

Social factors influencing the accessibility of the National Development Fund by Persons with Disability in Eldoret West District, Uasin-Gishu County, Kenya

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Abstract:

Over the years persons with disabilities have been relegated to the margins of the society and are rarely included in the planning agenda of our country Kenya. The government has introduced the national development fund for people with disabilities to address this; however there are some social factors that hinder the realization of its goals. The study therefore was done to find out the social factors influencing the accessibility of the national development fund by persons with disability. The study used Krejcie and Morgan formula to determine a sample of 100 respondents who are persons with disabilities in Eldoret West District. Snowball sampling was used in the research and the main methods of data collection were interview schedule, focus group discussion and observation. The major finding was that negative societal attitude toward people living with disabilities is on the rise and it is recommended that the government and other stakeholders be involved in reducing the societal attitude.

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1. INTRODUCTION

According to World Health Organization (2007), disability affects 10% of every population. In the recently concluded National Census of Kenya (2009) it emerged that 4% of the population has some form of disability with the most common type being visual and self-care. Accordingly, the DRPI report (2007) on the Rights of Persons with disabilities in Kenya, estimates that about 10% of the population or about 3,280,000 men and women are living with a disability, which is probably more accurate. According to the recent census statistics of 2009, the population of people with disabilities in Kenya is about 1.3 million, accounting for 3.5 percent of the total population (KNBS, 2010). Moreover, eighty percent (80%) or approximately 1.4 million PWD live in slum areas, informal settlements at the edge of cities, or under very poor conditions in rural areas. According to the MDG monitoring initiative (2012), progress towards eradication of poverty is presently “off track”. Disability is sometimes considered strange, a situation that necessitates the use of cultural and religious beliefs in order to understand the concept. Globally, many of the disabled people have been denied important needs due to their disability such as access to education, access to jobs, and access to buildings among others. Many countries over the years have adopted legislation that promotes the rights of individuals with disabilities to full and equal participation in the society such as U.S.A, U.K, Canada, among other countries.

Furthermore, initiatives for organized care and provision of services to persons with disability goes back to the missionary era in 1946 where the church played a role which included the Salvation Army Church that established a

programme to rehabilitate men blinded during the Second World War. The programme later became the country's first school for the blind, marking the commencement of provision of formal education for blind children in Kenya and East Africa. Moreover, mainstream churches that included Catholic, Presbyterian, Anglican and Methodist followed this example by establishing schools and institutions for children with visual, hearing and physical disabilities in various parts of the country where they had their missions. The Kenya government supported these efforts by providing an enabling environment as well as practical support. As time went by, the Government continually increased its support in providing teachers and financial grants, eventually taking over the management of these institutions (NCAPD, 2008).

Disability as a phenomenon cuts across all spheres of society and which requires support from all sectors. Despite the lack of accurate data on the number of Persons with Disabilities in Kenya, it is noted that persons with disabilities not being a homogeneous group are varied in terms of the nature of their disability and their mental, physical and social needs according to International Labour Organization (ILO, 2004). Persons with disability in Kenya represent a critical segment in most developing countries. Accordingly, persons with disabilities in Kenya are a marginalized population and face problems as a result of their disability. Most have no access to education, health, employment or rehabilitation.

To specifically address the plight of persons with disabilities, the Kenyan government introduced a legislation; the Persons with Disabilities Act was enacted in 2003 (GoK, 2004). Moreover, this Act strongly focuses on areas where the persons with disabilities face challenges, such as education, training, employment and social participation. Furthermore, the Act introduced the National Development Fund for Persons with Disabilities in November 2009 which is the funding arm of

the National Council for Persons with Disabilities hence provides procedures for applying for the National Development Fund for Persons with Disabilities used by individual persons with disabilities, organizations of and for persons with disabilities, and District or County Officers responsible for facilitating applications to the fund. However with introduction of the fund at the district level, persons with disabilities still live in extreme poverty. Despite the concerned efforts to alleviate suffering among the persons living with disability, their plight is still at stake. Moreover the fund has reached only a small percentage of persons with disabilities and is unequally distributed between and among various disabilities. Therefore this study is aimed at looking at the social factors influencing persons living with disability in accessing the fund in Eldoret West District.

2. LITERATURE REVIEW

Societal attitudes influences social policy and legislation, thus there is needed support for the societal attitudes theory that public attitudes dictate, to a considerable extent social policy (Hewes *et al.*, 1998 citing Hahn, 1985). Negative public attitudes can be a formidable barrier to the success of particular policies because the public significantly influences how much importance is given to an issue. This situation is not helped by the fact that “disabled people are under-represented in the public sector, particularly in strategic and management positions. They are under-represented where decisions about policy and service provision are taken” (Massie, 2006). Negative attitudes are linked to behaviours such as social rejection and maintenance of higher levels of social distance toward persons with disabilities (White *et al.*, 2006; Link *et al.*, 1999).

Furthermore, other studies have indicated that stigmatization of disabled people, particularly those with mental health conditions, is seen as contributing to the perception of threat. Lack of public education and sensationalist media stories portraying negative images of disabled people can encourage discriminatory attitudes towards them (Ward, 1997). For example, there is a common association of mental ill health with crime or criminal tendency. Media coverage of mental health conditions focuses disproportionately on the dangers to public order from people with severe mental health conditions. People with mental illness, particularly schizophrenia, are therefore viewed as dangerous and unpredictable (Crisp *et al.*, 2000).

Isolation and a lack of friends are particular challenges confronting some disabled people, and these may be especially so for those with learning disabilities and/or mental health conditions. Previous research has also shown that disabled victims of violence sometimes allow themselves to remain in risky situations or to be victimized because of a desire to make friends or because there are few alternatives (Petersilia, 2001). The gap to be filled by the study is to determine whether the societal attitudes as perceived by persons with disability reflect on their ability to utilize the fund properly.

Accordingly, other studies have found that 80% of disabled persons worldwide live in developing countries and 60-75% of these live in rural areas (despite the fact that over half of the global population is now urban based); 30% of all street children have some type of disability, 90% of all children with disabilities in the developing world are still not in school, global literacy rates for disabled adults are as high as 97%, and unemployment rates among persons with disabilities are higher than 80% in many countries (UNFPA, 2007).

Furthermore, Studies conducted by Lodge and Lynch (2001) stress that prevailing attitude towards people with disabilities was one of pity. The youths who had known their disabled peers were less likely to not to have defined the person as someone to be pitied because of their disability. Moreover, studies by Lodge and Lynch (2004) found that young people in Ireland can feel distant from and uneasy around peers with disabilities particularly when other peers are intellectually disabled. However, prolonged involvement with profoundly intellectually disabled young people, a group of adolescents from a mainstream school became more comfortable with their disabled counterparts (Shevlin and O' Moore, 1999).

Other studies have found that inclusion of people with disability can fail to result in positive outcomes for children because prejudice still persists (Genesi, 2000; Cook *et al.*, 2000). The stereotypical views held about persons with disabilities, affect the development of children who receive both blatant and subtle messages that challenge their integrity as learners. Many will never reach their fullest potential because of their exposure to prejudice and discrimination (Genesi, 2007). Some of the illiterate people who have disabilities have not received formal education because their parents saw them as outcasts. Others do not get education due poverty. The connection between poverty and disability is complex and multi- directional. Throughout the world the disabled constitute a disproportionate number of the poor. This means that even if these people receive the funds they can mainly engage in manual work in the informal sector such as tailoring, become cobblers among others which may not bring a large amount of income. Furthermore, Shapiro (2000) indicates that negative myths and stereotypes continue to create deep-rooted prejudices toward people with disabilities. These prejudices are reflected in negative attitudes and behaviour, which can impede the participation of people with disabilities in social,

educational and vocational contexts (White *et al.*, 2006 as cited in Rao, 2004).

Guerra *et al.*, (2008) found that social disadvantage in childhood, including lower levels of education, was a predictor of functional disability for older men. Lack of education was also associated with poor long-term outcomes in people with schizophrenia in rural India (Chatterjee *et al.*, 2009). The needs of the people with disability vary from individual to individual. This is because different people have different forms of disability, while others may have hearing problems, others have sight problems and others may have physical/mobility problems. The blind may need assistive devices such as walking sticks while the ones with mobile impairment may need wheelchairs.

The people with disability also need money to enable them start their own businesses to improve their living standards. Some have not gone to school due to stigmatization by their parents or guardians and this makes it difficult for them to get a job in the formal sector. Others have not gotten good jobs (yet they are educated) because of discrimination by the employers. Many employers prefer hiring able bodied people because they perceive the disabled people as slow hence a liability. In Guyana persons with disabilities seeking a fair transition from education and training to work are often not economically savvy enough to design their own employment opportunities. According to Walls (2001), persons with disabilities cannot easily access employment because of inadequate technology in communication. For instance, many women in Guyana cannot access even telephone services. They are somehow cut from the rest of the world in terms of jobs. Bringing technology to them may increase the likelihood of them getting employment. In Britain, until the seventeenth century, persons with disability were rejected by their families and without resources relied exclusively on the haphazard and

often ineffectual tradition of Christian charity for subsistence. People with 'severe' impairments were usually admitted to one of the very small medieval hospitals in which were gathered 'the poor, the sick and the bedridden'. The ethos of these establishments was ecclesiastical rather than medical (Scull, 1984).

Disabled women are found to be twice as likely to experience domestic violence as non-disabled women (Hague *et al.*, 2008). Women with learning disabilities are identified specifically in the wider literature as being at risk, with levels of violence against women reported to be greater than against men with similar impairments. Complex impairments and an increased level of dependency increase the risk of targeted violence and hostility (McDonagh *et al.*, 2006). Women with particular mental health conditions such as schizophrenia or bipolar disorder were found to be at a greater risk of rape in comparison with the general population (Marley and Buila, 2001).

In some communities, the disabled people are normally seen as a curse and therefore hidden from the public. It then becomes difficult for these people to come out in the public and request for the fund since they have been hidden by their families. Disability is the product of the dominant culture; therefore it is culturally and socially produced (Charlton, 1998:82). However some societies are recognizing the need to dismantle the barriers such as making physical environment more accessible, providing information in a variety of formats and challenging mistaken assumptions about people with disabilities.

Persons with disability are usually among the poorest of the poor as compared to the rest of the members of the society. Environmental, social and economic barriers prevent persons with disabilities from attaining an acceptable quality of life. Furthermore, they are also likely to remain poor because of low

level, obsolete or non-marketable skills that attract low paying, insecure jobs or none at all. Attitudes and practices embedded in cultural beliefs, taboos and religion create obstacles to the participation of the persons with disability in both social and cultural activities. Additionally, women and girls with disabilities suffer double discrimination because of their gender and impairment and are more likely to be victims of physical and sexual abuse (Kenya National Survey for Persons with Disabilities, 2008).

The effects of Stigma can leave people marginalized and excluded from their own community. It can stop people with ability getting the jobs that are qualified to do leaving them dependent on state benefits (McKeever, 2006). Moreover, Stigma can cause individuals with mental illnesses to be discriminated against and to be mistreated and may even contribute to some people with mental disorders to refuse to seek help for their disorder, which prevents them for receiving necessary treatments.

Stigma against persons with disabilities often includes stereotyping based on misperceptions. A stereotype has the potential to mislead people, as it does not acknowledge variability (Nolan *et al.*, 2006). Other misperceptions of people with mental illness as perceived by persons with disabilities, that people with mental illnesses are violent and dangerous, or that people with mental illnesses cannot live with the rest of society. According to the works of McKeever (2006), he indicates that a person is stigmatized because they have mental illness; it mean that others make harsh judgments about them based on their beliefs about the nature of mental illness and not about the person's abilities, personality or unique traits.

Internal and external consequences impact on people perception of the persons with disability. Furthermore, it impacts on peoples' quality of life and social and psychological well-being. It causes stress, anxiety, reduced acceptance,

discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Nolan *et al.*, 2006). People who perceive themselves as stigmatized may internalize stigmatizing ideas (Graham *et al.*, 2003). Social embarrassment can result in people isolating themselves. Denial and pretence can be a means of self-protection but can also lead to reduced supports as help may not be sought or offered (Nolan *et al.*, 2006).

Other researchers conducted by various scholars have confirmed how negative societal attitudes block the integration of people with disabilities into society (Rosenthal *et al.*, 2006; Brodwin *et al.*, 2002; Smart, 2002). In addition to the above studies the demonstrative and constrictive effects of negative societal attitudes in prevent individuals with disabilities from mainstreaming into society (Chen, 2002). There has been a predominance of negative attitude towards people with disabilities (Arokiasamy *et al.*, 2001; Orange, 2002; Christie *et al.*, 2000; Deal, 2006).

Other studies have indicates that negative attitudes are linked to behaviours such as social rejection and maintenance of higher levels of social distance toward persons with disabilities (White *et al.*, 2006; Link *et al.*, 1999). Negative attitudes resulting in discrimination in the workplace continues to be a significant problem for people with disabilities despite their call for inclusion (Brostrand, 2006; Antonak *et al.*, 2000; Scope, 2003). Other countries have facilitated the legislation process, for instance, the 1990 ADA legislation in the USA, but despite this, there is discrimination at work, rooted in negative attitudes which continue to adversely affect employment outcomes among people with disability (Brostrand, 2006; Kennedy *et al.*, 2001).

Societal attitudes influence on the social policy and legislation hence there is need to support the societal attitudes theory that public attitudes dictates, to consider the extent social policy (Hewes et al., 1998). Negative public attitudes can be a difficult barrier to the success of particular policies because the public significantly influences how much importance is given to an issue addressing persons with disability. Persons with disability are under-represented in the public sector; they are under-represented where decisions about policy and service provision are taken (Massie, 2006; Antonak *et al.*, 2000; Brostrand, 2006)

Other researchers have indicated that older people and people with disability continue to suffer discrimination. Older people with a disability are in danger of being doubly discriminated against on the basis of both age and disability. Older people are subject to ageism within health and social services in Ireland (McGlone and Fitzgerald, 2005) and society generally (NCAOP, 2005). Older people are treated as 'the other' and this gives rise to inequality (Oldman, 2002). In the UK, for example, the general perception is one of considerable age discrimination: local authorities spend less on the provision of services for older people with a disability than for younger people with a disability (Priestly and Rabiee, 2002). Older people with a disability complain about the inadequate, less empowered services they receive when they transfer from Disabled Services to Services for Older People (Oldman, 2002).

Highlighting the marginalization of people with disabilities through cultural and environmental factors does not mean that impairment is denied. Impairment is an objective concept and means that aspects of a person's body do not function or function with difficulty (Crow, 1996). However, when impairment is taken a step further to imply that a person's body, the person and the person's worth is inferior to that of others, then there is an interpretation that is socially

created and is therefore not fixed or inevitable (Crow, 1996). Crow argues that one can think of impairment in three, related, ways. First there is the objective concept of impairment. Second, there is the individual interpretation of the subjective experience of impairment. Finally, there is the impact of the wider social context upon impairment, in which misrepresentation, exclusion and discrimination combine to disable people with impairments. It is this third aspect of impairment which is not inevitable. Such socially constructed interpretations and meanings are not fixed or inevitable and can therefore be replaced with alternative interpretations (Crow, 1996).

An individual who is born with a disability or who becomes disabled often faces social marginalization and has significantly less chance of accessing health care, education, or employment leading to poverty, which in turn results in restricted access to safe housing and food, health care and so forth. (Trani *et al.*, 2010; Groce *et al.*, 2011) This poverty and entrenched social exclusion affects not only the individual, but also the family as a whole. Studies have indicated that this can further lead to a high dependency among the family members and relatives due to marginalization and social exclusion. The links between disability, and poverty and health are of note, not only because they are assumed to be strong, but also because the estimated size of the global disability population—over one billion people or 15% of the world's population (WHO/World Bank, 2011). Therefore, the gap left for the researcher to investigate whether the fund has alleviated the level of dependence of the persons with disability in the study area.

3. METHODS AND MATERIALS

3.1 Research Design

The Research design used was descriptive survey. A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. A descriptive survey reports things as they are in the field thus allowing the researcher to investigate a population by selecting a sample to analyze its occurrence through statistical analysis (Mugenda and Mugenda, 2003).

3.2 Study Area

The study was based in Eldoret West District, Uasin-Gishu County. The District borders; Wareng District and Eldoret East District. The District is further subdivided into Soy Division and Turbo Division. For that reason, the study was conducted in Eldoret West District because currently it harbours the largest population of the persons with disability in the county and further is the District that has quite a number of beneficiaries of the fund.

3.3 Unit of Analysis

The unit of observation was the persons with disabilities while the unit of analysis was individuals who have been registered at the Eldoret West District under the Department of the Social Services. The study also involved individuals aged 18 years and above and who had directly registered with the social services department.

3.4 Population and Sample Selection

3.4.1 Target Population

The population of study entailed the persons with disability both from Soy and Turbo Division in Eldoret West District.

Accordingly, persons with disability are victims of poverty due to lack of opportunities, thereby leaving them vulnerable to the prevailing societal challenges, thus this informed the choice of the study area. They were therefore assumed to hold critical information on issues of interest to the study. The study also engaged key informants to collaborate information gathered, but they were not part of the target population. There were a total of 8921 targeted for this study.

3.4.2 Sampling Size and Sampling Procedure

The study purposively targeted the persons with disability who are believed to be reliable for the study. Currently, there are 144 registered persons with disability as indicated by the District Gender and Social Services officer. Furthermore, the District Gender and Social Services officer together with the local area chief indicated that there were group representatives in various locations whom were reliable for the study. Accordingly, the study used the table and formulae for determining the sample size by Krejcie and Morgan (1970) to come with a sample size of 103 persons. According to the table by Krejcie and Morgan (1970), one uses the total population (N) in the current study to determine the corresponding sample size (S) that is already preset as shown in **Table 1 below**. However, the study used 100 individuals with disability as this was determined by the sample population in the study area.

Accordingly, the study used snowball sampling where respondents were handpicked because they were informative or because they possess the required characteristics and they know others. Snowball sampling is preferred because it targets the hard-to-reach populations since it is fairly simple and inexpensive convenience (Johnson and Sabin, 2010). The use of the key informants was crucial in the study. These included 10 persons (District Commissioner, Division Officer, 4 Administrative officials from the social service department and

4 chiefs from the area). They were purposively selected to provide information on whether the fund was accessible to the persons with disabilities in the study area.

Table 1: Krejcie & Daryle (1970) Table for determining Sample Size from a given population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

3.5 Methods of Data collection

Accordingly, before undertaking the research process, permission was sought from the relevant authorities. This included the Graduate School at Egerton University, the Ministry of Higher Education, Science and Technology through the National Council for Science and Technology. Furthermore, permission was sought from the District Commissioner and the area District Education officer. The study used the following methods of data collection:

3.5.1 Interview Schedules for Persons with Disability

In view of the nature of the study, the data was collected through use of interview schedules. This is because of the

nature of the disabilities that the respondents had. In most cases, the respondents were semi-illiterate. The interviews provided key information on individual perspectives and experiences with regard to communal perception and issues relating to the fund. The interview schedule was subdivided into various themes according to the study objectives. The advantages include; they deliver richer information, the respondent does not feel frustrated by constraints imposed with a fixed answer and finally there is a less chance of ambiguity since the respondents says what he or she thinks and doesn't have to interpret a statement and then agree or disagree with it. Furthermore, the interview sessions allowed for one-on-one interaction whereby respondents expressed their views and made further suggestions.

3.5.2 Interviews for Key Informants

An interview guide was used to guide conversations with 10 key informers from the district. These groups of respondents were drawn from district commissioner, division officer, 4 administrative officials from the social service department and 4 chiefs from the area of the location sampled purposively and who were the key informers of this study. Officers' opinions were sought on the persons with disabilities in relation to the fund. This method was suitable in that it provided in-depth information and allowed generation, validation and collaboration of information given by persons with disability. Furthermore, probing questions were asked to expand on issues pertaining to the fund.

3.5.3 Focused Group Discussions and Observation Method

Focused group discussion was used to yield more data during the research process since the use of questionnaires for people with visual impairment is not ideal. Moreover, the focused

group consisted of 10 respondents who were persons with disability and adhered to the session rules.

Observation method was used and validated by a checklist that assessed whether the persons with disabilities were empowered after obtaining the fund. Participant observation was used by interacting with research participants for long hours eliciting information at their pace. Also given the sensitive nature of this study, the research participants needed time both to give over information and to overcome the stigma and cultural conservativeness associated with the respondents' disability statuses.

3.5.4 Secondary Data

Secondary data provided more insight on the study area regarding people with disabilities hence provided for qualitative data. This involved consultations with information officers at the headquarters at Eldoret West District and the Gender Officer at the District Offices. The major sources of secondary information were reports published by Ministries of Planning and Vision 2030 and, state agencies such as Kenya National Survey for Persons with Disabilities (KNSPD) and private organization such as the Association for the Physically Disabled of Kenya (APDK).

3.6 Validity and Reliability of the Research Instruments

Validity refers to the degree to which results obtained from the analysis of the data actually represent the phenomenon under study (Mugenda and Mugenda, 2003). The items used in the data collection were interview schedules and focused group discussion guide. To determine and improve the validity of the interview schedule, the questions were subjected to scrutiny by the two supervisors.

Reliability ensured that the research instruments were free from interference and therefore credible. According to Kothari (2004) reliability of the interview refers to the ability of that test to consistently yield the same results when repeated measurements are taken by the same individual under the same conditions. The study used the test re-test whereby the tools used for the study were administered and after three weeks the same tools were administered again to check on their reliability as perceived by the respondents. To test reliability, the researcher used 5 interview schedules and 5 focused group discussions in the study area, more so the location where the pilot study was conducted, was not included in the final analysis or the research process.

3.7 Data Analysis Procedures

The study descriptively analyzed data through the responses from the respondents and recording of the key issues based on the discussion with the respondent. Instrumentation used in the descriptive analysis included the use of both structured and unstructured interviews, observation method and focused group discussions. This began with pre-processing of collected data through editing to detect errors and omissions and making of corrections where possible. This involved a careful analysis of the interview schedules in order to ensure that collected data was accurate and consistent with other information gathered. The collected data was coded by the researcher for efficiency in order to reduce the replies given by the respondents to a small number of classes. After the coding was completed, the data was classified on the basis of common characteristics and attributes. The raw data was then assembled and tabulated in the form of statistical tables to allow for further analysis. This facilitated the summation of items and detection of errors and omissions. Furthermore, the study employed the use of frequencies, percentages and means which were summarized

and presented using tables. The Statistical Package for Social Sciences (SPSS) was used to aid the statistical analysis of the data. Furthermore, content analysis was applied in the qualitative data in order to identify patterns, themes and biases.

3.8 Ethical Considerations

Accordingly, the study sought permission from the relevant authority, thus this ensured that the research process was well informed to all the stakeholders participating in the study from the beginning. The study gave the respondents ample time for answering questions and allowing voluntary participation by respondents. Furthermore, the study maintained a high degree of confidentiality of information received so as to gain trust of respondents. Finally, before embarking on the study, the respondents were informed on the importance of the study.

4. RESULTS & DISCUSSIONS

Social Factors influencing the Accessibility of the Fund by Persons with Disability

This section explains the findings of the social factors in relation to the accessibility of the fund by persons with disability. It examines the following themes; whether there is societal attitude towards persons with disability and when accessing the fund, whether there is communal engagement with persons with disability, and finally whether there is special education in the area and whether persons with disability are involved. The results in this section have been presented in frequencies and percentages in tables.

The results showed that all the respondents resoundingly agreed that there was societal attitude towards persons with disability. The study went further to establish whether the societal attitude towards persons with disability is

positive or negative. An overwhelming majority (86%) of the total number of those who indicated that there is societal attitude; they felt that there is negative societal attitude and perception towards persons with disability, for instance they felt that they were seen as second class citizen in every sphere of life and were seen as *'undesirables'*. They are also perceived negatively as persons with no ability and stigmatization. This kind of attitude negated positive participation by persons with disability towards the fund. A small proportion (14%) of individuals felt that the attitude towards them was positive hence the community members seem to embrace them and appreciate them as shown in **Table 2** below. During a focused group discussion the following sentiments were echoed:

"...sisi huwa tunachukiwa sana wanatuita watu wasio jiweza..... hio kwangu mimi huichukulia vibaya sana.... Sisi tunaweza kama hao..." (That; we the persons with disability are hated amongst the community members...I take it very bad....we are able like the rest...) (Female respondent: Blind).

"...members of my family saw no need to waste school fees..... they felt I could not be able to make it in life... I was a burden to them" (Female respondent: Physical impairment).

"Saa zile watu wananiona na hii mkwaju.... Hua wanadhani ati imetengenezwa itumiwe na vipofu....hua wanadhani bila hio kijiti siwesi enda mbali ati nitapotea.... Mimi hucheka kwa sababu kijiti hiki ni sawa tu kama ingine..." (That; when people see me with the walking stick they perceive that it has special powers.... They think that without it cannot walk.... But it is a regular stick just like any other....). (Female respondent: Blind).

"...since my family comes from a Christian background they really appreciate me so much... they encourage me that Christ creates everyone with his or he own talent..." (Female respondent: physical impairment).

From the responses echoed above, the study findings establish that more women than men face discrimination and thus negative societal attitude towards them. The study findings concur with Driedger (1996) who points out that women with disabilities experience discrimination on the basis of their disability and gender, and that this discrimination may be further compounded by poverty, race and socio-economic disadvantage. Therefore this advances the argument that African women with disabilities, as a specific group, are one of the most marginalized and vulnerable groupings in our society.

An interview with the local area chief indicated that; *“the persons with disability are normally neglected and each and every time I hear people wanting to take their children to mental institution or children’s home for this case”*. This is supported by statements by the respondents who indicated that:

“...when the teacher saw me as a disabled person I was first taken to the special class... just because I was a midget...the school felt that I was not able.... It was after several attempts that I was able to convince them that I could attend a normal class with the rest of the students...” (Female respondent: physical impairment).

“...When someone sees me they normally think I am an abnormal person.... They do not get that when I do not take drugs is when I become abnormal.... That is why I hate it when people call me crazy....” (Male respondent: Mental impairment).

“...some see us in the streets and they look away as if we are cursed and we have evil in us...” (Male respondent: mental impairment).

The respondents further indicated that the health care facilities have also played a role in stigmatization where health facilities are not availed to them. They indicated the following:

“...when I normally go to the hospital they tell me that there is nothing for me.... They do not have medications for us...”
(Female respondent: self-care).

“....sometime the health workers fear us and they keep distance from us....they fear that we are contagious...” (Male respondent: self-care).

During this interview, it was also observed that participants were emotional and thus spoke in anger while others were crying in disbelief. This is a clear indication that the societal attitude was negative towards persons with disability hence lack of appreciation for them.

The nature of societal attitudes play an important role in determining the rights, roles and responsibilities accorded to people with disabilities. Accordingly, Oloo (2006) Monk & Wee (2008) have points out that in Kenya, traditional and spiritual beliefs play an important role in framing understandings of disability. It has been argued that many communities attribute disability to witchcraft, curses resulting from parental violation of traditional norms, or a condition that originates from vengeful spirits. Hence, there is usually a feeling of fear and pity, which may result in the isolation of those with disabilities.

Table 2: Whether the Societal Attitude is Positive or Negative towards Persons with Disability

Whether the societal attitude is positive or negative towards persons with disability in your area

	(n)	%
Positive- Embracing us & motivating us	14	14.0
Negative- Culture & perception(Attitude, taboos & Belief system)	86	86.0

%= percentage; n= 100

In relation to the fund, the study went further to establish whether there was societal attitude towards PWD. The results showed that all the respondents resoundingly indicated that

there was societal attitude towards person with disability when accessing the fund. The respondents therefore gave their following responses; less than a half (40%) indicated that the society had stigmatization and rebuke and that they could not be able to use the fund properly. More than thirty percent (32%) indicated that the society believed that they could not utilize the fund due to their inability to perform because of the nature of their disability hence lack of faith in them. The rest of the respondents indicated that the society had lower expectation in the persons with disability hence lowering their self-esteem and encouragement by those close members of the society, and thus lack of belief to succeed in the ventures who accounted for more than a quarter (28%) as shown in **Table 3**. During an interview and the focused group discussions, they indicated that:

“...when the fund came up members of the community told us to stop begging and go and borrow the government now.....they said that the government would lose faith in us...”(Female respondent: physical impairment).

“...my aunty told me that it was difficult for me to succeed in my business venture because I would struggle more...she said that it was better for me to stay at home.... But I got up and asked my friend to take me and get the fund.....look at where I am now.....(as she was indicating a Tourist buying the baskets from her).(Female respondent: physical impairment).

“...I heard people were discussing from a distance saying that this fund would not be properly utilized.....they indicated that they could not imagine a person with disability making it..... as far as the disability is concerned who will want to interact with those people....”(Female respondent: physical impairment).

“...My friend said that I was dumb and could not operate a milk bar.... She said that this type of disability could not allow me to perform what the other able persons could do..... she said the only thing I could do is measure peoples weight in the

streets because the price is known (5/=Kshs)(Female respondent: self-care).

“...I was in a van one day and someone called me a leper..... I was even told to pay more in a bus because I was inconveniencing the customers...” (Male respondent: physical impairment).

From the above sentiments echoed, it is noted that the society at large has stigmatization toward persons with disability. More so, with the establishment of the fund people still believe that they cannot make it because of the belief of the inability of persons with disability to perform. For instance, the inability of the persons with disabilities to perform menial duties and responsibilities was seen as a factor for non-performance. As a result, stigmatization lowers the morale of the persons with disabilities to perform and contribute to both the community's growth and national growth.

Accordingly, Hurst (1995) states that a society is constructed and thus the characteristics of a society are built on the environmental and the dominant attitudes and expectations of a people which can lead to restrictions on certain groups, more so denying them the equal opportunity to participate in all areas of life. This occurs either through conscious discrimination or because society has not adapted to those groups' needs. Furthermore, Granovsky (2000) points out that persons with disabilities may experience functional limitations that non-disabled persons do not experience, but the biggest challenge comes from mainstream society's unwillingness to adapt, transform, and even abandon its “normal” way of doing things.

However, other studies have shown that one of the mechanisms by which direct contact between people with and without disabilities under particular “*ideal*” circumstances changes attitudes and reduces prejudice is by friendship and

generating affective ties (Hewstone, 2003 citing Pettigrew *et al.*, 2000). Thus, interpersonal relations can be a key in changing attitudes and can also indicate that integration and inclusion is truly happening. Furthermore, positive attitudes and support from family, friends, or colleagues (for instance, people who are accepting, understanding, emotionally supportive and encouraging) as well as familiar communities are appreciated (Boschen *et al.*, 2003).

Table 3: Perceived Societal Attitude towards PWDs when Accessing the NDF

Respondents perceived kind of societal attitude towards accessing the fund		
	Frequency	%
Rebuke and shame for disability-stigmatization	40	40.0
Incapability to perform as a person with disability	32	32.0
Lack of belief to succeed in the ventures	28	28.0
Solutions to the perceived societal attitude experienced		
	Frequency	%
Relying on religion for safe heaven	43	43.0
Motivation amongst members with disability	36	36.0
Example/emulation through other disabled people who have succeeded	21	21.0

%= percentage; n= 100

Communal Participation in Persons with Disability Welfare

Communal participation was seen as a significant factor in enabling the members assist and interacts with persons with disability. The respondents were poised with a question of whether there was community participation with persons with disability. A majority (73%) of the respondents indicated that there was no community participation, while 27% indicated that there was community participation. Those who indicated that there was no community participation raised their following concerns; less than a third (31%) of the respondents

indicated that there was stigmatization hence fear to associate with persons with disability. Less than thirty percent (27%) of the respondents indicated that there were cases of segregation due to poverty associated to persons with disability, while the rest indicated that the community viewed them as slow and incapable, who accounted for 17% as shown in **Table 4**.

During an interview with the respondents, it was discovered that the majority of community members did not want to engage persons with disability and as a result some of them had established segregation mechanism such as *looking away when they are present* and in some cases some of the community members whom include the children were not supposed to associate with such persons. According to Noureau *et al.*, (2002) barriers or obstacles to community participation have been as a result of negative attitudes of others towards the disabled persons.

Sentiments echoed were as follows:

"...My neighbours normally do not come to my rescue when I am in trouble and when I cannot move from one area to another... it is so disheartening..." (Female respondent: visual impairment).

"... In most cases when I walk in the streets and I cannot access the bus... I am normally pushed here and there without any help.... In the process I normally get hurt...." (Male respondent: physical impairment).

On the other hand, for those who indicated that there was communal participation indicated that members felt that they were part and parcel of the community; less than twenty percent (13%) of the respondents indicated that the community provided donations and contributions towards their cause as shown in **Table 4** below. The church and non-governmental agencies came in to assist the persons with disability by providing infrastructure (building clinics for them) and offering

free medical camps at an affordable rate. The same time the respondents indicated that the church offered sanctuary when they had problems and provided attention when they needed it. The rest of the respondents indicated that the community came in to share ideas and interact and at the same time create for a for moral support, for instance, it was observed that one of the non-governmental organizations had come in support of educating these persons with disability on how become self-motivated and becoming able entrepreneurs.

During a focused group discussion the following responses were recorded:

“... The church normally organizes meetings where they inform us on how to appreciate ourselves...” (Female respondent: physical impairment).

“...The members of the church one day surprised us by organizing a free medical clinic where they invited the NGO who came for medical check-up.... I even took my child...” (Male respondent: visual impairment).

Table 4: Community Engagement with Persons with Disability

Whether there is community participation/engagement with persons with disability

	(n)	%
Yes	27	27.0
No	73	73.0

Reasons for community participation/engagement with persons with disability

	(n)	%
Donations and contribution towards our course	13	13.0
Ability to interact & share ideas	9	9.0
Offering moral support through meetings & forums organized	5	5.0
Not Applicable	73	73.0

Reasons for community not participating/engaging with persons with disability

	(n)	%
Stigmatization/ fear of association due to disability statuses	31	31.0
Segregation due to our poverty statuses	25	25.0

We are seen as incapable & slow	17	17.0
Not Applicable	27	27.0

%= percentage; n= 100

Social Factors influencing involvement of the Persons with Disability towards the Fund

Furthermore, respondents in the study were presented with a list of social factors influencing their involvement of persons with disability towards the fund. The respondents were asked to “strongly agree” “agree” “Disagree” or “strongly disagree” to the statements provided. They were also asked to indicate whether they were “Neutral” in case they were uncertain. The bi-polar adjectives were merged together into “A=Agree”, “D=Disagree” and “N=Not sure”. Data for “Strongly disagree” and “Disagree” were compounded together. Data on “Neutral” was not interfered with.

The respondents were poised with questions to give their feelings on issues related to the social factors based on the study. **Table 5** shows that an overwhelming majority (65%) agreed that persons with disability cannot access employment due to inadequate technology, slightly above five percent (7%) disagreed while negligible number (1%) was not sure. When asked whether persons with disability constitute a disproportionate number of the poor, more than sixty percent (62%) agreed, while less than twenty percent (18%) disagreed. According to Yeo and Moore (2003) and Yeo (2005) poverty often leads to disability which again leads to social and economic exclusion of the persons with disability leading to greater increasing poverty rates.

As a result, it was established that respondents overwhelmingly (67%) agreed that the attainment of universal primary education is crucial thereby removing all barriers preventing access of education by the poor persons with disability. According to a study by Loeb *et al.*, (2008) it was found that people with disabilities had a lower mean level of

education. Yousafzai *et al.*, (2003) states that poverty was given as the reason why persons with disability especially children did not attend school.

Furthermore, an overwhelming majority (70%) of the respondents indicated that the social statuses in the society have influence on them accessing the fund. Moreover, more than ninety percent (96%) indicated that societal perception had influence on them accessing the fund. According to Pettigrew *et al.*, (2000) there exists contact and prejudice among persons with disability thus the more contact the less prejudice and the less the contact, the more prejudice as shown in **Table 5**.

Stigmatization of persons with disability is a major factor affecting the participation of the persons with disability in the national sphere. This is manifested when an overwhelming majority (72%) of the respondents indicated that there is stigmatization of their disability because of the state of disability thus their children face ridicule from the rest of the members of the society. According to a study by Eurobarometer (2001) it points out that stigma and discrimination to be the main driver of social exclusion. The majority of non-disabled people agree that disabled people do not have full equality with non-disabled people and that disabled people face prejudice. Furthermore, studies have shown that labelling, stereotyping, separation, status loss and discrimination further indicate stigmatization (Link *et al.*, 2001). Stigmatization of persons with disability brings about signs of disgrace or discredit which disconnects persons from others (Byrne, 2000). Moreover, stigma involves attitudes, feelings and behaviours (Morgan *et al.*, 2002; Nolan *et al.*, 2006)

Finally, the study also established that respondents' level of education possesses a challenge in accessing the fund as shown in **Table 5** below. This is attested when more than sixty five percent (74%) which meant that they agreed. Studies have further shown that stereotypical views held about persons of

minority groups, including those with disabilities, affect the development of children who receive both blatant and subtle messages that challenge their integrity as learners. Furthermore, many will never reach their fullest potential because of their exposure to prejudice and discrimination (Genesi, 2007). Moreover, persons with disability may be unable to do their job following the onset of impairment, or a child may receive poor education because their special education needs are not appropriately supported. However in many cases, the onset of impairment is preceded by disadvantage. Evidence shows that low incomes, non-employment, and low education all independently increase the probability of someone becoming disabled (Burchardt, 2003).

Underutilization of the fund by persons with disability may result in social and economic marginalization from society. This is a concern for disabled people themselves, as well as for careers and families. Furthermore, there is loss of talent and contribution of disabled people. The exclusion from the fund also means that they participate less in public life and institutions. This means fewer voices are being expressed in relation to the fund.

In summary, it is clear that due to inadequate technology and skills persons with disability cannot access employment. Furthermore, poverty is another factor that contributes in their access towards the fund. Social status and societal perception has a great influence on the persons with disability accessing the fund. More so stigmatization and level of education possess a great challenge for the persons with disability in accessing the fund.

Margaret Njeri Ngugi, Paul Sutter Chebet, Phillip Kipkemboi Rono- **Social factors influencing the accessibility of the National Development Fund by Persons with Disability in Eldoret West District, Uasin-Gishu County, Kenya**

Table 5: Social factors influencing access towards the fund

Factors	SD		D		N		A		SA		Mean
	n	%	n	%	n	%	n	%	n	%	
People with disability cannot access employment due to inadequate technology & skills	60	6.0%	7	7.0%	1	1.0%	21	21.0%	65	65.0%	4.50
Persons with disability constitute a disproportionate number of the poor	18	18.0%	2	2.0%	None	None	18	18.0%	62	62.0%	4.16
In my view it is crucial to the attainment of the Universal Primary Education and remove all levies	7	7.0%	None	None	2	2.0%	67	67.0%	24	24.0%	3.89
My social status in the society influences on me accessing the fund	10	10.0%	1	1.0%	None	None	19	19.0%	70	70.0%	4.62
In my view the societal perception influences in me accessing the fund	4%	4.0%	10	10.0%	6	6.0%	11	11.0%	69	69.0%	4.67
My children face stigmatization because of my disability	2	2.0%	11	11.0%	5	5.0%	10	10.0%	72	72.0%	4.75
My level of education possesses a challenge in accessing the fund	25	25.0%	None	None	None	None	9	9.0%	65	65.0%	4.00

%= percentage; n= 100

CONCLUSION

In relation to the social factors influencing the accessibility of the fund by persons with disability, the study established that resoundingly all the respondents agreed that there was societal attitude towards persons with disability. Furthermore, the persons with disability indicated that there was negative societal attitude, for instance, they felt that they were seen as second class citizen in every sphere of life and were seen as *'undesirables'*. They are also perceived negatively as persons with no ability and stigmatization thus negating positive participation by persons with disability towards the fund. Moreover, when asked whether there was any societal attitude, the results showed that all the respondents resoundingly indicated that there was societal attitude towards person with disability when accessing the fund. Therefore, indicated that the society had stigmatization and rebuke that they could not be able to use the fund properly, while some indicated that the society believed that they could not utilize the fund due to their inability to perform because of the nature of their disability hence lack of faith in them. The rest of the respondents indicated that the society had lower expectations, lowering their self-esteem by those at home and the society, and thus lacking the belief to succeed in their ventures

The study further concludes that communal participation was seen as a significant factor in enabling effective participation amongst persons with disability. The study findings indicate that there is no communal participation, thus raising the following reasons; a majority indicated that there was stigmatization hence fear to associate with persons with disability while the rest indicated that there were cases of segregation due to poverty associated to persons with disability and that the members of the community viewed them as slow and incapable of performing any tasks. However, for those who indicated that there was communal participation indicated that members felt that they were part and parcel of the community members provided donations and contributions towards their cause and that at the same time church and non-governmental agencies came in to assist the persons with disability by providing infrastructure (building clinics for them) and offering free medical camps at an affordable rate. Furthermore, the respondents indicated that the church offered sanctuary when they had problems and provided attention when they needed it. The rest of the respondents indicated that the community came in to share ideas and interact and at the same time create for moral support systems.

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