AN ASSESSMENT OF NEUROPSYCHOLOGICAL DEVELOPMENT FOLLOWING BIRTH TRAUMA AND ITS DIDACTIC IMPLICATIONS: A CASE STUDY OF PRIMARY SCHOOL CHILDREN IN BULAWAYO AND MATABELELAND REGIONS.

BY

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ACKNOWLEDGEMENTS

I would like to acknowledge the wisdom and meekness of the Vice Chancellor. Professor; Mrs; Mentor; Woman Leader; Mama Kurasha: Other daughters have done it, but you excel them all! You have inspired me in every aspect of my being.

My sincere gratitude goes to the Pro Vice Chancellor (Academic Affairs), Professor Gwarinda who authenticated and acknowledged that this is a work of a genius. Sir: Thank you for allowing me to carry on and contribute to the mitigation of the impact of birth trauma. This is the fourth time with ZOU and I feel quite branded.

Dr Chikasha, the Director of Higher Degrees you have been so supportive, I am quite humbled by the way you come down to the level of the candidates. I would also like to sincerely acknowledge the support, guidance and mentorship I got from Dr Mafa. Thank you Sir, you have stood, and walked with me. Words cannot surmount.

To my family, I had promised you that this would be the last, unfortunately I cannot confirm so. I have opted to join the schools of thought; hence this is just the beginning. Please, bear with me as I work hard to contribute to the body of knowledge. It needs time, attention, detail and persistence. I may tread on your nerves in the process.

To the Institutions and persons that worked with me, I extend my sincere gratitude. To the children that succumbed to birth trauma; one day this will be subdued. I am working extremely hard to find a solution.
DEDICATION

My little princess; I saw you struggling with complex tasks everyday, but I did not lose hope. You have inspired me to find out why and how to all circumstances: We have overcome!
This qualitative case study involved an assessment of neuropsychological development following birth trauma and its didactic implications. The aim was to evaluate how brain injuries occurring before, during and after birth affect the children’s mental ability. In the study, 20 purposively selected children born at Mpio Central Hospital, United Bulawayo Hospitals, Gwanda Provincial and Tsholotsho District Hospital Maternity centres were used as the research participants. Their parents, the school heads, class teachers, the school psychologists, the nurses and doctors were used as information sources for the required data. Document analysis of medical and school records and Standardised non-verbal tests triangulated the data sources. Major findings were that: Children with Traumatic Birth Injuries (TBI) were among learners in mainstream schools and some of them were not benefiting from the teaching methodologies and curricula in schools. The children had challenges in cognitive and behavioural domains which manifested in memory, mastery, poor performance in Mathematics and English and they had behavioural problems. Most of them set in the bottom 10 of the class. Most teachers had problems with teaching children with TBI. The study made the following recommendations: revision of policies and statutory instruments governing medical practise; resuscitation of maternal health systems in the country; mainstreaming inclusion in teacher-education; improvement of teaching and learning conditions; and observing reasonable teacher-pupil ratio. Collaboration of multi-sectoral alliances in the education of children with TBI is encouraged if the traumatised children are to benefit from time in school. Further research should focus on collaborative research in mental health and effective schooling of children with TBI.

Key Terms: Birth Trauma, Neuropsychology, Learning Disability, Apgar score, Didactic Implications
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<td>ACOG</td>
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<tr>
<td>ADD</td>
<td>: Attention-Deficit Disorder</td>
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<td>ADHD</td>
<td>: Attention-Deficit Hyperactivity Disorders</td>
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<td>APGAR</td>
<td>: Appearance Pulse Grimace Activity Respiration (rate)</td>
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<td>CAT</td>
<td>: Computarised Axial Tomography</td>
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<tr>
<td>CP</td>
<td>: Cerebral Palsy</td>
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<tr>
<td>CT</td>
<td>: Computerised Tomography</td>
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<tr>
<td>EEG</td>
<td>: Electro- Encephalograph</td>
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<tr>
<td>FSIQ</td>
<td>: Full-Scale Intelligence Quotient</td>
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<tr>
<td>GA</td>
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<td>HPD</td>
<td>: Hypertensive Pregnancy Disorder</td>
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<td>HRNB</td>
<td>: Halstead-Reitan Neuropsychological Battery</td>
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<tr>
<td>IQ</td>
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<td>VIQ</td>
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<td>WHO</td>
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