to her participants; honesty builds up the relationship of trust. This investigator was honest so it was easy for the participants to trust her. Once she earned the trust of the participants, she was able to gain the respect her participants both young and old. The participants were given the respect they deserved (McMillan and Schumacher, 2001: 197). The investigator also gave her participants full attention and was careful of how she asked questions. The participants did not feel uncomfortable in any way when they responded to questions and they were allowed to freely ask questions (Davies and Dodd, 2002: 281) (Bogan and Blikien, [n.d]: 9). The investigator took the responsibility upon herself to protect her informants from physical and mental harm and even danger. All settings were safe and no threat took place during the study (McMillan and Schumacher, 2001: 197). Moreover, participants were made aware of what was expected of them and what was expected of the investigator.

According to McMillan and Schumacher (2001: 413), the qualitative investigator needs to make informed decisions, based on ethics, before starting the research journey, and this must

be kept on record. Ethical principles also need to be considered from the planning stages up to the final stages of the study (McMillan and Schumacher, 2001: 420).

3.6.1 Confidentiality and Anonymity

This investigator was transparent and open, and as a result, she managed to gain the trust of respondents and under no circumstances did the investigator mislead or deceive the respondents by telling them untruths. She ensured that all the information provided was strictly confidential and that no names of people and places were divulged. If that became necessary, pseudonyms and false locations were used to protect participants. If it happened that during the study participants were harmed or uncomfortable, the investigator took precautionary measures and reported the incident to the university. If this failed, the investigator planned to discontinue the study and report the matter to the supervisor immediately. No tests were conducted on participants (McMillan and Schumacher, 2001: 420).

3.6.2 Informed Consent

First and foremost, the investigator had to ask for permission from the Department of Education **(Appendix A),** circuit offices, schools and parents, to conduct the study and make all conditions and agreements clear (Bodgan and Bilken ([n.d]: 9).

In considering ethics, the investigator sought permission by writing consent letters to all participants that were to be interviewed. Letters were submitted to the relevant officials of the Department of Education; this is attached as "**Appendix A**." (These letters included the topic of study, the institution where the researcher was a student, Proffesor M. O. Maguvhe, the supervisor, the reason for the study, who were the participants, e.g. teachers and parents of affected learners and the observation of learners and document analysis and the period in which the investigator was going to be on the field and the method that was used in conducting this study; which were observations of children's written work and the observation of learners). Teachers and parents were interviewed about their experiences, learning problems, the performance of the learners at school, as well as the behaviour of each child. Some questions were asked about their knowledge of absence epilepsy. All informants who participated in this study were advised that the findings were to be cascaded once the study was completed. The study was conducted within a period of ten weeks.

Letters to the Chief Education Managers **("Appendix B")** were written and submitted to circuit offices concerned. The circuits assisted in identifying underprivileged schools. Letters to the principals ("**Appendix C**) were also written and submitted to schools that were identified by the circuit managers. In these letters, the investigator requested principals to allow her to use schools as sites, teachers as informants and the affected learners to be observed. Once consent was granted, she issued letters to parents who were also requested to allow their children's work to be observed and analysed and to allow the observation of children to take place. Parents and children were given letters for participation and consent. For learners, the investigator wrote to parents to ask for parents' permission, **("Appendix D"),** because the investigator believed that they were all minors and others were dependent on their parents i.e. leaners from special schools. Parents also received their letters requesting them to participate in the study **("Appendix E").** All participants were expected to respond in writing. These letters were drafted and parents signed on minors' behalves. Some learners also signed assent forms.

No participant was coerced to participate. All participants were informed that participation was voluntary and if they wanted to withdraw from the study, they were free to do so at any time. The investigator also informed all participants that no participant was going be paid for participating and the study was to benefit learners affected with absence seizures, once the result were concluded. Consent letters were also received by the investigator. These are attached as **(Appendices F, G and H).**

3.6.3 Privacy and Empowerment

The investigator, in conducting this study, was by all means truthful and honest. No participant was deceived. All discussions, observations and settings were described according to the proposal. It was recommended that investigators negotiate their rights and responsibilities in their journey with participants. Participants were to make informed decisions when divulging information and their privacy had to be respected by the investigator. (McMillan and Schumacher, 2001: 422).

According to McMillan and Schumacher (2001: 422), informants need to be cared for by researchers. If the informants were, exposed to danger, in any way, the investigator needed to be honest and fair in identifying those risks involved in participating. Researchers must engage in open discussions and negotiations with participants about ways of improving the situation. In so doing, participants will benefit knowledge and be empowered when facing

situations which are challenging in the future. The investigator was able to identify some of the risks and she was always striving to keep the channels of communication open for participants.

3.7 Validity and Trustworthiness

According to Johnson (1997: 282), when a qualitative researcher refers to validity, this means that the research is "reliable, plausible, credible, trustworthy, and defensible." The investigator must try by all means to avoid biasness. This means that the investigator, in an attempt to strive for truth, need not take sides and present facts as they were presented to him/her. This means that that all data that has been gathered should objective. The investigator must also not allow his/her views and feelings to affect the results (Davies & Dodd, 2002: 282).

In other words, if qualitative research is valid, it must consist of the following types of validity: descriptive validity, interpretive validity and theoretical validity.

3.7.1 Descriptive Validity

In descriptive validity, the investigator tries to present the report that is factual and truthful. The events narrated must be reported as they were narrated to the investigator. The setting, the pattern, action, behaviour, experience, and period, must be described in their actual form (Johnson, 1997: 285). This is supported by Gurdon et al. (2011: 1-2) in investigator triangulation; he maintains that in the validation of a report, different investigators must separately investigate the same programme using the same methods. After these have been done, all results are compared and the findings must be relative. That is when it could be said that the findings are accurate and reliable because the information gathered does not have diversity. The investigator of this study attempted, by all means, to apply information that was realistic, trustworthy and believable.

3.7.2 Interpretive Validity

In this type of validity, the investigator needs to attach precise meaning to his/her report. The investigator needs to apply insight to the experiences of the group that is being studied. The investigator needs to have a clear understanding of what is happening in the world of the group or individuals that are being studied. The investigator needs to double check facts

presented to him/her and apply accurate interpretation to action or what was said (Johnson, 1997: 285).

3.7.3 Theoretical Validity

The data that is gathered needs to be realistic. The researcher needs to find answers to questions like “why” and “how” a process works. The researcher needs to spend some time studying and gathering data on his/ her participants, the setting, their behaviours, and the relationship that exists amongst these themes. Once he/she is familiar with these themes, he/she will ask the questions and come to an understanding which will result in answers to these questions (Johnson, 1997: 286). This is what Guion et al. (2011: 2) termed, theory triangulation. The researcher will use a number of angles to interpret data. In this validity, researchers of different fields may come together to bring different viewpoints together. These researchers will share the information with other researchers for interpretations.

3.8 Data Analysis

According to Merriam (2002: 14), “data analysis is synonymous with data collection.” This means that data will be analysed as soon as it is collected. In analysing data, the investigator will begin immediately after the first observation and the first interview or document; whichever comes first. In other words; the investigator will have the responsibility of analysing the data she will have at her disposal every day. This helps the researcher to “adjust,” “redirect,” and “test” whatever is available. Furthermore, this gives the investigator ample time to confirm the reliability and the validity of data collected.

Data was analysed in three phases. The first phase was documented data. The learners’ formal and informal work was analysed. The school reports and schedule of the affected learners were also looked at. Learners’ school based assessment tasks were also observed. The second phase was the indirect observations i.e. in class during teaching and learning, during break times when the affected learner interacted with other learners. The third phase was interviews. The interviews were analysed in two stages. The first was with teachers who were involved in the teaching of affected learners. The second stage was the interview of the biological parents or guardians of affected learners.

The investigator related accounts of how data was combined, starting from the documented literature. Real people, behaviours, experiences, people’s views, and patterns and settings

were described in detail. The relevant appendices are attached, interviews were interpreted, glossary of terms was explained and references provided in systematic order.

- **Sampling**

Purposeful Sampling

According to McMillan and Schumacher (2001: 175), purposeful sampling takes place when "the investigator selects particular elements from the population that will be representative or informative about the topic of interest. On the basis of the researcher's knowledge of the population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of research."

In conducting this study, the investigator implemented purposeful sampling. The samples were the people who had rich knowledge of the experiences and the behaviour of the affected children. As it is known that absence seizures are part of epilepsy and that there are many types of seizures, the focus was not on epilepsy or any type of seizures but on absences. The parents of affected learners and teachers of affected learners were used as samples because they were regarded as having first-hand information on how absence seizures affect children.

Purposive sampling assists in the use of data received from small samples. The sample that was used was assumed to represent one percent of the population, so the investigator believed that purposive sampling was the most appropriate type for her study; more so because the informants selected were knowledgeable and had a lot of information about affected learners as they related their experiences to the investigator (McMillan and Schumacher, 2001: 401).

Another reason for opting for purposive sampling was that it "offers the researcher a degree of control" (Barbour, 2001: 1115). The small number of informants made it possible for the investigator to manage the informants. This gave the investigater more time to study the setting and the sample.

3.9 The Significance of Study

This study is significant because it allowed educational planners to cater specifically for children with absence seizures. According to The South African Constitution (1996: 13), children's rights need to be protected. This means that these children will not be discriminated against or excluded. By addressing the needs of these children, their right to dignity and their human rights will be respected. The children's rights to compulsory and

proper education will be given to them in ordinary schools (ELRC, 1996: A-10-11).These children will therefore be protected and included in receiving educational support, as stated in the Education White paper 6 (2001: 24).

Affected learners will be able to employ or be employed, using the skills that they have learnt at school. They will accept their condition as part of their life and become responsible citizens. The community at large will know that epilepsy, absence epilepsy and absence seizures are medical conditions that can be managed and that there is no taboo attached to it, as many people believe. Teachers will learn that these children are not lazy, inattentive or sluggish. When they appear to be so, it is because they are experiencing absence seizures.

3.10 Limitations of Study

According to Marshall and Rossman (1999: 43), each research application must have limitations, so that the reader will know the boundaries and the contributions which inform the study. These contributions on limitations can be useful, in that the reader may be able to transfer the results from one site to another. Limitations also assist the investigator in understanding that all research goes beyond what has been anticipated.

The limitations of this study were based in Pietermaritzburg. Data was limited to six schools: four primary schools and two special schools, in Greater Edendale, which are based in Elandskop, Umsunduzi, Pietermaritzburg Central, Umngeni and Edendale circuits. These schools were targeted because they served, mainly, the underprivileged children from these communities.

The two special schools that were identified are used as feeder schools for ordinary schools if a child is having learning difficulties. The special schools were identified and utilised as settings. This means that some learners, affected with absence epilepsy, were excluded from attending the mainstream schools. This was done to check the patterns, behaviours and experiences.

3.11 Description of schools

3.11.1 School A

This primary school was situated on the outskirts of Greater Edendale, approximately forty five kilometers from Pietermaritzburg. It was situated in a rural village; beautiful mountain ranges could be seen from a distance. It was always misty in the morning, which resulted in

poor visibility. There was an informal dirt road that would take you to the school. It was a small school with few classrooms. On approaching, one was attracted by red earth surrounding the school and the area was made up of old buildings with faded dull paints and a corrugated iron roof which is somewhat rusty. When one entered the school premises, the gate keeper submited an entrance register. There were only two blocks in the school. One block was used for teaching and learning and the other one was used as an administration block. There was no administration clerk, and no deputy principal as this was a small school. It was evident that behind that block, the place was partitioned as the new school was being built. On moving around the school, one would find oneself looking at rondavels spattered all over the place surrounding the school. There were pit latrines opposite the sport field; they were used by both teachers and learners. There were some flowers that were planted but the soil, in the area, were infertile and whatever they planted died.

3.11.2 School B

This was a primary school and it was situated in a village about thirty one kilometers from Pietermaritzburg. What was distinct about that school was its neatness. It was painted blue with beautiful lawns and some trees planted at the center of the school. There was a railway line adjacent to this school. It was situated about 500 meters from the tarred main road. On entering the school premises, you are welcomed by local women who are vending at the school. They open the gate for visitors. The school consisted of three blocks; one was used as the administration block where there was an office, a staffroom, a kitchen and storage room and one classroom was used as a small media center. There was also a small computer lab. Two other blocks were used as classrooms. The floors were all shining and very clean despite the area being situated in a dusty rural area. There were water tanks in all corners of the school. There wass a playground at the back of the school with a swing, a slide, and a small merry-go-round. Pit latrines were situated on this side. There was a sports ground behind the office block where soccer was played. There was also a small garden for fresh vegetables.

3.11.3 School C

In that area you are welcomed by the Reconstruction and Development Programme (RDP) houses. The school was located at the hub of the Reconstruction and Development Programme (RDP); there were RDP houses whichever way you look. The view of the school was spectacular; it was the jewel of this place. This was a big school indeed. At the back of the formal structures of the school, there were some classrooms that were made of masonite.

Those classrooms were for some grade Rs and grade 1s. If you looked further down at the far side on the main entrance, there was construction taking place which indicated that the school was further extended due, to the pressing need of increasing enrolment.

3.11.4 School D

The school was situated in a rural area 18 kilometers from Pietermaritzburg. On approaching the school, the visible landmark directly opposite the school was a tavern and about 200 meters from the tavern was a funeral parlor. A rusty signpost bears the school's name and most of the words on the signpost are not clear. Turning to the side of the school, one was able to see the white school buses. There was a gateman's house where you sign on arrival and departure and you are directed to the office. There are two pit latrines at the side of the school. There is also a small wendy house on the other side of the school. The school has taps but water tanks are also used by the school. This was a special school. There were few modern-built classrooms and on the walls there were some handmade decors which were submitted by learners. In one class there was a display of pretty shapes made by learners. There was also a beautiful kitchen where learners' meals were cooked. It consisted of water sinks built in cupboards to store food. Even though the school had electricity, a gas stove was used to cook learner's food.

3.11.5 School E

The school catered for learners who live in the informal settlement and RDP houses. It is set about eight kilometers from the city center of Pietermaritzburg. There is a sugarcane farm opposite the school, which is visible coming from the city center. Taking a left turn on the dirt road, the first building was a tavern and about thirty meters from the tavern was the school. At the gate, one would wait for the gateman and signed the entrance register. The wall next to the gate was a warning that informed visitors that drugs and dangerous weapons were not allowed in the school and visitors were subjected to a rigorous search. There were burglar gates across all entrances. The school structures were designed in a unique way. The buildings were built in a circular fashion. At the center of the school buildings was a big, very dusty, arena where children played. Most of the children did not wear the school uniform. On entering the main burglar gate, one sees many multicolored dust bins which were used to keep recycling material. Each color was used for a separate type of paper. The school was big and classrooms were built behind others on the one side to save space. The school was still overcrowded. The buildings were mostly face brick and there was one block at the back

which caters for Grade R learners. It was painted in a peach colored paint with orange doors. That building looked new when compared to other buildings.

There was a fence opposite this block where one cold see a quarry below the school. There was also a big pond with dirty water. The place was mostly surrounded by mud built houses though a few had been renovated. In some of these houses there were RDP houses. The school yard was big. There was also another old block opposite the office. This block was used to store broken furniture. That building was joined by another informal structure which was made of corrugated iron. There was no formal kitchen and that place was used as a kitchen. There were piles of fire wood which were used to cook learner's food. The school did have electricity but there was none in the neighbourhood. There were many children in this school. In front of that place, there was a garden but there was nothing that was planted. There were water tanks in almost all areas of the school. The school did not have water in the taps; in most cases it relied on rain water for its water supply.

3.11.6 School F

This special school was situated on a busy street downtown. There were two clinics below the school. There was a bus and taxi rank in the neighborhood. The school and the clinics serve people from rural and underprivileged communities. There was a gateman who registered in-coming and outgoing visitors. On the surface the school looked small, but once you get access to the school, it was big with boarding facilities. Some buildings were informal and prefabs were used as classrooms. There was a freeway on the other side of the school.

3.12 Conclusion

The research design that was implemented for this study was the qualitative approach. The methodology for collecting data was the document analysis, field observations, and in-depth interviews. Research sites that were used in this study have been described in this chapter. Participants and presentation of data will be dealt with in the next chapter.

CHAPTER FOUR

DATA PRESENTATION, DISCUSSION AND ANALYSIS

4.1 Introduction

In this chapter, the data that was collected in schools and learner's homes will be analysed. The data-gathering process was conducted in a number of sites as they provided rich data (Easton, McComish and Greenberg, 2000: 704). Before data was collected, the investigator issued teachers with a questionnaire which determined teacher's knowledge of epilepsy and absence epilepsy. Teachers in schools from disadvantaged communities were then trained beforehand to be able to identify the characteristics of absence epilepsy**.** No training was conducted in special schools because learners were diagnosed before being enrolled in these schools and teachers had knowledge of absence epilepsy through their teacher training of special needs at colleges and universities.

The first stage of data collection was the analyses of learner's documents with the permission of their parents. The second stage was the indirect observations of learners in the classrooms during teaching and learning and during break times when children were playing. During the third stage, the investigator interviewed form teachers and the last stage was the interview of parents. No training was conducted in special schools because learners were already diagnosed and teachers were qualified to deal with such learners. All adult participants signed informed consent forms before they were interviewed.

The data collection were presented and analysed in three phases. The first phase was the transcription and analysis of the written documents pertaining to the performance of the children. The second stage was the transcription and analysis of indirect field observation of the children in and outside the classroom, and the third stage was the transcription and analysis of interviews exactly as they were presented. The interviews were further divided in two stages. The first stage was the transcription and analyses of teacher's interviews and finally parent's interviews was transcribed and analysed.

Data was analysed using the three approaches of content analyses, i.e. conventional- content analyses, directed-content analyses and summative-content analyses. Data was then compared and contrasted and reiterated, whilst patterns were coded, analysed and sorted into themes. The following are the research questions that drove the data collection and data analyses. These questions are further discussed in *Chapter Five.*

Research questions

This is **the main** question:

How can learners who experience absence seizures be supported in the inclusive classroom?

The following six **sub questions** are stated as follows:

- What is an absence seizure?
- To what extent can absence seizures hamper teaching and learning?
- What are the needs of learners experiencing absence epilepsy?
- How can parents assist the teacher in supporting their children?
- How does the Department of Education provide for learners experiencing absence epilepsy?
- What should teachers know in order to help children who experience absence seizures?

4.2 Analyses of Documents

Analyses of documents and written work were done to answer the questions

- To what extent can absence seizures hamper teaching and learning?
- What are the needs of learners experiencing absence seizures?

The observations were conducted using a note pad, a pen and a camera; this was done because observations are regarded as the most important instrument for technical communication. Observational research has the ability to analyse audiences and to discover problems in systems and they have the ability to develop different ways to plan projects (Spinuzzi, 2003: 73). Data was collected in four primary schools and two special schools. Secondary schools were eliminated because at this time they were preparing for the examinations.

In all four primary schools the investigator requested two exercise books for document analyses for each learner that was identified. One was for numeracy and the other one was for literacy, for work covered from January to October. This was done to analyse the performance of learners and to identify learning problems. With CAPS in place, all public schools are following the same work programme and teaching plans. The work covered in all four ordinary schools was more or less the same, depending on the grades. The grades ranged

from grade one to grade six. In the two special schools, learners were divided in low-functioning groups and mild- functioning groups so the focus was on children belonging to the latter group.

School A

Two learners were identified in this school and both were girls. One was doing grade one and the other one was in grade two. The investigator identified that the two learners' performance was poor. There were visible learning problems in both instances as their handwritings were clumsy. One of these learners was unable to draw shapes even though they were copied on the chalkboard.

Learner A

The learner failed to grasp basic concepts like vowels and was unable to copy written notes from the chalkboard. She failed to write out sums correctly. She was unable to identify words even though they were in vernacular. She scored zero in the Isizulu crossword and the drawing of "myself." She could not add and subtract. Written work was poor; the learner could not achieve anything in her written work. There were comments from the teacher that the child was copying. It was clear that the child was unable to cope with written work.

Learner B

The child was unable to separate words like "a chair" he wrote "anchair" instead. She achieved a zero in most cases, even in Isizulu, which was her home language; there were visible learning problems. Work was untidy and the books were heavily soiled. There was, in fact, nothing positive to observe in the work of this learner. She did not write in class most of the time. Most of the pages were left blank. Very little was achieved in both numeracy and literacy.

School B

Two learners were identified in the class; they were both in grade two and both were boys.

Learner A

The written work was characterised by poor academic performance. In most cases he achieved zero and one, the achievement was below average. In literacy, the spelling was poor and sometimes there were no vowels between consonants, and the learner was unable to write

sentences that made sense. Serious learning problems were observed on the work of the learner.

Learner B

The learner did not write in his book but when he did, his grades were poor. What the learner wrote was did not make sense. He scribbled letters that were meaningless; it was worse with literacy. It was evident that the teacher tried to make sense of what was written but she failed. In some instances, the learner drew lines which were meaningless and not related to the task. It was better with numeracy because he would sometimes score some marks but the grades were still poor. His work was up to date but still, the performance was poor.

School C

Two learners were identified in separate classrooms. One learner was a girl and the other was a boy.

Learner A

The learner had incomplete tasks, produced untidy work and writes on top of words. Sentences were not making sense as he wrote words which were not in the IsiZulu or English alphabet, e.g. “unestinvaessontthasthonstineremes.” His numbers in numeracy were written upside down. Sometimes he started writing in the middle of the page and his work was not straight, it was skewed and diagonal; he sometimes clogged his writings. Maths tasks were in most cases incomplete. He failed to copy patterns, shapes and was unable to add or count the number of objects. Copying of notes was incorrect. He did not in most cases submit his tasks to the teacher for marking. Numbers were incomprehensible and he could neither subtract nor multiply. His hand writing differed all the time; he was unable to separate words and yet he was in grade six.

Learner B

The writing of the leaner was difficult to read and her work was mostly incomplete. She left out chunks of information when writing. She skipped pages in her work. She sometimes drew lines that were not related to the subject. She did not achieve anything in Maths; the highest she obtained from January to October was two out of six. She was unable to write corrections correctly. She failed to copy notes from the chalkboard, was unable to copy shapes correctly; cannot complete tables or identify sounds. She performed dismally, and in most cases, she

did not write her schoolwork. She never achieved anything in her schoolwork. Her work was full of meaningless words and her handwriting differed from time to time.

School D

Two leaners were identified and both were boys. One was in grade three one and the other was in grade two.

Learner A

The learner, who was in grade three, wrote shapes which were neither alphabet nor numbers. He had never achieved anything since the school year began. He drew the shape of his hand, in awkward lines and his performance was the worst ever. His exercise books were full of drawings that were not related to the subject. He wrote sentences and words on top of sentences. He left blank spaces which were not common. He was unable to write within lines, he wrote anywhere and everywhere. He had poor command of numbers and sometimes wrote backwards. He was unable to write numbers. In one task, he was expected to fill in a calendar with dates but ended up writing shapes that cannot be interpreted. He was unable to draw proper shapes, cannot differentiate between a circle, a triangle, a square or a rectangle. His written work did not make sense. To date, he had written only a few pages although it was term four.

Learner B

This child's work was incomprehensible; he wrote instructions incorrectly and did not try to give answers. The child was unable to separate words. His handwriting was inconsistent and clumsy. He sometimes drew wave-like lines and figures that did not make sense. He was unable to arrange objects according to size. He was expected to compare shapes and ended up writing numbers. He clouded and clogged sentences and sometimes he wrote upside down. The child was unable to start tasks within the margins or on the first line, instead he started somewhere in the middle and his work was, as a result, skewed. Most of the child's work was incomplete. The child reflected the inability to perform even in IsiZulu. He was unable to understand simple instructions. His work was characterised by the inability to write words as a unit but would separate the word by leaving spaces when it is a single word, e.g. *"inja"* (a dog) - "in j a."

School E

The class was very neat and colorful. Mostly, learners engaged in drawing activities and they did write and were assessed as in ordinary schools. The class was always clean and conducive for teaching and learning. On the walls of this classroom, there were numbers of charts, drawings, pictures, and days of the month, birthdays, body parts**,** vowels, consonants and road signs. The class was lively and there was also a reading corner. Learners in the school were on medication because they had various conditions including epilepsy and absence epilepsy. Two male learners aged twenty, were identified in the school. They were in the mild functioning group. These two boys are in the same classroom. They lived with their parents at home. The classroom was characterised by a variety of pictures which were very colorful. The teacher explained that they learn by responding to stimuli such as pictures, symbols, patterns, signs, sounds and shapes.

Learner A

The child confused shapes and his work needed a lot of attention. Sometimes he was not able to match patterns. He calculated correctly up to five. His handwriting was awkward and his spelling command was poor.

Learner B

Very little written work was done in special schools as most of the work was visual, like drawing and looking at pictures in magazines and television. They were also involved in little projects like beadwork. The boy's work was very neat and up-to-date. He completed all tasks and his work was pleasing.

School F

There were twelve learners in the classroom separated in groups of four. The class was neat and colourful. There were even toys in the classroom. Colourful pictures and charts were visible on the walls. There were assistant teachers in the school.

Leaner A

The boy did not write at all. His books were carelessly scribbled and the crayon colourings were outside the borders of drawings and out of space. His work was untidy; nothing was in order for the learner and little work was observed from this learner.

Learner B

The learner had cerebral palsy and had a spastic arm (a chicken wing) in one hand; therefore, only one hand was functional. His work was very neat and he was the highest achiever in the class of twelve learners. His computer work was outstanding. His tasks were all competent and up –to-date. He sat alone, away from other learners.

4.3 Data Analyses

Data analyses "is a systematic search for meaning" (Leech and Onwuegbuzie).

In analysing all data that had been collected, the investigator categorised and coded these into themes. All data was compared by looking at similarities and differences. Integration of connected themes and patterns were then followed. The investigator then analysed data through going back and forth to the collected data. She was looking for explanations, meanings and interpretations in events, actions, people, objects, experiences and patterns of behaviour and people (Spiggle, 1994: 493-495).

4.3.1 Document Analysis

The following table reflects related themes that are common, as is to be seen in the written work of the learners:

Theme	**Analysis**
• Obstruction of words and sentences. • Inability to complete tasks. • Inconsistent and incomprehensible handwriting, poor spelling. • Skipping pages for no apparent reasons. • Drawing of lines and figurines. • Failure to copy notes correctly. • Poor command of numbers. • Gaps in writing. • Inability to draw shapes and to arrange objects according to size.	• Loss of consciousness. • Effects of uncontrolled seizures. • Inability to organise.
• Poor performance.	• Learning problems.

4.3.1.1 Learners' Document Analyses

NOTE: Key themes are indicated bold and sub-themes are bulleted

Poor Academic Performance

- Poor scores in assessment tasks.
- Under-achievement in literacy and numeracy.
- Writing that makes no sense.

Poor Organisational Skills

- Poor judgement (confusing shapes, concepts and patterns).
- Gaps of information missing in writing.
- Mixing words and sentences.

4.3.1.2 Similarities

- No attainment of the content.
- School work clumsily written.
- Poor academic performance.
- Inability to copy notes from the chalkboard.
- Incomplete vowels in some instances omission of vowels or consonants.
- Drawing lines and figurines.
- Skipping pages for no apparent reasons.
- Skewed writing and inability to copy shapes.
- Failure to start writing from the margins.
- Writing incomprehensible texts.
- No insight of concepts, and patterns.
- Clogged sentences.
- Classwork written upside down.
- Inability to follow simple instructions.
- Conspicuous gaps in their assessment tasks.

4.3.1.3 Differences

From the document analyses, only two learners were moderately achieving. One was in a special school and the other in an ordinary school.

4.3.1.4 Discussion of Document Analysis

From the analysis of documents, the investigator observed the worst performance ever. None of the children produced satisfactory perfomances. Even those, who had attained a moderate performance, were under-achieving. According to Beghi et al. (2006:15), older children seem to have more complex occurences than younger children regarding learning conditions. This was confirmed during this study as these children were not coping with their school work. As a result, they performed dismally in all assessment tasks.This means that, if the learning problems are not treated, these learners will leave school without ever achieving anything worthwhile in their lives. As the investigator is teaching in a secondary school, she has witnessed a number of these children leaving school to become nobodies. Beghi et al. (2006: 15) further warns about learning disoders experienced by children with epilepsy when it comes to reading and mathematical calculations. They are anable to make informed decisions and have poor organisational skills. It was therefore noted, during document analysis, how poorly they perfomed both in identifting shapes, patterns, and numerical and literacy concepts.

4.3.2 Field Observations

These observations were done indirectly in and outside the classroom during break times. They were conducted to identify the pattern of absences, learning and behavioural problems. Observations were conducted using the observation schedule **("Appendix I").**

School A: Learner A

The child was quiet and did not respond to questions even when the teacher directed a question to her. She was unable to receive or benefit from verbal messages from the teacher. She sometimes raised her hand when she was expected to answer; she tried but could not remember what she wanted to say. She had difficulty in reading a text and stopped. She was always tired in class and was yawning a lot. She was unable to understand simple instructions. She had a high frequency of absences in a space of minutes. She was easily distracted and she disrupted other children; she was also restless and impatient in class.

Outside the classroom the child ran around a lot, she was everywhere at one time. She was very active outside compared to the class but normally played alone. The child had a serious problem of seizures; they come in clusters especially the staring episodes.

Learner B

The child had poor listening skills; she spent most of the time fiddling. She did not interact with others. She seemed lost most of the time; she was affected by absence seizures, though infrequent. Seizures also disrupted her learning as she grasped and lost the content. She missed instructions but responded positively in some instances. She was doubtful of herself when she responded to answers in class. She showed confusion at times; she did not immediately understood concepts. She had a number of seizures each day. She preferred to work alone. She, in most cases, avoided the teacher and hid behind her books or pretended as though she was reading.

Outside the class during break time, she was very emotional. She shouted at other learners to get attention; she had no friends and she went to play with younger children. They played for a short time and the younger she was playing with then ran away from her. She usually ate her lunch alone and leaned on the wall and played alone. She was threatened and shunned by children her age.

School B: Learner A

This boy seemed lost and was not able to focus at all. He was unable to read and instead of reading, he turned the book around. He has quite a number of absence seizures each day. He fiddled a lot with his body and with everything that was around him. His mind was everywhere other than on what was being taught. During observations, he looked tired most of the time and stretched his body a lot, thereby disturbing others. He was aggressive most of the times and fought with others. When the teacher gave them written work, he wrote a little and gave up. Sometimes he pretended to write. When the teacher was teaching, he frowned a lot and was unable to listen properly.

Learner B

The child did not listen to the teacher; he was unable to concentrate for more than three minutes. He was disruptive and restless. He ran around the class and it was difficult to control him. His behaviour was erratic and could not sit still. When he gave an answer in class, he

did not think, but gave the first answer that came into his mind. He was seeking attention by beating others or taking other learners' things. He did not have friends, and when he comes near other children during break times they ran away from him.

School C: Learner A

The child had serious concentration problems; the teacher read the story to the class three times, but all that time the learner did not pick up anything because of seizures and poor listening skills. His seizures were elongated and were accompanied by the jerking of arms. He was wearing a goat skin arm band. The child was not focused. He had a very low self - esteem and most of the time he scratched his body, yawned and became restless. It seemed as if he also had hearing problems. He was also disruptive in class, and his behaviour was erratic though he was a quiet child. He sometimes tried to focus and eventually gave up. He fiddled a lot, at the same time, disturbing others. The child was unable to attain well in all lessons and learning areas.

Learner B

This girl did not participate in class activities. When she did, she gave the first answer that came to mind. She avoided the teacher's sight at all costs. She was the oldest in this class. She seemed lost and she was always doing something, like looking for a pen, opening her desk, looking underneath her desk, touching her face and mouth or disturbing others.

The child was unable to read, she was unable to distinguish between vowels and consonants. She took very long to read and was not audible when she was speaking. She was unable to identify sounds. She was unable to sit still and in most cases hid behind others. She cried in class without a reason. She did not participate in class and when it was time for writing, she looks defiantly at the other learners' work. When she was asked a question, she gave answers that were not discussed in the lesson. She was always habitually licking her fingers. She looked at others with suspicion. She was a loner and kept to herself. She showed no interest in what was happening in class. During break times she ate alone, away from other learners.

School D: Learner A

This child was not able to concentrate in class, as he was restless and fiddled continuously. He did not even look at the teacher during lessons. During reading time, he did not read at all and he seemed lost when he tried. He had poor listening skills, was easily distracted, fiddled a

lot and disrupted others. He yawned most of the time and showed lack of interest. He did not benefit from either the spoken or the written word. He did not read or write whilst in class. He raised his hand, had a seizure, when he recovered from the seizure, he gave up. During break times he walked and stood alone.

When the teacher gave the class a copy of the story in order to identify words, he played with his copy by turning it around, and folding it instead of reading it. He yawned and stretched his tall body; by so doing he was disturbing other learners who were seriously involved in reading the story. He fiddled with whatever is around him: papers, learners, pencils and bags. He did not use ink to write on the exercise book but the teacher mostly ensured to personally gave him a lead pencil. He pretended to write, stopped and slept. He poked others with a pen. During break time, he pushed other learners around who sneered and snubbed him.

Learner B

This child's mind was not focused on the lesson. Absences were evident, but on top of that his mind was outside the classroom. In fact, he was causing chaos in class. He showed symptoms of fatigue. He, in some instances slept, in class. He had a lot of seizures which are longer than thirty seconds. He did not learn at all. Some days he was negatively active and that seriously affected the teacher emotionally.

School E: Learner A

He was very lazy and spent his time disturbing others. He played most of the time and laughed at others. His colouring was untidy. He worked less and talked excessively. During observation, he managed to complete a project designing a bearded necklace. It was beautiful and apparently that was his best performance. Despite having a large physique, he moved around the class with ease but only to tease others. His eyes were always focused on the corridor and out of the window. He was talkative, always laughing and did not work.

They were given a task in Life Skills and the theme was "real life situations", where they are expected to draw and colour. For two hours he did not write anything. He was easily distracted, does not concentrate, he is short -tempered and very disruptive. When other learners are writing he just sits and would pick on them. He talks and laugh at others as a result they are disturbed and cannot concentrate. In six observations he only completed two tasks where he was expected to draw a picture of a wild animal. The drawing was not coherent. It was not clear whether it's a horse or a zebra. The teacher was not happy. In one

observation, he was able to complete a beautiful beaded necklace. This was an outstanding performance for the child.

Learner B

He worked very slowly, had a short attention span, was easily distracted and at times did not concentrate. He had clustered seizures. At one time, he opened his desk drawer and suddenly he stopped and the door of the drawer slammed. He looked blank and he opened the drawer again, as he was trying to find something known to him. He stopped for about twenty two minutes and when he recovered he had forgotten what he was looking for. He went back to drawing the South African flag by stopping abruptly and resuming. Somehow, he remembered the object he was looking for in the drawer. He retrieved it and continued with the task, but from time to time he stops whatever he was doing.

He was always working, steadily, quietly and he sat alone compared to his classmates who sat in groups of four. He was wearing a religious neck chain. He was quiet but sometimes aggressive and short tempered. His work was very neat, he was also stuttering when he speaks.

School F: Learners A

Before the first observation began, the teacher reported that she did not understand the identified learner on that day. “He seemed erratic and not his normal self”.

The boy was seventeen years old. During the observation the letter “B” is discussed. The learners were instructed but the learner did not receive the message as he was preoccupied, in some instances he was able to get some answers correctly. He was restless and unable to concentrate. He raised his hand and the teacher attended to him. He opened his mouth but words did not come out. When his voice returned, he forgot what he wanted to say. He was mostly bored and his mind was not focused. He pasted glue on a piece of paper and stopped seconds later and continued. He had a low attention span and was exhausted most of the time. He was sometimes assisted by other learners.

During the observation the child showed aggression. He lacked self-esteem. He was impulsive and did not see himself as part of the group. He was slow in transmitting and processing messages. He read well but failed to apply these skills correctly to writing. The child was able to achieve but to certain limit.

Learner B

The boy was the highest achiever in his class though he got distracted easily. He was also slow because he was single-handed and was wounded seriously all over his face. He was very co- operative in class and listened attentively. He had the ability to achieve though to a certain extent. He was only able to read what was close to him but not at length. He was mostly absent from school. He had poor listening skills. He was unable to identify and draw shapes, symbols and patterns. He wrote shapes like waves and shaded outside borders and could no draw within lines. He was disrupted by a number of absences while he was trying to write. They were given rewards like toys or sweets after successfully completing a task.

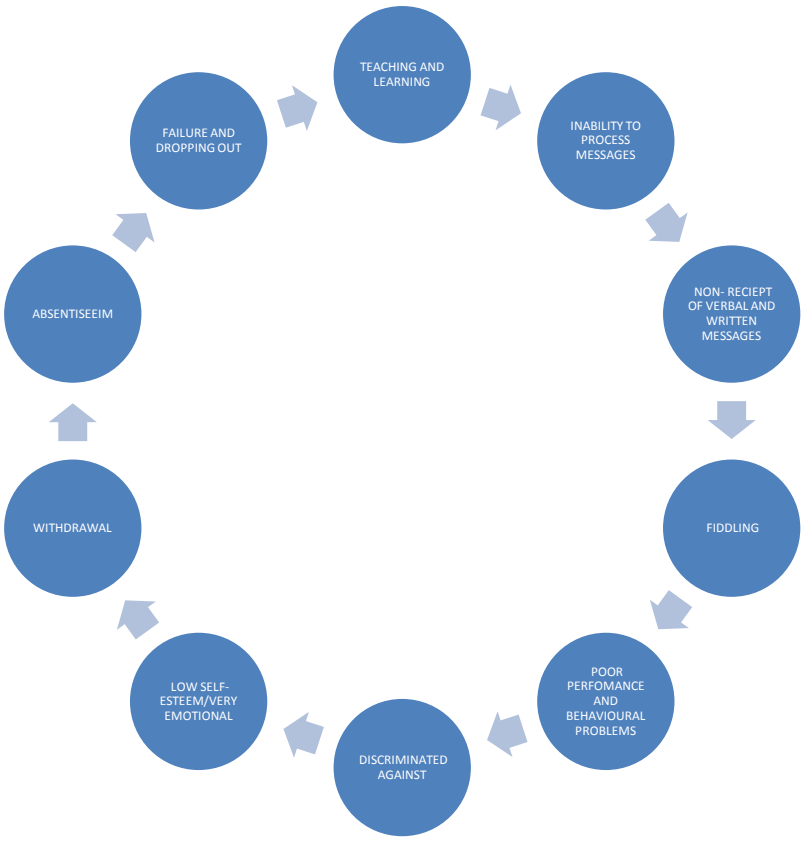
4.3.2. 1 Analysis of Observations.

In all observations, learners reflected almost the same patterns and behaviour. What was conspicuous during these observations, were the number of seizures that affected these learners during each teaching period. Ten learners fitted the characteristics of typical absence epilepsy and two learners are assumed to have atypical absence epilepsy because their seizures were longer than thirty seconds. The observations were coded into themes reflected in ***Table 2*** and the results are reflected in ***Fig 1.*** It was noted from classroom observations that teachers put their attention and focus mostly on children with potential and those without barriers and sometime they do not accommodate those with barriers.

Table 2

Theme	Interpretation/analyses
• Fiddling/ non-participation in class. • Avoiding the teacher. • Non-concentration/poor listening skills/ exhaustion. • Fiddling. • Inability to respond to questions and to read. • Mood swings. • Memory loss.	• Learning problems. • Inability to receive verbal messages. • Disturbance caused by poor management of seizures. • Inability to receive verbal messages. • Gaps of information after a seizure.
• Loss of consciousness. • Sudden termination of activities without a cause. • Staring into space. • Reflecting confusion. • Seeming lost. • Lip smacking and eye fluttering.	• Symptoms of absence seizures. • Effects of uncontrolled absence seizures.
• Working, eating and playing alone.	• Discrimination/ prejudice/stigma.
• Hiding behind bags/books/others	• Deceiving the teacher.
• Disruption in class/ aggression/cheekiness	• Behavioural problems.
• Symbolic neck chains and wearing animal skins around hand (goat/cow skins).	• Indication of cultural and religious beliefs and attitudes.

Figure 1



This is illustration was designed by the investigator using "Smart tools" from the computer. The wording is the investigator's words which came from analysing this study. The chain was expanded due to factors which affect the child because of absence epilepsy. It is a reflection of uncontrolled absent seizure on the learning cycle of the child.

4.3.2.2 Key Themes and Sub-themes of Learners' Observations

Emotional Problems

- Anxiety.
- Mood swings.
- Fighting with other learners.
- Fiddling.

Behavioural Problems

- Being violent.
- Disturbing other learners.
- Once, breaking all the windows in class.

Social Problems

- Low self-esteem.
- No friends.
- Eating alone during lunch.
- Leaning on the wall.

Discrimination

- Fellow-learners running away from affected learners.

Influence of Cultural and Religious Beliefs

- Wearing goat bangles, wrist bands, anklets and religious neck chains.

4.3.2.3 Similarities

- Behavioural tendencies of affected children.
- Disruption of lessons.
- Imposing themselves upon other learners.
- Anti-social behaviour coupled with a sense of low self esteem
- Mood disorders.
- Emotional problems.
- Frequent absence seizures in and out of the classroom.

4.3.2.4 Differences

There was no notable difference amongst all the learners that were observed, except in the case of one boy who was very quiet. The investigator was later informed by the teacher that, other than having absence epilepsy, he was also looking after his sick mother who died during the course of this study. One learner had spacity (chicken-wing arm).

4.3.2.5 Discussion of Observations

It was concluded that the frequency and the number of seizures that affect these children per day, was alarming and that this frequency ranged from mild to severe. These seizures had a negative impact on these children. Their, emotional problems made it difficult for them to have friends and they isolated themselves and were in return, isolated by other learners. Kapp and Kruger (2011: 314) argue that children with epilepsy have a tendency of being irritable

and aggressive before a seizure. As a result, this may have a negative impact on a child. It was noted that they eat and play alone because other children were avoiding them. These children were anti-social and seemed distrustful. Kapp and Kruger (2011: 315), suggest that absence seizures occur unexpectedly and this temporarily excludes the child from what is happening around him or her resulting in separation from other children.

During observations all the learners under observation experienced serious learning problems and displayed erratic behavioural patterns. Research suggests that this is common with epileptic people, Beghi et al (2006: 15). Moreover, discrimination of these children was rife in all schools. In a study conducted by Lewis and Parsons (2008: 321), it was found that children with epilepsy are prejudged and discriminated against. This was primarily because of the unpredictability of seizures and the lack of education about epilepsy.

Most of the children wore symbolic, cultural goatskins wristbands and religious leg and neckchains to fight epilepsy. Mbuba et al. (2008: 1491), state that cultural beliefs are amongst the reasons why most people are not on medication. That is why these children were wearing these items. Their parents believed that this would stop epilepsy and seizures.

4.3.3 Interviews of Teachers

Before the interviews were conducted, with both teachers and parents, interviewees were informed about the length of the interview and informed that the venue in which the interview will be conducted had to be free of disruptions (Easton, 2000: 75). They were given informed consent forms to sign before the interview could take place and they were informed about their right to ask questions. The investigator was taking notes, asking questions and was controlling the audio tape. Open-ended questions were asked from parents and teachers. Data was thereafter read repeatedly word by word, and in some instances, phrased and summarised using conventional content analysis; codes were developed and categorised into themes.

Teacher A

The teacher was a female, aged fifty three with a diploma in childhood education. She had been teaching for sixteen years. She had been a teacher of the learner for four consecutive years. The child had repeated grade one four years. She admitted that she did not know about “absence epilepsy” before this study, although she had seen children with the symptoms. She also did not know that this was a medical condition which negatively affects teaching and

learning. From the outset, she showed anger and frustration with the child. She shared the sentiment of not being happy that the child was in this school, especially in her class, because the child was having absence epilepsy and convulsive epilepsy. When the child was “fitting” they felt helpless and could “do nothing to help the child, instead we put a spoon in her mouth so that she would not bite her lips.”

She complained that the child was quiet but disruptive in class. She was mostly absent from school, had “poor listening skills, copied from others, lacks comprehension of school work, was unable to write or learn, and her memory fluctuates from being poor to worse, often forgetting either her writing material or what she had read.” She also had a very low self-esteem. “The child is a problem” It frustrated her, more so, because the child was very active outside the classroom, which resulted in her being tired and unable to focus in class and at the end, the child would sleep in class. She felt there was no hope for that child and other learners in her class. She believed the child should be placed in a special school because the child “could look into space without blinking and would soon be back into her senses in no time. This happens for a few minutes.”

She confessed that she sometimes “hits” the child because of her inability to cope with this child and other children in her classroom. She believed that, that child and others is a “nuisance,” as they abuse teachers. Her training did not equip or prepare her with skills to deal with such children. The school had no program to assist learners with learning difficulties, but it has a committee which made suggestions to parents that the child would not progress to the next grade. Overcrowding in the classroom was a contextual factor which hindered her from teaching effectively. She believed that should her child be affected, she would be sent to traditional healers, prophets and doctors for intervention. She strongly believed that traditional healers are stronger in healing epilepsy.

When asked about the parent’s attitude, she said that the mother did come to school a number of times because of the ‘rape that took place in her class while she was attending to the sale of the building material that took place when the school was demolished.” After that incident, the parent had been at loggerheads with the teachers. She complained of the failure of the Department of Basic Education to come to the teacher’s rescue regarding these learners. She feels that training is one factor that will assist in identifying and accommodating children with learning barriers.

Teacher B

This teacher was forty three years old and had been teaching for more than ten years. She had known the learner for almost one year. She was not aware of absent epilepsy before the training but felt that the child was feigning sickness. She only knew that epilepsy was a "falling sickness." The child's performance was poor, and she thought that the poor performance was caused by her family background. The child was nursing his terminally ill mother who later died in his arms. She was concerned that parents do not inform teachers about the conditions that children had. Overcrowding led to children not given proper attention. Sometimes she would raise her voice to get the attention of those learners. The child had staring episodes which were accompanied by crying and the jerking of his arms, and was very emotional. Previously, she believed that was caused by the socio-economic conditions at home and the mother's health condition. After the training, she realised that it had to do with absent epilepsy. The child was mostly absent from school, especially when learners were being assessed formally.

The child was too old to be in this grade. Since the child was new to the school, there was no evidence that he had repeated grades although his age suggested that possibility. To assist such children, she believed they needed individual attention; but with sixty seven learners in her class, she was unable to do so. She normally sat down with the child so as to get to know the child better. She felt that the boy did not belong to this class. There were some children with similar problems in that school; some dropped out along the way as the going got tougher. Some remained in school to repeat grades and are later condoned to the next grade or drop out of school. "These learners are mocked by other learners." Some learners in her grade six were above seventeen years of age.

Those children needed someone who understood them. She also argued that the child was very emotional due to being stigmatised by others because of his condition. Asked if the child could be sent to special schools, she answered that she had "no idea how special schools work," but believed that she could be able deal with these children on her own. Asked about the behaviour of the child, she said there was nothing extraordinary since most learners in her class were misbehaving; and there were many learners in her class that present challenges. She indicated that she reported all special cases to the first deputy principal because she was knowledgeable about the situation of these children.

She complained about the Department of Education for not coming frequently to the school to investigate if there were children with learning difficulties and the lack of support even if these cases were reported. She argued that training will help the children to be on par with other children, as it would reduce the discrimination that these children were facing and since they would benefit from being helped by those who are free of barriers.

Teacher C

The teacher was sixty one years old with thirty six years teaching experience. She had a Primary Teacher's Certificate, Junior Secondary Teacher's Certificate, Secondary Teacher's Diploma and a Further Diploma in Education. She had two affected learners in her class: a boy and a girl.

She was aware of epilepsy as a condition that" made a child to be slow, non-cooperative, on and off, slow, tired, taking long to grasp the content, and isolating himself." She knew absence epilepsy as a condition where a child feels "dizzy and freezing, shocked, surprised, and gazing for about three minutes." This led to the child performing poorly, not grasping, feeling sleepy and being absent from school. She believed those children do have limitations because in some of the days the children are worse and in some they are better; and the performance fluctuates from poor to worst. The boy also had a hearing problem; "he is cheeky, aggressive and sometimes cries and, on several occasions, loses consciousness. He prefers oral work since he has application problems and is severely forgetful."

These children were "performing poorly," as they failed to apply concepts, were unable to construct sentences, especially because of social problems and being heartbroken, they end up gazing into space. Sometimes they look strange and shocked and are mostly absent from school. She related that this negatively affected the children's performance but, in some days they were better; they were non-cooperative, on and off, could not grasp the content, and were mostly feeling tired and sleepy." She believed that, this was caused by "social problems, heartbreak, shock, and some mysterious circumstances."

She also stated that the boy cried for no apparent reason and that he was also not friendly and did not get scared easily. She elaborated that the children's performance was better only if they engage in oral activities. When they had to apply skills it became a problem, particularly because they were forgetful. She had made recommendations that these children be sent to a special school because if teachers conduct school interventions it is only in the afternoons and

the children are raped on their way home because they did not use any transport. Teachers could not remain at school after hours because of crime. Most of them were of living in town which made remedial classes a challenge.

The teacher ascertained that the school had a problem of accommodating a lot of children with learning problems, as a result, those" children were difficult to teach and in the end they become a group of non-achievers, repeat grades and leave school. Some do not even start high school. As a school, they give them tasks that are easy. Many are condoned because of age or because they are repeaters. In the end some leave school to become taxi conductors, whilst others keep on being condoned until they give up and become young parents or get involved in crime."

She elaborated that the school had a problem of parents not involving themselves in school programmes. Most of the children were orphans who lived with their grandmothers or were raised by their siblings. Children are also affected by the illness of their grandparents because they believed they will die and leave them as their parents did. The community was faced with unemployment, ignorance, diseases, child-parents, abusive parents, alcohol abuse, sexual abuse, voodoo and belief in superstitions. That made communication with parents a challenge as it affected the school negatively.

There was no assistance that was given by the department of Basic Education. She complained of the large number of learners they had in the school and in the classrooms. She also welcomed the idea of the training of teachers to identify and accommodate learners with problems. She felt that will assist teachers in supporting these children.

Teacher D

This teacher was aged forty six and she was a deputy principal at the school. She had been a teacher for twenty one years. She lived in the vicinity of the school and she dealt with learners with learning barriers every day. Even though she was informed that the child was epileptic, she had never experienced the child having an epileptic attack. She therefore believed that the child was faking her illness and was looking for attention. The child attended the foundation phase in the same school then left to attend a Muslim school.

Now that she was back at that school, the child would "come in the morning and feign illness, then she would be taken to the sick room to recuperate. She liked attention; by so doing, she avoided school work since she was lazy." She said the child was not aware that she has

absent epilepsy. She had repeated grades previously and that was why she left school. The learner failed to understand why she performed poorly and repeated grades.

She stated that," if parents could inform teachers about their children's problems, it would be easy for the teachers to know learners better and to give learners with impairments individual attention. That results in these children being rejected by and humiliated by teachers and other learners. The girl feels embarrassed to be with other children; as a result she has a very low self-esteem. She is absent from school more frequently."

The child was unable to listen in class and when the previous work was followed up, "she did not seem to remember what was previously taught. The child bumps into desks and other things; she is short-tempered, moody, not sociable, shy, and withdrawn. The child does not participate in class, is lazy and avoids assisting in class as early as the first period." She believed that such children were not to be sent in special schools but needed to be assisted in ordinary schools. She stated that there were more children with absent epilepsy in that school although she was not sure of the numbers.

The fact that the school was very big and it accommodated more that seventy learners in each class made it difficult to address all problems that affected children. Community members in that area were mostly not working, parents were young children who leave their kids in the care of their grandmothers in order to find work or go back to school. Most families were child-headed because parents were deceased and the children were left in the care of their siblings. Some parents were single and not working. These social ills, including the abuse of alcohol, were negative factors in the raising of children.

The level of education in that community was very low and "parents are not motivated to send their children to school if they are not going to benefit in return," she said. That is why they removed their children from public schools and took them to Muslim schools because in those schools they received food which will cater for the whole family whereas in ordinary schools, the child only got a portion of food that can only be eaten at school. "Most families here had been converted to this faith because they believe that the Muslim religion and education will alleviate poverty and give them better opportunities. Community members are mostly illiterate and there are no opportunities of employment and people here rely on hand outs from non-governmental organisations and government social grants."

She believed that if the health personnel could come to school, they will find that there were more children experiencing absent epilepsy and other learning impairments and disorders. When the teacher was asked about the yearly snap survey that is submitted to the department, she said they do not fill in the numbers on it as they do not get proper information (about children's disorders) from parents.

She maintained moreover, that parents of this child (and other children in the school) believe that" in order to help their children, the ancestors need to be appeased." She complained about alcohol and substance abuse in the community. Those who work on farms and return home late, do not to care about what their children did at school. That resulted in parents not being able to help particularly with homework and school work. She stated that "parents in these communities believe that teaching the child is the responsibility of teachers. They do not attend school meetings and even if there is a problem with the child they, do not come at all."

When she was asked about a committee to assist the affected children, she was doubtful. She said it was in existence before but many teachers who were in that committee "left the school due to undisclosed problems." She is the only one left in the committee but eventually the committee will be revived the following year. She argued that if there are some problems that need medical intervention, teachers write to parents and recommend that children be taken to the neighboring clinic which is far away from this area.

She also stated that the major problem that affected teachers in the school was overcrowding in the classrooms. This resulted in teachers ignoring and neglecting learners with barriers as they believe those children had an attitude. That could be very destructive towards those children, particularly the learner under observation. "Some classes have over eighty learners each; this results in teachers not being able to give individual attention to learners." They have enough teachers but they lack the floor space.

She believed that training of teachers on identification and accommodation will be appreciated as it will provide relief to teacher's problems. They will be able to understand the needs of children with absence epilepsy and similar conditions better.

Teacher E

The teacher was fifty three years old with twelve years teaching experience. She held a Primary Teacher's Diploma, an Adult Basic Education Certificate (ABET) and an ABET

Diploma, a Primary Training Certificate, Junior Secondary Teacher's Certificate, Secondary Teacher's Diploma and a Higher Diploma in Education. She had two affected children in her class and both are boys.

She was hesitant to answer the question of knowing about epilepsy but related that she knew that an epileptic condition "makes a person fall and lack oxygen at that time the child must be laid in an open space and be stripped of tight clothing. When a child is experiencing absent seizure," (*she shook her head for a few seconds before she gave an answer*), he/she "shake hands for a few minutes, and loses his/her senses. He /she flashes hands and do not respond to verbal stimuli." (She was absent during the training of teachers in preparation to conduct this study.

She believed that affected children are not normal and that disturbed her. "They are disruptive, have short attention spans, do not believe in themselves and have behavioural problems." Their attention is not in class but somewhere else. They are not able to write. They are still doing grade's one work while they are in grade three. They are always condoned because of age. These children are a headache because they are violent, and at one time both of them broke all the windows in her class." She stated that there were many learners in her class with different learning problems so; there was nothing strange about the behavior of these boys.

She felt that both these boys were better off if they were sent to a special school. They had started with the process of sending the learners to a special school. "One boy lives with his aunt because his mother is working far away. The aunt does come to school when she is invited. The parent of the other boy does not co-operate even if she is invited." The teacher confessed that they were excluding these learners in their classrooms because they were difficult and troublesome. They progressed to the next grade because of age and because of the number of years they had spent in each grade. "At the end of the phase, most of the children end up not finishing elementary school or enrolling in secondary school. They end up roaming the streets with no direction in life. Some give birth to children with the same condition. Some only register at the beginning of the year and attend classes during the first term and never come back the following term."

As a member of this community she believed that, this was caused by social problems, "such as HIV/AIDS, single and young parents who are unable to take care of their children, and leave them in the care of grandparents. These young girls leave their homes to live with new

boyfriends and abuse alcohol and other substances. Poverty, unemployment, sexual immorality, AIDS pandemic, poor sanitation, lack of water and voodoo are prevalent in this community. Some learners do not come to school because their parents or guardians perform traditional rituals (*amagobongo*) for them. They will only come back to school once parents have conducted these rituals." All of the above factors hinder children from coming to school.

They do not receive assistance from the department concerning the learners experiencing difficulties in learning. That, as a result, made it difficult for teachers to cope because the department is aware of these problems though it does nothing to help. She believed that the training of teachers will assist to a large extent because they will then be able to give proper support to children and their frustrations and stress levels would be reduced.

Teacher F

The teacher was fifty one years of age, with twenty seven years of teaching experience in a special school. Her qualifications included a Diploma in Special Needs Education, Primary Teacher's diploma, Bachelor of Arts, and BED Honours degree. She was the form teacher of one boy with absence epilepsy. She stated that the child was a happy child who was playful and full of love, although he was sometimes forgetful and absent-minded. Teachers in that school knew absence epilepsy as ***"petit mal"*** because their training as teachers included that topic. Children are referred to the school by doctors, but the teacher is not sure if the child in question is on medication or not. In this class the boy is the highest achiever. He sometimes got lost along the way but he followed up on most activities.

The boy was sweet but sometimes aggressive, cheeky and was absent from school most of the time. Parents do not come or report about his absenteeism. The child was living with his grandmother because both parents were late. She elaborated that she "focuses on individualism and that assisted her to teach her learners effectively." The number of learners in her class allowed her to teach effectively. Learners in the school were grouped according to their age cohort. Most of the learners in that school were epileptic. Learners take their medication at home since the school did not have a school nurse.

She reported that she was concerned about one other boy in her class who "suffers from absence epilepsy". She no longer understands the boy; he lives with his grandmother and some aunts. The boy is the only male figure in the family, and as a result, the family gives

him a lot of responsibilities." She then suspected that the child was using drugs because of the change in behaviour.

'He has severe absence seizures and sometimes he just falls without convulsing. He is on medication. Since he has started using drugs, she suspects that he is no longer taking his medication. The boy is twenty one; he does not want to write, was mostly tired, cannot sustain friendships, has a change of behaviour, withdrawn, sulks, aggressive, violent and defiant, prefers routine, and is now a loner." The teacher expressed concern over the issue of using drugs and dagga. She felt the child needed love, and a lot of motivation on her part. She did not know of any other condition that the boy had in addition to absent epilepsy.

4.3.3.1 Analysis of teacher's interviews

Summative content analysis was adopted to analyse the responses of parents' and teachers' interviews. The content of interviews was interpreted using words to find basic meanings Hsieh and Shannon (2005: 1284).The research questions in this section were:

- How does the Department of Education provide for learners experiencing absence seizures?
- What should teachers know in order to help children who experience absence seizures?

These questions are further discusses in chapter 5.

A. Theme	B. Analysis
• No knowledge of absence of epilepsy. • Suggesting that affected learners be sent to special schools.	• Ignorance/ no name in the native vocabulary. • Lack of knowledge about inclusive education.
• Leaving the profession.	• Urgent need to assist teachers. • High level of stress.
• Attendance at Muslim schools. • Children being removed from public schools.	• Loss of hope in ordinary schools. • Effects of poverty. • Hope of better educational opportunities.
• Name calling/ exclusion/ beating/	• Need for training/ frustrations/ anger/

shouting and neglecting learners.	lack of motivation/ loss of hope/ ignorance.
• Discrimination. • Low self-esteem. • Stress/aggression.	• Attitudes/prejudice. • Effects of ignorance. • Stigma and inability to cope.
• Poor academic achievement, absenteeism/ exhaustion/ mood swings/ poor memory.	• Poor management of seizures/ withdrawal/ lack of motivation. • Learning problems.
• Children faking illness and seeking attention.	• Teachers not understanding absence epilepsy.
• Child raped in class.	• Indicate the need for assistance teachers.
• Breaking the windows. • Disruption of others. • Emotional problems. • Aggression. • Children isolating themselves.	• Frustrations of children and teachers not knowing that the child is affected. • Emotional problems. • Behavioural problems. • Social problems.
• Overcrowding in the classroom.	• Inability to reach out to learners' individual needs.
• Exhaustion/learning problems/ learners repeating grades/ copying from others.	• Effects of uncontrolled seizures, inability to cope/ gaps of information.
• Lack of support from the Department of Basic Education.	• Lack of interest/ appointment of personnel without relevant qualifications. • Incompetence/ no monitoring.
• Learners abusing drugs, leaving school, working as taxi conductors and being involved in crime.	• School drop-outs. • Loss of hope. • Increases unskilled labour and

	unemployment.

4.3.3.2 Key Themes and Sub- themes of Teachers' Interviews

Teachers shared their feelings and fears and about their teaching and treatment of these learners. In most instances, they reflect on the challenges they faced everday. Nevertheless, interviews indicated common similarities amongst the teachers. They reported the following, among other key themes and sub themes:

Lack of Identification

- Not knowing the symptoms before the study.
- Lack of relevant information about epilepsy and absent epilepsy.
- Ignorance of the causes of learning and behavioral problems.
- Anxiety and depression that the teachers have.
- Low self- esteem and memory loss experienced by affected children.

Teachers' Attitudes

- Name calling and raising challenges in teaching and accepting affected children.
- Humiliating and neglecting children they did not understand.
- Suggesting cultural and spiritual intervention to affected children.

Lack of Training

- Lack of understanding learning barriers, including epilepsy and absence epilepsy.
- Failure to accommodate and support children with learning barriers.
- Concern about learning and behavioural problems.
- Overcrowding and shortage of educational resources.
- Lack of support from the Department of Basic Education.

Ignorance

- Suggesting that children be sent to special schools.
- Blaming parents for non- involvement and accountability.

Stress

- Abusing children physically, emotionally and verbally.
- Leaving the profession for other ventures.
- Lack of support from the Department of Basic Education.

Discrimination of Learners

- Neglect.
- Stigma.
- Prejudice.

Vulnerability of Affected Learners

- Being beaten by teachers.
- Scolding, shunning and snubbing of affected learners.
- Injury caused by bumping into things.
- Being raped.
- Poverty and death of family members.

Way forward

All the teachers reflected a sense of eagerness to teach children with barriers; provided they receive the necessary skills and support to teach these children.

4.3.3.3 Similarities

- No knowledge of absence epilepsy and other forms of epilepsy before this study.
- Relating learning and behavioural problems to social ills.
- Lack of skills to identify the affected children's symptoms.
- Abusing children physically, emotionaly and verbally.
- Poor academic performance and the challenges that are posed by these children in class.
- Reasons for suggesting special schools.
- Overcrowding in classrooms.
- Lack of knowledge about inclusive education.
- Non- involvement of parents.
- Lack of support from the Department of Basic Education.

4.3.3.4 Differences

- Only one teacher from an ordinary school indicated that she did not have a problem teaching affected children.
- Onother teacher from an ordinary school had knowledge of inclusive education and informed the investigator that there was once a support programme in schoolat one time. That programme was unfortunately dissolved because of teachers leaving the profession for various reasons.

4.3.3.5 Discussion of Teachers' Interviews

Teachers' attitudes, which were reflected during interviews, are a problem to the education system. As professionals, they needed to rectify and change their attitudes. The investigator feels that as long as training is not conducted, teacher attitudes will remain a threat to teaching these children. There will always be hindrances to learning situations. According to Engelbrecht and Green (2007: 7), teachers need to correct their assumptions about children they do not understand. They must learn to find ways in which they will accept and appreciate them by finding ways to make them be a part of the learning process. Moreover Kapp and Kruger concede that (2011; 314), the teacher and learner relationship positively improves teaching and learning. If the child is involved he/she eventually becomes part of the learning process. This will eventually enable the child to accept the teachers' authority and the teacher will be to identify with the needs of the learner.

Identification remains a major problem. Teachers are teaching children who they do not understand. Teachers do not know that learning, behavioural and emotional problems are caused by epilepsy. Epilepsy is a condition that affects thinking processes, learning abilities, speech as well as long-term memory (Hoppe et al., 2006: 26). Failure, on the part of the teachers, to identify makes it impossible to accommodate diversity in their classrooms. Teachers must be able to identify all symptoms of epilepsy and its consequences on learning (Kapp and Kruger, 2011; 314). Identification would also assist teachers in knowing what would assist a child to learn and what would work better to support the children according to their needs.

The level of stress is a major setback in teaching affected children. The frustration of teachers was reflected in the way they treated the affected children. Landsberg (2011: 75) maintains that teachers are intermediaries between the curriculum and learners. Their major role is to

effectively implement the curriculum in ways that all children are able to learn. Teachers must not bring conflict into the class. Unfortunately, because of the level of stress, they end up being the source of conflict. According to Stofile and Green (2007: 59), the changes that are imposed on teachers impact negatively and, as a result, they take their frustrations out on children that they see as a challenge in their classes. According to Besag (2006: 119), epileptic discharges are the main causes of cognitive and behavioural problems.

All the teachers complained about poor academic performance and behavioural problems posed by these children. This is because most teachers are not capable of dealing with such problems and they end up being frustrated. As a result they verbally and physically abuse and neglect the children. Training, therefore, is essential in supporting teachers to help affected children. During the interviews teachers were optimistic about receiving training in order to assist children. The Department of Basic Education has committed itself to providing training and support to teachers and in the classroom (SIAS, 2014: 32).

Most of the teachers are still ignorant of the inclusive practices that were alluded to during interviews. They are still singling out and separating children. Engelbrecht (2007: 187), suggests that there should be collaboration between legislation, teachers, learners and communities as this, will promote a sense of belonging and support for children, and all stakeholders. Some teachers were even discriminating against learners, like a principal who scolded a child and revealed her HIV status. Affected children are at risk of being subjected to abuse and even raped inside the classroom under the supervision of the so called proffessionals. Kapp and Kruger (2011: 314), warn that attitudes of teachers may scare or impede learners' inventiveness to learn. Such behaviour is unacceptable because teachers are agents of transformation. In conclusion, all teachers reflected enthusiasm in receiving training and felt that training will empower them to help and support these learners.

All the teachers were concerned about parents not coming to school even when they were invited. Raty et al. (2009: 279) argue that the greater the level of education for a parent the greater the level of participation in the schooling of children. It was concluded that parents were intimidated by teachers' attitudes when they visited the school. They were also not aware of the impact thatcoming to school would have on the education of their children. Teachers were eager to meet with parents because they believed that they would learn a lot about children if parents were involved.

4.3.4 The Interview Questions for Parents

The questions referred to in this section were:

- What is absence epilepsy?
- How can parents assist the teacher in supporting their children?

Parent A

This mother was forty five and she has four children. The father of those children was deceased. She had never been to school, was not working and relied on social grants for survival. She stayed with all four children, two of whom are affected by epilepsy. Of the two, one was experiencing absence epilepsy. The mother stated that the child was problematic from an early age and they could not identify what the problem was; as a result they took the child to traditional healers as early as when the child was one month old. That continued until she started school where they took her to Nazareth Baptist church for religious intervention. The child "is always into fights, she is always hungry, she is rough, bullies other children, she has emotional problems, she is stubborn, disruptive and is slow at school." She said that the child, "could stare into space without blinking, have jerking of arms, and would soon be back to her senses in no time. This happens for a few minutes" This led to the slaughtering of the goat which was done the previous year in an attempt to heal the child of her ailment.

When asked about epilepsy, she stated that she knew about epilepsy but did not know about absent epilepsy and only knows that epilepsy is a "falling sickness." She had never heard of absence epilepsy and it was her first time. She related that, she (the parent) "was always told by her mother that she had epilepsy as a child and her mother would relate about not understanding her when she was a child. She was taken to traditional healers when she was a child and has never experienced them as an adult." She maintains that she was healed by traditional healers and the church. Her main concern was that the child "could not grasp what is learnt at school, she is unable to finish tasks sometimes and she wets and soils herself without realising." The girl does not have friends; other children believe that she is cheeky and rude. The parent did not know her child's strengths or hobbies. She has never consulted the teachers at school; but is eager to help her child if help is available.

Parent B

She was a widowed mother of three children who was forty eight years of age. She survived through the grants of her children and doing odd jobs as she had never been to school. When she was pregnant she did not show any symptoms of pregnancy as such, the child was not developing well. The child was born premature which resulted in her giving birth through Caesarean section. She did not know why her daughter performed poorly at school especially because the child talked sensibly. She related that teachers at school think that the child was a "slow learner" when they are the ones who fail to teach the child properly." She stated that the child had interruptions when she was speaking or washing dishes, which is a task that she enjoyed the most.

She knew that epilepsy is a disease whereby a person "falls and fit" and the child was diagnosed with epilepsy. Her child had been taken to hospital a number of times and was given anti-convulsive treatment, but the child is still not on chronic medication. She did not know about absent seizures and their relationship to epilepsy, though she was aware of the disruptions which affect the child's activities; at times she never thought of it as something significant. She believed the child inherited the condition from her father's family because they have a history of absences; the child's father also had them.

The child had also a tendency of gazing at people and things. She related of an incident when they were in a bus and the child gazed to an unknown male passenger for some minutes, she tried to call and shake the child but the child could not respond. The child's unusual behaviour later on stopped, as if nothing had happened and the mother was so embarrassed, she then "apologised to the man."

She asserts that she normally shouted at the child when she was absent. Her school work was poor, she was highly active and she fought a lot. She did not talk a lot, was friendly but moody and aggressive. She was going to slaughter some goats in December to appease the ancestors as she believes that the ancestors were fighting over the child, so once these goats were slaughtered the child would be given a traditional wristband so that she would be accepted by the ancestors.

The mother was doubtful about the anti-epileptic medication that was given at the hospital as she stated that she trusted that traditional healers would assist her in curing her daughter. "Other children treat this child indifferently as the child was one day raped in class by other

boys. Teachers were not helpful when she reported the incident." This mother stated that she stopped going to school because of the attitude of the teachers. When her child was raped at school the teachers believed that her child provoked the incident. Other children discriminated against her child. As a result she preferred to play with very young children for a short period of time, and would to come back because of quarrels.

She went to school on several occasions, to discuss the education of her daughter but was advised to take her to a special school because she was slow. She said "the child had repeated grade one four times." The child had "behavioural problems, was unpredictable, had low attention span, loses consciousness, and is forgetful. She sometimes gets lost on her way from school because of forgetting the path back home; luckily, neighbors know her and assist in bringing her home when she gets lost. Fortunately, the worst has not yet happened to the child when she was lost. The child is also prone to injuries; she had been injured three times at school." She had a scar which was caused by a desk falling on her. She likes to wash dishes and to play house. The mother wanted her child to be assisted in the ordinary school because she tried to send the child to a special school but the child felt that she did not belong in that school. The mother, moreover, did not have finances to pay the school fees since parents were expected to pay so that children could be accommodated in special schools.

Parent C

The child was an orphan and the older brother represented the learner because both parents are deceased. He was twenty three, and currently not employed. The five siblings survive through a foster care grant. The brother related that the child had absent epilepsy when she was a child but they did not take it seriously because it was not important to them. The child had a stroke some years ago, before the passing of their mother. They did not know what the cause of the stroke was; since the child is also HIV positive, they thought that the stroke was caused by the virus. After the stroke the child developed epilepsy but "she just falls and does not fit" She knew the signs when she was about to have a seizure. He said the child was forgetful, lazy, stubborn, moody, and cheeky and at times they did not understand her.

He was asked why the child was sent to a Muslim school prior to attending the current school. He related that it was the decision that was taken by both his parents while they were still alive, as they had converted to the Islamic religion because they were helped with food and free education by that religion. The child was discriminated against in the school by teachers. The principal would always remind the child about her HIV status. As a result, after

the passing of their mother, they removed the child from that school to be enrolled in the current school, where she was a former learner. It was closer to their home.

Parent D

This mother was twenty eight years old with two children; the father was deceased. She was unemployed. Her son broke his back when he was a child and sustained a spinal injury.

She does not remember how old the boy was when he got injured; the only thing she remembered was that he was still young. She was not aware if the child had absent seizures before the accident, she only realised later after the accident. The child was extremely forgetful even when he was sent on errands. He falls but does not fit, and he also had visual problems. He had also noticed that a child lost consciousness from time to time; when he played or ran, he would suddenly stop without any reason. She never took this seriously because it happened for a short time.

One day she sent her son to buy bread and before he reached the gate, he had forgotten what it was that he was supposed to buy. The parent swore at him as she believed that he was not listening when he was told what to buy. The child was also taking ARV's and was given glasses for his eyes. He was not on medication for absent epilepsy as the mother had no knowledge that it was a condition, the child was also asthmatic. The child was prone to injuries, which caused many scars on his body, arms and face. He had a new, open wound because he stumbled frequently on things.

She did not understand why the boy was an unhappy child but had always believed that it was caused by him losing his father at a very young age. The child was also short-tempered as "he cries for no apparent reason. The child is forced every day to go to school." Teachers have recommended that the child be sent to a special school, but the child's government doctor referred him to a psychologist who said that he had a normal intelligence. The mother expressed her "frustrations, disbelief, anger and scorn at the teachers for not being able to help her son and for suggesting that her son was slow."

Parent E

This mother was twenty eight years old working at a second-hand shop. She failed her matric and decided to leave school. She only had one child; the father of her child was late. She believed that her "child had no learning problems and is good in whatever he does". Her son

had never been sick in his life. The last time she visited the clinic was during pre-natal classes. She had high hopes for the future of her boy but the child was always repeating grades and she did not understand why. She believed that teachers were not doing their jobs as they fail to teach her son.

The parent's interview was doggy until later when she admitted that her son does have "learning problems, staring moments, loss of information, his mind lapses and disruption of activity". She said she was aware that this happened several times per day but it was not something serious. During these episodes, the mother gets angry and shouts at the child and beats him. She thought the child lacks attention and was a bad listener as he was always in a run to go and play. The child did not have a best friend as he was cheeky, stubborn and short-tempered; he played with whoever was around. She did assist her son with school work but she gives up because it is difficult for the child to understand, and she gets impatient with him. She never attended school meetings only but because "she works in town and comes home very late; she relied on relatives to go to school to attend meetings" on her behalf. She had never attempted going to school.

4.3.4.1 Analysis of Parent's Interviews

A –Theme	B –Analysis
• Some family members having absence epilepsy.	• Heredity.
• Child being always hungry and some not having meals with other children.	• Belief in witchcraft.
• Slaughtering of goats/performing rituals and appeasing the ancestors. • Divine intervention.	• Traditional, cultural beliefs and religious beliefs. • Lack of knowledge.
• Children wetting and soiling themselves/ just falling without convulsing and exhaustion.	• These children also have other forms of epilepsy and seizures like grand mal, nocturnal and incontinent seizures.
• Blaming teachers for referring children to special schools. • Conviction that the children have no problem.	Reflects anger, loss of trust, denial, overprotectiveness, defence mechanism, attitudes and doggy parent.
• Children attending clinics but still not on medication.	• Treatment gap.
• Children being raped/ losing their way home.	Children's vulnerability and exposure to risks, social problems.
• Attending Muslim schools.	• Dominance and assimilation, effects of poverty.
• Teachers exposing learners' illnesses in class.	• Discrimination, prejudice, stigmatisation.
• Children sustaining injuries being loners, cheeky and mood swings. • Children reflecting aggressive behaviour /fighting other children.	• Unpredictability and effects of epilepsy, lack of control of seizures. • Behavioural problems. • Anxiety caused by seizures.
• Poverty, unemployment, substance abuse diseases.	• Socio economic problems.
• Parent beating, shouting at the child.	• Anger/ failure/ frustration/ denial.

• Non-involvement of parents in school activities. • Failure to inform the school that the children have problems.	• Illiteracy, ignorance and lack of trust. • Shifting the blame/guilt. • Ignorance.
• Children repeating grades. • Poor performance.	• Learning problems

4.3.4.2 Key themes and sub-themes of Parents' Interviews

Causes of Absence Epilepsy

- Genetic disorders.
- Idiophathic.
- Spinal injuries.
- Cultural beliefs.
- Strokes.

Comorbidities

- Incontinence.
- Grand Mal.
- HIV and Aids.
- Spacity.
- Learning difficulties.

Vulnerability of Affected Children

- Children exposed to social ills.
- Danger posed by absence epilepsy.

Social problems

- Poverty.
- Child- headed homes.
- Unemployment.
- Negative attitudes of teachers.

- Ignorance.
- Anxiety.

Lack of Sufficient Education

- Lack of knowledge about epilepsy and absence epilepsy.
- Poor level of education.

4.3.4.3 Similarities

- Socio-economic status.
- Depresion.
- Objectives.
- Education.

4.3.4.4 Differences

One particular parent was working in a second-hand clothing shop and was able to attend school up to matric which she failed. She was in denial about having a child that had learning barrier but later admitted that the child was experiencing absence epilepsy and related problems at school. Onother person who was a sibling acted as a parent to an affected child as both biological parents were deceased.

4.3.4.5 Discussion of Parents' Interviews

Parents, during interviews, reflected concern about the education of their children. They did not know about absence epilepsy but gradually shared their experiences about it. They stated that children inherited absence seizures from parents themselves. One parent believed that she realised absences when her child had a spinal injury and another elaborated that the family noticed absence seizures after the child had a stroke. Some parents did not have any knowledge of the nature of these seizures. In literature this is supported by Kapp and Kruger (2011: 302) who maintain that some of the origins are genetic and some are unknown. Moreover, Levenson (2008: 21), states that some of the origins are due to a lack of proper health services, birth trauma, poor hygiene, head injuries and substance abuse.

Parents were mostly concerned that their children did not only suffer from absence epilepsy and learning difficulties. Some learners also had grand mal, some were HIV positive and one had a physical barrier (chicken wing). Another had Attention Decifit Hyperactivity Disorder

(ADHD) whilst one had nocturnal seizures and incontinence. According to Khan, Hussain and Whitehouse (2012: 202), most of those fortunate children who are evaluated, have comorbid conditions. That was the case with the children who participated on this study.

All the parents except one who participated in this study were not working. It is unfortunate also, in all cases that their husbands were deceased. Another, person who was a sibling acted as a parent to an affected child as both biological parents were late. He looked after his siblings and was also not employed. They all lived in extreme poverty because they only received the social grant which did not cover their basic needs, as they had other children as well. They were anxious and depressed by the fact that their children were affected by absence epilepsy and that negatively affected their education, since they placed their hopes on educating these children. Duffy (2011: 31), suggests socio- economic factors, lack of support and stress make it difficult for parents to cope with a child with epilepsy because of the fear of not knowing when the child will have seizure.

All parents reflected anger, directed towards teachers for suggesting special schools. They felt that their children did not belong to special schools. One parent was even angrier because her child was raped in class. Parents were concerned that their children were suffering physical scars as one was knocked by a desk probably during a seizure and she realised later that she was injured. It was observed during the interviews that all parents were over-protective of their children. Parents also alluded to the learning, emotional and behavioural problems presented by these children. They were always fighting with other children and did not have friends and they had repearted grades over the years and were mostly, condoned because of their age. Loss of memory was another significant factor for all parents. These manifestations are related to those provided by Kapp and Kruger (2011: 311).

The lack education and illiteracy were seen as hindrances in creating awareness about forms epilepsy and medication. According to Snape (2009: 11), urban communities have a better understanding of epilepsy than those from rural communities. They even knew the types of epilepsy. On the other hand people from underprivileged and rural communities lacked relevant information about the condition. Furthermore, Snape et al. (2009: 4) related how scholastic level impedes logic in the subject for poor communities. As a result, parents resort to cultural rituals with the belief that the condition will be healed. According to Mbuba et al. (2008: 1491), cultural beliefs and lack of knowledge and shortage of trained personnel are some of the factors that contribute to people not receiving treatment. Some parents believed

that the children were bewitched which was why they took them to traditional doctors. Some parents blamed themselves for not perfoming certain rituals and they slaughtered cows and goats or attended churches with the belief that their children will be healed. This is supported by Snape et al (2009: 4), who give one of the reasons how ignorance makes people to avoid Western medicine in combating epilepsy.

4.4 Conclusion

Absent epilepsy is indeed a learning barrier for effective teaching because learners do not learn in everyday teaching and on the other hand, teachers are ignorant of the plight of the learners. Observations and document analysis provided a clear picture of the plight of affected children. Both teachers related the same experiences about the challenges of the learners. Their beliefs and lack of knowledge about epilepsy reflected their ignorance and frustrations. Children, on the other hand, are subjected daily to abuse, prejudice, stigmatisation, neglect, and being labeled because of their condition; eventually, they withdraw and leave school. Parents, on the other hand, end up being angry, guilty, and frustrated because of their children repeating grades without knowing the negative effects caused by absence epilepsy. These problems, in relation with their research questions, will be discussed in the next chapter.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

In this chapter the investigator will provide a summary of this study and after recommendations have been made, conclusions will be put forward. Ethical dilemmas will also be discussed.

In all four ordinary schools where the study took place, parents who participated were selected from different underprivileged communities with the same socio-economic status and similar backgrounds. Each group consisted of informants from informal settlement, rural settlement, and the village. The study consisted of both boys and girls and the ages were restricted to seven and twenty years. Learners affected were taken from grade one to six. Teachers who participated in the study were teaching in schools serving underprivileged communities.

Children were selected based on the following characteristics: the staring into space, sudden disruptions and termination of activities, loss of consciousness, non-responsiveness, eyelid fluttering, bumping onto things, forgetfulness, learning and behavioural problems and lip smacking,. These characteristics were derived on current literature e.g. Kapp and Kruger (2005: 274), Khan et al. (2012: 203) and other researchers.

In these communities, there are many children who suffer from invisible impairments. Most parents do not know the cause of their children's impairments, since they had normal pregnancies and experienced no difficulties. They believed that impairments are hereditary or made by other people. The investigator discovered that there are many children who suffer from other learning barriers in underprivileged communities, despite epilepsy and absence epilepsy. The actual numbers of learning barriers in these communities are unknown and difficult to determine since parents do not provide this information about their children, more so because, they do not subject their children to professional observations.

Absence epilepsy is a condition that is not known and under-rated in under-privileged communities. People know the symptoms but have never related these symptoms to a serious condition which can hinder effective teaching and learning or affect the important aspects of daily life. It is also not known whether absence epilepsy is related to epilepsy. Epilepsy is

known as a condition that causes a person to fall, fit and bite his or her tongue. Again, their knowledge of epilepsy is very limited; this was evident in interviews conducted with both teachers and parents. The number of affected learners in schools is unknown, as in some cases ignorance plays a major role for both teachers and parents.

Uncontrolled absence seizures are a serious threat to the education of children affected by absence epilepsy. They represent the purest form of absence, because of their ability to compromise consciousness (Blumenfeld, 2005: 2). The fact that almost all learners that were observed had more or less the same learning and behavioural problems means that the problem is more serious than just being a condition that affects school life; it also affects their social lives, emotional experiments, cognitive skills, and other essential aspects of their existence (Hamiwka & Wirrell, 2009: 734). It was also obvious that some children had more than one type of epilepsy and some had more than one condition; for an example, one child had absence epilepsy, attention deficit hyperactivity and a hearing problem.

5.2 Summary

Below is the summary of this study based on questions, patterns, themes and codes. The main question, **"How can learners who experience absence seizures, be supported in inclusive classrooms?"** was answered thus: In order to support children, an urgent request for teachers to be trained by the Department of Basic Education is needed. This could be seen in all teachers' interviews. All the teachers felt that training will empower them in coping and supporting some of the affected children in their classrooms. This is supported by studies conducted by McGovern (1982: 18), Jorge, Burneo, Tellez-Zenteno and Wiebe (2005: 64), Mbuba, Ngugi, Newton and Carter (2008 :1491), Senanayake (1993: 247), Ziegler (2013: 436), Smith, Defalla and Chadwick (1998: 15), Besag (2006: 119), Du Toit (1994: 31) and Kapp (1994: 37); they argue that identification is the major problem in assisting the child. It will help in managing, not curing absence epilepsy so that children will be supported effectively in the classroom, especially in the underprivileged communities.

From this it can be seen that teachers must be trained to identify and to cater for these learners in their classrooms so that they will encourage parents to allow the school to intervene by calling the medical personnel to come to school to make a proper diagnosis. This is further proposed by McGovern (1982: 18), Kapp (1994: 37) and Khan, et al. (2012: 202) by saying that teachers or whoever is dealing with the child must make the initial identification so that it will be easier to provide an understanding of the condition.

Identification is a major issue since most parents in the study alluded to the fact that their children were not identified by medical practitioners.

The investigator believes that identification will assist both the teachers and learners because they will be provided with the learning support at school and anti-epileptic medication to minimise absence seizures. In doing so, teachers will be able to know and understand the needs of these children and will be able to teach them to learn. Identification will result in diagnosis which will further expose the child to medication which is the solution to minimise seizures. This is evident in the work of Herman (2008: 243) and Mbuba et al. (2008: 1491) who advises that if seizures are not attended too early, they would destroy the life of the child and medication will assist in minimising the number of absence seizures.

The training of teachers will also help them to support and accommodate the needs and diversity of these children, as the (Education White Paper 6 (2001: 16) advocates. The need for training of educational personnel is emphasised so that behaviours and attitudes of both teachers and parents could be changed. Teachers will assume their new roles to embrace inclusivity as all children need to learn and be taught effectively.

5.2.1 Children in Ordinary Schools

Due to the high and frequent number of absence seizures that these children have in class, it is very difficult for them to perform to their fullest potential. Few of them under-achieve and some of them do not achieve at all. They repeat grades and eventually drop out of school. Some join their brothers who are working for taxi owners as conductors for the rest of their lives. Some are destructive and enjoy inflicting pain on others. The fact that Teacher E alluded to the fact that both boys affected in her class broke all the classroom windows indicates that these children are sometimes violent and destructive. It is worrying that Ott et al**.** (2003: 591), state that some of these children are vulnerable and at risk of committing suicide and more. This was evident in the presentation made by Teacher E, where the two boys in her class broke all the classroom windows because of the anxiety, the unpredictability of seizures and frustrations they encountered in class. Parent A, also alluded to the violence that her daughter is at times reflecting.

Girls leave school to give birth to children with the same condition; they join the ranks of unskilled labour or unemployment. This was also supported by Parent A, who had absence epilepsy as a child, and Parent B's husband who gave birth to children with absence epilepsy;

all of these parents are not working, except one who is a school drop-out and is working at a second hand shop. Some abuse alcohol or become abusive parents, as indicated by the behaviour of some parents. These observations transpired during interviews from some teachers.

It is very difficult for the children to cope because, other than having absence epilepsy, some children have incontinent seizures as Parent B alluded; some have other forms of epilepsy like falling without convulsing while some have convulsive epilepsy like ***grand mal***, some have nocturnal seizures which contributes negatively in their school work, as such, they arrive at school very tired. Many are HIV positive as mentioned by some parents whereas some are assumed to have attention deficit hyperactivity disorder (ADHD). One child had symptoms of autism while others have other invisible conditions which negatively affect their education. Affected girls are at risk of being raped and even kidnapped, as one child gets lost on her way home on regular basis which can result in people abusing her. They are prone to accidents which can result in very dangerous situations as was shown by visible scars in some of them. These children are in a minority but their suffering, discrimination, stigmatisation, neglect, and prejudice are dreadful. The child that was raped in class by other learners reflected these children's vulnerability.

The question **"what are the needs of learners experiencing absence epilepsy?"** From the investigator's observations, it could be seen that the affected learners are not understood by both teachers and learners, they are therefore disrespected. They are, out of frustration, also neglected and ignored on daily basis, called names and beaten up. It transpired during most interviews that these children are in a dire need of acceptance, they need to be respected, loved, protected, understood and supported by both teachers and parents alike, but the opposite is happening and, at the end, they leave school because they do not achieve. Affected children need to be helped to be independent as it appeared from their parents who are overprotective of them.

They need education to transform them so that it will be known that even though they are few, they exist and if their needs are not addressed by the education system which is dismissive, they will never be able to be like other normal children. It emerged during observations that some learners drew figurines which were not related to the subject taught, that led the investigator to conclude that this was the easiest way in which these learners need to be assessed. This means that it is imperative that the modes of teaching and assessment

strategies be adjusted for effective teaching and learning for these children. They must not be given tasks that need too much thinking as this will affect their performance.

It is disturbing to know that these children are exposed to dangers like being raped, as Parent B and Teacher A alluded, and to human trafficking as the incident of the young girl reflected that she forgets her way home and eventually gets lost. Unfortunately, such cases are not recorded or reported in the media. This reflects the need to protect them by being identified and diagnosed by professional personnel without paying exorbitant fees for consultation and to receive anti-epileptic chronic medication to control seizures. South Africa must actively work with organisations like the World Health Organization (WHO), International League against Epilepsy and International Bureau for Epilepsy to address the needs of affected children. They need to be taught according to their level of understanding and be supported by being given affordable anti-epileptic drugs to manage seizures and break the treatment gap (Mbuba et al. (2008: 1492).

In answering the question, **"to what extent can absence seizures hamper teaching and learning?** It was found that children are affected to a great extent. This is very difficult for the affected children because they do not even know that they have this condition and how this contributes negatively to their effective learning. They receive irrelevant support from both teachers and parents which worsens their frustrations. They are continually being discriminated against, stigmatised, isolated, prejudiced, being highly uneducated, being made into social outcasts, becoming under achievers, having emotional disturbances as well as having behavioural disturbances. During observations it was seen that all these children had goat-skins on their wrists and some had religious healers' bangles and one had a religious neckband.

In summary, below are the extents of some of the ways in which absence seizures hamper effective teaching and learning for learners, based on observations, interviews and the document analyses in ordinary schools.

- No comprehension of the content.
- Inability to apply concepts.
- They are unable to learn.
- No focus, no concentration.
- Show confusion, constant loss of consciousness.

- Easily distracted /fiddling/disrupting others.
- Affected by quite a number of seizures each learning period.
- Disruption of activities.
- Seemingly lost.
- Poor listening skills.
- Emotional problems.
- Being forgetful.
- Inability to read.
- Grasping and losing content.
- Lack of confidence.
- Continuous absenteeism.
- Non-submission of work.
- Inability to construct sentences.
- Cheating and hiding behind their books.
- Avoiding eye contact with the teacher.
- Keeping to themselves/withdrawal.
- Inability to identify sounds, shapes, patterns.
- Being cheeky and aggressive.
- Non- participation in class.
- No or little achievement.
- Impulsive.
- Too old for the grade or peers.
- Skewed writing.
- Clogging words and sentences.
- Skipping a number of pages for no apparent reason.
- Lack of interest.
- Unable to register or transmit simple instructions.

The level of absenteeism at school is very high. This affects the performance of these children in three ways:

- When they are in class, they do not learn as there are gaps in their learning,

- When verbal or written work is given they do not benefit completely because of their impaired consciousness.
- When they are absent, there is no system of recovery put in place to make up for lost time, irrespective of how valid the reasons were.

5.2.2 Children in Special Schools

Compared with ordinary schools, it was found that the situation is manageable in special schools more so because:

- The teacher's pre-training prepared them for such conditions.
- Learner's seizures are controlled because some are on anti-epileptic medication, and some teachers do have additional information concerning the condition.
- Learners are able to co-operate and concentrate.
- The numbers in class rooms are flexible.
- The assessment tasks do not need much cognitive thinking, they learn mostly through visual means, like watching videos, describing in detail, drawing, painting and performing limited written activities. Some even use computers.
- The environment is user-friendly to accommodate those with physical difficulties.
- Those who are residing at school receive their daily doses of medication through a school nurse.
- Performance is positive (completion of the tasks reflects achievement).
- Their conditions of assessment and curriculum are relaxed.
- There is always co-operation, co-ordination and harmony in class.

5.2.3 Parents

The level of poverty and illiteracy in underprivileged communities is very high. During the collection of data it was discovered that many people in these communities abuse alcohol during the day since they are not working. In an attempt to answer the question, "**what is absent epilepsy**"? In African communities, epilepsy is known as "(*isifo sokuwa)*" falling sickness or *("isthuthwana"* or *"amafufunyane").* In IsiZulu, IsiXhosa and Sotho, it means a person who is affected by evil spirits and is therefore mad, crazy or even abnormal. Absence epilepsy does not have a name even though the symptoms are known. This results in absence epilepsy not being taken as a condition, but being attributed to witchcraft, curses or being possessed by evil spirits and to ancestral condemnation. During interviews it came out from

all parents that the condition may be cured through the use of ***muti***, religious intervention, spiritual intervention and appeasing the ancestors. This reflected the lack of knowledge and education about epilepsy in these communities, and a need to urgently address this so that children could be supported.

Some parents (Parent A, Parent B and Parent E) had the same condition when they were younger, as a result, as adults they became school drop-outs and gave birth to children with absence epilepsy; they are also mostly unemployed and are anti-social, this supported the study conducted by Baker (2002: 29). Parents think that the staring into space, sudden disruptions and termination of activities, loss of consciousness, non-responsiveness, eyelid fluttering, lip smacking, learning and behavioural problems reflect that their children are bewitched or the ancestors are punishing them for failing to execute some rituals, and this leads to the children being punished by ancestors. They believe that the slaughtering of goats or cattle is the key to appeasing the ancestors so as to clear the condition. Some parents believe that the traditional healers will be able to fight the condition, which is not true. Some have little or no faith in Western medicine because of ignorance. During the course of this study, strong cultural beliefs were dominant in all parents.

Some parents take their children to some priests and churches with the belief that miracles will happen. No evidence on the use of diet was found and no children were bound in chains because of absence epilepsy. However, parents' knowledge that this is a medical condition is very limited; some believe their faith will make the situation go away. Others believe that medication must be used in conjunction with some ***muti***, herbs or spiritual water. Most of the children, who have other forms of epilepsy and absence epilepsy, have been taken to hospitals but they are still not on chronic medication. (Further research needs to be conducted on this).

It emerged from the interviews that parents do not work with teachers and they do not go to schools even if they are invited to the meetings. Engelbrecht (2005: 466) advises that certain measures need to be taken for parents to be involved in joint participation with schools and teachers. Parents need to know about problems that affect their children; this results in them not cascading relevant information to the teachers because of the lack of knowledge. Their non-involvement in school activities and not communicating with schools may lead to children not receiving proper support. Moreover, parents need to know that symptoms show that something is wrong with their children so that they inform schools and consult with

nurses to obtain professional help. Community health education is very important so that parents would not waste money appeasing ancestors or seeking the assistance of traditional healers or even religious intervention for a medical condition that can be controlled. They need to inform teachers about things that they do not understand concerning their children.

5.2.4 Teachers

Teachers, on the other hand, are not aware of absence epilepsy. Most of them only became aware of the condition when this study took place. Their knowledge is limited due to the fact that in Black communities, absence epilepsy is not known; (only the symptoms are known). Secondly, the abrupt onset and termination of seizures makes it difficult for an onlooker to associate any gaps of activities with the staring, disruption of activities and loss of consciousness. Thirdly, absence seizures are so unnoticeable that any person would think that the child is daydreaming. This is difficult for most teachers more so because their interpretation makes them believe that the child is inattentive, lazy and disobedient.

They do not know that absence epilepsy contributes to behavioural and learning problems as all the teachers reflected limited knowledge on this condition. Some admitted to shunning and snubbing and even beating these children. Their training did not prepare them to cater for these children. They become angry and frustrated, and one teacher confessed that “these children abuse us”. They are chaotic, causing headaches to teachers, moody, cheeky, lazy, difficult, copying and hopeless. This is a reflection of how some teachers feel. It was obvious during interviews that teachers expressed the same feeling that these children must be sent to special schools, in addition to that, this reflected the limited knowledge of inclusive education on the part of the teachers. At this point in time teachers lack of skills, preparedness, competence and solutions to deal with these children (Eloff & Kwete (2012: 353). Teachers are not prepared to deal with these children, instead, they believe that they belong to special schools and this is against inclusive policies.

To answer the question, **“what should teachers know to help children experiencing absence epilepsy”** From this question, it was found that teachers teach children they do not understand. It was verified during the interviews that teachers have misconceptions about these children. They believe that these children fake illnesses (Teacher C) and are seeking attention because they are not informed. Parents do not inform teachers of their children’s problems; they leave everything to the teachers because they think that teachers know better. Parents rarely go to school even when they are invited. Some do not respond to school

invitations because of work, (they are not allowed to take leave). Some parents have lost faith in teachers as it appeared in the interviews. They believe teachers are insensitive and rude because they think their children belong to special schools. According to Teacher D, the visit by health practitioners to schools will assist teachers so much in supporting these children.

Teachers need to know about all learning barriers and they should be able to identify most of them (Kapp, 1994: 37). Otherwise teacher's attitudes, frustrations and ignorance may destroy the lives of the children forever. They call these children names, pre-judge them, discriminate against them, mock them or beat them up because they believe that these children are their worst nightmares in their profession because they do not understand them. They do not have proper support from the Department of Basic Education. The delay of Inclusive Education programmes create further confusion because teachers believe that these children must be sent to special schools, as they do not have hope for their future. Some teachers are miserable and reluctant to teach because of this.

A large number of teachers relocate to other schools or leave the profession and the children are taken out of ordinary schools, some to Muslim schools with the hope that they will perform better, as Teacher D alluded. This affects some of the school programmes which cater for the children experiencing difficulties. It is in this regard that the investigator recommends training for teachers. The fact that in all schools where this study was conducted, the snap survey, which was not part of the study, was sent to the department without filling all sections concerning learners' educational barriers indicate the teachers' insufficient knowledge about the children they teach.

The Department of Basic Education needs to avail assistance to teachers in order to help children. The current ministry needs to reflect upon changes and policies that existed before their appointments, and to implement some of the constructive policies like the Education White paper 6 on special needs, SIAS and social discourses on inclusive education such as *No Child Left Behind (2001), The Salamanca Statement UNESCO (1994),* as well as other national and international policies related to special needs, especially in ordinary schools.

Special Schools

In the two special schools, it was found that the affected learners were diagnosed as having absence epilepsy in hospital and they have frequent consultations with the clinics as one of the schools is situated next to the clinic and the hospital. Some learners are on chronic

medication although they have other conditions and for some it is not known as some parents do not provide this information. This, with the number of learners in each class reduces the frustration of teachers in special schools. About answering the question **"how does the department provide for learners experiencing absence epilepsy,"** it was found that there is no provision to help these children in ordinary schools; however, in special schools, despite their specialised training they are also using a manual called Individualised Educational Developmental Programme for support. There is even a school nurse in one special school who administers learners' medication. The training of teachers in these schools eases the burden as they were trained for special needs in their initial tertiary qualifications.

Ordinary school teachers are frustrated by this; they complain that at the end of each year, teachers receive instruction from the department that they must condone children because of their age or if a child has repeated the phase a number of years. This does not mean that, by being condoned to the next grade, the child will be able to achieve. He/she is further condoned until he leaves school or fails matric and not being able to pursue further education. Out of frustration and ignorance, this makes teachers to recommend that these children be sent to special schools, and this is against Inclusive Education Policies because these children have mild impairments.

Furthermore, the Department of Education's Psychological Services is mostly unavailable or under-staffed; they only come to schools once a year when they are invited by the school, and they do not normally come back. The department therefore fails to support teachers and learners. It came out during interviews that teachers are ignorant of Inclusive Education and even the Education White Paper 6 on Special Needs. They all welcomed the accommodation of these children in their classrooms, provided that they are trained to support these children.

Absence epilepsy is a condition that destroys the education of the child without teachers and parents realising it. Constant and frequent uncontrolled seizures cause the child to have serious learning and behavioural problems. As a result, affected children do not perform well at all. Ignorance on the part of the teachers is a serious problem because parents think that teachers are the ones who are supposed to enlighten their children's future. Teachers' frustrations, anger, desperation and utterances can lead to these children being social misfits and loners or even committing suicide (Svalheim et al. 2003: 15). The way other children look at these children is also a challenge; they call them names and they are prejudiced, discriminated against, stigmatised and shunned. Their self-esteem is dented and they are

always fretful and their level of depression is very high because seizures that are unpredictable and destructive (Levenson, 2008: 23).

The lack of symptoms of absence seizures is the reason for these communities not to know their destructiveness and their effects. Culture, beliefs, religion and attitudes affects parents' judgment of absence epilepsy. They view the condition as condemnation or a form of witchcraft. That is why, in most cases parents run to seek the help of religious, spiritual, ancestral and traditional healers if a child is affected (Baker, 2002: 29) instead of seeking medical help. The ignorance about absence epilepsy in these communities reflects that there is still a lot to be done to educate underprivileged communities about broad epilepsy, even professional personnel, like teachers do not have facts about epilepsy. Attitudes, beliefs, prejudices affect these people's judgments, they beat up, shun, and call these children with destructive names which makes them to believe that they will never be able to achieve in life.

5.3 Recommendations

Based on the findings of this study, the current literature on absence epilepsy and broad epilepsy, affected children placed in ordinary schools need ongoing support. It is therefore recommended that:

- The government should take an initiative in educating and disseminating information to the public about all forms of epilepsy and seizures, including supporting research studies for epilepsy like in Europe where there is an acknowledged Declaration on Epilepsy which was approved by Parliament on 15 September 2011 (Perucca, 2014: 14).
- That education be independent from politics. This means that it must not be aligned with any political party because changes in the government and ministry negatively affect constructive educational policies and should be placed on a permanent and independent body or council, so that the changes in the leadership cannot destabilise current policies.
- That the parents need to be involved in the education of their children as most of the parents that were interviewed do not go to school to discuss the learners' problems with the teachers. The teacher- parent approach needs to be improved and relaxed. Parents must be involved more often in school matters and decision-making; they must also be updated about changes that are happening in schools hence most parents

were antagonistic to the teachers who suggested that their children need to be sent to special schools. This could be done by using radio programmes and by having constant meetings with the schools.

- That the appointments of education personnel be based on merit other than on affiliation because during interviews with the teachers, it transpired that if teachers need assistance with children with barriers, they are seen by people who lack knowledge about the subject.
- That the training of all teachers be prioritised so that children will be protected and respected as most teachers are still ignorant of Inclusive Education and still have negative attitude towards children with barriers.
- That these children be taught and assessed according to their ability, even the tasks that are given to them needs to be adjusted to their capability; as most of the document analyses reflected that children in ordinary schools are drawing when teachers are teaching.
- That the children with learning difficulties, including those with all forms of epilepsy who are in ordinary schools must be identified, diagnosed and be given proper medication and support. They must be accommodated specifically in inclusive policies. This must not focus on the snap survey which is not realistic.
- The fact that one child was raped in class indicates a need to appoint assistant teachers who will assist the teacher in attending the learners when the teacher is busy and to ensure the safety of the children in the absence of the teacher.
- That the Department sends medical teams to underprivileged schools to determine the actual number and actual problems that exist in schools.
- That the manual, Individualised Educational Developmental Programme, that is used in special schools, be issued in all underprivileged schools to assist teachers to support learners with learning problems.
- That urgent social discourses (social model and inclusivity) be implemented in all schools and followed up with perpetual monitoring and reports.
- That epilepsy be declared a threat to the national education in underprivileged communities.
- That Government should take ownership in planning and supporting the affected children, like the Government of South Australia where the Department of Education

works with Children's services to cater for affected children and they even have a toll free number to render support. (Kyrkou, et al., 2007)

- That there be lifetime collaboration between schools, underprivileged communities and Epilepsy South Africa to support and educate communities about epilepsy being a medical condition. This must be done in a way that does not compromise these communities' values, beliefs, superstitions, religions and attitudes.
- That the physical resources are made available and human resources be sent to schools to monitor learners' progress and to render support like counselling and professional diagnoses after teachers have identified problem cases. Affordable medication should be sent to schools because most of these people live beyond the margins and the Department of Health need to assist in this.
- That assistance also be sought from bodies like the Global Campaign Against Epilepsy (Mbuba, et al. 2008: 1492).
- That in each class where there are learners who experience learning difficulties, there must be an assistant teacher who will control other children whilst the teacher is busy with children with special needs.
- That constant monitoring is also recommended to improve support in these schools.
- That urgent training of all teachers to accommodate diversity in their classrooms, not only concerning absence epilepsy but relating to other leaning barriers as well. Teachers need to be trained to be able to identify all learning disorders so that children will be referred to medical practitioners for proper diagnosis and to be able to teach them to learn in class.
- That these children's dignities be respected and restored; they must be given quality education that prepares them to be proud and responsible citizens in their adult lives; as The Bill of Rights in the constitution of the Republic of South Africa states clearly that each child must be given an education that is not discriminatory, that is equal and dignified to all learners..
- That these learners be given assessment programs that accommodate the level of their learning impairments, e.g. orals and assessment that does not desire a lot of cognitive processes. Teachers must give them more time to perform tasks and simplify their responsibilities.

- That each school must be allocated a school nurse to administer all chronic cases. This is in line with teachers' concerns that, day learners do not take their chronic medication properly, which results in these children's conditions relapsing.

5.4 Limitations of study/ Ethical dilemmas

There were many ethical dilemmas that limited the successful implementation of this study:

- It was a challenge to interview parents of children enrolled in special schools. This was mainly because these schools accommodate children from outside Pietermaritzburg. Some live in the school quarters and teachers do not have records of their parental history. In one instance, a learner lived with her younger sister who was unable to answer some questions. Therefore the sister was excused from participating.
- The observation of learner's written documents and field observation took longer than was anticipated.
- Teachers selected many learners for observation, some did not have the characteristics of absent epilepsy but those children had other invisible learning impairments.
- The age limit of learners that were initially to be observed was seventeen, but in identified special schools, there were learners who were above twenty years of age; as such, the average limit was twenty in these special schools.
- In one school a teacher, who is above sixty years of age, participated in the study because there were two affected learners in her class?
- Some learners were excluded from participating in the study because they did not fit the characteristics of absence epilepsy. Some had autism, behavioural problems, social problems, hyperactivity and other learning problems.
- Teachers were desperate to have their problematic children as part of the study when they had other learning difficulties which were not absence epilepsy.
- Data was to be limited to two primary schools and two secondary schools. When the secondary schools did not respond to the request of the investigator, the number of primary schools was increased to four.
- In some schools there was an insufficient supply of water and this resulted in the early closure of the schools for health reasons.
- In some schools, teachers did not want the study to be conducted in their schools as they felt that the investigator was an intruder who came to find faults with their teaching.

- Some learners could not be observed because, for unknown reasons, some parents and guardians could not sign the consent forms; they would inform the teachers that they gave consent verbally.
- In some instances where children were raised by guardians or relatives, they believed that they were going to benefit financially if they participate.
- Some learners had a number of learning impairments which sometimes baffled the investigator and left her muddled. These learners were excluded from participating as they were confusing the investigator.
- Absenteeism was another factor which was a challenge. Learner's and teacher absenteeism in most cases, hindered the effective progress of the study as a result, some children and teachers were withdrawn from participating.

5.5 Conclusion

Absence epilepsy impacts very negatively, not only on the active life of school going children but on the lives of parents and teachers as well. In order to keep the *Salamanca Statement* and Education for All alive, these children need to be supported and protected. The Department of Basic Education needs to adhere to its commitment stipulated in the White Paper 6 and other national and international policies, to empower all the teachers through training so that teachers will be able to assist and support children by understanding that there are different children in their classrooms and to treat them with respect. Assessment methods need to be adjusted to accommodate these learners. Teachers' attitudes need to be changed through training; this will also provide solutions to their problems and frustrations and offer them with practical skills as well as opportunities. Training will also improve the lives of these children and the quality of education in South African underprivileged communities. By so doing, the Department of Basic Education will be promoting the Bill of Rights which is part of the South African constitution. It is believed that if learners are taught according to their level of understanding and ability, the number of repeaters will decrease in schools. These children will have a purpose in life and become responsible and dignified adult citizens.

Further research topics that needs to be explored in future

During data collection it was observed that, other than epilepsy and absent epilepsy, there are many learners in underprivileged communities who are in ordinary schools with invisible learning impairments.

- Children are still not safe in schools and classrooms. The fact that a child is raped in class reflects this and such cases are not recorded or reported. This needs to be studied further.
- Many seasoned teachers leave the profession or relocate to other schools this need to be explored because it destabilises constructive school programmes that are designed to support the marginalised children.

Exposition of Terminology

A learning impairment refers to cognitive gaps that interfere with the acquisition of skills, such as deficits in listening, looking, thinking, speaking, reading, writing, and spelling, doing mathematics calculations or other cognitive tasks. They are disorders that are in contrast to an individual and can disrupt normal academic or social function (Orenstein, 2000: 36-37).

Learning disabilities refer to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning and mathematical abilities. These disorders are intrinsic to the individual and are presumed to be due to central nervous system dysfunction Hammill et al. (1988: 217-223).

Learning disorders are disorders which interfere significantly with academic performance or with daily activities, which require reading, writing, or mathematical skills in subjects with a normal intelligent quotient. Beghi et al. (2006: 14)

Epilepsy is a sudden disturbance of or a change in brain function as a result of unusual electrical activity in the brain cells (Kapp and Kruger, 2011: 304).

Epileptic attack, or seizure is a relatively brief episode of altered behaviour or consciousness that has a rapid beginning, is usually short and self-limiting, and might be followed by a period of drowsiness and confusion (Chadwick & Usiskin, 1987: 10).

Impairments refer to the fact that a part of your body is unable to do something fully (MacMillan, 2007: 755).

Inclusive Education is about acknowledging that all children and young people can learn and that all of them need support. It is about accepting and respecting the fact that learners are different and have different learning needs which are equally valued and an ordinary part of our human experience. It is about enabling educational structures, systems and methodologies to meet the needs of all learners. It acknowledges and respects differences in all learners, whether due to age, gender, ethnicity, language, class, and disability or HIV status. It is broader than formal schooling and acknowledging that learning also occurs in the home and community, and within formal and informal modes and structures. It is about changing attitudes, behaviour, teaching methodologies, curricula and the environment to meet the needs of all learners. It is about maximising the participation of all learners in the culture and curricula of educational institutions and uncovering and minimising barriers to learning as

well as empowering learners by developing their individual strengths and enabling them to participate in the process of learning (Education white Paper 6, 2001: 17).

Invisible impairments are a general reference to conditions of long term limitations in functional capabilities due to illness, injury or from congenital conditions (Livingsom, 2008: 2).

Medical model defines health as the absence of disease and disability as a permanent biological impairment, which put individuals with disabilities in a less favourable position than those who could recover from illness, therefore the problem needs to be addressed and is situated within an individual (Landsberg, 2005: 406).

Social model defines health as a human condition which is the result of social, economic and political factors and disability is seen as an internal condition which is not necessarily undesirable or in need of remediation (Landsberg, 2005: 406).

Treatment gap refers to the number of people affected with epilepsy who do not receive appropriate treatment for this condition (Mbuba, Ngugi, Newton and Carter, 2008: 1491).

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Appendix A

154 White Road

Grange

3202

10 April 2014

The Research Unit Resource Planning

KZN Department of Education

Private Bag x 9137

Pietermaritzburg

3201

Dear Sir

Application to conduct research in underprivileged schools

I would like to request permission to conduct a research study in underprivileged schools in Pietermaritzburg. I am a Master's Student, registered with UNISA. My student number is 4179493-1, my mentor is Professor M.O Maguvhe, and his contact number is 012-4294300/0826681717. The title of my study is "***Petit mal*** **as a learning barrier in underprivileged communities"**

The focus of this study is identifying and supporting affected learners in these communities. It is believed that most of these learners are placed in ordinary schools, and are not catered in inclusive education because it is not known that they are experiencing this condition because of ignorance of both parents and teachers. This is due to the fact that ***petit mal*** is not known to be a condition that affects teaching and learning and in African communities it is not known that it is a form of epilepsy, as it does not even have a name.

These learners are believed to be performing poorly; as a result they repeat grades, without knowing why. By conducting this study, it is believed that these learners will be assisted and supported through the training of teachers, to be able to identify them so that they will be medically diagnosed, and to train teachers to be able to cater for them in their classrooms.

The investigator request permission to observe the identified learners in their classrooms, teaching and learning will not be affected. Written work of affected learners will also be observed and the last stage will be the interview of parents and teachers. The investigator will seek permission from principals, teachers and parents. No financial benefit will be provided and no participant will be forced to participate. Participants will be allowed to withdraw from participation without any obligation. It is assumed that the study will be conducted within ten weeks at the most.

The results of the study will be made available to all participants once the study has been finalized, with the permission of UNISA. My contact details are 0725341193/0793902794. Email: zakhim@webmail.co.za

Thank you

Yours faithfully,

MS P. Z. Mabele.

Appendix B

154 White Rd
Grange
3203

10 April 2014

The CEM
Elandskop Circuit Office
Private Bag x 504
Plessislaer
3215

Dear Sir/Madam

Request to conduct a research for an Educational study

I am requesting consent to conduct a research in some of your schools. My name is Pretty Zakhi Mabele; I am registered with UNISA for a Master's Degree. My student number is 41794931. I am specialising in Inclusive Education and the topic of my dissertation is **"Absence epilepsy as a barrier for effective teaching and learning in underprivileged communities."** My supervisor is Prof. M.O Maguvhe, contact no. 012 4294300.

The purpose of this study is to for the presumed children to be identified early in school so that they will be supported through the training of the teachers. It is believed that after identification teachers will be able to refer them to clinics and hospitals for diagnosis by professional medical personnel. The Department of Basic Education will, through Inclusive policies, will support the teachers by training them to be able to identify and to cater for their learning problems, behavioural problems and improve their performance.

The participant will be class teachers of the learners affected, and their parents. The investigator will train teachers to be able to identify learners for this study. Learners affected will be observed, and their school work will be observed to identify learning and behavioural problems and performance. The observations will be conducted within a period ten weeks. I have written to parents requesting permission to observe the learners and to observe their written work. Teachers will be interviewed later after observations are done. This will not interfere with teaching and learning as interview will be conducted during non -teaching times including breaks and after school.

All participants will be made aware that the study will be conducted through observations and interviews. About two teachers will be selected in each school and one or two learners depending on the number they have in each school, but not more than two per school. I also promise that the interviews will be conducted on strict anonymity and all information collected will be confidential.

I promise that no one will be forced to participate and, if a participant wants to withdraw that will be granted to them with immediate effect. Participants will not be exposed in any form of harm, if that happens relevant measures will be taken immediately or rather the study will be stopped immediately. No financial benefit to participants will be provided. Once findings are made, feedback will be available to the circuit office and to all participants with the permission of UNISA.

My contact details are 0725341193/0793902794. Email address is: zakhim@webmail.co.za

I would also like to be assisted in identifying schools with affected learners.
Thanking you in anticipation

Yours faithfully
Ms P.Z Mabele

Signature_____

Appendix C

154 White Road
Grange
3203
10 April 2014

The Principal
Dlokwakhe Primary School

P O Box 6
Pietermaritzburg
3201

Dear Sir/ Madam

Request to conduct a research for an Educational study

I am requesting consent to conduct a research study in your school. My name is Pretty Zakhi Mabele; I am registered with UNISA for a Master's Degree. My student number is 41794931. I am specialising in Inclusive Education and the topic of my dissertation is **"Absence epilepsy as a barrier for effective teaching and learning in underprivileged communities."** My supervisor is Prof. M.O Maguvhe, contact no. 012 4294300.

The purpose of this study is to for the children to be identified early in school so that teacher's will be able to refer them to clinics and hospitals for diagnosis by professional medical personnel. The Department of Basic Education will, through Inclusive policies, support the teachers by training them to be able to identify and to cater for their learning problems, behavioural problems and improve their performance.

The participant will be class teachers of the learners affected. These teachers will be interviewed later in the study. Affected learners will be observed and their work will be observed. This will be done with the permission of their parents. Observations will take 10 weeks and teachers interviews will be an hour. I promise that teaching and learning will not be disrupted.

I promise that no one will be forced to participate and, if a participant wants to withdraw that will be granted to him/her immediately. I also promise that the observations and interviews will be conducted on strict anonymity and all information will be confidential. No participant will be harmed by this and no tests will be conducted on learners. Teaching and learning will not be disrupted and no financial benefits will be given to participants.

Feedback will be provided once the findings are made.

My contact numbers are 0725341193/0793902794. Email: zakhim@webmail.co.za

Thanking you in anticipation

Yours faithfully
Ms P.Z Mabele

Signature_____

Appendix D

154 White Road
Grange
3203
10 April 2014

Dear parent

My name is Pretty Zakhi Mabele; I am registered with UNISA for a Master's Degree. My student number is 41794931. I am specialising in Inclusive Education and the topic of my dissertation is **"Absence epilepsy as a barrier for effective teaching and learning in underprivileged communities."** My supervisor is Prof. M.O Maguvhe, contact no. 012 4294300.

I am conducting an educational study and your child was identified as experiencing with Absence Epilepsy. The purpose of this study is to for the children to be identified early in school so that teacher's will be able to refer them to clinics and hospitals for diagnosis by professional medical personnel. The Department of Basic Education will, through Inclusive policies, support the teachers by training them to be able to identify and to cater for their learning problems, behavioural problems and improve their performance.

So, I would like to request your child to be observed in the study that I am conducting in his/her school. The child would be observed in and outside the classroom. His/her school work will also be observed; the observations will be conducted and be completed within ten weeks. It is believed that once the study is conducted and concluded, it will be able to assist your child other affected children to improve in their everyday teaching and learning. Their educational needs will be addressed and proper support will be given.

Participation is voluntary and if a child wishes to withdraw, she/he is free to do so at any time. Learners' identity will be protected and the information gathered will be confidential. This will solely be done on trust. No financial benefit will be provided in participating and the investigator will not receive any form of money in conducting this study. Your child will not be exposed in any form of harm and no tests will be conducted on the child. The results of the study will be given to you once the study is completed.

My contact detail is 072 534 1193/0793902794. I hope I will receive your positive response.

Thanking you in advance
Ms P.Z Mabele

Signature: _____

Signature of parent: _____

Date:

Appendix E

154 White Road
Grange
3203
10 April 2014

Dear parent

My name is Pretty Zakhi Mabele; I am registered with UNISA for a Master's Degree. My student number is 41794931. I am specialising in Inclusive Education and the topic of my dissertation is "A**bsence epilepsy as a barrier for effective teaching and learning in underprivileged communities**." My supervisor is Prof. M.OMaguvhe his contact is 012 4294300.

I would like to invite you to participate in the study that I am conducting at the school of your child. The purpose of this study is to for the presumed affected children to be identified early in schools so that teacher's will be able to refer them to clinics and hospitals for diagnosis by professional medical personnel. The Department of Basic Education will, through Inclusive policies, support the teachers by training them to be able to identify and to cater for their learning problems, behavioural problems and improve their performance.

You will be interviewed for an hour about the child and her education. The place and time of the interview will be chosen by you. This study is significant because it will benefit your child and other learners who are affected by absence epilepsy, in improving their teaching and learning. The study will be conducted within ten weeks.

Participation is voluntary and if you wish to withdraw you are free to do so any time. A tape recorder will be used to record the interview. Whatever will be discussed during the interview will remain confidential. No form of money will be given to participants and the researcher will not receive monetary benefits in conducting this study. You will only be interviewed and you are allowed to ask questions during the course of the interview. The interview will take an hour. I will use a tape recorder to record our conversation and I will also write notes. An appointment will be made to confirm the time and date of the interview.

I promise that the names of people and places will be protected and whatever will be discussed here will remain confidential. This study is compulsory because it is believed that it will improve the education of your child and other children in the near future.

You will be informed of the findings.

My contact details are 0725341193/1793902794
Thanking you in advance
Ms P.Z. Mabele

Signature: _____

Signature of parent: _____

Date: _____

Appendix F

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Philiswa Ndlovu | Tel: 033 392 1053 | Ref:2/4/8/179

Ms PZ Mabele
154 White Road
Grange
3203

Dear Ms Mabele

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"PETIT MAL AS A LEARNING BARRIER IN UNDERPRIVILEGED COMMUNITIES"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 June 2014 to 30 June 2015.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education (Umgungundlovu District)

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 15 July 2014

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa ...dedicated to service and performance
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004 Fax: 033 392 1203
EMAIL ADDRESS: kehologile.connie@kzndoe.gov.za; CALL CENTRE: 0860 596 363;
WEBSITE: WWW.kzneducation.gov.za

Appendix G

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: T. L. MVUBU Reference: RESEARCH ACCESS LETTER Date: 30 MAY 2014

TO : MS P. Z. MABELE

Dear Ms Mabele

RE : ACCESS LETTER TO CONDUCT A RESEARCH AT SWAYIMANA SCHOOLS – SWAYIMANA CIRCUIT

1. The above matter refers
2. This letter serves as your permission to enter the schools in order to conduct your research and it must be presented to the principal on arrival at the school
3. Kindly be advised that your request to conduct research at Swayimana Schools under Swayimana Circuit has been approved on condition that the following requirements are met :
    a. That all participants must have signed consent form prior to their involvement and their rights clearly indicated
    b. That all ethical considerations pertaining to conducting research must be met prior, during and after the research
    c. That you should have a written approval from your principal authorizing you to conduct the research as school time will be utilized
    d. That before the commencement of your research, your principal should submit to my office your commitment indicating how you will recover your teaching time that will be lost during this exercise since you indicated that classroom observations will be done during the normal teaching time
    e. That all the data collected must be kept safely all the time

4. Attached please find the list of schools that fall under Swayimana Circuit.As the department of Education, we would like to take this opportunity and wish you all the best in your inquiry studies and hope that it will benefit you as an individual and also the entire South African community.

Good luck

Yours truly,

T. L. Mvubu
Circuit Manager

kzn education
Department:
Education
KWAZULU-NATAL

ENQUIRIES:M A MNCWABE REFERENCE: RESEARCH ACCESS LETTER DATE: 05 AUGUST 2014

TO: Ms PZ Mabele

Dear Ms Mabele

Re: Access letter to conduct a research at Mpumelelo School –Msunduzi Circuit

1. The above matters refers
2. This letter serves as your permission to enter the schools in order to conduct your research and it must be presented to the principal on arrival at the school.
3. Kindly be advised that your request to conduct research at Mpumelelo Primary under Msunduzi Circuit has been approved on condition that the following requirements are met:

(a) That all participants must have signed consent form prior to their involvement and their right clearly indicated.
(b) That all ethical considerations
(c) That all the data collected must be kept safety all the time.

As the department of education, we would like to take this opportunity and wish you all the best in your inquiry studies and hope that it will benefit you as an individual and also the entire South African community.

We wish u Good luck

MA MNCWABE
PMB CENTRAL CIRCUIT

...dedicated to service and performance beyond the call of duty.

KWAZULU-NATAL DEPARTMENT OF EDUCATION
Umngungundlovu District Office
Physical Address: 166 Jabu Ndlovu Street, PM Burg , 3201
Tel: Tel: 033 3416439
Fax: 033 3424063

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: T.N Mahlaba **Ref.: Permission to conduct research** **Date: 26/08/14**

Miss P.Z. Mabele
154 White Road
Grange
3203

Dear Miss P.Z. Mabele

RE: PERMISSION TO CONDUCT A RESEARCH FOR AN EDUCATIONAL STUDY

1. Your request to conduct a research for an educational study has been received.
2. You are therefore granted permission to conduct research in the schools identified at Elandskop Circuit on the following conditions:
   - That all adult participants, as well as parents/guardians of minor participants will sign consent form authorizing you to conduct interviews with the participants prior to their involvement,
   - That all ethical considerations pertaining to conducting research will be met prior, during and after the research,
   - That teaching and learning will not be disrupted,
   - That everyone who is approached for participation in the research project will do so voluntarily,
   - That the information collected from the participants will be kept confidential.
3. Thank you for choosing our schools in conducting your research study and I wish you all the best in your preparation for the final document of your research project.

Kind regards

Mahlaba

Mahlaba T.N.
Circuit Manager - Elandskop

...dedicated to service and perfor
beyond the call of duty

KWAZULU-NATAL DEPARTMENT OF EDUCATION
Postal Address: Private Bag X504 • Plessislaer • 3216 • Republic of South Africa
Physical Address: Taylors Halt, Elandskop/Bulwer Road • Pietermaritzburg • 3216 • Republic of South Africa
Tel.: +27 335050050/1/2 • **Call Centre:** +27 0860 596 363 • **Fax.** +27 86 268 0104 • **Email:** Petros.Dlungwane@kzndoe.gov.za • **Web:** www.kzneducation.gov.za

Appendix H

DLOKWAKHE LOWER PRIMARY SCHOOL

EDUCATION IS THE KEY TO SUCCESS

POSTAL ADDRESS	TELEPHONE	PHYSICAL ADDRESS
DLOKWAKHE L.P. SCHOOL	033 505 0142	MOSES MABHIDA RD
P.O. BOX 6	CELL	GEZUBUSO LOCATION
PIETERMARITZBURG	072 744 0286	PIETERMARITZBURG
3200		3201

11 September 2014

154 White Road
Grange
3203

Dear Madam

RESPOND TO A REQUEST TO CONDUCT RESEARCH BY P.Z. MABELE (41794931)

The above-mentioned school, SGB, parents concerned and teachers warmly accept your request to conduct a research for your educational study.

We as a school, wish you all the best in your endeavours to enrich your knowledge and thus enrich our society. We do not see any problem in helping you to do your research at our school. Learners and parents whose children have been earmarked for the project have given us a go-ahead. Teachers have agreed to help where their hands will be needed.

You are most welcomed. Hope to work well with you.

Yours faithfully

A.N. Zuma(Principal)

DEPARTMENT OF EDUCATION
DLOKWAKHE J.P. SCHOOL
P.O. BOX 6, PMBURG 3200
2014 -09- 11
TEL / FAX : 033 5050 142

KWA-MADLALA
PRIMARY SCHOOL

P.O. BOX 40851 ELANDSKOP 3226 • TEL.: 033 997 0059

Miss P.Z.Mabele
154 White Road
Grange
P.M.B.
3201

Dear Miss. P.Z.Mabele

PERMISSION TO CONDUCT RESEARCH ON "ABSENCE EPILEPSY".

Kindly be informed that your application to conduct research at this school has been accepted with warm hands.

The Principal Mr.S.F.Sithole will work with you.

Wishing you all the best in your studies.

Yours sincerely

Sithole S.F.(Mr.)
Principal

DEPARTMENT OF EDUCATION & CULTURE
P.O. BOX 40851
2014 -09- 11
ELANDSKOP 3226
KWAMADLALA PRIMARY SCHOOL

COPESVILLE PRIMARY SCHOOL
1 THOKOZA ROAD
HANIVILLE
Email Address:copesvilleprimary@telkomsa.net
Tel: 033-9400255
EMIS 118030

P.O.BOX 8848
CUMBERWOOD
3235
Fax:0865104625

Miss P.Z Mabele
154 White Road
Grange
Pietermaritzburg
3201

01 September 2014

Dear Miss P.Z Mabele

PERMISSION TO CONDUCT RESEARCH ON PETIT MAL SEIZURES
AT COPESVILLE PRIMARY

Kindly be informed that your application to conduct research at this school has been accepted.

Please ensure that teaching and learning is not interrupted.

Wishing you success in your research.

Principal (Mr L.A. Mhlophe)

KZN EDUCATION DEPT
COPESVILLE PRIMARY SCHOOL
01 -09- 2014
P.O. BOX 8848 CUMBERWOOD 3235
TEL: 033 940 0255 / FAX: 086 510 4625
EMIS: 500118030

Mpumelelo Primary School

PO Box 22538

SOUTHGATE

3203

6 August 2014

Dear Miss PZ Mabele

Re: Your Request to conduct research at Mpumelelo from August to December 2014 academic year .

Your letter requesting the consent to conduct research in our school (Mpumelelo Primary School) has been granted.

This acceptance will be effected with the hope that the confidentiality of our learners is respected and the conditions referred in your letter and the letter from the HOD are respected.

We hope that you will give us the feedback after completing your study.

Wishing you success in your studies.

KHANYILE V.D.J

.....

Principal

2014/08/07

Date

DEPARTMENT OF EDUCATION
KwaZulu-Natal
2014 -07- 06
Mpumelelo Primary School
P.O. Box 22538 • Southgate 3203 • Tel 033 346 4113

ENTOKOZWENI TRAINING CENTRE

For Severely Mentally Handicapped Learners / Learners with Special Educational needs (LSEN)

Sweetwaters Main Road
Sweetwaters
Pietermaritzburg
3201

P.O. Box 3028
Pietermaritzburg, 3200
Tel/Fax: (033) 324 9046/50
Fax: (033) 324 9038
Email:
EMIS: 138491

10 September 2014

RE – ACCESS LETTER

This letter has reference

Dear Miss P.Z. Mabele

Entokozweni School accepts the request to conduct your study "Absence Epilepsy as a Learning Barrier in Underprivileged Communities".

Mrs NS Ncanywa and Mrs DC Mtungwa have been assigned to work with you.

Looking forward to working together and have a good luck with your studies.

Yours Sincerely

Mrs CS Zungu (Principal)

ENTOKOZWENI SPECIAL SCHOOL
P.O. BOX 3028
PIETERMARITZBURG 3200
TEL: 033-3249046/50
DATE: 10-09-2014
DEPT. OF EDUCATION

Open Gate Special School

Established 1975
Non Profit Organisation No. 041-507-NPO

535 Boom Street. Pietermaritzburg, 3201
P.O Box 8539, Cumberwood, 3235
Email: jordanerradu@webmail.co.za

Tel: 033 342 5281 (School)
Tel: 033 394 3647 (Hostel)
Fax: 033 342 0104

Emis No. 244126

TO WHOM IT MAY CONCERN

Dear Sir/Madam

GRANTING OF PERMISSION TO CONDUCT RESEARCH

Permission is hereby granted for Mrs. P Z Mabele to conduct research at Open Gate Special School. This is in accordance with the approval given by the Acting CES Umsunduzi Circuit Management Centre.

Yours sincerely

J Erradu
Deputy Principal

Appendix I

Observation schedule

Observation	Date	Comments
Receptions of verbal messages/ instructions		
Comprehension		
Response to questions		
Calculations		
Behaviour		
Discrimination		
Working in a group		
Emotional tendencies		
Achievement		
Learning problems		