Caregivers' Attitudes Towards Disability Among Parents and Staff at St. Vincent Centre for Inclusive Education, Uyo, Nigeria

Martha Emmanuel Uko[1], Dr. Anthony Chege[2] ,Ms. Vivyanne Omira[3]

Psycho-Spiritual Institute of Lux Terra Leadership Foundation, affiliate of Veritas University, Abuja, Nigeria, Nairobi Campus, Kenya

DOI: https://doi.org/10.47772/IJRISS.2026.100600576

Received: 10 June 2026; Accepted: 15 June 2026; Published: 30 June 2026

ABSTRACT

The attitudes of the adults who care for and teach children with special needs play a decisive role in the success of inclusive education. This study examined the attitudes of parents/caregivers and staff towards disability at St. Vincent Centre for Inclusive Education, Uyo, Nigeria, with the objective of describing and comparing their attitudes across four attitudinal domains. The study was guided by Bronfenbrenner's Ecological Systems Theory and Attachment Theory, which together explain how adults within a child's immediate environment shape acceptance, expectation and emotional security. A quantitative descriptive survey design was adopted. The target population comprised all parents/caregivers linked to children with special needs at the Centre and all members of staff. A census (total population) approach was used to reach the caregivers, while proportionate stratified sampling organised the staff group, yielding a sample of 44 parents/caregivers and 25 staff. Data were collected using the Attitudes to Disability Scale (ADS), administered with the support of a trained research assistant, and analysed using descriptive statistics (frequencies, percentages, means, standard deviations, medians and score ranges). The findings showed that both parents and staff were strongest on Discrimination awareness and support for Inclusion, but weakest on Prospects, with no respondent scoring high on optimism about children's futures; staff were additionally doubtful about the Gains of inclusion (M = 9.64) compared with parents (M = 13.89). These results imply that the central challenge at the Centre is not acceptance of children with special needs but limited belief in their long-term possibilities. The study recommends sustained parent education, staff professional development and school–family collaboration that build hopeful, realistic and high-expectation beliefs about children with special needs.

Keywords: disability, caregiver attitudes, parents, staff, inclusive education, Attitudes to Disability Scale, Nigeria

INTRODUCTION

The psychological and educational development of children with special needs is strongly influenced by the attitudes of the adults who provide daily care, instruction and support. In inclusive education settings, parents and staff do not merely accompany children; they shape the emotional climate in which children learn, form self-understanding, build confidence and interpret their own possibilities. The World Health Organization estimates that about 1.3 billion people — some 16% of the global population, or one in six persons — currently experience a significant disability, and international agencies have repeatedly noted that stigma, weak support and negative attitudes remain major barriers to participation in education (World Health Organization, 2022; UNICEF, 2022). In this context, the attitudes of parents and school staff are not secondary issues; they are central to the quality and credibility of inclusive education.

In Nigeria, caregiver attitudes towards disability are shaped by several interacting factors, including education, culture, religion, economic pressure, institutional support and personal experience of caring for a child with special needs (Adeoye, 2018; Etieyibo & Omiegbe, 2016). Some caregivers interpret disability through compassion, responsibility and faith-based service, while others may carry fear, pity, shame, uncertainty or low expectations about the child's future (Chukwueloka, 2016; Bolu-Steve & Abiola, 2022). These attitudes can influence whether a child is encouraged, included and supported, or whether the child is unintentionally limited

by low expectations. This study located the issue at St. Vincent Centre for Inclusive Education, Uyo, a Catholic inclusive education institution serving children with diverse special needs in a faith-based setting.

Parents and staff represent the two most immediate adult groups around children with special needs. Parents influence the home environment, daily care, emotional security and long-term expectations, while staff influence classroom inclusion, institutional support, learning opportunities and the educational atmosphere. Studying these two groups together provides a practical picture of the attitudinal environment surrounding children with special needs at the Centre.

Inclusive education is globally recognized as a framework that promotes the learning of children with disabilities alongside their non-disabled peers within regular classroom settings, ensuring equitable access to resources, support and dignity (Mbatt & Philip, 2024; United Nations, 2016; UNESCO, 2020; UNICEF, 2017). However, despite Nigeria's continuing efforts to implement inclusive education policies, policy documents themselves consistently acknowledge persistent gaps in effective implementation. For example, the National Policy on Inclusive Education (Federal Ministry of Education, 2017) recognizes that many schools lack adequately trained personnel, appropriate infrastructure, assistive materials and the supportive environments required to meet the needs of learners with disabilities.

Empirical studies reinforce these policy-based concerns. Even in inclusive settings, children with disabilities do not always experience optimal emotional or psychosocial well-being, and inclusive schooling does not automatically translate into strong well-being outcomes. International evidence points to the variability of these outcomes depending on broader contextual factors such as family and community attitudes and the availability of support services (Genovesi et al., 2022). Where the attitudes and support of the adults around the child are weak, even well-intentioned inclusive placement may fail to deliver the emotional and developmental benefits it is intended to provide.

These mixed findings expose a significant knowledge gap concerning the role of caregiver attitudes. Although caregiver beliefs, cultural orientations and behavioural dispositions are frequently assumed to influence children's adjustment and emotional health, empirical evidence in Nigerian inclusive education settings remains geographically fragmented, inconsistent and limited. This situation underscores the need for localized, site-specific research — particularly in educational contexts such as Uyo, Akwa Ibom State — to clarify how caregiver attitudes intersect with the experiences of children with disabilities in inclusive schools.

This study is grounded primarily in Bronfenbrenner's Ecological Systems Theory and Attachment Theory (Bronfenbrenner, 1979; Bowlby, 1969, 1988). Bronfenbrenner's theory explains child development as the result of interaction between the child and several layers of environment, including the immediate family, the school, the wider community, cultural beliefs and policy systems. Parents and staff occupy the child's microsystem because they provide the closest and most continuous forms of care and educational interaction, so their attitudes influence the child's immediate experience of acceptance, inclusion, protection and expectation. The ecological framework is particularly useful for disability research in an African context because attitudes towards disability are also shaped by culture, religious interpretations, economic hardship, school structures, community stigma and access to disability information.

Attachment Theory complements the ecological framework by focusing on the emotional bond between caregiver and child (Ainsworth et al., 1978; Bowlby, 1988). Although first developed to explain early child–caregiver relationships, it remains useful for understanding how acceptance, responsiveness, empathy and emotional support influence the self-concept and security of children with special needs. A child who is consistently treated with dignity and hopeful expectation is more likely to experience emotional safety, while a child surrounded by pity, rejection or low expectations may internalise discouragement. Together, the two theories provide a balanced lens: Ecological Systems Theory explains how parents and staff operate within wider cultural, institutional and social systems, while Attachment Theory explains how the quality of adult attitudes may affect the child's emotional and relational environment.

In response to this need, the present study examined caregivers' attitudes towards children with disabilities at St. Vincent Centre for Inclusive Education, Uyo, in order to generate credible, context-specific evidence that can

inform targeted interventions, strengthen caregiver support structures and improve the effectiveness of inclusive education. Specifically, the study was guided by the following objectives:

- To assess parents' attitudes towards children with special needs across the ADS subscales of Inclusion, Discrimination, Gains and Prospects.
- To assess staff attitudes towards children with special needs across the same ADS subscales.
- To compare the quantitative patterns of parent and staff attitudes.

METHODOLOGY

This study adopted a quantitative descriptive survey design, which is appropriate for describing measurable patterns in caregivers' attitudes towards disability and comparing parent and staff responses across defined attitudinal domains (Creswell & Plano Clark, 2018). The study was conducted at St. Vincent Centre for Inclusive Education, Uyo, Akwa Ibom State, a Catholic inclusive education institution run by the Daughters of Charity of St. Vincent de Paul, Nigeria Province, which provides education and psychosocial support to children with diverse special needs within a faith-based environment. The two adult groups most directly involved in caregiving and educational support were studied: parents/caregivers, who represent the home and family dimension of care, and staff, who represent the institutional and educational dimension.

Because the accessible population at the Centre was small and clearly defined, a census (total population) approach was used for the parents/caregivers: all caregivers linked to children with special needs at the Centre were eligible and approached, rather than a random subset. The staff group was organised through proportionate stratified sampling across teachers, teaching assistants, administrative and support staff, so that the different staff roles were represented. These procedures ensured that the quantitative phase reflected the full structure of the school's adult population while remaining methodologically sound.

The instrument used to collect data from both parents/caregivers and staff was the Attitudes to Disability Scale (ADS), a standardized measure developed by Power, Green and the WHOQOL-DIS Group (2010). The ADS is organised around four subscales: Inclusion (support for educating children with special needs alongside other children), Discrimination (awareness of unfair treatment and social barriers), Gains (belief in the benefits of inclusive education) and Prospects (optimism about the future possibilities and outcomes of children with special needs). Each subscale contains four items, giving a possible subscale range of 4 to 20, with scores categorized as low (4–9), moderate (10–15) and high (16–20); higher scores indicate more positive, accepting and hopeful attitudes. For parents/caregivers, an overall Total ADS score was also computed, with a possible range of 16 to 80.

Data collection was supported by a trained research assistant, who was fluent in English and Ibibio and prepared in standardised, neutral questionnaire administration and in communication suitable for a special-needs setting. The same ADS-based questionnaire was used for both groups: parents/caregivers completed the questionnaire during parent meetings or had it sent home accompanied by a clear consent form outlining voluntary participation and confidentiality, while staff completed it within the school environment. All returned questionnaires were checked for completeness, and only complete and usable responses were coded and analysed using descriptive statistics — frequencies and percentages to show the distribution of low, moderate and high scores for each subscale, and means, standard deviations, medians and score ranges to summarise overall attitudinal patterns.

RESULTS

Of the parents/caregivers approached, 44 of the 49 eligible respondents returned complete and usable questionnaires, a response rate of 89.80%. For staff, 25 of the 28 targeted members returned usable questionnaires, a response rate of 89.29%. Together, the two groups produced 69 usable questionnaires from 77 targeted respondents (an overall response rate of 89.61%), as summarised in Table 1.

Table 1. Respondent Distribution and Response Rates for Parents/Caregivers and Staff

Respondent group	Target (N)	Responses analysed	Response rate (%)	Instrument
Parents/Caregivers	49	44	89.80	ADS questionnaire
Staff	28	25	89.29	ADS-based questionnaire
Total	77	69	89.61	Quantitative questionnaires

Demographic Profile of Respondents

Among the 44 parent respondents, females were more represented than males: 30 were female (68.2%) and 14 were male (31.8%). The parent group was also older in profile, with 27 respondents (61.4%) aged 41 years and above, 14 (31.8%) aged 30 years and below, and only three (6.8%) aged 31–40 years. The parent attitude data therefore strongly reflect the perspectives of female and middle-aged to older caregivers.

Among staff respondents, 24 of 25 (96.0%) were aged 26 years and above, while one (4.0%) was below 26 years. Female staff were also more represented, with 16 females (64.0%) and nine males (36.0%). Overall, the staff sample was predominantly mature and female, a pattern that is common in caregiving and inclusive education settings.

Table 2. Demographic Profile of Parent/Caregiver and Staff Respondents

Group	Variable	Category	Frequency (n)	Percentage (%)
Parents/Caregivers	Gender	Male	14	31.8
Parents/Caregivers	Gender	Female	30	68.2
Parents/Caregivers	Age	30 years and below	14	31.8
Parents/Caregivers	Age	31–40 years	3	6.8
Parents/Caregivers	Age	41 years and above	27	61.4
Staff	Gender	Male	9	36.0
Staff	Gender	Female	16	64.0
Staff	Age	Below 26 years	1	4.0
Staff	Age	26 years and above	24	96.0

Parents' Attitudes Towards Children with Special Needs

Parents' attitudes were analysed across the four ADS subscales. The results show a generally moderate attitude profile, with relatively strong awareness of discrimination and support for inclusion, moderate belief in the gains of inclusion, and weak optimism about future prospects. This indicates that many parents care about inclusion and fairness, but their expectations about the future possibilities of children with special needs remain limited.

Table 3. Parent/Caregiver Scores Across the Attitudes to Disability Scale (ADS) Subscales

Subscale	Score category	Score range	Frequency (n)	Percentage (%)
Inclusion	Low	4–9	4	9.1
Inclusion	Moderate	10–15	21	47.7

Subscale	Score category	Score range	Frequency (n)	Percentage (%)
Inclusion	High	16–20	19	43.2
Discrimination	Low	4–9	5	11.4
Discrimination	Moderate	10–15	17	38.6
Discrimination	High	16–20	22	50.0
Gains	Low	4–9	9	20.5
Gains	Moderate	10–15	17	38.6
Gains	High	16–20	18	40.9
Prospects	Low	4–9	30	68.2
Prospects	Moderate	10–15	14	31.8
Prospects	High	16–20	0	0.0
Total ADS (global score)	Moderate (overall)	16–80	44	M = 51.32

Note. The Total ADS row reports the global (overall) attitude score across all 16 items; the group mean of 51.32 (SD = 5.75) places the parents' overall attitude in the moderate band of the 16–80 range.

On the Inclusion subscale, most parents scored in the moderate range (21, 47.7%), followed by the high range (19, 43.2%), while only four (9.1%) scored low. More than 90% of parents therefore fell within the moderate or high range for support of inclusive schooling, suggesting that most parents favour children with special needs learning alongside other children, although the large moderate group shows that support is not always fully confident.

On the Discrimination subscale, the parent group recorded its strongest categorical result: exactly half (22, 50.0%) scored high, 17 (38.6%) moderate and five (11.4%) low. This suggests that many parents understand that children with special needs face discrimination and barriers, and such awareness can be a positive foundation for advocacy.

On the Gains subscale, 18 parents (40.9%) scored high, 17 (38.6%) moderate and nine (20.5%) low. Most parents therefore believe inclusive education can bring academic, social and emotional benefits, although fewer than half scored high, indicating that confidence in those benefits remains moderate for many caregivers.

The Prospects subscale produced the weakest parent result. Most parents (30, 68.2%) scored low, 14 (31.8%) moderate, and none scored high. This is a significant finding because it shows that parents may accept and support their children while still holding limited expectations about their future achievements, independence and opportunities. The complete absence of high scores marks optimism about future prospects as the most urgent attitudinal area requiring intervention.

Table 4. Summary Statistics for Parent/Caregiver ADS Scores

Section	Items	Mean	SD	Median	Min–Max
Inclusion	4	14.05	3.27	15.00	6–20
Discrimination	4	14.77	4.06	15.50	4–20
Gains	4	13.89	4.19	15.00	4–19
Prospects	4	8.61	2.83	8.00	4–15

Section	Items	Mean	SD	Median	Min–Max
Total ADS	16	51.32	5.75	52.00	39–65

The summary statistics confirm the categorical results. Discrimination had the highest mean (M = 14.77, SD = 4.06), followed by Inclusion (M = 14.05, SD = 3.27) and Gains (M = 13.89, SD = 4.19), while Prospects had the lowest mean (M = 8.61, SD = 2.83). The overall Total ADS mean was 51.32 (SD = 5.75), indicating a moderate overall attitude profile. The close alignment of the mean and median for the total score suggests a fairly consistent pattern that was not driven by extreme outliers.

Staff Attitudes Towards Children with Special Needs

Staff attitudes were also analysed across the four ADS subscales. The staff results show a pattern similar to that of parents, but with stronger support for Inclusion and stronger doubts about the Gains of inclusive education. Staff were generally aware of discrimination and many supported inclusive schooling; however, staff scores were weak on Gains and Prospects, suggesting that positive attitudes towards the idea of inclusion were not matched by equally strong belief in its outcomes or in the long-term possibilities of children with special needs.

Table 5. Staff Scores Across the ADS Subscales

Subscale	Score category	Score range	Frequency (n)	Percentage (%)
Inclusion	Low	4–9	4	16.0
Inclusion	Moderate	10–15	8	32.0
Inclusion	High	16–20	13	52.0
Discrimination	Low	4–9	1	4.0
Discrimination	Moderate	10–15	13	52.0
Discrimination	High	16–20	11	44.0
Gains	Low	4–9	13	52.0
Gains	Moderate	10–15	9	36.0
Gains	High	16–20	3	12.0
Prospects	Low	4–9	15	60.0
Prospects	Moderate	10–15	10	40.0
Prospects	High	16–20	0	0.0

On the Inclusion subscale, staff recorded their strongest high-category result: 13 (52.0%) scored high, eight (32.0%) moderate and four (16.0%) low. More than half of the staff therefore strongly supported the inclusion of children with special needs in mainstream settings, though the four low scores show that inclusive attitudes were not universal.

On the Discrimination subscale, 13 staff (52.0%) scored moderate, 11 (44.0%) high and only one (4.0%) low. Staff were generally aware that children with disabilities face discrimination and barriers, and the near absence of low scores is encouraging because very few staff appeared indifferent to that reality.

The Gains subscale revealed a more concerning pattern: most staff (13, 52.0%) scored low, nine (36.0%) moderate and only three (12.0%) high. While many staff may support inclusion as a principle, a majority were not strongly convinced that inclusive education produces meaningful academic, social and emotional benefits

— pointing to a need for professional development that provides evidence, practical strategies and success examples.

The Prospects subscale was also weak. Fifteen staff (60.0%) scored low, ten (40.0%) moderate and none high. This indicates widespread pessimism about the future possibilities of children with special needs. Since staff expectations can influence classroom challenge, encouragement and educational planning, these low scores require serious institutional attention.

Table 6. Summary Statistics for Staff ADS Subscales

Subscale	N	Minimum	Maximum	Mean
Inclusion	25	5.00	20.00	14.36
Discrimination	25	6.00	20.00	14.72
Gains	25	4.00	19.00	9.64
Prospects	25	5.00	13.00	8.92
Total ADS (global score)	25	—	—	47.64

Note. The Total ADS row reports the staff global (overall) score; the staff mean of 47.64 out of a possible 80 places overall staff attitudes in the moderate range.

The staff mean scores reinforce the frequency findings. Discrimination had the highest mean (M = 14.72, SD = 3.62), followed closely by Inclusion (M = 14.36, SD = 4.60). Gains had a much lower mean (M = 9.64, SD = 4.60), while Prospects remained low (M = 8.92, SD = 2.74). The relatively small standard deviation on Prospects suggests that pessimism about future outcomes was consistent across the staff group rather than limited to a few individuals.

Comparative Pattern of Parent and Staff Attitudes

A direct comparison shows that both groups were strongest on Discrimination and Inclusion, but weakest on Prospects, meaning that both recognised unfair treatment and showed support for inclusive schooling, yet both were less hopeful about what children with special needs can achieve in the long term. The most striking difference was on the Gains subscale: parents scored considerably higher (M = 13.89) than staff (M = 9.64), suggesting that parents were more likely than staff to believe in the benefits of inclusive education.

Table 7. Comparison of Parent/Caregiver and Staff Mean ADS Subscale Scores

Subscale	Parents/Caregivers M (SD)	Staff M (SD)	Comparative interpretation
Inclusion	14.05 (3.27)	14.36 (4.60)	Both groups showed moderate-to-positive support for inclusion.
Discrimination	14.77 (4.06)	14.72 (3.62)	Both groups showed relatively strong awareness of discrimination.
Gains	13.89 (4.19)	9.64 (4.60)	Parents were more positive than staff about the benefits of inclusion.
Prospects	8.61 (2.83)	8.92 (2.74)	Both groups showed low optimism about future prospects.

The comparative finding suggests that the central challenge at St. Vincent Centre is not simply resistance to inclusion, but a deeper uncertainty about outcomes. Parents and staff appear willing to accept children with

special needs and to recognize discrimination against them, yet they are less confident that these children can attain strong future outcomes. This gap between inclusion as placement and inclusion as expectation is the most important message from the quantitative results.

DISCUSSION

The findings show that caregiver attitudes at St. Vincent Centre for Inclusive Education are mixed rather than wholly positive or negative. Parents and staff demonstrated meaningful strengths in awareness of discrimination and support for inclusion. These are important because inclusive education cannot work where caregivers deny discrimination or reject the presence of children with special needs in shared learning environments, and the scores show that both groups provide a foundation on which the Centre can build further disability-inclusive practice.

At the same time, the low Prospects scores among both parents and staff reveal a serious attitudinal weakness. No parent and no staff member scored high on the Prospects subscale, suggesting a shared lack of strong optimism about the long-term educational, social, vocational and independent-living possibilities of children with special needs. Such pessimism may stem from cultural beliefs, limited exposure to successful persons with disabilities, inadequate disability education, resource constraints, or the daily difficulty of caring for children with complex needs. Whatever its source, low expectation is dangerous because it can reduce the ambition of care, teaching and planning.

The difference between parents and staff on the Gains subscale is also important. Parents were more positive about the gains of inclusion, while staff were more doubtful. This may reflect the fact that parents often observe personal progress in their own children, even when such progress is gradual, whereas staff may be more affected by classroom-level constraints, workload, limited resources, behavioural challenges and lack of specialized training. Their weaker Gains scores may therefore indicate not hostility to inclusion, but insufficient confidence in the practical conditions under which inclusion is being implemented.

From the perspective of Bronfenbrenner's Ecological Systems Theory, the findings show that attitudes within the microsystem are not uniform: the family and school both support inclusion to some extent, yet both also reproduce low expectations about disability. This suggests that interventions should not focus on children alone but should target the surrounding adult systems — parent education, staff training, community awareness, school–family collaboration and exposure to positive models of disability achievement.

Attachment Theory adds another interpretive layer. Children with special needs require not only physical care and formal schooling, but emotional security and hopeful adult responses. When parents and staff communicate confidence, dignity and realistic hope, children are more likely to develop positive self-understanding; when adults communicate low expectations, even indirectly, children may internalize limitation. The low Prospects scores therefore have emotional and developmental significance beyond mere attitude measurement.

Implications for Practice

The first implication is that disability-awareness programmes at St. Vincent Centre should move beyond general sensitization. The data show that parents and staff already show some awareness of discrimination and some support for inclusion; the greater need is to strengthen belief in the gains and future prospects of children with special needs. Training should therefore include success stories, evidence from inclusive education, practical demonstrations of progress and strengths-based planning.

The second implication concerns staff professional development. Since staff scored low on the Gains subscale, professional learning should help them understand how inclusive education can produce academic, social and emotional benefits when properly supported. This should include individualized instruction, classroom adaptation, positive behaviour support, differentiated assessment, assistive technology and collaborative teaching strategies. Staff need evidence and tools, not only moral encouragement.

The third implication concerns parents. Parent engagement should include structured sessions on disability potential, transition planning, independent-living skills, vocational possibilities and the rights of children with disabilities. Parents need to see realistic examples of progress and achievement, which may help replace fear and low expectation with informed hope.

Finally, the Centre should strengthen school–family collaboration. Since parents and staff share the same weakness on Prospects, both groups should be brought together in workshops, case conferences and progress-review meetings that focus on children's abilities, goals and future pathways. A shared high-expectation culture is more likely to emerge when families and staff work with the same language of dignity, possibility and measurable growth.

Limitations and Future Research

This study has important limitations. First, it focuses only on parents/caregivers and staff and does not test the statistical relationship between caregiver attitudes and children's psychological well-being; it describes adult attitudes rather than child outcomes. Second, the study is based on one inclusive education Centre in Uyo, Nigeria, so the findings should be generalized with caution. Third, because the study was conducted in a single institution, future research could draw on larger samples from different institutions.

Fourth, the data rely on self-report questionnaires, and respondents may have given socially desirable answers, especially on sensitive issues such as discrimination and inclusion. Future studies should combine questionnaires with classroom observation, parent interviews and child outcome measures to provide a fuller picture of the attitudinal environment surrounding children with special needs.

CONCLUSION

This study shows that parents and staff at St. Vincent Centre for Inclusive Education hold complex attitudes towards children with special needs. Both groups show meaningful strengths in recognizing discrimination and supporting inclusion, yet both also show weak optimism about the future prospects of these children, and staff show notable doubt about the gains of inclusive education. These findings suggest that the core challenge is not merely whether children with special needs are accepted into school, but whether the adults around them genuinely believe in their capacity to grow, learn, participate and achieve meaningful future outcomes.

The study therefore calls for a shift from inclusion as physical placement to inclusion as hopeful expectation. Parents and staff need sustained formation, training and exposure to positive evidence of disability achievement. Such efforts can strengthen not only attitudes, but also the educational and emotional environment in which children with special needs develop, providing a practical basis for institutional reflection, parent education, staff development and future research on disability-inclusive education in faith-based African school settings.

REFERENCES

1. Adeoye, A. (2018). Disability in Africa: A cultural/religious perspective. International Journal of Disability Studies, 45(3), 23–35.
2. Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Lawrence Erlbaum.
3. Bolu-Steve, F. N., & Abiola, A. (2022). Perception of caregivers on the attitude of parents towards the education of persons with disability in Kwara State, Nigeria. KDU Journal of Multidisciplinary Studies, 4(1).
4. Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. Basic Books.
5. Bowlby, J. (1988). A secure base: Parent–child attachment and healthy human development. Basic Books.
6. Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.
7. Chukwueloka, V. N. (2016). Attitudes of Nigerian mothers towards children with autism spectrum disorder [Doctoral dissertation, Walden University]. Walden University ScholarWorks.

8. Creswell, J. W., & Plano Clark, V. L. (2018). Designing and conducting mixed methods research (3rd ed.). SAGE Publications.
9. Etieyibo, E., & Omiegbe, O. (2016). Religion, culture, and discrimination against persons with disabilities in Nigeria. African Journal of Disability, 5(1), 1–6. https://doi.org/10.4102/ajod.v5i1.192
10. Federal Ministry of Education. (2017). National policy on inclusive education in Nigeria. Federal Ministry of Education, Abuja.
11. Genovesi, E., Jakobsson, C., Nugent, L., Hanlon, C., & Hoekstra, R. A. (2022). Stakeholder experiences, attitudes and perspectives on inclusive education for children with developmental disabilities in sub-Saharan Africa: A systematic review of qualitative studies. Autism, 26(7), 1606–1625. https://doi.org/10.1177/13623613211062963
12. Mbatt, I. P., & Philip, E. M. (2024). The psychosocial well-being of children with disabilities in inclusive secondary school education settings. Educational Challenges, 29(2).
13. Power, M. J., Green, A. M., van Heck, G. L., de Vries, J., & den Oudsten, B. L. (2010). The Attitudes to Disability Scale (ADS): Development and psychometric properties. Journal of Intellectual Disability Research, 54(9), 860–874. https://doi.org/10.1111/j.1365-2788.2010.01317.x
14. UNESCO. (2020). Global education monitoring report 2020: Inclusion and education — All means all. UNESCO. https://doi.org/10.54676/JJNK6989
15. UNICEF. (2017). Inclusive education: Including children with disabilities in quality learning — What needs to be done? UNICEF.
16. UNICEF. (2022). Resources to support marginalized caregivers of children with disabilities. UNICEF.
17. United Nations. (2016). Convention on the Rights of Persons with Disabilities — General comment No. 4 (2016): Article 24, Right to inclusive education (CRPD/C/GC/4). United Nations Committee on the Rights of Persons with Disabilities.
18. World Health Organization. (2022). Global report on health equity for persons with disabilities. World Health Organization.