

**THE IMPACT OF THE SOCIAL INCLUSION
AWARENESS MODULE ON THE ATTITUDE AND
KNOWLEDGE OF STUDENTS IN NIGERIA**

by

MAIRO HAMID IPADEOLA

**Thesis submitted in fulfilment of the requirements
for the degree of
Doctor of Philosophy**

April 2019

ACKNOWLEDGEMENT

It is with deep gratitude to Almighty Allah, that I write this acknowledgments, in recognition of all who have made my PhD journey a success. Alhamdulillah, all praise to Allah for providing the knowledge and good health to accomplish this task successfully.

My appreciation and gratitude go to my main supervisor, Associate Professor Dr. Aznan Che Ahmad who ached the topic for this thesis and my co-supervisor Professor Lee Lay Wah who laid the foundation for the success of this thesis. I am very grateful for their guidance, contributions, advice and willingness to spend time with me for discussions and reading through each stages of this thesis, in spite of their busy schedule, may Allah reward them both abundantly.

My deep and sincere gratitude also go to Dr. Low Hui Min and Dr Amelia Abdullah for their contributions as panel of judges in finetuning this thesis from prospectus, proposal and pri-viva. Also I appreciate Professor. Dr. Nordin Razak, statistic consultant at Institute of Post-graduate Studies (IPS) for guiding me through the data analysis of this research.

My sincere appreciation goes to my friends and family, Dr Marther Onjewu, my daughter Dr. Halimat Ajoke Nasir amd my brothers and sisters for their spiritual and emotional support throughout my PhD study in Malaysia and for their understanding, patience and tolerance of my absence from home during the course of my study.

My gratitude and sincere thanks go to the management of Kaduna Polytechnic for granting the permission to pursue my PhD and the granted access to carry out the pilot study as well as the main study of this thesis within the Polytechnic. I appreciate the Director(s) of College of Administrative and Social Science, College of Environmental Studies, College of Business and Management Studies, College of Science and Technology and College of Engineering. My gratitude also, to the heads of the Departments of Public Administration, Mass Communication, Architecture, Management Studies, Business Administration, Accounting, Electrical Electronics and Computer Engineering, as well as the higher national diploma students who participated in the eight weeks SIAM programme. My gratitude also goes to Mr. Idris Bello who developed the SIAM program and facilitated the permission to use Kaduna Polytechnic ICT center.

I commend the entire management, staff and lecturers of Universiti Sain Malaysia (USM). I appreciate the humility shown by all the staff and willingness to provide a conducive atmosphere for learning. The workshops and conferences organized by the Institute of Post-graduate studies (IPS), the School of educational studies and the research support training at Hamza Sendut Library were really helpful. I am highly honored to be one of the students who passed through this excellent Centre of learning.

I am thankful to my friends, Diana Laila Ramatilah from School of Pharmaceutical Sciences, the pretty Indonesian lady and my kind friends, Fifah, Dur-E-Nayab, Dur-E- Najaf and Aneela Sheikh from the school of Educational Studies,

for their kindness and love, through my stay at the international house (Rumah Anteranbangsa).

Above all, all praises to Allah SWT, most merciful and most gracious for providing journey mercies to and from Malaysia throughout my PhD. May Allah SWT bless all the people who have supported me in one way or another, I would forever appreciate your kind gestures.

Thank you all very much.

Mairo Hamid Ipadeola

A handwritten signature in black ink, appearing to read 'Mairo Hamid Ipadeola', with a long horizontal stroke extending to the right.

P-PD 0005/15(R)

TABLES OF CONTENTS

Acknowledgement	ii
Table of Contents	v
List of Tables	xviii
List of Figures.....	xxii
List of Abbreviations	xxiv
List of Appendixes.....	xxv
Abstrak.....	xxvi
Abstract.....	xxviii
CHAPTER 1 INTRODUCTION	1
1.1 General Introduction	1
1.2 Background of the Study.....	2
1.3 Problem Statement	10
1.4 Purpose of the Study	16
1.5 Objectives of the Study	17
1.5.1 Objectives for Phase 1	17
1.5.2 Objectives for Phase 11	17

	1.5.3 Objectives for Phase III.....	18
1.6	Research Questions	18
	1.6.1 Phase I - Research Questions	19
	1.6.2 Phase II - Research Questions	19
	1.6.3 Phase III - Research Questions.....	19
1.7	Theoretical Framework	20
1.8	Conceptual Framework	25
1.9	Significance of the Study	28
	1.9.1 Benefits to Government and other Stakeholders.....	28
	1.9.2 Benefits to People with Disabilities	29
	1.9.3 Benefits to the General Society in Nigeria.....	29
	1.9.4 Benefits to Researchers and Readers in Social Inclusion Related Topics.....	30
1.10	Limitation of the Study	31
	1.10.1 Respondent's Constraints.....	31
	1.10.2 Time Constraints	32
	1.10.3 Logistics Constraints.....	32
1.11	Operational Definitions.....	33
	1.11.1 Attitude.....	33
	1.11.2 Comprehension.....	34
	1.11.3 Evaluation.....	34
	1.11.4 Knowledge	34

1.11.5	People with Disabilities.....	35
1.11.6	Social Inclusion.....	35
1.11.7	Higher Education Student	35
1.12	Summary	36
CHAPTER 2 LITERATURE REVIEW		37
2.1	Introduction.....	37
2.2	Understanding Social Inclusion.....	38
2.2.1	Definitions and Classification of Social Inclusion	38
2.2.2	Social Inclusion and the Concept of Disability.....	39
2.2.3	Summary	42
2.3	Social Model of Disability	43
2.3.1	History of Social Model of Disability	43
2.3.2	Relevance of Social Model	46
2.3.3	Debates on Social Model.....	48
2.3.4	Summary	50
2.4	Attitudinal Barriers to Social Inclusion	51
2.4.1	Physical and Environmental Barriers.....	52
2.4.2	Transportation Barriers	57
2.4.3	Educational Barriers	59
2.4.4	Institutional Barriers.....	63
2.4.5	Economic/Employment Barriers	63
2.4.6	Systematic Barriers	67

2.4.7	Summary	69
2.5	Students' Attitudes Toward Social Inclusion of People with Disabilities	69
2.5.1	Summary	72
2.6	Social Inclusion Interventions.....	73
2.6.1	The need for Social Inclusion Intervention with People with Disabilities	73
2.6.2	Studies about Social Inclusion and Attitude Change intervention..	76
2.6.3	Social Inclusion and Knowledge Increase Intervention	82
2.6.4	Summary of intervention studies on attitude and knowledge	83
2.6.5	Justification for the Choice of Course Based Intervention Approach	85
2.7	Instructional Designs.....	88
2.7.1	The Concept of Instructional Designs	88
2.7.2	Types of Instructional Designs	89
2.7.2(a)	Dick and Carey Instructional Design.....	90
2.7.2(b)	ADDIE Instructional Design	91
2.7.2(c)	The Kemp Instructional Design Model	91
2.7.2(d)	ASSURE.....	92
2.7.2(e)	The 4C Instructional Design (ID) model	92
2.7.3	Justification for Choosing the ADDIE Instructional model.....	93
2.8	Summary	95

CHAPTER 3 METHODOLOGY	97
3.1 Introduction	97
3.2 Research Design.....	97
3.2.1 Mixed Method Research Design	97
3.2.2 Sequential Mixed Methods.....	99
3.2.2(a) Quasi-Experimental Research Design (Quantitative)...	101
3.2.2(b) Phenomenological Research Design (Qualitative).....	102
3.3 Variables Under Study	102
3.3.1 Dependent Variable (DV)	103
3.3.2 Independent Variables (IV)	105
3.4 Population, Sampling Techniques and Sample Size of the Study	105
3.4.1 Brief Description of the Study Area.....	105
3.4.2 Population of the Study	108
3.4.3 Determination of Sample Size.....	110
3.4.4 Sampling Techniques	111
3.4.4(a) Proportionate Stratified Sampling	111
3.4.4(b) Purposeful Sampling	113
3.4.5 Sample size of the study.....	115
3.4.5(a) Demographic Variables of Students with Disabilities	
Interviewed	115
3.4.5(b) Demographic Variables of Student Participants.....	116
3.4.5(c) Demographic Variables of Student Participants	
Interviewed	117

3.5	Development of Instruments for the Study	117
3.5.1	Development of Questionnaires 1a & 1b	119
3.5.1(a)	Development of Questionnaire 1a	119
3.5.1(b)	Development of Questionnaire 1b.....	121
3.5.2	Development of Questionnaire 2.....	122
3.5.3	Development of Interview Protocol I and Interview Protocol II	123
3.5.3(a)	Development of Interview Protocol I	123
3.5.3(b)	Development of Interview Protocol II.....	125
3.5.4	Development of SIAM and Comprehension Test	126
3.5.4(a)	Developmet of SIAM	126
3.5.4(b)	SIAM Comprehension Test.....	126
3.6	Validation of Instrument	129
3.6.1	Validation and Reliability of Questionnaire 1a & 1b.....	130
3.6.1(a)	Content Validity of the Instrument 1a & b	130
3.6.1(b)	Construct Validity of the Instrument 1a & b	131
3.6.1(c)	Pilot Testing of the Instrument 1a & b	132
3.6.1(d)	Reliability Testing of Instrument 1a.....	133
3.6.1(e)	Reliability Testing of Instrument 1b.....	135
3.6.2	Validation and Reliability of Interview I and II.....	137
	3.6.2(a) Content and Construct Validity of the Interview Protocol	137
	3.6.2(b) Pilot Testing of the Interview Protocol	137
	3.6.2(c) Reliability of the Qualitative Data.....	138

3.6.3	Validation and Reliability of SIAM, Comprehension Test and Evaluation	140
3.6.3(a)	Content/Construct Validity of SIAM	141
3.6.3(b)	Construct Validity of SIAM	142
3.6.3(c)	Pilot Testing of SIAM	143
3.6.3(d)	Reliability of SIAM test and Evaluation	144
3.7	Quantitative Data Collection Procedure.....	146
3.7.1	Ethics in Conducting Quantitative Research.....	146
3.7.2	Quantitative data Collection Procedure.....	147
3.8	Qualitative Data Collection Procedure.....	148
3.8.1	Ethics in Conducting Qualitative Research.....	148
3.8.2	Researcher Activities before the Interview	150
3.8.3	Researcher Activities during the Interview	150
3.8.4	Researcher Activities after the Interview	151
3.9	Quantitative Data Analysis Procedure	151
3.9.1	The Code used in SPSS	151
3.9.2	Data Clearing Procedure	152
3.9.3	Data Preparation	153
3.9.3(a)	Pre-test and Post-test Data Preparation.....	153
3.9.3(b)	Comprehension Test and Evaluation Data preparation	154
3.9.4	Descriptive Statistics	155
3.9.4(a)	Pre-test and Post-test.....	156
3.9.4(b)	SIAM Comprehension Test and Evaluation.....	157

3.9.5 Paired t- test	159
3.10 Qualitative Data Analysis Procedure	160
3.10.1 Thematic Analysis	161
3.10.2 Procedure for Thematic Analysis	161
3.10.2(a) Phase 1 Familiarization with the data.....	161
3.10.2(b) Phase 2 Generating codes.....	162
3.10.2(c) Phase 3 Searching for themes.....	162
3.10.2(d) Phase 4 Reviewing the Themes	163
3.10.2(e) Phase 5 Defining the themes	164
3.11 Research Matrix	164
3.12 Summary	166

CHAPTER 4 DEVELOPMENT OF THE SOCIAL INCLUSION

AWARENESS MODULE	168
4.1 Introduction	168
4.2 The Application of ADDIE Instructional Design in Developing SIAM	169
4.2.1 Analyse.....	169
4.2.2 Design.....	171
4.2.2(a) General Objective of SIAM.....	171
4.2.2(b) Specific objectives of SIAM	171
4.2.3 Development	173
4.2.4 Implimentation	177
4.2.4(a) Face –to – face instructional (Lecture) Method.....	178

	4.2.4(b) Resources.....	179
	4.2.4(c) The SIAM Application	182
	4.2.5 Evaluation of SIAM	189
4.3	Summary	190
CHAPTER 5 FINDINGS.....		191
5.1	Introduction.....	191
5.2	Presentation of (Interview 1) of Research Question 1.....	191
	5.2.1 Results from Qualitative Data (Interview Protocol I)	192
	5.2.2 Findings of Qualitative Data Interview I.....	193
	5.2.2(a) Expressions of treatment by the society	193
	5.2.2(b) Social Participation with other student.....	195
	5.2.2(c) Economic Access for Education.....	197
	5.2.2(d) Valued Societal Relationships between SWD and other Students.....	198
	5.2.2(e) Environment/ Physical and Service Access in Higher Institution.....	199
	5.2.2(f) Educating the Public and Provision of Equipment and Facilities as Solutions to Social Inclusion	201
5.3	Results of Students' Attitude and Knowledge Prior to Intervention (Research Question 2).....	203
	5.3.1 Presentation of Results Prior to intervention (pre-test).....	203

	5.3.2(a) Students' Attitude toward Social Inclusion Prior to SIAM Intervention.....	204
	5.3.2(b) Students Knowledge about Social Inclusion Prior to SIAM Intervention	205
	5.3.2 Findings of Research Question 2	207
5.4	Development, Validation and Evaluation of SIAM (Research Question 3)	208
	5.4.1 Result on Development, Validation and Evaluation of SIAM..	208
	5.4.1(a) Development of SIAM.	208
	5.4.1(b) Validation of SIAM.....	208
	5.4.1(c) Students' Evaluation of SIAM	209
	5.4.2 Findings of Research Question 3	211
5.5	Results of Students' Comprehension (Research question 4)	213
	5.5.1 Presentation of Results (Students' Comprehension of SIAM) ..	214
	5.5.1(a) SIAM A Data Presentation	214
	5.5.1(b) SIAM B Data Presentation	215
	5.5.1(c) SIAM C Data Presentation	216
	5.5.1(d) SIAM D Data Presentation.....	217
	5.5.2 Findings of Research Question 4	219
5.6	Results of Students' Attitude and Knowledge after Intervention (Research Question 5).....	220
	5.6.1 Presentation of Findings after Intervention (post-test).....	220

	5.6.1(a) Students' Attitude toward Social Inclusion after SIAM	
	Intervention.....	220
	5.6.1(b) Students' Knowledge about Social Inclusion after SIAM	
	Intervention.....	222
	5.6.2 Findings of Research Question 5	224
5.7	Results of Comparison of Pre-test/Post-test (Research Question 6) .	225
	5.7.1 Changes in Students' Attitude Toward Social Inclusion	225
	5.7.2 Changes in Students' Knowledge about Social Inclusion.....	227
	5.7.3 Findings of Research Question 6	228
5.8	Results of the Impact of SIAM on Participants' (Research Question 7) .	
	229
	5.8.1 Results from Qualitative Data (Interview Protocol II).....	229
	5.8.2 Findings Qualitative Data (Interview Protocol II)	230
	5.8.3(a) Words used to Describe SIAM.....	231
	5.8.3(b) Knowledge Gained Through SIAM	232
	5.8.3(c) Perceived Attitude Change	234
5.9	Overall summary of Findings	236

CHAPTER 6 DISCUSSIONS, IMPLICATIONS, FUTURE

	RECOMMENDATIONS AND CONCLUSION	238
6.1	Introduction	238
6.2	Discussion of findings.....	238
	6.2.1 Research Question 1	238

6.2.1(a) Expressions of treatment from students and society toward Students with Disability.....	239
6.2.1(b) Low Social Participation with other students	240
6.2.1(c) Economic Access for Education	241
6.2.1(d) Valued Societal Relationships between SWD and other Student	243
6.2.1(e) Lack of Environment/ Physical and Service Access in Higher Institution	244
6.2.1(f) Educating the Public and Provision of Equipment and Facilities as Solution to Social Inclusion.....	245
6.2.2 Research Question 2	246
6.2.2(a) Neutral attitude towards people with disabilities	247
6.2.2(b) Low Students Knowledge About Social Inclusion Prior to Intervention.....	248
6.2.3 Research Question 3	249
6.2.3(a) SIAM Development and Validation	250
6.2.3(b) SIAM Evaluation.....	252
6.2.4 Research Question 4	253
6.2.5 Research Question 5	255
6.2.5(a) Positive Students Attitude Towards Social Inclusion After Intervention.....	255
6.2.5(b) Improved knowledge	257
6.2.6 Research Question 6.....	259
6.2.7 Research Question 7	262
6.2.7(a) Positive Words used by Participants to Describe SIAM.....	262

	6.2.7(b) The Knowledge Acquired from Participating in the Intervention.....	263
	6.2.7(c) The Promise of Attitude change by Participants	265
6.3	Implication of Findings	267
	6.3.1 Implication to the Theory	268
	6.3.2 Practical Implications	271
6.4	Recommendations for Future Research	274
6.5	Conclusion	275
	REFERENCES.....	279

LIST OF TABLES

	Page
Table 2.1 The Medical Problem versus Social Model Solution.....	45
Table 2.2 Community Assistance (Medical) and Disability Rights.....	46
Table 2.3 Summary of Attitude based Intervention Studies	83
Table 2.4 Summary of Knowledge based intervention/ disability awareness.....	85
Table 3.1 Summary of Total Enrolment of Regular Students 2015-2016	107
Table 3.2 HND II Students Population from each College.....	109
Table 3.3 Stratified Sample Size from each College	112
Table 3.4 Actual Sample Size of Participants from the Five (5) Colleges.....	114
Table 3.5 Gender and types of Disability of Respondents Interviewed.....	115
Table 3.6 Gender of Student Participants	116
Table 3.7 Gender of Student Participants Interviewed	117
Table 3.8 Summary of Instruments used in the Study	118
Table 3.9 Variables and Number of items on Social Inclusion Attitude.....	121
Table 3.10 Variables and Number of items on Social Inclusion Knowledge	122

Table 3.11	Variables and Number of items on SIAM Evaluation Questionnaire.....	122
Table 3.12	Summary of SIAM and Comprehension Test Questions.....	129
Table 3.13	Pilot Study Sample Size.....	130
Table 3.14	Variables and Items Before and After Instrument Validity on Attitude ...	134
Table 3.15	Cronbach Alfa for Scale and Subscale of AT SIS	135
Table 3.16	Variables and Items Before and After Instrument Validity on	136
Table 3.17	Cronbach Alfa for Scale and Subscale of KASIS.....	137
Table 3.18	Cronbach Alfa and Variable and items in SIAM Evaluation.....	146
Table 3.19	SPSS Vs Excel Data File Responses.....	153
Table 3.20	Research Matrix Table.....	165
Table 4.1	SIAM Course Structure Presenting Module Topics, Presentation and	178
Table 4.2	Procedures of Implementation (SIAM).....	180
Table 5.1	Result of Social Inclusion Challenges faced by PWD	192
Table 5.2	Results of Descriptive Statistic of Sub scale (likert items) of Attitude.....	204
Table 5.3	Results of Students Attitude towards Social Inclusion prior to	205
Table 5.4	Results of the Descriptive Statistic of Students Knowledge on each Sub-	206

Table 5.5	Results of Students Knowledge prior to intervention	206
Table 5.6	Results of Students' Evaluation of SIAM Contents.....	209
Table 5.7	Results of Students' Understanding of SIAM.....	210
Table 5.8	Results of Students' Assessment of Course Content	210
Table 5.9	Results of Students' Perceived Attitude Change	211
Table 5.10	Results of Students' Performance on SIAM Comprehension (SIAM A) .	214
Table 5.11	Results of Students' Performance on SIAM Comprehension (SIAM B) .	215
Table 5.12	Results of Students' Performance on SIAM Comprehension (SIAM C) .	216
Table 5.13	Results of Students' Performance on SIAM Comprehension (SIAM D) .	217
Table 5.14	Results of commulative performance of Students on SIAM	218
Table 5.15	Results of the Descriptive Statistic of Students Attitudes on each sub.....	221
Table 5.16	Results of Students Attitude after SIAM Intervention.....	222
Table 5.17	Results of the Descriptive Statistic of Students Knowledge on each.....	223
Table 5.18	Results of Students Knowledge about Social Inclusion after SIAM	223
Table 5.19	Results of Mean and Standard Deviation for Pre-test and Post-test	225
Table 5.20	Results of Paired t-test result on Pre-test and Post-test of Students.....	226

Table 5.21	Results of Mean and Standard Deviation for Pre-test and Post-test	227
Table 5.22	Result of Paired t-test result on Pre-test and Post-test of student Knowledge	227
Table 5.23	Results of Interview on Students' Evaluation SIAM.....	229
Table 5.24	Results of Interview on Students' Evaluation SIAM (Knowledge).....	230
Table 5.25	Results of Interview on Students' Evaluation SIAM (Attitude).....	230

LIST OF FIGURES

		Page
Figure 1.1	William McGuire’s 6 step Model of Persuasion, Source: McGuire (1968).....	22
Figure 1.2	Conceptual Framework based on McGuire (1968). Personality and Attitude Change.....	27
Figure 2.1	The five steps involve in ADDIE instructional Model.....	94
Figure 3.1	The 8 level Sequential Embedded Design for the Study.....	100
Figure 4.1	The conceptual framework of the ADDIE Instructional design for the study.....	169
Figure 4.2	The concept of SIAM illustrated into Logo.....	181
Figure 4.3	The First Navigation Pannel of the SIAM programme, image captured from the computer screen.....	185
Figure 4.4	The second navigation panel of SIAM programme displaying demographic data of respondents, , image captured from the computer screen.	186

Figure 4.5	The navigation panel form for Students' Records, , image captured from the computer screen.....	187
Figure 4.6	The navigation panel that displays all SIAM Questionnaire on SIAM application, image captured from the computer screen.....	188

LIST OF ABBREVIATIONS

CASSS	College of Administrative Studies and Social Sciences
CBMS	College of Business Administration
CES	College of Environmental Studies
COE	College of Engineering
EA	Economic Access
HI	Hearing Impaired
ID	Intellectual Disabilities
PC	Physically Challenged
PWD	People With Disabilities
PSF	Physical, Service and Facility Access
SP	Social Participation
SWD	Student With Disabilities
VSR	Valued Societal Relationships

LIST OF APPENDIXES

Appendix A 1- 4 Research Instruments.

Appendix A 1 Questionnaire 1- Pre-test and Post Test Attitude / Knowledge.

Appendix A 2 Questionnaire 2- SIAM Evaluation Questionnaire.

Appendix A3 The Social Inclusion Awareness Module

Appendix A4 Research Code Book.

Appendix B 1 – 6 Application and Permission Letters.

Appendix B1 Introduction Letter from Universiti Sains Malaysia.

Appendix B2 Letter of Permission for Pilot Study.

Appendix B3 Letter of Approval for Pilot Study.

Appendix B4 Letter of Permission for Main Study.

Appendix B5 Letter of Approval for Main Study.

Appendix B6 Student Consent Form.

Appendix C 1- 6 Research Analysis SPSS Output.

Appendix C 1 Test of Normality.

Appendix C 2 Descriptive Statistics Data Analysis.

Appendix C 3 SIAM Evaluation Data Analysis.

Appendix C 4 SIAM Comprehension Data Analysis.

Appendix C 5 Calculation of eta Squared.

Appendix C 6 Factor Analysis and Reliability Test Result.

Appendix D 1 – D6 Pictures

Appendix D1	Interview Pictures.
Appendix D2	Cross Section of Students Listening To SIAM.
Appendix D3	Cross Section of Students Answering SIAM Questionnaire.
Appendix D4	Logistic Problems Cross Section of Students.
Appendix D 5	Issuing SIAM Certificate to Students.
Appendix D 6	Kaduna Polytechnic School Premises.

Appendix E 1-2 Interviews Transcribed.

Appendix E 1a	Interview transcripts (Students with disabilities)
Appendix E 2a	Interview transcripts(HND II Students)
Appendix E 1b	Interview Extracts and Analysis.
Appendix E 2b	Interview Extracts and Analysis
Appendix F	Qualitative Reliability (Rater 1 and 2)
Appendix G	Description of Judges

IMPAK MODUL KESEDARAN SOSIAL TERHADAP SIKAP DAN PENGETAHUAN PELAJAR DI NIGERIA

ABSTRAK

Sepanjang sejarahnya, Orang Kurang Upaya (OKU) telah mengalami pelbagai sikap sosial yang merupakan penindasan terhadap mereka, antaranya termasuk pengabaian, penolakan, permusuhan, buli, kesangsian dan perasaan kasihan serta perlindungan yang berlebihan atau keterlaluan ke atas mereka (WHO, 2011) sementara kurangnya pengetahuan yang memaklumkan sikap ini. Kajian ini bertujuan untuk mengkaji kesan Modul Kesedaran Kemasukan Sosial (SIAM) terhadap sikap dan pengetahuan para pelajar di Nigeria; kaedah Campuran Berurutan telah digunakan dalam kajian ini, dimana Pendekatan Fenomenologi digunakan dalam menganalisis data kualitatif, manakala kaedah kumpulan tunggal Reka Bentuk Kuasi-Eksperimental digunakan dalam menganalisis data kuantitatif. Kaedah temu bual tatap muka digunakan dalam pendekatan kualitatif dengan menemubual empat belas (14) pelajar OKU dan sebelas (11) pelajar biasa yang dipilih dari salah satu institusi di Nigeria. Data kualitatif dianalisis dengan menggunakan analisis tematik. Data qualitative menunjukkan bahawa OKU terdapat kekurangan inklusi sosial dari segi penyertaan sosial, akses kepada ekonomi, akses fizikal / alam sekitar dan hubungan sosial yang menyokong. Hal ini disebabkan oleh kekurangan pencerahan awam dan tiada kemudahan untuk mengurangkan kesan kecacatan. OKU mencadangkan untuk mendidik orang awam dan memberi peruntukan kemudahan sebagai penyelesaian kepada isu inklusi sosial, manakala pelajar berkeupayaan biasa memberi impak yang positif terhadap modul terhadap pengetahuan dan sikap. Modul ini dibangunkan menggunakan reka bentuk pengajaran ADDIE dan hasil ujian pemahaman yang

dilampirkan pada modul, menunjukkan skor pelajar sejumlah 72%, menunjukkan bahawa modul ini dapat difahami dengan baik oleh para peserta. Data kualitatif menunjukkan bahawa persepsi/penilaian para peserta terhadap kandungan modul memberikan impak dari segi pengetahuan, kerana sesetengah pelajar menerangkan intervensi ini sebagai pengalaman mengubah kehidupan. Pendekatan kuantitatif menggunakan satu kaedah kumpulan eksperimen kuasi eksperimen yang melibatkan pretest, intervensi dan ujian pasca. Soal selidik 1a & b digunakan untuk ujian pretest dan pasca, lapan (8) minggu intervensi modul SIAM diajar melalui kaedah kuliah kepada 491 pelajar. Analisis data kualitatif menunjukkan bahawa hasil pra-ujian pelajar mendedahkan sikap neutral dan pengetahuan yang rendah mengenai isu-isu yang berkaitan dengan ketidakupayaan dan inklusi sosial. Sementara keputusan pasca ujian menunjukkan perubahan yang signifikan dalam sikap dan pengetahuan pelajar. Oleh sebab itu, kajian ini menyimpulkan bahawa terdapat perbezaan yang signifikan antara ujian pra-ujian dan pasca oleh intervensi. Kajian ini menyimpulkan bahawa modul SIAM mencapai matlamat yang diinginkan untuk mewujudkan kesedaran mengenai isu kecacatan di kalangan pelajar dan mencadangkan bahawa semua individu dalam kehidupan mempunyai peranan yang berbeza untuk memastikan penyelesaian menyeluruh bagi inklusi sosial orang kurang upaya.

THE IMPACT OF THE SOCIAL INCLUSION AWARENESS MODULE ON THE ATTITUDE AND KNOWLEDGE OF STUDENTS IN NIGERIA

ABSTRACT

People with disabilities (PWD) throughout history have been subjected to a multiplicity of oppressive social attitude which include neglect, rejection, hostility, bullying, distrust, pity and over-protection among others (WHO, 2011) while lack of knowledge informed these attitudes. The study set out to study the impact of the Social Inclusion Awareness Module (SIAM) on the attitude and knowledge of students in Nigeria. The SIAM was developed using ADDIE instructional design. A sequential mixed method design was applied in this study. The qualitative approach used phenomenological research design, with a face to face interview involving fourteen (14) students with disabilities and eleven (11) regular students purposefully selected from one institution in Nigeria. The qualitative data were analysed by thematic analysis and the findings revealed that Student with disabilities (SWD) expressed reduced social inclusion in terms of social participation, economic access, physical/environmental access and supportive /valued social relationships, this was due to lack of public enlightenment and inavailability of facilities to reduce the impact of disability. SWDs proposed education for the public (society) and provision of equipment / facilities as solution to social inclusion. The quantitative approach used a single group method of quasi experimental design involving pre-test, intervention and post-test. Questionnaire was used for the pre-test and post-test, eight (8) weeks intervention of SIAM module was taught through lecture method to 491 student's The data was analysed using descriptive statistics and paired t-test. The student's pre-test result revealed neutral attitude with low knowledge of issues relating to disabilities

and social inclusion, while the post-test result indicate a significant change in students attitude and knowledge, therefore the study concludes that there is significant mean difference between the pre-test and post-test due to intervention. The implication of this study is that the SIAM achieved the desired objective of creating disability awareness among student's and proved that individual's in all works of life have varying roles to play in ensuring an all-encompassing solution to social inclusion of people with disabilities.

CHAPTER 1

INTRODUCTION

1.1 General Introduction

Social inclusion in this study means involving and making consideration for people with disabilities in all human endeavors, providing facilities, equipment and materials that will ease the impacts of their disabilities. The study looks at the perimeters of discrimination as attitude and lack of adequate knowledge as indicators for perceived social exclusion and sustainable social inclusion of people with disabilities (PWD) in higher education of learning in Nigeria.

Globally, many people are disabled due to war and poverty (Oliver, 2013a). Until the present day reports, PWD irrespective of where they live, are statistically more likely to be unemployed, illiterate, have less formal education, and have less access to developed support networks and social capital than their able-bodied counterparts. Consequently, disability is both a cause and consequence of poverty (Oliver, 2004).

Many countries have tried to reduce discrimination by applying an approach of humanitarian, compliance or citizenship (Oliver, 2004). A former president of the

World Bank, James Wolfensohn in 2002 generally observed that, unless disability issues are addressed in all countries, the UN Millennium Development Goal (MDG) targets would not be met (World Bank, 2013). To this end, the United Nations, in collaboration with civil society institutions, successfully negotiated a convention regarding disability rights in December 2007 and the negotiation was ratified at the 61st session of the general Assembly.

The report stated that, 126 States have signed the Convention and 20 States have ratified it. Furthermore, the report specified that, the Convention was the first international legally-binding instrument which holds signatory states to account to ensure that appropriate, robust policies and efficient implementation structures are developed to ensure the rights and dignities of disabled people are upheld. These developments will smoothen the progress of social inclusion of disabled people within their respective countries. Chapter one of the study discusses the background of the study, problem statement, objectives of the study, research questions and research hypothesis. Also discussed are the conceptual and theoretical framework, the significance and limitation of the study, as well as operational definition and summary of chapter one.

1.2 Background of the Study

There is a steady increase in the number of disabled people around the world. According to the World Bank and the World Health Organization (WHO) report

people with disabilities (PWD) currently constitute 15% of the world's population and most of these persons live in the rural areas of developing countries (WHO, 2011). People with Disability (PWD) are persons who have limitations or impairment affecting one or more organs of the body. The limitations can manifest as intellectual disability, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deafness, blindness and multiple disabilities (WHO, 2011).

The WHO (2011) estimated the population of PWD's in Nigeria to be 19 million, in line with the claim of that, the director (Baiyewu, 2012) Center for Citizen with Disability (CCD) in Nigeria, affirmed in an interview with Punch Newspaper that the PWDs are over nineteen (19) million. This figure was much higher than the Nigerian National Population Commission's Census (NPC, 2015) estimate of 4.8 million. Assuming, in every ten (10) Nigerian one (1) person is disabled, the estimated figure would be about 20 million, in line with the estimated population of 180 million Nigerian in 2014, (NPC, 2015). The statistic of PWDs can only be imagined when we add Seniors aged 55 and above, adults and children with age related impediments to mobility, plus individuals suffering from fall related injuries resulting in short or long term disability or the unrecorded number of individuals who are temporarily challenged for varying reasons be it through injury, illness, or other factors (National Education Data (NED) 2015). Thus, the PWD would constitute more than twenty percent (20%) of the entire population of the citizenry in Nigeria.

It is often believed that PWDs are among those that are socially marginalized and excluded from participating fully in the society by virtue of their poverty, low education or inadequate life skills which distances them from job, income and educational opportunities as well as social and community networks (WHO, 2011). They have little access to power and decision-making bodies thus little to no chance of influencing decisions or policies that affect them, or of bettering their standard of living.

To rectify the inequalities brought about the idea of social inclusion, Hall (2009) conducted qualitative review of 15 primary research reports through thematic coding to synthesize what is currently known about social inclusion. Six themes were identified: being accepted, relationships, and involvement in activities, living accommodations, employment, and support systems. Social inclusion is about involving everyone in the society, making sure that “all” have equal opportunities to education, skills or work or taking part in civic activities within society. ‘All’ here implies the poor, less privileged, women and children, culturally marginalized, people with disabilities, etc. Stated in a more generic term, World Bank Report (2013) defined social inclusion as the converse of social exclusion and is a positive action to change the circumstances and habits that lead to (or have led to) social exclusion.

Segregation and discrimination are often demonstrated by the society toward many groups but PWDs are most vulnerable. Oliver (2013a) maintained that the form of a society directs the type and level of segregation and discrimination. A capitalist

or communist society view segregation and discrimination differently. Other considerations are developing, developed and third world. Within the dimension of PWD, segregation and discrimination also varies, depending on the severity of the impairment whether hearing, visual, intellectual, orthopedic or otherwise.

Thompson, Fisher, Purcal, Deeming and Sawrikar (2012) explained that, social policy researchers aim to improve two types of inclusion for marginalized groups such as people with disability. The first being relational inclusion and the second being distributional inclusion. Relational inclusion involves people's sense that they are valued as much as other members of society and demands respect and non-discrimination, while distributional inclusion involves parity of equal access to social and economic opportunities, and requires equality of wellbeing and participation (group access to education, employment, etc.).

Generally speaking, there are two schools of thought or competing world views on disability issues. The traditional view of disability (medical, charity, individual models) focuses on impairment as the cause for inequality. In contrast, the inclusive view (social model) focuses on outside factors that make the world inaccessible for someone who has impairment. The medical model approach is rooted in welfare, rehabilitation, medication, therapies and charitable provisions (Oliver, 1990), while the medical model believed that the disabled persons are the problem as they are responsible for their impairment as well as the disability imposed by it. Therefore, all medical treatments / compensation measures need to be taken to restore the person to

normalcy, so that he can participate fully in the society (Carson, 2009). These gestures have overtime shaped the way the disabled people think about themselves in Nigeria, many disabled people believe their problems stem from not having ‘normal’ bodies (Carson, 2009).

Meanwhile, proponents of the social model believe that the structures within the society are the problems that create disability. Some PWD’s in Australia (Mission Australia, 2008) affirmed that “Our experiences have shown us that in reality most of the problems we face are caused by the way society is organized, our impairments or bodies are not the problem and social barriers are the main cause of our problems”. They maintain that, the barriers include people’s attitude to disability, and physical and organizational barriers. Lang and Upah (2008) grouped the barriers as attitudinal, environmental and institutional.

According to Oliver (2013b) the starting point for the social model was the publication of The Fundamental Principles of Disability by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976. They argued that “we are not disabled by our impairment but by the disabling barriers we face in the society” (p-1024). This changed the understanding of disability completely in contrast to previous definition which cited disability as the cause of disability and handicap. UPIAS produced a socio-political definition of disability that made the crucial distinction between the biological: impairment and the social: disability (Barnes, 2011). Hence, according to UPIAS cited in Barnes (2012), impairment denotes “lacking part or all of a limb, or

having defective limb or mechanism of the body” (p5) but disability is limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.

The social model maintained that, PWDs have the right to be a part of society. Hence, Carson (2009) emphasized that society needs to change, not disabled people, because barriers are created by the society and it is possible to remove them. The growing population of PWD is a significant indication that, there is need for them to participate in all activities within the society and in order to be fully involved the societies need to change to create access for PWDs. Access here means, access to buildings, public spaces, and any other place a person might need to go for work, play, education, do business or get services.

Access is always viewed differently by different categories of PWD. Dierks, Kelly, Matsubara, Romero and Takahashi (2007) differentiated between physical access and social access, maintaining that while physical access relates to physical barriers, social access relates to shared experiences in the community, physical barriers can prevent people from participating in social activities or having shared experiences in the community. In order to achieve social and physical access for PWD, attitude form a great part in shaping community willingness to change. Another important variable to mention is knowledge which is paramount to the success of any agenda collectively by government or organizations.

In most developed countries, advocacy groups have made considerable efforts toward access for PWDs. Their campaign over the years has gradually changed personal views of disability (attitude) improved the understanding of psychology of PWDs (knowledge) and provides information about issues relating to disability around the world (awareness). There are considerable weaknesses with PWDs and the society in Nigeria, due to poverty, ignorance, and will power to pressurize government for change. Craig (2015) stated the importance of intervention. It is believed that, Nigeria has not moved from the views of the medical model in relation to disability issues (Lang & Upah, 2008). The trend of special schools and handicapped homes within each state of the federation, the welfare packages to people with disability from government and the lack of ministries or commission for disability attest to this facts.

All over the world, PWD have demonstrated intellectual capabilities in all fields of life. Despite this, there has been prejudice in the offering of admission to PWD's into higher education of learning. Hence, this study used the power of intervention to reach students in higher institution, with the focus of attitudinal change through increasing knowledge and awareness on issues relating to social inclusion for PWD in Nigeria.

The current situation of social inclusion in Nigeria was studies by Eleweke and Ebenso (2016) presenting a clear issue relating to perception of people with disability in an interview with fourteen people with disabilities in Nigeria. The findings from the qualitative data revealed ten themes which are, problems of implementation of policy

and disability legislation, conflicts in the role of Disable People Organizations (DPO), lack of physical access to program and services, barriers to employments, gender inequality, barriers to access education attitudinal barriers, lack of educational personnel and services, public information and communication barriers. This interview was carried out with the working class people with disabilities.

Nigeria government partaked in signing treaties and making commitment to ensure equal access for people with disabilities. Such as the millennium development goals, the education for all goals, save environment, etc, such intentions seemed to be forgotten as soon as they were signed. For example, the town planning policy or the economic reforms for citizenry does not have any considerations for PWD's, such policy of universal design, employment legislation are still lacking in Nigeria and this will lead to absence/reduced social participation or economic access.

Though, there has been considerable efforts by past government to enact policies for people with disabilities. One of such policies is the “universal basic education for all” but there are significant lag between policy and implementation because stakeholders appointments are guided by political selection. The national educational policy stated categorically that education shall be provided for all citizens disability notwithstanding (National Policy on Education, 1984). Most recently, the policy on special education was produced at the federal level and it is expected that all states follow the blue print in establishing educational facilities for children and adults with disabilities, such laudable programs perished due to lack of implementation.

There is a serious lag between policy and implementation due to lack of solidify structures of human and material capacities, most head teachers, principals, directors in ministries, those in position of leadership do not have the training and understanding to create functional policy or implement such when in position of power (Tavee & Chomanad, 2012; El Refaei, 2016). Individuals in all works of life need to be aware of creating access for PWD, such that policies can be implemented successfully and diversification can spring up in areas such as designs, manufacturing, marketing, management, banking, computer science, administration, engineering and mass communication. Disability awareness training for students in higher education will channel our vision of accessibility in the right direction.

1.3 Problem Statement

Researchers (Bickenbach, 2011; Lang & Upah, 2008; Trani & Loeb, 2012) have observed that people with disability throughout history have been subjected to a multiplicity of oppressive social attitude which include horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behavior. The trend of the negative attitude towards PWDs manifest in many ways in Nigeria, the Nigerian society often attributes the causes of impairments to a “curse” and also families believed that having a disabled child is a punishment from God and that a disabled person cannot achieve in life.

Abosi and Ozoji (1985) in their study found that Nigerians attribute causes of disabilities to witchcraft, juju or some natural /supernatural forces. Thus, negative attitude are demonstrated by neglect, isolation and discrimination, thereby given less

regard for education of children with disabilities. The national education report (National Population Commission, 2015) found that more than 50% of PWDs did not go to school, with the highest incidence in North West Zone, Nigeria, which is due to the lack of understanding of disability issues by the general public (Lang & Upah, 2008).

It has been observed by the author that, the avenues for the citizenry or society to learn about disability issues are minimal or nonexistence in some areas such as in Nigeria (lang & Upah, 2008) There are less books, less television or radio programs to educate the society about disability issues, though, PWD showcase themselves once a year in December to celebrate “disability day” in Nigeria. A well informed society about cause of disability would eradicate the myth associated with having a child with disability or acquiring disabling condition later in life. Besides, understanding the psychology of people with disabilities, translates into less prejudice (Lindsay & Edward, 2014) towards disability issues. Despite that, the society values the advice from educated individuals, especially when such advice are based on genuine intentions. Some communities look up to the educated individual for opinions and advice regarding upbringing and schooling of a child with disability.

Experience has shown that in Nigeria, the number of students showing interest to read special education is gradually declining. This is evident from the number of higher education offering special education courses. In fact, as at 2007, the

Universities approved by the Nigeria Universities Commission were 88 and the National Commission for Colleges of Education approved 49 Polytechnics and 86 Colleges of Education. These higher education institutions were for both federal and state government, meanwhile among these institutions only about five universities, notably university of Jos, Kano, Calabar, Ibadan and Nsuka, as well as Kaduna polytechnic and federal college of education special Oyo, were mandated to train teachers of students with special needs (Eleweke, 1976). This decline translates into a marginal amount of the population with knowledge about disability issues, a very risky implication for future generations. Only recently, precisely about five years ago, special education was introduced as a course unit in all colleges of education, the intention is to equip regular teachers with understanding of special education and prepare them also for inclusive education practices, whether, one course unit would be able to achieve the desired goal is another question altogether (Eleweke, 2002).

Synnot and Barr (2012) conducted a systematic review, examining ten electronic data from 2010 for barriers and facilitators to physical activities for children with disabilities, lack of knowledge and skill is discovered as one of the barriers that hinder social participation of children with disabilities. In addition, stakeholders often have little or no understanding of disability issues (lang & Upah, 2008). Unfortunately, there is no program either on radio or television that seeks to address this issue, as said earlier, although local and international Non-Governmental Organizations (NGO's) are trying in this regard but the scope of their reach is limited. This is the gap this thesis seek to address by training students in higher education who will ultimately become workers, leaders, parents, activists etc in order to collaborating with disabled people

organizations (DPO's) and disabled individuals to enhance access to amenities and facilities for PWD. This is particularly necessary because the disabled people's associations are not promoting a rights-based approach to disability issues (Eleweke & Ebenso, 2016).

The Department of Foreign and International Development (DFID) report specified that the Federal Government of Nigeria perceives disability issues in terms of charity/welfare, not in terms of human rights (Lang & Upah, 2008). This is demonstrated by donations and welfare packages given to disabled individuals and disabled people's organizations, rather than addressing the issues and barriers experience by PWD in their daily lives. Lack of legislation demonstrates backwardness and the lack of zeal by stakeholders to find a lasting solution to employment (economic access) for economic stability for PWD. Eleweke and Ebenso, (2016) retriates that PWD complained about the lack off implementation of policy and disability legislation. The first ever legislation on disability rights is on the second reading after fifty five (55) years of independence (The Nation, 2016). Disability issues are dealt with by the federal ministry of women affairs and social development, while states and local Government levels engage in only projects not well design programs and the projects have failed to address the poverty and social exclusion problems faced by PWDs in Nigeria, reason being that over 90% of the populace still view persons with disabilities from the charity perspective.

In an interview held in 2014, by the office of the High Commissioner for Human Right with the president (Umoh Ekaete) of Joint National Association of PWD Nigeria (JONAPWD) the findings revealed that stakeholder perceive PWD as people who are just good enough to receive aids, support and other form of humanitarian efforts rather than being active citizens in society and in National development. In 2015, Ms Jane Ottah was deregistered from the River State University of Science and Technology, Port-Harcourt (Ezeamalu, 2016) due to speech and hearing challenges. A program aired by the National Television Authority (Tuesday live, 2015) and verbal reports by people with disabilities indicates that many have also been denied admission in higher education courses of their choice due to disability. Disability training and awareness will improve societal attitude and knowledge about disability (Lindsay & Edward, 2013).

Furthermore, the indices of social participation is low due to physical and social barriers experienced by PWD in their daily lifes (WHO, 2011), these barriers reduces community participation and involvement of PWD in productive activities (education) leisure and relationship (mixing) with other ‘normal people’. On one hand, physical barriers are faced by PWD on daily basis due inaccessible environment, buildings and transportation (Danso, Tudzi & Agyekum, 2017; Ipadeola, zibiri & Effiong, 2015) and these barriers has restricts movements, educational and employment opportunities for PWD (Osifuye & Higbee, 2014) preventing PWD from contributing their quota to the economy. Also, the over reliance on family members (Federal Ministry of Women Affairs and Social Development, 2010; NED, 2015) affect the

contributions they could make to economic development of the state and county at large, hence the PWD lost valued societal relationships. On the other hand, the society has limited knowledge or the lack of understanding and knowledge of the truth (strengths/weaknesses) about PWD (Federal Ministry of Women Affairs and Social Development, 2010) has cloud the judgement of the society about PWD. Meanwhile, in developed countries like America, Canada, Australia etc, individuals with disabilities, parents of children with disabilities, and other stakeholders demand and/or support legislation and enforcement of legislation in areas such as education, health care, housing, employment and accessibility (Oliver, 2004).

In conclusion, there is no nation without its unique challenges. The above stated problems can be surmounted by taking decisive steps towards changing/increasing attitude, knowledge and awareness to social inclusion of PWD. One of such steps is a study of this nature that seek to develop awareness modules aimed at addressing the negative attitude towards people with disabilities and providing knowledge that will help to reduce prejudices against PWD by educating students in higher education through Social Inclusion Awareness Module (SIAM). Roberts and Simpson (2016) conducted a review of research into stakeholder perspectives on inclusion of students with autism in mainstream schools, the result of the review revealed a primary issue with all stakeholders and it directly concern level of knowledge and understanding creating an urgent need for more training.

This study target higher education students because they are future leaders in any nation. Students would eventually become parents, employees, employers, administrators, politicians, etc. and the desired changes in students attitude and knowledge would make a valuable impacts on social inclusion for PWD's, now and in future.

1.4 Purpose of the Study

The purpose of the study is to develop a social inclusion module to address concerns about attitude and knowledge of PWD among students in higher education. To this end, the study was exploratory in nature as there was need to explore the attitude and knowledge of students in higher institution toward social inclusion of people with disabilities in higher education of learning. More specifically, students attitudes and knowledge toward social inclusion of PWD was studied in relation to;

- Attitude and knowledge of students in higher institution on Social Participation (SP) of people with disabilities in higher education.
- Attitude and knowledge of students in higher institution on Physical, Facilities and Service (PSF) access for PWD in higher education environment.
- Attitude and knowledge of students in higher institution on Economic and Material Access (EMA) of PWD in higher education.
- Attitude and knowledge of students in higher institution on Valued Societal Relationships (VSR) between students and PWD in higher education.

1.5 Objectives of the Study

The main objective of the study was to develop and evaluate a Social Inclusion Awareness Module (SIAM) towards influencing attitude and knowledge of students in higher education for sustained social inclusion of people with disabilities in Nigeria. In order to achieve this, a needs analysis was first conducted to obtain baseline information. The results of the needs analysis contributed to the development of SIAM. The evaluation of the module comprised of assessment of comprehension and perception among students in higher institution. The 7 objectives of the study was categorized under phase I (before intervention) phase II intervention and phase III (after intervention).

1.5.1 Objectives for Phase 1

The following objectives (i & ii) were investigated prior to intervention

- i To determine the experiences (challenges faced) by students with disabilities about social inclusion issues and the solutions to overcome these challenges.
- ii To determine students attitude towards people with disabilities and students knowledge about social inclusion prior to intervention with SIAM.

1.5.2 Objectives for Phase 11

For development, Validation and Students Comprehension of SIAM, the following (iii & iv) objectives were investigated.

- iii To develop, validate, implement and evaluate the Social Inclusion Awareness Module.
- iv To assess students comprehension level on the Social Inclusion Awareness Module (SIAM).

1.5.3 Objectives for Phase III

In order to assess SIAM after intervention, the following (v & vii) objectives were investigated.

- v To determine students attitude toward people with disabilities and students knowledge about social inclusion after SIAM intervention.
- vi To determine the significant difference in students attitude and students knowledge towards social inclusion of people with disabilities between post-test and pre-test.
- vii To investigate whether SIAM achieved the aim of persuasion for attitude change and knowledge increase.

1.6 Research Questions

The study sought to answer the following research questions. For easy flow, the research questions were categorized under three sub headings in line with the research objectives which are research questions for phase I, II and III of this study.

1.6.1 Phase I - Research Questions

The following research questions i & ii were raised and investigated prior to intervention of SIAM.

- i How do students with disability (SWD) experience or faced challenges of social inclusion and what are the solution to social inclusion, from the pespective of students with disabilities?.
- ii What is the attitude and the level of students knowledge regarding social inclusion of people with disabilities prior to intervention with the Social Inclusion Awareness Module (pre-test)?.

1.6.2 Phase II - Research Questions

Research questions v and vi was raised for development, validation and evaluation of SIAM as well as students comprehension of SIAM.

- iii How was the module developed, validated and evaluated?.
- iv How well do students comprehend the content of the SIAM?.

1.6.3 Phase III - Research Questions

Research questions v & iv after intervention with SIAM.

- v What is the attitude and level of students knowledge regarding social inclusion of people with disabilities after Social Inclusion Awareness Module (Post-test)?.
- vi Is there any significant difference in students attitude and students knowledge towards social inclusion of people with disabilities between post-test and pre-test?.
- vii Did SIAM achieved the aim of persuasion for attitude change and knowledge increase among students in Nigeria?.

1.7 Theoretical Framework

Changes in human social behavior is pivotal for the improvement of social participation of people with disability. If the societal attitude is positive and stakeholders perform their duties, people with disability are likely to experience favorable social inclusion by other members of their communities. Knowledge about disability issues also plays an important role towards acceptance of successful social inclusion of people with disability. Attitude can be either positive or negative, and even when they are positive, there can be a disjunction between the way people without disability interpret ‘positive’ and the way it is interpreted by people with disability (Thompson et al., 2012).

The manner in which people with disability perceive positive attitude may be different from the way the nondisabled construe it (Thomson et al., 2011) therefore, it

is easy to differentiate between personal attitude and community attitude. Thompson, Fisher, Purcal, Deeming and Sawrikar (2011) noted that the attitude of a group tend to reflect the attitude of the individuals that makeup that group (although not necessarily) and because attitude are dynamic rather than fixed, community attitude can be changed. Quoting the views of Fraser (1999) cited in Thomas et al., (2011) for any social inclusion (rational or distributional) to flourish, it is important to continuously redirect human action, either collectively or individually to positive change. In order to bridge any gaps in community attitude towards people with disability and the consequence of the outcomes they experience, it is necessary to try societal attitude change and it is true that attitude change, whether in individuals or in communities, is a slow process, (Thompson et al., 2011).

According to Banas and Rains (2010) the Yale Attitude Change Approach was first studied by Carl Hovland and his colleagues at Yale University (also known as the Yale Attitude Change) in 1960's. In 1968, McGuire added inoculation theory to the Yale Attitude Change Approach, known as the theory of persuasion. The theory of persuasion approach studied the different conditions in which people are most likely to change their attitude in response to persuasive messages, the model is presented in a six approach: presentation, attention, comprehension, yielding, retention, and (action) behavior.

William McGuire's Six step Model of Persuasion

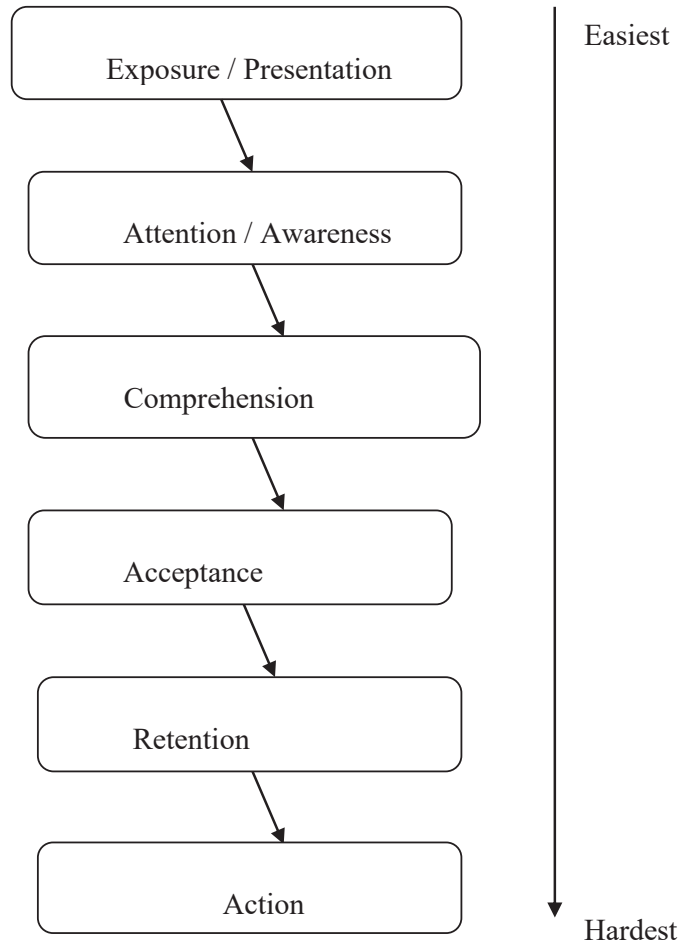


Figure 1.1: William McGuire's 6 step Model of Persuasion, Source: McGuire (1968).

Personality and Attitude Change

McGuire explained that attitudinal inoculation works the same way as medical inoculation. According to Banas and Rains (2010) inoculation theory suggests that individuals can be inoculated against persuasive attacks on their attitude in a similar manner to the way individuals is immunized against a virus. Medical inoculation works by injecting a weakened form of a virus into an individual in order to enable

that person to build up resistance to future attacks from that virus. McGuire reasoned that attitudinal resistance can be similarly induced by forewarning an individual of an impending attack on an attitude he or she holds and presenting a weakened argument against the attitude, the weakened argument will, presumably, motivate the individual to develop counterarguments consistent with his or her initial attitude and, thus, strengthen the attitude against future attacks.

Benoit (2006) noted that most of the researches conducted under the Yale approach were grouped under two main headings: the speaker and the message. The speaker which is considered as the source must be an expert and an individual whom the audiences trust. He further explained that, research evidence show that expert sources are usually more persuasive than non-experts, and that trustworthy sources are more likely to change an audience's attitude than untrustworthy persuaders. The message which is considered as the main points can be divided into two parts: the organization and content. It is obvious that organized messages are more persuasive, help comprehension and sustain attention than disorganized ones. Receivers often pay less attention to messages that are disorganized and difficult to follow. In fact persuasive messages could be divided into three parts: introduction, main body, and conclusion.

The introduction should retain the audience's interest and not inform that the message is trying to change their minds, it is not important to offer clear purpose statement in the introduction. The main body should be presented in two sided

approach by mentioning briefly the opposing view point, refuting them with an elaborate argument supporting your views, explicit conclusions are more effective than the implicit ones. Message content should provide quality and quantity arguments, evidence or fear appeal to generate yielding of the audience. Benoit (2006) further explained that “presentation” is McGuire’s term for the persuasive message. He then reasoned that people cannot be persuaded by message they ignore, so after the message is presented to the audience the next step in the persuasion process is paying “attention”. Third, the audience must understand the message before it can influence their attitude, so “comprehension” follows attention in his model. “Yielding” is McGuire’s term for acceptance, the point at which attitude change occurs. When a persuasive message succeeds at changing a listener’s mind (attitude) McGuire says that the receiver has yielded to the message.

The fifth step is “retention,” and it concerns how long the attitude change lasts. McGuire recognized that attitude change; if they were permanent, of course, we wouldn’t hope to change them with our persuasive messages. The fact that attitude do change (and can be changed) means that when we succeed at changing someone’s attitude, that change probably won’t last forever. Some other persuasive messages (or experience) could change their attitude again. Finally, McGuire considered “behavior” to be the ultimate goal of persuasive discourse.

The impact of the theory on higher education students is that students has the required qualities because McGuire maintained that, acceptance of a message depend on learning the massage content (Benoit, 2006). Higher education students have been